

# Broxbourne Community Safety Partnership

## Overview report of the Domestic Homicide Review into the death of Adele

August 2018

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Review completed February 2022

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## 1. Introduction

1.1. Domestic Homicide Reviews (DHRs) came into force on 13 April 2011. They were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). The Act states that a DHR should be a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by:

- a) A person to whom she was related or with whom she was or had been in an intimate relationship, or
- b) A member of the same household as herself

With a view to identifying the lessons to be learnt from the death.

1.2. The purpose of a DHR is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
- Apply these lessons to service responses, including changes to policies and procedures as appropriate.
- Identify what needs to change to reduce the risk of such tragedies happening in the future and improve service responses for all domestic violence victims and their children through improved intra- and inter-agency working.

1.3. This DHR examines the circumstances leading up to the death of Adele in August 2018. She was murdered by her partner, Darren, who took his own life upon killing Adele.

1.4. This review, as commissioned by Broxbourne Community Safety Partnership (CSP), considers the involvement and actions of the different agencies with Adele and Darren since 2016.

1.5. The review examines past events to identify any relevant background or trail of abuse before the homicides, whether support was accessed within the community and whether there were any barriers to accessing support. By taking this holistic approach, the review seeks to identify appropriate solutions to make the future safer.

## 2. Timescales

2.1. The decision to undertake a DHR was made by the Broxbourne CSP in consultation with local domestic abuse specialists. The Home Office was informed of this decision on 28 September 2018.

2.2. An Independent Chair and Overview Report Writer were then appointed ahead of the first Panel meeting on 05 October 2018. IMRs were commissioned at a meeting of the Panel on 12 November 2018, with agencies being advised to implement any learning arising from these as soon as possible.

- 2.3. There were three further meetings of the Panel, which were held on 28 January 2019, 26 March 2019, and 03 June 2019. Panel meetings were arranged in this way to enable members of the Panel also participating in other ongoing DHRs to be able to dedicate their time to all reviews.
- 2.4. The panel met on a further two occasions to review the report. A decision was made by the panel that information requested by the coroner might be relevant to the review, and therefore the overview report was not completed until the inquest had taken place. The review panel also recognised the vital importance family information would play. Due to these considerations, the review extended over statutory guidance timescales.
- 2.5. This DHR focuses on the period from January 2016, six months before Adele and Darren entered a relationship, until their deaths in August 2018. Chronologies of involvement were obtained dating back to November 1999, which were used to provide background and context.
- 2.6. This Overview Report, and its Executive Summary, were sent to the Broxbourne CSP on 07 July 2020. They were approved by the Chair of the CSP on 03 September 2020, subject to some amendments being made.
- 2.7. The contents of this DHR were then submitted to the Home Office on 18 January 2021 and was considered at a meeting of their Quality Assurance Panel on 23 June 2021. Feedback from this meeting was shared with the CSP on 12 August 2021, requesting that some further amendments be made.
- 2.8. A reviewed report was submitted to the Home Office on 02 February 2022, following substantial changes and additions. This was approved by the Home Office Quality Assurance Panel on 24 March 2022.

### 3. Confidentiality

- 3.1. The findings of this review are confidential. Information is only available to participating professionals and their line managers until the review has been approved for publication by the Home Office Quality Assurance Panel.
- 3.2. As recommended within the [Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews \(2016\)](#), pseudonyms have been agreed for those involved, to ensure their identities are protected. These pseudonyms have been agreed with the family of the victim.
- 3.3. The table below shows the age, ethnicity and gender of the victims and perpetrator and their pseudonyms.

	<b>Pseudonym</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Gender</b>
<b>Victim</b>	Adele	42	White British	Female
<b>Perpetrator</b>	Darren	51	White British	Male

### 4. Terms of reference

- 4.1. This review focuses on events from the beginning of January 2016, six months before the couple started their relationship, until their deaths in August 2018.

4.2. In conducting the DHR into the death of Adele, the panel considered:

- Whether agencies identified possible and/or actual domestic abuse during Adele's life
- If such abuse did take place, but was not identified, why this was the case and how could such abuse be identified in future cases.
- If domestic abuse was identified, were agencies' responses in accordance with multi-agency policies, protocols, and procedures in existence at the time? The panel also considered whether such policies, protocols and procedures were, and still are, fit for purpose.
- If domestic abuse was identified, what methods were used to identify risk and what action plans were put in place to reduce that risk?
- If identified, how was domestic abuse recorded and what information was shared with other agencies?

4.3. Agencies were asked to present information on Adele and Darren both as individuals and as a couple, so that the panel could gain a full picture of agency involvement, both within and outside the terms of reference dates, to identify what impact this had on them both.

4.4. With specific regard to assessments and diagnosis, the panel also considered the following key lines of enquiry:

- What was the impact of Adele's mental health and alcohol abuse on her wellbeing?
- Were there any recent changes in Adele's physical or mental health and wellbeing?
- Could the physical or mental health and wellbeing of Adele have compounded any safeguarding concerns or considerations or masked evidence of domestic abuse and/or coercive control? Did this result in increased risk and missed opportunities for agencies to probe and respond effectively?
- Were any carer/agency assessments completed?
- Was there any indication of any cultural perceptions or beliefs that were relevant? Did these bring with them any implications on the relationship and behaviours?
- Were there any barriers to seeking support? What were they? How can these be overcome?

4.4 With specific regard to contact and support from agencies, the panel will consider the following key lines of enquiry:

- What was the nature and extent of the contact each agency had with Adele and Darren?
- What support did they receive and from whom?

- Were there any indicators of domestic abuse and/or coercive control? If so, were these indicators fully realised and how were they responded to?
- Was there any collaboration and coordination between any agencies in working with Adele and/or Darren? What was the nature of this collaboration and coordination, and which agencies were involved with whom and how? Did agencies work effectively in any collaboration?
- Is there evidence of good cross-border working and are there any identified lessons to be learnt regarding the way agencies from different local authority areas work together?

## 5. Methodology

- 5.1. The decision to undertake a DHR was made by the Chair of Broxbourne's Community Safety Partnership and senior representatives from Hertfordshire's two Clinical Commissioning Groups, Hertfordshire Constabulary and Hertfordshire County Council.
- 5.2. A Chair and Overview Report Writer were appointed at the end of October in 2018. A DHR Panel was then formed with representation from organisations that had worked directly with Adele and Darren, as well as voluntary sector organisations with specialist knowledge in areas such as domestic abuse and substance misuse.
- 5.3. The review involved the analysis of a combined and annotated multi-agency chronology of involvement, Individual Management Reviews (IMRs) and other reports provided by professionals where further information was required. Family members were also interviewed by the Chair.

## 6. Involvement of family, friends, work colleagues, neighbours, and wider community

- 6.1. The family and friends of Adele and Darren were provided with the Home Office leaflet for families and were informed that they could be represented by a specialist advocate from AAFDA (Advocacy After Fatal Domestic Abuse). This offer of an advocate was declined.
- 6.2. The following individuals were contacted by the Chair of this DHR:
- Adele's mother
  - Adele's aunt and her aunt's husband
  - Adele's friend and next-door neighbour
  - Darren's mother
  - Darren's children
  - Darren's stepfather
- 6.3. When Adele's mother was contacted as a part of the review process, she indicated through her Family Liaison Officer that she did not wish to participate in the process. Darren's mother also indicated not wanting to take part in the process.

- 6.4. Adele's aunt and her husband were also contacted for their views regarding Adele, Darren, and their relationship. Adele's aunt was invited to meet with the Panel, but she felt that this would be too difficult.
- 6.5. Adele's close friend and next-door neighbour was also spoken to regarding his thoughts on Adele and Darren's relationship.
- 6.6. Darren's children, from his previous marriage, were also contacted but did not wish to contribute to the review process. Darren's stepfather also provided his thoughts on Darren and Adele.
- 6.7. The Terms of Reference were shared with the family to assist with the scope of the review and were invited to contribute and comment.
- 6.8. The final overview report and recommendations were shared with Adele's mother and aunt. They were advised that they could take whatever time they needed to read it, and that any comments or suggested amendments would be gratefully received.

## 7. Contributors to the review

- 7.1. This overview report has been compiled with reference to comprehensive Individual Management Reviews (IMRs), which were prepared by authors from the key agencies involved in this case. Each author was independent of the victim, their family and had no management responsibility for any of the practitioners and professionals involved in the case.
- 7.2. To determine which agencies needed to provide IMRs, scoping letters were sent to a broad range of agencies, including:
  - GP services used by Darren and Adele
  - Hertfordshire Constabulary
  - The Metropolitan Police
  - Hertfordshire County Council (specifically, the departments of Children Services and Adult Care Services)
  - Broxbourne Borough Council's department of Environmental Health
  - Refuge (the provider of Hertfordshire's Independent Domestic Violence Advocacy Service)
  - East and North Herts Clinical Commissioning Group (CCG)
  - Herts Valleys CCG
  - Hertfordshire Partnership University NHS Foundation Trust (HPFT), the county's mental health trust
  - Probation services
  - Bedfordshire, Northamptonshire, Cambridgeshire, and Hertfordshire (BeNCH) Community Rehabilitation Company (CRC)
  - Change, Grow, Live (CGL), who provide Spectrum Drug and Alcohol Recovery Services
  - Barnet Enfield and Haringey Mental Health Trust (BEHMHT)
  - Children and Family Court Advisory and Support Service (CAFCASS)
  - B3 Living, Housing Association in Broxbourne and across southeast Hertfordshire
  - East of England Ambulance Service
  - Royal London Hospital

- Chase Farm Hospital
- West Herts Hospital Trust
- Safer Places (provider of safe accommodation and community outreach for victims of domestic abuse in Hertfordshire)
- Turning Point, a charity providing support for drug and alcohol use, mental health, offending behaviour, unemployment issues and people with a learning disability
- Broxbourne's Citizens Advice Bureau

7.3. The letter asked agencies to confirm whether they had had any contact with Adele or Darren and to provide a summary of their engagement. As a result of the information received, the following agencies were then asked to provide chronologies detailing their involvement with Adele and Darren and all significant events:

- West Hertfordshire Hospitals Trust
- Darren and Adele's GP
- CGL
- East of England Ambulance Service
- Turning Point
- Broxbourne's Citizen's Advice Bureau
- Safer Places
- Royal London Hospital
- Chase Farm Hospital
- Metropolitan Police
- East and North Herts Hospital Trust
- CAFCASS
- B3 Living

7.4. A meeting was then held to discuss the chronologies and a decision was made that IMRs would be requested from:

- Broxbourne Council Environmental Health Services
- BEHMHT
- B3 Living
- HPFT
- Princess Alexandra Hospital.

7.5. The aim of an IMR is to:

- Enable and encourage agencies to look openly and critically at individual and organisational practice and the context within which people were working.
- Identify whether the homicide indicates that changes to practice should be made.
- Identify how these changes will be brought about.
- Identify examples of good practice within agencies.

7.6. IMR authors were informed of the primary objectives of the process, which is to give as accurate as possible an account of what originally transpired in their agency's response to Adele and Darren, evaluating this fairly and identifying areas for improvement. IMR authors were encouraged to propose specific solutions that would likely to provide a more effective response to a similar situation in the future.

7.7. The independent chair and overview report writer guided IMR authors through the process of developing of each IMR to ensure the following actions were taken:

- Securing agency records
- Gaining consent to view records
- Drawing up a chronology
- Conducting a desk-based review which investigated the agency’s involvement relative to the agency’s policies and procedures, relevant partnership/multi-agency policies and protocols, professional standards, and national and local research on good practice.
- Conducting interviews with relevant staff
- Writing the IMR itself, including analysing the information and making recommendations
- Ensuring the report is quality assured through the process of countersigning by a senior accountable manager
- Providing feedback and debriefing to relevant staff

7.8. IMR authors produced a first draft of their reports, which were quality assured within their own organisations through the signing-off process. These IMRs were then analysed by the review panel and discussed with the authors over the course of two meetings. Copies of the IMRs had been circulated to all the panel members prior to these meetings and panel members were able to cross-reference significant events and highlight missing information

7.9. Some agencies had limited information, and so were not asked to provide an IMR. However, they were requested to present pen pictures of their involvement with Adele and Darren. These agencies were:

- Hertfordshire Constabulary
- CGL
- EEAST
- Warden Lodge Medical Practice

7.10. It is important to note that several agencies involved in the review process have undergone organisational changes during the time of the review.

## 8. The review panel members

8.1. The DHR Panel consisted of the following members:

<b>Name and job title</b>	<b>Organisation</b>	<b>Role on the DHR panel</b>
<b>Rob Bridge</b> Chief Executive Officer	Welwyn and Hatfield Borough Council	Chair
<b>Elizabeth Hanlon</b>	EAH Consulting	Independent Chair and Report Writer
<b>Keith Dodd</b> Head of Adult Safeguarding	Adult Care Services, Hertfordshire County Council	Panel member

<b>Tracey Cooper</b> Associate Director Adult Safeguarding	Herts Valleys and East and North Herts CCGs	Panel member: Health representative
<b>Stephanie Evis</b> Named Nurse for Safeguarding	Herts Valleys and East and North Herts CCGs	Panel member
<b>Vicky Boxer</b> Senior Social Worker	Change Grow Live (Spectrum)	Panel member
<b>Tracy Pemberton</b> Detective Chief Inspector Safeguarding Partnerships & Policies	Hertfordshire Constabulary (until January 2019)	Panel member: Police representative
<b>Stephen O’Keeffe</b> Detective Chief Inspector Safeguarding Partnerships & Policies	Hertfordshire Constabulary (after January 2019)	Panel member: Police representative
<b>Sarah Taylor</b> Development Manager	Adult Care Services (Domestic Abuse), Hertfordshire County Council	Panel member: Local Authority representative
<b>Karen Hastings</b> Consultant Social Worker	HPFT	Panel member
<b>Helen Gledhill</b> Strategic Lead for Domestic Abuse	Adult Care Services (Domestic Abuse), Hertfordshire County Council	Panel member
<b>Louise Coulson</b> Senior Operations Manager	Refuge	Panel member
<b>Bernadette Herbert</b> Lead Nurse for Adult Safeguarding	East and North Herts NHS Hospital Trust	Panel member
<b>Anna Price</b> Named Professional	East of England Ambulance Service NHS Trust	Panel member
<b>Nicola Pearce</b> Community Safety Manager	Broxbourne Borough Council	Panel member: CSP representative
<b>Kim Ward</b> Neighbourhood Team Leader	B3 Living	Panel member
<b>Jane Stuart</b> Head of Practice	CAFCASS	Panel member

- 8.2. The Panel met a total of five times and all panel members were independent of the victim, perpetrator, and their families; they also had no management responsibility for any of the practitioners and professionals who had worked with Adele or Darren.

## 9. Author of the overview report

- 9.1. Until April 2020, the Chief Executive Officers of Hertfordshire’s ten District and Borough Councils reciprocally chaired DHRs in one another’s areas. The officer would be chosen based

on their independence from the District(s) or Borough(s) in which the victim and perpetrator had resided.

- 9.2. The Independent Chair appointed on behalf of Broxbourne Community Safety Partnership for this DHR was Rob Bridge, who was the Chief Executive for Welwyn and Hatfield Borough Council during the time the review Panel was meeting. He has now left this post. Rob was independent of all the agencies involved in the review and had no affiliation to Broxbourne Council. Rob had not been involved in any other DHRs in Hertfordshire and has not been a panel member.
- 9.3. The Independent Report Writer for this review is Elizabeth Hanlon, who is independent of Broxbourne Community Safety Partnership and all agencies associated with this overview report. She is a former senior police detective from Hertfordshire Constabulary, having retired over 5 years ago, who has several years' experience of partnership working and involvement with several previous DHRs, Partnership Reviews and Serious Case Reviews. She has completed the Home Office online training on DHRs, including the additional modules on chairing and producing overview reports. She has written several Domestic Homicide Review for Hertfordshire and Essex County Council and is also the Independent Chair for the Hertfordshire Safeguarding Adults Board. This is an independent role, and as such she has no affiliation to any of the agencies involved in the review. Elizabeth has not been a panel member of any other DHRs within Hertfordshire and works solely as an independent chair and report writer.

## 10. Parallel reviews

- 10.1. The deaths of Adele and Darren were referred to the coroner by the police and an inquest was held on the 5<sup>th</sup> of November 2019.
- 10.2. The Senior Coroner noted:
- Based on the evidence I have, I am satisfied Adele died as a result of stab wounds inflicted by Darren. However, the circumstances are not clear. As for Darren, I am satisfied that he did the act that brought about the end of his life and I am satisfied he did the act with the intention of bringing about the end of his life: suicide.*
- 10.3. Hertfordshire Constabulary produced a report for the coroner which was shared with the report writer. Information from witnesses, who the report writer was unable to speak with as a part of the review process, is contained within this report.
- 10.4. HPFT also commissioned a Serious Incident Review in this case, as Adele had used services provided by their organisation. The Serious Incident Review was shared with the review panel.
- 10.5. The Chair is not aware that any other agency has conducted a review or investigation into the death of Adele.

## 11. Equality and diversity

- 11.1. The Panel considered all nine protected characteristics as set out in the Equality Act (2010), which are: age, disability, gender reassignment, race religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. They sought to establish if they were applicable to the circumstances of the case and whether they had any effect on the delivery or accessibility of services.
- 11.2. Several protected characteristics were found to have relevance. These are outlined within this section.
- 11.3. **Sex**
  - 11.3.1. There is extensive research to support that in the context of domestic violence, females are at a greater risk of being victimised, injured, or killed. In fact, the term “femicide”, which refers to the killing of women by men because they are women, was coined in the 1970s to raise awareness of the violent deaths of women.
  - 11.3.2. Homicide represents the most extreme form of violence against women, a lethal act on a continuum of gender-based discrimination and abuse. As research shows, gender-related killings of women and girls is a problem across the world, in countries rich and poor. Whilst most homicide victims are men, killed by strangers, women are far more likely to die at the hands of someone they know.
  - 11.3.3. Women killed by intimate partners or family members account for 58% of all female homicide victims reported globally last year, and little progress has been made in preventing such murders, with a total of 87,000 women being killed across the world in 2017 alone. More than half of them (58%) were killed by intimate partners or family members, meaning that 137 women across the world are killed by a member of their own family every day. A third of these women were killed by a current or former partner - someone they would normally expect to trust.<sup>1</sup>
  - 11.3.4. Between 2009 and 2018, at least 1,425 women were killed by men in the UK, meaning a man killed a women every three days on average. The report shows that women are killed by their husbands, partners, and ex-partners, by sons, grandsons, and other male relatives, by acquaintances, colleagues, neighbours, and strangers. Unfortunately, but not unsurprisingly, a huge number of women were killed in the context of intimate partner violence.<sup>2</sup>
  - 11.3.5. In an extensive analysis of homicide in diverse cultures, Daly and Wilson (1988) identify male partner jealousy, possessiveness, and desire to control female partners as important precursors for intimate partner femicide worldwide. This has been identified in this review, whereby Darren controlled Adele and tried to stop her spending time with her friends.
  - 11.3.6. Murder–suicide is a relatively uncommon event. However, previous research has indicated that those who commit murder–suicides tend to be men who are, or have been, in an intimate relationship with the victim. Victims, on the other hand, tend to be women. This

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<sup>1</sup> [https://www.unodc.org/documents/data-and-analysis/GSH2018/GSH18\\_Gender-related\\_killing\\_of\\_women\\_and\\_girls.pdf](https://www.unodc.org/documents/data-and-analysis/GSH2018/GSH18_Gender-related_killing_of_women_and_girls.pdf)

<sup>2</sup> UK Femicides 2009-2018

suggests that murder–suicides are rare events and when they occur, they usually involve a male perpetrator killing a female intimate partner.<sup>3</sup>

- 11.3.7. Whilst domestic abuse impacts the lives of people from all backgrounds, society does not treat all victims of abuse equally. Social biases influence how society perceives victims and survivors of domestic abuse, and stereotypes often create barriers to accessing support.
- 11.3.8. An intersectional approach allows for a more holistic understanding of an individual, which is especially key given that significant numbers of domestic abuse victims have high levels of complex or multiple needs relating to mental health, drug and alcohol use, which will also be explored in this section of the report.
- 11.3.9. An intersectional approach calls attention to the fact that society cannot simply view an issue as one of race, gender, but must recognise that it is a problem that needs to consider all parts of an individual’s identity.<sup>4</sup>

#### 11.4. Substance misuse

- 11.4.1. Whilst substance misuse is not a protected characteristic in and of itself, it is relevant to consider it as part of this review due to Adele’s addiction to alcohol. Before Adele’s substance misuse is considered in more detail, it is important to note that drug and alcohol use does not cause domestic abuse – perpetrators do. There is, however, evidence that substance misuse by perpetrators increases the frequency and/or severity of abuse perpetrated.<sup>5</sup>
- 11.4.2. There is also evidence that victims of domestic abuse have a higher rate of drug and/or alcohol misuse, regardless of whether it starts before or after the abuse. In fact, at least 20% of high-risk victims of abuse report using drugs and/or alcohol.<sup>6</sup> In many cases, substance misuse is cited by victims as a way to cope, which is unsurprising given that domestic abuse is highly traumatic with victims often suffering ‘a loss of confidence, depression, feelings of degradation, problems with sleep and increased isolation’.
- 11.4.3. Victims of domestic abuse may also struggle to engage with, or benefit from, an alcohol treatment service, especially in cases where the perpetrator uses alcohol or other substances as a way to gain further control over the victim (for example, by withholding or coercing victims into using drugs or alcohol). Perpetrators may also prevent victims from attending alcohol treatment, so that they can continue to control them in this way.
- 11.4.4. Victims with an addiction may also feel they are unable to change, which again could be ‘directly undermined by a perpetrator’.<sup>7</sup> In addition to this, there is a great deal of stigma attached to substance misuse, which may deter victims from seeking support if they are concerned about being judged.

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<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/20533976/>

<sup>4</sup> Genesis women’s shelter and support “*Intersectionality and domestic violence*”.

<sup>5</sup> [Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf \(avaproject.org.uk\)](#)

<sup>6</sup> SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives.

<sup>7</sup> <https://avaproject.org.uk/wp-content/uploads/2016/09/Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf> -

11.4.5. There is also evidence that victims of domestic abuse may be more likely to use violence to defend themselves when they have consumed drugs or alcohol. As a result, agencies may find it difficult to identify who is the perpetrator and who is the victim. They may even blame the victim for ‘causing’ the abuse that is perpetrated against them, due to what they perceive as antisocial behaviour. It is therefore key that agencies understand that bidirectional violence is rare to non-existent, and that there is always a primary perpetrator who must be identified.

11.4.6. Statistically, a third (33%) of homicide victims in the last three years were under the influence of alcohol and/or illicit drugs at the time of the homicide. According to the Homicide Index:

- 19% had been drinking alcohol
- 7% had been taking an illicit drug
- 7% were under the influence of both<sup>2</sup>

11.4.7. Alcohol use is a common theme in the sample of 39 DHRs included in the Homicide Index, with 27 (69%) featuring varying levels of alcohol-related harm. Furthermore:

- In 22 reports (56% of the 39), the perpetrator of the homicide is identified as experiencing ‘problems’ with alcohol
- In 15 reports (38%), the victim is identified as experiencing ‘problems’ with alcohol
- In 15 reports (38%), both the victim and perpetrator are identified as experiencing ‘problems’ with alcohol.

## 11.5. Mental health

11.5.1. According to the Equality Act (2010), a mental health condition is considered a disability if it has a long-term effect on your normal day-to-day activity. The Equality Act defines a condition as ‘long term’ if it lasts, or is likely to last, 12 months. ‘Normal day-to-day activity’ is defined as something an individual would do regularly in a normal day, such as using a computer, working set times or interacting with people.<sup>8</sup>

11.5.2. Adele was known to the Hertfordshire mental health services prior to the dates examined in this review. She was discharged from these services, but there was some sporadic contact following her discharge. Adele described, to professionals, symptoms of both anxiety and depression. She was also diagnosed with bipolar disorder, defined by the NHS as: ‘a mental health condition that affects your moods, which can swing from one extreme to another’.<sup>9</sup> Adele received counselling on several separate occasions and took medication to treat her bipolar disorder.

11.5.3. It is well known that domestic abuse can have a severe and lasting impact on mental health, and that survivors often find it difficult to access the support they need. Research shows that victims and survivors with mental health issues are also more likely to have additional needs.<sup>10</sup>

11.5.4. As with substance misuse, poor mental health is not a cause of domestic abuse. Rather, domestic abuse ‘is often the main factor in the development of depression, anxiety and other

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<sup>8</sup> [When a mental health condition becomes a disability - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/when-a-mental-health-condition-becomes-a-disability)

<sup>9</sup> [Overview - Bipolar disorder - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/bipolar-disorder/)

<sup>10</sup> SafeLives “Spotlight 7: Domestic abuse and mental health.”

mental health disorders, and may lead to sleep disturbances, self-harm, suicide and attempted suicide, eating disorders and substance misuse'.<sup>11</sup>

11.5.5. Mental ill-health may also be used by perpetrators to further abuse victims. For example, by telling victims:

- That they wouldn't be able to cope without them
- That they are 'mad'
- They are not allowed to go anywhere alone because it's 'not safe'
- That they get confused or that they don't understand (a form of gaslighting)
- Threatening to tell social services that they are a bad parent or to take the children away

11.5.6. Perpetrators may abuse a victim's mental health by:

- Withholding their medication, or coercing them into taking more
- Withholding or coercing them into using alcohol or drugs, for example to 'calm them down' or 'make them more fun'
- Undermining them when they disclose the abuse or ask for help: "You can't believe them – they're mad".

11.5.7. The above examples are taken from Women's Aid, who also highlight the additional barriers victims with mental health issues may face in trying to get help for domestic abuse.<sup>12</sup> As with substance misuse, there is stigma attached to having a mental health diagnosis, which in turn creates feelings of shame. Victims with a mental health diagnosis may also fear that they will not be believed if they did disclose.

11.5.8. Added to this, 'domestic abuse often goes undetected within mental health services and domestic abuse services are not always equipped to support mental health problems'.<sup>13</sup> Greater awareness of the relationship between domestic abuse and mental health within all organisations, and also the public, is key to getting people the support they need faster.

## 11.6. Age

11.6.1. At the time of her death, Adele was aged 42.

11.6.2. The most common age group for victims of homicides recorded in the year ending March 2020, according to the Crime Survey for England and Wales, was 16-24-year-olds (n=142). This was followed by:

- 25-34-year-olds (n=138)
- 35-44-year-olds (n=133)
- 45-54-year-olds (n=92)

11.6.3. Among both men and women, the highest proportion of domestic homicides occurred between those aged 30 to 50 (around two-fifths). The most common method of killing for both male and female domestic homicide victims was by a knife or other sharp instrument.

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<sup>11</sup> [Domestic abuse and your mental health - Womens Aid](#)

<sup>12</sup> [Domestic abuse and your mental health - Womens Aid](#)

<sup>13</sup> [Spotlight 7 - Mental health and domestic abuse.pdf \(safelives.org.uk\)](#)

11.6.4. Sadly, Adele’s murder is therefore similar to many others, both in terms of her age and the way in which she was killed. This, of course, does not mean that it is acceptable or should be in anyway expected. Instead, it is indicative of a culture of violence and abuse against women being tolerated in society.

## 12. Dissemination

12.1. The following people will receive copies of the review report.

<b>Name</b>	<b>Agency</b>	<b>Position/ Title</b>
Mary Moroney	Hertfordshire County Council	Safeguarding Boards Manager
Kay Lancaster	Hertfordshire Constabulary	Head of Serious Crime and Safeguarding Command and Chair of the Hertfordshire Domestic Abuse Partnership Board
Jo Fisher	Hertfordshire County Council, Children’s Services	Director of Children’s Services
Chris Brace	Office of the Police and Crime Commissioner	Chief Executive
Kevin McGetrick	Office of the Police and Crime Commissioner	Head of Commissioning and Victim Services
Amanda McIntyre	For Baby’s Sake Trust	(Domestic Abuse Executive Board’s voluntary sector representative)
Jane Kinniburgh	Herts Valleys Clinical Commissioning Group	Director of Nursing and Quality
Jacky Vincent	Hertfordshire Partnership University NHS Foundation Trust	Director of Nursing
Joanne Doggett	Hertfordshire County Council, Public Health	Head of Programme Delivery & Resources
Chris Badger	Hertfordshire County Council, Adult Care Services	Director of Adult Care Services
Neeve Bishop	National Probation Service	Head of Hertfordshire NPS

Mary Emson	East & North Herts CCG and Herts Valleys CCG	Designated Nurse for Safeguarding Children
Louise Brown	Broxbourne Borough Council	Community Safety Manager
Sarah Browne	Hertfordshire Community NHS Trust	Director of Nursing and Quality

### 13. Background information

- 13.1. Adele was killed in her home, in Broxbourne, in August 2018. It is believed that Darren took his own life that same weekend.
- 13.2. Police attended Adele’s home address following a call from a concerned neighbour, who said they could see a body through the front door. The door was open, but there was a chain stopping entry. The neighbour commented that there were flies in the window of the flat and that there was also a strong smell.
- 13.3. On attendance, officers forced entry to the address where they found a deceased female, later identified as Adele, in the hallway. She was lying on her side with a mirror on top of her as if it had fallen on her. She had a wound to the side of her torso, and next to her was a large knife and a large amount of blood. Police also found a deceased male, later identified as Darren, in the bath lying on his side. The bath was full of water and the tap was still running.
- 13.4. It was identified that Adele and Darren were partners and that they both lived at the address, although Adele was the only person named on the tenancy agreement. Adele and Darren had met through a dating site two years previously and had started a relationship. A friend of Adele had in fact known Darren, and had made the introduction. The relationship between Adele and Darren had developed very quickly and Darren moved in with Adele after a very short period. They were described by friends as becoming close quickly, later becoming inseparable. Adele and Darren had become engaged whilst on a holiday the previous year.
- 13.5. The post-mortem findings were that Adele’s cause of death was from multiple stab and incised wounds all over her body

### 14. Family composition

- 14.1. At the time of her death, Adele was engaged to marry Darren and had three young children with two of her previous partners.
- 14.2. The children were all in the care of their biological fathers at the time of Adele’s death, as they had been for several years.
- 14.3. During meetings of the Panel, CAFCASS (Children and Family Court Advisory and Support Service) reported that Adele had made an application to spend time with the children and that the court had then ordered CAFCASS to undertake a detailed assessment.

- 14.4. The assessment was completed by CAFCASS and filed with the court in January 2018. CAFCASS assessed Adele's drug and alcohol use and recommended that she spend time with her children in a community setting. The report also noted that the children wanted to spend time with their mother.
- 14.5. CAFCASS visited Adele at her home address as a part of the assessment process. Two appointments had been made for Adele to see the children, but unfortunately Adele did not attend the meetings.
- 14.6. The court would have made its decision on Adele having contact with the children at a final hearing, where they would have considered all new information. Sadly, Adele died before this took place.

## 15. Chronology

### 15.1. 2016

- 15.1.1. In January 2016, Adele was receiving support from HPFT's Adult Community Mental Health Service. Adele had been receiving support from this service since October 2014, when both her mother and the police had made separate referrals due to erratic behaviour and self-neglect.
- 15.1.2. On the 09 February 2016, the care coordinator from HPFT rang Adele who "sounded slurry" and Adele admitted she "had had a few". The care coordinator noted that Adele was difficult to understand, so he arranged to call back later. The care coordinator arranged an appointment with Adele for 14 March 2016 at the Community Hospital, but she did not arrive. At this point, Adele was discharged from HPFT services. There is no evidence in the notes that the other agencies working with Adele - CGL or B3 Living - were informed of her discharge.
- 15.1.3. On 09 June 2016, Adele rang HPFT asking to speak to her care coordinator. She was put through and he advised she should go back to her GP in the first instance. A referral was made by the GP on 09 June 2016 and was screened by the Single Point of Access (a centralised point for all referrals to HPFT in Hertfordshire). An initial assessment was booked for 22 June 2016, after Adele contacted Holly Lodge herself, but this appointment was later cancelled because Single Point of Access triage had not yet been completed. Eventually, Adele was offered an appointment for 12 July 2016 at Holly Lodge. Adele did attend this assessment, but the duty worker was running late, and Adele left at 14:20 stating she had workmen coming at 15:00 and she was feeling panicky. The assessment was rearranged for later in the month, but there is no evidence of this assessment taking place and Adele was subsequently closed due to unattendance.
- 15.1.4. During an assessment of Adele at Princess Alexandra Hospital (PAH) on 26 July 2016, an entry is made by the Alcohol Liaison Nurse which notes that Adele disclosed historical abuse and rape. There is no further mention of this, and it is not clear how long ago the abuse took place or whether any further action was required or taken.

- 15.1.5. On 09 August 2016, Adele rang HPFT asking to be seen. She was advised to go via her GP for a referral. She was offered an appointment in September 2016, but she did not attend. The team agreed to offer another appointment at her home.
- 15.1.6. On 09 August 2016, CGL's Spectrum service received a referral from PAH's Alcohol Liaison Worker regarding Adele, though there is no information recorded as to why Adele was in hospital. A letter was then sent to Adele offering her an appointment and Adele was booked in for a telephone triage. Attempts were made to contact her by phone and letter with no response. CGL liaised with PAH regarding the referral process.
- 15.1.7. On 13 September 2016, Adele was seen by two social workers. During her assessment, Adele reported anxiety and low mood alongside other health problems. She was struggling to cope day to day and said that she had no support network. She mentioned a neighbour that offered help with grocery shopping and friends who will take her to appointments, but she did not report that she had an intimate partner and said she lived alone. Adele admitted that she was drinking heavily and had consumed alcohol the night before her appointment, but told the assessor she didn't want help with her alcohol misuse. She was not referred for social care assessment, with the plan being to refer her for psychiatric review. Adele was advised to address her drinking before any anxiety issues could be resolved. The impact of domestic abuse on Adele's mental health was not considered by agencies.
- 15.1.8. On the same day (13 September 2016), Adele was also seen by her GP and was subsequently referred for an outpatient appointment with a psychiatrist. Adele requested pain relief from her GP, stating that oral morphine was the only thing that had helped her pain previously. Following the appointment, she had some telephone contact with the GP around next steps and on 14 September 2016, Adele contacted the duty worker to let them know she was in hospital with breathing problems.
- 15.1.9. Adele was later discussed at a multi-disciplinary meeting at her GP surgery, where it was agreed that a referral would be made to Spectrum regarding support for her alcohol addiction.
- 15.1.10. On 16 September 2016, the East of England Ambulance Service received a call from Adele stating that she was having problems breathing and had pain in her chest and sides. Adele was taken to the hospital.
- 15.1.11. On 30 September 2016, Adele contacted HPFT in response to an initial assessment. She stated that she was in hospital having had problems with her breathing. Adele's alcohol intake was discussed and where Adele stated that she had stopped drinking alcohol a while ago and so did not need any further support for this.
- 15.1.12. Adele was seen at an outpatient appointment with a psychiatrist on 04 October 2016. At the appointment, she admitted ongoing alcohol use and that she was worried because her Disability Living Allowance had stopped and her medication was changing from Olanzapine to Aripiprazole, even though this was at her request. Olanzapine and Aripiprazole are antipsychotic medicines which are often used to treat depression, schizophrenia, the mania symptoms of bipolar disorder and emotionally unstable personality disorder.

- 15.1.13. Following her outpatient appointment, appropriate contact was made to Adele's GP regarding her change in her medication. Plans were also made for Adele to be contacted about her benefits
- 15.1.14. The police attended Adele's home address on 09 October 2016 following a complaint from her neighbour regarding Adele being intoxicated and playing loud music. All parties were given suitable advice. Adele's neighbour contacted the Broxbourne Borough Council's Environmental Health department to complain of the loud noise and music.
- 15.1.15. Adele later had contact with her GP regarding her medication and told the GP that she had a new partner and that her partner did not drink. Support was offered to Adele regarding a referral to alcohol service.
- 15.1.16. On 14 November 2016, Adele attended A&E complaining of chest pains which had been ongoing for several weeks.
- 15.1.17. On 15 November 2016 Adele was closed to all HPFT Mental Health services. However, on 29 November 2016, Adele contacted HPFT stating she was unhappy that she had been discharged from their services. Adele was advised to speak to her GP, but she explained that it was her GP who told her she had been discharged

## 15.2. 2017

- 15.2.1. Adele was recorded as being the victim of a minor assault in February 2017. The suspect was a friend of Adele's, who called at her address and who she did not want there, meaning she refused to let him in. This was not classified as a domestic incident, due to there not being an intimate relationship between the two, and no further action was taken. It is important to note that the friend was not Darren.
- 15.2.2. This incident was discussed at panel meetings, but there was no further information available from the police regarding the incident. It is believed that Adele had been drinking with the man, who had left but tried to return, at which point Adele would not let him back into her house. There is no information as to whether Darren was present at the time or if he was currently living with Adele.
- 15.2.3. Adele attended several GP appointments over the next few months, mainly to do with trying to stop smoking. There were no significant attendances.
- 15.2.4. Hertfordshire County Council's Children's Services requested information from CAFCASS in September 2017 relating to Adele's children, after an application was made to the Magistrates Court regarding their care. At this point, the children were in the care of their biological fathers.
- 15.2.5. Adele came to the attention of the police when she was named on a report, made by Darren, after a lit firework was put through their letter box on 17 November 2017. At the time, Adele was at a neighbour's flat. The offender was never identified, though a subsequent comment on the incident raised suspicion that Darren may have caused this damage himself for some reason, but there was no evidence to support this.

- 15.2.6. When the report writer spoke to Adele and Darren's neighbour during the review process, he mentioned the incident. The neighbour believed that Darren had put the firework through the letterbox himself, and called the police, because he was jealous of Adele spending a lot of time with the neighbour and because he didn't want her to be out of his sight for too long. This is the first known instance of Darren's controlling behaviour.
- 15.2.7. On 14 November 2017, Adele contacted the East of England Ambulance Service due to chest pains, diarrhoea, and vomiting.
- 15.2.8. On 28 November 2017, Adele had a telephone conversation with her GP to discuss the court case regarding custody of her children and her concerns regarding her mental health and previous alcohol misuse problems. Then, on 14 December 2017, Adele went to see her GP again to request a court letter that she could use to try and gain contact with her children, who at that time were living with her ex-husband. The notes from this appointment state that Adele appeared to be calm and that she was happy with the prescribed medication. Adele stated to the GP that she had a new partner and was only drinking a little, socially.
- 15.3. **2018**
- 15.3.1. Adele attended her GP surgery on 04 January 2018, stating that she was having nightmares which had gotten worse over the last two weeks. She advised that she was going through a court case to get access to her children and had been very stressed. She said that she hadn't been drinking alcohol or taking any recreational drugs but that she wasn't sleeping. Adele was assessed as being in a stable mood with no thoughts of self-harm or suicide.
- 15.3.2. Adele again attended her GP surgery on 30 January 2018, stating that she was very stressed and anxious regarding the pending court case to gain access to her children. A further attendance took place in March 2018, when Adele reported as being very stressed due to the ongoing court case and worried about memory loss which was believed to be due to stress. She was identified as being alert and orientated.
- 15.3.3. Adele contacted her GP saying that she had run out of her medication and that she was very stressed due to the ongoing court case regarding her children.
- 15.3.4. Adele again attended her GP surgery on 12 April reporting having funny turns. Again, she reported being stressed regarding the forthcoming court case.
- 15.3.5. On 01 June 2018, Adele called an ambulance and attended the Accident and Emergency department, suffering vomiting and chest pains. She was identified as being intoxicated and was admitted as an inpatient at Barnet General Hospital for three days for a "detox". Darren was said to be 'present and supportive' during this period.
- 15.3.6. On 05 June, Darren called the Community Mental Health Team. He informed the duty worker, a student social worker, that Adele had returned from a clinical detox and had been fine, but she had problems sleeping. They had been given advice 'from the hospital' for Adele to take Night Nurse and this seemed to have caused 'a reaction', with Adele presenting as delusional and saying she wanted to attack Darren. Darren said that Adele seemed paranoid and was refusing to leave the house. Adele refused to speak to the duty worker. Advice was

given to contact the GP for an emergency appointment and for her or Darren to contact the duty worker if there were further concerns.

- 15.3.7. The same evening, Adele attended Accident and Emergency at Barnet General Hospital complaining of hallucinations and paranoia after taking Night Nurse to help her sleep. She stated that she woke up frightened and screaming. Adele expressed concerns that her partner was going to attack her. She thought the nurses were actors and she spoke of people making plans to hurt her, such as the Ambulance Service who she thought were trying to gas her. The hallucinations she experienced included seeing Darren's face turn into a werewolf.
- 15.3.8. Adele was seen by the Psychiatric Liaison Nurses (PLNs) who work in Accident and Emergency at Barnet General Hospital. Adele attended with Darren and the records indicate she was very well kempt, wearing pyjamas and dressing gown. Rapport between the PLNs and Adele is recorded to have been established with ease, as she engaged well in assessment and maintained good eye contact. She was described as calm and that there was no hostility.
- 15.3.9. Adele was recorded as living with her partner Darren in a two bedroomed flat. It is not stated how long she had known Darren. She indicated there were no financial difficulties and that she was in receipt of benefits and Darren was employed. Adele reported that she was estranged from her parents and blamed them for losing her children. She had extended family in Liverpool, and they were planning to move to Liverpool to be nearer her family. Adele stated she had a few good friends, but that one of her close friends had recently died by hanging. She said she would not harm herself and denied harbouring active thoughts of suicide. She said her friend's suicide had been devastating and selfish, and that she would never put her family and friends through that. The PLN's records state that Adele's sense of future was intact and that she spoke positively about wanting to get better.
- 15.3.10. Adele stated she was maintaining abstinence but admitted alcohol dependence previously. She said she has used cocaine only socially and that she did not see this as a problem.
- 15.3.11. The record states that Adele said she had had a "good day yesterday" but was not able to sleep and took a dose of Night Nurse to help her sleep. Adele was calm throughout the assessment and did not appear to be responding to external stimuli. Adele denied thoughts of wanting to harm others, and Darren said that he did not feel threatened by her. There is no indication that professionals asked any follow up questions regarding Adele's fear of Darren and her comments that he was going to attack her. Adele's comments were considered a part of her paranoia but should have been identified as a possible cause for concern and should have been acted upon.
- 15.3.12. The records indicated that there was no reason to doubt Adele's mental capacity; she understood and retained information, communicated her concerns and worries clearly and participated well in decisions regarding her care plan.
- 15.3.13. On 21 June 2018, Adele's GP wrote a letter to the Consultant Psychiatrist at Holly Lodge requesting an appointment for Adele. He stated in his referral letter that Adele had been discharged from the Lodge after several missed appointments. He stated that "she is now struggling to cope from a mental health point of view and is keen to re-engage with services as a result, as she has previously found this helpful".

- 15.3.14. In June 2018, Adele did not attend a court appointment regarding regaining contact with her children. The court did not receive any correspondence from Adele as to why she did not attend. CAFCASS stated, during this review, that they recommended Adele be given supervised contact with her children because she had appeared to be doing well.
- 15.3.15. Another letter was sent from Adele's GP to Southeast Enhanced Primary Mental Health Services on 21 August 2018 requesting a Psychiatry appointment.
- 15.3.16. The next contact from the GP to HPFT was on 28 August 2018, when they were seeking advice regarding a possible increase in Adele's dose of Aripiprazole. The duty worker for that day, a community psychiatric nurse, felt that it would be appropriate for an outpatient review to take place because it had been some time since Adele had seen the psychiatrist. She therefore advised that the GP call HPFT's Single Point of Access to make a formal referral, which the GP later did.
- 15.3.17. In the meantime, however, a second duty worker contacted the same GP. The duty worker had spoken to the psychiatrist on 22 August, who had advised that Adele's medication dosage could be increased. As a result, the GP's referral to the Single Point of Access was then closed later in August 2018, as it contained no extra detail other than a request for advice on medication.
- 15.3.18. After Adele's murder, in late August 2018, a neighbour reported to the police that he had seen Adele and Darren arguing by the cars at the back of the flat. It appeared that Adele was very upset, and that Darren had tried to drag her back to the car. Adele was seen to walk away from the car and Darren followed her. Following the argument, Darren went to stay in a hotel for the night. They had both intended to stay in the hotel, but Adele stayed away. Darren returned to their address in the early hours of the next day. This appears to be the incident described by Adele's friend where Adele had stayed around a friend's house and Darren had picked her up but that she hadn't wanted to go. Adele's friend stated that they had had a row regarding Darren's possessive behaviour and the fact that he hadn't wanted her to be with friends.
- 15.3.19. In that same month (August 2018), Adele had also told a friend that Darren was controlling of her and that he did not like her going out with other people. Another neighbour reported knocking on Adele's front door to get Darren to move his car when he heard arguing from within, again in August.
- 15.3.20. There are no reports or information of any domestic incidents between Adele and Darren known to any of the agencies. Due to this, there were no MARAC referrals nor any contact with other domestic abuse support agencies. Darren had no previous convictions or arrests recorded and there were no other allegations of violence against him.
- 15.3.21. There are, however, several incidents where Darren's behaviour towards Adele was controlling and coercive. Adele told friends that Darren was following her and that he didn't want her to go out on her own or to spend time with her friends. It was assumed by Adele's friends that this was because Darren did not like the fact that Adele would drink when she

was with her friends. However, it does appear that Darren wished to maintain some sort of control over Adele and that he liked her to be always with him.

15.3.22. When Adele went into hospital after taking night nurse, she stated Darren was trying to kill her, but this was treated as a hallucination and was not taken seriously enough.

## 16. Overview of information from family, friends, and neighbours

### 16.1. Adele's aunt

16.1.1. The report writer spoke to Adele's aunt and her partner, who live in Liverpool. They had a very close relationship with Adele, and with Darren whilst the two were in a relationship. They described Adele as a very bubbly person who was very happy most of the time and who would love to speak to people. For 15 years, Adele's aunt had lived close to Adele, and they spent a great deal of the time together. However, a few years ago she moved to Liverpool to be closer to her mother, who wasn't very well. Adele and Darren visited on several occasions and were planning to move to Liverpool to be closer to them.

16.1.2. Adele's aunt and partner described Adele as misusing alcohol for many years. They believe that this was the reason that her children were placed into the care of their fathers. Adele was very prone to bouts of depression, mainly caused by the loss of the care of her children and her use of alcohol. They also described her mental health issues and the fact that she was diagnosed with a personality disorder. They were aware that Adele had received counselling on several occasions for her alcohol abuse and for her depression. They stated that Adele had tried to stop drinking on numerous occasions and that she would abstain for long periods of time but that she would always go back to drinking alcohol.

16.1.3. Adele's aunt stated that Adele had stopped drinking heavily when she met Darren. She described their relationship as being very good, and upon meeting they got into a steady relationship very quickly with Darren moving in with Adele. She described their relationship as being very strong and that they idolised each other. They described Darren as being heavily into fitness and that he would go running a lot. They stated that Darren didn't drink a lot and that this helped Adele as she cut down on her drinking.

16.1.4. Adele's Aunt and her partner described having a very close relationship with Darren and described him as a brother. They said that they had never heard a cross word between Adele and Darren and that Darren doted on Adele. They described Darren as being a very placid person and that he was good with Adele, doing anything for her.

16.1.5. The four of them had gone on holiday in 2017 and were due to go again to the same place a couple of weeks after the deaths. They stated that although Adele drank alcohol whilst she was on holiday, she didn't drink to excess, and they didn't see her drunk. Darren proposed to Adele whilst they were on holiday and the four of them had a great time together.

16.1.6. Adele's Aunt described speaking to Adele in May 2018, when Adele described being concerned about not having enough money for a solicitor to fight for her children. She had telephone contact with her children but was going through the courts to try and get physical contact. Adele was described as heartbroken, as her mother had written to the courts saying that they should not give Adele any contact with the children.

16.1.7. They were aware that Adele was on medication for epilepsy and depression and that she was still under her GP. They stated that they both visited Adele and Darren in May 2018 and that they went to stay with them in July. They described Adele and Darren's relationship as still being strong and that they appeared to be very happy together. They believed that they were making progress as a couple, as Darren had just taken out a loan for a new car and Adele had set up a new business buying and selling designer clothes on E-bay. They stated that there was nothing of cause for concern when they visited in May, and that the house was tidy and that they had just painted it.

16.1.8. They did state that one of Adele's friends had taken their own life in May, which had had a great impact on Adele and greatly upset her. They would talk on the phone every day, as she was really upset, but on the whole Adele's aunt felt she appeared to have been coping with the loss of her friend. During the visit in July, Adele and Darren were talking about the holiday in September and the fact that they were all looking forward to it.

## 16.2. Adele's friend

16.2.1. The police also spoke to a friend of Adele's, who provided them with a statement. The panel were unable to speak to this friend, so the following information has been obtained from the coroner's report and police statement.

16.2.2. The friend had known Adele for six or seven years. She stated that she knew Adele was an alcoholic and also took cocaine. She said she had met Darren about five times and was aware Adele called him 'papa'. She said that Adele and Darren had a loving relationship, and that Darren was 'obsessed' with her. She said all the arguments between Adele and Darren had had been over her wanting to be with friends. She said Adele would tell her that she argued with Darren but had never mentioned any violence, bar one recent occasion. She stated Adele was happy with Darren and that he took care of her. She said the only thing that got Adele down about the relationship was his possessiveness, which she found suffocating. She stated if she went out, they would row when they got home.

16.2.3. She described an incident in late August 2018 when Adele went to her address. Darren came and picked her up, but Adele did not want to go. She says that at about 21:00, Adele rang her and said they had had a row on the way home, and she had told him she was sick of him not giving her breathing space. She said that Adele told her Darren had pulled her by the neck in the car park to her flat. This is believed to be the incident witnessed by the neighbour. She said Adele was angry about what Darren had done. She said Darren had gone to a hotel the couple were meant to be going to together, but because what had happened, she had sent him off on his own.

## 16.3. Neighbour 1

16.3.1. One of Adele and Darren's neighbours had lived next door to Adele for numerous years and said the two of them had had a close relationship. He talked of helping Adele sign-up to online dating and that she had been happy when she had met Darren. He said that Darren had moved in with Adele very quickly and that he had rented out his flat where he used to live. He described Darren as being very quiet and a bit strange or quirky, but not as someone who he had seen lose his temper or be violent. In fact, he described him as being a 'bit of a wimp'. He knew that Adele had an alcohol problem and that she used to drink a lot. He believed

that Darren was helping her to stop drinking and that Darren didn't drink himself. He stated that Darren didn't like Adele drinking that he used to buy it for her sometimes as it used to calm her down. He said that Adele used to buy and sell things on E-bay and that she used to make some money out of that.

16.3.2. He described the time when the police were called to Adele's flat after a firework was put through her letter box. He didn't believe that this had happened, and thought that Darren had made it up because he was upset at Adele being at his flat and the amount of time she spent with him. He believed Darren was jealous of their relationship as friends. He told Adele that he didn't believe Darren about the firework incident, but that she didn't agree with him. He described Adele as loving Darren very much and that she couldn't see anything bad in him.

16.3.3. Adele had told her neighbour about an argument she had with Darren, after which she went to stay with a friend. Darren thought she had gone to stay with this friend so she could drink alcohol and so followed her to the friend's address, where he sat outside waiting for her for two hours. Adele told her neighbour that they then argued about this, but the neighbour said this did not appear to have had an impact on their relationship. He stated that this was the second sign he had seen of Darren being jealous and felt that Darren wanted Adele all to himself.

#### 16.4. Neighbour 2

16.4.1. The police also interviewed a neighbour who had lived above Adele and Darren for the last five years. The neighbour reported having arguments with Adele, as Adele used to play her music loudly until the early hours of the morning. The neighbour said that Darren had moved in two or three years ago, and that when Adele first met Darren there was a drop in the amount of loud music she was playing. She also said she often saw Adele and Darren drink with another neighbour

16.4.2. In late August 2018, the neighbour said she looked out of her window whilst washing up and saw Darren's car by the entrance to the garages. She states she could see Darren and Adele arguing, and that Adele was trying to get out of the passenger seat whilst Darren was trying to pull her back in. She said the struggle lasted less than a minute, and Adele seemed to fall over, then walking around the car and walked towards her flat. Darren then pulled the car up alongside her as she was walking away, and she saw Adele hit the driver's side window with both of her hands and believes she may have been angry or swearing at him. Adele continued to walk towards her flat and Darren got out of his car, quickly following her up the stairs. She describes Adele as pushing Darren in the chest and yelling at him and Darren as not responding, continuing to follow her. She said she could see Adele was angry and upset.

16.4.3. She states that, apart from the described argument above, she had never seen any arguing between Adele and Darren, and they seemed to have a loving relationship.

#### 16.5. Darren's previous wife

16.5.1. The police interviewed Darren's ex-wife for the coroner's report. She stated to the police that Darren did not have a temper and never argued with her. She stated there was no history of abuse in their relationship. At the time of his death, none of Darren's three daughters were close to him and were all estranged from him to some extent. It is believed that the

daughters' distance from their father was due to the fact he became so besotted with whatever partner he was currently with, which on this occasion was Adele. Darren's mother appears the person closest to Darren outside of his relationship with Adele. She lives on the south coast so did not see Darren that much, but she did maintain phone contact with him. Darren's mother did not want to be a part of the review.

## 16.6. Darren's stepfather

- 16.6.1. The report writer also spoke to Darren's stepfather. He stated that he had had a relationship with Darren's mother but that when they spilt up, Darren had stayed living with him. He stated that they had a close relationship but that he hadn't seen them for about a year. Darren was described as a kind man who loved his family. Darren's stepfather was asked about Darren's previous relationships and he stated that Adele was the first serious relationship he had been involved in and that he appeared to be really happy with her. He stated that he was not aware of any previous concerns regarding domestic abuse in any of Darren's previous relationships and that he did not feel that Darren would do something like that.
- 16.6.2. He described some friction between Darren and his daughters, which he believed had resulted from Darren moving in with Adele. He stated that it wasn't specifically due to Adele but the fact that he felt that Darren's daughters did not approve of him having girlfriends, and that he had been constantly changing girlfriends. Darren had brought Adele to their home address to introduce her, and they have found her to be a nice person and had liked her. Adele had told them that she didn't have any parents, which they took to mean that they were deceased. She did describe having 'health problems' and said that her children were living with their fathers.
- 16.6.3. He believed that Darren and Adele had had a strong relationship and wasn't aware of any problems, although he did feel that there was something that Darren wasn't telling him, although he couldn't put his finger on what. He believed that they might have had money issues as Adele had taken out loans and Darren had credit card bills, though he did not feel that this was a big problem as they had still managed to pay for a holiday. He stated that he had taken them to the airport when they went away in 2017 with Adele's aunt and partner. They appeared to have been very excited about the holiday.

## 17. Analysis

### 17.1. Hertfordshire Partnership University NHS Foundation Trust

- 17.1.1. Throughout her involvement with HPFT, Adele struggled to maintain a routine in terms of attending appointments and working alongside professionals around a care plan, largely due to her misuse of alcohol. Early records show evidence of good joint working between drug and alcohol services and HPFT. However, between 1st January 2016 and Adele's death in August 2018, HPFT made no contact with providers of drug and alcohol services to discuss her needs and their involvement. Such contact may have provided insight into Adele's presentation and led to a more holistic and joined up approach to care planning, particularly when she had the consistent input of a care coordinator between 2014 and 2016. However, as Adele was not having support for alcohol misuse during this time, this may explain the apparent lack of joint working.

- 17.1.2. There was no clear recorded care pathway on the electronic patient record for Adele at the time of her discharge from HPFT mental health services in March 2016. The care pathway would either be standard care (which would normally indicate a lower level of need and intervention) or a Care Programme Approach (CPA), which would include direct support from a care coordinator. Although Adele was not formally recorded as being on a CPA, she was receiving that level of care from the team, including frequent input of a care coordinator.
- 17.1.3. It should be noted that during the early years of Adele's contact with mental health services, HPFT were also the commissioned provider for drug and alcohol services in Hertfordshire, which seems to have facilitated good communication. Since that time, external agencies such as CGL have been providing this support.
- 17.1.4. A Dual Diagnosis Protocol between HPFT and CGL was ratified on 7th April 2017, approximately four months after Adele was discharged from Adult Community Mental Health Services. The aim of this policy is to foster joint working between mental health services and the specialist substance misuse provider, CGL, to improve outcomes for individuals who have complex needs. The protocol gives guidance on establishing the lead agency and also advice on information sharing and joint working more generally. Had this protocol been in existence when Adele was receiving substantive care from HPFT, this may have prompted and guided the staff involved to work more closely alongside CGL (if they were involved and if Adele was to engage with alcohol services).
- 17.1.5. At an assessment in September 2016, Adele made clear that she did not want help with alcohol misuse and therefore, no referral was made on her behalf and she was given advice on getting help. This assessment also identified "poor coping strategies due to alcohol" and that Adele was self-isolating and needed the support of friends to get to appointments. A referral for a Social Care Outcomes assessment might have helped Adele to access support and improve her wellbeing.
- 17.1.6. The only contact HPFT had with Darren and Adele, since the referral in 2016, was in June 2018. This is when Darren telephoned and spoke to a duty worker, reporting that Adele was paranoid following potential reaction to taking Night Nurse and his concerns that she may attack him. The correct advice was given, which was to contact the GP for an emergency appointment due to the possibility that the symptoms were caused by a physical reaction to a medication or an infection. Nonetheless, it appears no questions were asked regarding the extent of their relationship and any comments made by Adele were put down to her reaction to medicine.
- 17.1.7. The most recent request for advice from the GP came through to services as a general query around increasing medication on 21 August 2018. There was no indication of any risk to Adele in the referral, and when the GP spoke to the Single Point of Access service, they reiterated the request for medication advice and, as this had already been responded to following consultation with a psychiatrist, the referral was closed by Adult Community Mental Health Services. This was a proportionate response to a simple request for guidance, as the GP was already clear he wished to increase the dose.
- 17.1.8. An initial assessment within Adult Community Mental Health Services (ACMHS) may have picked up further concerns around Adele's wellbeing and relationship with Darren. However,

the GP did not request a service from HPFT and was clear on both occasions that he wanted specific assistance around Aripiprazole. Additionally, even if there had been a referral for secondary care service, it is unlikely that Adele would have been seen prior to her death, unless there was an immediate risk in terms of suicide, as all routine assessments are seen within 28 days (per HPFT's 'Delivery of Care' policy), and the referral was made only day or two prior to her death.

17.1.9. The need for increased medication in itself might indicate a change in Adele's mental health state, but without background information or a detailed referral from the GP, there is no evidence on HPFT records to show what form this deterioration took or what might have been the cause. There is no indication that additional questions were asked about possible domestic abuse or any indication that this was considered as a contributing factor to her potentially deteriorating mental health.

17.1.10. All staff within HPFT receive safeguarding training and are also trained in domestic abuse, including coercive control. There are some areas requiring improvement, which were highlighted within HPFT's IMR. These concern recognising and responding to social care needs, identifying opportunities to support carers, and the recording of risk.

## 17.2. **Barnet, Enfield, and Haringey Mental Health NHS Trust**

17.2.1. Adele was seen on one occasion at Barnet General Hospital by two PLNs, who are employed by Barnet Enfield and Haringey Mental Health Trust. Both nurses have extensive experience and one of the nurses has worked as Psychiatric Liaison Nurse for over 30 years. On reflection, both the PLN's felt that it may have been appropriate to question and record the amount of Night Nurse taken by Adele, as the presentation could be considered as unusual.

17.2.2. It is normal practice to speak to women without the partner present if there any concerns that the patient might be a victim of abuse. Both PLNs interviewed described challenging situations in the Accident and Emergency department where they have had to insist the partner is not present during the assessment or they ask him/her to leave. The nurse who saw Adele could not explain why she was not seen her own on this on occasion, although she recognised that this should have been done particularly as Adele voiced her fear that she thought Darren was going to harm her. The nurse felt that Adele's presentation and demeanour did not raise concerns about domestic abuse, though this does not take away the fact that Adele should have been asked about her relationship with Darren.

17.2.3. Barnet's Accident and Emergency department has an Independent Domestic Violence Advocate (IDVA) who has been in post for several years. The PLN was aware of this role, stating they had referred cases to the IDVA many times and found the service valuable.

17.2.4. One nurse described Adele as a lovely lady, who was very appropriate, immaculately presented and who laughed about her hallucinations. She could recall that Adele was wearing coordinating pyjamas and dressing gown, and that they shared a joke about how nice she looked. The nurse was able to recall Adele saying, "I thought Darren was going to hurt me", but that this was caught up in other generalised comments such as believing she was on a film set and that the nurses on ward were actors. Adele's mood was described as "subjectively scared; objectively euthymic, and her affect reactive", indicating she was scared of what she thought she saw rather than fact. Euthymic can be defined as a normal, non-

depressed, reasonably positive mood. Euthymic with a reactive effect indicates Adele responded appropriately to the subject of conversation.

- 17.2.5. It is difficult to understand why Adele wasn't asked why she thought Darren was going to attack her. However, because Adele was calm and "subjectively scared", it may be that her fears about Darren attacking her were seen in the context of drug induced psychosis, rather than an expressed fear about any lived experience of domestic abuse. Furthermore, she was described as rational and calm, with good insight and these facts may have influenced how potential risks to her were considered during the assessment.
- 17.2.6. The nurse was clear at interview that she did not consider Adele to be at risk of abuse from Darren as there was no indication of this. This raises the issue as to whether professionals are still looking for the 'signs' of domestic abuse, and in fact this highlights the perception that people have about how an abuse victim should present. At interview, she stated that Adele was very calm and "totally together, not upset at all", and therefore she did not consider potential domestic abuse.
- 17.2.7. There is a comprehensive and detailed history of the assessment on the patient record, made by the nurse who assessed her. Despite this, there were missed opportunities to explore Adele's comments that Darren was going to attack her. It would have been legitimate to contact her local mental health team to seek more background information and to ascertain if she was known to community mental health services. It is felt that NELFT might not have been contacted due to the time of the presentation, in the early hours of the morning, and that there was no clear indication to consult with them at that time. It is surprising that there was no record of this being done, as it has been identified as normal practice. They can easily contact the night team at the hospital and during the day, they can contact the Single Point of Access.
- 17.2.8. In addition, the PLNs were aware that Adele had been discharged from Barnet General Hospital a few days prior to her attending the Accident and Emergency department. Olive Ward specialises in gastroenterology, and Adele had been an inpatient for three days for "detox". It is not clear if consideration had been given to contacting the drug and alcohol support services to find out if she was known to them and if there had been any concerns about Darren while she was on the ward.
- 17.2.9. There is no description of Darren or his behaviour during the assessment and he is not known to BEHMHT. Neither of the nurses who treated Adele could recall him. It is therefore not possible to comment on his presentation or his interaction with Adele during the assessment.
- 17.2.10. BEHMHT has a Domestic Abuse Policy, and all clinical staff receive Level 3 safeguarding training, which includes domestic abuse. The PLN interviewed is up to date with training and was aware of relevant policies and other domestic abuse support facilities.
- 17.2.11. Both PLNs interviewed were clear that they receive supervision and that they have good opportunities to discuss complex cases.

### **17.3. Hertfordshire Constabulary**

- 17.3.1. In early records, up to and including early 2015, there were nineteen occasions when third party calls (or referrals) were made to police, either due to concern for Adele's welfare or that of her children (when they were living with her or in her custody). This included non-attendance at drug and alcohol programme meetings, reports of her expressing suicidal thoughts and circumstances where she was suspected to have taken overdoses. Other reports were from family, friends, or anonymous sources, who reported other general concerns for her welfare.
- 17.3.2. Police attended Adele's home address on several occasions from January 2016 onward, for reasons including having "people in her flat", incidents at neighbouring properties, anti-social behaviour, damage, disputes and theft of mail. On two of these occasions, there was no independent evidence of the issue reported. Safeguarding referrals were submitted by the police in relation to concerns regarding Adele's mental health.
- 17.3.3. Adele was recorded as being the victim of a minor assault in February 2017, with the suspected offender identified as a friend of Adele's who had called at her address and who she didn't want there.
- 17.3.4. The last time Adele came to the attention of police was in November 2017, when Darren reported a lit firework had been put through their letter box. At the time, Adele was at a neighbour's flat. The offender was never identified, but Adele's neighbour thought Darren may have caused this damage himself to get Adele's attention.
- 17.3.5. It appears there have been relatively few reports to police in the last two years compared to the years prior the period considered in this review. There have been a number of recurring themes to the incidents recorded and reviewed, particularly around neighbourhood disputes about noise levels. Adele's contact with police highlights that she has suffered from suicidal tendencies, mental health issues and with alcohol and drug abuse issues. The only contact the police had with Darren regarded the firework incident.
- 17.3.6. All police staff receive domestic abuse and safeguarding training, which includes coercive control, and all policies and procedures are up to date.

### **17.4. East of England Ambulance Service NHS Trust**

- 17.4.1. On 5 June 2018, the EEAT received an emergency call from Adele's home address. The call stated that a female at the premises was displaying abnormal behaviour. They were told that Adele had been discharged from Barnet General Hospital following a three day stay for a chemical alcohol detox. After taking medication, she had become delirious and was experiencing visual hallucinations. Adele was described as suffering from bipolar disorder and epilepsy.
- 17.4.2. When the crew arrived, Adele had returned to normal, which was confirmed by her partner (believed to be Darren). Crew spoke with a 111 doctor who agreed it was safe to discharge at the scene. Advice was given of what to do if Adele got any worse. Later that day, a further 999 call was received for a female scared to leave the house because she was suffering from mental health issues. Adele refused observations and stated that she believed the crew were attempting to poison her with gas. She was then taken to Barnet General Hospital.

17.4.3. From the Trust's perspective, their involvement would have been in an emergency capacity. It was felt that the staff attending acted within expected clinical guidance, correctly assessed Adele, from a clinical point of view, and treated her appropriately according to their knowledge and skill level. At no point is it evident that there was a lack of medical care or intervention from the crews attending.

17.4.4. The reporting systems in place around safeguarding are robust and working. All staff receive safeguarding and domestic abuse training, which includes coercive control, and all policies are up to date.

## 17.5. B3 Living

17.5.1. Adele was a tenant of B3 Living from 2008. She was the sole tenant at the property.

17.5.2. At no time during her tenancy were B3 Living aware that any other person was residing there. Adele was known to abuse alcohol, and this appeared to have an impact on the condition of her home. The property was often extremely untidy and dirty, and there was damage to window locks and the front door. Although this was prior to Adele's relationship with Darren, there is no indication as to whether any questions were asked about how damage was caused and whether there were any concerns regarding domestic abuse in the household.

17.5.3. B3 Living often found it difficult to gain access to the property, as appointments were often not met by Adele. In their IMR, B3 Living stated they were aware of Adele's addiction to alcohol. However, consideration was not given to the impact of this on Adele's mental health and whether there was additional support that could have been offered to her. B3 Living did not consider whether alcohol dependency could have made Adele more vulnerable to other forms of abuse, such as domestic abuse.

17.5.4. During visits to Adele at her home address, she would often present as intoxicated or as suffering the aftereffects of intoxication. She would often be tearful and on occasions, angry. In June 2016, Adele was seen at home by an anti-social behaviour case worker for B3Living. The case worker reported significant improvements in Adele's demeanour and that she appeared to be sober. She was referred to CGL to assist with maintaining her sobriety and to Genesis, who provide support with housing. Adele was reluctant to attend CGL, as she was unhappy with some of the other clients that attended the group.

17.5.5. During the time that B3 Living were closely involved with Adele, there was no indication that she was in a relationship and they were unaware of Darren. However, this review has highlighted the need for domestic abuse awareness training for all staff who come into regular contact with tenants, particularly in their own homes. Safeguarding leads are in place within the organisation, but improved awareness of the signs of domestic abuse were highlighted as being important for staff going forward.

## 17.6. Broxbourne Borough Council

17.6.1. The council's Environmental Health Department were aware of, and dealt with, several neighbourhood disputes regarding Adele's property and excess noise. The council were unaware that Darren was living at the address as they had no contact with him, and the tenancy agreement was in Adele's name only. Each incident was dealt with in the

appropriate manner. There has been no indication of any domestic abuse relating to the complaints received during this period. The Council will continue to roll out its mandatory safeguarding training to all new starters and frontline staff on an annual basis, which will also be assessed to make sure that it is adequate and appropriate.

#### 17.7. Princess Alexandra Hospital

- 17.7.1. Adele attended the Accident and Emergency department on five occasions over the period considered in this review, and on three of those occasions this led to an admission to hospital where she was treated with gastritis and oesophagitis.
- 17.7.2. Adele's use of alcohol was well documented in assessments made upon her admission. As part of her treatment plan, she was reviewed by the alcohol liaison team, and on two of these occasions she chose to accept post-discharge support and agreed to a referral to support in the community. The alcohol liaison service is provided by an external agency commissioned by Essex Partnership University NHS Foundation Trust.
- 17.7.3. During an assessment of Adele in July 2016, the alcohol liaison nurse notes a disclosure of historical abuse and rape. However, there is no further mention of this, and it is not clear how long ago this abuse occurred, whether it was continuing to have an effect on Adele and whether she needed any follow-up support.
- 17.7.4. Since 2012, a 'Daisy' health IDVA has been working within the Trust, who is focused on raising awareness of domestic abuse in Accident and Emergency and maternity departments, both to patients and staff. The Daisy Project is run by Safer Places, a specialist domestic abuse organisation, and works directly with adults and young people who have experienced domestic abuse. This service provides increased opportunities for victims of domestic abuse to disclose in a health care setting and educates healthcare staff about domestic abuse. It also provides a clear referral pathway. Reference is made to this project in both adults and children's safeguarding training within the Trust.
- 17.7.5. It has been identified that Adele did not attend her pre-assessment appointment in July 2016, for her endoscopy, or the appointment itself. It is normal process to contact the patient to offer another appointment and contact the GP to make them aware of this non-attendance. Adele then attended Accident and Emergency three days later, and the procedure was undertaken in August 2016.
- 17.7.6. Adele did not attend a follow up appointment later in August 2016, and was discharged back to her GP which is in line with the Trust's access policy. She attended Accident and Emergency again in September 2016, which led to a further inpatient stay.
- 17.7.7. There is evidence that Adele's alcohol and mental health issues were considered as part of an assessment of her care needs. Support was given by the alcohol liaison nurse, who then contacted the Adele's community psychiatric nurse – as Adele was known to Holly Lodge Mental Health Unit.
- 17.7.8. PAH have stated that there is no evidence to suggest there were any safeguarding concerns, and from the documentation from the alcohol liaison nurse it appears that there was

effective communication between both parties, which could have led to a disclosure if there were any issues.

17.7.9. That said, there is no evidence to show that Adele was asked about domestic abuse, and there appears to be an assumption that Adele would disclose abuse spontaneously, if she were experiencing it, without being asked. It is well documented that victims of domestic abuse may not disclose to professionals, even if asked, but there is a better chance of them doing so if asked in an appropriate and sensitive way.

## 17.8. GP surgery

17.8.1. The GP surgery described how Adele had long term mental health problems and an alcohol dependency which affected her physical health. She had gastric ulcers and her alcohol use could have caused seizures.

17.8.2. Adele consulted with GPs on a regular basis, with most appointments being made at short notice. Her last appointment was regarding her low mood following the death of a friend and there was no change in her health needs prior to her death. The surgery explained that even with hindsight, there were no 'red flags' regarding domestic abuse in her current relationship and no indication of coercive control. Adele was not accompanied to any GP appointments. She attended her appointments on a regular basis and attended the hospital appointments that were made for her; there was only one 'did not attend' on her file.

17.8.3. Adele received support from mental health services. She was discharged from mental health services in October 2016 and was advised to engage with CGL's Spectrum service to address her alcohol dependency. The GP surgery did not receive any communication from Spectrum regarding Adele, and it appears that she did not seek this support from them. The surgery confirmed that there were routine communications between the GP surgery and health and secondary care services who were supporting Adele, which meant the practice were informed of her progress and treatment decisions.

17.8.4. The surgery and all its staff receive safeguarding and domestic abuse training, which includes coercive control. The GP was happy that staff at the surgery have an increased awareness of signs of domestic abuse and the referral pathways.

## 17.9. CGL: Spectrum

17.9.1. Adele was a dependent alcohol user and most of the time was receiving treatment through CGL's Spectrum service. She did report some periods of abstinence, but it is unclear how she achieved this, as the direct contact she had with Spectrum was limited. Her main form of contact was via the telephone.

17.9.2. The time Adele was most involved with Spectrum was in the first two years CGL had the contract for drug and alcohol services in Hertfordshire. The service has developed significantly since this time. All staff are trained in relation to safeguarding and domestic abuse including coercive control.

## 18. Conclusions

### 18.1. Support from informal networks

- 18.1.1. Whilst Adele's friends had observed signs of domestic abuse, there is no indication that they were able to play a role in providing, or signposting to, support. It is well known that victims' informal networks, such as their family and friends, are more likely to spot the signs of domestic abuse early on.
- 18.1.2. This means that community awareness of domestic abuse is key, so that those close to victims are aware of the signs of abuse and can provide the validation and emotional support that victims need. It is also important that help is easy to find, so that both victims and their family and friends can access it as easily as possible. In turn, this could lead to many more victims getting the support they need, and at a much earlier stage, thus preventing future homicides like Adele's.
- 18.1.3. Only after Adele's death did police identify the concerns that Adele's friends had. At this point, Adele's friends told police that Darren and Adele would argue about his possessive behaviour and the fact that he did not like her to spend time with her friends. They also described an incident where Darren followed Adele to her friend's address and sat outside waiting for her to come out - a clear sign of stalking.

### 18.2. Myths and misconceptions around domestic abuse

- 18.2.1. This review has also highlighted that many [myths and misconceptions around domestic abuse](#) continue to persist in Hertfordshire. For example, when Adele was in hospital, staff took her positive demeanour and that fact she was "smartly dressed" as signs she was not being abused. This suggests an implicit assumption that victims of domestic abuse will look and/or behave in a certain way, which is not the case. This is why routine enquiry about domestic abuse should happen with all patients and why health staff must understand that anyone can be a victim of domestic abuse.
- 18.2.2. Health staff also seem to have accepted Darren's presentation as someone protecting Adele and looking after her, even though Adele had stated that she thought he was going to attack her on one of her admissions to hospital. It may be that the multiplicity of Adele's health needs meant that her disclosure was seen as less credible and/or that health staff more readily accepted the way Darren presented himself. This, in turn, may have prevented or delayed Adele from being seen alone, a risk assessment being conducted and being referred to specialist domestic abuse support.
- 18.2.3. Staff within the hospital setting have received training regarding domestic abuse and were unable to explain why they did not follow their processes. As this is likely due to misconceptions around domestic abuse, it is key that all training and staff resources make clear that domestic abuse does not discriminate, and that staff are clear on how to enquire about domestic abuse and what to do if that happens.

### 18.3. Multiple needs and trauma

- 18.3.1. This review has spent much time discussing Adele's support needs. Adele was known to several agencies as being addicted to alcohol and suffering from certain mental health issues,

and many agencies were working with her for a number of years. For instance, Adele had been going to the same GP surgery for several years and as such they were fully aware of her alcohol and mental health problems and the impact that these were having on her.

- 18.3.2. In terms of mental health, this review has discussed research which has shown a bidirectional relationship between domestic abuse and mental health, whereby domestic abuse can lead to mental health difficulties and having mental ill health can render people more vulnerable to domestic abuse. Despite these strong associations, domestic abuse is often going undetected within mental health services. Likewise, domestic abuse services are not always able to support people with their mental health needs.
- 18.3.3. Unfortunately, Adele got support for neither domestic abuse nor mental health. In September 2016, she was assessed by two social workers, at which time she reported experiencing anxiety, a low mood and other health problems. She also said that she was struggling to cope day to day, that she had no support network and that she was drinking heavily, consuming alcohol the night before her appointment. She told the assessor she didn't want help with her alcohol addiction.
- 18.3.4. She was not referred for a social care assessment and was advised to address her drinking before accessing mental health support. It seems little consideration was given to the impact that Adele's mental health was having on her alcohol misuse or the impact that her alcohol addiction could be having on her mental health, with the likely links between them being completely overlooked.
- 18.3.5. Equally, professionals did not explore why Adele was drinking, or why she was experiencing anxiety and possible depression. As with mental health, there is an association between substance misuse and domestic abuse. Victims of domestic abuse commonly use drugs and/or alcohol to cope with the trauma caused by the person abusing them, who themselves may manipulate a victim's use of substances to create dependency and gain further control. Both cases can potentially be seen in this review.
- 18.3.6. Many alcohol services state they already address domestic abuse in their practice by, for example, including questions about abuse in referral and assessment forms. However, a more holistic response is still needed.
- 18.3.7. Adele was also experiencing a great deal of stress as she was going through a court process to gain access to her children, who had been placed with their respective father's several years previously due to her support needs. This had a massive impact on her, and her aunt described Adele's whole life revolving around trying to get access to her children.
- 18.3.8. In addition to this, one of Adele's friends took their own life in May 2018, and the information provided by Adele's aunt suggests that she was really struggling with this loss emotionally.
- 18.3.9. In summary, Adele had multiple needs for which she required support, including domestic abuse, substance misuse and mental health. As discussed in the equality and diversity section of this review, poor mental health and substance misuse are common health consequences of domestic abuse. However, victims and survivors often struggle to get the help they need.

18.3.10. Sadly, this was the case for Adele, and it appears that each of her needs were responded to in isolation. For example, referrals were made to HPFT and CGL for Adele's respective mental health and substance misuse needs, but there is no evidence to suggest that consideration was given to how one may be affecting the other. In fact, Adele is even told that she cannot be offered mental health support until her addiction to alcohol has been treated.

18.3.11. Likewise, Adele was considered for a Multi-Disciplinary Team (MDT) meeting on one occasion, but this appeared to look at her alcohol misuse in isolation and a decision was made to make a referral to CGL. There does not appear to have been any further consideration as to her personal circumstances, including whether she had or was being subjected to abuse, or indeed whether there was any other unresolved trauma that may have impeded her ability to access services and recover.

#### 18.4. Trauma-informed practice and integrated care

18.4.1. It is key that drug and alcohol services and health services, particularly mental health services, take a trauma informed approach. Trauma-Informed practice is a strengths-based approach, which seeks to understand and respond to the impact of trauma on people's lives. The approach emphasises physical, psychological, and emotional safety for everyone and aims to empower individuals to re-establish control of their lives.

18.4.2. Trauma-informed practice recognises the prevalence of trauma and its impact on the emotional, psychological, and social wellbeing of people. Trauma often affects the way people approach potentially helpful relationships. This is because many survivors feel unsafe, lack trust or live with anxiety. Becoming trauma-informed is about supporting people to feel safe enough in their interactions with services to build trust, and to help people overcome any barriers to an effective helping relationship.

18.4.3. For clarity, trauma is the living legacy of the past -the psychological and emotional response to a deeply disturbing or distressing event. Complex trauma describes the response to exposure to multiple traumas.

18.4.4. Trauma-informed practice includes:

- Acknowledging strengths in the face of adversity
- Ensuring feelings are validated, encouraging an understanding of the trauma and its impact
- Helping make sense of the past and the present, the unconscious world and the motivations that drive behaviours.

18.4.5. Such an approach would have no doubt been enormously beneficial to Adele, though only if followed up with a holistic approach to her needs. For such an approach to be possible, professionals from a range of agencies must work together. This is sometimes referred to as an integrated care approach.

18.4.6. Integrated care requires professionals and practitioners from across different sectors to work together around the needs of people, their families, and their communities. Not working

together results in a poor experience of care, a waste of resources and in some cases, people suffering harm.

- 18.4.7. Specifically in terms of substance misuse, treatment plans should take into consideration the fact that many victims will be using alcohol to manage symptoms of trauma such as flashbacks and general anxiety. If alcohol use is reduced before other coping strategies have been identified, this could result in the alcohol treatment being unsuccessful.

## 18.5. Safeguarding

- 18.5.1. From a statutory perspective, the Care Act (2015) brought in new responsibilities for those deemed as 'in need of care and support.' Under the Act, someone who 'misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living' is recognised as potentially being in need of safeguarding.

- 18.5.2. The Act makes clear that if someone needs care and support and is experiencing abuse or neglect, then the local authority would have a duty to investigate. The definition of abuse and neglect in the Act includes:

- Physical Abuse
- Psychological and Emotional Abuse
- Coercion and Control
- Neglect and Acts of Omission
- Sexual Abuse
- Financial Abuse
- Discriminatory Abuse
- Organisational Abuse
- Domestic Violence
- Self-neglect
- Modern Slavery

- 18.5.3. The Care Act 2014 states that an individual requires safeguarding if they:

- have needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect (as defined above); and;
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

- 18.5.4. Adele was not identified as such by professionals. There are probably several reasons for this. Other than her alcohol abuse and mental health issues, she was not known to have other vulnerabilities, such as severe mental health problems, self-harm episodes or a documented history of domestic violence. Had professionals been aware of Adele's previous history of domestic abuse with a different partner, and appropriately enquired about domestic abuse whilst she was in a relationship with Darren, this may have impacted on the decision-making process.

## 18.6. Missed opportunities

- 18.6.1. Many missed opportunities, where professionals could have enquired about domestic abuse and then provided support, were identified in this review.
- 18.6.2. An incident of particular concern to the Panel was Adele's admission to Princess Alexandra Hospital in July 2016, where she disclosed to a nurse that she had previously been subjected to domestic abuse and sexual assault. Following this disclosure, no further questions were asked, suggesting a potential lack of professional curiosity or uncertainty around how to enquire about experiences of abuse and their impact. Had further questions been asked, Adele may have felt able to talk about the impact the abuse and assault had had on her, or indeed about her current situation.
- 18.6.3. Following this assessment, Adele was referred to a social worker where she stated she lived alone. As there was a disclosure of prior abuse and rape, which should have been shared with the social worker by Princess Alexandra Hospital, there should have been greater professional curiosity around her current living arrangements and relationships. This could have provided space for Adele to talk about who she lived with and whether she felt safe.
- 18.6.4. Another incident of concern to the Panel was the assault of Adele in February 2017. This was not recorded as a domestic incident, but the individual who committed the assault was known to Adele. The information provided to the Panel suggested that the possibility of domestic abuse was not explored.
- 18.6.5. The missed opportunities of greatest concern to the Panel occurred during Adele's attendance at Barnet Hospital's Accident and Emergency department in June 2018. Adele attended due to being intoxicated and returned home following a clinical detox. She returned to hospital the next day, with Darren stating Adele had been aggressive towards him, to which he had responded by administering Night Nurse to help her sleep.
- 18.6.6. Throughout her stay here, Adele made several expressions of her partner wanting to kill her. A few days after, during her 'detox' days, when she is supposedly not hallucinating, Adele again discloses that her partner wants to kill her. Instead of raising this as a safeguarding concern, Darren was allowed to attend the hospital and was asked if he felt safe around Adele. During this period, assessments revealed that Adele had full mental capacity, and yet her concern about Darren killing her was overlooked. There is no exploration as to Adele's personal safety, and whether Adele felt safe to go home with Darren.

## 19. Lessons to be learnt and recommendations

- 19.1. Both agencies and Adele's friends and family were concerned about Adele's drinking. As a result, numerous referrals over the course of several years were made to support services. Adele also sought support to improve her mental wellbeing on a number of occasions.
- 19.2. However, agencies do not seem to have explored the causes of Adele's drinking and mental health diagnoses, treating only the presenting symptoms. Further exploration of the causes may have uncovered domestic abuse as significant contributing factor to both issues.

19.3. **Recommendation 1 – All agencies**

19.3.1. Professionals are to be reminded of the importance of holding conversations with individuals who identify as being subjected to domestic abuse, no matter what the circumstances are on presentation. These conversations are to take place in private and to be followed up if the person presenting appears to be under the influence of alcohol or drugs or suffering from a mental health crisis.

19.4. **Recommendation 2 – All agencies**

19.4.1. All frontline professionals within the agencies participating in this review should consider victims' additional support needs when completing domestic abuse risk assessments. Awareness needs to be raised regarding the links between, and impacts of, substance abuse, mental health, homelessness and domestic abuse.

19.4.2. There should be a clear process in place for professionals to use where additional support needs are identified, including where best to refer or signpost to and how to facilitate joint working between organisations supporting a victim.

19.5. **Recommendation 3 - Hertfordshire Partnership Foundation Trust**

19.5.1. The Trusts social care leads to run a learning event for the Adult Community Mental Health Team around recognising social care assessments which might be needed and when to offer Social Care Outcomes.

19.6. **Recommendation 4 – Barnet, Enfield, and Haringey Mental Health NHS Trust**

19.6.1. The Trust are to run a learning event in relation to this case with their Psychiatric team to incorporate the learnings from this review

19.7. **Recommendation 5 – B3 Living**

19.7.1. Awareness training is to take place for all B3 Living operatives and staff having contact with tenants in their homes in relation to domestic abuse and safeguarding of adults and children.

19.8. **Recommendation 6 - All agencies**

19.8.1. Agencies are to review their internal and external literature and training to look at the way that victims and perpetrators of domestic abuse are portrayed, amending where there appear to be stereotypes and/or **'myths' around domestic abuse.**

19.9. **Recommendation 7 – B3 Living**

19.9.1. B3 Living are to make explicit in their policies and procedures the expected timeframes for attending a tenant's home following a report. Where the tenant is known or suspected to be a victim of domestic abuse, B3 Living should ensure that the tenant is quickly and safely as possible, ensuring they are spoken to alone to allow for safe enquiry about domestic abuse.

19.10. **Recommendation 8 – B3 Living**

19.10.1. B3 Living to join the Domestic Abuse Housing Alliance to develop and improve their knowledge of, and response to, domestic abuse.

**19.11. Recommendation 9 – Hertfordshire Domestic Abuse Partnership**

19.11.1. The Hertfordshire Domestic Abuse Partnership is to agree an approach to embedding trauma-informed practice within all agencies that participated in this review. Once agreed, an implementation plan is to be developed and monitored by the Board.

**19.12. Recommendation 10 – Hertfordshire Domestic Abuse Partnership**

19.12.1. Hertfordshire Domestic Abuse Partnership to develop a way to manage perpetrators of domestic abuse. Alongside this, the Partnership should develop processes for identifying perpetrators, including training and guidance as required, for all agencies that have participated in this review.