

Domestic Homicide Review

**Dacorum Community Safety
Partnership**

Executive Summary of the Report into the homicide of Sophia and Rebecca, March 2020

Author: Patrick Hopkinson

Date the review was completed: December 2024

CONTENTS

1. The Review Process.....	3
2. Contributors to the Review	3
3. Review Panel Members	4
4. Author of the Overview Report.....	5
5. Terms of Reference for the Review.....	5
6. Summary Chronology	9
7. Key issues arising from the review.....	
8. Conclusions	10
9. Lessons to be Learned.....	12
10. Recommendations.....	13

1. The Review Process

- 1.1 This summary outlines the process undertaken by the Domestic Homicide Review Panel to review the homicides of Sophia and Rebecca, who lived in Hertfordshire. Sophia and Rebecca were killed by Colin, who was Sophia's husband and Rebecca's father. Colin then killed himself.
- 1.2 Pseudonyms are used to protect the identities of the deceased and their family members.
- 1.3 The decision to undertake a DHR was made by the Dacorum Community Safety Partnership in consultation with local specialists. The Home Office was informed of this decision on 9th April 2020. An Independent Chair for the Review was then appointed on 24th November 2020 and the Panel met for the first time on 10th December 2020. IMRs were commissioned on 10th December 2020 and agencies were advised to implement any learning arising from these as soon as possible. Four meetings of the Panel were held in December 2020, February 2021, April 2021 and September 2021. 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.
- 1.4 Agencies that potentially had contact with Sophia, Rebecca or Colin were contacted and asked to confirm whether they had contact with them.
- 1.5 The Review involved the analysis of a combined and annotated multi-agency chronology of involvement, IMRs and questions for professionals. Family members were also interviewed by the Chair. Due to ongoing COVID-19 restrictions, all meetings were held virtually and interviews with family members took place by telephone.

2. Contributors to the Review

- 2.1 Each of the following organisations submitted an IMR or information for the review.
 - Hertfordshire Partnership University NHS Foundation Trust (HPFT)
 - West Hertfordshire Hospitals Trust (WHHT)
 - Hertfordshire Constabulary
 - General Practitioner (GP)
 - Sophia's private counsellor
- 2.2 Information provided by Hertfordshire County Council, East of England and domestic abuse services at the Terms of Reference setting stage did not identify any significant incidents relating to the circumstances of this review and, therefore, IMRs were not commissioned.

3 Review Panel Members

3.1 The Review Panel was made up of an Independent Chair and senior representatives of organisations that had relevant contact with Sophia, Rebecca or Colin. It also included a senior member of the Dacorum Community Safety Unit and independent advisors from domestic abuse services.

3.2 The members of the panel were:

Name and Job Title	Organisation	Role on Panel
Associate Director Adult Safeguarding	Herts Valleys CCG and East & North Herts CCG	Health representative
Detective Chief Inspector Safeguarding Partnerships & Policies	Hertfordshire Constabulary	Police representative
Senior Development Officer Domestic Abuse	Hertfordshire County Council	Local Authority representative
Safeguarding Lead Officer	Dacorum Borough Council	CSP representative
Interim Consultant Social Worker (Safeguarding Adults)/ Approved Mental Health Professional	Hertfordshire Partnership NHS Foundation Trust	Mental Health specialist
Named Nurse Safeguarding Adults	West Hertfordshire Hospitals NHS Trust	Acute health specialist
Senior Operations Manager	Refuge (provider of Hertfordshire's Independent Domestic Violence Advocacy Service)	Domestic abuse specialist
Head of Service, Adult Disability Service	Hertfordshire County Council	Adult disability specialist

Therapeutic Lead and Hertfordshire Team Manager	For Baby's Sake	Childhood trauma specialist
Chief Executive Officer	Surviving Economic Abuse	Economic abuse specialist

4 Author of the Overview Report

- 4.1 The Chair and Author of this report, Patrick Hopkinson, is an independent adult safeguarding consultant, a Safeguarding Adults Review author and a Chair of Domestic Homicide Reviews.
- 4.2 Patrick Hopkinson is experienced in adult safeguarding and provides training, consultancy and service development services nationwide for the statutory and voluntary sectors. He was the Head of Adult Safeguarding for a London Borough, contributed to regional and national policy development and was the adult social services strategy lead on Violence Against Women and Girls (VAWG). Patrick has completed Modules 1 and 2 of the Home Office online Domestic Homicide Review training
- 4.3 Patrick is an author of reviews following suicides and homicide-suicides. Patrick is an Associate of the Local Government Association and lectures, and supervises research, at the Institute of Psychiatry, Psychology and Neuroscience for Kings College, London.
- 4.4 Patrick Hopkinson has no link with any of the organisations involved in this DHR.

5 Terms of reference

5.1 Background

- 5.2 In March 2020, following a telephone call from a neighbour, the Hertfordshire Fire Service attended an address in Hertfordshire, where they found Sophia, Rebecca and Colin deceased. Hertfordshire Fire Service notified Hertfordshire Constabulary, which attended and began an investigation.
- 5.3 In accordance with Section 9 of the Domestic Violence, Crime and Victims Act 2004, the Dacorum Domestic Homicide Review (DHR) Panel agreed that the criteria for a DHR had been met.
- 5.4 Domestic Homicide Reviews 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.

5.5 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; and identify what needs to change in order to reduce the risk of such tragedies happening in the future to prevent domestic homicide and improve service responses for all domestic violence victims and their children through improved intra- and inter-agency working.

5.6 The Domestic Abuse Act (2021) defines abusive behaviour as any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional or other abuse

5.7 For the definition to apply, both parties must be aged 16 or over and ‘personally connected’, which means that they

- are married to each other
- are civil partners of each other
- have agreed to marry one another (whether or not the agreement has been terminated)
- have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- are or have been in an intimate personal relationship with each other
- have, or there has been a time when they each have had, a parental relationship in relation to the same child
- are relatives

5.8 Controlling behaviour is defined as, *“A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting*

their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour”.

5.9 Coercive behaviour is defined as, “An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

5.10 The terms of reference are narrowly focused on contacts with, and actions taken by, health services since these had the predominant involvement with Sophia, Rebecca and with Colin. The Review Panel agreed that the purpose of the review was to be specific in relation to patterns of domestic abuse and/or coercive control, and was to:

- Establish whether, and to what extent, the single and inter-agency responses to any concerns about domestic abuse and/or coercive control were effective.
- Establish how effective agencies were in identifying Sophia, Rebecca and Colin’s health and social care needs and providing support.
- Establish the appropriateness of single and inter-agency responses to Sophia, Rebecca and Colin, both historically and within a month of their deaths.
- To establish how well agencies worked together and to identify how inter-agency practice could be strengthened to improve the identification of, and safeguarding of, vulnerable adults where domestic abuse is a feature.
- Identify, on the basis of the evidence available to the review, the need and required actions to improve policy and procedures in Hertfordshire, and more widely.

5.11 Key Lines of Enquiry

5.12 Information:

- How was information about Sophia, Rebecca and Colin’s health and social care needs received and addressed by each agency and how was this information shared between agencies? As explained in section 2.12, this narrow focus is based upon the information available to the DHR Panel.

5.13 Assessments and diagnosis:

- Do there appear to have been any unmet health, mental health or social care needs in the family?
- Were there any causal or consequential links between domestic violence and abuse and mental health problems?

- Were there any recent changes in Sophia, Rebecca or Colin’s physical or mental health and well-being that may have affected their behaviour?
- Could the physical or mental health and well-being of Sophia, Rebecca or Colin have compounded any safeguarding concerns or considerations or masked evidence of domestic abuse and/or coercive control? Did this result in specific or increased risk and missed opportunities for agencies to probe and respond effectively?
- Is there any clear information in relation to domestic abuse and/or coercive control and its impact? Were any carer’s/agency assessments completed?
- Were any carer’s/agency assessments completed on any family member?
- Was there any indication or sign 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?
- Were there barriers to accessing services and to talking about domestic violence and abuse?

5.14 Contact and support from agencies:

- What was the nature and extent of the contact each agency had with Sophia, Rebecca and Colin?
- What support did they receive, and from whom, both as individuals and as a family?
- Were there any indicators or history of domestic abuse and/or coercive control? If so, were these indicators fully realised and how were they responded to? Was the immediate and wider impact of domestic abuse on Sophia and Rebecca fully considered by agencies involved?
- Was there any collaboration and coordination between any agencies in working with Sophia, Rebecca and Colin individually and as a family? What was the nature of this collaboration and coordination, and which agencies were involved with whom and how? Did agencies work effectively in any collaborations and did services work effectively with any involved children?
- What intersecting issues were identified and how were they dealt with by agencies? Did the interventions of agencies demonstrate competent strategies and responses to intersectionality?

- What lessons can be learnt in respect of domestic abuse and/or coercive control and how it can affect adults, children and young people and how agencies should respond to this?

5.15 Methodology

- 5.16 The Review involved the analysis of a combined and annotated multi-agency chronology of involvement, IMRs and questions for professionals. Family members were also interviewed by the Chair. Due to ongoing COVID-19 restrictions, all meetings were held virtually and interviews with family members took place by telephone.
- 5.17 Sophia was a 50-year-old white British woman whose first language was English. Sophia did not have any overt religious beliefs or affiliations. Sophia had long-term physical and mental health difficulties, the impact of which fluctuated over time and were to a varying extent disabling. Sophia also had a history of deliberate self-harm. As a result, Sophia may have been dependent on Colin.
- 5.18 Rebecca was a 24-year-old white British woman whose first language was also English. Rebecca did not have any overt religious beliefs or affiliations. Rebecca was not known to have any physical or mental health difficulties.
- 5.19 Colin was a 57-year-old white British man. Colin did not have any overt religious beliefs or affiliations. He was known to have had mental health difficulties over the past 20 years and tried both medication and counselling therapies for this.
- 5.20 There is no evidence that Sophia, Rebecca or Colin were directly or indirectly discriminated against by any agency based on the nine protected characteristics under the Equality Act 2010. It is likely, however, that there was an interaction between Sophia and Colin's physical and mental health difficulties, which might have increased the risk of domestic violence and abuse and might have decreased awareness and recognition of it whilst at the same time increasing barriers to receiving support.

6 Summary Chronology

- 6.1 Sophia and Colin were married for 30 years and had three, now adult, children, one of whom, Rebecca, lived with them. Their other daughter, Rachel, visited them regularly. Sophia did not work but Rebecca was in part-time, and Colin in full-time, employment. Colin was the main income earner in the household. Sophia's last contact with services had been in January with a GP for a medical review. Rebecca was no in contact with any services and Colin's last contact had been in March 2020 regarding anxiety about the Coronavirus pandemic for which was prescribed medication to treat anxiety and depression.
- 6.2 From 16th to 23rd March 2020, the Government introduced increasing levels of restriction on travel and association outside of households culminating in an order to "stay at home". As a result of this, Sophia, Rebecca and Colin were all at home. Rebecca was to be furloughed (a Government scheme that part funded the salaries of

people who would otherwise be unemployed or made redundant because of 'lockdown' restrictions) and Colin was working from home.

- 6.3 Rachel made one of her regular visits to see Sophia and Rebecca between 8pm and 9pm on 28th March 2020. Due to restrictions, Rachel sat in her car to maintain a 'social distance' whilst they spoke (Government guidance at the time was for people from separate households to maintain a distance of at least two metres from each other when outside). Colin stayed inside to watch television, but Rachel received a text message from Colin before she left. Colin was very worried about catching COVID-19 and having to work from home. Rachel considered this to be a normal response to the circumstances and left without any concerns.
- 6.4 On 29th March 2020, Sophia briefly visited a neighbour across the road in the morning before returning home. Colin killed Sophia and Rebecca and then killed himself.

7 Key issues arising from the review

- 7.1 The only significant agency contacts with Sophia and Colin were by health services. There was no significant agency contact with Rebecca during the period covered by the terms of reference of this Review and little prior to this.
- 7.2 Sophia was in contact with health services for both chronic physical and mental health needs and Colin was in contact more intermittently for mental health needs.
- 7.3 None of the services that Sophia and Colin were in contact with seemed aware of any increase in the severity, frequency or duration of their physical or mental health needs but there was no exploration of domestic abuse by any of the agencies that Sophia and Colin were in contact with.
- 7.4 Neighbours and family members were not aware of and did not suspect domestic abuse. There were no disclosures, reports of, or concerns about, domestic abuse made by Sophia, Rebecca or Colin.

8 Conclusions

- 8.1 The purpose of this review was to:
- 8.2 Establish how effective agencies were in identifying Sophia, Rebecca and Colin health and social care needs and providing support.**
- 8.3 Sophia, Rebecca and Colin were only in contact with health services and no social care needs were identified. There is little evidence that Sophia, Rebecca or Colin had social care needs or required an assessment under the Care Act (2014). Sophia had chronic physical health and mental health needs and Colin had chronic but intermittent mental health needs. The developing coronavirus pandemic was starting to impact on the availability of services (Colin's last consultation with a GP, for example, was made by telephone just before the lockdown commenced) and on routines and proximity

(Sophia, Rebecca and were all at home from 23rd March 2020 onwards). It might also have impacted on help-seeking.

- 8.4 There was no evidence that Sophia, Rebecca or Colin's needs were considered more holistically as a family or as individuals who might benefit from a wider range of interventions.
- 8.5 Sophia and Colin had attended private counselling, so they might have been willing to take part in other therapeutic interventions for people with, for example, low self-esteem, body image problems due to lymphoedema (a painful leg swelling) and for people with chronic anxiety. These interventions may also have offered further opportunity to explore and discuss domestic abuse.
- 8.6 Establish the appropriateness of single and inter-agency responses to both Sophia, Rebecca and Colin, both historically and within a month of their deaths.**
- 8.7 Sophia and Colin's physical and mental health needs appear to have been managed appropriately in the context of what was known about them, but there was a lack of exploration of the presence or risk of domestic abuse and/or coercive control.
- 8.8 Establish whether and to what extent the single and inter-agency responses to any concerns about domestic abuse and/or coercive control were effective.**
- 8.9 Since there no questions were asked, or concerns identified and reported, about domestic abuse and/or coercive control, there were no single or inter-agency responses to it.
- 8.10 Establish how well agencies worked together and to identify how inter-agency practice could be strengthened to improve the identification of, and safeguarding of, vulnerable adults where domestic abuse is a feature.**
- 8.11 Agencies worked together and appeared to share information as required but neither considered the family as a whole nor identified any significant risks, since they did not ask questions about domestic abuse or coercive control.
- 8.12 Identify, on the basis of the evidence available to the review, the need and required actions to improve policy and procedures in Hertfordshire, and more widely**
- 8.13 Despite their contact with health services from 2012 until 2020, no questions were asked about domestic abuse. Only on one occasion, in 2017, was there an in-depth discussion with Sophia about her relationship with Colin. This reveals a need for further policy and procedure development to increase the exploration of domestic abuse and coercive control. Since this time Hertfordshire Partnership NHS Foundation Trust (HPFT) has introduced its own domestic abuse policies for people who use its services and also for its staff. Training in identifying and responding to domestic abuse has also been provided to HPFT staff.

- 8.14 A number of risk factors (physical and mental health needs, for example) which increased the likelihood, and a number of indicators (Sophia's low self-esteem, isolation and self-blaming for example), of domestic abuse were present. These appear to have been interpreted only in the context of the diagnosis, treatment and management of physical and mental health conditions rather than from a perspective of domestic abuse and coercive control. Sophia's presentation was considered to be consistent with someone who had experienced trauma in earlier life and who was now experiencing bereavement (Sophia's father had died in and depression).
- 8.15 There was no further exploration of the impact that Sophia's mental and physical health problems had on her family and the extent to which a Colin was caring for her.
- 8.16 Medical professionals, and by extension all professionals, should probe more regularly for signs and indicators of domestic abuse and associated risk factors. They should also ask how other members of the family are coping with a member's anxiety or depression.
- 8.17 The Crime Survey for England and Wales (March 2020) estimated that 5.5% of adults aged 16 to 74 years (2.3 million people) experienced domestic abuse in the last year. It may be worthwhile, therefore, to consider domestic abuse to be a concern to be suspected, explored and eliminated, rather than to consider it as an exception.

9 Lessons to be learned

- 9.1 A number of risk factors for domestic abuse, coercive control and homicide-suicide were present, but these were not explored further at the time. A lesson from this DHR is that even when the way that a person presents themselves to services might be explained and understood as due to physical and mental health problems, the presence and effects of domestic violence and abuse should still be explored.
- 9.2 Sophia was dysthymic, had low self-esteem, was isolating, was known to have been self-harming and was known to have attempted suicide on at least one occasion. She at one point wanted to leave, but had felt trapped financially in her marriage to Colin. These may or may not have been due solely to Sophia's physical and mental health difficulties but may have been in response to, or influenced, by domestic abuse and coercive control.
- 9.3 Less is known about Rebecca, who was not in contact with services, but it is apparent that she was reticent to talk about her home life or any other topics. This may or may not have been due solely to Rebecca's personality but may have been because of domestic abuse.
- 9.4 Colin had chronic anxiety, which in itself does not cause domestic abuse but can be an aggravating factor. There was little further exploration of his relationship with his family.

- 9.5 The services provided to Sophia and Colin focused on their presenting needs and did not explore any role that domestic abuse and/or coercive control might have in these.
- 9.6 A further lesson is the need to explore the impact of physical and mental health conditions within families. There is evidence that Sophia and Colin had long-term varyingly debilitating physical and mental health needs yet there was little exploration of how these might combine and interact to create feelings of entrapment, dependency, stress, fear for the future or loss of control.
- 9.7 In primary and secondary care settings, when a patient is prescribed medication for their mental health, they should be asked to make a follow up appointment for review to assess its effectiveness and any side effects rather than left to do this themselves.
- 9.8 Underlying family problems should be explored in GP consultations where patients are presenting with mental health concerns. Routine enquiry about domestic abuse and coercion and control should be made for patients presenting with mental health issues or drug and alcohol use.
- 9.9 The presence of domestic abuse and coercion and control should be explored and asked about explicitly in clinical settings where patients present with physical or mental health needs.

10 Recommendations

- 10.1 Social care, health and domestic abuse partners in this DHR should raise awareness around the importance of exploring the impact of an individual's mental health on their wider family, to ensure that carers receive support in line with the Care Act. This will also help to foster the 'Think Family' approach that the Trust are currently embedding to ensure that potential child or adult safeguarding concerns are recognised and addressed. The "Think Family" approach builds the resilience and capabilities of families to support themselves (Wong et al, 2016). This approach recognises that individuals rarely if ever exist in isolation and that whole-family approaches are often necessary to meet individual and family wide needs. The core principles of the "Think Family" approach are that practitioners:
- Consider and respond to the needs of the whole family; including the poverty, drug and alcohol use, domestic abuse and mental health difficulties of everyone in the home (including frequent visitors) in all assessments and interventions.
 - Working jointly with family members as well as with different agencies to meet needs.
 - Share information appropriately according to the level of risk and escalating concerns if they are not otherwise being responded to.
- 10.2 The presence of domestic abuse and coercion and control should be explored and asked about explicitly in clinical settings where patients present with physical or mental health needs.

- 10.3 In primary and secondary care settings, when a patient is prescribed medication for their mental health, they should be asked to make a follow up appointment for review to assess its effectiveness and any side effects rather than left to do this themselves.
- 10.4 Underlying family problems should be explored in GP consultations where patients are presenting with mental health concerns. Routine enquiry about domestic abuse and coercion and control should be made for patients presenting with mental health issues or drug and alcohol use.