Domestic Homicide Review

Dacorum Community Safety Partnership

Report into the homicide of Sophia and Rebecca, March 2020

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Date the review was completed: December 2024

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Preface

The Independent Chair and the Panel members of this Domestic Homicide Review (DHR) offer their deepest sympathy to all who have been affected by the death of Sophia and Rebecca and of Colin and thank them, together with the others who have contributed to the deliberations of the Review, for their participation, generosity of spirit and patience.

The Chair also thanks the Panel members for the professional manner in which they have conducted the Review and the Individual Management Review (IMR) authors for their thoroughness, honesty, and transparency in reviewing the conduct of their individual agencies.

The following statement was provided by Rachel, the daughter or Sophia and Colin and the sister of Rebecca.

> *My mother Sophia and my father Colin lived in Hemel Hempstead for over 25 years and it became the family home for me and my sister Rebecca. My parents were very house proud and were always decorating and making various improvements to the home and garden.*
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> *My mum learnt a lot of DIY from her beloved father, who was a skilled carpenter. He built me and my sister a playhouse from scratch, which is still in the garden to this day. A lot of our family holidays were to visit him in Wales, where we went to the beach, to slate mines, to animal farms and pony trekking in the Brecon Beacons. Unfortunately, in 2015 he passed away from Leukaemia. This broke my mum's heart as she idolised her father, but she and my dad frequently made the long journey to Wales to attend hospital appointments and to help look after him whilst he was ill. Nothing was ever too much trouble for my mum and dad, they always supported each other and always put others first before themselves.*
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> *We also visited my dad's parents and brothers, firstly in Watford and then in Kings Lynn after they moved to Norfolk. My dad always used to watch snooker matches on the television and jump up and point to the screen when he found his brothers in the audience, which always made me laugh!*
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> *Growing up we always had a house full of animals, from dogs, rabbits, guinea pigs, hamsters and fish. My mum adored Muffin the Jack Russell terrier, who was more of a baby to her than a pet. My mum always cooked her dinner and Muffin followed my mum everywhere and was always by her side. Me and Rebecca used to take the dogs for a walk every Sunday with our dad to Ivinghoe Beacon or to Gadebride park. Lucy our other terrier, had a habit of picking up a scent and running off at Ivinghoe Beacon. Rebecca would always get worried that she had run away and got lost and my dad even panicked a few times when she was gone for longer than normal, but then 45 minutes later we would see a little white dot in the distance running back over the hill towards us.*

Being brought up in a house full of animals meant me and Rebecca had a natural love of animals, and this led to Rebecca studying Animal Care at college and then to work in a dog kennels which she thoroughly enjoyed. She lived for her animals and got hutches handmade for her guinea pigs and rabbits and she always spoiled them with toys and treats.

My mum and dad always wanted the best for us growing up. They made sure we were treated equally and we never went without. They made sure we had the best birthday parties as children, including hiring a bouncy castle and going to KidZone or Aquasplash. They also paid for extra tuition for me which made me pass the entrance test for Parmiter's grammar school, which my mum was really proud of me for doing. We were always treated to the cinema, taken to zoos, had horse riding lessons, and went to Disneyland Paris. This particular holiday went well until Rebecca went ice skating, where she fell over and broke her arm. But Mickey and Minnie Mouse waited with her until the ambulance arrived where we went to the hospital, but as none of us spoke French it was very challenging. Another family holiday was to the Algarve in Portugal where we stayed in a private villa. On the first day my dad had to go and buy a fishing net, as the outdoor pool attracted a lot of frogs and he had to get them out before me and Rebecca would go in for a swim.

My mum and dad were such incredible role models and loved me and my sister unconditionally. It was an honour to have Rebecca as my little sister and my best friend. I miss them all forever and dearly.

1. Introduction

1.1 Domestic Homicide Reviews came into force on the 13th 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; 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.

1.3 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

1.4 For the definition to apply, both parties must be aged 16 or over and 'personally connected', which means that they are one of the following:

- 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)

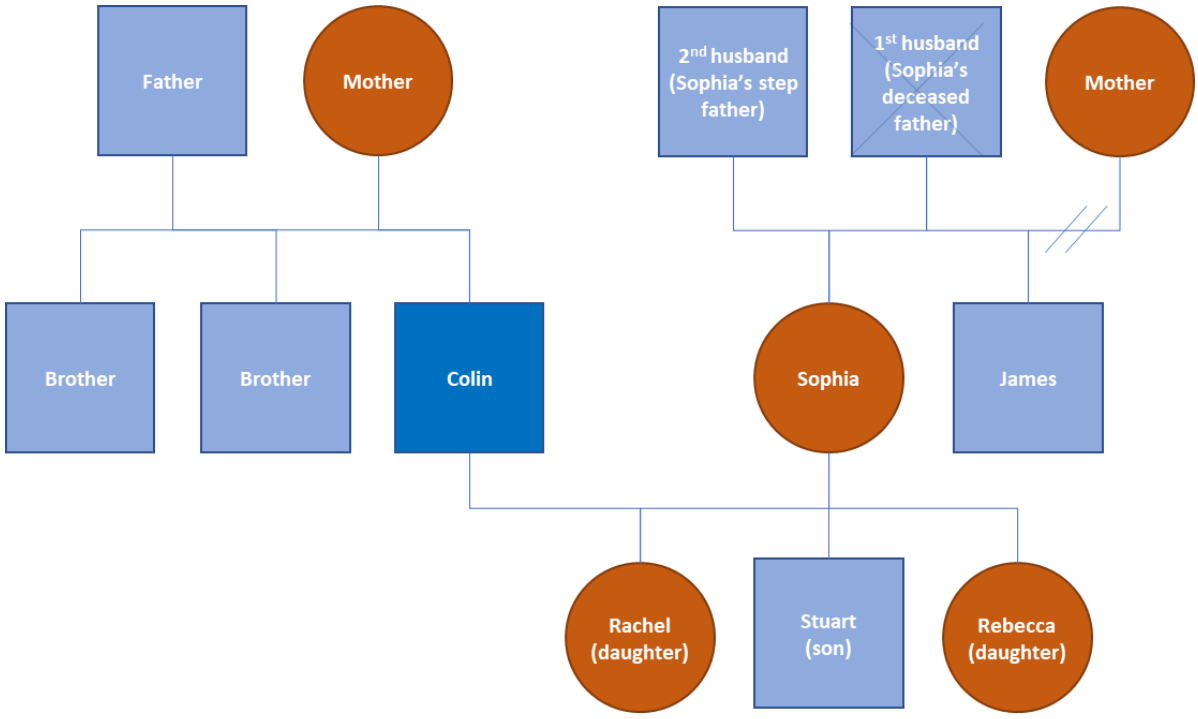
- have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- are or have been in an intimate personal relationship with each other
- have, or there has been a time when they each have had, a parental relationship in relation to the same child
- are relatives

1.5 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*".

1.6 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.*

1.7 This DHR examines the circumstances leading up to the death of Sophia and her daughter Rebecca on 29th March 2019. They were murdered by Colin, who was Sophia's husband and Rebecca's father, who after killing them killed himself.

1.8 The genogram below details the family's composition.



1.9 All names of the members of the family in this report are pseudonyms.

1.10 This review, as commissioned by Dacorum Community Safety Partnership, considers the involvement and actions of the different agencies with Sophia, Rebecca and Colin since 14th December 2017. In addition, the review also 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 Dacorum Community Safety Partnership in consultation with local specialists. The Home Office was informed of this decision on 9th April 2020.

2.2 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.

2.3 IMRs were commissioned on 10th December 2020 and agencies were advised to implement any learning arising from these as soon as possible.

2.4 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.

2.5 This DHR focuses on the period from 14th December 2017, when Sophia was admitted to hospital in an emergency for iron deficient anaemia, until her death, and that of Rebecca, in March 2019. Due to the limited and intermittent nature of Sophia, Rebecca and Colin's contact with services, chronologies of involvement were obtained dating back to 1996. These were used to provide background and context.

2.6 This Overview Report and its Executive Summary were presented to the Hertfordshire Domestic Abuse Partnership's Quality, Innovation and Commissioning sub-group, who are responsible for ensuring learning from DHRs is disseminated at a county-wide level, in March 2022. The Report and its Executive Summary were then presented to the Dacorum Community Safety Partnership in February 2022.

2.7 Upon review of what was meant to be the final draft of the report, Hertfordshire County Council (HCC) requested more detail and expansion of the analysis section. Due to a miscommunication between the Chair and HCC in relation to this, there was delay in the report receiving these final amendments. This was further exasperated by the huge rise in DHR referrals to HCC during a two-year period, where resources were stretched without any dedicated central government funding for DHRs. HCC has taken steps to ensure such a delay does not happen with future reviews.

2.8 The amended Report and Executive Summary were approved by the Chair of the Community Safety Partnership in December 2024. The contents of this DHR were then submitted to the Home Office in January 2025.

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 were agreed with the family of the victims.

3.3 The table below shows the age, ethnicity and gender of the victims and perpetrator and their allocated pseudonyms.

	Pseudonym	**Age**	**Ethnicity**	**Gender**
Victim	Sophia	50 years old	White British	Female
Victim	Rebecca	24 years old	White British	Female
Perpetrator	Colin	57 years old	White British	Male

4. Terms of reference

4.1 The terms of reference are 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.

4.2 Key Lines of Enquiry

4.2.1 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 7, this narrow focus is based upon the information available to the DHR Panel.

4.2.2 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?

4.2.3 **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. Methodology

5.1 The decision to undertake a DHR was made by the Chair of Dacorum's Community Safety Partnership and senior representatives from Hertfordshire's two Clinical Commissioning Groups, Hertfordshire Constabulary and Hertfordshire County Council. It appeared that neither Sophia nor Rebecca had extensive contact with services, but nonetheless the risk of serious harm to Sophia and Rebecca had not been recognised by the services that they were in contact with.

5.2 An independent Chair and Overview Report Writer was appointed on 24th November 2020. A DHR Panel was formed with representation from organisations that had worked directly with Sophia, Rebecca and Colin and from organisations who could provide specialist input and advice for the review, especially in the area of domestic abuse.

5.3 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.

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

6.1 The family of the victims were informed of the commencement of the DHR and invited to participate in whichever way would be most comfortable for them.

6.2 The family had the help of a specialist and expert advocate. Rachel (Sophia and Colin's other daughter) and Stuart (their son) were supported by a Homicide Case Worker from Victim Support and were also provided with detailed information about Advocacy After Fatal Domestic Abuse (AAFDA), an organisation who provide specialist advocacy for those bereaved by domestic homicide.

6.3 Due to restrictions in place at the time of the coronavirus pandemic, it was not possible for Rachel and Stuart to meet the Panel or the Chair in-person. However, the Chair maintained telephone contact with them throughout the review to ensure their views were incorporated. The Chair also spoke with Sophia's brother, James. Contact was attempted with Colin's brother, but no response was received. No contact details were available for Colin's parents. The chair spoke to Colin's employer.

6.4 The Terms of Reference were shared with Rachel and Stuart to assist with the scope of the review.

6.5 A copy of the draft report was sent to Rachel and Stuart prior to submission to the Home Office. Rachel and Stuart 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 List the agencies and other contributors to the review and the nature of their contribution.

Agency	Contribution(s)
Hertfordshire Partnership University NHS Foundation Trust (HPFT)	• Individual Management Review • Chronology
West Hertfordshire Hospitals Trust (WHHT)	• Individual Management Review • Chronology
Hertfordshire Constabulary	• Report to the Coroner (including interviews with neighbours) • Extracts from Colin's diaries.
General Practitioner (GP)	• Email answers to questions
Sophia's private counsellor	• Report on the nature of the counselling sessions • Email answers to questions

7.2 The request for IMRs revealed that the only agencies that had been in contact with Sophia, Rebecca or Colin were their GP surgery, Watford General Hospital's haematology department and the liaison psychiatry service there. Both Sophia and Colin had also previously received private counselling sessions, and Sophia's counsellor was asked to provide a report outlining their contact.

7.3 IMR authors were independent, neither having direct contact with Sophia, Colin or Rebecca or any line management responsibility for professionals that did.

7.4 Neither Sophia, Rebecca nor Colin had any previous contact with Hertfordshire Police, social services or with any specialist domestic abuse services.

7.5 Sophia was being treated for anaemia and for depression. She also had lymphoedema in one of her legs.

7.6 Colin had received intermittent treatment for anxiety. At the time of the homicides of Sophia and Rebecca, he had been prescribed citalopram, an antidepressant which is effective in the treatment of anxiety.

7.7 Due to the need to prioritise the response to the coronavirus pandemic, the GP replied to individual questions posed by the Chair instead of providing a full IMR.

8. The Review Panel Members

8.1 The DHR panel, which met four times, consisted of the following members, none of whom had any direct contact with Sophia, Colin, or Rebecca, nor did they line manage any professionals involved in their care.

Name and job title	Organisation	Role on Panel
Tracey Cooper Associate Director Adult Safeguarding	Herts Valleys CCG and East & North Herts CCG	Health representative
Graeme Walsingham Detective Chief Inspector Safeguarding Partnerships & Policies	Hertfordshire Constabulary	Police representative
Danielle Davis Senior Development Officer Domestic Abuse	Hertfordshire County	Local Authority representative
Sue Warren Safeguarding Lead Officer	Dacorum Borough Council	CSP representative
Katherine Johnson Interim Consultant Social Worker (Safeguarding Adults)/ Approved Mental Health Professional	Hertfordshire Partnership NHS Foundation Trust	Mental Health specialist
Dawn Bailey Named Nurse Safeguarding Adults	West Hertfordshire Hospitals NHS Trust	Acute health specialist
Louise Bayston Senior Operations Manager	Refuge (provider of Hertfordshire's Independent Domestic Violence Advocacy Service)	Domestic abuse specialist
Lisa Mullin Head of Service, Adult Disability Service	Hertfordshire County Council	Adult disability specialist
Brenda Evans Therapeutic Lead and Hertfordshire Team Manager	For Baby's Sake	Childhood trauma specialist
Nicola Sharp-Jeffs Chief Executive Officer	Surviving Economic Abuse	Economic abuse specialist

9. Author of the Overview Report

9.1 The Chair and Author of this report, Patrick Hopkinson, is an independent adult safeguarding consultant, a Safeguarding Adults Review author and a Chair and author of Domestic Homicide Reviews.

9.2 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

9.3 Patrick is an Associate of the Local Government Association, the Dartington Trust, Partners in Care and the Social Care Institute for Excellence and has lectured, and supervised research, at the Institute of Psychiatry, Psychology and Neuroscience, Kings College, London.

9.4 Patrick Hopkinson has no link with any of the organisations involved in this DHR.

10. Parallel Reviews

10.1 Hertfordshire Constabulary completed a criminal investigation and Her Majesty's Coroner for Hertfordshire opened an inquest. Both have been used to inform this review. The inquest was completed on 25th February 2021. The coroner stated that, "The reason for these tragic events remains a mystery. None of the evidence we have from family, work colleagues and neighbours provides any indication or explanation of why these tragic events occurred." The coroner concluded that Sophia and Rebecca were killed unlawfully and that Colin died by suicide.

10.2 The Chair is not aware that any other agency has conducted a review or investigation into the deaths of Sophia and Rebecca.

11. Equality and Diversity

11.1 This review is of the homicide of two women, Sophia and Rebecca, by a man. Rebecca was also the adult daughter of Sophia and Colin and consequently, this review also considers filicide (the homicide of a child).

11.2 It is important to consider the individual needs of Sophia, Rebecca and Colin with the ten protected characteristics, as defined in Section 4 of the Equality Act 2010, in mind. This includes examining barriers to accessing services in addition to wider considerations as to whether service delivery was impacted upon.

11.3 Section 149 of the Equality Act (2010) introduced a public sector duty, which is incumbent upon all organisations participating in this review, to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

11.4 The Review gave due consideration to all ten of the protected characteristics under the Equality Act, which are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnerships
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

11.5 This section will now outline the relevant protected characteristics for Sophia, Rebecca and Colin. Following this there will be a more in-depth discussion about how these characteristics might have created additional barriers to domestic abuse being identified or to Sophia and Rebecca accessing specialist support.

11.6 **Sophia**

11.6.1 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 three children, who were all adults at the time of her homicide. 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.

11.7 **Rebecca**

11.7.1 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.

11.8 **Colin**

11.8.1 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.

11.9 **Disability and mental health**

11.10 Section 6 of the Act defines 'disability' as:

(1) A person (P) has a disability if –
(a) P has a physical or mental impairment, and
(b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities

11.11 Both Sophia and Colin met criterion (a). Sophia had both physical and mental health difficulties and Colin had mental health difficulties.

11.12 They also appear to have met criterion (b), in that there is evidence that these had a long term and persistent impact upon them.

11.13 **Domestic abuse and mental health needs**

11.14 A great deal of research has been conducted into the links between domestic abuse and mental health needs. According to SafeLives (2019):

Mental health problems are a common consequence of experiencing domestic abuse, both for adults and children. And, having mental health issues can render a person more vulnerable to abuse […] Despite these strong associations, domestic abuse is often going undetected within mental health services, and domestic abuse services are not always able to support people with mental health problems.

11.15 Published international research indicates a higher prevalence of mental health needs amongst perpetrators of domestic abuse compared to non-abusive individuals (Oriel & Fleming, 1998) (Shorey, et al., 2012) (Askeland & Heir, 2014) (Okuda, et al., 2015). Some of this research considers findings from DHRs, which also indicate high levels of mental health needs amongst perpetrators (Bridger, et al., 2017) (Dawson & Piscitelli, 2017) (Oram, et al., 2013). In one study of domestic homicides in England and Wales, 40% of perpetrators had thought of, or attempted, suicide or had self-harmed prior to the homicide (Bridger, et al., 2017). Despite this, people with mental health problems are more likely to be victims than perpetrators of abuse and are at increased risk from perpetrators (Trevillion et al, 2013) who may exploit potential vulnerabilities with, for example, threats of institutionalisation or the removal of children, or may withhold or control access to medication.

11.16 Research indicates that mental health practitioners are not always equipped to enquire about, and respond to, domestic abuse (Greenfield et al, 2024). Currently, it is estimated that only 10-30% of domestic abuse cases are identified by mental health services (Howard, et al., 2010) (Trevillion, et al., 2016). The reasons for this include:

- Low levels of enquiry
- Lack of training
- Treating symptoms rather than causes

11.17 As victims of domestic abuse are more likely to disclose to health services than to other services, such as the police or specialist domestic abuse services, and this likelihood increases when a victim has mental health needs, numerous opportunities to provide support are currently being missed by mental health services in Hertfordshire.

11.18 **Domestic abuse and physical disabilities**

11.19 According to Public Health England (2015), people with physical disabilities, "…experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people". People with disabilities, "…may also encounter differing dynamics of domestic abuse, which may include more severe coercion, control or abuse from carers".

11.20 People with disabilities, "are often in particularly vulnerable circumstances that may reduce their ability to defend themselves, or to recognise, report and escape abuse". People with disabilities may also be socially isolated, by mobility needs, stigma and discrimination and may rely on others to help them to meet their wellbeing, health and social care needs. These factors can make it even more difficult to leave an abusive situation.

11.21 Public Health England (2015) recognises that, not only do people with disabilities, "…experience higher rates of domestic abuse, they also experience more barriers to accessing support, such as health and social care services and domestic abuse services``.

11.22 Public Health England (2015) goes on to recommend that these inequalities can be addressed by, "closing knowledge gaps, by improving accessibility and identification and by providing more opportunities for disclosure and support". Actions to do this include, "training for health and social care professionals and staff in domestic abuse services, improving integration of services and by engaging directly with disabled people".

11.23 **Sophia's mental and physical health needs**

11.24 Sophia was diagnosed with dysthymia (also known as persistent depressive disorder) resulting from childhood adversity. She was also known to self-harm. Sophia was also diagnosed with lymphedema and with anaemia.

11.25 **Colin's mental health needs**

11.25.1 Colin was receiving episodic primary care treatment for chronic anxiety.

11.26 **Summary of Sophia and Colin's mental health and physical health needs**

11.27 Sophia's mental and physical health needs may have increased her risk of experiencing domestic abuse, restricted her opportunities to leave an abusive relationship and exacerbated barriers to disclosure. They may also have provided health professionals with satisfactorily compelling explanations for Sophia's presentation to services. This may have primed less exploration of what may have caused Sophia's mental and physical health needs.

11.28 Colin had chronic anxiety, which is not a cause of domestic abuse but can be an associated factor (Shorey et al, 2012). There was, however, little further exploration of Colin's relationship with his family during his contact with health services.

11.29 Sophia may have faced predictably increased risks of domestic abuse and may have experienced barriers to disclosure which could be expected. Colin's anxiety appears to have been considered on isolation rather than with the context of his family. This emphasises the need for routine enquiry about domestic abuse during contacts with health services.

11.30 **Colin as a carer**

11.30.1 According to NHS England:

A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

11.30.2 Section 10 Care Act 2014, provides a legal definition of a carer as, "an adult who provides or intends to provide care for another adult". People who are employed to, or are providing care on a voluntary basis, but local authorities have discretion on this.

11.30.3 Whilst not formally recorded as carer, Colin acts as a carer for Sophia at various points due to her health and resulting support needs.

11.30.4 Recently in Hertfordshire, there has been a great deal of discussion about the differences between domestic abuse and carer stress. Whilst there is currently no evidence to indicate that Colin was experiencing carer stress, it is useful to make a distinction between intentional and unintentional harm.

11.30.5 Where harm is *intentional*, this is likely to be domestic abuse, and perpetrators of domestic abuse towards people with care and support needs will have the same motivations for control as in any other domestic abuse situation. Harm may be *unintentional* where the harmful actions of carers arise from a lack of coping skills or unmet needs (ADASS, 2011). Regardless of whether harm caused by a carer is intentional or not, the impact on the individual affected by the carer's actions, or lack of action, must remain central, and it is important that the nature of the risk posed is understood.

11.30.6 However, this may be unlikely as work to support people experiencing domestic abuse and safeguarding adults work have developed into separate professional fields. Research shows that safeguarding professionals rarely ask about abuse, and victims will be reluctant to disclose if not asked or given the space to do so safely. This is not because individual professionals do not want to ask, but because they have not been given the knowledge, skills and resources to be able to identify domestic abuse and facilitate safe disclosure.

11.30.7 Equally, specialist domestic abuse services can be, or at least feel, inaccessible to victims with care and support needs. Added to this, perpetrators who are carers will often deliberately emphasise and reinforce dependency as a way of asserting and maintaining control. Research also shows that people dependent on their abuser for care may be more likely to blame themselves or their care needs for the abuse. All of this means they are less likely to leave, highlighting how important it is that 1) safeguarding professionals identify and ask about domestic abuse and 2) domestic abuse services work with safeguarding professionals, ensuring care and support needs continue to be met whilst a victim gets specialist domestic abuse support (Local Government Association, 2015).

11.31 **Gender**

11.31.1 There is a gender inequality in the likelihood of homicide. The victims of homicide are most likely to be female and are unlikely to be male (Rouchy et al, 2020). Both Sophia and Rebecca were female and so were at higher risk of homicide.

11.32 **Age**

11.32.1 Rebecca was 24 years old when she was killed by her father, Colin. There is increasing recognition that domestic abuse affects younger people and this can occur within a trans-generationally within a family environment was well as in an intimate personal relationship. Office for National Statistics data for 2020, for example, showed that women aged 16 to 19 years were more likely to report being a victim of domestic abuse than all other ages were and that 14% of women in this

age group said that they had experienced domestic abuse (ONS, 2020). Women aged 20 to 24 years were the second most likely age group to report the experience of domestic abuse (10%).

11.32.2 Sophia was 50 years old when she was killed by her husband, Colin, who then killed himself. ONS (2020) figures show that women aged 45 to 54 years have a 7.7% prevalence of reporting experiencing domestic abuse, the joint-third (with women aged 25-34 years) most likely age group.

11.32.3 However, the majority of women who are killed by a partner had not reported previous domestic abuse and were in aged between 40 and 60 years old (Caman, et al, 2017; Chantler et al, 2017, Chopra et al, 2022). Consequently, within the context of self-reported domestic abuse, Sophia was not in the highest risk group but was in the highest risk group in the context of domestic homicide.

11.33 **Marriage**

11.33.1 Sophia and Colin had been the married for approximately 20 years. ONS (2020) figures show that women who are married or are in a civil partnership are the second most least likely to report the experience of domestic abuse (3.8%). Widowed women are the least likely (3.4%). Women who are single and cohabiting are between two and three times more likely to report domestic abuse.

11.33.2 Women who have separated are, at 18.6%, the most likely to report the experience of domestic abuse. It is unclear from the ONS statistics if these reports were pre-or-post separation. In addition, women who are divorced are the second most likely to report domestic abuse (13%, one percentage point more than women who are single) but it is not clear if these are reports of abuse before or after divorce. The ONS notes only that “marital status may have changed after abuse”. There is evidence (for example, Woodridge and Thistlewaite, 2006) that the risk of domestic abuse increases when the abused partner tries to leave the relationship. This risk may also include homicide.

11.33.3 The Home Office (2016) analysis of Domestic Homicide Reviews did not consider marital status and it combined figures for homicides by current partners with homicides by ex-partners. However, a more formal academic analysis of a similar data set by Chopra and colleagues (2022) found that stalking, separation and entering into a new relationship was the most statistically significant predictor of homicide.

11.33.4 These risks are likely to dissuade women who experience domestic abuse from trying to leave abusive relationships. Divorce rates (based on ONS 2019 data) are distributed quite evenly across age groups but begin to drop slightly from 50 years old suggesting that women in the same age group as Sophia would be unlikely to seek divorce, although Sophia had contemplated leaving her marriage ten years before she was killed.

12. Dissemination

12.1 The following people, in addition to Sophia and Colin's surviving children, and the Domestic Abuse Commissioner's Office and local Police and Crime Commissioner, received copies of the review report.

Name	Agency	Position/ Title
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
Claire Hamilton	Dacorum Community Safety Partnership	Chair of Dacorum CSP and Chief Executive of Dacorum Borough Council

Sarah Browne	Hertfordshire Community NHS Trust	Director of Nursing and Quality

13. Background information (the facts)

13.1 Where the victims lived

13.1.1 Sophia, Rebecca and Colin lived in their family home in Hemel Hempstead, Hertfordshire.

13.2 Where the homicides took place

13.2.1 The homicide took place at the family's home in Hemel Hempstead, Hertfordshire in March 2020.

13.3 Members of the family and household and length of relationship between Colin and Sophia

13.3.1 Colin and Sophia married in 1990 when Sophia was 20 years old, and Colin was 27 years old. They moved from Watford to Hemel Hempstead in 1991.

13.3.2 Sophia and Colin had three children, Stuart, Rachel and Rebecca, who were born in 1991, 1993 and 1995 respectively.

13.3.3 Rachel left the family home in August 2019 but saw her family approximately three to four times per week.

13.3.4 Stuart left the family home in 2012 and in Rachel's words was estranged from the family thereafter. Stuart, however, said that he maintained some contact with Colin by text message.

13.3.5 At the time of their deaths, Sophia was 50 years old and was not employed. Rebecca was 24 years old and worked at a kennels nearby. Colin was 57 years old and worked as a quantity surveyor.

14. Chronology

14.1 Whilst the terms of reference for this Review focused the analysis of agency involvement with Sophia and Rebecca and with Colin since 14th December 2017 events and information before this were also analysed from 1996 onwards if they had relevance to later events or showed any indicators of potential domestic abuse.

14.2 Key context for the homicides

14.2.1 The events leading up to the homicide of Sophia and Rebecca by Colin, and Colin's subsequent suicide, took place within the context of first phase of the COVID-19 pandemic, which began in 2020. On 16th March 2020, the Government advised against non-essential travel and encouraged working from home in all but exceptional circumstances. On 20th March 2020, entertainment venues were also ordered to close.

14.2.2 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 from Friday 20th March 2020 onwards.

14.2.3 Rachel still visited Sophia, Rebecca and Colin but parked on the drive and remained in her car whilst they stood at the front door, as household mixing at this time was not recommended by the Government due to the spread of COVID-19. Rachel was also in regular contact by text and telephone. On 22nd March 2020, Sophia sent Rachel a text message stating that Colin was finding it difficult working from home with Rebecca there as well. This exchange, however, appeared light-hearted and did not refer to any serious concerns.

14.2.4 On 23rd March 2020, the government restricted contact between households and the UK population was ordered to "stay at home". The only permissible reasons to leave home were food shopping, exercise once per day, meeting medical needs and travelling for work when absolutely necessary. All shops selling non-essential goods were told to close and gatherings of more than two people in public were banned. These 'lockdown' measures legally came into force on 26th March 2020.

14.2.5 There were national concerns about the impact of these restrictions on people experiencing domestic abuse and coercive control (Van Gelder et al., 2020), and so fleeing domestic abuse was named as one of the justifiable reasons for leaving the household during 'lockdown'.

14.2.6 On 27th March 2020, Sophia and Rachel exchanged text messages in which Sophia expressed concern that Colin was becoming increasingly worried about the coronavirus pandemic, and that she did not know what to say to calm his anxiety.

14.2.7 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.

14.3 **Synopsis of the homicides**

14.3.1 The Hertfordshire Police investigation found that at 9:38am on the day of the homicide, Sophia took in a delivery. Private CCTV cameras installed by neighbours recorded that at 10.11am, Sophia was outside by her front door and that at 10.22am she walked across the road to a neighbour's house, returning home at 10.28am. Rachel sent a text message to Sophia at 11:05am but received no reply.

14.3.2 At 12:28, the family's next-door neighbour smelt smoke. After knocking on the front door and receiving no reply, and briefly discussing this with a neighbour across the street, they dialled 999 and asked for the Hertfordshire Fire Service.

14.3.3 The Fire Service arrived at 12:36 and forced entry. They found no flames but were met with floor to ceiling thick black smoke, which made use of a thermal imaging camera difficult.

14.3.4 The first person discovered was Sophia, who was found lying on the living room floor. Once she was taken outside the house, fire officers noted marks on her abdomen.

14.3.5 Fire officers went back into the house and found Colin, who was lying unconscious on the stairs with both feet on the floor. Fire officers concluded that Colin was dead and so moved upstairs, extinguishing a small fire along the way. One of the fire officers noticed knives on the floor and, suspecting that something was "not right", left the house to inform the fire service Watch Commander of this. Hertfordshire Police were called and arrived at 12:43. At 12:45 the Watch Commander advised the police that this could be the scene of a murder (on conclusion of the police investigation, the term used was homicide).

14.3.6 Paramedics arrived between 12:41 and 12:52 and attended to Sophia, who was found to have multiple stab wounds to her chest, abdomen and hands. Unfortunately, there were no signs of life and so she was pronounced dead at the scene. The paramedics reported to the police that the injuries appeared to be stab wounds.

14.3.7 The fire officers who remained in the house proceeded upstairs where they found further smoke. On searching each room, they came to a bedroom to which the door was blocked from the inside. The fire officers managed to push their way in and found clutter everywhere and stated that, "it looked like the room had been ransacked and the whole contents dumped on the floor". They discovered Rebecca unconscious on the floor and moved her outside. The fire officers confirmed that there was no one else in the house.

14.3.8 The paramedics attended to Rebecca and found no signs of life. Whilst attending to her, they noted what appeared to be stab wounds to her chest and neck. Rebecca was pronounced dead at 13:30.

14.3.9 Police officers secured the scene and checked the garden, where blood spots were found on the patio and on the door handle of the garden shed. The police conducted further enquiries, including visiting Sophia and Colin's eldest daughter Rachel, who did not live with them, to notify her of what had happened.

14.3.10 As far as Hertfordshire Constabulary could ascertain, Colin took knives from a block in the kitchen between 10:28am and 12:28pm and used them to attack Sophia and Rebecca. Sophia was found with 39 wounds and Rebecca with 38 wounds, the majority of which were to the chest. The order in which these attacks took place and the location of the attacks within the house are not known for certain.

14.3.11 The conclusion of the Hertfordshire Constabulary investigation was that Sophia and Rebecca were killed by Colin with kitchen knives, and that Colin then set himself alight in an act of suicide.

14.4 Results from the analysis of digital devices

14.4.1 The Hertfordshire Constabulary investigation also analysed Sophia, Rebecca and Colin's digital devices, including their computers and mobile telephones, to establish if any pre-planning or research had been conducted by Colin. This analysis found nothing that appeared relevant to their investigation. Rebecca's computer had been restored on 28th March 2020, but the police concluded that this was coincidental as there was no attempt to destroy data. The family computer, used by Sophia and Colin, also appeared to be restored on a regular basis**.**

14.4.2 There was no targeted search by the police of Rebecca's social media accounts to identify anything that might indicate or suggest the experience, or witnessing, of domestic abuse. The content of all the electronic devices found within the home were accessed and reviewed, however, and the police noted nothing of significance.

14.4.3 This analysis of digital devices did reveal that Sophia and Colin were in the process of revising their will. It appears there had been a lot of ill feeling on Sophia's side of the family, specifically with her brother with whom she quarrelled over the estate of a parent.

14.4.4 A letter was also found from Colin, dated 11th March 2019, asking to be excused jury service due to his low confidence which had caused anxiety problems over the past 20 years and for which he had tried various therapies. Colin stated that a doctor's letter was attached explaining this.

14.5 Details of the post-mortems

14.5.1 Post-mortems were conducted on 1st and 2nd April 2020. Sophia was found to have no significant underlying natural disease but that there was evidence of historic deliberate self-harm. Sophia died of stab wounds to the chest.

14.5.2 Rebecca had no significant underlying natural disease and died of stab wounds to the chest.

14.5.3 Colin had underlying natural disease of his heart and liver, which did not cause or contribute to his death. Colin did not die of smoke inhalation and his death was consistent with the effects of fire.

14.5.4 Toxicology results for Colin showed the presence of recently prescribed citalopram (an antidepressant also used to treat anxiety), which was within therapeutic range, and of aspirin (or a substance containing aspirin) and paracetamol, both of which were within the therapeutic range. None of these caused or contributed to Colin's death.

14.6 Findings of the Hertfordshire Police's Investigation and the Coroner's Inquest

14.6.1 The Major Crime Unit, with the assistance of Crime Scene Experts, Blood Pattern Analysts, Fire Investigators and a Forensic Pathologist were satisfied that this was a case of homicide committed by Colin, followed by his own suicide by fire.

14.6.2 As far as the police could ascertain, Colin took knives from a block in the kitchen between 10:28am and 12:28pm and used them to attack Sophia and Rebecca. Sophia was found with 39 wounds and Rebecca with 38 wounds, the majority of which were to the chest. The order in which these attacks took place and the location of the attacks within the house are not known for certain.

14.6.3 A Coroner's Inquest was held on 25th February 2020 into the deaths of Sophia, Rebecca and Colin, during which the report of the Hertfordshire Constabulary investigation was examined.

14.6.4 The result of the Coroner's enquiry was a finding of unlawful killing of Sophia and Rebecca.

14.7 Contextual information for Rebecca

14.7.1 Rebecca worked with animals at a boarding kennels. Rebecca had begun as a volunteer and in 2014 was taken on in a paid permanent position for up to four days a week (days varied with seasonal demand). Rebecca's employer described her as a fantastic member of staff, but one who lacked confidence and did not talk much or offer conversation. Rebecca's employer considered that, from experience, Rebecca was similar to other employees, who tended to prefer the company of animals to that of people. If asked how she was, Rebecca would reply that she and her family were "fine". No contact details were available for Rebecca's friends to gather any further information from.

14.7.2 This reticence to talk about home life (or other topics) was ascribed to Rebecca's character by her employer and not questioned. Rebecca's reluctance about talking about home life may, however, have been the result of there being domestic abuse at home. Whilst it is possible that Rebecca had the opportunity to talk to her employer about her family life (Rebecca had worked there for up to four days per week since 2014 and was very much respected), there is considerable evidence that people who experience or witness domestic abuse at home are reluctant to do so for many reasons, including fear and shame. Rebecca's work was often directly with animals, and consequently she spent large amounts of time working alone. Employers, friends and acquaintances may also avoid broaching the topic of domestic abuse due to fear that they will not be able to appropriately respond to a disclosure.

14.7.3 Due to the impending 'lockdown' in response to the coronavirus pandemic, Rebecca was last seen at work on 22nd March 2020. Rebecca had responded to an email from her employer about the furlough scheme on 22nd March 2020 and had returned a signed form agreeing to be furloughed that evening. Rebecca was not asked, nor did she volunteer any feelings, about the impact of remaining at home with her parents for an indefinite period. At this stage of the response to the coronavirus pandemic, the support needs of people working from home, especially in potentially abusive and controlling environments, may not have been fully understood and responded to. It is likely that now, with considerably more experience of 'lockdowns', employers and support services have a greater awareness and are more responsive to these factors.

14.8 **Contextual information for Sophia**

14.8.1 In 2012, Sophia had accumulated credit card and bank loan debts of approximately £20,000. Colin was, according to family members, unaware of this at the time. According to her private counsellor, Sophia was keeping the debts a secret from Colin and worked in a supermarket as a shelf stacker to earn money to repay them. By 2020, the debts had been paid off (partly with an inheritance) and Sophia was not working at the time of her death.

14.9 **Contextual information for Colin**

14.9.1 Colin worked as a Quantity Surveyor for a local firm for over 13 years (since December 2008). Colin left to work for another firm in May 2017 but returned in August 2017, as he preferred working for his original employer. Colin's last day in the office was 20th March 2020. Colin was noticed by his manager to be finding the adjustment to working from home very difficult (due to computer and internet connection problems and adjusting to working from home rather than to working in an office). Colin often worked long hours, leaving early in the morning and returning later in the evening. There is some evidence (see section 14.98) that Colin, at least sometimes, resented this. Colin was still sending and responding to work emails on Saturday 28th March 2020.

14.9.2 Colin had spoken to his manager on 27th March 2020 about the anxiety he was experiencing working from home. This was so significant that his manager offered Colin the opportunity to return to work in the office. Colin rejected this, since he believed the neighbours might think he was flouting restrictions. This suggests that Colin was very conscious of the need not only comply with the "lockdown" restrictions but also to be seen by neighbours to be compliant with them. Colin was then offered the opportunity to be furloughed but rejected this due to the financial impact it would have on him and his family. Colin was the main income earner, and it appears was also worried about what would happen if he contracted COVID-19 and was not able to work. Colin's manager planned to speak to his managing director on Monday 30th March 2020 regarding Colin's anxieties about working from home.

14.9.3 Colin was described by his family as a quite old-fashioned "*pen and paper*" man who was not entirely comfortable using computers. His manager, however, said that Colin was happy to use technology and, regardless of what methods he used, always completed his work on time and to the required standard.

14.9.4 Colin's manager also said that Colin had few other close work colleagues and considered that the closest relationship Colin had at work was with him. There were no other colleagues who could offer any further comments. Colin had talked to his manager about his feelings of anxiety over the past years and about his desire to avoid work social events. This was managed by Colin taking annual leave when such events were held.

14.10 **Contextual information from neighbours**

14.10.1 The information in this section is that gathered from neighbours as part of the Hertfordshire Police investigation. The information gathered consists of observations, opinions and recollections of contact with Sophia and Colin.

14.10.2 Sophia appears, according to her daughter Rachel, to have had a good relationship with the neighbour who lived in the house across the street. Sophia and Colin also saw their next-door neighbour on occasion. During the Hertfordshire Police investigation, Sophia and Colin were described by neighbours as a "normal couple" who did not appear to have any problems.

14.10.3 The neighbour who lived across the street had asked Sophia to order an item for him on eBay and on the morning of 29th March 2020 at 10.25am, Sophia collected the money for this from him. Sophia entered his house despite the "lockdown" restrictions. This may be significant since Colin had also expressed his concerns to his manager about not being seen by neighbours to be breaching restrictions. Sophia did not, however, stay long at the neighbour's house. The neighbour told the police, as part of their investigation following the homicides, that he had no concerns for Sophia's safety at the time, who seemed her usual self and had her mobile telephone on her. Neither the neighbour nor his wife, who was a friend of Sophia, had any current or previous concerns about the relationship between Sophia and Colin or about Sophia or Rebecca's safety. This statement was, however, gathered for the homicide investigation rather than as part of an enquiry into domestic abuse. It would appear that Sophia was not afraid for her life when she entered her neighbour's house and had the means (a mobile telephone) to call for help, although this does not mean that she did not live in a coercive and controlling environment.

14.10.4 According to a statement given to the Hertfordshire Police as part of their investigation, the next-door neighbour had known Sophia and Colin for 25 years. Sophia would sometimes go to her house for a cup of tea and a chat but the last time this happened was a "few months ago". Colin would sometimes cut hedges for her. Their next-door neighbour had never known them to have arguments or disagreements and did not express any concerns of controlling behaviour. Sophia and Colin were described as "good neighbours" who would always help when needed.

14.10.5 The next-door neighbour met Sophia and Colin together for the last time on 26th March 2020, when they did some shopping for her. They were described to the police as "fine" and "completely normal", and Colin said that he would be working from home the following week, because of the coronavirus outbreak. The neighbour also saw Sophia and Rebecca together on 27th March 2020 and explained that, again, everything "seemed normal". The neighbour commented, however, that unlike on most weekends, she did not see Colin washing his car or Rebecca outside with her pets on the weekend of 28th-29th March 2020.

14.10.6 Whilst the views expressed by neighbours do not suggest that Sophie was a victim of coercive control by Colin, there remains a question of the extent to which neighbours can be aware of its presence. Both victims and perpetrators of domestic abuse often try to present a positive image to friends, family, neighbours and colleagues, moderating their behaviour to avoid attracting attention and inquisitiveness. For victims, this is usually due to fear of the perpetrator. However, it can also be due to feelings of shame, which victims of domestic abuse commonly feel. Often, victims also feel they are in some way to blame, due to the narrative created by the person or people abusing them. Some victims and perpetrators may also not define or recognise their experiences as those of abuse, especially if they are a victim of coercive control. Some describe coercive control as akin to brainwashing, and 'the art of brainwashing is sophisticated. The abuser replaces the victim's inner narrative and thoughts with their own. Gradually, the victim's voice is eroded and replaced

with the abuser's narrative: their views, needs, desires, wants which is placed above all else (Richards, 2021).

14.10.7 It can be a challenge for professionals to ask questions about intimate and family relationships, even when they feel something might not be quite right. Family, friends, neighbours and colleagues may also find it difficult to enquire about domestic abuse. There are many reasons for this, such as not knowing how to ask the question or feeling unequipped to help following a disclosure. Unfortunately, many also feel domestic abuse is a "personal issue".

14.10.8 Despite the prevalence of domestic abuse nationally, there are still many myths and misconceptions surrounding it. Hence, there remains the need for constant campaigns to raise awareness and communicate how to get support.

14.11 Contextual information from family members

14.11.1 Sophia and Colin were described as "quite private" by other family members. Rachel and Stuart described Sophia, Rebecca and Colin as very close and as not socialising with other families. Rachel and Stuart and James were unaware of any physical, emotional, or verbal abuse or coercive and controlling behaviour by Colin.

14.11.2 Both Rachel and Stuart were aware that Sophia had physical health problems and had also been treated for depression. They were also aware of their father's feelings of anxiety.

14.11.3 Rachel and Stuart stated that Rebecca loved animals and kept guinea pigs and rabbits. Rebecca was described by Rachel as "a bit OCD" (Obsessive-Compulsive Disordered: this is a colloquial use of the term and Rebecca was never formally diagnosed with OCD). This occasionally led to arguments, and Colin would sometimes be "wound up" by her. Otherwise, Rebecca was described by Rachel as getting on well with Colin, who would help her care for her pets and described Rebecca as quite sheltered and protected by her parents. There was a suggestion that Sophia was scared of losing Rebecca. Speculatively, this was due to Sophia's feelings of guilt about her ambivalence about having a third child, which is discussed later in this report in Section 16.8.

14.11.4 Rachel and Stuart, when trying to understand why their father killed their mother and sister, also reported that there were no financial worries. Although Sophia had debts in the past which she had worked to pay off without, according to family members, Colin being aware of them.

14.12 Agency involvement with Sophia, Rebecca and Colin: background

14.12.1 It is useful now to analyse the involvement of health services with which Sophia, Rebecca and Colin were in contact. This is presented for each person, focusing on the period between 14th December 2017 and 29th March 2020 but also including some background information where this is helpful to set context.

14.12.2 The terms of reference of this domestic homicide review included consideration of:

- 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 Sophia, Rebecca and Colin's 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?

14.13 **Summary of Sophia's contact with services for her physical health needs**

14.13.1 Sophia had several long-term physical health problems. These included lymphoedema (chronic tissue swelling, in this case in one of Sophia's legs which untreated, or under-treated can result in impaired function, pain, discomfort and a sense of heaviness in the affected limb) which was treated with antibiotics but remained a problem and iron deficiency anaemia. She was also investigated and treated for gynaecological problems, including menorrhagia (heavy menstrual periods) which was initially thought to be a cause of her anaemia, but was not. Despite investigations and treatment, the anaemia continued.

14.13.2 On 19th June 2018 and on 19th July 2018, Sophia attended her GP for health reviews. Sophia remained significantly anaemic but refused further iron infusions because she had experienced visual hallucinations of her father during her last stay in hospital. Sophia agreed to try a more concentrated iron supplement instead. In 2019, Sophia is recorded to have seen her GP on seven occasions (21st March; 1st April; 1st May; 13th November; 22nd November; 17th December and 30th December) for a number of other health matters including pins and needles in both hands (Sophia had previously been seen for pain and stiffness in her arm and neck and numbness in her thumb in 2010), foot pain as a result of an accidental fall through the backdoor (during which she sustained stress fractures of two foot bones), sciatica, flushing and frequent urgency and urinary incontinence.

14.13.3 There is no evidence in the records that there was consideration that any of Sophia's symptoms or injuries, especially the foot injury which was ascribed to a fall, might have been the result of abuse or that questions about abuse were asked. Pins and

needles can be a symptom of vitamin deficiency anaemia[1] but it can also be a symptom of anxiety.[2]

14.13.4 Whilst urinary incontinence can have multiple causes, it can also be a sign of sexual abuse (Pannek et al, 2009). The number of GP attendances within such a short period of time and the range of symptoms and injuries presented, might have suggested an escalation of abuse.

14.13.5 Sophia continued to take iron supplements and was last reviewed by telephone by her GP on 7th January 2020, at which it was noted that her iron levels were the best they had been for years.

14.14 **Summary of Sophia's contact with services for her mental health needs**

14.14.1 Sophia had a long history of depression. In 2009, Sophia was described in a letter from her gynaecologist to her GP as severely depressed, due mainly to the lymphoedema, which Sophia found embarrassing. Sophia was reported to be very resistant to investigation, treatment and to generally accepting help for depression. In 2012, Sophia had more significant contact with mental health services, which coincided with problems over the distribution of inheritance money by her mother.

14.14.2 Sophia was reported by her GP to be regularly cutting her leg "as a punishment for ambivalence towards her third pregnancy" (Sophia's lymphoedema was first recorded in 1996, following her third pregnancy), hoarding prescribed medication (mirtazapine, an antidepressant and temazepam, a minor tranquiliser) and taking more than prescribed doses on two occasions. There is no evidence that the reasons why Sophia hoarded medication were explored and whether the hoarding was in response to Colin withholding and controlling Sophia's medication. This is a relatively common form of coercive control and should have been enquired into further to eliminate it as a factor.

14.14.3 The Hertfordshire Police report to the coroner states that Sophia disclosed that she had attempted suicide by overdosing on temazepam (a minor tranquiliser) the previous Easter. Sophia was disappointed that she had survived and that her family had not noticed. There is no evidence that Sophia attended hospital or sought further professional help at this time.

14.14.4 Sophia's suicide attempt and depression may have been caused by, and a response to, domestic abuse, but this does not appear to have been explored at the time.

14.14.5 Sophia was assessed on 13th August 2012 and talked about the breakup of her parent's marriage when she was young and that her own marriage had been happy until the problems with her leg. Sophia felt very isolated and abandoned by her family. Sophia considered Colin to be weak and unsupportive and that he gave in for an easy life. Sophia described their relationship as like siblings and described herself

[1] https://www.nhs.uk/conditions/vitamin-b12-or-folate-deficiency-anaemia/
[2] https://www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder/symptoms/

as being isolated and not supported by Colin. There is no indication or exploration in the case notes or risk assessment of controlling behaviour by Colin. The assessor suggested going to Relate, but Sophia chose to see a private counsellor instead. Relate is a nationwide charity which provides relationship counselling. The assessor's suggestion of using Relate's services further confirms a lack of awareness or suspicion of domestic abuse since couple's counselling is potentially very dangerous where one partner is abusing another.[3]

14.14.6 Sophia was offered an outpatient psychiatric appointment to establish a diagnosis and determine whether she had the mental capacity to refuse treatment. On 17th October 2012, Sophia was given a diagnosis of dysthymia (also known as persistent depressive disorder) resulting from childhood adversity. Sophia was assessed to have the mental capacity to refuse medical interventions.

14.14.7 It is worthwhile considering the social and emotional impacts of Sophia's physical and mental health conditions. Lymphoedema is a chronic tissue swelling, in this case occurring in one of Sophia's legs. Untreated, or under-treated, lymphoedema can result in skin changes, loss of normal sensation, impaired function in the affected area, pain, discomfort and a sense of heaviness in the affected limb (Moffatt et al, 2003). People with lymphoedema experience greater levels of functional impairment, poorer psychological adjustment, anxiety and depression than the general population (Morgan et al, 2005).

14.14.8 Dysthymia is a form of chronic underlying depression which can last over a period of years. Whilst not 'serious' in terms of acuity and treatment, it is a condition that can have a long-term impact both on those diagnosed with it and on their family (Subodh, et al, 2008).

14.14.9 In 2014, Sophia's main concern was reported to be about her father, who had been diagnosed with leukaemia and that she was travelling to see. Despite having been noted in an outpatient's haematology appointment in February 2014 to have a better mood, Sophia commenced anti-depressants on 29th April 2014 and told her doctor that "I am useless at everything" and that she was no good to her father. Sophia's lack of self-esteem may have been a sign of domestic abuse and coercive and controlling behaviour by Colin. There was concern that Sophia's anaemia may be due to self-inflicted blood loss but no evidence of this was found.

14.14.10 Sophia had also received private counselling from 2007 to 2017. The counsellor concluded that Sophia was very depressed and felt emotionally deprived, having had a difficult early childhood. There was no exploration of whether domestic abuse had been present in Sophia's childhood. Sophia said that she was unhappy at home and that she wished to leave but was financially unable to; Sophia had large debts at the time which, the counsellor noted, she had kept secret from Colin. There are no indications of any changes in Colin's behaviour at this time (c.2012). The reasons for Sophia's feelings of unhappiness were not explored further by the counsellor. Sophia

[3] For example, https://www.thehotline.org/resources/should-i-go-to-couples-therapy-with-my-abusive-partner/

never explicitly mentioned abuse, including economic abuse and the control of money, in the counselling sessions. The counsellor noted that Sophia would sometimes unconsciously display feelings of violence and aggression toward herself and the counsellor felt that this was deeply unconscious and that Sophia herself was not even aware of it. Sophia had never made any mention to the counsellor of Colin's mental health needs.

14.15 **Summary of Sophia's contact with mental health services between 14 December 2017 and March 2020**

14.15.1 On 14th December 2017, Sophia was sent to Watford General Hospital by her GP and was admitted as an emergency for anaemia. Sophia attended alone and Colin was not present. During this admission, Sophia said that she was feeling very low and felt responsible for her father's death two years previously. Sophia denied any thoughts of self-harm or of suicide but agreed to be seen again on 18th December 2017. Any connections between these feelings of inadequacy, shame and self-blame and the experience of domestic abuse were not further explored.

14.15.2 The hospital contacted Colin, who explained that Sophia had been in a low mood for ten years and did not eat much. Colin confirmed that he was unaware of any self-harm or suicide attempts by Sophia, Colin said that he would bring Sophia back the next day and that he would keep her safe. There was no exploration at the time of the role that domestic abuse might have in Sophia's feelings of depression and responsibility for her father's death. Consequently, there was no consideration of whether it would be appropriate to leave someone who was being abused in the care of their abuser.

14.15.3 Sophia again disclosed feelings of guilt about her father's death at an appointment with a member of the Mental Health Liaison Team (MHLT) at the hospital on 18th December 2017. This was explored further and described as appearing to be linked to feelings of resentment towards her stepfather, in that her father was "such a nice man" who died young while her stepfather was still well, "…and yet he was horrible to her and her brother". Sophia also talked about having been bullied at school.

14.15.4 During this appointment, Sophia denied any abuse but said that she was considered by Colin to be a pessimist. Sophia also said that her two children who lived at home had not commented on any deterioration in her mood and that she spent all her time in her room. Sophia considered that the loss of her father was her biggest concern and that "…there is only bringing him back that will help".

14.15.5 This assessment was recorded in detail and showed evidence of probing the quality of Sophia's relationships with her family, about self-harm and about what motivated her to cut her lymphoedematous leg.

14.15.6 Sophia described her cutting as being self-punishment, driven by her guilt about her father's death; Sophia was present with him in hospital when he died, and she

blamed herself for his death. The MHLT assessor identified that bereavement counselling, coupled with medication, may assist Sophia.

14.15.7 Sophia was seen by a consultant psychiatrist and was given the diagnosis of a severe depressive episode with persecutory delusions. Risks identified included self-neglect through poor diet, and possible bloodletting.

14.15.8 Sophia was offered Crisis Assessment and Treatment Team input (this team works with individuals in crisis to prevent admission to mental health hospital), but she refused. It is not clear why Sophia refused this, although she did express anxiety that the MHLT assessor may want to "section" her (i.e., keep her in hospital under a section of the Mental Health Act 1983).

14.15.9 Sophia did not meet the thresholds for requiring assessment under the Mental Health Act. A plan was made to liaise with her GP and medication was commenced including an antidepressant and an antipsychotic.

14.15.10 On 19th December 2017, the Consultant Psychiatrist who had seen Sophia the previous day spoke with the Consultant Haematologist at Watford General Hospital. The Haematologist informed the psychiatrist that there was no obvious underlying cause for Sophia's anaemia other than poor diet and possible bloodletting, but she had never disclosed bloodletting. The plan was for follow up by Haematology and the GP, as Sophia had declined mental health input. A Mental Health Act assessment could be considered if Sophia's situation worsened.

14.15.11 On 16th January 2018, the Haematologist notified the GP that Sophia was worried that she may have to see the Mental Health Team again and so was reluctant to go back to Watford General Hospital. Sophia felt that she had not got over the death of her father, she did not want to go out and wanted to stay in bed much of the time. Sophia said that she wanted to restart iron tablets. Watford General Hospital had been the only agency to enquire about Sophia's homelife and her reluctance to attend might have been influenced by a desire to avoid the shame or fear of further discussions about domestic abuse.

14.15.12 At a GP review on 19th June 2018, Sophia reported feeling that when she did something to try to help herself get better then something bad always happened. Sophia felt like she was being punished. Sophia reported "being alright if she was left alone and accepted the situation". Sophia said that she was no longer working and spent much of her time alone in her bedroom. It appears that Sophia was feeling hopeless and resigned to her situation and was isolated. Feelings of hopelessness and low self-esteem are present in dysthymia (and in fact form part of the diagnostic criteria) but can also be suggestive of being subjected to coercive control.

14.15.13 On questioning further, Sophia's response was described by the GP as "the usual 'I'm OK'", and her emotions were described as flat. At a further review on 19th July 2018, Sophia was described as remaining depressed with flat emotions and some delusional ideas, which the loss of her father had exacerbated. Sophia reported that

she spoke to him every day. Sophia asked to try a different antidepressant. At a telephone review on 07th August 2019 it was noted that Sophia was "possibly slightly better on (the) new antidepressant".

14.15.14 On 20th November 2018, Sophia was seen at a Haematology outpatient's appointment. Sophia was described as not feeling better despite improved iron levels. Sophia said that she still blamed herself for her father's death from leukaemia three years previously, which she could not get over. The Haematologist suggested that Sophia may benefit from bereavement counselling and that she should see her GP about this. Sophia was described as thinking that "she will be punished" if she got better. The reasons for this fatalism and the type of punishment expected were not explored.

14.15.15 The last mention of depression was on 21st March 2019, when Sophia attended her GP for a medical review, but it was noted that Sophia seemed brighter in mood than she had for some time.

14.16 **Rebecca's contact with services for physical health needs**

14.16.1 There were no physical or mental health contacts with services by Rebecca in the period between 14th December 2017 and 29th March 2020. Rebecca last saw her GP in 2015 for a sore throat.

14.17 **Colin's contact with services for physical health needs**

14.17.1 Colin had no significant physical health problems but had occasional contact with his GP and with hospital services.

14.18 **Colin's contact with mental health services: background**

14.18.1 Colin was in intermittent contact with his GP about feelings of anxiety between 2011 and 2020. On 22nd June 2011, Colin reported a long history of anxiety which was made worse in anticipation of upcoming events and when meeting new people. He explained that he would stay up at night worrying.

14.18.2 Colin was prescribed Citalopram (an antidepressant) and was advised to book a follow up appointment but did not do this. According to the Hertfordshire Police report to the Coroner, on 27th June 2013 Colin told his GP that he was anxious about meeting new people and that Sophia "was bipolar" and that this caused stress at times. This is a colloquial use of the term "bipolar", as Sophia was not formally diagnosed with Bipolar disorder. Presumably, Colin is using this term in this way to convey that Sophia experiences extreme shifts in mood.

14.18.3 Colin told his GP that he was not keen on medication and had tried psychotherapy during the mid-1990's. The GP found no signs of paranoia or thought disorders and Colin was again prescribed Citalopram. On 20th June 2016 Colin again saw his GP

about anxiety and was prescribed Propranolol (a beta blocker for the treatment of anxiety).

14.19 **Colin's contact with mental health services between 14th December 2017 and 29th March 2020.**

14.19.1 On 12th February 2018 Colin saw his GP again about anxiety (there was no recorded contact since the appointment on 20th June 2016). He was prescribed citalopram and was given contact details so he could self-refer to the Wellbeing Team. On 11th March 2019, Colin told his GP that he was anxious about impending jury service and was sleeping poorly. The GP provided a letter of exemption. In March 2019, Colin paid for at least two private counselling sessions to help with anxiety, and he also kept a sleep diary. In one of the entries, he noted that he felt a bit fed up and used by his work.

14.19.2 Colin's last appointment with his GP was by telephone on 21st March 2020. Colin said that he was anxious about the coronavirus pandemic and found it difficult to sleep. He asked for medication which he had previously used for anxiety and was prescribed citalopram. The GP and Colin discussed sleep hygiene techniques, but Colin did not want to discuss the anxiety management techniques he had used previously. The GP reviewed Colin's previous episodes of anxiety, which all appeared short lived. Colin had not come back for reviews after each one and the GP assumed that this was because his anxiety had resolved. Colin made no reference to members of his family during this consultation and the impact of his feelings of anxiety on family was not explored.

14.19.3 **Events preceding the homicides and suicide**

14.20 The events leading up to the homicide of Sophia and Rebecca by Colin, and Colin's subsequent suicide, took place within the context of first phase of the COVID-19 pandemic, which began in 2020. On 16th March 2020, the Government advised against non-essential travel and encouraged working from home in all but exceptional circumstances. On 20th March 2020, entertainment venues were also ordered to close.

14.21 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 from Friday 20th March 2020 onwards.

14.22 Rachel still visited Sophia, Rebecca and Colin but parked on the drive and remained in her car whilst they stood at the front door, as household mixing at this time was not recommended by the Government due to the spread of COVID-19. Rachel was also in regular contact by text and telephone. On 22nd March 2020, Sophia sent Rachel a text message stating that Colin was finding it difficult working from home

with Rebecca there as well. This exchange, however, appeared light-hearted and did not refer to any serious concerns.

14.23 On 23rd March 2020, the government restricted contact between households and the UK population was ordered to "stay at home". The only permissible reasons to leave home were food shopping, exercise once per day, meeting medical needs and travelling for work when absolutely necessary. All shops selling non-essential goods were told to close and gatherings of more than two people in public were banned. These 'lockdown' measures legally came into force on 26th March 2020.

14.24 There were national concerns about the impact of these restrictions on people experiencing domestic abuse and coercive control (Van Gelder et al., 2020), and so fleeing domestic abuse was named as one of the justifiable reasons for leaving the household during 'lockdown'.

14.25 On 27th March 2020, Sophia and Rachel exchanged text messages in which Sophia expressed concern that Colin was becoming increasingly worried about the coronavirus pandemic, and that she did not know what to say to calm his anxiety.

14.26 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.

15. Overview

15.1 In summary, the only significant agency contacts with Sophia and Colin were by health services. Requests for information from the local authority, adult social care services, the Hertfordshire Police and voluntary sector organisations (including specialist domestic abuse organisations) revealed that there had been no contact with Sophia, Colin or Rebecca.

15.2 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.

15.3 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.

15.4 Sophia's physical health needs were being managed by both primary and specialist health services, as were her mental health needs with occasional further specialist psychiatric input. Colin's mental health needs were managed through primary care.

15.5 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, though this is likely because there was no exploration of domestic abuse by any of the agencies that Sophia and Colin were in contact with. This will be explored further in Section 16, 'Analysis'.

15.6 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.

16. Analysis

16.1 This analysis is framed within a context in which one in four women will be the victim of domestic violence and abuse and coercion and control during their lifetime. Domestic abuse and coercive control should be suspected, explored and eliminated if any risk factors for it are present, rather than considered to be an exception. The Chair of this DHR understands that the family members of Sophia, Rebecca and Colin may find this distressing, but this form of analysis is necessary to support services to make changes to their practice to prevent similar tragedies from occurring.

16.2 Some of Sophia's contacts with health services were for matters that could be potential indicators of abuse. Sophia was diagnosed with dysthymia (a persistent form of depression) and had low self-esteem. Sophia self-harmed and made at least one suicide attempt. Sophia told a counsellor that she was unhappy, wanted to leave Colin but did not have financial means to do so. Sophia expressed feelings of hopelessness and of resignation.

16.3 Viewed from the perspective of coercive control, Sophia's emotions, thoughts and actions were consistent with the concept of an abused person feeling as though they are trapped within a "cage" (Stark and Hester, 2019). The cage analogy describes the social and economic inequality forced on women through coercive control. The bars of the cage symbolise an intimate partner's use of controlling tactics including psychological subjugation, strategies of violence, intimidation, isolation, humiliation, exploitation and the micromanagement of their partner's everyday life. Irrespective of whether coercive control includes physical violence, many of these tactics are rarely identified as abuse.

16.4 Whilst there are no records that Sophia or Rebecca disclosed that they were experiencing domestic abuse, it appears enquiry about domestic abuse was limited (with the exception of the MHLT which explicitly asked about Sophia's relationships with people in her family and about domestic abuse). In turn, this meant the opportunity for Sophia to disclose may have been limited.

16.5 There were also no reports or concerns about domestic abuse from family members or neighbours. However, Sophia and Colin have been described as 'very private' which could be indicative of isolation being used as a way to maintain control by Colin. Additionally, due to the shame and fear victims of domestic abuse often feel,

this means they often don't talk about the abuse being perpetrated against them unless asked by someone close to them whom they trust. Therefore, it cannot be assumed that that Colin was not abusing Sophia and Rebecca despite those around them not having any concerns.

16.6 There is little evidence that questions about domestic abuse were asked, as part of routine procedures, by agencies or that the topic was otherwise probed. This is significant, since making a disclosure of domestic abuse is known to be extremely difficult and even potentially dangerous for the people who experience it. Victims of domestic abuse need to feel confident that they will be believed when they disclose and that the person they disclose to will take action. Lack of discussion by professionals about domestic violence and abuse may suggest to victims that there is no safe space in which to make a disclosure.

16.7 Certain factors were present which are associated with domestic abuse and which indicated an increased risk, such as Sophia's chronic physical and mental health problems. Domestic abuse is a recognised causal factor in victim mental health problems (Mahase, 2019) and there is also evidence that people with mental health difficulties are more likely to experience domestic abuse than the general population (Rodway, et al, 2014). People with chronic physical health problems are also at increased risk of intimate partner violence compared to partners without chronic physical health problems (Khalifeh et al 2015).

16.8 Significantly, perpetrators may attempt to gain greater control by exploiting their victims' vulnerability to make them even more dependent on them. Sophia had said that her marriage had been happy until her lymphoedema. A feature in some previous domestic homicides is that violence escalates when the victim, due to poor physical health, can no longer adhere to the perpetrator's routines, resulting in the perpetrator feeling a loss of control.

16.9 A study by Oram and colleagues (2013) of 1,431 domestic homicides in England and Wales found that 23% of perpetrators of family homicide had been in contact with mental health services in the year before the offence, and that 34% of family homicide perpetrators had psychiatric symptoms at the time of offence. These factors might have alerted agencies to a heightened risk of domestic abuse and coercive control and might have prompted further exploration of this.

16.10 Rebecca's reticence to talk about her home life may also have been an indicator of domestic abuse at home, but since she was not in contact with services there was no exploration of this. This does, however, highlight the need for increased public confidence in identifying and asking about domestic abuse.

16.11 Rebecca was also described as having been sheltered and protected by her parents, since Sophia felt guilty about not wanting a third child. This could also have been an indicator of coercive control, whereby aspects of Rebecca's life were being controlled and monitored. Again, there was no exploration of this.

16.12 The following factors about the family may be interpreted as potential indicators of coercive control:

- Sophia's physical and mental health difficulties combined with increasing levels of contract with health services.
- Sophia's behaviour (i.e. isolation and self-harm)
- Information Sophia provided to health services and to a private counsellor
- Rebecca's reticence to talk about home life
- Very close relationships within the household with little contact with others.

16.13 However, the perspective taken by the services and other organisations in contact with Sophia and Rebecca was to conclude (from the same information) that Sophia's mental health difficulties were due to lymphoedema resulting in dysthymia (which, according to Ryder et al, 2002 is very similar to a diagnosis of a depressive personality) and that Sophia's actions, thoughts and feelings were consistent with this. Similarly, Rebecca's reluctance to talk was interpreted as being typical of the sort of people who work in boarding kennels.

16.14 This interpretation served to locate Sophia's physical and mental health difficulties, and their causes, and Rebecca's reluctance to talk, within Sophia and Rebecca rather to consider the extent to which they were caused or influenced by external factors.

16.15 As a result, potential coercive control was not explored by services and no further evidence was sought or obtained that would have clearly indicated the need for specialist support and safeguarding interventions. There was one discussion of family relationships with Sophia on 18th December 2017, but there is no evidence that this was followed up afterwards.

16.16 Since there was no exploration of domestic abuse by professionals, it may have gone unrecognised until, perhaps exacerbated by stressors due to confinement in response to the coronavirus pandemic, there was an escalation to sudden fatal violence. This escalation of abuse by Colin may have been triggered by Sophia going into a neighbours' house, which Colin could have viewed as a breach of rules he might have put in place to control those he lived with.

16.17 **Overview of economic abuse and its impact**

16.18 There are some elements of this review that raise concerns about economic abuse. Economic abuse is a legally recognised form of domestic abuse, and is defined in the Domestic Abuse Act (2021) in the following way:

16.19 Economic abuse means any behaviour that has a substantial adverse effect on B's ability to—

16.20 acquire, use or maintain money or other property, or

16.21 obtain goods or services.

16.22 Economic abuse, as with many other forms of domestic abuse, is highly prevalent. Surviving Economic Abuse estimate that one in six women in the UK has experienced economic abuse by a current or former partner. They explain that:

16.23 Economic abuse can include exerting control over income, spending, bank accounts, bills and borrowing. It can also include controlling access to and use of things like transport and technology, which allow us to work and stay connected, as well as property and daily essentials like food and clothing. It can include destroying items and refusing to contribute to household costs.[4]

16.24 By restricting, exploiting, and sabotaging a victim's access to money or other resources, perpetrators limit the freedom of the person they are abusing. In turn, this forces victims to be more dependent on the person abusing them, meaning it is incredibly difficult for them to leave. If they can leave safely, victims often find it hard to rebuild their lives, as may not have the resources to do this. If they are in debt, this can also make achieving longer-term financial stability impossible due to poor credit scores or having to repay debts accrued in their name.

16.25 **Experiences of economic abuse in Hertfordshire**

16.26 In a recent consultation with 642 victims and survivors of domestic abuse in Hertfordshire, participants talked about the different ways their abusers found ways to curtail their economic freedoms. For many, this involved their ability to use their own economic resources being limited, as in the following example:

16.27 *Yeah, she'd never let me buy stuff. She'd go mad at me if I ever did. Umm, even just like going shopping; I absolutely hated going food shopping with her she'd have to, you know, pick everything and it was the little things you know, that were taken out of my control.*

16.28 This example shows how the perpetrator controlled how money was spent. Another survivor shared a similar experience, where their abuser had prevented them from shopping online.

16.29 There were points when she wouldn't let me do on-line shopping or anything like that.

16.30 Participants also talked about the long-term impacts of economic abuse, as in the following examples.

16.31 He married me under false pretences, he lied about his finances, I discovered he was deeply in debt, and I paid it all off.

16.32 I was told that because I had money (on paper), I would have to pay to stay at a hotel or pay even more for a place in a women's refuge centre. They did not take into

[4] What is economic abuse? - Surviving Economic Abuse

account that my payslip did not reflect my personal situation - that my ex-husband took most of my salary and had run me into debt applying for payday loans in my name.

16.33 **Sophia as a victim of economic abuse**

16.34 There are some signs that indicate that Sophia might have been a victim of economic abuse. These include:

Indicator	**Analysis**
In 2012 Sophia had accumulated credit card and bank loan debts of £20,000 which Colin was not aware of at the time. Sophia told her counsellor that she was keeping it a secret from Colin. The debts were paid off by 2020.	It is unclear how these debts were accumulated and whether this was due to economic abuse. The fact that Sophia kept the debts secret from Colin might suggest that she did not feel comfortable, or was even scared, about disclosing them to him. This may also be a sign of domestic abuse.
Sophia told her counsellor that she was unhappy at home and that she wished to leave but was financially unable to do so due to large debts.	This may be most significant indicator of economic abuse. Sophia felt that she had no option to stay due to her financial situation. Access to economic resources, including housing and welfare, is central to decision-making and safety planning for victim/survivors. Without access to support and resources, a perpetrator is able to gain more control and the victim/survivor has fewer options available, for example, to leave[5].
Sophia worked in a supermarket as a shelf-stacker to earn money to repay her debts. Sophia was not working at the time of her death.	We do not know why Sophia stopped working. This could also be a sign of economic abuse, whereby the perpetrator would stop the victim working in order to control their access to money. Alternatively, it could have been because Sophia had been able to pay the debt and no longer needed to work.
Colin was offered the opportunity to be furloughed but rejected this due to the financial impact it would have on him and his family. Colin was the main income earner, and it appears was also worried about what would happen if he contracted COVID-19 and was not able to work.	This suggests that Colin felt some pressure financially to earn for his family. Colin could have put this pressure onto Sophia in relation to stopping her spending money etc. Colin may also have blamed Sophia for the pressure he was under as the main income earner as Sophia was not working.

[5] 3_-wha-economic-abuse.pdf (dahalliance.org.uk)

16.35 **Homicide-suicide**

16.35.1 A significant factor in the homicides of Sophia and Rebecca was that after stabbing Sophia and Rebecca to death, Colin killed himself by fire. Events such as these are referred to as homicide-suicides and are considered in the academic literature to be distinct in their causes and characteristics from both homicides and from suicides (Liem, 2010).

16.35.2 Homicide-suicides are relatively rare events (Flynn et al, 2016; Eliason, 2009), with a rate of 0.05 per 100,000 population in England and Wales (Flynn et al, 2009). This compares with a homicide rate of 1.19 in 2016 and a suicide rate of 11.0 in 2018 per 100,000 population and a predicted rate of domestic violence and abuse of 5,700 per 100,000 population (ONS, 2019). They have also been the subject of relatively little academic study.

16.35.3 As part of this DHR, the Chair consulted with Dr Sandra Flynn, a leading academic forensic researcher at the University of Manchester who has researched and published on homicide-suicide in the context of domestic abuse. According to Dr Flynn, drawing firm scientifically valid and significant conclusions about homicide-suicides is made difficult by their rarity and relative heterogeneity.

16.35.4 There are, however, several domestic homicide reviews that feature homicide-suicide and filicide and a larger body of anecdotal and practice-based literature which has used information gathered through DHRs (e.g., Monckton-Smith, 2021) or which propose philosophical foundations for understanding and analysing homicide-suicide (e.g., Monckton-Smith, 2020).

16.35.5 DHRs which concern homicide-suicide and share similar characteristics with the current review include that of the homicide of Mrs. Lowe by her husband Mr Lowe, and Mr Lowe's subsequent suicide (Isle of Wight, 2016 https://www.iow.gov.uk/azservices/documents/1826-Exec-Summary-of-the-DHR-Into-the-Death-of-Mrs-Lowe-Final-Post-HO-no-footnote.pdf). Similarly to this review, this DHR found that there was no awareness of a history of domestic abuse prior to the homicide-suicide, but that there had been missed opportunities to consider, such as the impact of Mrs and Mr Lowe's deteriorating physical and mental health.

16.35.6 Likewise, a Safeguarding Adults Review (SAR) following the homicide of Mrs A by her husband Mr A, and Mr A's subsequent suicide (Barking and Dagenham, 2015 https://modgov.lbbd.gov.uk/Internet/documents/s97287/SAB%20Annual%20Report%20Report%202014-15%20Appendix%20A.pdf), also identified the need to assess and respond to the impact of long-term, debilitating and terminal health conditions on family members.

16.35.7 The academic research has tended to focus on the characteristics of the perpetrators, rather than the victims, of homicide-suicide and eight risk factors have been identified (Rouchy et al., 2020) following a meta-analysis of 49 published

research papers from 16 different countries. These can be used as a framework for analysing the extent to which Colin was at risk of perpetrating homicide-suicide. The eight risk factors, and an assessment of the extent to which they were present in Colin's case, are presented below. Not all the risk factors should be given equal weighting and the risk factors that appear to be most predictive of homicide-suicide are highlighted.

16.36 **Sociodemographic characteristics**

16.36.1 Sociodemographic characteristics include gender, age, level of education, employment status, profession, marital status, total number of persons living in the house and living arrangements. Certain sociodemographic characteristics are a consistently present factor in the research studies analysed by Rouchy and colleagues (2020). For example, the most likely perpetrators of domestic homicide-suicides are men and the risk increases with age. Biological fathers are more likely to kill themselves after homicide than non-biological fathers. A suggested explanation for this for is that biological fathers who kill their partner or child are more likely to have mental health difficulties than non-biological fathers are (Flynn et al, 2013) but less likely to have sought treatment or to have had violence and self-destructiveness in their backgrounds (Aho et al, 2017).

16.36.2 Colin was a middle-aged man and the biological father of Rebecca. He had limited contact with mental health services and there is no evidence of violence or self-destructiveness in his background and consequently fits these demographic characteristics.

16.37 **Relationship dynamics and family situation**

16.37.1 Relationship dynamics and family situations appears to be strongly predictive. Homicide-suicide occurs most frequently in the context of recent separation, divorce or relational conflicts. These tend to be associated with the presence of both physical and psychological violence and the experience of control. According to Monckton Smith (2020), separation and the threat of separation can lead to the abusive partner feeling a loss of control and consequently of status, leading to increased risk of extreme and murderous violence.

16.37.2 There is evidence that Sophia had talked about relationship difficulties in 2012 but these do not appear to have been between Sophia and Colin and instead involved a dispute over one child receiving money in an inheritance whilst the other children did not. There was no suggestion that Sophia and Colin were in opposition over this.

16.37.3 In counselling sessions between 2007 and 2017, Sophia told her counsellor that she wanted to leave but did not have the financial means to do so, due to debt that she had kept secret from Colin (which itself is a possible indicator of economic abuse). By 2020, her debts had been covertly paid off, meaning Sophia may then have had the means to leave. However, it is not known whether this is something she still

wanted or felt able to do. It is also not known whether she had shared her desire to leave, a common trigger for domestic homicide, with Colin.

16.38 **Victimological factors**

16.38.1 Victimological factors appears consistently throughout the literature analysed by Rouchy and colleagues (2020). The victims of homicide-suicide are most likely to be women or children and are very unlikely to be men. Colin was a man and therefore more likely to be the perpetrator of homicide-suicide against women.

16.38.2 The gendered nature of domestic homicide is understood to be a consequence of male dominance and privilege (Eaton, 2019), which normalises male power over women (Monckton-Smith, 2021). The power imbalance this represents suggests the presence of coercion and control as a factor in homicide-suicides and in violence against women and girls more generally. This further suggests the need to explore the experience of domestic violence and abuse and coercion and control more fully in contacts with services.

16.39 **Psychopathological vulnerabilities**

16.39.1 Rouchy and colleagues (2020) identify psychological vulnerablities as making a strong contribution to the risk of homicide-suicide. Whilst mental health problems do not cause a perpetrator to abuse a partner or a family member, perpetrator feelings of depression, preceded by self-harm, prior suicide attempts and suicidal thoughts are most commonly associated with homicide-suicide. There is also extensive research evidence that associates perpetrator mental health problems with violence towards their partner (Yu et al, 2019).

16.39.2 Colin had intermittent but chronic and persistent mental health problems, for which he frequently but intermittently sought help. There is no known evidence of suicide attempts, self-harm or suicidal thoughts. The private diaries kept by Colin as part of the counselling intervention he used to manage his feelings of anxiety, and in which he recorded his feelings, do not contain any indication of these. The absence of evidence, however, does not rule out suicide attempts, self-harm or suicidal thoughts. The diaries ended a year before Colin killed Sophia and Rebecca before killing himself. It is unknown if ceasing to keep the diaries coincided with a change in Colin's feelings. The last entry dated 22nd March 2019 describe Colin using relaxation techniques to reduce his feelings of anxiety before a work meeting.

16.39.3 Colin appears to have experienced an exacerbation of anxiety as a result of the coronavirus pandemic. He spoke to his GP about this on 21st March 2020 and his anxieties about the pandemic and about working from home were referred to in text messages between Sophia and Rachel and discussed with his manager. Whilst domestic abuse is not associated with feelings of stress, according to Rouchy and colleagues (2020), homicide-suicide is often correlated with situations and living conditions associated with general psychological stress. Liem and Roberts (2009) also

found an association between perpetrator feelings of dependency on the victim and a fear of abandonment and homicide-suicide.

16.39.4 Consequently, stress and anxiety may have been a factor in Colin's stabbing to death of Sophia and Rebecca and his subsequent suicide. Colin was worried about what would happen if he contracted COVID-19 and Sophia leaving the house and entering her neighbours, albeit briefly, might have been a triggering event, signalling that Colin had lost his perceived control of the situation and the precautions against coronavirus transmission.

16.40 **Legal history**

16.40.1 There is some evidence that perpetrators of homicide-suicide have criminal histories and may have been previously arrested, particularly for matters associated with substance use. Colin had no criminal history and no known history of substance use.

16.41 **Life experiences**

16.41.1 Life experiences are strongly associated with increased risk. The risk of homicide-suicide is significantly increased by the presence of early adverse childhood experiences. Having been recently confronted with one or more stressful experiences can serve as a triggering factor for homicide-suicide.

16.41.2 There is no evidence that Colin had a history of adverse childhood experiences. Whilst the research evidence suggests an association between adverse childhood experiences and the act of homicide-suicide, this does not mean that there is also an association between adverse childhood experiences and domestic abuse. It is too deterministic to conclude that these experiences cause someone to domestically abuse a partner or a family member.

16.42 **Method of homicide**

16.42.1 The Office of National Statistics (ONS, 2014) data shows that the most common method by which women are likely to be killed by intimate partners in the UK is by knife or other sharp instrument. The second most common method is strangulation or asphyxiation, and the third is head injury from a blunt instrument. It is likely that the choice of weapon is a function of its availability (Rouchy, et al, 2020). In the USA, for example, fire arms are the most frequently used weapon (for example, Salari and Sillito, 2016).

16.42.2 Colin used kitchen knives to kill Sophia and Rebecca.

16.43 **Motivational factors**

16.43.1 Homicide-suicide may be motivated by a very diverse set of factors. The most common of these appears to be a sense of entitlement and the exertion of coercive control. This is most often characterised by extreme possessiveness, obsessive convictions and ruminations about a partner's supposed infidelity. These can represent a form of controlling masculinity, where act of violence is an extreme way of controlling female partners and descendants and is perceived by the perpetrator as the only remaining option when a relationship breaks down (Flynn et al, 2016).

16.43.2 Another frequently cited motivational factor in homicide-suicide is the presence of psychotic delusional convictions of the need to spare a loved one (a child or a wife) from certain aspects of the world or from suffering. In this context the perpetrator believes, or justifies their actions, by believing that it is impossible for their victim(s) to survive in the world alone and that the only solution is to "leave together". According to Friedman et al (2005) this is seen frequently in filicide-suicide, where the murder of the child is part of a perceived parental obligation not to leave the child alone after a planned suicide. This is again consistent with coercive control, characterised by, for example, assumptions of entitlement to make decisions on others' behalf and to treat women and children as possessions. Related to this, some homicide-suicides can be considered to be "extended" suicides in which the suicide of the perpetrator is "extended" to intimate partners and family members, who are killed first, after which their killer takes their own life.

16.43.3 These motivational factors imply some form of premeditation, but in many of the cases examined by Rouchy and colleagues, the homicide is stated as a consequence of 'uncontrollable anger' and the suicide takes place as the offender realises what they have done.

16.43.4 On the other hand, Monckton-Smith (2020) hypothesises that domestic homicide is preceded by a change in thinking by the perpetrator. Several factors, including 'separation, but also financial ruin and mental or physical health crises', can lead to feelings of loss of control. The perpetrator's desire to coerce and control leads them to conclude that resolution of this conflict can only be achieved by extreme violence. This 'last chance' thinking is a risk marker for imminent homicide where 'a decision to kill is made and acted on, rather than the killing being a spontaneous response to a proximal provocation'.

16.43.5 The reasons why Colin killed Sophia and Rebecca and then killed himself remain unknown. The number of stab wounds might have been due to Colin's desire to kill Sophia and Rebecca quickly. According to the forensic pathologist's report, none of the stab wounds were immediately incapacitating and Colin may have continued stabbing because of this. The police representative on the panel for this DHR considered this, from experience of investigating stabbings, to be the most likely explanation for the number and type of wounds.

16.43.6 The number of stab wounds inflicted might also suggest violent frenzied attacks and uncontrollable anger followed by Colin's suicide upon realisation of what he had

done. The reasons for this uncontrollable anger might be speculated but cannot be known.

16.43.7 This form of excessive violence is referred to as "overkill" and where overkill is present, the victim is less likely to be a stranger and more likely to be known to the perpetrator. The extent of overkill may vary with the extent of resistance to the attack (Fritzon and Ridgeway, 2001). In the homicide and murder of intimate partners, overkill is most frequently associated with jealousy, rejection, and estrangement. According to the New Zealand Family Violence Death Review Committee, in 70% of intimate partner violence deaths where there was overkill, the primary victim was either planning to separate or had separated from the perpetrator. There is evidence that at one point, Sophia had said that she had wanted to leave, but this was a number of years before her death and there is no evidence, other than the change in circumstances that her debts had been paid off, that this remained her desire in 2020 and that Colin was aware of this. Separation, and fear of separation, however, can be a trigger for extreme violence in coercive and controlling relationships. Violence is not always a spontaneous reaction to events and homicides can be planned for over a number of years and for a number of eventualities. Planning is stage seven on the theoretical eight stages of domestic homicide proposed by Mockton-Smith (2019) and can include investigating methods for murder and obtaining weapons, attempts to isolate victims and organising finances and paperwork.

16.44 **Colin's final contact with his GP**

16.44.1 Flynn et al (2016) found that a quarter of perpetrators of homicide-suicide visited a GP for emotional distress within a month of the incident. Colin's last consultation with his GP was on 21st March 2020, eight days before he killed Sophia and Rebecca and then killed himself. During this consultation, Colin did not give the GP any indication that there was any risk of harm to himself or to others. The GP could find nothing in Colin's past history to indicate that there was such a risk. However, the GP did not ask questions about this during the consultation. There was no suggestion that the anxiety Colin had was any different to his previous episodes and at that point, the GP did not feel that psychiatric services were required or that Colin was at a crisis point needing an urgent assessment. At the time, many patients were similarly anxious about the coronavirus pandemic.

16.44.2 The SafeLives report, "Safe and Well: Mental health and Domestic Abuse" (2019) highlighted the lack of progress in integrating responses to domestic abuse within health services, resulting in a lack of support for victims and a lack of challenge to perpetrators. As a result, domestic abuse often goes undetected in mental health services and domestic abuse services are not always equipped to support people with mental health needs. The report made a number of recommendations for greater recognition of the links between domestic abused and the mental health needs of victims and perpetrators and for greater integration between health and domestic abuse services, including the use of the NICE (National Institute of Clinical

Excellence) 2016 quality standards for domestic abuse recognition and response to monitor the effectiveness of health services.

16.44.3 The GP told the reviewer that on reflection they would now ask questions about domestic abuse and would have referred Colin to the Wellbeing Team if there had been no improvement in his symptoms, although the GP commented that at this point in the pandemic in March 2020, Colin would not have been seen within the week.

16.44.4 The pandemic appears to have led to an increase in reported domestic abuse to both partners and to family members, but an decrease in reported abuse from ex-partners, probably as a result of the lockdown restrictions (Ivandic et al, 2020). The increase in reports was driven by third parties (neighbours etc.) rather than by victims themselves, which suggests some underreporting from homes where there were no external witnesses or suspicions. Gregory and Williamson (2021) found that the lockdowns were exploited by perpetrators to further abuse their victims but that "informal supporters" (friends, family, neighbours and colleagues) had found ways to support victims and to report their concerns about abuse. These findings support the need to continue to raise public awareness about domestic abuse and what to do where it is suspected.

16.44.5 Mintrom and True (2022) identified that a "policy window" for change had been opened up by the pandemic in response to the increased role played by "informal supporters" who felt empowered enough to report domestic abuse and the use of information technology (such as smartphones, video calls etc.) to increase access to services and to provide support to perpetrators. Consequently, there will be a need to increase the availability of support services during any future pandemics.

16.44.6 Colin's contact with his GP had, however, been episodic and he did not book follow up appointments. His GP practice books follow up appointments with their patients on a case-by-case basis, depending on the severity of any symptoms. Each presentation by Colin seemed to have the common theme of anxiety triggered by a situation for which brief medication was prescribed and for which no further review was needed. The gaps between Colin's presentations led the GP to assume that the anxiety then settled.

16.45 **Colin's Prescription of citalopram**

16.45.1 A question raised by one of the family members during this DHR concerned the prescription of citalopram on 21st March 2020 in the subsequent killing of Sophia and Rebecca and Colin's suicide on 29th March 2020, as there was a concern that they may be related. Colin was first prescribed citalopram in 2011 for anxiety, since he was worried about new events. Colin was advised to book a follow up appointment but did not. According to the GP, it appeared that Colin did not take the medication at that time. Colin was prescribed citalopram again in 2013 when he presented with anxiety, again triggered by events at work. Colin appears to have

used citalopram without any reported adverse effects, but it may have been better if follow ups had been made to monitor compliance and side effects.

16.45.2 There is some suggestion that antidepressants such as citalopram can actually increase the risk of homicide and suicide (O'Sullivan, 2006) but there is also evidence that they are effective treatments for depression (Hieronymus, 2018) and for anxiety (Varia and Rauscher, 2002). There is insufficient evidence to suggest a causal link between the taking of citalopram and the deaths of Sophia, Rebecca and Colin, and this review is not the place to make any judgements on this.

16.46 **Summary**

16.46.1 There were a number of indicators of abuse and of coercion and control. These include Sophia's diagnosis of dysthymia (a persistent form of depression) and low self-esteem. Sophia self-harmed and made at least one suicide attempt. Sophia told a counsellor that she was unhappy, wanted to leave but did not have financial means to do so. Sophia expressed feelings of hopelessness and of resignation. There was, however, no evidence that the health services that Sophia was in contact with explored domestic abuse with her.

16.46.2 Rebecca's reticence to talk about home life or any other topics may also have indicated the experience of abuse and of coercion and control, but she was not in contact with health services and this was not explored by her employer. There is considerable evidence that bystanders, including both close relatives and acquaintances, might be concerned that something is not right but may feel uncertain about what to say and what to do. They may be worried about not being able to help. They may also choose alternative explanations which mask the presence of abuse. Rebecca's employer, for example, ascribed Rebecca's reticence to talk about home life to her personality rather than to her reluctance to talk or think about abuse.

16.46.3 There were a number of factors present that suggested a risk of homicide-suicide, particularly psychopathological vulnerabilities, but these were not responded to or explored by the services that Colin was in contact with.

17. Conclusions

17.1 The purpose of this review was to:

17.2 **Establish how effective agencies were in identifying Sophia, Rebecca and Colin health and social care needs and providing support.**

17.2.1 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 on 21st March 2020) 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.

17.2.2 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.

17.2.3 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 and for people with chronic anxiety. These interventions may also have offered further opportunity to explore and discuss domestic abuse.

17.3 **Establish the appropriateness of single and inter-agency responses to both Sophia, Rebecca and Colin, both historically and within a month of their deaths.**

17.3.1 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.

17.4 **Establish whether and to what extent the single and inter-agency responses to any concerns about domestic abuse and/or coercive control were effective.**

17.4.1 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.

17.5 **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.**

17.5.1 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.

17.6 **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**

17.6.1 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 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.

17.6.2 It appears that Sophia had been unhappy in her marriage in 2012 and wanted to separate from Colin at the time. A number or 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 and depression.

17.6.3 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.

17.6.4 There were also a number of risk factors associated with homicide-suicide, set out in the analysis above, and whilst not all of these were present in Colin's case, some were. It may be useful to operationalise the assessment of these risk factors more formally so that they can be used by professionals.

17.6.5 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.

17.6.6 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 2018-19. 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.

18. Lessons to be learned

18.1 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.

18.2 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.

18.3 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.

18.4 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.

18.5 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.

18.6 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.

19. Recommendations

19.1 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.

19.2 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.

19.3 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.

19.4 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.

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Appendix 1

Domestic Homicide Reviews in Hertfordshire: SMART Recommendation and Action Plan Template for the case of Sophia and Rebecca

Recommendation **(SMART goal)**	**Scope of recommendation (i.e. local or regional)**	**Action to take**	**Lead Agency**	**Key milestones achieved in enacting recommendation**	**Target Date**	**Date of completion and Outcome**
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.	Local	A similar recommendation had been made in a recently published DARDR, 'Celeste', therefore this recommendation will be covered by completing the action for that DARDR. The recommendation in DHR Celeste stated: The Partnership should collaborate, design and agree a communications plan which will share the following learning points from this review: 1, Strengthened understanding of how to organise and coordinate a Professionals meeting (complex case discussion), as per the Care Act 2014, and the benefits these can have on the coordination of care and support for an individual at risk of harm or self-harm, and any other risk factors	Hertfordshire Domestic Abuse Partnership	The Strategic Partnership Team at Hertfordshire County Council is currently reviewing internal and external training offers as well as the most frequent requests received for training to identify gaps in training offer and will produce a training plan to address these gaps and involve the DA Partnership to help deliver these trainings.	June 2025	Ongoing, training and communications plan to be delivered to address gaps in knowledge and to increase knowledge and understanding of DA related issues.

		that may exist in a household or relationship. This should be in conjunction with the Hertfordshire Safeguarding Adults Board who already have some guidance published called 'Multi-agency guidance for complex cases'. 2, Increase the knowledge and understanding of the interdependencies between domestic abuse and mental health concerns across all agencies, and where individuals and family members can be signposted to for support, advice and guidance. 3, All agencies to be reminded of the impact drug and alcohol use can have on health, wellbeing, relationships and mindset and that specialist services like CGL should be contacted for advice and support. 4, Educate professionals and citizens of Hertfordshire on the benefits associated with being identified as having a 'caring role' to reduce the stigma for individuals and enable those who require support to access it.				

		The communication plan should include a variety of learning events, webinars and/or roadshows that are to be delivered by members of the Partnership to professionals working in Hertfordshire. The plan should also be supported by a campaign schedule that shares key messages from this review with the general public of Hertfordshire, and specifically the locality where the couple lived.				
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.	Local	a). Coercion and Control risk discussion to be embedded in all ICB domestic abuse training, conversation tool and the domestic abuse toolkit. b). Domestic abuse risk and the intersection of long-term illnesses, complex diagnoses such as dementia will be included in all risk assessment and DA conversation tool when domestic abuse is disclosed in clinical practice. T	ICB	Domestic abuse policy updated. Domestic abuse training updated and continue to roll out. The intersection of risk to be included in the DA toolkit and conversation tool.	April 2025	**A). JS: 10.2.25**: coercion and control is already embedded in all domestic abuse training delivery. B). The domestic abuse conversation tool is currently under review.

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.	Local	The review of medication including prescriptions for mental health is already governed by RCGP guidance. The Primary are safeguarding team will produce a 7-minute briefing to raise awareness of the importance of follow up and this will be amended in the DA conversation tool.	ICB	A 7-minute briefing to be rolled out to practices.	June 2025	**JS: 10.2.25**: Work is underway to strengthen awareness of risk related to domestic abuse victims who are prescribed medication for their mental health
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.	Local	a). Coercion and Control risk discussion to be embedded in all ICB domestic abuse training, conversation tool and the domestic abuse toolkit. b). Domestic abuse risk and the intersection of long-term illnesses, complex diagnoses such as dementia will be included in all risk assessment and DA conversation tool when domestic abuse is disclosed in clinical practice. Where is safe to do so. GPs will be encouraged to ask patients presenting with mental health/drug	ICB	Domestic abuse policy updated. Domestic abuse training updated and continue to roll out. The intersection of risk to be included	June 2025	**JS: 10.2.25**: coercion and control is already embedded in all domestic abuse training delivery. The domestic abuse conversation tool will be amended to support domestic abuse disclosure and improve knowledge and practice about the intersection and risk of domestic abuse, mental illness, drug and alcohol use.

		and alcohol concerns about domestic abuse.				