

Swindon Community Safety Partnership

Domestic Homicide Review

Into the death of Angeline (pseudonym)

December 2016

OVERVIEW REPORT

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Family Tribute to Angeline

Angeline was a happy, outgoing person who communicated well at any level from a very early age. She would see the good in everyone even if sometimes this was never there.

There was always a very strong family bond and Angeline was particularly close to her mother, who sadly died in 2009. They had a special relationship. Angeline missed her mother very much and sometimes when things were bad Angeline would have a tear and say: "I just want to talk to my Mum".

Angeline's two children were the light of her life. She worked tirelessly to keep the home together and was thrilled to be taken on as permanent staff by her employer in November 2016.

Her dreadful death is any parents' worst nightmare. Our whole family has been truly devastated by the events of December 2016. We can only hope that in the fullness of time, lessons may be learned from Angeline's hideous and barbaric murder.

We hope that at some point in the future we are somehow able to move on. As a family our immediate priority is to get some structure and routine back into the lives of those two little children who remain an absolute credit to their Mother, Angeline.

(Written by Angeline's Father on behalf of the family)

The Independent Chair and the Domestic Homicide Review (DHR) Panel members offer their deepest sympathy to Angeline's family and to all who have been affected by the death of Angeline and thank them, together with the others who have contributed to the deliberations of the Review, for their time, patience and co-operation.

Section One - Introduction

1.1. This report of a Domestic Homicide Review examines agency responses and support given to Angeline (pseudonym) a resident of Swindon, her children, Nicky and Robbie (pseudonyms) and to Andrew (pseudonym) her partner, prior to the point of Angeline's death on ■ December 2016.

1.2. In addition to agency involvement the Review will also examine the past to identify any relevant background or trail of abuse before the homicide, whether support was accessed within the community and whether there were any barriers to accessing support. By taking a holistic approach the Review seeks to identify appropriate solutions to make the future safer.

1.3. A summary of the circumstances that led to a review being undertaken in this case is:-

1.3.1. During the early hours of ■ December 2016 Angeline died in her home, as a result of a sustained and vicious assault by Andrew, who then tried to hide the evidence by using paint to cover blood and by setting fire to the scene.

1.3.2. Andrew later gave himself up to the police and admitted to killing Angeline. He was charged with her murder and after pleading guilty was subsequently sentenced to life imprisonment with a tariff to serve a minimum of seventeen and a half years.

1.4. The Review considers all contact/involvement agencies and participating individuals had with Angeline, her children and Andrew during the period from 1 January 2015 to the date of Angeline's death on ■ December 2016, as well as all contacts prior to that period which could be relevant to domestic abuse, violence, substance abuse or mental health issues. The 1st January 2015 was chosen for the commencement of the detailed scope of the review, as the exact date that Angeline and Andrew met in early 2015 is not known. However, as Angeline had sought help in relation to abuse from an ex-partner in 2013 and Andrew had been a perpetrator of domestic abuse to his former partner, the Review has required agencies and individuals to review incidents relating to domestic abuse prior to 2015.

1.5. The key purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person is killed as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future.

Section Two - Timescales

2.1. The Review process began on 13 December 2016 when the Wiltshire Police notified the Chair of the Swindon Community Safety Partnership (CSP) about the circumstances of Angeline's death earlier that month. On 16 December 2016 the Chair of the Swindon Community Safety Partnership after consultation with partners decided to establish a Domestic Homicide Review and the Home Office were notified on 19 December 2016. The same day an Independent Chair was appointed to conduct the DHR. All agencies that potentially had contact with Angeline or Andrew prior to the point of the homicide were contacted and asked to confirm whether they had involvement with them. Due to the criminal proceedings relating to Angeline's murder not being finalised until the 11 May 2017, with the Home Office agreement, the Review was not concluded until 31 July 2017.

Section Three - Confidentiality

3.1. The findings of this Review are restricted to only participating officers/professionals, their line managers and the families of the deceased and perpetrator until after the Review has been approved for publication by the Home Office Quality Assurance Panel.

3.2. As recommended within the Multi Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016) to protect the identity of the deceased and her family the date of Angeline's death has been redacted and pseudonyms have been used throughout this report. The pseudonyms Angeline, Nicky and Robbie were chosen by the victim's family, the name Andrew was agreed with the perpetrator's solicitor and his sister.

3.3. Angeline who is white British, was 39 years of age at the time of her death, Andrew who is mixed race (white British/black Jamaican heritage), was 32 years of age when Angeline died. Angeline's children were ■ years of age and ■ years of age at that time.

Section Four - Terms of Reference

4.1. This Domestic Homicide Review which is committed, within the spirit of the Equality Act 2010, to an ethos of fairness, equality, openness, and transparency, will be conducted in a thorough, accurate and meticulous manner.

4.2. Agencies, that have had contacts with the victim, her children or the perpetrator are required to identify any lessons to be learnt from those contacts and set out provisional actions to address them as early as possible for the safety of future victims of domestic abuse.

4.3. The Domestic Homicide Review will consider:

4.3.1. Each agency's involvement with the following from 1 January 2015 to the death of Angeline in December 2016, as well as all contacts prior to that period which could be relevant to domestic abuse, violence, substance abuse:

- a. Angeline, (pseudonym) 39 years of age at time of her death
- b. Andrew, (pseudonym) aged 32 at date of incident
- c. Nicky, (pseudonym) ■ years of age at the time of mother's death
- d. Robbie, (pseudonym) ■ years of age at the time of mother's death.

4.3.2. Whether there was any previous abusive behaviour by or towards Angeline, Nicky, Robbie, Andrew or any previous partner and whether this was known to any agencies.

4.3.3. Whether family, friends, work colleagues or neighbours want to participate in the Review. If so, ascertain whether they were aware of any abusive behaviour prior to the homicide.

4.3.4. Whether, in relation to family, friends work colleagues or neighbours were there any barriers experienced in reporting abuse?

4.3.5. Could improvement in any of the following have led to a different outcome for Angeline considering:

- a) Communication and information sharing between services
- b) Information sharing between services with regard to the safeguarding of adults.

- c) Communication within services
- d) Communication and publicity to the general public and non-specialist services about the nature and prevalence of domestic abuse, and available local specialist services

4.3.6. Whether the work undertaken by services in this case was consistent with each organisation's:

- a) Professional standards
- b) Domestic Abuse policy, procedures and protocols

4.3.7. The response of the relevant agencies to any referrals relating to Angeline, her children or Andrew concerning domestic abuse or other significant harm between 1 January 2015 and the date of Angeline's death in December 2016. It will seek to understand what decisions were taken and what actions were carried out, or not, and establish the reasons. In particular, the following areas will be explored:

- a) Identification of the key opportunities for assessment, decision making and effective intervention in this case from the point of any first contact onwards with victim previous partners or perpetrator.
- b) Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective.
- c) Whether appropriate services were offered/provided and/or relevant enquiries made in the light of any assessments made
- d) The quality of any risk assessments undertaken by each agency in respect of Angeline, Nicky, Robbie or Andrew.

4.3.8. Whether organisations thresholds for levels of intervention were set appropriately and/or applied correctly, in this case.

4.3.9. Whether practices by all agencies were sensitive to the alcohol or drug dependency of the respective individuals and whether any specialist needs on the part of the subjects were explored, shared appropriately and recorded.

4.3.10. Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and completed in a timely manner.

4.3.11. Whether appropriate supervision was available and provided.

4.3.12. Whether, any training or awareness raising requirements are identified to ensure a greater knowledge and understanding of domestic abuse processes and/or services.

4.3.13. The review will consider any other information that is found to be relevant.

Section Five - Methodology

5.1. The method for conducting a DHR is prescribed by Home Office guidelines. Upon receiving written notification of Angeline's death from the Police, a decision to undertake a Domestic Homicide Review was taken by the Chair of the Swindon Community Safety Partnership after consultation with partnership members on 16 December 2016. An accredited Independent Chair was appointed to conduct the DHR and the Home Office was notified on 19 December 2016. On 1 February 2017, during a meeting between the Community Safety Partnership, the Senior Investigating Officer and the DHR Chair, it was agreed, that due to the complexities of the criminal case and the large number of potential witnesses, many of whom would be of interest to the DHR, it would be appropriate to delay the conclusion of the Review until criminal proceedings were finalised. On 2 February 2017 the Home Office agreed that this was an appropriate decision. (For details, see Appendix F, as per Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews 2016.)

5.2. Agencies in the Swindon and Wiltshire areas were requested to search for any contact they may have had with Angeline, her children or Andrew. If there was any contact then a chronology detailing the specific nature of the contact was requested. Those agencies that had relevant contact were asked to conduct an Individual Management Review. This allowed the individual agency to reflect on its contacts and identify areas which could be improved.

5.3. After an initial pre-meet, the DHR Panel met formally four times. The schedule of their meetings are:

- 1 February 2017 0930-1100, Swindon Civic Offices (Pre-meeting)
- 9 March 2017 0900-1100, Haydon Wick Parish Council Offices
- 18 May 2017 0930-1500, Gablecross Police Station
- 3 July 2017 0930-1300, Haydon Wick Parish Council Offices
- 31 July 2017 0930-1230, Haydon Wick Parish Council Offices

5.4. On behalf of the DHR Panel the Independent Chair interviewed members of both the victim and perpetrator's families, friends and work colleagues. Another Panel member interviewed the victim's neighbours. The Police provided the Review with copies of all relevant statements taken as part of the criminal investigation into Angeline's death.

5.5. The DHR Panel considered information and facts gathered from:

- The Individual Management Reviews reports (IMRs) and other reports from participating agencies.
- Criminal Court Papers and the Senior Investigating Officer
- The Pathologist and Toxicologist Reports
- Psychiatrist Report
- The victim's family and her estranged husband
- The perpetrator's family and his previous partner

- Friends, work colleagues and neighbours of both the victim and perpetrator.
- The perpetrator's solicitor
- Discussions during Review Panel meetings

Section Six - Involvement of Family, Friends and Neighbour.

6.1. At the commencement of the Review Angeline's family was contacted, initially by letter delivered by the police family liaison officer then directly by the DHR Chair. Angeline's mother is deceased and her remaining family consists of her sister, her brother, her father and his partner. They gave consent for the Review to access Angeline's medical records and chose the pseudonyms for Angeline and her two children. The family was given a copy of the Home Office leaflet and one from AAFDA (Advocacy After Fatal Domestic Abuse). Throughout the process they were supported by the Victim Support Homicide Service and by an experienced Police Family Liaison Officer both of whom attended meetings relating to the DHR with them.

6.2. The family was regularly informed of the progress of the Review by the DHR Chair during the course of the Review process. They confirmed that they were not aware that Andrew had ever been abusive to Angeline, although they knew she had asked him to leave on more than one occasion as he did not contribute to the running of the home. Angeline always allowed him back as she felt sorry for him.

6.3. Angeline's father and sister were aware that Angeline had, in the past, been subjected to financially controlling behaviour by her estranged husband Kenneth and that she had sought help from Swindon Women's Aid. They did not know why she had not told them or sought help from any agency about abuse from Andrew. They were not aware of any barriers hindering her from seeking such help.

6.4. Near the conclusion of the Domestic Homicide Review, Angeline's family read the draft Overview Report and Executive Summary and later the final versions which include their comments. Angeline's father said he was not surprised at the conclusions and that he would fully support the proposed Domestic Abuse Awareness Campaign. Her brother and sister after reading the Reports asked to speak to survivors of domestic abuse to help them understand why Angeline had not told them what she was going through or why she had not sought help. Swindon Women's Aid facilitated this meeting.

6.5. Members of Angeline's family including her sister, brother and her father's partner supported by their Homicide Service Support Worker attended the final meeting of the Review on 31 July 2017. Her father declined the invitation to attend but wrote a Tribute to Angeline which is included at the beginning of this report. All three members of the family individually thanked the Panel and Chair for their thoroughness and thoughtfulness throughout the Review and for the care taken in the Reports.

6.6. Angeline's two young children are being cared for by their father Kenneth (pseudonym) who is in another relationship¹. Kenneth, Angeline's estranged husband, agreed with the pseudonyms chosen by other members of the family and he provided the DHR with consent for the children's medical records to be obtained for the Review. Whilst he

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acknowledged that he was going through a difficult time as Angeline had previously alleged he had subjected her to “emotional / financial” abuse, he said he wished to support the Review in every way and to be informed of the outcomes in due course.

6.7. Kenneth initially provided the DHR with detailed relevant information, but at the conclusion of the Review he did not return any text or telephone contacts from the Review Chair or the Police Family Liaison Officer inviting him to read the DHR Reports.

6.8. Angeline’s ■■■■■ year old step-daughter was informed of the Review at its commencement and provided detailed information relating to incidents between Andrew and Angeline which she had witnessed. She asked to be notified of the outcome of the Review.

6.9. Prior to the final meeting of the Review, Angeline’s step-daughter supported by her employer was informed of the findings, lessons learnt and recommendations of the Review. She thanked the DHR Chair for keeping her informed and asked if she could be involved in the proposed public awareness campaign. This was communicated to the Chair of the Swindon Community Safety Partnership who will co-ordinate the Campaign.

6.10. The perpetrator’s solicitor was contacted at the commencement of the Review and the pseudonym, Andrew, was agreed. The solicitor wrote to Andrew asking him to sign a consent form to permit the review to access his medical records but received no response from him.

6.11. After his conviction Andrew was kept informed about the Domestic Homicide Review by his sister and by his Offender Manager. He was again asked to sign a consent form for the DHR of access his medical records but he declined to do so, as he stated he was not registered with a GP and had not seen one since 2012.

6.12. Andrew was later given the opportunity read the draft Overview Report and Executive Summary in prison by his Offender Manager. He told his Offender Manager that he took full responsibility for Angeline’s murder and that he deserved the sentence he received. Nevertheless he emphatically denied that he had ever been violent to Angeline before the night of her death. He stated he had been proud to go to the Christmas Party with her but had “messed up by choosing drinks he knew would affect him”. He added that he had only gone back to Angeline’s house to collect his wallet and he had not expected her to be in as he had seen her go off with two of her friends. When he broke into the house she was there and he hit her and could not stop as “demons had got to him”.

6.13. One of Andrew’s sisters was contacted by the DHR Chair and she provided key information about Andrew’s early life.

6.14. At the conclusion of the DHR, the Review findings, conclusions and recommendations were discussed with Andrew’s sister. She informed the DHR Chair that Andrew had told her that the only person that could have stopped him was himself. No one else. He had thanked her and his father for getting him to give himself up to the police.

6.15. Andrew’s sister has been off work with stress since the murder and other than the help of her GP, neither she nor other members of the family have received any support to help them cope with the situation. She said she was very grateful for the compassion and understanding shown to her and the family during the Review. She has already establish a small group of friends to encourage people they know who have alcohol or substance abuse issues to seek help. They also explain to people, the benefits of taking positive action if they witness or hear domestic abuse taking place. When told about the proposed

Public Awareness Campaign she expressed a willingness to support the campaign in any way possible. This was communicated to the Chair of the Swindon Community Safety Partnership who will co-ordinate the Campaign.

6.16. The Review wrote to Andrew's ex-partner Ruth (pseudonym) asking for her to participate in the review. Subsequently the DHR Chair spoke to her and she agreed to the pseudonyms to be used for herself and for her child T (pseudonym). She provided information relating to her relationship with Andrew and arrangements were made for her to receive support from the Swindon Women's Aid IDVA. The Review's contact with Ruth has been limited due to ongoing police enquiries into allegations of serious offences committed by Andrew against Ruth and their child.² At the final meeting of the Review the SIO informed the meeting that he had just been notified that the CPS had authorised that Andrew be summonsed for one rape on a specified day when he put a dumbbell on Ruth's throat, multiple rapes on unspecified dates and one Actual Bodily Harm (ABH) when he stubbed a cigarette out on her chin.

Section Seven - Contributors to the Review

7.1. Whilst there is a statutory duty on bodies including the police, local authority, probation trusts and health bodies to participate in a DHR; in this case the following twenty organisations have contributed to the Review:

- Avon and Wiltshire Mental Health Partnership NHS Trust: (This organisation had no relevant contacts with Angeline, Andrew or any of their families).
- The Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company: (This service had no relevant contacts with Angeline or Andrew but together with the National Probation Service completed an IMR in relation to historic contacts between the then Wiltshire Probation Trust and Andrew.)
- Change Grow Live (CGL): (This organisation had no relevant contacts to report to the DHR. A senior member of this agency is a DHR Panel member.)
- Diversity Trust: (This LGBT Charity had no relevant contacts but has agreed to be part of the DHR's action plan campaign to inform the public on what course of action to take if they witness or hear domestic abuse taking place.)
- Dorset and Wiltshire Fire and Rescue Service: (This service provided an IMR in relation to the fire in which Angeline died. A senior member of this service who is independent of any contact with Angeline or Andrew is a DHR Panel member)
- Home from Home Property Management: (Angeline had rented her home from this Company for almost four years. The company reported that its contacts with Angeline provided no indication of any problems or domestic abuse).
- Great Western Hospital NHS Foundation Trust: (This Trust provided a chronology of routine contacts with Angeline and Andrew and an IMR was completed. A senior member of this Trust, who is independent of any contact with Angeline, her children or Andrew, is a DHR Panel member.)

² The DHR has confirmed that Andrew and Ruth's child is in receipt of counselling and support.

- National Probation Service: (This service had no relevant contacts with Angeline or Andrew but together with Bristol, Gloucestershire, Somerset & Wiltshire (BGSW) CRC completed an IMR in relation to historic contacts between the then Wiltshire Probation Trust and Andrew. A senior member of this agency who is independent of any contact with Andrew is a DHR Panel member.)
- Residential Landlords Association: (This national organisation was contacted by the DHR and agreed to publicise domestic abuse awareness and to place a domestic abuse policy on its website for the benefit of all membership landlords and agents.)
- South Western Ambulance Service NHS Trust: (This service notified the DHR that it had no relevant contacts to report.)
- Swindon Anti-Social Behaviour Forum: (This Forum had no relevant contacts to report).
- Swindon Borough Council Adult Social Care: (This Department notified the DHR that it had no relevant contacts to report. A senior member of this Department is a DHR Panel member.)
- Swindon Borough Council Housing Options: (This Department had one contact with Angeline which was not relevant to this Review).
- Swindon Borough Council Children Families and Community Health Services : (This Service had historic contacts with Andrew and has completed an IMR. A senior member of this Department is a DHR Panel member. due to Staff issues she is also the IMR Author)
- Swindon Clinical Commissioning Group: (A senior member of this organisation who is independent of any contact with Angeline, her children or Andrew is a DHR Panel member.)
- Swindon GP Practice: (This Practice had relevant contacts with Angeline and her children and an IMR was completed. The name of this Practice is redacted to avoid identification of the family.)
- Swindon Women's Aid: (This non-statutory organisation had relevant contacts with Angeline and an IMR was completed. A senior member of this organisation who is independent of any contact with Angeline or Andrew is a DHR Panel member)
- UK SBS: (This Company, which employed Angeline, provided an IMR.)
- Victim Support: (This service notified the DHR that it had no relevant contacts to report).
- Wiltshire Police: (This Police Force had relevant contacts with Andrew and an IMR was completed. A member of this organisation who is independent of any contact with Angeline or Andrew was a DHR Panel member.

7.2. Nine of those agencies have completed Individual Management Reviews (IMRs). None of the Independent Management Review (IMR) Authors have had any contact or involvement with Angeline, Andrew, family members or in the management of staff who had dealt with them.

[REDACTED] Swindon Borough Council Adult Social Care

[REDACTED] Swindon Borough Council Community Safety Team

[REDACTED] Swindon Borough Community Safety Team

[REDACTED], Swindon Borough Council Housing, and Chair of DA Management and QA Group

[REDACTED] Swindon Borough Council Children Families and Community Health Services

[REDACTED] Swindon Clinical Commissioning Group (CCG)

[REDACTED], Swindon Women's Aid

[REDACTED] Change, Grow, Live Drug & Alcohol Service

[REDACTED] Wiltshire Police

[REDACTED] Home Office Accredited Independent Chair

Senior Investigating Officer

[REDACTED] Wiltshire Police

Review Administrator and Minute Taker

[REDACTED] Swindon Borough Council

8.3. Expert advice regarding domestic abuse service delivery in Swindon has been provided to the Panel by Women's Aid which provides the commissioned Independent Domestic Violence Adviser (IDVA) Service in Swindon.

Section Nine - Chair of the Review and Author of the Overview Report

9.1. The Chair of the DHR Panel is a legally qualified and accredited Independent Domestic Homicide Review Chair. He has passed the Home Office approved Domestic Homicide Review Chairs' courses and possesses the qualifications and experience set out in paragraph 37 of the Home Office Multi-Agency Statutory Guidance (2016).

9.2. He has an extensive knowledge and experience in working in the field of domestic abuse and sexual violence at local, regional and national level. He has provided pro-bono legal work for a local Refuge and its residents; been responsible for the funding and monitoring the delivery of domestic abuse services across the South West Region of England between 2004 and 2010 and was a member of national committees responsible for the development and funding of Violence Against Women and Children's services during the same period.

9.3. The Chair has no connection with the Swindon Community Safety Partnership and is independent of the agencies involved in the Review. He served as a senior police officer in

Avon and Somerset Constabulary until 1999. More recently he was the Government Office South West Regional Criminal Justice Manger. In a voluntarily capacity, for several years, he has been a trustee of a substance abuse charity. Since 2011 he has been the chair of numerous statutory reviews including serious case reviews, mental health reviews, drug related death reviews and domestic homicide reviews.

9.4. He has had no previous dealings with Angeline, her children or Andrew.

Section Ten - Parallel Reviews

10.1. Criminal Proceedings

10.1.1. Andrew was charged with Angeline's murder and pleaded guilty. He was convicted and sentenced to life imprisonment with a minimum term of seventeen and a half years. The Judge commented that he did not accept Andrew's explanation that it was five minutes of madness. He stated that Andrew had been in the house for three hours; there were 45 injuries; as well using his hands and feet weapons were used including an iron and paint poured into her mouth, He made efforts to cover up the extensive blood stains. (Angeline) undoubtedly suffered mentally and physically before she was unconscious. Had there been a trial the sentencing tariff would have been 21 years.

10.2. Due to the criminal proceedings the Coroner did not hold an Inquest.

10.3. There have been no other Reviews.

Section Eleven - Equality and Diversity

11.1. The Panel and the agencies taking part in this Review have been committed within the spirit of the Equality Act 2010 to an ethos of fairness, equality, openness, and transparency. The Panel considered all nine protected characteristics in the Equality Act.

11.2. The IMR Authors of those agencies that had contact with Andrew considered carefully if there were any equality issues. They were satisfied that Andrew's mixed ethnicity (Black West Indian/White British heritage) had no bearing on the way their agencies dealt with him.

11.3. The DHR Panel noted that Andrew had a history of violence towards both men and women, but in view of the level and nature of the violence which he used to dominate Angeline and his previous partner, Ruth, together with his behaviour towards other women, the Panel is of the opinion that he had a sexist attitude towards women. (For examples see paras 13.2, 13.3. 15.2.10. and 15.3.3.)

11.4. Neither Angeline nor Andrew suffered from any known disabilities.

Section Twelve - Dissemination.

12.1. The Panel members, the IMR authors, the Chair and members of the Swindon Community Safety Partnership, have received copies of this report.

12.2. Both Angeline's and Andrew's families engaged with the DHR and were regularly informed of the Review's progress. The DHR Chair met separately with both families and spoke with Andrew's previous partner and Angeline's estranged husband. Prior to the conclusion of the Review they were given the opportunity to read the Overview Report and Executive Summary in private.

12.3. After the completion of the criminal proceedings Andrew was kept informed about the Review and was given a copy of the draft Overview Report and Executive Summary in prison by his Offender Manager.

12.4. The Wiltshire Police and Crime Commissioner has been sent a copy of the final reports by the Chair of the Swindon Community Safety Partnership.

Section Thirteen - Background information (The Facts)

13.1. Angeline, after separating from her husband, lived with her two young children in privately owned rented accommodation in Swindon from 2013. She met Andrew in early 2015 and he moved in with her a few months later. She worked for UK SBS (Shared Business Services) in Swindon.

13.2. On the evening of Friday 11 December 2016 Angeline's children went to stay with their grandfather, while Angeline and Andrew attended her work Christmas party at a hotel in Swindon. There were about thirty of her work colleagues present, along with several hundred people from other organisations. During the course of the evening Andrew was drinking heavily and Angeline became increasingly upset. He was seen helping himself to wine, from the tables of other organisations and after making lewd comments to other women he was warned off from dancing with a group of girls from another party.

13.3. Angeline's work colleagues saw her sitting with her head in her hands. She had an argument with Andrew which resulted in them wrestling on the floor until Andrew was pulled away from her by other members of the party. Andrew's waistcoat was torn in this incident, he was swearing and being aggressive towards Angeline and she told him that it was over between them. He kept asking her for a key which she would not give to him. Some of Angeline's colleagues told Andrew to leave her alone and to sort things out in the morning. Arrangements were made for Angeline to stay with one of her work colleagues after Andrew was heard to make threats to break into the house and torch it if she did not give him his keys and wallet. Andrew was described as being menacing and was heard to say that if he could not speak to "his woman" he would "...start banging people out". A taxi was called so that Andrew could leave, but when it arrived he would not go.

13.4. At about 1am on 12 December 2016 Angeline left the hotel in a taxi with her work colleague and her partner. Prior to leaving, Andrew tried to get into the taxi, insisting he was going to the home address. He was angry and abusive and punched the taxi window as it left. The taxi went to Angeline's address so that she could collect some overnight things, but once there, Angeline decided that she would stay. She insisted she would be safe as Andrew was not there and did not have a key to get in.

13.5. At 1.37am Andrew called a taxi. At 1.53am he was taken by taxi to a road junction near Angeline's address. The taxi journey took approximately ten minutes.

13.6. At about 2am neighbours heard shouting and screaming from Angeline's address. One neighbour went down stairs and heard banging from the front of Angeline's house. He then heard thuds and high pitched screaming going on for five to six minutes. He went back to bed but was woken at about 5am when he smelt smoke. He saw that Angeline's house was on fire.

13.7. Another neighbour also heard loud shouting and arguing at about 2am. She looked out of her window and saw shadows moving in the porch of Angeline's house. At about

2.30 am her husband was awakened by a male and female having a loud argument with shouting and screaming.

13.8. At about 5.30 am a woman on her way to work, walked past Angeline's home. She saw smoke coming from the property and realised that there was a fire within the house and she called the Fire and Rescue Service.

13.9. Andrew sent a number of Facebook and text messages during the night, the final one at 5.37am stated "Some of us have Angels some of us have Demons and tonight the Demons won FFS." (for fuck's sake)

13.10. At 5.40am the Fire And Rescue Service contacted the Police to advise them of the fire. The Fire Brigade arrived at the scene at 5.49am and entered the property and discovered Angeline deceased on the living room floor. The fire had been started near to her and accelerants had been used, there was significant heat damage to the property. Angeline had extensive fire damage to her legs. She had a towel over her face which covered significant injuries to her face and head. There was no one else in the property. The senior Fire Officer present confirmed to the police that the fire had been deliberately started and there appeared to be an accelerant used. He also stated that the fire posed a risk to the neighbouring property. A smoke alarm located at the top of the stairs appeared to have been disarmed.

13.11. The Pathologist gave the cause of death as head and facial injuries and the inhalation of foreign material. The results of the toxicology report indicated that Angeline had been alive when the fire started. The neuropathology report confirms that Angeline suffered significant brain injuries consistent with the blunt force trauma injuries to her head and face.

13.12. Police and Fire investigators found that white spirit had been used as an accelerant. Attempts had been made to cover blood on the walls and carpet and paint and a roller were found in the living room. The Police found amongst other items, a blood stained iron, which Andrew later admitted using to hit Angeline.

13.13. Andrew, who had left the house prior to the police and Fire and Rescue Service arrival, later contacted his sister and a friend and admitted that he had killed Angeline. He said he had broken into the house and started fighting with Angeline and "could not stop hitting her" he had then set fire to the house and left.

13.14. Andrew later attended a police station accompanied by his sister, father and a friend and gave himself up. He initially denied that he was responsible for Angeline's death but later admitted that he had killed Angeline by several blows to the head and had then used white spirit to ignite her body and used paint to cover up blood. He added that he had taken cocaine in the house.

13.15. Information obtained from Angeline's family and friends indicated that there were problems in her relationship with Andrew and that she was trying to end it. She did ask him to leave on more than one occasion but would then feel sorry for him and let him come back. She told one of her friends that she was waiting until after Christmas to tell him to leave as she did not want him to be homeless and on his own for Christmas. Andrew's friends were also aware of these problems. They said he had a problem with alcohol which caused him to become violent and that he was also a regular drug user. A work colleague knew that Andrew's character would change after just one drink and on the day of the Christmas party he had told Andrew to behave himself and not drink too much at the party.

13.16. A toxicology analysis taken after Andrew gave himself up to the police confirmed that Andrew used cannabis, cocaine and MDMA (Ecstasy) between early October and early December 2016. Andrew admitted that he had taken cannabis, cocaine and alcohol on the day of the Party.

13.17. After his conviction, when interviewed on behalf of the DHR by his Offender Manager, Andrew claimed that after leaving the Christmas Party he had gone to Angeline's home to break in to collect his wallet. He said he had not expected Angeline to be at the house as he had seen her leave the party in a taxi with a work colleague and her partner. When he was broke in, he saw her and he began to hit her and could not stop. He said he deeply regretted what he had done but took full responsibility for his actions.

Section Fourteen - Chronology

14.1. The events described in this section have been summarised from the detailed chronologies of agencies that had contact with Angeline, her children or Andrew and from information provided by their families, friends and previous partners.

14.2. Re Angeline

14.2.1. Angeline was the eldest of three children in a close family. After school, she attended a number of courses and had a level two NVQ in Business Administration and RSA skills in typing and word processing.

14.2.2. From 1993 to 2000 she worked for a large electronics company in the sales technical service, firstly as an administrator and later as a field engineer. She was made redundant and then had a series of short term employments until early 2016 when she was employed by UK SBS.

14.2.3. Her mother died in 2009. Her father, brother and sister all still live in or near Swindon.

14.2.4. In 2003 Angeline started a relationship with Kenneth and they lived in Kenneth's home in Swindon. They married on [REDACTED] 2007 and accounts from Angeline's family and Kenneth show they were initially very happy. They lived with their two children (born in [REDACTED]) and with Kenneth's child from an earlier relationship. Their relationship deteriorated and in March 2013 she left with the children. At first she stayed with her sister, then in April 2013 she rented the house she was living in at the time of her death.

14.2.5. Kenneth and Angeline's family have stated that the separation was comparatively amicable as Kenneth and Angeline stayed in contact and Kenneth had regular access to the children. Nevertheless, in December 2013 Angeline self-referred to Swindon Women's Aid. She told a counsellor that whilst her husband Kenneth had never been physically violent towards her, she felt he had been and was still financially controlling her even though they were separated. She explained that he refused to hand over "child benefit" he was receiving in respect of his eldest child, who at that time had remained living with Angeline and their two children, as he said he needed the money to pay his mortgage.

14.2.6. Angeline continued receiving support from Swindon Women's Aid until August 2014.

14.2.7. Angeline met Andrew in January 2015 at a friend's party and he moved in with her approximately seven months later, during August 2015. Everything seemed fine initially but

then deteriorated as Andrew expected everything to be done for him but would not contribute to the family. Angeline told Andrew to leave on more than one occasion and he did so, but always returned.

14.2.8. Angeline told some of her friends that Andrew could be verbally abusive towards her and had grabbed her by the arms. On one occasion she telephoned a friend, in tears, saying that he would not leave her alone and was right 'in her face'.

14.2.9. Angeline's [REDACTED] year old step-child witnessed some of Andrew's behaviour including one occasion when he returned home drunk and damaged the front door by using one of the children's scooters. He then urinated on Angeline as she lay in bed. Kenneth learnt of the incident from his daughter and spoke to Andrew who claimed it was a one off incident which would not happen again.

14.2.10. On 2 December 2016 Angeline told a friend that he had accused her of having an affair and she showed her friend fingerprint bruises on her left upper arm. She said Andrew had caused them and that he regularly pushed and grabbed her.

14.3. Andrew

14.3.1. Andrew's parents separated when he was six months old. His mother later told him that his father whom he kept in touch with used to be violent towards her.

14.3.2. Andrew's mother remarried when he was about seven years of age but he told a psychiatrist that he did not get on well with his step-father. (He later told the DHR through his offender manager that he got on with his step-father.) He had one full sibling, a sister and a maternal half-sister. He had a good relationship with both sisters. Andrew also has an older paternal half-sister and two paternal half-brothers with whom he had no contact. He only recently learnt that he and his sisters were placed in temporary care at a very early age.

14.3.3. At school he was known to be a bully and was eventually expelled. He had no qualifications when he left education at the age of 16 years.

14.3.4. He told his psychiatrist that at about the age of fourteen he was placed in foster care in Swindon due to his "bad behaviour, being a general nuisance, stealing, fighting, being naughty". He said he lived with three different foster families but was moved for fighting with other foster children. He remained in foster care until he was seventeen.

14.3.5. Andrew initially had a number of short term employments but from the age of seventeen, he worked for the same company as a scaffolder.

14.3.6. In about 1998 whilst they were at school, Andrew started to go out with Ruth (pseudonym) after he had intervened when she was being bullied by a number of older boys. Between foster homes, when he was about 16 years of age, he moved in with her at her parents' home. At the age of eighteen, he and Ruth set up home together and [REDACTED] they had one child, T (pseudonym).

14.3.7. On 20 April 2004 the police were called after Andrew had punched the landlady of a public house and kicked her repeatedly after being refused a drink. He then smashed a window with his fist. He was arrested and was sentenced at court to a Community Rehabilitation Order (CRO).

14.3.8. During May 2004 to November 2004 Andrew was supervised, by the then Wiltshire Probation Trust, in relation to the CRO which had two requirements: eighteen months supervision and to attend the "Think First Programme" (TFP), for the offence of actual bodily harm (ABH).

14.3.9. At his first appointment on the TFP, Andrew identified the link between his alcohol misuse and his offending behaviour. He added that he was then abstinent from alcohol use and as such had seen his relationship with his partner (Ruth) improve. However at his next appointment (two weeks later) Andrew stated that he did not have a drink problem. He added that he drank every few weeks, though he would tend to have too much and forget to stop. He did not believe that this could be described as binge drinking.

14.3.10. The full records of Andrew's engagement and participation on the "Think First Programme" were destroyed after a period of five years in accordance with Wiltshire Probation Trust policy at that time. Nevertheless, from the records kept, it is apparent that his initial participation on the "Think First Programme" was marked with some disruptive behaviour. Whilst this was considered not to be unusual for male offenders of his age, he was referred to his Offender Manager to discuss his behaviour.

14.3.11. On 18 February 2005 Andrew spat at door staff whilst being ejected from a Public House. When arrested he then caused damage to a police car. He was given a fine at Court.

14.3.12. On 23 March 2006 Police responded to a report of a man with a knife at Ruth's address. They spoke to neighbours who had heard a verbal argument. Ruth told the officers that no one else was in the house, but a noise was heard upstairs. The officers found Andrew hiding behind the bed and he initially gave false details. Ruth told the officers they had had an argument during which she had thrown items around the kitchen. No one was injured and Andrew was removed from the address by his mother and step-father. There was no further police action.

14.3.13. In another incident when out celebrating a friend's birthday Andrew bit another male friend's ear, however this was never reported to the police.

14.3.14. On 20 April 2009 Andrew and another offender assaulted a male friend at Luton Airport after returning from a "Stag" weekend. They both kicked and punched him several times causing a cut to his right eye and bruising to his head and body. Andrew was sentenced to two years imprisonment suspended for twelve months.

14.3.15. The twelve month Suspended Sentence Order consisted of twenty-four weeks custody suspended for twelve months and a hundred hours Unpaid Work for the offence of ABH. The only requirement of this Order was to attend for Unpaid Work which Andrew successfully completed.

14.3.16. Ruth's father worked for the same company as Andrew and on ■ July 2011 after a verbal argument between them, Andrew punched and kicked him several times causing bruising to his jaw and neck. Andrew was arrested and charged but the case was discontinued at court after Ruth's father refused to give evidence against Andrew.

14.3.17. On 7 May 2012 Andrew attacked a male friend with a knife causing a cut to his arm and several small stab wounds. This happened at a family party at Ruth's parent's house. The friend told the police that he had witnessed facial bruises on Ruth and she later told him that Andrew had caused these.

14.3.18. On 15 June 2014 Andrew and Ruth had been to a public house with T their ■ year old daughter. They returned home and Andrew started shouting and swearing at Ruth whilst she was preparing a meal. T became upset and telephoned her aunt who attended to collect her. Andrew became aggressive and the police were called, he was in turn abusive to the officers. Ruth, before going with T to stay at her mother's home, disclosed to the officers a history of physical and verbal domestic abuse from Andrew. This included Andrew punching her and grabbing her throat. She said the abuse was worse when he had been drinking to excess. It was clear to the officers that T had witnessed the domestic abuse over a number of years. Ruth expressed her wish to end the relationship and move on. She was given details of Swindon's Women's Aid which provides a domestic abuse support service. Ruth also disclosed that Andrew was spending £100 per week on cannabis. As Ruth had left the relationship a medium risk Domestic Abuse Stalking and Harassment Risk Assessment (DASH) was given and shared with Swindon Children's Services. A follow-up visit was made by the Police Domestic Abuse Investigation Team (DAIT). Ruth told the officers that she had separated from Andrew and she had engaged with Social Services. Her daughter was coping well and the school was supporting her. She had read the safeguarding leaflets that had been given to her and felt secure in her new premises. Ruth told the Officers she would contact Swindon Women's Aid, although there are no records of her ever doing so.

14.3.19. After Andrew and Ruth separated, he had a relationship with another woman for approximately a year. Andrew told a psychiatrist this relationship was a mistake as she had a "foul mouth" and he started to use more drugs whilst in the relationship.

14.3.20. Andrew met Angeline at a mutual friend's party in January 2015 and during August 2015 he moved in with her and her two children. Angeline's father told the DHR that Andrew was always fine with them and was good with Angeline's children who clearly liked him as he played games with them. However he did notice that Andrew seemed to have low self-esteem as he kept stating he was "only a scaffolder".

Section Fifteen - Overview

15.1. This overview summarises what key information was known to the agencies and professionals about Angeline, her children and Andrew. It also includes relevant information provided by family, friends and neighbours.

15.2. Re Angeline

15.2.1. The DHR found only two agencies, namely a GP Practice and Swindon Women's Aid; that had any contacts with Angeline which could be considered to be of relevance to this Review. She had never had contact with any criminal justice agency.

15.2.2. Angeline's contacts with her GP Practice were, in the main, for common ailments. However it was of note that in December 2015 Angeline made an appointment as she had financial difficulties and having thoughts of self-harm. A depression rating was carried out and as she was able to manage the stress, she was given a prescription for Sertraline. She responded well to the medication and it was almost a year later, on 11 November 2016, that she again attended an appointment at the Practice, suffering from anxiety due to the stress of a new job. (She had completed a six month probation period and was waiting to hear if she was to be offered a permanent post.) In January 2016 Angeline suffering with dysuria, had three appointments with Practice nurses. She told the nurses that she felt sore as she had been very sexually active with her partner. The nurses independently

said she appeared happy about that situation. She was prescribed antibiotics and vaginal cream.

15.2.3. In December 2013 Angeline self-referred to Swindon Women's Aid. She explained she had separated from her husband in February 2013 due to his controlling behaviour. She said she was living in rented accommodation with their two young children and her husband's older child from an earlier relationship. Her step-child had lived with her from the age of three and was then a teenager. She felt her husband was still controlling her financially as he was not contributing for the children as he said all his money was being spent on the mortgage. She said the Recovery Toolkit course helped her to comprehend the extent of the emotional abuse on her even though her husband had never been physically violent towards her.

15.2.4. After a few weeks of Andrew living with Angeline, although he was good with her children, she was becoming disillusioned by the way he expected her to cook and clean for him. He neither helped in the house nor contributed financially to the household budget. The first her family knew that things were not quite right when she told him to leave, only for her to have him back after a short time.

15.2.5. Some of Angeline's close female friends knew there were problems in the relationship. All described Andrew as a womaniser who they felt uncomfortable to be near. Some had been inappropriately propositioned by him and had seen him with other women. Two made statements to the police that Andrew was a drug dealer who could be violent when drunk. One recounted that Angeline told her that Andrew had said to her that he was very sexually active and that if she did not give him sex then he would go elsewhere to find it. This deeply upset her.

15.2.6. Angeline's best friend told the DHR Chair that she knew Andrew before he met Angeline and she described him as "good looking and fit, but a poser". Although he was born in Swindon he would swagger into their local public house and speak with a "Jamaican gangster" accent which while comical, nevertheless sounded menacing. He regularly got very drunk and was a heavy cannabis smoker. When he was with Angeline he would spend most of his money on drink and drugs, getting drunk every weekend and he contributed very little money towards the rent and household bills. This friend, who had previously been in an abusive relationship herself, told the Review that she saw warning signs in the relationship between Angeline and Andrew. She said she told Angeline to get rid of him. She recalled a conversation a few months prior to Angeline's death during which she told her that; "people put on a mask when they first get together to get in with you, but then when they are in the relationship, they can become abusive and a drunkard and that this is the real person as they cannot keep up the mask." Angeline told her that by the Wednesday of each week she would start to dread the coming weekend as every weekend Andrew would get very drunk. The friend told her "to get out of the relationship, as this was how people ended up getting killed in a domestic relationship". She said Angeline had tried to end it with Andrew and he had left her house on a few occasions but he always ended up coming back. Angeline told her friend that Andrew was verbally aggressive and abusive towards her but she never mentioned him hitting her, although he had grabbed her by the arms on one occasion.

15.2.7. On Friday 2 December 2016 Angeline told another close friend that she was going to wait until after Christmas and then tell Andrew to leave. When the friend asked why, Angeline rolled up her sleeve and showed her upper left arm. There were three little circular bruises, fingerprint size on her upper left arm as if she had been gripped there. The friend asked her if Andrew had hit her. She said that he did not hit her but that he pushed

and grabbed her. This happened almost every other weekend when her children were not present. He would never do it if the children or anybody else were present. The friend told Angeline to get rid of him straight away as he earned plenty of money and was a grown man, but Angeline said she did not want to see him homeless at Christmas.

15.2.8. A neighbour, who Angeline was friendly with, told the DHR that he had a child of a similar age as Angeline's child, Nicky. On one occasion Nicky came to the friend's house to play. The children would play in the front room and go into the kitchen at various points for food or drinks. The neighbour recalled Nicky coming into the kitchen and saying; "(Andrew) hit my Mum". Nicky was upset about this and he wanted to talk it through and to understand why. The neighbour later challenged Andrew about this but Andrew made it very clear to him that it was none of his business.

15.2.9. Angeline's ■ year old step-daughter spoke to the DHR Chair and gave permission for her police statement to be summarised in this report. In it she explained that Angeline had brought her up from when she was only three years old and was like a mother to her. She remained with Angeline for a number of years after she split up with her father, Kenneth. Even after Andrew had moved into Angeline's home she would regularly visit and sleep over. She said that Andrew would smoke cannabis openly in the house, often in front of the younger children. He would also regularly sniff a powder but not when the children were in the room. She knew he had been banned from his local pub as he had hurt a female member of staff. When Andrew had too much to drink or had been on drugs that was when he would be violent towards Angeline.

15.2.10. She described one incident when she was at Angeline's house. She was asleep on the sofa downstairs and Angeline was in bed upstairs. The children were asleep in their bedroom. Andrew returned home very drunk and could not open the front door. He took one of the children's scooters from the garden and used it to smash the door. There were chunks out of the door and the lock was broken. (The following day Andrew and his father made enquiries about having the door repaired but were informed it would need to be replaced at a cost of £400. Andrew never had the work done.) In spite of the damage he could not open the front door and the step-daughter had to let him through the back door. He went upstairs into Angeline's room and she could hear him shout "I am going to fucking piss all over you". He did and she could hear them shouting and screaming at each other. The step-daughter then heard him say; "What, shall I go downstairs and get a knife then". Angeline was crying and came downstairs with wet bedding. She recounted several other incidents when Andrew was drunk and verbally abusive to Angeline. He constantly borrowed money from her and never wanted to pay her back. His child T was only allowed to see him if he did not drink. On one occasion T was at Angeline's home and saw that Andrew had a can of beer, T immediately became very distressed and had to be taken home.

15.3. Re Andrew

15.3.1. Andrew was known from an early age to have violent tendencies. He was temporarily suspended several times and eventually expelled from school after physical assaults on other pupils and on occasions on teachers. As a teenager and later as an adult he was involved in a number of violent incidents after drinking too much, whilst several incidents went unreported, others resulted in him being arrested. In respect of two of those offences he came under the supervision of the Wiltshire Probation Trust. The last occasion being in August 2010. (See Paras. 14.37. to 14.3.10).

15.3.2. Between 2004 and the date of Angeline's murder the police had contact with Andrew on nine occasions, the last being in July 2015 when he turned up at Ruth's parents'

home demanding to see his child. Whilst there were no specific offences disclosed at that time, Ruth made a statement to the police that in 2014 Andrew had pushed his child so hard the child fell. A medium risk DASH assessment was shared with Swindon Borough Council Children, Families and Community Health Services. Ruth was seen by the Police Domestic Abuse Investigation Team (DAIT) but declined the opportunity to contact Swindon Women's Aid as she felt she had sufficient support.

15.3.3. Andrew was a regular drinker in a Swindon Public House and the staff recounted that he could cause problems when he had been drinking a particular lager or whiskey. He was described by them as "sleazy" and as someone who would try it on with young women in the pub. He had been barred on two occasions, once for throwing a table and once for bullying a younger man and calling him names. He was allowed back in but only on the condition that he drank Carling lager as that had less effect on him.

15.3.4. After his arrest for Angeline's murder Andrew told his psychiatrist that he had been with Ruth for fifteen years and that she was the love of his life, but when he was drunk he was physically violent to her. He said he and Ruth had been engaged for four years prior to their separation in December 2013. They had split up because "it came to a head I wasn't nice to be around ... due to shit with my Mum [i.e. her illness coincided with this time] and my drinking. At about the same time we had lost our house and I was staying with a friend while [Ruth] and [their child] stayed with her parents."

15.3.5. Ruth has told the DHR Chair that Andrew was frequently violent to her, but she was afraid to tell anyone at that time. There were even occasions when she tried to cover up for him. The incident on ■ March 2006 was one such event, when the police had been called by neighbours after he had threatened her with a knife. (See Para 14.3.12.) She only felt able to call the police after they had separated. Even then there were occasions when he would turn up on the pretext of seeing his child and would be violent both physically and sexually towards her. It was only after his arrest for Angeline's murder that Ruth felt safe enough to report that Andrew had raped her. (At the final meeting of the DHR the Police informed the meeting that the CPS had now authorised that Andrew be summonsed for one rape on a specified day when he put a dumbbell on Ruth's throat, multiple rapes on unspecified dates and one Actual Bodily Harm (ABH) when he stubbed a cigarette out on her chin.)

15.3.6. On 8 July 2015 Andrew attended at Ruth's mother's house in a drunken state demanding to see his child. A Chalk message "Daddy loves you" was later found in the back garden. A Police DAIT officer spoke to Ruth, she told the officer that she had decided not to contact Swindon Women's Aid as she had sufficient support.

15.3.7. One of Andrew's work colleagues provided the police with a statement of his knowledge of Andrew. He was contacted by the DHR Chair and agreed that information in his police statement could be used by the Review. He had known Andrew for about fifteen years, ever since Andrew started work in the same Scaffold Company when he was seventeen years old. For three years they had worked on the same site and travelled to work together.

15.3.8. During that time he found Andrew to be very laid back and a hard worker. He never saw him get angry or aggressive whilst at work. He had only socialised with him on a couple of occasions. The last time was after work on St. Patrick's Night in about 2014 when they went for a drink at his local pub. Andrew was usually very laid back but as soon as he started drinking his whole personality changed and he became much more aggressive.

Andrew told him that he had been barred from pubs after fights and scuffles whilst drunk. It was well known amongst people at work that drink was not good for him.

15.3.9. Andrew told his friend that his relationship with his girlfriend, (Angeline), was on and off. He never mentioned any specific details but he did admit that one of the main reasons they were having problems was his drinking and his behaviour when he drank. On a number of occasions his friend advised him that he should stop drinking and Andrew would try to do so for a few weeks but always went back to drinking to excess.

15.3.10. The last time his friend saw him was on the day of Angeline's Office Christmas Party. During the morning tea-break at work; Andrew received a text from Angeline along the lines of "I don't know if you should come to the party because of your behaviour." His friend told Andrew that this was "a warning for him to change his behaviour." On the way home from work at about 4pm, Andrew's friend had "a go" at him about his behaviour when he was drinking. He told the DHR Chair that he tried to get Andrew to realise how his personality changed when he was drinking and that he was likely to get himself into trouble or even get thrown out of the Function if he did not behave himself. At the time Andrew was his usual laid-back self and appeared to be in a good mood. That was the last time his friend saw him.

Section Sixteen - Analysis

16.1. Agencies completing IMRs were asked to provide chronological accounts of their contact with Angeline, her children or Andrew prior to Angeline's death. Where there was no involvement or insignificant involvement, agencies advised accordingly. In line with the Terms of Reference, the Review focused on the contacts from 1 January 2015 to December 2016, together with relevant information relating to domestic abuse, violence and substance misuse prior to that time.

16.2. The Review Panel has checked that the key agencies taking part in this Review have domestic abuse policies and is satisfied that they are fit for purpose. One non-statutory organisation did not have a specific domestic abuse policy but as a result of the Review is in the process of writing one with the assistance of Swindon Women's Aid. A second organisation (Residential Landlords Association) has, with the assistance of the DHR, drafted a Domestic Abuse Awareness Policy for membership landlords.

16.3. Eight organisations have provided Individual Management Reports detailing their relevant contacts. The Review Panel has considered each carefully from the view point of Angeline, to ascertain if interventions were appropriate and whether agencies acted in accordance with their set procedures and guidelines. Where they have not done so, the Panel has deliberated if lessons have been identified and if they were being properly addressed. Good practice is acknowledged where appropriate.

16.4. Panel members, having read the IMRs and chronologies and questioned the IMR Authors, are satisfied that the authors have addressed those points within the Review's Terms of Reference which are relevant to their organisations. The following are the analyses of each report together with the Review Panel's opinion on the appropriateness of the agency's interventions.

16.5. Dorset and Wiltshire Fire and Rescue Service

16.5.1. The Wiltshire Fire and Rescue Service had not had any prior contacts with either the victim or perpetrator prior to the fire in which Angeline died. The IMR author highlighted that only one 999 call was received by the Service in connection with that fire.

16.5.2. The Review Panel acknowledges that the response to the 999 call was prompt and professional. The officers quickly found Angeline's body and identified that the fire had been started deliberately. The Panel noted that the Fire and Rescue Service has a fit for purpose domestic abuse policy and is satisfied that there are no lessons to learn.

16.6. Great Western Hospitals NHS Foundation Trust

16.6.1. The Hospital Chronology recorded that Angelina had attended hospital on five occasions between 2005 and 2015 for non-relevant medical attention e.g. maternity, rheumatism, abdominal pain, injured ankle and wrist. Nicky visited Accident and Emergency (A&E) in 2014 and 2015 with sports related injuries. Between November 2009 and June 2016 Andrew had six appointments in respect of a dental abscess and a respiratory infection. On two occasions he attended A&E with a work related injury and a dog bite.

16.6.2. The Review Panel was satisfied that appropriate treatment was consistently provided and that there were no lessons to be learnt. It is noted that the Hospital Trust has a ratified Domestic Abuse policy in relation to guidance for managers re supporting staff disclosing as victims or perpetrators of Domestic Abuse. The Trust has a draft Trust-wide policy currently going through internal ratification processes

16.7. Home from Home Property Management

16.7.1. The Report Author confirmed that Angeline had rented her home through the Agency since March 2013. She was described as a reliable tenant who paid her rent on time but did not discuss any aspect of her private life during her contacts with agency staff. Although Andrew damaged the front door, the Company had no record of this being reported to them. There were no repairs or requests for repairs to be undertaken which could have indicated that there was any abuse or violence occurring in the property.

16.7.2. The Report Author was satisfied that there were no lessons for the agency to learn from their contacts with Angeline.

16.7.3. The Review Panel noted that whilst there is an obligation on registered social landlords to have a domestic abuse policy, there is no such requirement for private letting agencies or landlords. The **Residential Landlords Association (RLA)**, (the national association of private landlords), after being contacted by the DHR Chair, agreed to remind membership organisations of possible indications of domestic abuse and what action to take if a tenant is being subjected to domestic abuse. The Association is publishing a domestic abuse policy on it's website for the benefit of members as a result of this Review. (See Appendix E of this Report for draft preamble and policy.)

16.7.4. The Panel wishes to thank the Directors of the RLA and in particular [REDACTED] the Senior Policy Officer, for the Association's prompt and positive response to the Review's request, which will undoubtedly help private landlords identify and react to instances of domestic abuse involving tenants.

16.8. National Probation Service

16.8.1. The National Probation Service and the Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company both checked their records and found historic contacts with Andrew by the then Wiltshire Probation Trust, between 2004 and 2010 in respect of two offences of violence. The first in relation to an assault on the female licensee of his local public house and the second for his part in a disturbance at Luton Airport when as one of a group of young men on a “Stag Trip” he assaulted another male friend.

16.8.2. In both cases a link between his alcohol abuse and his offending behaviour was identified. However Andrew, whilst accepting that he at times drank too much, denied binge drinking or that he had any alcohol problems as he could go for long periods without drinking alcohol. Nevertheless, Andrew’s Offender Manager flagged that Andrew’s drinking should be monitored as a risk issue. In November 2004 his Offender Manager liaised with Social Services to ascertain if they could help him on the basis that he could be considered to be a vulnerable person. Social Service responded that as he was then over 16 years of age they had no duty of care to him.

16.8.3. The Report Author found that there were well written records showing that equality and diversity issues had been properly considered. It was also noted that Andrew had no issues about working with others of different ethnicity or religion.

16.8.4. Whilst acknowledging that Wiltshire Probation Trust’s dealings with Andrew were in line with accepted practice at that time and that there were examples of good decision making, the Report Author pointed out that since 2010 there have been many advances and changes in the treatment of offenders.

16.8.5. In relation to Andrew’s engagement and participation on the Think First Programme, full records were weeded after five years in accordance with then policy. Nevertheless from the records still available, it is apparent that Andrew was asked to explore/identify his own criminogenic needs; those are factors/issues that may be linked to the individual’s offending behaviour. It is noted that Andrew scored ‘alcohol’ as a zero which indicated he did not view his use of alcohol as problematic. He put money, accommodation and social relationships as problematic (in that order) although it is not possible to understand what was meant by ‘social relationships’ due to the lack of records available.

16.8.6. His Offender Manager identified that his failure to see that his drinking could be described as ‘binge drinking’ illustrated that there was some denial regarding the extent of his alcohol problem. He wrote that Andrew claimed he had not drunk for approximately 4 months yet he still linked his alcohol misuse to his offending stating it was due to drink entirely. The Offender Manager acknowledged that alcohol acts as a dis-inhibitor and therefore offending cannot solely be blamed on alcohol misuse and that there would have been attitudes, beliefs or thinking deficits that, along with the alcohol, contributed to the offending behaviour.

16.8.7. The Review Panel accepts that there were no lessons to be learnt from the contacts Andrew had with Wiltshire Probation Trust. The National Probation Service and Bristol, Gloucestershire, Somerset & Wiltshire (BGSW) Community Rehabilitation Company have fit for purpose domestic abuse policies.

16.9. Swindon Borough Council Children Families and Community Health Services

16.9.1. The IMR author has found that in 1984, after the breakdown of their parents’ marriage, Andrew, who was approximately six months old and his two sisters aged ■■■ and

■■■■, were placed in care for six weeks to allow time for their mother to arrange suitable accommodation for the family after the breakdown of her marriage. This was a voluntary arrangement to help the family and there were no Court Orders involved. There was no record found to indicate that the relationship had broken down as a result of domestic abuse.

16.9.2. During the autumn of 1999, Andrew's step-father was working abroad and his mother felt unable to control Andrew's increasing anti-social behaviour. She contacted Swindon Borough Council Children Families and Community Health Services and Andrew, who was then fifteen years of age, was placed in care during the period 9 November 1999 to 23 March 2002. The limited records which remain available show that there are three separate care addresses recorded for him which indicates that he had three separate foster placements. The first is likely to have been an emergency placement, but there are no reasons recorded on why he left the second address. He formally left the third placement on reaching the age of eighteen.

16.9.3. The IMR Author is satisfied that although both periods that Andrew was in care were as a result of voluntary arrangements, there was no evidence of any risk of significant harm either to or by Andrew which would have necessitated Child Protection planning. If there had been any evidence of domestic abuse or problems relating to violence within the family, appropriate warning notices would have been flagged within the limited records which have been retained. A strategy discussion would have been held if there was a concern that he was at risk of significant harm or if an offence had been committed against him. This is not to say that this was not the case but there are no records to suggest that this came to the notice of the Department and was investigated under child protection procedures.

16.9.4. The DHR Panel notes that as both occasions that Andrew was in care were as a result of voluntary arrangements, which did not indicate any risk of significant harm, only limited records remain available after such a period of time. The Panel is satisfied with the identified lessons to be learnt in relation to process and that the recommendations made will address them.

16.10. Swindon GP Practice

16.10.1. An independent GP completed Chronologies and an IMR in respect of the medical history of Angeline and her children.

16.10.2. The children had attended the GP Practice for normal childhood illnesses and there was nothing to suggest that the children had ever suffered or witnessed abuse of any kind.

16.10.3. Over the years Angeline had consultations with her GP for a variety of ailments, only two of which were of possible significance. In December 2015 Angeline received treatment for depression. Her medical records detailed that she had financial difficulties and whilst she was able to cope she had had thoughts of self-harm. A month later, in January 2016, Angeline attended the Practice suffering from a urinary infection. During the consultation she confided that she had recently been very sexually active with the same partner. The IMR author interviewed the two experienced nurses who treated Angeline. They separately recalled a positive tone from Angeline when she disclosed her active sex life and neither detected any undercurrent of concern.

16.10.4. The Practice has a domestic abuse strategy within its wider safeguarding policy and all of the medical personnel at the Practice have received domestic abuse awareness training. The Practice will nevertheless work with Swindon Women's Aid to publicise the support available to victims of domestic abuse.

16.10.5. The IMR author whilst identifying lessons that could be learnt was of the opinion that the primary care of Angeline and her children was in line with good practice.

16.10.6. The Review Panel is satisfied that the IMR has been carried out in accordance with the Review's Terms of reference and accepts the recommendations made, which will be cascaded to other Swindon GP Practices.

16.11. Swindon Women's Aid

16.11.1. The IMR Author considered all of the DHR terms of reference in preparing the IMR. Angeline had self-referred to Swindon Women's Aid in December 2013 as having separated from her husband, she felt he was still being financially controlling.

16.11.2. Swindon Women's Aid has a policy that on receiving a telephone referral, contact is made within 48 hours of allocation. In Angeline's case she made an initial telephone contact on 6 December 2013 and a telephone reply was attempted the same day however there was no response. Contact was eventually made on 10 December 2013 and arrangements made to meet on 19 December. She was assured that during the intervening period she could make telephone contact for advice at any time.

16.11.3. On 19 December 2013 Angeline cancelled the appointment as one of her children was unwell. The meeting was rescheduled for 9 January 2014. At that meeting Angeline confided that she had left her husband in February 2013 due to his controlling behaviour. She stressed he had never been physically abusive towards her or the children. Even though separated, Angeline felt he was still controlling her financially, as he was not contributing towards the children, as he claimed all his money was being spent on the mortgage. The Counsellor gave her advice regarding Child Benefit payments and dealing with Council tax arrears. It was also arranged for Angeline to attend the Recovery Toolkit programme. (See Appendix A for a description of the initiative.)

16.11.4. Angeline continued her involvement with Swindon Women's Aid until 21 August 2014. She informed her Counsellor that she had not been able to complete the Recovery Toolkit programme as she had missed too many sessions. She stated that the parts of the course she had attended had taught her to recognise warning signs to enable her to end a relationship. The Counsellor invited Angeline to start the course again in September 2014, but Angeline made no further contact and her case was closed on 12 September 2014.

16.11.5. The IMR Author noted that neither Angeline nor Ruth had ever made any contact with Swindon Women's Aid regarding their relationships with Andrew.

16.11.6. The IMR Author concluded that all contacts had complied with set policy and practice and that there were no lessons to learn or recommendations to make. Swindon Women's Aid has however made arrangements to assist Angeline's GP Practice and to provide information leaflets to all Swindon GP Practices.

16.11.7. The Review Panel is satisfied that Swindon Women's Aid provided the help and support Angeline required at that time and that she was signposted to organisations that

could better assist with her financial difficulties. Swindon Women's Aid has a fit for purpose domestic abuse policy.

16.12. UK SBS

16.12.1. The IMR author confirmed that Angeline joined the Company on 4 May 2016 and worked as a training administrator in the Human Resources Service Delivery Department. She successfully completed a six month probationary period in November 2016 and was offered a full time contract.

16.12.2. Whilst the Company does not have a stand-alone domestic abuse policy, there is a comprehensive "Business Continuity Plan" and a well written "Wellbeing Policy" both of which are reviewed annually. All personnel receive training about the policies and are also aware that the Company provides a free confidential "Employee Assistance Service" which includes confidential counselling for relationship problems. (See Appendix C. for details of the Wellbeing Policy and the Employee Assistance Service Programme. The Business Continuity Plan which was seen by the DHR Panel, has not been not replicated as it contains confidential information relating to staff.) Angeline would have been aware of the available support, not only because of staff training but because of her role within the organisation.

16.12.3. Angeline never discussed Andrew with any of her colleagues or line managers, nor did she access the Employee Assistance Service. The first time any of her colleagues realised there were problems was at the Office Christmas Party in December 2016 when they saw his drunken and aggressive behaviour.

16.12.4. The IMR author is satisfied that those members of staff who witnessed Andrew's behaviour and how upset Angeline was at the Party did everything possible to support her. Andrew was pulled away from Angeline when he was seen to wrestle her to the floor. He became threatening saying that "if he could not speak to his woman he would start banging people out". He was described as being quite menacing and was told to leave the hotel where the Party was taking place. A taxi was called for him but he refused to get into it. Angeline refused when asked if she wanted the police to be contacted. One of her work colleagues made arrangements for Angeline to stay with her and her partner that night. They left the hotel together and went by taxi to Angeline's home so that she could collect overnight things. Once there, Angeline decided that she would stay and insisted she would be alright as she would put the security chain on the door.

16.12.5. The IMR Author has identified that following Angeline's death the one lesson learnt for the company was that the telephone numbers listed on the Business Continuity Policy were only senior managers' work phone numbers which made it difficult to make contact when needed out of hours. This has now been amended to include personal mobiles and home numbers to ensure that this problem does not arise in the future.

16.12.6. The DHR Panel thanked the Company for voluntarily taking part in this Review. The Panel wishes to record that from the evidence it has seen it is clear that Angeline's work colleagues at the Christmas Party did all that they could to protect her that night.

16.13. Wiltshire Police

16.13.1. The IMR Author thoroughly considered the Equality Act's nine protected characteristics whilst compiling his report and did not identify any relevant issues.

16.13.2. Whilst the Police had no recorded contacts with Angeline prior to her death they had several contacts with Andrew which are summarised in sections 14 and 15 of this Report.

16.13.3. The Police contacts with Andrew indicated that he had a tendency towards violence from an early age. He received a caution for an assault occasioning actual bodily harm in 1997 when he was only 13 years of age. He was 15 years old when he received his first conviction for another offence of violent conduct. It was noted that his later violent offences occurred when he was drunk. Whilst he was also known to use cannabis, there was no indication that he was ever referred to a substance misuse support service. His use of other illegal substances was not known to the Police.

16.13.4. The IMR Author noted that a high level of support was given to Ruth following the reported domestic abuse incidents in 2014 and 2015 but could not find any written record relating to the 2015 incident to confirm that Ruth would not support a prosecution. The IMR Author interviewed the specialist Domestic Abuse Investigation Team (DAIT) Officer who spoke to Ruth following the reported domestic abuse incident in 2015 and was satisfied that she had ensured that appropriate safeguarding measures had been put in place. However as that incident had been categorised as a medium risk case it was the responsibility of the initial attending officer to carry out a full investigation and record her rationale for not taking positive action to arrest Andrew. The officer concerned is no longer with the organisation so the IMR author has been unable to ascertain why she did not adhere to Force policy. (See Appendix D for Wiltshire Police Force Policy and Procedure on Domestic Abuse)

16.13.5. The Review Panel is satisfied that the Wiltshire Police generally dealt with Andrew positively on the occasions he came to their attention. However, the IMR Author has not been able to ascertain what enquiries were made in July 2015 regarding the offences disclosed by Ruth. Wiltshire Police have conducted a full investigation into these and new allegations which Ruth and her family have made. The Crown Prosecution Service has in July 2017, made a decision that Andrew should be prosecuted for several rapes on Ruth and an Actual Bodily Harm (ABH) when he stubbed a cigarette out on her chin.

16.14. Pathologist's Report

16.14.1. The Pathologist confirmed in his report that there was no natural disease that contributed to Angeline's death. He recorded forty-five recent injuries and marks on the body. He noted that the injuries to her arms could be defence type injuries. He also comments that her blood alcohol level was 2.5 times over the drink drive limit and there was evidence of recent cocaine use.

16.14.2. The final cause of death was recorded as "Combined effects of blunt force impact head and facial injuries, inhalation of foreign material and inhalation of the products of combustion". This showed that all (Andrew's) actions, the vicious assault, forcing paint down her throat and setting fire to the scene contributed to her death.

16.15. Psychiatric report

16.15.1. Andrew's defence team instructed a Psychiatrist to assess Andrew's mental health and to consider whether any psychiatric defences were available to him. The assessment took place while Andrew was remanded in prison.

16.15.2. Andrew told the psychiatrist about his family background, childhood, work and relationship history. (See paras 14.3.4. 14.3.6. 15.3.4.)

16.15.3. Andrew spoke about his drinking and use of illegal drugs. He said he had always drunk alcohol but that this was only at weekends until the second half of 2013. At this time due to relationship difficulties culminating in separating from (Ruth) and his mother's illness and death his drinking increased. Andrew claimed he was drinking six to ten pints of lager plus spirits a day. He also said that from the age of twelve he had been smoking cannabis. Since he was fourteen years of age he smoked it daily, frequently at work, as a form of stress relief. After his mother's death in 2013 he started to take cocaine powder, "However much I had money for." In the three to four weeks prior to Angeline's murder Andrew had been taking cocaine each day in addition to drinking alcohol and smoking cannabis.

16.15.4. The Psychiatrist confirmed that Andrew had no previous significant physical health problems. He had no history of self-harm or suicidal thoughts or behaviour. Whilst Andrew was at the time of the assessment experiencing some acute emotional distress, low mood, nightmares, low self-esteem and guilt, the Psychiatrist assessed that he was not suffering from a current mental disorder or cognitive impairment.

Section Seventeen - Key Issues

17.1. Based on the facts and information obtained from the contributors to the review, the Panel identified the following to be core issues relating to Angeline's death:

17.2. Andrew's violent temper and alcohol abuse

17.2.1. It has been established that from an early age Andrew was prone to violence. He himself has stated that he was placed into foster care when he was 14 years of age due to his bad behaviour which included fighting. At school he "frequently had fights with other children and was therefore regularly in trouble with teachers". He gave no explanation as to why he had this propensity towards violence at this time. To his knowledge, when he was a child, none of his family had been in trouble with the police. Whilst his father and mother had separated when he was about six months old, it was only much later in his life that his mother told him that his father had been violent towards her. His mother married again when he was about seven years old and he said his step-father would give him a "slap now and then when he misbehaved".

17.2.2. Andrew remains adamant that as he had no knowledge of the abuse his mother suffered from his father until he was an adult he was not affected by it. Nevertheless the Panel recognises that there is considerable research which indicates that children living in households where their mothers are abused by partners experience considerable distress and frequently display adverse reactions.⁴

17.2.3. His psychiatrist assessed that Andrew's "personality traits include chronic feelings of emptiness with underlying self-esteem; a tendency to act impulsively without consideration of the consequences; a tendency to argumentative behaviour and conflicts with others, including a low tolerance to frustration and a low threshold for discharge of aggression, including violence; and excessive efforts to avoid abandonment.(Andrew's) personality includes a tendency to bottle up his emotions, resulting in increasing internal stress. This places him at increasing risk of impulsive violent behaviour as evidenced by his offending history." The Psychiatrist went on to state that it was his opinion that Andrew's use of "multiple psychoactive substances" (cocaine, cannabis and alcohol) resulted in psychological harm including impaired judgement and behaviour.

⁴ e.g. Children's Perspectives on Domestic Violence

By Audrey Mullender, Gill Hague, Umme F Imam, Liz Kelly, Ellen Malos, Linda Regan 2002

17.2.4. Andrew's partners, family, friends and work colleagues all recognised and made comment about how Andrew's character would change when he drank to excess. E.G.:

"Andrew was a lovely person when he was not drinking, he was particularly good with children, but when he had drunk too much, he was a totally different person. We all warned him about his drinking and drug use but he would not listen. Now he wishes he had done, as he is horrified by what he did to someone he loved." (stated by Andrew's sister)

"Whilst (Andrew) was usually very laid back, his whole personality changed, almost as soon as he started to drink". (stated by a work colleague).

"He always seemed only interested in getting drunk and smoking weed. When he did this, his voice would change and he would speak in a strange Jamaican Yardy voice." (stated by a female friend).

"(Andrew) regularly gets really drunk and I know he is also a heavy weed smoker. He spends most of his money on drink and drugs, getting drunk every weekend and gave very little money to [Angeline] towards the rent and the bills. This caused problems in their relationship.....As the relationship got worse (Angeline) told me that by the Wednesday of each week she would start to dread the coming weekend as every weekend (Andrew) would get really drunk." (stated by a friend of Angeline).

17.2.5. The Review Panel noted that although alcohol should not be used as an excuse for Andrew's violence, neither should its influence be ignored. Whilst Andrew always had a propensity for violence, it is evident that as an adult he was able to control himself until he drank to excess. "Alcohol harm is experienced not only by drinkers but by those around them including families, friends, colleagues and strangers".⁵

17.2.6. There are no official statistics on alcohol misuse and the prevalence of domestic violence in the UK, however, there is a large body of research linking alcohol and domestic abuse. Research typically finds that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of an assault, although in some studies the figure is as high as 73%. Cases involving severe violence are twice as likely as others to include alcohol.⁶ The British Crime Survey for 2013/2014 noted that 53% of all violent incidents were alcohol related. **The Review Panel nevertheless wishes to emphasis that alcohol abuse should not be perceived as being the cause of domestic abuse.**

17.2.7. When Andrew came to the attention of the criminal justice system, (as detailed earlier in this report), excessive drinking appeared to have been a factor in each of those incidents involving violence to male and female victims. However, due to his denials that he had a drink problem and on occasion's charges being dropped, he was neither directed to, nor sought help from, any substance abuse support agency. The Police IMR Author noted from the two custody records on 12 July 2011 and on 7 May 2012, he was not referred to any substance misuse support service. Although he was drunk when booked in on 7 May 2012 and may have smoked cannabis, there is no evidence on the risk assessment that he had a drink or drugs problem. There are no warnings on the Police National Computer or the Wiltshire Police Computer system "NICHE" for drink or drugs.

17.2.8. It was only after Angeline's murder that Andrew admitted that although he could control his drinking during the week, at weekends he would drink heavily as he "did not know when to stop." He told his sister that he knew he needed help and where to go, but did not go to get it. He said he was devastated that he had been capable of doing such

⁵Institute of Alcohol Studies September 2014

⁶Alcohol Availability and Intimate Partner Violence Among US Couples. McKinney, C. et al (2008).

things to someone he cared for and that he had also ruined the children's lives as he loved them and he knew what it is like to lose your Mum.

17.3. Lack of reporting of Andrew's domestic abuse

17.3.1. Andrew, by his own admission to a psychiatrist, was violent during his fifteen year relationship with Ruth. This is now the subject of a current police investigation so will not be commented upon further; however, it is accepted that Ruth was not only reluctant to report abuse at the time but on at least one occasion, when it was reported by a third party, denied that he had threatened her. This type of response to violence within abusive relationships is widely recognised in research both in this country and abroad.⁷ The studies highlight that amongst the many reasons that a woman might decide to stay within such a violent relationship will be fear that violence will escalate if they leave, or that threats of retributive violence against themselves or their loved ones will be carried out.

17.3.2. It was only after Ruth left Andrew that she felt secure enough to inform the police that he had in the past been violent to her and their child. Ruth's parents did not report or support any criminal proceedings against Andrew at Ruth's request. (Since Andrew's conviction for Angeline's murder the CPS has (in July 2017) authorised that Andrew be summonsed for several offences of rapes and one Actual Bodily Harm on Ruth.)

17.3.3. Whilst Andrew has told the Review that he had never previously assaulted Angeline, there is evidence from her friends that Angeline was being subjected to both emotional and physical abuse from Andrew, yet Angeline never sought help from any agency. The Review Panel could find no reason for this as Angeline had in the past received support from Swindon Women's Aid in respect of a previous relationship so knew what help was available locally. Her sister told the Review that Angeline spoke highly of the support she had received from Swindon Women's Aid. It is possible that she felt in control of the situation as in the past, when she had told him to leave he had gone without causing a problem. She told her friends that she was planning to ask him to leave for good after Christmas, "So that he would not be homeless or on his own over Christmas".

17.3.4. The DHR Panel considered if Angeline had sought help whether she could have been told about Andrew's previous violence towards Ruth under the Domestic Violence Disclosure Scheme (DVDS), but concluded that as he was never prosecuted for an assault on any previous partner this could not have been considered. It is however clear from information given by her friends that Angeline was aware that during his relationship with Ruth he had been physically violent to Ruth while drunk. His daughter T when visiting Angeline and Andrew would become very distressed and leave if she saw him drink alcohol.

17.3.5. Angeline's work colleagues who witnesses Andrew's behaviour at the Christmas Party wanted to contact the police but were asked by Angeline not to do so as she had told Andrew the relationship was over and he had left the venue without a house key. She felt safe and declined the offer to stay at a colleague's house that night.

17.3.6. Angeline had told her friends that Andrew was never physically violent to her and although they knew he was emotionally abusive towards her, they believed she could separate from him if she wanted to do so. She had told him to leave on "three for four occasions" and he had left only for her to allow him back later.

⁷ World Health Organisation 2002, Fleury et al 2000, Nicholson et al 2003

17.3.7. Angeline's family had no knowledge of any abusive behaviour by Andrew as Angeline did not tell them any details about the relationship. Members of the family presume this was because she did not wish to worry them.

17.3.8. Angeline's ■ year old step-daughter told Kenneth, her father, about the violent incident she witnessed at Angeline's home when Andrew smashed the front door. Kenneth challenged Andrew, who apologised and said it would not happen again.

17.3.9. Two sets of Angeline's neighbours heard shouts and screams on the night she was murdered but did not contact the police. When asked why, one family said they had only heard the scream for a very short time and thought everything had calmed down. The other family has not explained why they did not consider contacting the Police.

17.3.10. The Review Panel acknowledges that victims and third parties face dilemmas on what action to take regarding domestic abuse. Victims non-reporting can be due to a variety of reason including that they may fear that reporting an offence may make matters worse, that it is a one off occurrence or that they wrongly believe the violence is their own fault. The reluctance of third parties to contact the police can be because they do not wish to interfere in a family disturbance in case they are viewed as a "busybody" or that it would not be what the victim wants. "If the (victim) wanted the police to know she would phone them herself."⁸ It is only after a domestic homicide that members of the public question what they should do if they witness or hear domestic violence taking place.

Section Eighteen - Conclusions

18.1. The Review Panel assessed the Individual Management Reviews and other reports as being thorough, open and questioning from the view-points of Angeline. It is satisfied:

- That all of the agencies that participated in the Review used the opportunity to review their contacts in line with the Terms of Reference of the Review.
- That those organisations that conducted all of their contacts with Angeline, her children or Andrew, in accordance with their established policies and practice, have no lessons to learn.
- That the other organisations have used their participation in the Review to properly identify and address key lessons learnt from their contacts with Angeline, her children or Andrew.

18.2. The Panel has accepted the recommendations made by the individual agencies and local partnerships which address the needs identified from the lessons learnt and may improve the safety of domestic abuse victims in Swindon. In particular the Review Panel highlights the importance of the Swindon-wide partnership domestic abuse awareness campaign, which has the active support of Angeline's family and friends, to educate the public on what they can do to assist victims if they see or hear abuse taking place. The Panel also acknowledges the help of the Residential Landlords Association in publishing a Domestic Abuse policy for members to assist them in identifying possible signs of abuse relating to tenants.

18.3. The Panel considered if Angeline's murder could have been predicted:

⁸ Quote from a witness of domestic abuse in a previous DHR.

18.3.1. After Angeline had told one of her friend's that she dreaded weekends because Andrew would always get "really drunk"; the friend, who had previously been in an abusive relationship herself, warned her to get out of her relationship with Andrew "as this was how people end up getting killed in a domestic relationship." The friend told the DHR Chair that she never thought for a moment that Andrew would kill Angeline but from her own experience of domestic abuse, which had also been caused by drink and drugs, matters only get worse and she did not want Angeline ending up being hurt in the way she had suffered. The Panel is satisfied from the statements made to the police and from the interviews carried out by the Review that neither Angeline's family and friends nor Andrew's family or friends had any reason to suspect that Angeline was at imminent risk of serious harm from Andrew at that time.

18.3.2. As no agency had any knowledge that Angeline and Andrew knew each other, the DHR Panel has concluded that there were no grounds to predict that Andrew would murder Angeline on ■ December 2016.

18.4. Could Angeline's death have been prevented?

18.4.1. The Review Panel wishes to stress that Angeline's work colleagues who were at the Christmas party on ■ December 2016 did everything possible to ensure Angeline's safety that night and could have done no more to prevent her death.

18.4.2. The Panel also accepts that Angeline's friends did their best to encourage her to end her relationship with Andrew. Sadly Angeline did not tell her father, sister or brother the extent of the problems she was experiencing with Andrew so they never had the opportunity to intervene. Angeline's step-daughter was aware of and supported Angeline during some instances of Andrew's drunken behaviour and spoke to her father about it. Kenneth in turn challenged Andrew about his behaviour and Andrew told him it was a one off incident which would not happen again. Andrew has since claimed he had never previously assaulted Angeline.

18.4.3. There were neighbours who heard loud raised voices, screaming and thuds from Angeline's house at about 2am for several minutes. No positive action was taken to investigate what was happening or to contact the Police. There was one 999 call to the emergency services which was made when a pedestrian, going to work at 5.30am, saw that Angeline's house was on fire.

18.4.4. The Panel accepts that no individual or organisation knew the full extent of the problems within Angeline's relationship with Andrew. It also acknowledges that although there was never a possibility of Angeline being informed about Andrew's violent past through a Domestic Violence Disclosure Order, she was aware of his previous violent relationship with Ruth.

18.4.5. Andrew's sister told the Review that Andrew told her that the only person who could have stopped him was himself. No one else. He knew he needed help and where to go, but did not go to get it. Andrew later told the Review, through his Offender Manager, that he took absolute responsibility for what he had done and had got the sentence he deserved.

18.4.6. The DHR Panel has therefore concluded that as agencies had no knowledge of any connection between Angeline and Andrew they could not have taken any action which may have prevented Angeline's death. The Panel nevertheless highlights that more needs

to be done to encourage members of the public to contact the police immediately or specialist support services if they witness or hear domestic violence taking place as this may save a life.

Section Nineteen - Lessons Learnt

19.1. The following agencies that had contacts with Angeline, her children and/or Andrew have identified effective practice or lessons they have learnt during the Review.

19.2. Swindon Borough Council Children Families and Community Health Services

19.2.1. That all supervisory staff should be reminded that when requests for information are received from statutory Reviews, (Including Domestic Homicide Reviews and Serious Case Reviews) it will be necessary to research historic records relating to named individuals who are then adults as well as named children.

19.2.2. Difficulties were experienced in accessing archived closed paper files which indicate the need to consider how the indexing system of such historic cases can be improved.

19.3. Swindon GP Practice Section

19.3.1. In consultations where details of sexual relations are being discussed, Clinicians should consider including a question such as "and are you comfortable with that?" which would give the patient the opportunity to disclose any concerns they might have about their relationship(s) without causing offence in cases where there were none.

19.3.2. When any member of a GP Practice has discussions with a patient around their ability to cope with thoughts of self-harm this needs to be fully documented, and should include all the patient comments on how they are feeling and managing their emotions rather than being summed up in a single phrase that may not give the next clinician a clear insight into the situation.

19.4. UK SBS

19.4.1. The lessons learnt for the Company from this incident is that notifying senior management out of normal work hours, in accordance with the Company's Business Continuity Plan (BCP), was made difficult as only senior manager's work telephone numbers were listed in the BCP.

19.5. Wiltshire Police

19.5.1. Ruth had made officers aware that she had been assaulted in the past by Andrew. Although this and the fact that he had pushed his daughter so hard she had fallen, would have been discussed with her and was shared with other agencies, there is no written record as to whether Ruth would support a prosecution. Depending on the detail obtained from Ruth there may have been an opportunity for the officers to arrest Andrew with or without Ruth's co-operation.

19.5.2. Whilst the majority of Andrew's offending was fuelled by drink and drugs there is no evidence that he was receiving support from any substance misuse agencies or that he had been signposted to them.

19.6. Review Panel and Families of Victim and Perpetrator

19.6.1. Whilst the above are the lessons learnt by specific agencies the Panel endorses the views of both Angeline's and Andrew's families that there are wider lessons which should be learnt from this Review namely:

19.6.2. Angeline was not the only victim in this case:

- a) Her children have not only been left without their mother, but it is apparent that at least one of the children witnessed Angeline being assaulted by Andrew (see para15.2.8.).
[REDACTED]
- b) Angeline's family, including her father, brother, sister and her father's partner are undergoing the horrific anguish of learning how she suffered and worrying why she had not confided in them about Andrew's abusive behaviour.
- c) Her estranged husband, step-daughter and her friends torment themselves on what more they could have done to help her.
- d) Her estranged husband has had to give up his job to look after their young children and to seek a larger home to keep the family together.
- e) Andrew's family and friends question if they could have done more to encourage him to address his alcohol consumption and substance misuse. His sister is consequently receiving counselling through her GP practice.
- f) Andrew's ex-partner and her family agonise about what would have happened if they had reported Andrew's violence on Ruth earlier.
- g) Angeline's neighbours anguish over what actions they may have taken on hearing Angeline's screams.
- h) Andrew as a consequence of his actions is serving a life sentence.

19.6.3. Members of the Public, who witness or hear domestic abuse taking place are often unsure of what action, if any, they should take. "The only thing necessary for the triumph of evil is for good men to do nothing." (Edmund Burke) - This quotation is placed in the Lessons learnt at the request of the perpetrator's sister.

19.6.4. The perpetrator's sister pointed out that a lesson which can be learnt from this Review is that innocent members of the perpetrator's family receive no form of support, other than individually through their GP.

Twenty - Recommendations & Action Plans

Recoation	Scope of recom- mendation i.e. local/ re- gional/na- tional	Action to take	Lead agency	Key milestones achieved in enacting recommendation	Target date	Date of com- pletion and out- come

<p>Part One</p> <p>There is an apparent lack of public understanding on what course of action to take if a third party witnesses or hears an incidence of domestic abuse occurring. This should be addressed with a Swindon-wide campaign involving family, friends and communities to raise public awareness on what to do if they are aware of domestic abuse taking place.</p> <p>Part Two</p> <p>After evaluating the Campaign to promote it nationally through Women's Aid</p>	<p>Swindon-wide and National</p>	<ol style="list-style-type: none"> 1) DHR Chair and Panel members to discuss with family, friends and neighbours the need for a Swindon public domestic abuse awareness campaign 2) Chair of Swindon CSP to work with Partnership Agencies Media Teams to formulate a campaign programme. which will focus on raising awareness of domestic abuse amongst the general public, including employers, friends, neighbours and colleagues in addition to victims of dog domestic abuse themselves. This will build on the Swindon Community Safety Partnership Domestic Abuse Awareness Programme that was initiated after a Domestic homicide Review in 2015. 3) Swindon's Women Aid will contact the top 100 employers in Swindon to inform them of Women Aid Employers Resource Package and offer their Companies Domestic Abuse Training and assistance in developing Domestic Abuse Workplace Policies.' 4) Swindon Women's Aid and Swindon CPS to evaluate the Cam- 	<p>Swindon CSP, Partnership agencies,</p> <p>Swindon Women's Aid</p> <p>The Diversity Trust</p> <p>Friends, families of victims and survivors of Domestic Abuse.</p>	<ol style="list-style-type: none"> 1)Support of Family /friends obtained 2)Swindon CSP formulate Programme 3) Swindon CSP deliver the campaign as part of Domestic Abuse awareness week in Nov 17 4)Campaign evaluation 	<p>31/6 /2017</p> <p>30/9/2017</p> <p>November 2017</p> <p>Three-months after launch of Campaign</p>	<p>31/5/2018</p>
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		paigh then promote it nationally through Women's Aid.				
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<p>It is recommended that specialist support Services including Victim support should provide help to innocent families of perpetrators. Currently Police FLOs, AAFDA and VS only provide support to the families of victims. This blanket policy misses the facts 1) that perpetrators can also be victims. 2) Their families have committed no crime and are left to pick up the pieces.</p>	<p>National</p>	<p>Contact has previously been made with Victim Support Chief Executive who agreed that in specific circumstances VS would assist. This policy is to be cascaded to local VS teams.</p>	<p>Swindon CSP</p>	<p>Swindon CSP has written to the VS National Lead to facilitate this in the future.</p> <p>In this case the perpetrator's sister being aware of the reluctance to help has indicated she no longer wishes to receive any helps from VS as her GP is arranging counselling.</p>	<p>30/12/2017</p>	
<p>The national association of residential landlords (RLA) will promulgate domestic abuse awareness to members and will place a domestic abuse policy on national website</p>	<p>National</p>	<ol style="list-style-type: none"> 1. DHR Chair to produce and send to RLA a fit for purpose domestic abuse policy for consideration. 2. Swindon Women's Aid to provide advice and support to RLA re Domestic Abuse Policy for members 3. To be agreed by RLA and placed on website 	<p>Residential Landlords' Association and Swindon Women's Aid</p>	<ol style="list-style-type: none"> 1. Draft DA Policy sent on 7 June 2017 2. Agreed 8 June 2017 3. RLA to agree Policy 4. Promulgate to members 	<p>30/9/17 31/3/18</p>	

BGSW CRC and NPS staff to ensure that changes to frequency of reporting is based on the dynamic risk factors of the service user and not solely on the completion of a requirement or intervention.	Local - across BGSW CRC and NPS Wiltshire and Gloucestershire Division	Maintenance of current practice.	Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company and National Probation Service	Immediate commencement. All current personnel to be informed through staff meetings, E learning and training,	ongoing	To ensure service user's risks and needs are managed robustly throughout the duration of their orders/licences to best reduce their risk of re-offending and protect the public from future harm.
Review and amend processes to increase opportunities for disclosure of Domestic Abuse (DA)	Local	Add to ED Medical Clerking notes (Electronic) additional box - "have considerations been made for domestic abuse?"	Great Western Hospital NHS Foundation Trust	Risk will be identified in ED and acted upon in a timely manner	1/11/2017	
Review and amend processes to increase opportunities for disclosure of Domestic Abuse	Local	Add Domestic Abuse as a separate cause group on the Trust-Wide Incident notification form	Great Western Hospital NHS Foundation Trust	Improved risk management (Information triangulation) and monitoring/reporting	26/07/2017	Completed
Develop Policy to increase opportunities for disclosure of Domestic Abuse	Local	Ratify and launch Trust-Wide DA Policy	Great Western Hospital NHS Foundation Trust	Staff will have clear guidance in relation to recognising and reporting DA risk	01/02/2018	

That all supervisory personnel are reminded of the statutory requirements to respond fully to requests for information from Domestic Homicide Reviews	Local	To be discussed at management meetings	Swindon Borough Council Children Families and Community Health Services	Discussed at Management meetings with all supervisors	30/10/2017	30/10/2017
Indexing of closed pare records to be reviewed facilitate easier access.	Local	To be discussed at Senior Management meeting	Swindon Borough Council Children Families and Community Health Services	To be discussed at senior Managers Meeting	30/10/2017	completed
In consultations where details of sexual relations are being discussed, Clinicians should consider including a question such as "and are you comfortable with that?" which would give the patient the opportunity to disclose any concerns they might have about their relationship(s) without causing offence in cases where there were none.	Local	Disseminate this guidance to the entire clinical team and for the Swindon CCG to cascade to other Swindon GP Practices	Swindon GP Practices & Swindon CCG	Guidance has been made available to the clinical team	15 May 2017	By 8th May 2017 this recommendation had been shared with the entire clinical team, including the pharmacy team.

<p>When a GP Practice member has discussions with a patient around their ability to cope with thoughts of self-harm this needs to be fully documented. It should include all the patient comments on how they are feeling and managing their feelings, rather than being summed up in a single phrase that may not give the next clinician a clear insight into the situation.</p>	<p>Local</p>	<p>Disseminate this guidance to the entire clinical team and for the Swindon CCG to cascade to other Swindon GP Practices</p>	<p>Swindon GP Practices & Swindon CCG</p>	<p>Disseminate this guidance to the entire clinical team</p>	<p>15 May 2017</p>	<p>By 8th May 2017 this recommendation had been shared with the entire clinical team, including the pharmacy team.</p>
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<p>Publicise within the GP Practice information regarding the support that Swindon Women's Aid can provide confidentially to victims of domestic Abuse.</p> <p>i.e. a leaflet showing that : Swindon Women's Aid is a domestic abuse service for residents living in the Swindon area. The service operates 24 hours a day and 365 days a year, it's confidential and free of charge. There is a 24/7 direct telephone helpline which is answered by specialist staff irrespective of the time of the call, day or night. They are also able to offer emergency refuge for women and children fleeing violence and abuse, and a community services which provides outreach support to both female and male victims, including those in same sex relationships</p>	<p>Local</p>	<p>Disseminate to the whole team (clinical and non-clinical) information on the services operated by Swindon Women's Aid and how to access them. Use all available media (waiting room TV screens, posters, leaflets, practice website) to make patients aware of the services available. The Swindon CCG to cascade to other Swindon GP Practice</p>	<p>Swindon GP Practices & Swindon CCG</p>	<ol style="list-style-type: none"> 1. Incorporate the template to be provided by Swindon Women's Aid for the Practice Clinical system, TPP System One, into the system so that it is easily accessible for clinicians needing to refer to the service. The template is in the process of being created by Swindon Women's Aid staff and will be made available to practices using the TPP system shortly. 2. Make information on Swindon Women's Aid available in the waiting room, via the patient call TV screens and by having supplies of leaflets in the leaflet dispenser. Add a link to the Swindon Women's Aid website to the practice website. 3. Have notices in consulting rooms next to examination couches displaying information about Swindon Women's Aid so that any patient undergoing an examination will have an opportunity to see the information at the time of the examination. 	<p>31 May 2017</p>	
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That where a victim of domestic abuse discloses criminal offences a record is made of their preferred outcome.	local	Ensure all officers receive training that where a victim of domestic abuse discloses criminal offences a record is made of their preferred outcome.	Wiltshire Police	Wiltshire Police Domestic Abuse Policy which is available to all personnel on the force Intranet site, was changed in June 2015 after an earlier DHR. Officers will again be reminded of their obligations with a Force wide e brief message which will be discussed at briefings and training days.	31/7/2017	completed
Where a victim discloses recent or non-recent domestic abuse attending officers should take positive action. If the Suspect is not arrested for an offence for which there is a power of arrest the officer must record their rationale in their pocket note book and on the PPD1.	Local	Wiltshire Police Domestic Abuse Policy which is available to all personnel on the force Internet site, was changed in June 2015 after an earlier DHR. Officers will again be reminded of their obligations with a Force wide e brief message which will be discussed at briefings and training days.	Wiltshire Police	The policy is readily available to staff on the Wiltshire Police intranet site. Officers will be reminded of their obligations with a Force wide e brief message which will be discussed at briefings and training days.	31/7/2017	Completed
Supervisors reviewing PPD1's will be expected to make reference within the PPD1 to the decision taken not to arrest as part of their oversight into such matters, cognisant of the decision making process from the attending officer and the risks known at that time.	Local		Wiltshire Police	Wiltshire Police Domestic Abuse Policy which is available to all personnel on the force Internet site, was changed in June 2015 after an earlier DHR. Supervisors will be reminded of their responsibilities by a Force wide email, reinforced by Training.	31/7/2017 Training ongoing	Completed

Operational officers will be reminded of Force Policy that if either drugs or alcohol are key factors in an offence for which an individual has been arrested, the arrested person should be signposted to a substance abuse support service and this should be recorded on the Custody Record.	Local	Officers should be reminded of existing Force Policy	Wiltshire Police	Officers will be reminded of their obligations with a Force wide e brief message which will be discussed at briefings and training days.	31/7/2017	Completed
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Appendix A: Glossary of Terms

Great Western Hospital NHS Trust

CAS: Casualty Assessment Sheet

Swindon Women's Aid

The Recovery tool kit: The recovery tool is a structured 12 week programme. It is facilitated by Swindon Women's Aid and takes place every Wednesday for 2 hours (10.00-12.00). The recovery toolkit programme can be accessed via a self-referral or through an agency. The programme provides individuals who have suffered domestic violence and abuse with ways to develop positive lifestyles and coping strategies in order to eventually move from victim status to survivor.

Unlike other programmes it provides an individual with tools and teaches confidence behaviours to enable them to keep their family safe within the context of unequal power divides and controlling behaviour by the perpetrator.

Those who have experienced domestic violence and abuse frequently say that the hardest part of recovery is to deal with the psychological distress caused by the abuse.

The psychological distress affects how a person perceives themselves (self-esteem, self-image), how they interact with others (passively or angrily), how they cope with the emotional pain (depression, anxiety), how they use their parenting skills; it can also leave them with confusion about issues of trust, boundaries and respectful relationships (both adult and children)

Any individual who has experienced domestic violence and abuse along with the isolation, exhaustion, humiliation, degradation and threats that are associated with the abuse, would encounter these difficulties. This programme does not hold the participant responsible or blame them for any actions or decisions taken during the time of the abuse.

Unlike the freedom programme where individuals can drop in and out of the group; the recovery toolkit is structured over a 12 week period. It is important that individuals can commit to the duration of the programme as it enables themed learning to be consistently delivered, rather than disrupted by new arrivals or returners.

The course is delivered by trained and accredited SWA facilitators. For further information please see the training page of our website www.swindonwomensaid.org. To discuss the programme or register your interest please call [REDACTED] SWA on 01793 610610 or email at office@swindonwomensaid.org

Wiltshire Police:

CPS: Crown Prosecution Service

DASH: Domestic Abuse Stalking and Harassment Risk Assessment model

DVDS: Domestic Violence Disclosure Scheme

LINKING: System of submitting files to CPS

NICHE: Crime recording system

PPD1: Public Protection Department form

PNB: Pocket note book

SOP: Standard Operating procedure

Appendix B: Bibliography

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Alcohol intoxication increases vulnerability to violent crime, McClelland, Northwestern University Medical School 2001.

CAADA Responding to Domestic Abuse: Guidance for General Practice.

Children's Perspectives on Domestic Violence: Mullander, Hague, Imam, Kelly, Maos and Regan 2002

Code of Practice for Victims of Crime (October 2015)

Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance (December 2015)

Crime and Social Impacts of Alcohol Factsheet 3 2013 Institute of Alcohol Studies

Domestic Homicide Review Toolkit.

Domestic Violence, Crime and Victims Act 2004.

Senior Healthcare Researcher in the Addictions National Addiction Centre 2007

Equality Act 2010

Fixing Broken Windows Restoring Order And Reducing Crime In Our Communities. Catherine M. Coles and George L. Kelling 1998

Good Medical Practice 2013

Grasping the Nettle: alcohol and domestic violence', University of Bedfordshire & Alcohol Concern, S Galvani 2010

Guidance to doctors & GPs on the release of medical records into a Domestic Homicide Review. Sheffield Safer & Sustainable Community Partnership.

Guidance on Safeguarding and investigating abuse of vulnerable adults NPIA (2012)

HM Government Information Sharing: Guidance for practitioners and managers.

Institute of Alcohol Studies, Jon Foster (September 2014)

Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (Home Office 2013)

Nice Guidance on "Domestic Violence and Abuse: How Health Services Social Care and the Organisations they work with can respond effectively". (February 2014) Standards of Conduct, Performance and Ethics - Health and Care Professions Council 2016

Prevalence and Effects of Child Exposure to Domestic Violence: Fantuzzo and Mohr 1999

The Effects of Family and Community Violence on Children: Annual Review of Psychology February 2000 Gayla Margolin and Elana B. Gordis

Violent Crime and Sexual Offences - Alcohol-Related Violence: Office Of National Statistics (2015)

Working Together to Safeguard Children, DfE (2010)

World Health Organisation 2002, Fleury et al 2000, Nicholson et al 2003

Appendix C: UK SBS Policy Documents.

A) UK SBS Wellbeing Policy

Date March 2015

Next Review Date March 2018

..
Freedom of Information Statement

.. This policy is suitable for publication in its entirety in accordance with the Freedom of Information Act 2000. (UK SBS is legally obliged to proactively publish its policies in full. Guidance is to be sought from the Records Manger when a policy is considered unsuitable for publication)

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Contents:

1. Aim
2. Purpose
3. Scope
4. Causes and signs of stress
5. Avoiding and reducing stress
6. Guidance for managers in handling stress
7. Responsibilities
8. Responsibility for monitoring this policy
9. Responsibility for reviewing this policy

1. Aim

The management of UK SBS aim to provide a workplace, culture and environment that support and promotes the health and fitness of its employees.

UK SBS wishes to be seen by its employees, suppliers and customers as a company operating to high ethical standards, and is aware of the possible damage to its reputation should it not be seen to be operating in this way.

2. Purpose

2.1. UK SBS has a duty; so far as is reasonably practicable, both to ensure and to take reasonable care for the health, safety and welfare of its employees in the workplace. In part, these duties involve:

- On-going monitoring
- Undertaking regular reviews to avoid or reduce the risk of employees developing stress related illnesses – as far as possible.

3. Scope

This policy applies to all employees of UK SBS.

4. Causes and signs of stress

4.1. Definition of stress: ‘the adverse reaction some people have to excessive demands, or types of pressure placed on them’. There is an important distinction between the beneficial effects of reasonable pressure and challenge, which can be stimulating and motivating, and stress, which is the natural but distressing reaction to demands or pressures that some people cannot cope with at a given time.

4.2. Possible causes of stress include:

- Issues in an employee’s life over which the employer has no control and about which the employer usually has very little knowledge. For example, an employee may have difficult family circumstances, ill-health or a life crisis
- The employee’s character. For example the employee may lack assertiveness or confidence, be a poor time manager or prone to react adversely to stressful situations
- Working conditions such as: difficult working relationships, poor communication, work overload or insufficient work, bullying, harassment or victimisation, lack of training or support.

4.3. Typical signs that an employee may be suffering from stress include:

- Deteriorating relationships between the employee and any of their colleagues, irritability, indecisiveness and absenteeism due to employee’s debilitated state and reduced performance.
- Worsening of existing health problems. General departmental unrest and high rates of employee turnover, absence or accidents.

5. Avoiding and reducing stress

5.1. Employees can help avoid and reduce the effects of stress, both at work and in their personal lives, by:

- Discussing problems with their friend, colleagues and doctor
- Discussing work issues with their line manager
- Assessing and prioritising work tasks appropriately
- Establishing regular working practices, where practicable, by incorporating short, frequent work breaks. This will help the employee to remain alert and effective throughout the working day and will help them manage work place pressure effectively
- Avoiding working excessively long hours over extended periods, as working excessive hours can be counter-productive
- Taking time out of their daily routine to relax and by taking holidays at regular intervals.
- Establishing a regular sleeping pattern that will help maintain energy and motivation to meet the challenges of work
- Never turning to alcohol or drugs as a substitute for effective measures for stress control.

6. Guidance for managers in handling stress

6.1. Managers should use these guidelines to:

- Monitor the risk of employees suffering from stress-related illnesses
- Ensure that their employees are aware of the simple practical measures that can be taken to manage pressure positively, in the work place.

6.2. If an employee is showing signs of stress, managers must:

- Discuss the problem with the employee and try to understand the situation. If the problem is work related, determine with the employee what action could be taken to tackle and alleviate the source of the stress
- Ensure the employee is put at ease and not made to feel guilty
- Provide support to employee to work effectively

- Direct the employee to guidance on avoiding and reducing stress and take steps to help put the advice into practice; UK SBS makes available confidential personal advice and support through the Employee Assistance Programme
- If necessary, encourage the employee to seek further help through their Doctor.

6.3. Stress can affect any member of a team at anytime

- In particular work-related stress can be caused by work overload, when an employee has a great deal of work but insufficient resources (ability, time, employees or equipment) to cope
- Take account of an employee's capabilities and then balance the challenge and pressure of a task without causing work overload.

6.4. Giving control: Managers should consider how much say employee can have over how their work is carried out - the greater the opportunities for participating in decision-making, the greater the employee's job satisfaction and self-esteem. More control can be given to a team by:

- Enabling employees to plan their own work.
- Keeping monitoring to a reasonable (rather than an excessive) level. • Providing a supportive environment.

6.5. Managing change: Stress can occur when ways of working are adapted or changed or restructured. Poor management of change can lead to employees feeling anxious about their futures. Managers should:

- Explain the reason for change
- Communicate promptly and effectively
- Give employees the opportunity to comment, involving them in discussions • Support employees.

7. Responsibilities

7.1. Managers should:

- Make sure all employees are clear about what their job requires them to do, how their role interacts with the team and that they have clearly defined objectives and responsibilities linked to business objectives

- Provide support and training; take account of factors unique to the employee.
- Recruit new employees carefully – bearing in mind the requirements of the job.
- Recognise the importance of support – from assisting in times of crisis to recognising a job well done
- Match employees to task taking into account individual skills, strengths and any preferences if appropriate.
- Document any issues or complaints
- Actively consider whether remedial action is necessary
- Seek advice from Corporate HR if any concerns arise.

7.2. Employees should:

- Look after their own health and create a positive work environment
- Understand what work related stress is, what causes it and how it can be prevented and managed
- Seek support when experiencing stress either at work or at home
- Raise awareness about this issue with your colleagues and prevent stigma
- Work with your manager to identify solutions you think may help
- Be supportive of colleagues experiencing work related stress.

7.3. Human Resources are responsible for:

- Monitoring the policy and providing advice and guidance to line managers and employees
- 8. Responsibility for monitoring this Policy
The responsibility for monitoring this Policy rests with the HR Business Partner
- 9. Responsibility for reviewing this Policy
 - Reviewer
 - Approver

- When - March
- Frequency - Annually
- HR Business Partner

UK SBS Executive team

B) UK SBS Employee Assistance Scheme

UK SBS Intranet

UKSBS
Shared Business Services

Home Corporate Services Service Delivery Procurement ISS Governance Property

Home > Intranet

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Our company, our customers and our people

BES Update

Quick links

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Room booking, travel

Security

Employee assistance

Balancing the demands of both work and personal life can be a challenge. From time to time, everyone has issues and concerns that impact upon our general well-being. To help you UK S to a free confidential Employee Assistance Service.

The service is available to provide you with both practical information and emotional support for any issue you may be facing. Some examples include:

Free Confidential Counselling:

- Relationship problems (personal and at work)
- Pressure/Stress
- Anxiety/Depression
- Work overload
- Bullying
- Bereavement
- Or any other personal issue you may be struggling w

Support with information and advice:

- debt
- education
- communication problems
- bereavement
- benefits
- support groups and other helping agencies
- employment
- travel, transport and holidays
- legal
- eldercare
- consumer
- immigration and nationality citizenship
- housing
- health
- pensions
- separation and divorce
- animals
- safe drinking
- family
- taxes
- human rights
- neighbour disputes
- childcare

Online Tools and Resources:

- Wellbeing content
- Webinars
- 24/7 Live Instant Messaging with Employee assistance professionals

Privacy Statement

WILTSHIRE POLICE FORCE POLICY AND PROCEDURE



DOMESTIC ABUSE

Effective from: November 2013
Last Review Date: June 2015
Version: 3.0
Next Review Date: July 2017

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POLICY STATEMENT

Wiltshire Police is committed to delivering a high quality service to all victims of domestic abuse. Investigations will be conducted thoroughly, professionally and to a high ethical standard, having due regard to issues of diversity.

We are committed to building a safer community by providing a quality of service to victims and by focusing on the prosecution of offenders.

We will achieve this within a multi-agency environment, acting as a gateway to the services provided by ourselves, external agencies and voluntary organisations.

We will maintain a corporate approach to the investigation of Domestic Abuse, whilst ensuring that the individual needs and requirements of the survivors of domestic abuse are met. All action will be in the interests of the victim and any associated child.

The Force policy for the response to Domestic Abuse remains one of 'Positive Action'. Positive action includes arrest when an offence has been committed and that officers should consider the incident as a whole and carry out a thorough investigation, which does not just rely on the evidence of the victim.

POLICY AIM

- To protect the lives of both adults and children who are at risk as a result of domestic abuse;
- To thoroughly investigate all reports of domestic abuse, taking into account previous reports and the presenting situation;
- To facilitate effective action against offenders so that they can be held accountable through the criminal justice system;
- To adopt a proactive multi-agency approach in preventing and reducing domestic abuse.
- To raise awareness of domestic abuse through better education and partnership work, in particular within minority communities.

APPLICABILITY

This policy applies to all Wiltshire Police officers and staff who have their own concerns or to whom concerns are raised in relation to Domestic Abuse. This policy will impact upon all of Wiltshire's communities and our community safety partners.

LEGAL BASIS and DRIVING FORCE

Domestic Violence Crime & Victims (Amendment) Act 2012

Sexual Offences Act 2003

Criminal Justice Act 2003

Youth Justice & Criminal Evidence Act 1999

Family Law Act 1996

Protection from Harassment Act 2012

Common Law (Trespass, Assault and Breach of Peace)

Offences Against the Person Act 1861

Public Order Act 1986

Criminal Damage Act 1971

Criminal Law Act 1997

Criminal Justice Act 2003

Human Rights Act 1998

Equality Act 2010

CPS Guidance on Prosecuting Cases of Domestic Violence 2005

RELATED POLICIES, PROCEDURES and OTHER DOCUMENTS

ACPO guidance on Investigating Domestic Abuse 2008 now incorporated within Authorised professional practice (APP)

ACPO guidance for police officers and staff as victims of Domestic Abuse now incorporated within Authorised professional practice (APP)

ACPO guidance on Investigating Child Abuse Investigations Safeguarding Children now incorporated within Authorised professional practice (APP)

Working Together 2013

Vulnerable Adults Abuse and Safeguarding Missing Persons

Hate Crime Policy and Procedure

Repeat Victimisation Procedure

Policy and Procedure for Safeguarding Adults at Risk in Swindon and Wiltshire

National Guidance for Stalking and Harassment, Forced Marriage, Investigation of Rape and

Murder Investigation all now found within the Authorised Professional Practice (APP).

Domestic Violence Disclosure Scheme (DVDS) interim guidance 2012-2013

Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs) Interim Guidance 2011-2013

Swindon and Wiltshire Domestic Abuse Reduction Strategy 2012-2014

Firearms Administration Policy

Shotgun Administration Policy

Home Office Guide on Firearms Licensing Law, 2012 to 2013

HM Government (2007) Cross Government Action Plan on Sexual Violence and Abuse

Home Office (2006) Tackling Sexual Violence Guidance for Partnerships

Skills for Justice. Preventing and Tackling Domestic and/or Sexual Abuse/Violence

AUTHORISED PROFESSIONAL PRACTICE

[NB: links below go to the APP secure site - users must register to access the APP secure site].

- [Domestic Abuse](#) [Major Investigation and Public Protection > Domestic Abuse]
- [Prosecution & Case Management](#) (see Enforcing Sentences, Victim & Witness Care and Possible Justice Outcomes)

DATA PROTECTION ACT 1998

Any information relating to identifiable individuals recorded as a consequence of this procedure will be dealt with in accordance with the Data Protection Act and the Force Data Protection Policy.

FREEDOM OF INFORMATION ACT 2000

This document has been assessed as suitable for public release.

MONITORING and REVIEW

Detective Superintendent Public Protection Department is responsible for the accuracy and integrity of this document. This policy will be continuously monitored, and updated when appropriate, to ensure full compliance with legislation. The Public Protection Department will review this process to ensure that all aspects are being adhered to in accordance with the framework of this policy.

Detective Superintendent Public Protection Department is responsible for this policy and procedure. All queries relating to this policy or procedure should be directed to the Public Protection Department.

WHO TO CONTACT ABOUT THIS POLICY

Detective Superintendent Public Protection Department is responsible for this policy and procedure. All queries relating to this policy or procedure should be directed to the Public Protection Department.

PROCEDURE

1. DEFINITION OF DOMESTIC ABUSE

Although Wiltshire police and partners have adopted the term Domestic Abuse we recognise the Home Office definition of Domestic Violence which is defined as:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members¹ regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- *Psychological*
- *Physical*
- *Sexual*
- *Financial*
- *Emotional*

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim².

¹ *Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily.*

² *This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.*

2. RESPONSIBILITY OF CALL TAKERS

2.1 Minimum Standard of information when taking an initial report of domestic violence

On receipt of a report of Domestic Abuse the call taker will complete an initial assessment to determine the level of response which will be recorded upon a STORM log. Call takers will seek the following information when taking an initial report of domestic violence:

2.2 Location and identity of

- Person making the report
- Suspect
- Location of other parties -children and witnesses

2.3 Ascertain the following

- Are there any injuries?
- The severity of any injuries;
- Is medical assistance required;
- Have any weapons been used?
- Does any person present appear drunk or taken drugs;
- Are any children present? If so are they safe?
- Is there a history of domestic violence? Information given in the form of disclosures made by victims relating to domestic abuse history must be acted on, with attending officers advised at the earliest opportunity.
- Description of the suspect;
- Are there any court orders?
- Are there any special needs, e.g. disability, language difficulties? Is an interpreter required?
- Is the victim or another member of the household an adult at risk or vulnerable adult? If so who is their main carer?

2.4 Record

- Identity of the parties involved including victim and children ensure names are spelt correctly
- Sex,
- Dates of birth,
- Home address,
- Telephone numbers;
- Details of the demeanour of the victim/suspect/witnesses;
- A first account of what the caller says has happened recording it verbatim.

2.5 Research

Call takers and attending officers will ensure appropriate checks are made on Niche and other police systems for;

- Previous reported domestic violence history,
- PNC checks,
- Bail conditions,
- Civil injunctions,
- Court orders relating to child contact,
- Child protection, vulnerable adult intelligence systems,
- ViSOR (if appropriate);
- PND (if appropriate)

2.6 Minimum Standards - Deployment

Call takers will:

- Despatch an officer having prioritised the safety of officers and others;
- Ensure that medical assistance is en-route, where appropriate;
- Make sure that support/back up is available for the officer(s) attending the incident,

3. RESPONSIBILITIES OF ATTENDING OFFICER

3.1 Powers of entry

- Under section 17(1) (b) of the Police and Criminal Evidence Act (PACE) 1984, a constable may enter and search any premises for the purpose of arresting a person for an indictable offence.
- Under section 17(1) (e) of PACE, a constable may also enter and search premises for the purpose of saving life or limb or preventing serious damage to property **(in the exercise of police protection powers if entry to premises is refused, this section may give adequate powers);**
- Under Common Law a constable has the power to enter premises to prevent or deal with a Breach of the Peace;
- Under section 48 of the Children Act 1989, a warrant may be obtained to search for children who may be in need of emergency protection;

A record of all searches must be made in accordance with PACE and PACE Codes of Practice.

3.2 Actions on arrival at the scene

To ensure both the safety of officers, victims and children and to secure and preserve evidence, on arrival at the scene officers should:

- Re-assess victim and officer safety, including immediate risk (potential access to weapons)
- Make an immediate assessment of the need for first aid or other medical assistance
- Separate parties, including any children;
- Confirm the identity of the suspect
- Establish who is or was at the scene, **including any children, young persons and vulnerable adults** (if there is a vulnerable adult or adult at risk check who their main carer is and whether they are known to social services or subject to a safeguarding alert/process/plan?)
- Request appropriate checks on the suspect and household, including warrants, bail conditions, civil orders, and children subject to protection plans , if not already done;
- Make accurate records of everything said by the suspect, victim and any witnesses, including children (ensuring compliance with PACE). Significant statements or admissions to offences of domestic violence by perpetrators **must always** be recorded by attending officers. Golden Hour principles and standards of initial investigation will not be affected by significant statements by the perpetrator and such enquiries must continue, irrespective of such disclosures.

- Consider taking photographs and/or using a video camera to record evidence;
- Secure the safety of victims in their home, e.g., if appropriate or the home of a relative or refuge.
- Obtain an overview of what has occurred, taking into account the established risk factors associated with domestic abuse.
- Ensure that information relating to the suspect is included in any risk assessment processes.
- Provide the victim with time and space away from the perpetrator, thus maximising the opportunity to reassure the victim and create opportunity for disclosure to the attending officers.

3.3 Protecting the scene

Officers should take the following action appropriate to the circumstances;

- Note that both the victim and suspect are considered the primary scenes, and victims safety, state of mind and ability to cope with forensic requests should be a priority.
- Secure, preserve and control the scene to limit any access until sufficient information is available to make an informed assessment of the situation.
- Consider any potential areas of contamination that could impact upon the integrity of evidential material;
- Consider erecting cordons and putting in place a log list to record persons entering and leaving (dependent upon the severity of the incident);
- Request a CSI to attend or record the reasons on the PPD1, why a CSI was not called or did not attend;
- Ensure the scene is photographed or videoed as soon as possible.

3.4 Police Powers of Arrest

Officers must note that charging standards are for custody officers and the CPS to use to determine what offence to charge a suspect with. The standards **do not** affect police powers of arrest.

Section 110 Serious Organised Crime and Police Act 2003 replaced section 24 of PACE with new powers.

You can arrest for **any offence but only if** there are *reasonable grounds to believe* **one** of the following necessity conditions applies:

Child or vulnerable person: to protect

Obstruction of the highway: prevent

Physical Injury: to prevent (cause/ suffering, self /other)

Public decency: to prevent offences against
Loss or damage to property: to prevent
Address not known or doubted
Name not known or doubted
Effective/prompt investigation of offence: to allow for
Disappearance of person: preventing prosecution

3.5 Positive action

Positive action includes arresting the suspected perpetrator for any offence as detailed above. It is the decision of the attending officer whether or not to arrest a suspect and therefore victims should not be asked whether they require an arrest to be made.

The requirement for 'positive action' means that in all Domestic Abuse cases, officers should consider the incident as a whole, not just the oral or written evidence of the victim.

Officers must focus efforts from the outset on gathering alternative evidence in order to charge and build a prosecution case that does not rely entirely on the victim's statement. This is particularly important where at any stage the victim appears not to support a prosecution.

The victim's views are always to be considered but the decision to arrest remains with the officer even if the victim does not wish to pursue a complaint. All actions will be taken in the interests of the victim in order to take the pressure and responsibility away from the victim.

It is acknowledged that on occasion, the victim may not agree with the actions taken, however the overriding concern is to keep the victim safe. Only by protecting the victim can we be truly focused on the survivors of domestic abuse.

Previous withdrawals of support for a prosecution should not adversely influence the decision making in whether to arrest for an offence.

The Domestic violence definition does not require 'violence' to have been used and 'abuse' is much wider than any criminal allegations.

3.6 If the Suspect IS NOT arrested;

- Officer **MUST** record their rationale in PNB and on the PPD1
- Justify why an arrest has not been made
- Record what action has been taken to safeguard victim and family
- Gather evidence to support future criminal prosecutions/civil proceedings e.g. those relating to child contact.

- Officers **will not** under any circumstances interview a suspect of domestic abuse by way of contemporaneous notes (For guidance, please see Force [Contemporaneous note Interview](#) policy).
- If an interview is required, and only if the suspects arrest cannot be justified, arrangements will be made for the suspect to be interviewed at a Police station under invite.
- Supervisors reviewing PPD1's will be expected to make reference within the PPD1 to the decision taken not to arrest as part of their oversight into such matters, cognisant of the decision making process from the attending officer and the risks known at that time.

3.7 The submission of charge or summons files for domestic abuse

- The Directors Guidance will always be referred to and fully complied with. If the outcome deems that the appropriate form of process is by way of a summons, the first line supervisor (Sergeant) or a supervisor on duty (Sergeant or Inspector) will authorise the summons and ensure the file with the CPS for consideration during that tour of duty or as soon as practicable afterward. Summons files for domestic abuse must remain victim focussed and be treated as a priority.
- If the Streamlined Process is to be used for Domestic Abuse Cases, officers must note that a full evidential witness statements will be always be required from victims and witnesses. (For guidance, please see force Streamlined Process under Policy and Procedure)
- If charges or summons are authorised the case file will be delivered electronically, and in person, to the Integrated Prosecution Team (CJU File Build) within 24 hours of reporting for prosecution or, during a weekend, by the following Monday. The reporting officer is charged with the personal responsibility to email the Case Managers inbox at Melksham to advise them of the files impending arrival.
- On receipt of the file (which has already been quality assured by the initial supervisor) the Case Manager will, within 24 hours, process that file for the Courts team to commence the laying of the summons process with HMCTS. The Courts team supervisor will then liaise with HMCTS regarding the timely return of the summons to Wiltshire Police.

3.8 Completion of PPD1 and DASH risk assessment

Domestic incidents reported to the police falling within the domestic abuse definition will result in the completion of a PPD1, which incorporates the DASH risk assessment (Annex B). This must be submitted electronically to the Public Protection Department (PPD) before **the end of their tour of duty**.

The DASH risk assessment must **always** be completed in cases of stalking, harassment and honour based violence. Should the DASH risk assessment not be completed the officer must record the reason.

In very rare circumstances, a PPD1 will not be required. This will only happen when all of the criteria below are met.

1. A verbal argument takes place which is **not overheard** by a third party (unconnected to the household).
2. There have been **no offences committed** and **no previous PPD1's** submitted in respect of either person involved.
3. There are **no children living within the household (either present or not)** at the time of the incident.

3.9 Standard assessment of risk

It is the responsibility of the attending officer to ensure safety measures are in place for the victim and her/his children and to signpost the victim to support agencies. Initial safeguarding measures taken will be documented by the attending officer within the PPD1.

The responsibility for the investigation and on-going management of the perpetrator remains with operational police officers

3.10 Medium assessment of risk

It is the responsibility of the specialist Domestic Abuse Investigative Team (DAIT) to ensure safety measures are in place for the victim and her/his children and to signpost the victim to support agencies. Safeguarding measures undertaken will be documented by the DAIT officer within Niche.

The responsibility for the investigation and on-going management of the perpetrator remains with operational police officers.

3.11 High assessment of risk

Following attendance at domestic abuse incidents if the attending officer deems the incident high risk the duty Inspector must be informed at the earliest opportunity. This will ensure immediate supervisory oversight of high risk cases and provide support to the attending officer when managing the risk.

It is the responsibility of the specialist Domestic Abuse Investigative Team (DAIT) to ensure safety measures are in place for the victim and her/his children and to signpost the victim to support agencies. DAIT officers will fully support operational staff when managing high risk cases. Safeguarding measures undertaken will be documented by the DAIT officer within the Niche record.

The DAIT team also hold the responsibility for the investigation and on-going management of the perpetrator where capacity allows. An agreement has been reached that in circumstances where, due to capacity, DAIT are unable to deal, the CID or Local Crime Team (LCT) will carry out the initial investigation and where appropriate the perpetrator will be bailed back to DAIT team officers to conclude the investigation. In extreme circumstances, where there are no specialist detectives available, response officers will be asked to manage the initial investigation.

DAIT administrators will link the relevant Standard Risk, Medium Risk or High Risk Domestic Abuse victim flag to the victim on Niche. The current expiry limits are 90 days for Standard, 180 days for Medium and 42 days for High Risk. High Risk flags will be reviewed on expiry, whereas Standard & Medium flags will automatically drop off.

3.12 Impact on children, young persons and vulnerable adults

Officers attending domestic incidents must assess the risk and respond positively to ensure the safety of all vulnerable parties, particularly children, young persons under 18 and vulnerable adults, whether they were present at the incident or not.

It is good practice to see the child, young person or vulnerable person in order to assess the impact of the domestic incident upon them, whether they witnessed the incident or not. Due consideration is to be given to establish if the incident involves any Honour Based Violence.

Officers attending domestic abuse incidents **must** record the following details of Children, Young Persons and vulnerable adults on the PPD1:

- Name, including other family names and any previously used names (correctly spelt);
- Date of birth;
- Sex;
- Normal address;
- General practitioner;
- Primary carer or care arrangements;
- School;
- Full details of the child's/vulnerable adults circumstances, witnessed by the officer, to include
 - personal welfare including evidence of self harming
 - cleanliness,
 - communication ability,
 - injuries
 - demeanour; including anger, aggressive behaviour, withdrawal, lack of interest, hyper vigilance and disassociation
- Details of anything said by the child/vulnerable adult;
- Full details of other children ordinarily present at the address. Ensure a check is made to establish if child is subject to a protection plan

If the child/vulnerable adult was present during the incident the following must be recorded:

- How do they feel?
- Do they feel safe?
- What have they witnessed, heard or been aware of?
- Have they been a victim of direct abuse (physical, emotional, sexual or neglect)?

Notify parent or carer that the information will be shared with partner agencies in line with Swindon and Wiltshire Domestic abuse Reduction Strategy.

If a child has suffered or is at risk of suffering significant harm refer to South West Child Protection Procedures and if in immediate risk of harm consider removing child under Section 46 Police Protection powers. In cases involving a vulnerable adult this will be referred to the appropriate community care team in line with Policy and Procedures for the Protection of Vulnerable Adults from Abuse in Swindon and Wiltshire.

In both cases officers should liaise immediately with the duty PPD supervisor or between 2200 hrs and 0800 hrs with the Duty Inspector.

3.13 Possession of firearms

Any previous reports of domestic abuse and any indication of access to firearms must be taken as increasing the risk. Firearm/shotgun holders who are involved in domestic abuse (whether as a survivor or as a perpetrator) will be flagged and referred to the Firearms Licensing Unit for a review of their certificate. Evidence of domestic abuse should indicate that an individual should not be permitted to possess a firearm or shotgun.

If the Firearms Licensing Unit become aware that a certificate holder may be the perpetrator of domestic violence, then they will complete a PPD1 – containing the information they have available and consult with the Public Protection Department. Depending on the circumstances of the disclosure, the Firearms Licensing Unit may also consult with the Force Incident Manager with view to the firearms being removed from the certificate holder as a matter of urgency.

3.14 Lines of investigation

Attending officers should consider the use of digital photography to capture condition of victim, children and alleged perpetrator, damage to property and condition of scene to support the initial report or full allegation by the victim. Digital equipment can also be used to capture injuries to victim/s.

Officers using photographic evidence techniques should:

- Photograph all injuries
- To the victim and suspect,
 - bite injuries should be photographed as soon as possible with an appropriate scale included;
- Photograph or video record all damage/disruption at the scene including damaged clothing and weapons
- Any other evidence that might assist in corroborating victim or witness accounts or proving the offence
- Use CSI photographs whenever possible in domestic violence cases **irrespective** of whether Polaroid or digital photographs have been taken;

- Record video footage of crime scenes when appropriate, and in particular, more serious domestic violence cases;
- Make arrangements for the victim to be re-photographed when injuries may be more apparent;
- Use photographs, particularly instant, pro-actively to assist in the investigative interview, *see Defence disclosure and Suspect interviews*;
- Provide custody officers with photographs to assist them with decision making, particularly in respect of police bail
- Attach photographs to the file of evidence to inform the CPS, magistrates and judiciary.

The previous history of domestic abuse should be explored with the victim and family members, including any previous presentations for medical treatment or third party disclosures. Consider securing evidence from family members, close friends, colleagues and neighbours.

- Attending officers should secure physical and forensic evidence.
- 999 tapes should be secured as a useful source to support a prosecution.
- House to house enquiries should be considered.
- Consider telephony and computer analysis where relevant.

3.15 Counter Allegations

When investigating counter allegations, officers should conduct immediate further investigation to attempt to establish the primary aggressor and note/record the comparative severity of any injuries inflicted by the parties.

Records should be made as to whether each party has:

- Made threats to another party, child or another family or household member;
- A prior history of violence;
- Made previous counter allegations;
- Acted defensively to protect himself or herself or a third party from injury.

3.16 Information to be included in Officers statement and prosecution file

Interviews will cover the officer's initial appraisal of:

- Victim's injuries;
- Suspect's injuries;
- Presence of children and/or vulnerable adults (adults at risk) and any injuries they may have sustained;
- Any damage to property;
- Observations of the scene, e.g., overturned furniture, broken ornaments, marks on clothing;
- Demeanour of the suspect, victim and witnesses, including children;
- Identification of risk factors (see section 3);
- Allegations made by the victim;

- Unsolicited comments made by the suspect;
- *Res gestae*;
- Significant statements made by the suspect.

3.17 Taking comprehensive retraction statements

In the event that a victim indicates that they wish to retract their statement, the officer attending should consult a specialist in the Domestic Abuse Investigation Team (DAIT).

The DAIT investigator will not be expected to take the retraction statement themselves but will be able to give advice to the officer in the case. It is essential that the statement captures the reasons why the victim no longer wishes to support a prosecution and should include reference to them understanding that Special Measures and support may be available to them.

4. RESPONSIBILITIES OF FIRST LINE SUPERVISOR.

It is the responsibility of the first line supervisor to review all standard and medium risk PPD1s to ensure:

- Appropriate Immediate safety measures have been put in place for the victim and any children
- Positive action has been taken in respect of the perpetrator
- If children were present that they were checked and impact upon them has been considered and recorded
- Appropriate initial investigative action has been taken and is fully recorded within the NICHE
- The PPD1 is of a high quality of completion
- Names and addresses , wherever possible, are accurate and consistent throughout the report
- All relevant DASH questions have been completed
- The NICHE has a corresponding PPD1
- The NICHE outlines a clear SMART investigation plan and all effective lines of investigation are being carried out in a timely way
- The victim desired outcome has been recorded and considered

5. RESPONSIBILITIES OF DUTY INSPECTOR.

It is the responsibility of the duty inspector to review all high risk PPD1's unless it is impracticable to do this because of other commitments. If the duty inspector is unavailable then the CIM within the Force Contact Centre should be used as an alternative to review high risk domestic abuse cases. As a last resort a first line supervisor will carry out the review process. With the reviewing of all high risk cases particular emphasis should be given to locating outstanding offenders, ensuring that safeguarding is in place for the victims and any children.

The duty Inspector will ensure that all outstanding high risk domestic abuse perpetrators are flagged on the force risk management portal as part of the daily management process in order that oversight can be maintained and risk can be managed appropriately.

6. POLICE OFFICERS AND STAFF VICTIMS / PERPETRATORS OF DOMESTIC ABUSE

ACPO guidance 2008 should be referred to in circumstances where police officers, police staff and partners or family members of officers and staff are victims of domestic abuse.

7. POST CUSTODY PROCEDURES

7.1 Bail

Before a suspect is released from a police station officers must:

- Inform the victim of the suspect's impending release and record this notification on NICHE regardless of whether the suspect has been bailed or not
- Ensure NICHE is updated regarding bail conditions, in case of future calls.

7.2 Domestic Violence Protection Notices and Orders (DVPN, DVPO)

Wiltshire police will make full use of the Domestic Violence Protection Notice (DVPN) and Domestic Violence Protection Order (DVPO) schemes in order to offer greater protection to victims of domestic abuse.

Following a full investigation, including PACE interview of the suspect, a decision will be made as to whether there is sufficient evidence to charge. If the decision is that the evidence does not meet the threshold test the suspect will need to be released with no restrictions on his/her future behaviour. In these circumstances consideration **must** be given to the application of a Domestic Violence Protection Notice as per Home Office Guidance.

7.3 Domestic Violence Disclosure Scheme (DVDS)

Wiltshire police will make full use of the Domestic Violence Disclosure Scheme, using existing legislation and information sharing protocols, to consider whether an individual at risk of domestic abuse should be informed of the previous history of their partner either through a process referred to as 'Right to know' or 'Right to ask'.

Such decisions will be made in accordance to the Home Office guidance.

8. DEFINITION of VULNERABLE ADULT (Adult at Risk)

Under this policy vulnerable adults (also referred to as Adults at Risk) are those:

- aged 18 years or over;

- who may be in need of community care services by reason of mental or other disability, age or illness; *and*
- who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

9. FURTHER SUPPORT

Further and useful documents relating to domestic abuse can be found on the Public Protection website using the link below;

http://firstpoint/deptinfo/policingservices/PPDandSafeguarding_pages/Forms/AllItems.aspx

DOCUMENT ADMINISTRATION

Ownership

Department Responsible: Public Protection Department (PPD)
 Policy Owner: D/Insp [REDACTED]
 Senior Officer/Manager Sponsor: Supt. [REDACTED]

Revision Date	Version	Summary of Changes
06.09.2013	1.2	<p>Draft policy statement amended to state:</p> <ul style="list-style-type: none"> • Any indication of access to firearms must be taken as increasing the risk. • The DASH Risk Assessment must be completed in all cases falling within the domestic abuse definition (It will also be considered in cases of stalking, harassment and honour based violence). Should the DASH risk assessment not be completed the officer must record the reason. <p>Paragraph beginning 'The Force policy' and 'Positive action' moved to after the paragraph referring to DASH. Policy now draft v1.3</p>

11.09.2013	1.3	<p>Policy renamed as Domestic Abuse Policy.</p> <p>The following has been added to the Policy Statement:</p> <ul style="list-style-type: none"> • ‘and any associated child’ • ‘Victim’ replaced by the phrase ‘survivors of domestic abuse’ in paragraphs 1 & 5. • ‘in order to take the pressure and onus away from the victim. It is acknowledged that on occasion, the victim may not agree with the actions taken, however, the over-riding concern is to keep the victim safe’ added to paragraph 5. Ased Violence added to paragraph 3. • The paragraph referring to the DASH Risk Assessment has been moved to before the definition. <p>The following has been added to the Policy Aim:</p> <ul style="list-style-type: none"> • ‘To raise awareness of domestic abuse through better education and partnership work, in particular within minority communities’. • ‘To make full use of the Domestic Violence Protection Notice (DVPN) and Domestic Violence Protection Order (DVPO) schemes in order to offer greater protection to victims of domestic abuse (NB: these schemes are currently subject to review by the Home Office at the end of September 2013).’ <p>Policy now draft v1.4</p>
13.09.2013	1.4	<p>Policy Statement: paragraph beginning ‘Officers attending’ (paragraph 3 in version 1.4) moved to after the paragraph beginning ‘The Victims views’ (para 4 in v1.4).</p> <p>Policy Statement: line referring to firearms removed from that paragraph and used to create a new firearms paragraph. Line added referring to the Firearms Licensing Unit and the reviewing of certificates (paragraph 6, v1.5).</p> <p>Policy Statement: ‘PPD1’ added to the paragraph which began with the words ‘The DASH Risk Assessment’ so that this now states ‘A PPD1 (which includes the DASH Risk Assessment).....’.</p> <p>Policy Statement: The word ‘current’ has been removed from the line ‘Domestic violence and abuse is currently defined as:’</p> <p>Policy Statement: New paragraph added after the DA definition referring to DVDS.</p> <p>Related Policies, Procedures section: Domestic Violence Disclosure Scheme added. Policy now draft v1.5</p>
26.09.2013	1.5	<p>Line added to the Firearms paragraph. Firearms Administration Policy and Shotgun Administration Policy to Related Policies section.</p> <p>Policy now draft v1.6</p>
30.09.2013	1.6	<p>Line added by DCI ██████ to paragraph 5 of the Statement relating to children being present or not. Line added to para 6 relating to previous reports. HO Guide added to Related Policies section. Policy now draft v1.7</p>

04.10.2013	1.7	General re-write by A/D/Supt [REDACTED] to incorporate reviewed procedures as per DHR actions. Draft now v1.8
07.10.2013	1.8	Formatting corrections by DI [REDACTED]
07.10.2013	1.9	Edits following consultation with DS [REDACTED], DS [REDACTED] and PS [REDACTED]
28.10.2013	1.10	Amendments made to Related Policies section and procedure sections 2.3, 3.2 and 3.15 following feedback from Local Authorities. New section 8 (definition of vulnerable adult) added.
12.11.2013	2.0i	Document published as interim policy and procedure v2.0i
18.07.2014	2.0i	Section 3.6 amended following recently DV trial to include prohibition on interviewing a suspect by way of contemporaneous notes and that if an interview is required, and arrest not justified, arrangements will be made for the suspect to be interviewed at a Police station under invite.
01.12.2014	2.0i	Section 3.6 amended – bullet points added re Directors Guidance, electronic delivery of case file and on receipt if file the Case Managers role.
01/05/2015	2.1	Amendments made to Related Policies section and procedure sections 2.3, 2.5, 3.2, 3.5, 3.6, 3.8, 3.9, 3.10, 3.11, 3.12, 5 following learning from domestic homicide review. New sections 3.7 and 9 (further support) added. Policy draft now v2.1
24.06.2015	3.0	Draft v2.1 published as substantive version 3.0

Revision History

Approvals

This document requires the following approvals:

Name & Title	Date of Approval	Version
Continuous Improvement Team	22/06/15	2.1
Senior Command Team	22/06/15	2.1

Distribution

This document has been distributed via:

Name & Title	Date of Issue	Version
E-Brief		2.1
Email to relevant affected Staff/Officers		2.1

Equality Impact Assessment

<p>Has an EIA been completed? If no, please indicate the date by which it will be completed. If yes, please send a copy of the EIA with the policy.</p>	<p>Yes No Date:</p>
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Consultation

List below who you have consulted with on this policy (incl. committees, groups, etc):

Name & Title	Date Consulted	Version
DS [REDACTED], DS [REDACTED] and PS [REDACTED]	07.10.2013	1.8
[REDACTED] (SEQOL- SARC [REDACTED])	08.10.2013	1.9
[REDACTED] ([REDACTED], Swindon Borough Council)	08.10.2013	1.9
[REDACTED] Swindon Community Safety Partnership).	08.10.2013	1.9
Senior Command Team / Domestic Homicide Panel	18/06/2015	2.1

Implications of the Policy

Training Requirements

None

IT Infrastructure

No new infrastructure required.

Appendix E: Residential Landlords Association Domestic Abuse Preamble and Policy

1) Preamble to Policy: Residential Landlords Association.

There were an estimated 1.8 million adults aged 16 to 59 who were a victim of domestic abuse in the last year, according to the year ending March 2016 Crime Survey of England and Wales, 2015/16

The RLA is aware that domestic abuse can happen in the Private Rented Sector (PRS) as well as other housing sectors. As part of the Government's efforts to help victims of domestic abuse and potentially save lives, the RLA has drafted a policy on Domestic Abuse that you can follow if you are worried that a tenant may be suffering.

The RLA recognises that residential landlords or their agents can sometimes be the first to see the signs of violence occurring, either directly by being told by the victim or a third party such as the police. However, there can be other signs such as unexplained damage to the property which a landlord may be aware of.

All social landlords are legally required to have a domestic abuse policy to ensure that housing professionals take a consistent approach to domestic violence and abuse. Private Landlords are not legally required to act or report domestic violence however, as a measure of good practice and to support this initiative the RLA has drafted this policy for times where you might need guidance of how to help a tenant who may be in need of support.

2) Domestic Abuse Policy for members

Overview

This policy sets out how an RLA member can take steps to assist and support any person from or threatened with violence or abuse. It applies to all tenants and non-tenants living with your tenants (for example people who may be visiting your tenants) Nationally, a new definition of **domestic abuse** and violence came into effect from 31 March 2013. The new definition is that **Domestic Abuse** or Violence is: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Controlling and Coercive behaviour
- Physical
- Sexual
- Financial
- Emotional

The RLA encourages members to take domestic abuse seriously and to provide a sensitive and confidential response to anyone approaching you for assistance in cases of domestic abuse.

We ask that members consider -

- If a history of domestic abuse is **disclosed** at the beginning of a tenancy to offer additional security measures.
- Enable residents to report domestic abuse to you in different ways, including in person, in writing, by telephone, online or via a third party such as a police officer or IDVA (Independent Domestic Violence Advocate).
- Ensure that victims know that they can contact you in confidence.
- If you feel comfortable in doing so and with the consent of the tenant share information with Agencies that might be able to help the tenant such as the Police and Social services.
- Provide improved security to a victim's home (e.g. security lights, window locks) where a need is identified.
- If approached by a tenant who may be experiencing domestic abuse encourage them to access appropriate services as early as possible and check that they are given specialist advice to allow them to make choices about what to do next.
- Ensure that where children and young people are affected by domestic abuse, they too have access to services as early as possible.

We ask that members publicise our approach, both in print and digitally, to raise awareness amongst other landlords, with the aim of increasing reports of **domestic abuse**.

Definitions of abuse

Physical Abuse

This could include: hitting, punching, kicking, slapping, hitting with objects, pulling hair, pushing or shoving, cutting or stabbing, restraining, strangulation, choking, murder.

Sexual Abuse

This could include: rape and coerced sex, forcing a survivor to take part in unwanted sexual acts, refusal to practice safe sex or use contraception, threatened or actual sexual abuse of children

Financial Abuse

This could include: controlling money and bank **accounts**, making a victim account for all their expenditure, running up debts in a victim's name, allowing no say on how monies are spent, refusing to allow them to study or work.

Psychological and Emotional Violence and Abuse

Psychological and emotional abuse has a profound impact upon victims and children. It can leave a victim with little confidence that they can do anything to change the situation. Examples are:

- Creating isolation e.g. not allowing them to see other people, preventing them from making their own friendships, not allowing them to go anywhere on their own, causing them to be depressed and then using this against them
- Use of threats e.g. threats to kill their family, children, friends, pets; to throw them out and keep the children; to find them if they ever leave; to have them locked up; to tell everyone they are mad
- Putting them down – humiliating and undermining them in front of others or in front of their children; telling them they are stupid, hopeless, unlovable, that no one would believe them, or that they are a bad parent.

Controlling behaviour

A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour

An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. It includes forced marriage and so-called 'honour violence'.

A suggested approach

Responding to a report of domestic abuse

On receiving a report of domestic abuse directly from a victim, offer to call the police with their consent or another third sector body that might be able to help such as a refuge or social services. We do realise that this is a very sensitive area and one that private landlords cannot just impose without the tenant approaching or confiding in you. As the landlord of a private property you are not legally obliged to report domestic abuse but this is a process you could take if you so wish.

Further action

The landlord or agent can ensure that contact is maintained with the victim until the victim feels that support is no longer necessary. Further contact with them may need to include discussion on issues such as:

- Contacting the police if not already done so
- Longer term housing options, if another property is suitable for example

- Referral to Women's Aid if you wish to help support the tenant
- Referral to National Centre for Domestic Violence if you wish to signpost the tenant, you do not legally need to do this as a private landlord.
- Where possible assist and support the victim to enable them to remain in their home. (This could include a referral to suitable local agency). In some cases however, the victim may feel unable to return to their home, either in the immediate or longer term - for example if the perpetrator remains in the property or in the locality of the property. If the victim cannot return home and has nowhere else to stay, contact the Local Authority for advice regarding options for rehousing with the Council or other agency.

Damage to and security of the property

We ask that RLA members will consider,

- Arranging and paying for additional security of a property in order that a victim of domestic abuse feels safe to return. This may include items such as lock changes or additional door or window locks. Where the police wish to install additional security we ask that you give permission and agreement sought with the tenant on who will maintain such items.
- Any damage should be photographed and noted and a recharge raised to the perpetrator. Where appropriate, the landlord or agent may seek to take direct action against the perpetrator and report the damage to the police as a crime.
- Work with the tenant if they wish to remove an abusive partner from the tenancy agreement. **You will both have legal obligations to fulfil here so it is best to seek advice if this is seen as the most suitable option moving forward.** You can read the RLAs guide to ending a tenancy here <https://www.rla.org.uk/landlord/document-and-guides/index.shtml?ref=menu>. Although in circumstances like this it may be best to seek specialist advice. Your tenant may give you a notice to quit if on a rolling periodic tenancy and ask if you will grant them a sole tenancy when the joint tenancy ends. It might be best to get this agreement in writing. Find out if the tenant has sought advice before accepting the notice - the tenant will need to consider the implications of sustaining a tenancy on their own – including the financial responsibility of taking a tenancy on their own.

Multi Agency Approach

- We ask that RLA members endeavor to work with any useful local agencies to ensure cases are dealt with in the most effective and efficient way if the tenant wishes for you to help.

Victims' responsibilities

We ask that RLA members will provide support and assistance to victims as described in this policy. Victims are responsible for working with us and support agencies to make the support work.

Confidentiality/Data Sharing

We recognise that incidents of Domestic Abuse are extremely sensitive, private incidents for victims to report and will ensure total confidentiality on any cases that are reported, only reporting to specialist agencies with consent of the tenant.

Further information and Support

- Victim Support – <https://www.victimsupport.org.uk/>
- Female victims – women's Aid <http://www.womensaid.org.uk/>
- Male victims – MALE http://www.mensadviceline.org.uk/mens_advice.php.html
- For information and advice for children and young people, please visit the Childline website <http://www.childline.org.uk/Pages/Home.aspx> or telephone Childline free on 0800 11 11.
- Lesbian, gay, bisexual and transgender (LGBT) victims – Broken rainbow <http://www.brokenrainbow.org.uk/>
- Forced Marriage Unit <https://www.gov.uk/forced-marriage>
- Respect Phone line which provides help and advice for perpetrators of **domestic abuse** or professionals working with perpetrators <http://www.respectphoneline.org.uk/>
- National Domestic Violence Helpline – 0808 2000 247. This helpline is run in partnership by Refuge and Women's Aid and is available 24 hours a day, 365 days a year
- Refuge, the national charity for women and children experiencing domestic violence <http://www.refuge.org.uk/>
- Co-ordinated Action Against **Domestic Abuse** (CAADA) which provides help and advice to organisations and professionals working with **domestic abuse** victims <http://www.caada.org.uk/>
- Female victims and legal advice – <http://rightsofwomen.org.uk/>

Appendix F: Correspondence with Homes Office re possible delay in completing the DHR

[REDACTED]

Date:
Thu, 2 Feb 2017 10:53:15 AM
Subject:

RE: [CJSM] Swindon DHR 4

Dear [REDACTED],

Thank you for notifying us that, due to the complexities of the criminal case and the large number of witnesses, many of whom will be of interest to the DHR, there is likely to be a delay beyond the six-month timeframe suggested in the guidance in completing the review that you have been asked to Chair.

Your approach is entirely appropriate given the circumstances and we are grateful to you for keeping us informed.

Kind regards,

[REDACTED]
Domestic Homicide Reviews
Public Protection Unit
Home Office
5th Floor Fry Building | 2 Marsham Street | London SW1P 4DF | Tel: 020 7035 1565

-----Original Message-----

From: [REDACTED]

[REDACTED]

Subject: [CJSM] Swindon DHR 4

Dear [REDACTED],

Swindon Community Safety Partnership notified the Home Office on 19th December 2016, that a decision had been taken to establish a DHR to review the circumstances surrounding the death of Angeline (pseudonym) on [REDACTED] December 2016.

I have been appointed to be the Independent Chair of the Review and yesterday met with the SIO, Chair of the Swindon CSP, and Swindon domestic Abuse Lead Officer.

The SIO explained the complexities of the criminal case and the large number of witnesses, many of whom will be of interest to the DHR. (i.e. family and work colleagues who knew of continuing abuse.)

The SIO requested that we delay the first meeting until after the pre-trial hearing on 28th February when he will then have a better indication of whether there is likely to be a guilty plea etc. The CSP Chair and I have therefore agreed to arrange the first meeting for 9th March 2017, but to ensure any obvious lessons are addressed promptly, we have written to all of the agencies who have had contacts and requested them to start gathering information immediately so that lessons can be identified.

Due to this delay and the anticipation that, depending on plea, a trial is not expected until June/July 2017 it is likely that the Review will not be completed within six months of the decision being taken to hold a review.

We will of course proceed as expeditiously as possible, provided the Home Office agrees to these arrangements.

Submitted for consideration.

[REDACTED]

[REDACTED]

Accredited Independent Chair of Statutory Reviews

Email: [REDACTED]

Secure email: [REDACTED]

[REDACTED]