Overview Report:

Domestic Homicide Review in respect of Heidi

Commissioned by: Bournemouth Community Safety Partnership
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1.0 Introduction

1.1 Heidi died in late December 2016 after being assaulted by her uncle, Gary, with whom she had been in an intimate relationship during the months prior to her death. Gary was subsequently convicted of the murder of Heidi at Winchester Crown Court and received a life sentence with a minimum tariff of 14 years.

1.2 Bournemouth Community Safety Partnership (CSP) subsequently decided to conduct a domestic homicide review (DHR). Heidi had moved to live in Bournemouth three months prior to her death having spent most of her life in Hertfordshire. Heidi was known to a range of agencies in Hertfordshire and these agencies have fully contributed to this review.

1.3 Andrew Clowser was appointed as chair of the DHR Panel established to oversee the review. He is a former Detective Superintendent who retired from Dorset Police in 2015 where he was head of public protection. He is not currently employed by any of the statutory agencies involved in the DHR process. He has had no previous involvement or contact with the family or any of the other parties directly involved in the events under review. David Mellor was appointed as the independent author of the DHR Panel established to oversee the review. David is a retired police officer who has over six years experience as an independent author of DHRs and other statutory reviews. He has no connection to services in Hertfordshire or Bournemouth. Membership of the DHR Panel and a description of the process by which the DHR was conducted is set out in Appendix B. A statement of the independence of the chair of the DHR Panel and the independent author can be found at Appendix C.

1.4 Coronial proceedings were concluded following the trial and conviction of Gary for murder.

1.5 Both Bournemouth Community Safety Partnership and Hertfordshire Domestic Abuse Partnership wish to express sincere condolences to the family and friends of Heidi.

2.0 Terms of Reference

Scope of the review

2.1 The review will consider the period from 1st January 2012 until the date of Heidi's death, subject to any information emerging that prompts a review of earlier incidents or events considered to be relevant.

Purpose of the review

2.2 The purpose of the review is to:

- Contribute to a better understanding of the nature of domestic abuse and to highlight good practice.
- Establish the facts that led to the incident on 13th December 2016 which resulted in Heidi's subsequent death
- Establish whether there are any lessons to be learned from the case about the way in which local professionals and agencies worked together to safeguard the family
- Identify what those lessons are, how they will be acted upon and what is expected to change as a result.
- Apply these lessons to service responses including changes to policies and procedures as appropriate
- Prevent domestic violence and abuse homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working

Case specific questions

2.3 The following additional areas will be addressed:

- Was the victim/perpetrator known to local domestic abuse services; were there any warning signs?
- Was the victim involved in the MARAC or other multi-agency processes?
- Could more be done to raise awareness of services available to victims of domestic abuse?
- Were family, friends and colleagues of the victim aware of any abuse that may have been taking place?
- Were there any barriers experienced by the victim or family, friends and colleagues in reporting the abuse?
- Was abuse present in any previous relationships, did this affect the victims

decision on whether to access support?

- Were there any opportunities for professionals to routinely enquire about any domestic abuse experienced by the victim that were missed, especially in light of frequent fractures?
- Are there any training or awareness raising requirements which are necessary? to ensure a greater knowledge and understanding of the services available?
- Give appropriate consideration to any equality and diversity issues that appear pertinent to the victim, perpetrator and dependent children.
- An understanding of the context and environment in which professionals made decisions and took or did not take actions, for example culture, training, supervision and leadership.
- Going beyond focusing on whether policies and procedures were followed to evaluate whether or not they were sound and appropriate.
- Consideration of the victim and perpetrators housing status and its impact on identifying abuse.
- Was the perpetrator known or believed to be violent, by any services, and therefore was a Clare's Law disclosure considered?
- Were the handover arrangements and pathways between children and adults services appropriate and recognisant of the risk faced by the victim as well as pathways between services in Hertfordshire and Bournemouth.

3.0 Glossary

Domestic violence and abuse 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
- 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 a continuing 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.

Drug Treatment Requirement
Under Section 209 of the Criminal Justice Act 2003, a Drug Rehabilitation Requirement (DRR), comprising structured treatment and regular drug testing, is available to courts as a sentencing option. The provision aims to present local providers with flexibility to tailor requirements to individual need, changing patterns of substance misuse and moving towards a recovery-focused approach to treatment.

Independent Domestic Violence Advisor (IDVA) Their main purpose is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members in order to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

A **Looked after child (LAC)** is a child who is being looked after by their local authority. They might be living:

1. with foster parents
2. at home with their parents under the supervision of social services
3. in residential children's homes
4. other residential settings like schools or secure units.

They might have been placed in care voluntarily by parents struggling to cope. Or, children's services may have intervened because a child was at significant risk of harm.

Multi Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. A victim/survivor should be referred to the relevant MARAC if they are an adult (16+) who resides in the area and are at high risk of domestic violence from their adult (16+) partner, ex-partner or family member, regardless of gender or sexuality.

Psychosocial interventions are activities aimed at improving both psychological wellbeing and social functioning, with a view to improving quality of life.

4.0 Synopsis

4.1 The primary focus of this review is on the period from 2012 when Heidi reached the age of twenty one and Hertfordshire children's services legal responsibilities to her as a former looked after child came to an end. However, it is appropriate to begin by summarising key events in Heidi's life prior to 2012 as she had a very troubled childhood and adolescence including being the victim of sexual and domestic abuse on several occasions.

Brief summary of events prior to 2012

4.2 Heidi had been known to Hertfordshire children's social care from the age of two after concerns arose that she had been sexually abused. She became a looked after child at the age of six following a series of concerns over maternal neglect. During Heidi's early life her father had been serving a lengthy period of imprisonment. When Heidi's mother renewed contact with Heidi's father on his release from prison this severely limited mother's future contact with Heidi because of concerns on the part of Hertfordshire children's social care over the risks that Heidi's father presented to Heidi.

4.3 Heidi experienced regular placement breakdown as a looked after child. Two foster placements ended after Heidi alleged sexual abuse by her carer or a member of her carer's family and one placement in a private children's home came to an end after she was sexually abused when she was fourteen.

4.4 Several of Heidi's placements were in children's homes outside Hertfordshire and she was frequently reported to the police as a missing person. (All references to 'police' relate to Hertfordshire Constabulary unless stated otherwise) During 2006 and early 2007 (aged fifteen) Heidi repeatedly went missing from care in Shropshire to be with partner 1 and she refused to return to care for a period. Partner 1 was fifteen years her senior. During this period Heidi was drinking alcohol to excess, self-harming and offering violence to others including police officers. Heidi's final placement ended in April 2008 as she was approaching 17 years of age.

4.5 In April 2008 Heidi appears to have twice been the victim of domestic abuse by partner 2 with whom she was staying in Peterborough. Heidi was supported to leave partner 2 but is said to have returned to him on both occasions.

4.6 When Heidi went missing from placements or the placement broke down, she would often gravitate back to her parents, but as previously stated it was not considered safe for her to be placed with them. From September 2008 Heidi was supported to live independently.

4.7 In January 2009 Heidi seriously self-harmed when she used a knife to cut her forearm requiring 11 stitches. She initially alleged that the injury had been caused by partner 3 but later retracted this allegation. Partner 3 was 14 years her senior. Around this time Heidi disclosed that she had been using heroin since the previous summer.

4.8 In April 2009 the police attended an incident of domestic abuse between Heidi and partner 3. No details of the form of the abuse have been provided but the risk was assessed as medium. Heidi was referred to the community drugs & alcohol team (CDAT) and mental health team (MHT).

4.9 The following month the police attended a further report of domestic abuse in which partner 3 was said to have punched Heidi in the eye and ribs, hit her head on the bedroom wall and squeezed her throat before punching her approximately 10-15 times and then throwing her to the floor. Heidi escaped and raised the alarm. The police arrested partner 3 and charged him with assault. He was placed before court and granted conditional bail. Heidi later retracted her complaint and said that part of her account was fabricated. The case against partner 3 was dismissed. Prior to the retraction, the police had assessed the risks to Heidi as medium which did not appear to correspond with the level of violence alleged. Heidi was again referred to CDAT and, on this occasion, children's services, who retained a responsibility for Heidi as a looked after child.

4.10 In June 2009 the police attended a further incident in which partner 3 physically assaulted Heidi. Drink or drugs were said to have been involved. The risk to Heidi was assessed as high although there is no record of a MARAC referral being made. Safeguarding measures were put in place including a marker placed on Heidi's address in order that any calls to that address would be treated as urgent. Heidi subsequently retracted her complaint and no further action was taken against partner 3. Heidi was again referred to CDAT. Children's social care and her 'outreach worker' were notified.

4.11 Following the police referrals, Heidi engaged with CDAT from June 2009 until March 2011. She was eventually discharged following her becoming disengaged from the service. During this period, she was also seen by a mental health liaison worker in a hospital emergency department (ED) following an overdose of paracetamol. This incident is not dated and does not appear in any other information provided to the review by other agencies.

4.12 Heidi's care order ended when she attained the age of eighteen in July 2009. She was supported to move into a new flat by her leaving care personal assistant two months later.

4.13 When convicted of an offence of assault in September 2010, a six month drug and alcohol treatment requirement was included in Heidi's sentence. No details of the outcome of the drug and alcohol treatment requirement have been shared with this review.

4.14 Two 'non-crime' domestic incidents were reported in respect of Heidi during December 2010 which resulted in DASH assessments indicating a low risk. No referrals were made.

4.15 Heidi was referred to the community mental health team (CMHT) by her GP around November 2011 and her case was also open to CDAT. She was known to be using heroin and cannabis at this time. CMHT found difficulty in contacting Heidi and discharged her from their service in January 2012 and advised her to re-contact them following a period of abstinence if she was still experiencing poor mental health.

4.16 In December 2011 the police attended the address Heidi shared with partner 3 in relation to a 'non-crime' domestic incident. After heroin was found at the address, Heidi bit a police officer on the arm and was arrested. No 'non-crime' domestic abuse report was completed, no DASH risk assessment was carried out and no referrals were made.

2012

4.17 On 13th February 2012 Heidi attended the ED at hospital 1 with lacerations to her left hand to which steristrips (adhesive strips used to close wounds or minor cuts) were applied. It is unclear how the injury was caused.

4.18 On 21st April 2012 the police attended an incident in which Heidi alleged that partner 3 had assaulted her before leaving the address. Heidi declined to provide any further information and a DASH risk assessment was completed using information from previous incidents. It is not known what the outcome of the DASH risk assessment was. A non-crime domestic abuse report was completed and no referrals were made.

4.19 In August 2012 Heidi's case was closed to children's social care. As previously stated, she had attained the age of twenty one and children's social care's legal obligations to her as a former looked after child were at an end. Her final pathway

plan – which is a document which records needs, identifies action to be taken and resources to be put in place to support young people during their transition to adulthood, concluded the following:

4.20 Heidi was said to be successfully managing her flat in Hertfordshire. She was using drugs but was said to be seeking help for this. Heidi maintained a relationship with her mother to whom she was said to be strongly attached in contrast with her relationship with her father which was described as poor. She had sporadic contact with her siblings, two of whom were serving prison sentences. Heidi was said to be struggling with not having contact with her ex-partner 3. This relationship was said to have ended as a result of partner 3's violence towards her. (The relationship had not permanently ended) Some of Heidi's friendship group were said to be known drug users. Heidi was said to struggle with her identity in that she was a member of a family she felt had a negative reputation. She was said to have many emotional issues and appeared to be very vulnerable as she had had no strong attachments or reliable adults in her life to guide her. Heidi was said to have agreed to accept counselling and this had been arranged. The outcome of the counselling offered is not known.

4.21 On 2nd November 2012 the police attended a report of Heidi and partner 3 arguing. They were said to be intoxicated. Heidi alleged partner 3 had tried to strangle her. He was arrested but Heidi subsequently retracted her allegation and declined to co-operate further with the police. The incident was recorded as a 'non crime domestic' and the risk was assessed as low although the marker originally placed on Heidi's address in 2009 (Paragraph 4.10) was renewed. Heidi subsequently declined the support of a domestic violence officer. At that time domestic violence officers were members of the Hertfordshire police harm reduction unit and offered support and advice to victims of domestic abuse. Arrangements were made for an IDVA to contact her but the outcome of this referral are unknown.

4.22 On 25th December 2012 the police were called to Heidi's flat by partner 3 following a verbal argument with Heidi. Both parties were described as intoxicated and neither would engage with the police. A 'non crime domestic' was recorded and the DASH risk assessment indicated a low risk. No referrals were made and despite the fact that this was a third domestic abuse call out in a twelve month period, which should have triggered an automatic referral to MARAC, no such referral was made.

2013

4.23 Heidi self referred to CMHT on 8th January 2013 after being signposted by the job centre. An assessment was carried out. Heidi smelled strongly of alcohol and

explained that "it helped her to come out of the flat as she was anxious without it". Her main anxiety related to fear of being attacked by a person who had abducted and raped her some years previously. She said she had been told that he was now out of prison and had previously warned her that "he would come and get her if he went to jail". She disclosed she was held hostage for several days and feared she would be killed. (Paragraph 4.3 briefly refers to this) Heidi disclosed heroin, diazepam and alcohol misuse. She was signposted to Spectrum, a drug and alcohol service for adults in order to address misuse problems prior to being considered for psychological therapy.

4.24 The following month Heidi self referred herself to Spectrum. She reported illicit diazepam use and it was agreed that Heidi would commence on diazepam prescribed by Spectrum. The plan was for the dose to be gradually reduced whilst Heidi accessed psychosocial interventions for additional support. These interventions primarily took the form of keyworker support. Heidi's history was taken and this included anxiety, depression and self-harm with the most recent episode being the cutting of her forearm about a year ago. (No details of this incident in the individual management reviews (IMR) submitted by agencies to this DHR) A long history of alleged rape events was recorded, including offences whilst she was in care, the perpetrator of which was said to have been released from prison a couple of months ago having threatened her in the past (Paragraph 4.3 again refers).

4.25 On 27th February 2013 Heidi called the police after a verbal argument with partner 3. She was said to be 'extremely hostile and uncooperative' with the police. A non crime domestic report was completed and the DASH risk assessment indicated a low risk. This was the fourth domestic abuse call out within twelve months but no MARAC referral was made.

4.26 On 15th April 2013 the police attended Heidi's flat following an abandoned 999 call but were refused entry. Heidi and partner 3 had been having a verbal argument whilst under the influence of alcohol. Heidi was arrested for assaulting a police officer. A non crime domestic report was completed and a DASH risk assessment again indicated a low risk. No referrals were made. This was now the fifth domestic abuse call out within twelve months and once again no MARAC referral was made.

4.27 Whilst in custody Heidi was seen by the Mentally Disordered Offenders (MDO) liaison nurse based in the police station. Heidi had been charged with assaulting two police officers after drinking alcohol reportedly in response to receiving bad news about her past. Police national computer (PNC) records indicated alerts for 'drugs, self-harm and violence'. Heidi said she was not currently self-harming and denied any suicidal thoughts. She had also said she was engaging with her Spectrum

worker and was encouraged to continue to work on her drug and alcohol issues in order to be able to address her other difficulties afterwards.

4.28 On 26th April 2013 Heidi was sentenced at court for assaulting a constable. She was sentenced to a community order which included a low intensity six months drug rehabilitation requirement (DRR). This was supervised by Hertfordshire Probation Trust and was said to have been completed with no breach of requirement.

4.29 On 8th May 2013 Heidi was seen by a criminal justice forensic liaison nurse at the probation service for assessment following a court request for a mental health assessment. The assessment disclosed that Heidi's arrest had been precipitated by the release of the perpetrator of abduction and rape being released from prison in November 2012 – a development with which Heidi was said to have struggled. She said she had been in a heterosexual relationship for five years which she described as supportive. The forensic mental health nurse subsequently advised the probation officer that the offence appeared to be related to alcohol rather than any mental illness and therefore it was not appropriate for a court to consider a mental health disposal as part of the sentencing.

4.30 On 12th May 2013 the police were called to Heidi's flat on two occasions by a neighbour. Both Heidi and partner 3 were described as intoxicated and had been arguing. A non domestic crime was again recorded and the DASH risk assessment was again low. Once again, no MARAC referral was made despite the three call out trigger having been exceeded.

4.31 During May 2013, Heidi was assessed by Spectrum for an alcohol treatment requirement (ATR) upon the request of the probation service. It was decided that an ATR would not be a helpful option as Heidi struggled to function in groups. One to one sessions with her key worker would continue and the need for 'expert and appropriate' counselling to help her address her past trauma was identified. Heidi was said to drink and use drugs in order to cope with her feelings as she had suffered a 'huge amount' of trauma in her life. She had been tested recently and was found to be positive for most drugs. Counselling in order to deal with her abusive past was seen as a necessary step to take prior to concentrating on her recovery.

4.32 On 28th June 2013 Heidi was arrested for public order offences after being found intoxicated in the town centre. She attempted to self-harm by head butting the police vehicle and also assaulted a police officer. No referral appeared to be made in respect of the self-harm.

4.33 On 9th July 2013 Heidi was sentenced to a further community order with a supervision requirement which she completed without any breach of requirement in January 2015. This order was again supervised by Hertfordshire Probation Trust although responsibility for this later passed to Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire Community Rehabilitation Company (CRC) when responsibility for the supervision and rehabilitation for low and medium risk offenders was transferred to CRCs.

4.34 On 1st August 2013 Heidi met a Spectrum recovery worker and presented as 'clean' and sober, showing no signs of being under the influence of any substances. She discussed previous sexual abuse and identified that the perpetrators had all been people she should have been able to trust. She said she had been in a steady relationship for five years (partner 3) with someone older whom she felt took care of her and did not hurt her in any way. He also used heroin (injector). She said she found it difficult to see her life improving in any way. Counselling was again discussed but at this stage Spectrum appeared to take the view that Heidi wasn't ready to deal with all of her underlying issues.

4.35 On 15th August 2013 Heidi saw her probation officer. During the session she acknowledged that whilst her partner was very supportive of her, they are both drug users which makes it more difficult for them to abstain from drugs. The possibility of a four way conversation between Heidi, partner 3, her Spectrum key worker and the probation officer was discussed but this does not appear to have taken place.

4.36 On 5th September 2013 Heidi reported being sexually assaulted in a shop. The offender was traced by the police and summonsed for the offence.

2014

4.37 On 6th February 2014 the police attended Heidi's flat following a call from a distressed female saying she was being attacked by a male who she wanted removing from the house but who was refusing to leave. Partner 3 had left prior to police arrival. Heidi said that no assault had taken place. She was described as intoxicated. A non crime domestic report was recorded. There is no reference to any risk assessment or referral.

4.38 During March 2014 Heidi told Spectrum about the sexual assault which had taken place in a shop. (Paragraph 4.36) She said that the alleged perpetrator had pleaded not guilty and she was experiencing a great deal of anxiety about the prospect of being cross examined. She was on a waiting list for counselling which Spectrum agreed to attempt to expedite.

4.39 On 9th March 2014 Heidi was arrested for being drunk and disorderly and for public order offences.

4.40 On 22nd March 2014 Heidi attended the ED of hospital 1 accompanied by her partner with whom she was said to live. It is assumed that the partner referred to was partner 3 but it has not been possible to confirm this. Heidi said that she had fallen from her pedal bicycle the previous day and her elbow was now painful, tender and swollen. An x-ray initially suggested a fracture of the radial head although it was later diagnosed as a soft tissue injury. The injury was immobilised in a sling and Heidi was provided with pain relief. No abuse was disclosed.

4.41 From 2nd April 2014 Heidi began to access counselling from a Spectrum counsellor. She had been very nervous about committing to this but she engaged with the work and agreed to keep a journal. During the second counselling meeting on 23rd April 2014 the possibility that Heidi may have post-traumatic stress disorder (PTSD) was discussed as were techniques to help her deal with PTSD symptoms.

4.42 On 30th April 2014 Heidi attended hospital 2's ED and was diagnosed with a closed fracture of her right tibia and fibula. She said she had fallen from her bicycle and kicked the bike before walking home. She said she had consumed 3-4 cans of lager and smoked heroin. She was noted to be intoxicated at the point of admission. An operation was required to 'nail' the bones. She was discharged from hospital after three days and the importance of elevating her leg and mobilizing only as necessary was emphasised. She appeared to have been unaccompanied when presenting to the ED although there is a reference to Heidi regularly going off the ward 'with family'. No abuse was disclosed. She was noted to be known to the drug and alcohol service.

4.43 The following day Heidi's partner, presumed to be partner 3, visited Spectrum to let them know about Heidi's injury. He said he had not witnessed the incident although he had been at her address at the time. He said Heidi had fallen over then kicked a bike in her hallway.

4.44 Heidi was unable to attend counselling appointments for several weeks because of her injury. She was offered further appointments when her mobility improved but she did not attend and was subsequently discharged from Spectrum's counselling provision. Spectrum did not offer a service to service users who were unable to leave their home at that time but have advised the review that they now offer such a service.

4.45 On 29th May 2014 the police attended Heidi's flat following a call in which she said partner 3, who she described as her ex-boyfriend, would not leave the address

and was stealing items. Both were described as intoxicated. The incident was recorded as a 'non crime domestic'. There is no reference to any risk assessment or referral.

4.46 On 10th July 2014 Heidi's father contacted the police after receiving a call from partner 3 to the effect that she had cut herself with scissors. Heidi was found to have superficial wounds to her arms and declined medical attention. Immediately after the call from Heidi's father, Heidi herself had contacted the police to request help as partner 3's sister and another female were refusing to leave. No further action appears to have been taken.

4.47 On 15th July 2014 Spectrum contacted Heidi as she had not been collecting her daily 2mg diazepam prescription from the pharmacy. She said that because of her broken leg partner 3 had been collecting the prescription for her. However, they had split up recently and he was no longer collecting it for her. At this point Heidi said she no longer wished to be prescribed or attend the service and her case was closed. She was told that should she change her mind about this in the future, then Spectrum would again offer her support. (Spectrum has advised the review that Heidi's partner had been allowed to collect her prescriptions after Heidi gave written permission for this, in accordance with Spectrum's policy. Spectrum added that such an arrangement would not have been agreed to if there had been any concerns that domestic abuse was present in the relationship).

4.48 On 25th July 2014 partner 3 called the police to Heidi's flat after a verbal argument between them which was said to have escalated. Neither party made allegations against the other. There was said to be evidence that both had recently taken Class A drugs. The incident was recorded as a 'non crime domestic' incident and the risk was assessed as standard. A police domestic violence officer attended but it is unclear what was the outcome of their involvement in this incident.

4.49 On 5th August 2014 Heidi contacted the police to report that partner 3 (again described by her as her ex-boyfriend) had caused damage and was refusing to leave. Whilst Heidi was on the telephone to the police, partner 3 was heard saying that he was unable to leave because he was locked in and that Heidi had a knife. When the police arrived Heidi was found to be intoxicated and no knives were seen. Heidi retracted her allegation of damage and a 'non crime domestic' incident with medium risk was recorded. On this occasion a MARAC referral was made on the grounds that there had been three or more domestic abuse call outs within a year. MARAC referral forms were completed on 9th September 2014.

4.50 On 9th August 2014 Heidi contacted the police to say that she had had a row with partner 3. He had left prior to police arrival although he returned whilst the

police were there. The officers recorded that there were 'no signs of anything happening' and no further action was taken.

4.51 Two days later an ambulance attended Heidi's flat and conveyed her to hospital 2 for treatment to a 'severe' head injury. The police were called to assist the ambulance service at the flat. There is no record of any further police investigation. The next day the hospital contacted the police for assistance in returning Heidi to hospital as the head injury was described as 'quite bad'. The hospital said that Heidi had told them that the head injury had been caused by falling whilst drunk. The police located Heidi and returned her to the hospital. Sutures were applied to a small laceration on the back of her head and she was later discharged.

4.52 During August 2014 Heidi transferred from GP practice 1 to GP practice 2. On 27th August she was seen by a practice nurse for a new patient health check. She disclosed prior sexual abuse and acknowledged her drug and alcohol misuse. She did not disclose domestic abuse nor was there any reference to domestic abuse in the patient records from her previous GP practice. GP practice 2 was said to be aware that Heidi was being supported by Spectrum. This was not the case as Spectrum had closed her case a month earlier.

4.53 On 21st October 2014 the MARAC meeting to which Heidi and partner 3 had been referred took place. Information from Spectrum, housing and the police was shared. The meeting was advised that eleven incidents of domestic abuse had been reported. Heidi was not engaging with Spectrum at that time although the police may have believed that she was. Heidi declined IDVA support. MARAC noted that the community order imposed on Heidi in July 2013 (Paragraph 4.33) continued to be managed by the CRC.

4.54 On 6th November 2014 the police received an anonymous call from a neighbour to say that Heidi and partner 3 were 'fighting, arguing, shouting and screaming' and that partner 3 had put a dog outside the address. The police attended and concluded that the dog had escaped and Heidi and partner 3 had been trying to retrieve it. No further action was taken.

4.55 On 30th November 2014 Heidi was arrested for shouting racist remarks in a kebab shop.

4.56 On 30th December 2014 the police received a call from a neighbour to the effect that Heidi and partner 3 were drunk and having an argument and that this 'happens all the time'. Only Heidi was present when the police arrived and she denied any altercation had taken place and the police took no further action.

2015

4.57 On 31st January 2015 the police received an anonymous call from a neighbour to say that the occupants of Heidi's flat were 'screaming and shouting and banging doors and it sounded like they were smashing up the house'. When the police arrived Heidi told them that there had been no argument and that she had become angry and had 'taken it out' on her TV. No further action was taken. A male, believed to be partner 3, was present but his details were not recorded.

4.58 On 6th May 2015 Heidi self-referred to Spectrum for support with her daily heroin use. She reported using heroin intravenously, as well as crack cocaine and 20 mgs of Diazepam illicitly. She also reported consuming 2-4 cans of lager daily. It was agreed that Heidi would commence on a Buprenorphine prescription. (Buprenorphine relieves the symptoms of opiate withdrawal). Later the same month Heidi disclosed that she had been in a relationship with another service user for six years (partner 3) but that they had outgrown each other. She said she had now formed a relationship with another service user, assumed to be partner 4. Heidi was said to present as a vulnerable person who would benefit from regular 1:1 sessions, alcohol interventions and opiate substitute treatment (OST) in order to safeguard her wellbeing and explore her exposure to risky situations.

4.59 On 1st June 2015 bruising was noticed on Heidi's arm whilst visiting Spectrum. Heidi was said to think this may have been caused by her dog which she said was always jumping on her. She added that she bruised easily. Three days later Heidi visited GP practice 2 following a 'dog bite' for which she was treated by the practice nurse. It is not known whether this was a separate injury to that which was noticed at Spectrum.

4.60 On 20th July 2015 Heidi attended hospital 2's ED with a painful right leg accompanied by her father. She had not attended outpatient appointments following her leg fracture in April 2014. She felt that the screws fitted following her fracture may have come loose but this was not confirmed by x-ray. Swelling to her right lower leg was noted but there was no bruising. She was referred to the fracture clinic for a follow up review.

4.61 On the same date Heidi attended Spectrum to collect her prescription and presented as very depressed and tearful. She said she was worried about her mother who had a history of alcohol misuse and was very ill. She went on to disclose that she used alcohol and drugs to block the sexual abuse she had suffered over the years. Spectrum suggested that she may benefit from seeing their clinical psychologist in an effort to address the issues of the past which could help in dealing with her drug and alcohol use. Heidi was said to be in agreement with this course of

action. During August 2015, Heidi was offered appointments with Spectrum's psychologist none of which were attended.

4.62 On 23rd August 2015 a male contacted the police to say that his girlfriend Heidi had 'gone mental', was 'waving a knife around', and had stabbed a dog several times. The police attended and arrested Heidi. It appeared that she had attempted to stab the male and the dog had tried to protect him and she had stabbed the dog. Heidi was arrested for affray, common assault and animal cruelty. The incident was assessed as high risk domestic abuse but no referral to MARAC was made. The male is believed to be partner 4 and the incident took place at his address. Heidi appeared to have ended her previous relationship with partner 3 in May of that year. Partner 4 was eighteen years her senior.

4.63 On 26th August 2015 Heidi's case was presented at Spectrum's clinical meeting at which there was a discussion of her high risk of overdose, which arose from her high drugs and alcohol intake whilst being very underweight. (The following month Heidi was given training for naloxone injections to reverse the effects of opioid overdose). She was said to have trust issues with Spectrum in that she believed that her confidentiality had been broken previously. She was said to be very vulnerable, partly because she did not recognise when she was unsafe. Her mother was said to be dying of lung cancer. A forthcoming appointment with the clinical psychologist was noted.

4.64 On 1st September 2015 Heidi was said to have been too intoxicated to collect her medication from the pharmacy for three successive days and so Spectrum cancelled her prescription.

4.65 On 3rd September 2015 partner 4 contacted the police to report that Heidi was 'drunk, smashing things and acting aggressively'. Much shouting was heard over the phone. Heidi had left the address prior to police arrival but they located her and returned her home. The police received further calls to say that Heidi had returned and partner 4 had locked her out of his flat. The incident was recorded as a medium risk 'non crime domestic' incident.

4.66 The following day Heidi reported that she had had money stolen and had been bitten by partner 4's dog. She subsequently retracted this allegation. This incident was recorded as a low risk 'non crime domestic' incident.

4.67 On 4th September 2015 Heidi attended Spectrum to see her recovery worker who noticed her hand was in a bandage. She said she had fallen and cut her hand and wrist. Heidi also had small bruises on both arms which she also attributed to the fall. Information about the support available to victims of domestic abuse was

provided to Heidi. The worker also talked with Heidi about keeping herself safe and surrounding herself with people she could trust. (Spectrum wrote to Heidi's GP to advise of the injury and self-harm marks.)

4.68 On 2nd October 2015 Heidi visited GP practice 2 regarding her depression. She mentioned relationship problems with her unnamed boyfriend who is assumed to be partner 4, adding that she felt this relationship was coming to an end. She said she had not self-harmed over the past year. She was referred to the 'community counselling' service but is not known if she accessed the service.

4.69 Two days later Heidi attended hospital 2's ED with partner 4. She said she had punched a wall the day before and her left hand was painful, swollen and bruised. An X-ray revealed a fracture to a metacarpal bone. Treatment was immobilisation with hand fracture clinic follow up. No abuse was disclosed. The hospital discharge letter stated that Heidi's right hand was dominant, but in February 2012 (Paragraph 4.17) her left hand was said to be dominant.

4.70 On 14th October 2015 Heidi told a Spectrum worker that she had injured her hand after hitting a metal pole in frustration. Later the same month Heidi 'broke a door' at Spectrum after being told she would not be dispensed a prescription. This led to a meeting on 26th October 2015 with Spectrum's team leader to whom Heidi apologised.

4.71 Later in October 2015 Heidi did not attend the previously discussed appointment with Spectrum's clinical psychologist. Heidi had said that she was scared to talk about her past as it always made her feel like having a drink afterwards.

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4.72 On 4th January 2016 Heidi attended Spectrum saying that there was something she wanted to disclose but did not want to go to the police. She appeared upset. She said something had happened to her over Christmas. She said it did not involve her boyfriend and that she was safe with him. Ultimately she felt unable to disclose what had happened to her.

4.73 On 10th January 2016 Heidi attended hospital 1's ED accompanied by someone recorded as a 'neighbour'. She said she had punched a plaster board wall earlier in the day. Her right hand was swollen and fractures of two metacarpal bones were confirmed by X-ray. Treatment was again immobilisation and follow up at the hand fracture clinic. It was noted that she lived with partner 4. No abuse was disclosed.

4.74 On 15th January 2016 partner 4 contacted the police to report that Heidi was at his address 'intoxicated and smashing up the flat'. The police attended and noted no damage and recorded the incident as a medium risk 'non crime domestic' incident.

4.75 Over 8th and 9th February 2016 Heidi disclosed to Spectrum that she had been raped by men she did not know on New Year's Eve. She said that she didn't want Spectrum to share the information about the incident with any other agency. Heidi went on to say that she felt this 'always happened to her' and that due to her history she half expected it to happen. She added that she felt like she had a sign on her head saying 'rape me'. She had had a sexual health check and said that 'everything was fine'. Spectrum provided details of appropriate support. Heidi said she had been drinking heavily following the incident.

4.76 By 5th April 2016 Heidi told Spectrum that she had been gradually cutting down the amount she was drinking with the support of her boyfriend who Heidi said did not drink. She said she was starting to feel that her life was much more stable. She said this was the longest period she had been on a prescription and she was feeling very supported by her partner and feeling motivated to reduce her alcohol use.

4.77 On 11th April 2016 the police were called to partner 4's address after he found Heidi kicking his front door. He alleged that she slapped his face and kicked his dog. When the police attended, Heidi became violent and was arrested after attempting to headbut an officer. Whilst in custody, she continued to behave aggressively. The original incident was recorded as a medium risk 'non crime domestic' incident. No MARAC referral was made despite this being the fourth incident of domestic abuse in less than a year.

4.78 On 28th May 2016 an ambulance was called after Heidi was found unresponsive near a supermarket after taking an overdose of pregablin. She was conveyed to hospital 2. She may have been in company with partner 3 although he was not present when the ambulance arrived. The hospital noted 'multiple old scars from self- harm'. Heidi was tearful and upset but denied suicidal intent and said that she was having difficulty coping with the illness of her mother. She went on to disclose previous sexual abuse including the unreported incident on New Years Eve. She declined any referrals.

4.79 A RAID (rapid assessment, interface and discharge) assessment took place during which Heidi disclosed that she had been drinking all night and had also been using heroin and cocaine as well as the overdose of 300mg x14 tablets of pregabalin. Heidi denied any suicidal ideation or intention to kill or self-harm, claiming that she and friends were competing with each other as to who could withstand the dosages of pregablin taken. Heidi was deemed to have capacity to

make informed decisions. The assessment concluded that Heidi had taken an impulsive overdose whilst under the influence of illicit substances. She was considered to remain a risk to herself if she continued to misuse drugs and alcohol. Heidi was later discharged. A follow up telephone call was made on 30th May 2016 which Heidi did not pick up and a message was left for her to contact the RAID team. No further follow up from secondary health services was felt to be required based on her presentation the previous day and Heidi was discharged.

4.80 The following day the police attended an address following a complaint of noise. Heidi was present along with people described as known drug users. Although intoxicated, Heidi was considered to be safe and well.

4.81 On 1st June 2016 Heidi told Spectrum that she had recently separated from her boyfriend (partner 4) who she described as 'the rock in her life'. On 9th June 2016 Heidi attended Spectrum to collect her prescription. She said she had been in a fight with another service user and had been bitten on her back and had black eyes where she said the service user had tried to gouge her eyes out. The police were said to be aware of the situation although there is no record of this incident in the police IMR submitted to this review. The service user who had allegedly assaulted Heidi was said to be sitting outside in a car and the police were said to be across the road monitoring the situation.

4.82 Following a clinical meeting on 15th June 2016 Spectrum decided to liaise with Spectrum's hospital liaison team leader with a view to attempting to establish how many times Heidi had presented at hospital and update her risk assessment accordingly. This decision was actioned a few days later with a request that admissions over the past three years be checked. Heidi provided the following details of hospital attendances which were sent to Spectrum hospital liaison:
Right Leg Broken – hospital 2 2014 (Paragraph 4.42)
Right Elbow Broken – hospital 2 2014 (Paragraph 4.40 – hospital 1)
Left Hand Broken – hospital 2 2015 (Paragraph 4.69)
Right Hand Broken – hospital 2 2015 (No corresponding record)
Right Hand – hospital 1 2015 (possibly Paragraph 4.73 but took place in January 2016)
Broken elbow - hospital 1 2016 (Paragraph 4.84)
Cracked Head Open – hospital 2 2016 (No corresponding record)

4.83 Spectrum were encouraging Heidi to attend Spectrum's women's group as they could offer her support around her drinking but Heidi was said to feel that her drinking was not a problem at that time although she said that when her mother died she knew she would 'hit the bottle'. Amongst the 'significant' risks that Spectrum assessed Heidi to be facing was 'violence from others' but it is unclear

from their plan to address Heidi's risks (which is set out below) what was being done to address the risk of 'violence from others'. The plan proposed that Heidi:

- attend regular one to one key work sessions with allocated recovery worker
- attend all medical appointments booked
- build social capital by attending cooking/breakfast club
- access CGL needle exchange for clean needles
- keep a record of her drinking
- consider counselling that is being offered by CGL (later)

4.84 On 20th June 2016 Heidi attended hospital 1's ED reporting left elbow pain. She said that she had sustained the injury falling off her bicycle. A fractured radial head was diagnosed. Treatment was immobilisation and fracture clinic follow up. No abuse was disclosed.

4.85 On 27th June 2016 Heidi attended the hospital 2 ED following an alleged assault. She indicated that her chest area had been trodden on after being pushed over. She said that she had banged her chin on the floor during the assault. No injuries were found other than a haematoma on her chin. The identity of her attacker was not recorded. Partner 4 was noted to be Heidi's next of kin. The police were advised that Heidi was fit to attend court on another matter later that morning. The alleged assault was not reported to the police.

4.86 On 22nd July 2016 Heidi 'dropped in' to Spectrum to request a prescription to take with her to Bournemouth. She said she was going there as a result of a 'family emergency' and expected to be gone for two weeks. Spectrum staff explained that they were unable to issue her with a prescription as it was past 5pm on a Friday. Heidi was noted to be very intoxicated and was carrying a bag with six cans of strong lager inside. Heidi left Spectrum saying that she was now going to have to use drugs as she had no prescription. She was seen to walk out across the road without looking where she was going and just avoided an oncoming car.

4.87 Heidi did not spend two weeks in Bournemouth because she was seen at Spectrum on 27th July 2016. Two days later Spectrum contacted Heidi's pharmacy to advise that if they felt that Heidi was too intoxicated to safely dispense her methadone, they should refer her back to Spectrum so that she could be breathalysed. Heidi's drinking had apparently escalated. On the same day Heidi confided to her Spectrum recovery worker that she was meeting a man who was travelling to Hertfordshire to see her. The recovery worker was concerned for Heidi's safety and provided advice. Heidi did not disclose any details of the man.

4.88 On 5th August 2016 Heidi contacted Spectrum to let them know that her mother had died the previous day.

4.89 On 11th August 2016 the police were called by Heidi's father who said that he was trying to restrain his daughter who was 'having a fit'. The operator could hear Heidi in the background screaming and shouting and saying that she couldn't breathe. When the police arrived, Heidi's father told them that an argument had broken out whilst they were discussing funeral arrangements for Heidi's mother who had died the previous week. He said that Heidi had grabbed a Stanley knife and, fearing she might harm herself with it (as she had done a 'few days before') he grabbed her. They fell over and Heidi had sustained a cut and a bump to her head he said. Heidi was still in distress and the police decided to escort her to another address in order to prevent a breach of the peace. The incident was recorded as a medium risk 'non crime domestic' incident.

4.90 After being arrested for handling stolen meat on 27th August 2016 Heidi tested positive for a Class A substance and was required to attend an assessment with a drug worker on 1st September 2016. She failed to attend this and a second appointment on 9th September 2016.

4.91 On 5th September 2016 Heidi dropped into Spectrum service with her uncle Gary. Heidi was intoxicated but able to communicate. She said that her uncle was to take Heidi to Bournemouth but that she would need to return on Monday 12th as she had a medical appointment booked for Tuesday 13th September 2016. Harm minimisation advice was given to both Heidi and her uncle in order that her uncle was aware of the impact of drinking whilst on a prescribing regime. While away Heidi said that she would not be using drugs over and above her prescribing regime and it was said that her uncle would monitor her drinking. A prescription was issued to cover the period it was anticipated Heidi would be staying in Bournemouth and contact was made with a pharmacy there which confirmed that they would be able to dispense medication to Heidi.

4.92 Heidi's uncle Gary was known to the police for offences involving violence, domestic abuse, indecent assault on a female under 14 and dishonesty. He had also been prosecuted for sexually abusing a family member although he was ultimately found not guilty. He was the younger brother of Heidi's father and was thirty two years older than Heidi. He had lived in the Bournemouth area for a number of years.

4.93 Later on 5th September 2016, Heidi's uncle visited Spectrum to complain that Heidi had been declined her methadone prescription because she was under the influence of alcohol. He said that, as a result of this, he would not be able to take Heidi to Bournemouth as she was going into withdrawal and that if Heidi died it

would be Spectrum's fault for contacting the pharmacy to say she had been drinking. Heidi's uncle was advised to adhere to the plan agreed earlier in the day and to take Heidi to the Bournemouth pharmacy for her medication first thing the following morning.

4.94 On 7th September 2016 Heidi's case was discussed at a Spectrum case discussion. It was decided to refer Heidi to the Sunflower project/IDVA for support as she had allegedly been physically abused by her father (who was incorrectly referred to as her step father) leaving her with a black eye. (It is assumed that Spectrum were referring to the incident described in Paragraph 4.87) It was said that Heidi had been advised to inform the police but that she wasn't 'pressing charges'. In the event Spectrum put the domestic abuse referral on hold in view of Heidi being in Bournemouth. (The Sunflower hub is a Hertfordshire wide service which provides support, information, advice and signposting to the victims of domestic abuse).

4.95 On 9th September 2016 Heidi did not attend the second required drug assessment appointment arising from her arrest on 27th August 2016 (Paragraph 4.90) which left her in breach of this requirement. (On 9th September Heidi would still have been in Bournemouth with her uncle).

4.96 On 12th September 2016 Heidi returned from Bournemouth and visited Spectrum where she tested positive only for methadone. She said that with the support of her uncle she was abstaining from heroin and cocaine and had 'never felt so good'. She said she was still drinking but had tried to stabilise her alcohol intake at 15 units per day. Heidi no longer had a phone but her uncle had given Spectrum permission to call his phone to contact her.

4.97 On 19th September 2016 Spectrum reviewed Heidi's recovery plan in her absence as she had since returned to Bournemouth with her uncle. It was said that Heidi was exploring a permanent move to Bournemouth but didn't want to give up her property in Hertfordshire. Her uncle was said to be the first member of her family to offer her any support.

4.98 On 27th September 2016 Heidi visited GP practice 2 accompanied by her uncle who expressed concern that Heidi looked jaundiced. It was noted that Heidi had not used heroin for 22 days. Heidi and her uncle requested blood tests but said they would be returning to Bournemouth again in the morning which precluded an appointment being made to take the blood samples. The GP advised Heidi to register with a GP in Bournemouth and have the bloods taken there. (Heidi's medical records were subsequently transferred to GP practice 3 in Bournemouth. GP practice 2 had never flagged her as a vulnerable adult).

4.99 On 29th September 2016 Heidi phoned Spectrum to check that forthcoming prescriptions had been prepared for her to collect. After Spectrum confirmed this, she advised that she intended to stay in Bournemouth for six months. Spectrum responded by saying that they would have to transfer her care to a Bournemouth service which Heidi accepted. The following day Heidi visited Spectrum accompanied by her uncle. Heidi said she was well, enjoying her time in Bournemouth and was regaining her appetite. She said she was not using drugs in addition to her prescribed methadone and had reduced her alcohol intake.

4.100 On 6th October 2016 Heidi presented to the Bournemouth Engagement and Assessment Team (BEAT) which is commissioned by Bournemouth Borough Council (BBC) and run by Addaction. BEAT is the single point of entry and contact for treatment in Bournemouth, and all service users are required to be independently assessed by BEAT who will, on the basis of assessed need, refer the service user to the appropriate treatment provider. The assessment noted that Heidi had a long history of criminal justice offences, risks were said to be high and she was a user of Class A drugs and alcohol. Her uncle was identified as her next of kin. At that time no question was asked about domestic abuse as part of the initial assessment although it is said that the issue was picked up as part of the risk assessment. (A risk management plan was subsequently prepared which noted that Heidi had previously self-harmed, had assault convictions and experienced historical sexual abuse. She did not disclose any domestic abuse issues).

4.101 Heidi was referred to Avon & Wiltshire Mental Health Partnership (AWP) for substitute prescribing. She was noted to have a bridging script until 16 October 2016. A requirement of substitute prescribing was to register with a local GP. Heidi registered as a new patient with GP practice 3 the following day. Heidi was noted by the GP practice to have a high alcohol intake and be a heavy smoker. It is not clear whether Heidi was asked, or offered any information about being subjected to sexual or domestic abuse.

4.102 On 11th October 2016 GP practice 3 received notification from a Bournemouth hospital ED to advise that Heidi had presented with soft tissue injury after punching a cabinet in anger. The following day Heidi visited GP practice 3 with a sexually transmitted infection.

4.103 On 12th October 2016 Spectrum phoned Heidi to obtain her consent to share information with her new drug and alcohol service provider in Bournemouth. Heidi gave her consent and the formal transfer was to be arranged. Either during this phone call or another call on the same day, Heidi's uncle came onto the phone to request that Spectrum post Heidi's next prescription to her in Bournemouth as her

current prescription was about to run out and there was likely to be a gap before a new prescription would be available from her new provider in Bournemouth. (AWP) Spectrum advised Heidi to return to Hertfordshire to collect her prescription in order to maintain continuity in her daily supply of methadone. Heidi's uncle was said to be 'very derogatory' about Spectrum's service and once again implied that if Heidi died it would be Spectrum's fault.

4.104 On 14th October 2016 Heidi returned to Hertfordshire and attended Spectrum to collect her prescription and tested positive for methadone only. Heidi said she would be able to collect her prescription in Bournemouth from 31st October 2016.

4.105 The same day AWP requested a medical summary for Heidi from GP practice 2.

4.106 On 17th October 2016 Heidi attended her first appointment with AWP and was assessed by a doctor for continuation of her opiate substitute therapy (OST). Heidi reported that she was in her first short period of abstinence from heroin (since 5th September 2016) which was confirmed by her urine screening test. She said she was alcohol dependent and had a history of chaotic poly substance abuse since the age of 17. She disclosed an extensive history of trauma, including adverse childhood experiences and sexual assaults. She also disclosed a long history of physical violence from others although she denied any risk to her own safety from others at the present time. The recent death of her mother was noted. Heidi said she was motivated by this and a desire "to be a better person". She appeared keen to engage with psychological support and address 'past issues'. She was said to be supported by her uncle with whom she was living locally.

4.107 On 19th October 2016 Spectrum closed Heidi's file following her transfer to AWP. On the same date Heidi visited GP practice 3 to request a blood test for diabetes. She also disclosed a sexual health clinic diagnosis of Hepatitis C. (On 4th November 2016 GP practice 3 received a letter from the sexual health clinic confirming the Hepatitis C diagnosis and requesting the GP refer Heidi to a Hepatology clinic. This was actioned on 14th November 2016.)

4.108 On 28th October 2016 Heidi attended AWP to request a 'holiday prescription' (a larger than usual amount of medication to take away on holiday) for the following week. This request was refused on the basis that two weeks notice was required, which was in line with the treatment contract Heidi signed prior to commencement of her prescription in Bournemouth.

4.109 On 31st October 2016 the BEAT Care Co-Ordinator undertook a treatment management plan review in respect of Heidi. New goals were set and a referral

made for psychosocial interventions. Three days later a further referral was sent to Providence Community Addiction Service (PCAS) for counselling as the psychosocial service felt that Heidi's issues required counselling.

4.110 On 3rd November 2016 Heidi phoned AWP to say that she had gone on holiday as planned but had not collected her 2nd November prescription and asked for a prescription to be posted to her. She said her uncle's car had been stolen. (This matter was not reported to the police). The implication being that she was unable to travel back to Bournemouth to collect her prescription. Heidi's request was denied and she was offered an appointment with an AWP doctor on 7th November 2016. The following day Heidi phoned AWP again to say that she had not been able to take methadone for three days (2nd-4th November 2016). She was advised that as she had missed three consecutive days she would need to attend for a re-start appointment on 7th November.

4.111 On 7th November 2016 Heidi attended the appointment at AWP and her prescription was restarted. Her care plan and risk assessment were also updated. No new risks were identified. A urine drug screening test was positive for methadone and opiates. Heidi said she had used illicit dihydrocodeine tablets whilst she was without her prescription which accounted for the positive opiate test. She said she was living with her uncle who was noted to 'seem to be a protective factor'.

4.112 On the same day Heidi visited GP practice 3 accompanied by her uncle. During the consultation Heidi's recent attendance at hospital ED with a hand injury (Paragraph 4.102) was discussed and Gary enquired if he could give Heidi a tranquiliser when she became angry. The GP explained that this was not a good plan and anti-depressant medication was prescribed to Heidi. The GP assessed Heidi's mood prior to prescribing anti-depressants.

4.113 Over the next four weeks Heidi attended an AWP group session each week, where she was offered psychosocial support using a variety of techniques including cognitive behavioural therapy (CBT) and motivational interviewing (MI). The groups took place on 15th and 24th November 2016, 1st December and on 9th December 2016 which was the last face to face contact any practitioner had with her prior to the assault which led to her death.

4.114 On 18th November 2016 Heidi attended her first counselling session with PCAS during which she briefly discussed life events including her mother's death and an incident from her childhood. Heidi said she felt comfortable with the counsellor and ready to begin looking at life events in depth.

4.115 On 23rd November 2016 Heidi's uncle visited GP practice 3 with ongoing concerns regarding erectile dysfunction. Reassurance was said to have been given.

4.116 On 25th November 2016 Heidi attended her second PCAS counselling session but stayed only briefly saying she wanted to go to Shelter, an independent agency offering housing advice from range of specialists, as she was said to be finding it difficult living with her uncle.

4.117 On 2nd December 2016 Heidi attended her next PCAS counselling session in which she looked in greater depth at the time she was kidnapped and raped by a care worker. No enquiry was made about her previously expressed wish to leave uncle and go to Shelter.

4.118 On 8th December 2016 Heidi visited GP practice 3 complaining of being tired all the time. She said she had not taken illicit drugs for the past four months and continued to reduce her alcohol intake. She was provided with reassurance and advised to await her hospital appointment regarding Hepatitis C treatment.

4.119 On 9th December 2016 Heidi cancelled her PCAS counselling meeting on the morning of the session, saying that she was unwell.

4.120 On 13th December 2016 Heidi phoned AWP to inform the team that she had influenza, and that she would be unable to attend the group meeting planned for that day. A message was passed to her keyworker, who planned to call her back to discuss.

4.121 Later that day Dorset Police were called by South West Ambulance Service (SWAS) to report that they had taken Heidi to hospital 3 with a head injury allegedly caused by her partner. Officers attended the hospital and accompanied Heidi to hospital 4 where she was transferred due to the seriousness of her condition. Before losing consciousness, Heidi had told paramedics that her partner had hit her over the head with a television. Heidi's uncle Gary was identified as her partner and was subsequently arrested by the police. He had injuries to his back and his hand and was initially taken to hospital for treatment.

4.122 Enquiries subsequently carried out by the police established that prior to the assault Heidi and her uncle had been drinking locally and begun arguing. The argument continued after they returned to Heidi's uncle's house.

4.123 Heidi died as a result of her injuries in late December 2016.

5.0 Contribution of family and friends

5.1 Heidi's father decided to contribute to this review. He said he played a limited role in Heidi's life until her teenage years as he was serving a lengthy sentence of imprisonment at the time of her birth and after he was released he said he was deemed to present a risk to Heidi by children's services.

5.2 Her father said he and her mother would see her when Heidi went missing from care and made her way home. He said that they would give her clean clothes and then contact children's services who would collect her and return her to care.

5.3 He played down the significance of the abuse of Heidi when in care at the age of fourteen, (Paragraph 4.3) which appears to be at odds with the fear Heidi expressed to a range of practitioners after her attacker was released from prison.

5.4 Heidi's father said that his daughter returned to live with him and her mother for a time when she was fifteen but this had not been successful as Heidi would not abide by her mother's rules as she spent time with 'well known heroin addicts' and would often be drunk. He said that children's services managed to find Heidi a flat. Hertfordshire children's service has advised the review that Heidi was never returned to the care of her mother and father but when missing from care homes, she would often gravitate back to her parent's address before being returned to care.

5.5 He said that Heidi lived with partner 3 for six years. He said that the relationship was very 'up and down' and that he 'beat her up', abused her and encouraged her heroin use.

5.6 When asked about the series of injuries, including broken bones, with which Heidi frequently presented at hospital, her father immediately replied that partner 3 had 'done it', saying that he broke her leg and on another occasion pushed her into a car, breaking her teeth. When asked how he could be sure that partner 3 caused these injuries, he said that Heidi disclosed the violence to her mother and himself. He said that Heidi's mother told her to leave partner 3 but Heidi replied that she loved him and went back. Heidi's father said that Heidi never had a bicycle but would borrow bikes to ride. However, he said that the injuries Heidi sustained were definitely not caused by falling off a bicycle.

5.7 Her father said he didn't know too much about partner 4 and didn't know whether he abused Heidi. He recalled that partner 4 had a Staffordshire bull terrier which Heidi had stabbed on one occasion.

5.8 He said that the last time he saw Heidi was at her mother's funeral at the end of August 2016.

5.9 He said she became involved with her uncle Gary in the summer of 2016. He added that Gary had played no part in Heidi's life at all prior to the summer of 2016. He said that Gary had not attended Heidi's mother's funeral.

5.10 Heidi's father expressed disbelief at the suggestion that Gary had been helping Heidi to address her drug habit. He said Gary was an alcoholic who supplied Heidi with both heroin and extra strong lager. He added that he and other members of the family had warned Heidi to stay away from Gary. Heidi's father suspected Gary purported to help Heidi with her drug problems as a means of beginning a sexual relationship with her.

5.11 Heidi's father had the opportunity to discuss the final report with the independent author and expressed his full support for the findings and recommendations. He said that he was in very strong agreement with the need for agencies to improve the way they engaged with people regarded as 'hard to reach'.

5.12 Heidi's elder half sister also contributed to the review. She and Heidi shared the same mother. She described Heidi as having a 'heart of gold' in that she was always willing to help others if she could. She added that Heidi could also become quite angry because of all the adverse experiences she had suffered throughout her life.

5.13 Heidi's sister said that she was the primary carer for Heidi and three other young siblings during the early years of Heidi's life. Sister said that she was only a teenager herself but found herself caring for Heidi and her siblings because Heidi's mother was an alcoholic and Heidi's father was serving a lengthy term of imprisonment. Sister recalled Heidi being taken into the care of the local authority at the age of six. She remembered the social worker having to 'peel' her out of her mother's arms to take her away.

5.14 Sister described Heidi's entry into care as like 'going from the frying pan into the fire' because she said that Heidi experienced sexual abuse and neglect whilst in care. She said that Heidi's mother was allowed three contacts per year with Heidi because she (mother) had resumed her relationship with Heidi's father on his release from prison and he was considered to present a risk to Heidi and her siblings.

5.15 She said that Heidi's first boyfriend (partner 1 – see Paragraph 4.4) had previously been sister's partner. Because of partner 1's violence towards sister, she had been placed in a refuge. Partner 1 then began a relationship with Heidi and in

the view of sister, exerted an extremely bad influence on Heidi. Sister said that he would have involved Heidi in taking controlled drugs and subsequently introduced Heidi to his friend and contemporary partner 3. Sister added that services would have been aware that partner 1 had been violent towards her (sister) and should have realised that he presented a serious risk to Heidi who would have been only fourteen when her relationship with partner 1 began.

5.16 Sister said that she made a deliberate decision to distance herself from her family after one of her children was sexually abused by a family member. Because of this sister didn't see Heidi for the next decade, only resuming contact during the final weeks of their mother's life during the summer of 2016. Her only knowledge of Heidi during this contactless period was obtained from periodic conversations with her mother. From these conversations she became aware that Heidi and partner 3 were 'always fighting'. Sister was unable to say how Heidi sustained fractures during her relationship with partner 3 but was aware that violence was a feature of their relationship. She said she was aware that Heidi had pushed partner 3 out of a window, breaking his leg, and that he still walked with a limp as a result. (This incident was not reported to the police and it has not been possible to confirm the injury from partner 3's medical records). Sister added that she was aware that Heidi self-harmed by cutting herself and punching things.

5.17 Sister confirmed that Heidi was an experienced cyclist and owned what she described as a small mountain bike.

5.18 Sister said that she resumed her relationship with Heidi when she (sister) visited their mother in the weeks prior to her death. Heidi was at her mother's house when she (sister) visited and she described Heidi as looking 'grubby and downtrodden' with what appeared to be needle marks on her arms. Heidi helped herself to a can of high strength beer from the fridge during the middle of the day and told sister that she was an alcoholic.

5.19 In the weeks prior to their mother's death, sister saw Heidi quite regularly and they became close again. They were both with their mother when she died. Sister wasn't present during the violent incident involving Heidi and her father after their mother's death. (Paragraph 4.89) Sister says Heidi rang her from the police vehicle in which she had been placed after the incident had taken place. Sister said that she cannot be sure of what happened but she could imagine Heidi behaving in a volatile manner at such a highly emotive time. She added that Heidi's father was more than capable of violence.

5.20 Sister said that she became aware of Gary at her mother's funeral. She said she hadn't heard of him for 'years'. Sister said she was very concerned when Heidi

moved to Bournemouth with Gary. Gary was known within the family as a sexual predator. Sister felt that Gary took advantage of Heidi's vulnerability following the death of their mother who she felt Heidi 'idolised'. Sister said that around this time Heidi had been served with an eviction notice because of rent arrears in respect of her flat in Hertfordshire. She felt that Gary groomed Heidi so that she agreed to move to Bournemouth with him.

5.21 Although she was very worried about Heidi moving to Bournemouth with Gary, sister noticed some improvements in Heidi's life. Sister said that Heidi stopped using heroin and her appearance improved after she gained some weight. Sister did not attribute these improvements to Gary's influence. She felt that the impact of her mother's death, the support of her family and getting away from all the negative influences which affected her life in Hertfordshire were far more important factors.

5.22 Sister saw Heidi only once whilst she was living with Gary in Bournemouth. Heidi visited sister in her flat in Hertfordshire to collect some items sister had been keeping for her. Gary had driven Heidi from Bournemouth and waited in his car outside. Sister recalled that Gary soon became impatient and began sounding his horn after only a few minutes. Sister said that Heidi spent only ten minutes with her before re-joining Gary.

5.23 Sister maintained telephone contact with Heidi whilst she was living with Gary in Bournemouth. She said that through these calls she became aware of problems in the relationship between Heidi and Gary. On one occasion Gary contacted sister by text to say that he and Heidi had fallen out and that Heidi was on the beach in a drunken state and was refusing to return to his flat. Sister can recall ringing Heidi on 21st November 2016 and Heidi telling her that she was feeling a 'bit down'. Sister said that she attributed this to the fact that it would have been their mother's birthday the day before but she later discovered that Heidi and Gary had actually had 'a fight' the day before during which Gary had bitten Heidi and Heidi had damaged Gary's tooth. She added that the couple had had to be separated by other people who were in the vicinity. (Sister said that she learned about this incident by listening to the evidence during the subsequent trial of Gary).

5.24 Sister said that she was unaware that Heidi's relationship with Gary had become a sexual relationship although this did not surprise her given his reputation within the family as a sexual predator.

5.25 Sister said that the last time she spoke to Heidi on the telephone was a week prior to the injury which caused her subsequent death.

5.26 Reflecting on what happened to Heidi, sister was critical of Hertfordshire children's services. In particular sister felt that Heidi had been 'left to flounder' once she reached sixteen. She was also critical of children's services for 'allowing' Heidi to return to her mother and father on the frequent occasions she went missing from care in the years prior to her sixteenth birthday. Sister added that she appreciated that children's services did not permit Heidi to reside with her mother and father, but turning up at mother and father's address after going missing happened regularly and that simply being there exposed Heidi to abuse by her father.

5.27 She was also critical of the delay in the ambulance service attending to Heidi after she was injured by Gary. She says she became aware of the delay after listening to the evidence at Gary's trial. She said that it took three 999 calls before the ambulance service attended. (The ambulance service was asked to comment on Heidi's sister's comments and advised that the first two calls received were not graded as requiring the highest priority response as the information provided by the callers did not indicate that Heidi had suffered significant trauma.)

5.28 Heidi's sister had the opportunity to read and comment on a late draft of this report and said that she was very satisfied with the report. She said she was particularly concerned that agencies should not 'judge' a person such as her sister primarily on how they present themselves and should always make every effort to understand why they behave as they do.

5.29 The DHR Panel decided not to offer the perpetrator Gary the opportunity to contribute to the DHR as, at the time of writing, his appeal against his conviction and sentence was ongoing.

6.0 Analysis

The case specific terms of reference for this review are set out below. In this section the learning themes emerging from this review will be explored.

1. Was the victim/perpetrator known to local domestic abuse services; were there any warning signs?
2. Was the victim involved in the MARAC or other multi-agency processes?
3. Could more be done to raise awareness of services available to victims of domestic abuse?
4. Were family, friends and colleagues of the victim aware of any abuse that may have been taking place?
5. Were there any barriers experienced by the victim or family, friends and colleagues in reporting the abuse?
6. Was abuse present in any previous relationships, did this affect the victims decision on whether to access support?
7. Were there any opportunities for professionals to routinely enquire about any domestic abuse experienced by the victim that were missed, especially in light of frequent fractures?
8. Are there any training or awareness raising requirements which are necessary?
   to ensure a greater knowledge and understanding of the services available?
9. Give appropriate consideration to any equality and diversity issues that appear pertinent to the victim, perpetrator and dependent children.
10. An understanding of the context and environment in which professionals made decisions and took or did not take actions, for example culture, training, supervision and leadership.
11. Going beyond focusing on whether policies and procedures were followed to evaluate whether or not they were sound and appropriate.
12. Consideration of the victim and perpetrators housing status and its impact on identifying abuse.
13. Was the perpetrator known or believed to be violent, by any services, and therefore was a Clare's Law disclosure considered?
14. Were the handover arrangements and pathways between children and adults services appropriate and recognisant of the risk faced by the victim as well as pathways between services in Hertfordshire and Bournemouth.

The victim Heidi: Incidents of domestic abuse and how agencies responded

(Terms of reference questions 1, 2, 6 and 13)

6.1 Heidi was a victim of domestic abuse from her teenage years. At the age of fifteen she began a relationship with boyfriend 1 who was the ex-partner of her half sister. Heidi's half sister has contributed to this review and stated that during her (half sister's) prior relationship with partner 1 he was violent towards her and, as a result, she left him and moved into a refuge for victims of domestic abuse. It is not known if Heidi experienced domestic abuse during her relationship with partner 1. At the age of sixteen Heidi was twice abused by partner 2 although the details of these incidents are limited.

6.2 Heidi was in a relationship with partner 3 for nearly six years. (2009 -2015) He was also a heroin user and, in common with most of the males she formed relationships with, many years her senior. Twenty two domestic abuse incidents were reported to the police during the period Heidi was in a relationship with partner 3. Heidi appeared to have been the victim in a majority of incidents although there were several incidents in which the couple had been arguing and from the information provided it is difficult to ascertain whether she, boyfriend 3 or both of them could have been classed as an aggressor. On one occasion Heidi clearly appeared to initiate or threaten violence. The police assessed the risk arising from this series of incidents as 'high' only once but this did not trigger a MARAC referral. On nine occasions the risk was assessed as standard, on three occasions as medium and on nine occasions no risk assessment was carried out, or if carried out, went unrecorded. The police risk assessments appeared to clearly underestimate the risks on at least two occasions. (Paragraphs 4.9 and 4.21) On four occasions Heidi retracted the allegations she had made against boyfriend 3 and on each occasion this appeared to bring the police investigation to an end. The police considered continuing with a 'victimless prosecutions' when Heidi retracted her allegations but it appears that they began to doubt the truthfulness of her allegations as when retracting her allegations, she sometimes said that she had fabricated, or partially fabricated them. The author of the police IMR states that a victimless prosecution 'could only be considered if the victim is telling the truth'. (This issue is further commented upon in Paragraph 6.48).

6.3 One MARAC referral was made but only after the eighteenth incident. There were no less than twelve separate further occasions when MARAC referrals could have been made on the basis that three incidents had been reported within a twelve month period. However, the three incidents in a year MARAC trigger was increased to four incidents at some point during this timeline. It is worthy of note that five incidents were not recorded by the police as domestic abuse related. If an incident was not recorded as a domestic abuse incident by the police, then it would not be 'counted' for the purposes of triggering a MARAC referral.

6.4 Referrals were made to other agencies in four of the twenty two incidents. The likelihood of the police making referrals to other agencies diminished over time, with three of the four referrals taking place in the first eight incidents. The willingness of officers to make referrals may have been affected by the frequency of the incidents, the likelihood of alcohol and/or drugs to have been a factor and the sometimes aggressive behaviour of Heidi who was arrested for assaulting the police during two of the incidents. Heidi's vulnerability does not appear to have been fully appreciated by the police and may have been masked by her presentation as a person who was frequently intoxicated and could become aggressive and offer violence. However, when the incidents of domestic abuse involving Heidi and partner 3 began in April 2009, Heidi was a seventeen year old looked after child. The first three incidents took place whilst the local authority had legal responsibilities for her welfare as a looked after child and four incidents when she was a care leaver. The local authority made continued attempts to safeguard Heidi, however she continued to go back to the male she called her partner. After Heidi reached adulthood, no adult safeguarding referrals were made, as a 'vulnerable' adult or an 'adult at risk', to use the adult safeguarding terminology of the time.

6.5 Heidi presented her relationship with partner 3 in a positive light to the agencies she was in contact with. She described him as 'supportive' to the criminal justice forensic nurse (Paragraph 4.29) and as someone who 'takes care of her and doesn't hurt her in any way' to Spectrum (Paragraph 4.34).

6.6 Heidi appears to have been in a relationship with partner 4 from May 2015 until June 2016. Five domestic abuse incidents were reported to the police during this period. Four of the incidents were reported to the police by partner 4 with Heidi perceived as the aggressor on these occasions. She was arrested twice. One of the incidents was assessed as high risk but did not generate a MARAC referral. Three incidents were judged to be medium risk and one was standard risk. The fourth and fifth incident should each have triggered MARAC referrals on the basis that four domestic abuse incidents had been reported within twelve months. No referrals were made to any agency in respect of Heidi or partner 4.

6.7 In addition to the five domestic abuse incidents, Heidi presented at hospital EDs with injuries on several occasions during her relationship with partner 4. These presentations will be considered later in this report.

6.8 Heidi portrayed her relationship with partner 4 in generally positive terms, telling Spectrum that he was helping her to cut down her drinking (Paragraph 4.76) and that he had been a rock in her life (Paragraph 4.81) although she had mentioned unspecified relationship problems to GP practice 2. (Paragraph 4.68)

6.9 Heidi's final intimate relationship was with her uncle Gary who murdered her. Spectrum became aware of his presence in Heidi's life from 5th September 2016 although Heidi had requested an urgent prescription for a trip to Bournemouth on 22nd July 2016 which may indicate that the relationship began earlier. In any event the beginning of the relationship appears to have broadly coincided with the death of Heidi's mother on 5th August 2016. It had been feared that her mother's imminent death could lead to a dangerous increase in Heidi's alcohol consumption and an escalation in her substance misuse but she appeared to respond to the death of the member of her family with whom she had the closest bond by deciding to turn her life around. Additionally, she presented her uncle to agencies as the one family member who was committed to helping her in this endeavour. Heidi's positive response to the death of her mother may have obscured risks associated with the loss of a 'protective factor' in her life. Although there had been many difficulties in Heidi's relationship with her mother, she appears to have had a strong attachment to her mother.

6.10 Spectrum noted that Heidi's uncle was transporting her to appointments with them and her dispensing pharmacy and also attending some keyworker appointments with her. Spectrum perceived Heidi's uncle to be a protective factor. This perception stemmed from Heidi's achievement of abstinence from heroin, a reduction in her alcohol consumption and her improved engagement with Spectrum. Heidi also reported feeling better, happier and having regained her appetite. Spectrum regarded these improvements as a major achievement for Heidi. Heidi began to spend time in Bournemouth staying with her uncle and quickly decided that she would move there permanently. Spectrum facilitated Heidi's access to substitute prescribing whilst she travelled back and forth between Hertfordshire and Bournemouth.

6.11 Spectrum did not further explore Heidi's relationship with her uncle or seek any additional information about him or his sudden appearance in her life. His occasional belligerent behaviour towards Spectrum staff (Paragraphs 4.93 and 4.103) was noted although indications that he appeared to be subtly exerting control over Heidi's life do not appear to have been picked up on. (Paragraph 4.96 – telephone contact with Heidi was via her uncle's phone and Paragraph 4.103 – uncle intervened in phone call between Spectrum and Heidi).

6.12 The only agencies in Hertfordshire likely to have had information about uncle or the history of sexually abusive relationships within Heidi's immediate and wider family were the police and children's social care. The latter agency had not had contact with Heidi since 2012 and although Hertfordshire police may have had contact with Heidi after her relationship with her uncle began (Paragraphs 4.89 and 4.90) they did not appear to have become aware of the relationship.

6.13 The agencies with which Heidi engaged in Bournemouth following her move there all perceived her uncle to be a supportive factor in her life and no agency appreciated that they had begun an intimate relationship.

6.14 Heidi registered with her uncle's GP practice 3. The patient records held by GP practice 3 in respect of uncle included historic allegations of a sexual nature. However, his behaviour throughout the years he was registered with the GP practice was said to have given no cause for concern. In November 2016 the practice noted that uncle had a partner who was younger than him when he consulted his GP about erectile dysfunction. Whilst it is considered to be good practice during consultations on erectile dysfunction to discuss possible physical or psycho-social causes, it is not expected that any details related to the patient's sexual partner would be discussed.

6.15 Heidi and her uncle presented at GP practice 3 together on one occasion (Paragraph 4.112). On this occasion her uncle suggested giving tranquillisers to Heidi when she became angry. Heidi had attended a local hospital ED some weeks earlier after punching a cabinet in anger (Paragraph 4.102). The GP recalled that her uncle led the consultation but ultimately accepted the GP's view that the tranquilliser suggestion was not a good idea. At the time the GP did not perceive uncle's request as an indication of controlling behaviour but saw it as an attempt to seek advice on helping to manage Heidi's behaviours given that she had historically struggled with alcohol and drug addiction.

6.16 The author of the Dorset CCG IMR which reviewed Heidi and her uncle's involvement with GP practice 3 points out that when patients attend sexual health clinics, the GP is not routinely copied into correspondence relating to the patient without their consent. The GP practice received written notification of Heidi's results (Paragraph 4.107) but not Gary's. The Bournemouth sexual health clinic has reviewed the case notes completed in respect of Heidi and no partner notification is documented following her Hepatitis C diagnosis. As a result, they did not become aware of Heidi's incestuous relationship with her uncle. Had they done so, the sexual health clinic advised that they would have followed safeguarding procedures.

6.17 AWP assumed responsibility for substitute prescribing to Heidi. As part of their care planning for Heidi, AWP assessed the risk of harm from others, and concluded that although Heidi had disclosed an extensive history of trauma, she was not felt to be at risk at that time. She reported that her uncle was supportive and her care plan noted that he was someone who would be able to help in the situation of a relapse or crisis. However, Spectrum had sent AWP a risk management plan that identified Heidi as being at high risk of domestic abuse and violence and that she was likely to

remain in an abusive relationship and be 'in denial' of it. Neither AWP nor any other agency perceived Heidi to be in an intimate relationship with Gary.

6.18 However, the author of the AWP IMR notes that whilst it was recognised that Heidi had moved into her uncle's house, the details of this arrangement and any future plans Heidi may have had were not explored with her. The IMR author felt that moving in with her uncle placed Heidi at higher risk as her uncle was giving her a 'roof over her head' and she would therefore be more vulnerable to abuse from him as she was living alone in the same house as him and may have been deterred from disclosing abuse because doing so may have exposed her to the risk of homelessness.

6.19 Heidi disclosed to her counsellor at PCAS that she was 'finding it difficult living where she is with uncle' (Paragraph 4.116) and that she wanted to access services provided by Shelter. This indication that all was not well in Heidi's relationship with her uncle was not further explored. The PCAS IMR author takes the view that pushing a client too far with questions during the early stages of counselling could cause the client to disengage. Whilst it is accepted that PCAS needed to build trust with Heidi, one would have expected the issue to have been revisited at the next counselling session but this did not happen.

6.20 Dorset police were aware of the perpetrator Gary's criminal history and he had come into contact with the police in Bournemouth in circumstances which indicated that he could be violent and may present a risk to much younger females. However, Dorset police were not aware of Heidi nor were they aware of her relationship with Gary until the assault which led to Heidi's death. Enquires conducted by Dorset police after Heidi's murder established that people who knew Heidi's uncle socially were aware that he and Heidi were in a relationship because of their overt displays of affection although the same people described the relationship as being volatile at times and that domestic abuse had been present in which Heidi was both a victim and a perpetrator. The Domestic Violence Disclosure Scheme gives any member of the public the right to ask the police if their partner may pose a risk to them. A member of the public can also make enquiries into the partner of a close friend or family member. In this case it would appear that only people who knew Gary socially became aware that he was in an intimate relationship with Heidi. There is no evidence that any member of Heidi's family or any close friend of Heidi was aware that she and Gary had begun an intimate relationship. Heidi could have used the Scheme to seek information about Gary but during their brief relationship there is no indication that she did so, or considered doing so. No agency was aware that Heidi and Gary had begun an intimate relationship until the assault which caused Heidi's death.

6.21 Other factors may have obscured the fact that Heidi and her uncle were in an intimate relationship. Heidi may have been reluctant to disclose her relationship with her uncle because of shame, fear of the consequences (including legal consequences), potential homelessness and fear of her uncle. Had practitioners been aware of Heidi's family history in which sexual abuse of females by males from the generation above them appears not to have been unusual, they may have been more open to questioning the true nature of the relationship.

Agency responses to Heidi's frequent fractures
(Terms of reference questions 4 and 7)

6.22 Heidi had a number of attendances at the EDs of either hospital 1 or 2, primarily between 2014 to 2016 where she was found to have broken bones or sustained soft tissue injuries. (Paragraphs 4.40, 4.42, 4.69, 4.73 and 4.84) On other occasions she presented with head, chin and chest injuries. Only on one of these occasions did Heidi report assault by another person (Paragraph 4.85) but neither Heidi or the hospital (hospital 2) reported the alleged assault to the police.

6.23 Heidi often attributed injuries to falling off or kicking her bicycle. These explanations were regarded by medical staff as consistent with the presenting injuries. Heidi's father has contributed to this review and confirmed that his daughter did ride bicycles but he was quick to claim that Heidi's fractures were in fact inflicted by partner 3. This may be a credible explanation as many of the fractures occurred whilst Heidi was in a relationship with partner 3 (Paragraphs 4.40, 4.42, 4.51 and 4.67), although the final fracture attributed by Heidi to falling off a bicycle (Paragraph 4.84) appears to have taken place quite a long time after her relationship with partner 3 ended.

6.24 Whatever the truth about the causes of the many injuries to Heidi, there is no evidence that either hospitals 1 and 2, or GP practices 1 or 2 questioned the frequency of injuries sustained by Heidi. (Heidi transferred from GP practice 1 to GP practice 2 in September 2014 which means that some of Heidi's ED presentations had taken place prior to her transfer to GP practice 2). The frequent injuries to Heidi may not have been apparent to the hospitals because Heidi attended both hospitals 1 and 2 and it appears that a patient's main notes were not available in the ED or Urgent Care Centre nor were they likely to have been fully available when Heidi attended out patient clinics.

6.25 Heidi's drug and alcohol history would have been apparent to the medical practitioners she came into contact with at the hospitals and the two GP practices and there may have been an assumption that the explanations for injuries provided

by Heidi were consistent with the 'lifestyle' of a person who not infrequently presented as under the influence of alcohol or drugs.

6.26 However, it is clear that hospital medical records systems do not support staff to readily observe any pattern of injuries at the time the patient is being seen. This appears to be a significant weakness in the 'whole system' for detecting and preventing domestic abuse. It seems that GP practices are better placed to observe patterns of injuries as they are effectively a repository of information for most patient interactions with health professionals. However, in their contribution to this review, GP practice 2 say they would expect the hospitals to alert the GP practice to patterns of injuries requiring further exploration. GP practice 2 did not flag Heidi as a patient as in any way vulnerable. The practice has advised this review that this was because they perceived Heidi's risks to be in the past. It is unclear how the practice reached this conclusion. If domestic abuse was not considered as a potential factor in Heidi's injuries, then the hospitals and GP practices would be unlikely to share the detail of those injuries with the MARAC process. This may explain why no information was provided to the MARAC meeting by either the hospitals or GP practices when Heidi and partner 3 were discussed on 21st October 2014 (Paragraph 4.53).

6.27 In June 2016 Spectrum became concerned about the frequency with which Heidi was presenting with fractures and other injuries and Heidi's recovery worker made contact with Spectrum's hospital liaison team requesting information relating to Heidi's presentations at hospital with broken bones over the past three years. Heidi was also asked to provide details of her ED attendances from memory (Paragraph 4.82). This was valuable proactive action by Spectrum but it is unclear what the outcome of this enquiry was. Nor is it known if this was shared with AWP when Heidi transferred to Bournemouth in October 2016. (Spectrum has checked their records and they are unable to say whether their concerns about Heidi's fractures were shared with AWP).

6.28 There is no evidence to suggest that Heidi's growing number of presentations at hospital ED's were shared with MARAC in October 2014.

Effectiveness of, and compliance with, domestic abuse policies
(Terms of reference question 11)

6.29 Hertfordshire Constabulary frequently failed to comply with multi-agency domestic abuse policy by not referring Heidi to MARAC. As previously stated MARAC referrals should have followed the single domestic abuse incident assessed as high risk (Paragraph 4.10), and MARAC referrals should have been triggered on several occasions when there had been three or more domestic abuse incidents within a

twelve month period. (Paragraph 4.22 and 4.49) One domestic abuse incident was assessed as medium risk when the circumstances appeared to have merited a high risk assessment which should then have triggered a MARAC referral. (Paragraph 4.9) The author of the Hertfordshire Constabulary IMR recognises that the police response to the domestic abuse incidents involving Heidi was consistently unsatisfactory.

6.30 In 2014 Her Majesty's Inspectorate of Constabulary (HMIC) published *Everyone's business: Improving the police response to domestic abuse* (1) which concluded that the overall police response to victims of domestic abuse is 'not good enough'. Whilst acknowledging the progress made by the police service in addressing domestic abuse at that time, the report highlighted 'unacceptable failings' in core policing activities, investigating crime, preventing crime, bringing offenders to justice and keeping victims safe as the principal factors in this unsatisfactory situation.

6.31 Many of the specific concerns raised by HMIC in 2014 appeared to be present in Hertfordshire Constabulary's response to domestic abuse incidents involving Heidi. HMIC was concerned that force definitions of 'vulnerable victims' were not well understood; that repeat victimisation was frequently not recognised; that there was an unacceptable variation in the extent to which police officers arrested those suspected of domestic abuse crime; that there was often a poor understanding on the part of officers of the factors for risk assessment; and that there was often no policy of reviewing repeat standard and medium risk incidents (2).

6.32 The not infrequent recording of domestic abuse incidents involving Heidi as 'non crime domestic' incidents has been checked by Hertfordshire Constabulary's crime registrar and found to be in accordance with national crime recording policy.

6.33 Spectrum decided to contact the Hertfordshire Sunflower project and an IDVA in order to arrange for Heidi to be offered support after she alleged that her father had physically abused her, leaving her with a black eye. (Paragraph 4.94) However, this was not actioned as Heidi was travelling between Bournemouth and Hertfordshire. This is not an acceptable reason for deciding not to make a referral.

6.34 Other agencies may have missed opportunities to consider referring Heidi for domestic abuse support by not providing her with opportunities to disclose domestic abuse. For example, Heidi was seen in hospital settings on many occasions with injuries. On several occasions she was accompanied, but this was not always the case. Whilst Heidi did not disclose domestic abuse it isn't clear from hospital records that specific questions were asked of her in a confidential manner which might have

facilitated disclosure. Neither GP practices 1 or 2 appear to have asked Heidi about domestic abuse despite her frequent injuries.

6.35 When assessed by BEAT following her move to Bournemouth in October 2016 (Paragraph 4.100) there were limited domestic abuse questions asked at the comprehensive assessment stage. This review has been advised that the commissioners are refreshing the risk assessment and the questions in respect of domestic violence. They are changing the questions to domestic abuse and these should be updated by the end of Summer 2018. When this has been implemented, the review has been advised that these questions will be asked on a regular basis at care plan and risk plan reviews of service users.

6.36 No agency made an adult safeguarding referral in respect of Heidi. Neither the hospitals nor the RAID team (Paragraph 4.79) appeared to have considered such a referral. Spectrum note that there is no evidence that their adult safeguarding module was opened when considering Heidi's case. As previously stated GP practice 2 did not flag Heidi as vulnerable.

6.37 On occasions, improved information sharing between agencies may have enabled Heidi to be offered support. Hospital 2 did not report an alleged assault on Heidi to the police in June 2016 (Paragraph 4.85). Also in June 2016 Heidi alleged to Spectrum that she had been involved in an altercation with another Spectrum service user and been bitten on the back and had two black eyes after the service user had tried to gouge her eyes out (Paragraph 4.81). Heidi said that the police were aware of the situation but this does not appear to have been the case. There is no evidence that Spectrum verified this with the police. Additionally, Spectrum now takes the view that the information that Heidi had been raped on New Year's Eve 2015 should have been escalated to senior management for discussion and a defensible decision made as to whether such information should be shared with the police as intelligence.

The victim Heidi: Incidents of sexual abuse and the impact this may have had on her life

6.38 Whilst Heidi often appeared to be reticent about disclosing domestic abuse, she more frequently disclosed details of the sexual abuse she had been subjected to at several points in her life. Whilst practitioners frequently linked Heidi's history of sexual abuse to trauma and perceived her misuse of drugs and alcohol as a response to that trauma, they did not appear to fully appreciate the potential impact of the sexual abuse on Heidi's life.

6.39 The Independent Inquiry into Child Sexual Abuse (IICSA) commissioned *The impacts of child sexual abuse: A rapid evidence assessment* (July 2017) (3). This assessment, which analysed over 200 studies, found that being a victim of child sexual abuse (CSA) is associated with an increased risk of adverse outcomes in all areas of victims' lives. The study identified seven broad life outcome areas and Heidi appears to have experienced adverse consequences in six of these seven life outcomes, specifically physical health, emotional wellbeing, mental health and internalising behaviour, externalising behaviour, interpersonal relationships, socio-economic and vulnerability to re- victimisation as detailed below:

6.40 *Physical health* – CSA has been associated with an increased risk of experiencing a wide range of adverse physical health conditions, but in recent years, evidence has begun to emerge about the impacts of CSA on the structure and functioning of victim's brains and bodies. Additionally, research on the impact of early childhood neglect (which was experienced by Heidi) on brain development may influence adolescents and adults to the extent that they are less able to manage risks than their peers. "Whilst most teenagers act impulsively at times, for teenagers who have been maltreated, this impulsive behaviour may be even more apparent. They may be more drawn to taking risks." (4)) Heidi was frequently exposed to risks as an adolescent and young adult and did not always appear to perceive she was at risk or be able to take steps to protect herself.

6.41 *Emotional wellbeing, mental health and internalising behaviours* – experience of CSA has been found to have a detrimental effect on general emotional wellbeing, leading to low self esteem and loss of confidence. Rates of self-harm have been shown to be as high as 49% amongst adult survivors in treatment. Heidi frequently self-harmed by cutting and hitting walls or other objects with her fists. The literature shows that the most common mental health condition associated with CSA is depression (with which Heidi frequently presented), followed by anxiety disorders, particularly PTSD – a form of anxiety which can emerge after experiencing or witnessing traumatic events. When Heidi engaged with counselling for a period in 2014 she was perceived to be exhibiting PTSD symptoms (Paragraph 4.41) but this did not appear to be further explored.

6.42 *Externalising behaviours* – maladaptive coping strategies, adopted as a way of dealing with or gaining temporary relief from the distress of the abuse which can include inappropriate or "risky" sexual behaviours, offending (including aggression towards others) and anti-social behaviour. It is often said that behaviour is a form of language but it is not clear that Heidi's frequent aggressive and anti-social behaviour was considered to be a 'coping strategy'.

6.43 *Interpersonal relationships* – only 17% of victims of CSA had a secure attachment style and were found to be at increased risk of experiencing poor relationship stability and interpersonal violence and conflict within relationships – as victim and/or perpetrator. Heidi's relationships with partners 2, 3 and 4 and with Gary were characterised by interpersonal violence and conflict in which she was both victim and perpetrator.

6.44 *Socio-economic* – CSA has been associated with greater financial instability, increased unemployment and time out of the labour market. Heidi's educational attainment appears to have been adversely affected by the instability of her childhood years and she does not appear to have entered the labour market as an adult. Lack of financial independence can make it more difficult to escape an abusive relationship.

6.45 *Vulnerability to re-victimisation* – one longitudinal study found that more than 53% of females sexually abused in childhood reported at least one incident of domestic violence in contrast to 24 per cent for comparison females. More specifically, research found that CSA victims were also more likely to experience severe domestic violence perpetrated by a partner. Heidi suffered several fractures which may or may not have been as a result of domestic violence and an act of severe violence by GARY ended her life.

6.46 The impact of child sexual abuse on Heidi appears to have been profound but was not fully recognised by practitioners, in particular the increased risk of violence that victims of CSA can also face within their interpersonal relationships.

The barriers faced by Heidi in engaging with services

6.47 When Heidi was referred to MARAC, IDVA or domestic abuse services more generally, she did not engage. When this happened, Heidi's wishes were respected and the service withdrew. There appeared to be no exploration of why Heidi did not wish to engage with domestic abuse services in order to try and establish what the barriers to engagement may be. From Heidi's interaction with other agencies, it appears that it was important to build trust with Heidi and to try and avoid any action which might constitute, or be perceived by Heidi to be, a breach of trust. Heidi's childhood experiences of being abused by people with whom she should have been safe, may well have adversely affected Heidi's willingness to trust agencies.

6.48 When the police took positive action and arrested partner 3, Heidi retracted her allegations and on occasions said that she had fabricated all or part of these allegations. This led the Hertfordshire Constabulary to doubt Heidi's truthfulness which apparently deterred them from progressing so called 'victimless prosecutions'.

HMIC regarded this term as 'unfortunate shorthand' as it suggests that there is no victim and referred to such prosecutions as 'evidence-led.' (4) The HMIC view was that the key factors in mounting 'evidence-led' prosecutions were effective evidence gathering and investigation. Hertfordshire Constabulary has advised this review that when Heidi retracted her allegations this left them with insufficient evidence with which to proceed.

6.49 Given that Heidi was reluctant to engage with the police, IDVA and domestic abuse support generally, an increasing responsibility falls on the agencies with which Heidi was engaging to be alert to indications of domestic abuse and encourage Heidi to seek support. However, agencies in contact with Heidi generally tended to accept what she told them at face value and were insufficiently inquisitive about the injuries which she frequently presented with. The exception to this is the efforts made by Spectrum to gather and analyse information about Heidi's frequent presentations at hospital EDs. Unfortunately, this proactive step did not appear to be followed up and there is an absence of evidence that Spectrum shared their concerns about Heidi's frequent injuries with agencies in Bournemouth when Heidi moved there.

6.50 Within the safeguarding children sphere, many partnerships and individual agencies have developed policies to follow where service users appear resistant to engagement. This review has not been provided with evidence of any policies to be followed when service users appear reluctant to engage with domestic abuse services.

The extent to which the manner in which Heidi presented herself, or was perceived by practitioners, affected the services offered to her.
(Terms of reference question 9)

6.51 Heidi was a person who misused drugs, drank alcohol to excess, was frequently intoxicated and could offer violence to others. Research suggests that victims of domestic abuse who misuse substances feel that they are constantly judged and stigmatised by agencies, and false assumptions made. (4) These attitudes may have been present in the gradual change in the police response to domestic abuse incidents involving Heidi. Robust police action and appropriate referrals for support were a much more prominent factor in the earlier response to incidents (2009-2012) compared to later incidents (2013-2015). The impression gained is assumptions began to be made about the circumstances with which attending police officers would be faced and that the police response became quite limited as a result. This is a dangerous dynamic in which the person at risk remains highly vulnerable but the agency response diminishes in effectiveness which has the unintended consequence of increasing the risk faced by the vulnerable person.

Barriers faced by Heidi in reporting abuse

(Terms of reference question 5)

6.52 It is recognised that adults with care and support needs (arguably Heidi's addiction to illicit drugs and alcohol and her mental health issues constituted care and support needs) can face additional barriers to ending abusive relationships (5) which include:

- becoming used to a lack of respect and dignity, thus assuming abuse is normal and minimising its impact
- becoming socially isolated and less able to escape as a result
- not being asked if they are being abused

6.53 In Heidi's case, abuse, in one form or another, was present in a majority of the significant relationships she entered into over the course of her life. It seems likely that she began to perceive being abused as a 'normal' state of affairs which may have been a barrier to her reporting abuse. Some agencies perceived Heidi as being 'in denial' about the abuse she appears to have been exposed to. This view implies that Heidi had chosen to deny or minimise the abuse she was experiencing. Certainly, Heidi acknowledged that her drinking to excess was in part a means of 'blocking' the trauma of previous abuse. However, in taking the view that Heidi was 'in denial' of her abuse, agencies may have been perceiving Heidi as having greater 'agency' in deciding whether to report abuse or leave an abusive relationship than she actually possessed. However, Spectrum acknowledged that Heidi may not have recognised when she was not safe and that this increased her vulnerability (Paragraph 4.58).

6.54 Efforts were made to help Heidi to gain insight into what might constitute 'healthy' and 'unhealthy' relationships. Heidi participated in Hertfordshire CRC sessions which addressed 'healthy' relationships and the review has been advised that PCAS would have explored similar issues with Heidi once a level of trust had been established. However, Heidi's unwillingness to engage with services which supported victims of domestic abuse in Hertfordshire limited her opportunity to engage in sustained work on 'healthy' relationships.

6.55 If Heidi came to accept abuse as 'normal', it appears that practitioners working with Heidi may also have become accustomed to Heidi's repeated injuries and plausible explanations and effectively become de-sensitised to the risks she faced. This may have been a barrier to practitioners seeking support for Heidi or escalating their concerns to management.

6.56 There is evidence that Heidi was becoming increasingly fatalistic about being victimised, in particular about being sexually abused. She had expressed fears about the release from imprisonment of the care worker convicted of abducting and sexually abusing her. And the alleged rape she suffered on New Year's Eve 2015 appeared to leave her feeling that sexual abuse was inevitable.

6.57 A further barrier manifested itself in the view of the community mental health team that Heidi needed to address her drug and alcohol problems prior to her suitability for referral into psychology to address the significant trauma from her past. (Paragraphs 4.15, 4.23 and 4.27) Given that Heidi's alcohol misuse was perceived to be a response to the trauma she had experienced, this seems to have been a less than helpful approach and appears inconsistent with the 'dual diagnosis' approach. This review has been advised that Hertfordshire Partnership University NHS Foundation, with which Heidi came into contact for drug and alcohol services (prior to Spectrum being the commissioned service) and mental health services now has a Dual Diagnosis Protocol which confirms that individuals with a mental illness and a history of crises will receive help from mental health services leading with support from substance misuse services.

Transitions

(Terms of reference question 14)

From children's to adult services

6.58 Transitions from one service to another or from one geographic place to another can be accompanied by additional risks. A key transition for Heidi was her transition from children's services to adult services. Heidi was a looked after child with Hertfordshire County Council. However, she experienced significant placement instability, frequently absconded from care and was drawn into relationships with much older males in which alcohol and drug misuse and physical abuse were prominent features. She was supported to live independently at quite a young age and lacked family support. She faced what has been described as "instant adulthood" in that her transition to adulthood was "accelerated and compressed", (6) thus denying her the "normative'" psychological opportunity of dealing with issues over time.

6.59 Stein (7) places care leavers in three broad categories:

- The "moving on" group who experience attachment, stability, continuity, gradual transitions and move from specialist to universal services.

- The "survivors" group who have experienced placement instability, need more formal support, require substantial leaving care support which often makes a big difference for them and who "move on" later.

- The "strugglers' group who have suffered severe maltreatment, have complex problems, instability and attachment problems and can become trapped within specialist services.

6.60 There seems little doubt into which category Heidi would be placed.

6.61 The legislation at the time Heidi left care was that the local authority duty to care leavers ended when they reached 21 years. (This has been extended to age 25 years since that time). It is unclear to which services Heidi may have been referred when she reached the age of 21. Hertfordshire children's services has advised this review that care leavers have the option of accessing counselling from a team called Safe Space or from Adult Mental Health Services. It is unclear whether Heidi accessed either of these services.

Transitions
(Terms of reference question 14)
From services in Hertfordshire to Bournemouth

6.62 Once Heidi decided to progress from commuting between her home in Hertfordshire and Gary's home in Bournemouth and move to Bournemouth, initially for a six month period, Spectrum advised her that they would need to transfer her case to a provider of drug and alcohol treatment in the Bournemouth area.

6.63 In order to access drug and alcohol services in Bournemouth, all service users must be assessed by the Addaction managed BEAT service. Heidi was assessed by BEAT and referred to AWP to provide her with drug and alcohol treatment. BEAT's initial assessment process did not include questions on domestic abuse although the issue would have been covered in the subsequent risk assessment prepared by BEAT. However, domestic abuse was not included in the BEAT risk assessment. It is assumed that Heidi did not disclose her prior history of domestic abuse at this point.

6.64 Addaction received no transfer documentation from Spectrum although they are unsure whether it was requested. (Addaction and their commissioners have advised the review that they have now implemented a spreadsheet to check when information has been requested and subsequently received from the outgoing agency). There also appears to have been a difficulty in clarifying whether Heidi had consented to the sharing of her Spectrum records with Addaction as the newly

devised pan Dorset consent form only allowed for the obtaining of service user consent between agencies within Dorset.

6.65 Spectrum promptly shared information about the care and treatment they had been providing to Heidi with AWP although there is no evidence that they shared their unresolved concerns about the frequency of fractures with which Heidi had presented or the fact that they had placed a Sunflower project/IDVA referral for domestic abuse on hold whilst Heidi had been travelling between Hertfordshire and Bournemouth.

6.66 When AWP assessed Heidi, she disclosed a long history of physical violence from others although she denied she faced any risk of violence from others at the present time.

6.67 GP practice 3 requested patient records from GP practice 2 in respect of Heidi and it appears that this request was acceded to by the latter practice. However, GP practice 2's patient records in respect of Heidi did not contain a 'vulnerable' flag nor does it appear that any history of domestic abuse had been recorded.

6.68 Heidi was promptly referred to PCAS for counselling. She did not disclose her history of domestic abuse in the first session but in the second session she disclosed that she was experiencing difficulties in living with Gary which went unexplored in that or the subsequent session.

6.69 Following her arrest in Hertfordshire on 27th August 2016, Heidi had failed to attend two 'test on arrest' drugs assessment appointments. Failure to attend the appointments is a criminal offence and following Heidi's second missed appointment, Spectrum prepared a witness statement to support any action to be considered in response to the breach. There is no indication that the police then took this matter further. It is unclear why breach action was not progressed and whether Heidi's move to Bournemouth was a factor in any such decision (Paragraph 4.90 and 4.95).

6.70 Overall the systems for sharing information about Heidi between services in Hertfordshire and Bournemouth had some deficiencies and where information was freely shared there were some key omissions about current risks. The relatively short time Heidi spent in Bournemouth prior to her death limited the opportunity for services to begin to build a relationship of trust with Heidi which may have encouraged her to disclose more information about her vulnerability over time. This stresses the importance of a thorough and comprehensive initial assessment.

Good practice

- In May 2016 the hospital ED doctor spoke to Heidi about past sexual abuse and encouraged her to agree to a referral for support.

- There was effective joint working between Heidi's Spectrum recovery worker and her dispensing pharmacy, both in Hertfordshire and Bournemouth.

- Heidi self referred to CMHT on 8th January 2013 after *being signposted by the job centre,* which was an example of the aspiration that 'safeguarding is everyone's business' being converted into practice.

- Spectrum decided to review Heidi's frequent attendances at hospital ED's with fractures.

- Since September 2016, Hertfordshire has had in place a multi-agency risk management panel for vulnerable young people who are transitioning into adulthood and have complex needs that require a co-ordinated multi-agency response. Representatives from children and adult services ensure information sharing and risk management plans for rising 18 year olds and facilitate ongoing risk management support for care leavers (currently up to 25 years of age). This includes care leavers who live outside of Hertfordshire, where professionals will liaise with their counterparts in other parts of the UK, including referral to adult safeguarding boards. It is considered certain that Heidi would have met the criteria to have been registered with this panel, had these arrangements been in place at the time she transitioned to adult services.

- The 17th October 2016 AWP assessment of Heidi following her move to Bournemouth was very thorough.

- The deployment of IDVAs in hospitals 1 and 2.

7.0 Findings and Recommendations

7.1 Heidi had a very troubled life in which she experienced sexual abuse and/or physical abuse in the majority of her significant relationships.

7.2 She became a looked after child from the age of six years but experienced much placement instability and was sexually abused in at least two placements. She regularly absconded from her placements and was drawn into relationships with men who were many years older than her. She began abusing alcohol, misusing drugs and self-harming.

7.3 Her transition to adulthood was very problematic and she began to experience domestic abuse in her intimate relationships from her mid teenage years onwards. The police were called to a large number of domestic abuse incidents involving Heidi and her partners. These incidents frequently involved drink and drugs and it was not always clear whether Heidi or her partner were the aggressors. There were several occasions on which Heidi alleged that she had been assaulted but later retracted her allegations. When Heidi retracted her allegations the police investigation came to an end.

7.4 The police referred Heidi to MARAC on one occasion in respect of which little information is recorded. Heidi declined support from specialist domestic abuse services on this and other occasions. The police missed numerous additional opportunities to refer Heidi to MARAC and, over time, gradually appeared to respond less robustly to domestic abuse incidents involving Heidi who sometimes presented aggressively to officers. This less robust response may have had the unintended consequence of reinforcing Heidi's vulnerability.

7.5 Hertfordshire Constabulary has advised this review that their approach to domestic abuse has undergone fundamental change since January 2016 including the establishment of a county wide Domestic Abuse Investigation and Safeguarding Unit. Several domestic abuse incidents involving Heidi took place after these changes were implemented in January 2016 including one missed opportunity to refer her and partner 4 to MARAC. Additionally, the account the police recorded of the incident involving Heidi and her father in August 2016 appears to be largely the account provided by her father. Implementing major change is often challenging and intended improvements in performance are not achieved overnight. Therefore, Hertfordshire Domestic Abuse Partnership may wish to obtain assurances that the deficits in domestic abuse practice observed in Heidi's case, including DASH risk assessments which did not take full account of Heidi's vulnerability, numerous failures to refer her case to MARAC, inadequate recording of domestic abuse incidents which undermined the policy of triggering MARAC referrals after a set

number of recorded domestic abuse incidents etc. have been fully addressed by the change to domestic abuse policy and practice.

Recommendation 1

That Hertfordshire Domestic Abuse Partnership (via the DHR Sub Group) obtain assurance that the deficits in Hertfordshire Constabulary's domestic abuse practice observed in this case have been fully addressed by the changes introduced in January 2016.

7.6 Heidi presented to hospital EDs with fractures and other injuries on many occasions but neither hospital staff nor her GP practices made any enquiry into the frequency with which Heidi was presenting with these injuries. Heidi's father has contributed to this review and alleges that many of these injuries were inflicted by partner 3. However, it is difficult to reach firm conclusions about how these injuries were caused and it should be noted that father's involvement in Heidi's life was limited and Heidi herself made no disclosures of domestic abuse to agencies at the time of the injuries. This review has established that the management of, and accessibility of patient medical records within hospitals 1 and 2 did not readily enable practitioners to become aware of patterns of injuries which might indicate domestic abuse. Nor did either GP practices 1 and 2 consider domestic abuse as a potential factor in Heidi's frequent injuries. Neither practice flagged Heidi as vulnerable or appeared to have asked her about domestic abuse. Spectrum noticed the frequency with which Heidi presented with injuries to hospital EDs and decided that this merited further examination. This examination did not appear to have been concluded by the time Heidi transferred from Spectrum to AWP in Bournemouth and there is no evidence that Spectrum's concerns were shared with AWP.

7.7 The failure to enquire about Heidi's pattern of injuries appears to have been caused by an interplay of human and systems issues. Human factors appear to include an absence of professional curiosity, a tendency to accept Heidi's explanation for her injuries at face value and a hint of the issue being someone else's problem in GP practice 2's comments that they would expect the hospital's to advise them of concerns about Heidi's frequent injuries. Systems issues included the fact that Heidi presented at two different hospitals, patient's main notes were not available in the ED or urgent care centre and were unlikely to have been fully available in out patient clinics.

7.8 It is concerning that a sequence of injuries in a highly vulnerable patient could generate such an absence of professional attention. In order to support the victims of domestic abuse it is essential that there is a 'whole system' in which all agencies are equipped to play full and complementary parts in detecting and preventing

domestic abuse. Although all but one of Heidi's presentations at hospital with injuries occurred whilst she was living in Hertfordshire it may be prudent for the community safety partnership in Bournemouth *and* the domestic abuse partnership in Hertfordshire to seek assurance that their local hospital trusts and GP practices have effective systems in place to support practitioners to notice concerning patterns of injuries and escalate any concerns. The human factors referred to in the previous paragraph will be addressed in a later recommendation.

Recommendation 2

That Bournemouth CSP and Hertfordshire Domestic Abuse Partnership (via the DHR Sub Group) seek assurance that the relevant hospital trusts put in place systems to support practitioners to use records of patient injuries to identify potential patterns of domestic abuse.

Recommendation 3

That Bournemouth CSP and Hertfordshire Domestic Abuse Partnership (via the DHR Sub Group) seek assurance that the relevant clinical commissioning groups have stressed the importance of monitoring patient records for potential patterns of domestic abuse to GP practices.

7.9 A prominent feature of this case is the frequency with which agencies took the view that Heidi needed to address her drug and alcohol problems prior to any referral into psychology to address the significant trauma from her past. Given the widely held professional view that Heidi's drugs and alcohol misuse was a maladaptive coping response to the trauma she had previously experienced, this seems to have been a less than helpful approach and appears inconsistent with the 'dual diagnosis' approach.

7.10 The National Institute for Health and Care Excellence (NICE) published *Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings* in 2016 (8). This guidance recommended that care pathways should not exclude adults with psychosis and coexisting substance misuse from mental healthcare because of their substance abuse (and vice versa). The guidance also recommends joint working between community mental health teams and specialist substance misuse services under care co-ordination arrangements. Although Heidi had not been diagnosed with psychosis, she experienced exclusion from mental healthcare until such time as she had addressed her substance misuse issues and there was little evidence of the joint working NICE recommends.

7.11 Hertfordshire Partnership University NHS Foundation has advised this review that they now have a dual diagnosis protocol under which individuals with a mental illness and a history of crises will receive help from mental health services leading supported by substance misuse services. It appears that Heidi would need to have been diagnosed with a mental illness to have benefitted from this protocol. The independent author has previously completed safeguarding adults reviews in which individuals appeared to be misusing drugs and/or alcohol as a way of coping with trauma and have met a similar response to Heidi. The review has been advised that Heidi's experience in Hertfordshire of needing to address substance misuse issues prior to referral to mental health services is also an issue in Bournemouth. In these circumstances both the community safety partnership in Bournemouth and the domestic abuse partnership in Hertfordshire may wish to share this DHR report with the commissioners of mental health and substance misuse services in their areas and seek assurances that policy and practice is appropriately informed by the aforementioned NICE guidance.

Recommendation 4

That Bournemouth CSP and Hertfordshire Domestic Abuse Partnership (via the DHR Sub Group) share this DHR overview report with the commissioners of mental health and substance misuse services in their areas and seek assurance that NICE guidance on 'dual diagnosis' appropriately informs policy and practice in respect of service users who present with similar issue to those experienced by Heidi.

7.12 Heidi had a long history of abuse in relationships, both sexual and physical. For her, abuse in relationships may have become normalised. In general, practitioners did not seem to be fully aware of the potential impact of the sexual abuse Heidi had suffered, including the impact on her ability to protect herself from risk and the increased likelihood of re-victimisation including becoming a victim of domestic abuse. After Heidi reached adulthood no agency appears to have considered a safeguarding adults referral. The way in which Heidi presented – as a person who from her teenage years onwards was frequently intoxicated, misused drugs and tended to associate primarily with others who misused drugs, and who could become aggressive and offer violence – may have led some practitioners to become desensitised to Heidi's vulnerability and even concluded that she had chosen this 'lifestyle'. The review has been advised that there is an increasingly strong focus in Bournemouth on screening adult service users for adverse childhood experiences, known as ACEs. Many ACEs were present in Heidi's early life including sexual abuse, physical abuse, neglect and incarcerated family member.

7.13 One of the services which may have seen Heidi in company with Gary fairly frequently is the Bournemouth pharmacy which dispensed Heidi's methadone

prescription. Whilst it has not been possible to obtain any observations about Heidi's relationship with Gary from the pharmacy because of staff continuity issues, pharmacies clearly have a role to play in addressing domestic abuse and pharmacy staff should be included in the dissemination of learning from this DHR.

7.14 The difficulties practitioners from a range of agencies frequently experienced in appreciating the risks Heidi faced indicates that there would be substantial value in widely disseminating the learning from this DHR to practitioners and managers in agencies within Bournemouth and Hertfordshire. It is also hoped that wide dissemination will also raise practitioner awareness of the impact of child sexual abuse, in particular the increased risk of violence that victims of child sexual abuse can face within their interpersonal relationships.

Recommendation 5

That *Bournemouth CSP and Hertfordshire Domestic Abuse Partnership (via the DHR Sub Group) ensure that the learning from this review is widely disseminated to raise awareness, amongst other things, of the need for practitioners to more fully appreciate vulnerability to domestic abuse.*

7.15 Several agencies experienced challenges in successfully engaging with Heidi. Difficulty in engaging with her may have been a factor which prevented practitioners becoming fully aware of her vulnerability and therefore being in a stronger position to take action to safeguard her from harm. Several partnerships and agencies across the country have implemented policies to assist them in working with individuals who have complex and overlapping needs who find it difficult to engage with services. Such policies have included joint working with agencies which have been more successful in engaging with the individual or family. A previous DHR in Bournemouth and Poole found that IDVA services appeared to prematurely close cases where the victim appeared unwilling to engage.

7.16 Both Bournemouth CSP and Hertfordshire Domestic Abuse Partnership may wish to challenge local agencies with both a general and specialised responsibility for supporting victims of domestic abuse to demonstrate they have policies in place to assist them to engage with individuals with complex and overlapping needs who find it difficult to engage with services.

Recommendation 6

That Bournemouth CSP and Hertfordshire Domestic Abuse Partnership obtain assurance that agencies involved in responding to and supporting the victims of domestic abuse have policies in place to help practitioners engage with individuals

who have complex and overlapping needs who find it difficult to engage with services.

7.17 Heidi's decision to move to Bournemouth with her uncle Gary was a key factor in her murder three months later. In Hertfordshire, Heidi was a person whose history of vulnerability was fairly well understood by many, but not all, of the agencies with which she was in contact, or likely to come into contact with. Once she moved to Bournemouth, Heidi was an 'unknown quantity', whose safety depended on prompt and thorough information sharing between agencies in Hertfordshire and Bournemouth and comprehensive assessments by agencies in Bournemouth.

7.18 As previously stated (Paragraph 6.70) systems for sharing information between Hertfordshire and Bournemouth had some deficiencies. The review has been advised that Bournemouth is a place to which people with vulnerabilities move in, and out of, with greater frequency than other places. Whilst the fact that Heidi needed to promptly access substitute prescribing helped to bring her to the attention of services, her move to Bournemouth undoubtedly increased Heidi's vulnerability in the shorter term until such time as agencies began to build a relationship of trust with her which may have encouraged her to disclose abuse more readily over time. Moving across local authority and county boundaries has been found to increase risks for vulnerable people in previous statutory reviews and there are concerns that impending changes to data protection (from 25th May 2018 the General Data Protection Regulation (GDPR) will supersede the Data Protection Act 1998. The GDPR will expand the rights of individuals to control how their personal data is collected and processed, and will place a range of new obligations on organisations to be more accountable for data protection) may result in greater caution being exercised before personal information is shared. There may be merit in exploring the feasibility of developing a protocol for multi-agency information sharing when adults who are assessed as being particularly vulnerable move from one local authority area to another. Bournemouth CSP may wish to write to the Home Office to request they consider this proposal in more detail.

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Appendix A

Single Agency Action Plans

Avon and Wiltshire Partnership Mental Health NHS Trust

- To ensure that all staff working with vulnerable woman are made aware that despite denial of risk of domestic violence when asked, a significant risk may well still remain.

- To ensure the specialist drug and alcohol service has effective mechanisms to make service users aware of domestic violence services in their area.

- To arrange invitations for domestic violence services to meet staff at team meetings.

Addaction, Bournemouth

- To improve record keeping in the local case management system.

- To refresh Pan Dorset Consent Form or devise a Bournemouth only consent form for transfers into and out of the treatment system.

- Work with commissioner to refresh the Transfer Policy and Process for Bournemouth.

East and North Herts NHS Trust

- IDVA to be based in hospital minimum 5 days/week to maintain visibility and maintain awareness of domestic abuse and interaction with clinical teams.

- Clinical staff in ED, Trauma & Orthopaedics and Plastic Surgery to attend training focused on domestic abuse to raise awareness about Domestic Abuse and improve confidence in asking questions about abuse, identifying victims and making referrals to services.

- Patient record systems to be reviewed to enable clinical staff to see the patterns of attendance for patients and the ability to link injuries or significant

events – this includes staff in outpatient areas being able to see ED and Urgent Care Centre records of attendance and vice versa.

- Copy of all clinic letters to be filed in patient notes.

- Clinical staff to give the patient an opportunity to confidentially disclose information about injuries, how injuries occurred and potential abuse during the period of assessment (to be able to ask the patient about how injuries occurred without family member/partner/spouse/friend being present to give the patient the opportunity to disclose abuse).

- Trust to use the Refuge 24 hour helpline and advice cards for patients (which the IDVA has ordered).

- Clinical records to reflect discussion with patient about the possibility of abuse or the clinical staff's consideration about the possibility of abuse.

- Clinical records to record discussions with police when patient attends for injury from assault.

- Clinical records to record patient refusal for referral to services, where this happens.

- Plastics Dressing Clinics (PDC) staff to record DNA in main patient notes and actions taken where a patient DNA.

- PDC to investigate use of nursing clinic letter templates to improve sharing information and communication with primary care services when patients are attending PDC.

- DHR case study to be used in teaching for staff in the Trust to share the learning from the review.

Dorset CCG

- To encourage professional curiosity amongst GPs and ensure that they know what action to be taken in the event of any disclosure.

- To encourage professional curiosity within sexual health consultations to enable patients to be open and potentially disclose personal information.

- To ensure GPs have a pathway management if disclosure of domestic abuse is made.

Dorset Police

- No recommendations

Hertfordshire Partnership University NHS Foundation Trust

- No recommendations

Hertfordshire police

- Consideration to include sentencing details concerning treatment of offenders and victims, subject of domestic abuse, to be included on Family Front Sheets.

- Hertfordshire Constabulary to record Domestic Violence crime and non-crime cases in line with national crime recording standards (NCRS). There is now a robust process within the FCR where DA incidents are not closed off until a supervisor has reviewed the incident the appropriate crime has been recorded.

- All staff to ensure DASH risk assessments and books are completed accurately and the risk level is correctly recorded. All risk assessments are now reviewed by the DAISU daily. If it is high risk the duty inspector has oversight of the case.

- Use of a spreadsheet for more auditable management of safeguarding cases and for accurate tracking of IDVA/MARAC referrals. This is now in place under 'MARAC Case List Record'. The process has changed, previously it was the responsibility of the officer to complete a MARAC referral. Every incident is now reviewed within the DAISU and referrals are made by the business support teams who effectively manage this process.

- Any escalation in risk level as identified by professional judgement is considered for referral to MARAC if it does not fit the criteria. Officers and staff have been reminded of the use of their professional judgement when making referrals to MARAC if it does not fit the criteria of referral (i.e. high risk or 4 incidents in 12 months).

Herts Valley CCG (GP practices 1 and 2)

- No recommendations

Providence Community Addiction Service, Bournemouth.

- Enhanced supervision of counsellor.

Spectrum

- Incorporate professional curiosity, within the forthcoming motivational interviewing technique training, scheduled for Spectrum staff to attend.

- Supervision training to be delivered to staff who have a supervisory role, on how to deliver supervision using motivational interviewing techniques.

- A dedicated section to be incorporated within Spectrum's IGTM executive summaries which provides guidance to staff, in relation to professional curiosity.

- Develop a checklist, to act as guidance for staff in relation to when a safeguarding module should be opened.

- Schedule safeguarding adults training dates, in line with CGL's policy, as a refresher.

- In the event that a serious crime has been committed against a person and the victim has specified their wishes for it not to be reported to the police, the safeguarding lead must escalate the matter to senior management for a discussion to be had, in relation to making a defensible decision regarding whether intelligence is shared with the police.

- Spectrum Senior Social worker is preparing guidance on working with couples which will be communicated via Spectrum Safeguarding Forum, local IGT meetings and circulated in Spectrum Governance newsletter.

Appendix B

Process by which DHR completed and membership of DHR Panel

The DHR was conducted in accordance with the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (December 2016).

Individual Management Reviews (IMR) were completed by

- Addaction, Bournemouth
- Avon and Wiltshire Partnership Mental Health NHS Trust
- Change, Grow, Live – Spectrum.
- Dorset Healthcare University Foundation NHS Trust
- Dorset NHS Clinical Commissioning Group
- Dorset Police
- East and North Hertfordshire NHS Trust
- Hertfordshire Constabulary
- Hertfordshire Partnership University NHS Foundation Trust
- East and North Hertfordshire Clinical Commissioning Group
- Providence Community Addiction Service, Bournemouth.

Hertfordshire Children's Services provided a chronology, and the National Probation Service (Dorset) and a Bournemouth Pharmacy provided short reports.

Heidi's father and step sister mother contributed to this review. At the time of writing the perpetrator had appealed against conviction and sentence and the Panel decided that, because of this, he would not be invited to contribute to the review.

The DHR was overseen by an independently chaired Panel which ultimately approved the DHR overview report and submitted it to Bournemouth Community Safety Partnership.

Membership of the DHR panel

The Domestic Homicide Review Panel consisted of

- Independent Chair Andrew Clowser
- Community Safety Partnership Officer, Bournemouth Borough Council
- Commissioning Manager, Bournemouth Drug and Alcohol Commissioning Team.
- Detective Chief Inspector, Dorset Police
- Independent Domestic Abuse Advisor

- Partnerships Manager, Hertfordshire County Council
- Detective Chief Inspector, Hertfordshire Constabulary
- Lead Nurse Adult Safeguarding, East and North Hertfordshire NHS Trust
- Head of Social Care and Safeguarding, Hertfordshire Partnership, University NHS Foundation Trust
- County Services Manager, Change, Grow, Live – Spectrum.
- Head of Service, Vulnerable Young People, Hertfordshire County Council.
- Team Manager, Hertfordshire Targeted Youth Support
- Head of Adult Safeguarding, Herts Valley Clinical Commissioning Group
- Commercial Manager, Housing Needs Service, Hertfordshire
- Independent Chair Author – David Mellor

Business support was provided by Caroline Garrett, Partnership Coordinator.

Appendix C

Statement of independence (Independent Author)

The independent author David Mellor was a police officer in Derbyshire Constabulary, Greater Manchester Police and Fife Constabulary between 1975 and 2005. He retired as a Deputy Chief Constable.

Since 2006 he has been an independent consultant. He was independent chair of Cheshire East Local Safeguarding Children Board (2009-2011), Stockport Local Safeguarding Children Board (2010-2016) and Stockport Safeguarding Adults Board (2011-2015).

Since 2012 he has been an independent chair/author/lead reviewer of a number of Serious Case Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews.

He has no current or previous connection to any agency in Bournemouth or Hertfordshire.