# DOMESTIC HOMICIDE OVERVIEW REPORT

# EXECUTIVE SUMMARY OF THE REPORT INTO THE DEATH OF KARA and STEFAN

**Report produced by:**
**Barnet Domestic Homicide Review Panel**

**Neil Blacklock - Report Author and Review Chair**

**Date: 02.12.13**

# EXECUTIVE SUMMARY

## 1. Introduction

This Domestic Homicide Review (DHR) examines the circumstances leading up to the deaths of Kara and Stefan at their home on 22nd January 2013. Kara and Stefan are pseudonyms and used throughout the report. The Review considered all contact/involvement of agencies with Kara and Stefan from 21st January 2012 to 22nd January 2013 and any earlier contacts that have relevance for the Review.

The Review also heard from friends and family of Kara and Stefan and would like to thank them for their invaluable contribution to the work of the Review Panel.

Kara was 80 years old and 3 days away from her 81st birthday at the time of her homicide by her husband, Stefan, who was aged 70. Kara and Stefan had been married for 35 years and had been living separately within the family home for almost five years after dividing their house into two flats.

In the early hours of 22nd January 2013 the Police and Fire Service were called to the homes of Kara and Stefan by neighbours because of a fire. Upon entry to the house the body of Kara was found in the downstairs kitchen with head injuries consistent with blunt force trauma and her throat was cut. Petrol had been poured around the upstairs flat. Stefan had killed Kara before starting the fire and taking his own life.

## 2. The review process

This DHR was recommended and commissioned by the Barnet Safer Communities Partnership Board BSCPB, in line with the requirements of the *Multi-Agency Statutory Guidance for the Conduct of the Domestic Homicide Reviews 2011*[1].

Barnet Safeguarding Adults Board has decided that there is no cause to commission a serious case review with respect to these deaths.

[1] http://www.homeoffice.gov.uk/crime/violence-against-women-girls/domestic-violence/domestic-homicide-reviews/

The DHR Panel consisted of:

| Name | Representing | Position |
|---|---|---|
| Neil Blacklock | Independent | Chair |
| Manju Lukhman | London Borough of Barnet (LBB) | Domestic Violence Co-ordinator |
| Tony Caetano | Metropolitan Police Service (MPS) Barnet Police | Detective Inspector, Public Protection |
| Paul Gardner | MPS | Critical Incident Advisory Team |
| Tim Spratt | MPS | Critical Incident Advisory Team |
| Kate Kennally | LBB | Director for People |
| Dawn Wakeling | LBB | Adults & Communities Director |
| Pam Wharfe | LBB | Director for Place |
| Teresa McHugh | Barnet & Chase Farm Hospital, NHS Trust | Deputy Director for Nursing |
| Terina Riches | Barnet & Chase Farm Hospital, NHS Trust | Director for Nursing |
| Richard Bell | LBB | Community Safety Team |
| Sue Smith | LBB | Safeguarding Adults Manager |
| Peter Wolfenden | London Fire Brigade LFB | Station Manager |
| Steve Leader | LFB | Borough Commander |
| Ruth Williams | London Ambulance Service | Community Involvement Officer |
| Annette Dhillon | Victim Support Service | Senior Service Delivery Manager |
| Roger Cornish | Barnet Clinical Commissioning Group | Interim Safeguarding Adults Lead |
| Emma Bell | Solace/Jewish Women's Aid | Director of JWA |

The following agencies were asked to secure their records and to identify an independent author of sufficient experience to undertake an individual management review (IMR).

London Borough of Barnet Adults and Communities
London Fire Brigade
London Ambulance Service
Central London Community Health Care
Family General Practice
Barnet and Chase Farm Hospital
Housing 21
London Borough of Barnet Planning, Conservation and Regeneration

**Additional sources of information for the work of the Review Panel**

I. Each IMR was scrutinised by the Panel and, where appropriate, IMR authors were asked questions directly by the Panel members. Staff from two organisations were interviewed by the Chair and further information and clarifications were sought from six agencies to support the Panel in its work.

II. The Chair also interviewed in person the staff member at AB Women's Association about their involvement with Kara and had further contact with the service by phone. The solicitors, L and Co (consulted by Kara) were interviewed by phone. The solicitor used by Stefan, did not respond to requests from the Chair to contribute to the Review.

III. The Chair of the Panel and author of the DHR overview report is Neil Blacklock, who is the Development Director at Respect and has no previous involvement with the subjects.

# 3. Key issues arising from the review

The risk to Kara was not identified by any of the professionals contributing to this review. Kara had disclosed in 1987 to her previous GP that she was experiencing physical violence from Stefan. Friends and family were aware that Stefan had used violence towards Kara and Kara had disclosed a difficult and troubled relationship with Stefan to her GP and others. Kara disclosed physical violence to her GP in 2011, along with concerns about Stefan's paranoid thoughts about her.

Those who are at risk from domestic violence may feel more comfortable talking to services that are not domestic violence specialists. This can be because they feel more comfortable with other agencies or they have a long standing relationship with a particular professional, or the existing domestic violence services do not appear to be an appropriate service for them. This overview report highlights the task facing professionals who are not providing a specialist domestic violence service but who are nonetheless consulted by those at risk from domestic violence. Therefore, it is incumbent on non-specialist services to be able to recognise the risk of domestic violence and to be able to hear the often hidden or indirectly expressed concerns of those who are experiencing domestic violence. This competence is vital in providing routes to safety for those at risk and implementing a functioning co-ordinated community response.

People experiencing domestic violence often make statements that indicate they may be at risk, as did Kara. The only professionals to who Kara disclosed that she was experiencing physical abuse where her then General Practitioner in 1987, twenty six years earlier and her current GP in 2011. She did talk more frequently about experiencing abusive behaviour and feeling depressed and anxious. The government definition of domestic violence highlights these coercive behaviours within the definition 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."

There is a tendency to reduce domestic violence down to acts of physical violence and this was evident in some of the statements made by professionals. Training for professionals needs to promote an understanding of domestic violence as a pattern of coercive behaviour, rather than isolated acts of violence, that have little connection. It is essential that this training is then translated into practice, so that a disclosure of coercive behaviour prompts additional enquiries about further risks.

Alongside seeking improved responses from professionals who are not domestic violence specialists, the Review also recognises that there is a need for services for older people experiencing domestic violence. This could be through changes in the way current domestic violence services present themselves to older people, or through services currently accessed by older people offering a specific domestic violence response.

Improving the reach and access of local domestic violence services is part of the remit of the Safer Communities Partnership Board and this should be translated into action for older members of the community. Older service users rarely feature in the awareness rising material for domestic violence services. With an aging population (Barnet has the second highest population of over 65s in London) more could be done to ensure that the needs of this age group in relation to domestic violence are not overlooked.

Given Kara and Stefan's unusual living arrangement, with separated husband and wife sharing the divided house, someone reviewing the care needs of Kara should have enquired as to the relationship between Kara and Stefan. While Occupational Therapy, Social Care Direct and Housing 21 all provided competent responses to Kara and questions were asked of her as to whether she believed she was at risk from abuse, specific questions about her relationship with Stefan were not asked.

The Review found two concerns that would benefit from being addressed at national level.

Firstly, there is little guidance for health care professionals on the use of interpreters and specifically what needs to be considered when using a family member as an interpreter. The Review Panel noted that this is a significant gap that could leave some patients vulnerable to further coercive control from family members. The Panel believed that the current status and nature of Kara and Stefan's relationship needed to have been explored further before Kara was invited to attend his medical appointments.

Secondly, and critically GPs are often seen as a source of help by people experiencing or perpetrating domestic violence. The perfectly human reactions to experiencing or perpetrating abuse, like depression, anxiety, difficulties sleeping, stress and digestion problems are presented to GPs as health problems, which indeed they are. GPs and others in primary care need to able to respond to these presenting concerns and screen for the possibility of domestic violence. Even where abuse is disclosed GPs often lack the training and skills to recognise the seriousness.

The excellent package to support GPs in responding to domestic violence (IRIS) would have helped equip the General Practice to identify and respond to Kara's concerns about Stefan's behaviour. While it is possible for IRIS to be implemented on an area by area basis, this is too important to be taken up in this haphazard way (and frequently following a DHR recommendation[2]) and would benefit from being considered by NHS England for roll out across all GPs.

# 4 Recommendations

## 4.1 London Fire Brigade (LFB)

- The partnership work between LFB and Barnet Social Services whereby vulnerable adults and families are referred to the LFB for a Home Fire Safety Check to continue.
- The current safeguarding training to remain programmed into the Borough training plan, so that all watch members receive training on safeguarding procedures annually.

## 4.2 Barnet Adults and Communities – Occupational Therapy

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259547/Domestic_homicide_review_-_lessons_learned.pdf

Occupational therapists have a unique role in supporting the independence of older members of the community as they visit older people in their homes to assess their support needs. Therefore, occupational therapists have first-hand experience of older people's living arrangements and are well placed to identify abuse. In support of this function the panel recommends:

- When an occupational therapist undertakes an enablement assessment where a patient states that they are separated from their partner, this must prompt questions as to the background to the separation, current contact and domestic violence risks. This is especially pertinent if they remain in the same house, even if living separately.

## 4.3 Capita - Social Care Direct

- Social Care Direct staff are required to explore issues of abuse during their rapid assessment process. Barnet Adults and Communities should review the training needs for staff undertaking this role and ensure that they are adequately equipped to explore these issues.
- When undertaking an assessment of someone who states that they are separated from their partner this must prompt questions as to the background to the separation, current contact and domestic violence risks.
- The structure of the rapid assessment form used by Social Care Direct to be amended to include specific prompt questions to explore domestic violence. Social Care Direct to liaise with Solace Women's Aid to progress this.

## 4.4 Housing 21

- To strongly consider introducing a more secure system for the recording of carer notes. The current paper system is prone to loss, as in this case. Improvements in technology, particularly the ability to use mobile devices to access and update central records, should be considered in a review of the current system.
- To ensure that staff providing care have training on domestic violence that covers risk indicators and specifically that separation may not indicate a reduction in risk

## 4.5 Barnet and Chase Farm Hospital (BCFH) (NHS Trust)

- To review its policy and procedures in relation to domestic violence to ensure that these include routine enquiry for domestic violence where patients present with injuries that are consistent with an assault
- To review its policy and procedure on domestic violence and ensure that this covers concerns about injuries to older people and their barriers to disclosure
- The Trust should develop a good working partnership with Solace Women's Aid to support the training of staff and to ensure that BCFH staff know how to refer to local domestic violence specialists when appropriate.
- The training provided to BCFH staff to be reviewed to ensure that it adequately equips staff with the knowledge and skills to enquire sensitively about domestic violence, including with older patients.

## 4.6 Central London Community Health Care (CLCH) – Walk in Centre (WIC)

- That the Adastra electronic records used in the WIC and elsewhere has a flagging system that covers vulnerable adults.
- That the links between CLCH and partner domestic violence agencies be improved by the attendance at MARAC of the CLCH Safeguarding Adults leads.
- That there is specific training on domestic violence for Adult Services staff that covers recognition, routine enquiry and signposting to appropriate services.

## 4.7 Family General Practice

- To develop a policy on the use of interpreters given the current gap in national guidance and to consider under what circumstances it is appropriate to use friends or family members as interpreters.
- To develop a policy on domestic violence that includes a requirement that all staff have training on domestic violence in line with their responsibilities. This should equip staff to be able to recognise when someone may be experiencing domestic violence, to enquire sensitively, recognise risk and refer where appropriate.
- The General Practice to incorporate the Royal College of General Practitioners' (RCGP) guidance on responding to domestic violence into their own policy.
- To ensure that information about domestic violence and sources of help for both victims and perpetrators is visible to patients and available to take away from the practice.

## 4.8 Barnet Clinical Commissioning Group and NHS England

These recommendations are directed towards both NHS England and Barnet Clinical Commissioning Group. At the time of writing it was unclear which body would have responsibility for taking them forward.

- To be assured that primary care are adopting the RCGP guidance on domestic violence across all settings.
- To commission the IRIS model to improve the early identification of domestic violence in primary health care.
- In conjunction with the Barnet Safeguarding Adults Board and the Barnet Public Health lead, ensure that materials are available in all primary care settings promoting services for domestic violence victims and perpetrators.
- To ensure that there is adequate guidance available for health care staff on the use of interpreters and specifically when it is not appropriate for a family member to act as an interpreter during medical consultations.
- Consider a "tag and flag" system for medical records of those at risk of domestic violence. Where such notes are archived, to ensure such tag and flag notifications are transferred with the notes.

## 4.9 Barnet Safer Communities Partnership Board

- Barnet has the second highest number of over 65 year olds in London, over 47,000 at the last census[3]. This needs to be reflected in the Barnet DV and VAWG Action Plan so that the particular needs of this section of the community are recognised.
- To consider how best to increase awareness that domestic violence occurs across the age spectrum through the use of public education materials.
- Ensure that the needs of older victims of domestic violence are acknowledged and represented in domestic violence training provided across the borough.
- To take account of the help-seeking pathways that are frequently utilised by older citizens, and those from minority communities, when commissioning domestic violence services.
- Ensure that domestic violence training equips professionals with the skills to recognise when someone may be at risk of experiencing or perpetrating domestic violence, to respond and enquire sensitively, recognise risk and refer if appropriate.

## 4.10 Solace Women's Aid and AB Women's Association

- Solace Women's Aid and AB Women's Association with support from the Barnet Domestic Violence Co-ordinator to explore a closer working relationship to ensure that women using AB Women's Association have access, when needed, to the domestic violence expertise of Solace Women's Aid.
- Solace Women's Aid to utilise the expertise of AB Women's Association to ensure that their services are accessible and appropriate to Greek Cypriot women.
- To explore how to make the above process as seamless as possible for service users

## 4.11 National Institute for Clinical Excellence

- To consider guidance for health care staff on the use of interpreters and specifically under what circumstances a family member should and should not be acting as an interpreter.

[3] http://data.london.gov.uk/datastorefiles/documents/2011-census-first-results.pdf