

A Domestic Homicide Review

Calderdale Community Safety Partnership

Executive Summary Domestic Homicide Review

Jenny 2017

Clare Hyde

30th July 2021

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The Review Process

Introduction and agencies participating in the review

1. This summary outlines the process undertaken by Calderdale Community Safety Partnership (the Community Safety Partnership for Calderdale), Domestic Homicide Review Panel in reviewing the homicide of Jenny, who was a resident in their area. A review panel was convened of senior and specialist agency representatives to oversee the conduct of the review. The panel was chaired by an appropriately senior and experienced person. An experienced and independent person has provided this overview report.
2. Jenny and Tim had known each other for approximately 5 years, they had 2 children together, H and S.
3. In the five days prior to the homicide Tim was staying with his sister at an address in Leeds. Jenny lived in Calderdale.
4. Jenny and Tim had separated a number of times the latest being a number of weeks before the homicide.
5. Tim murdered Jenny on 27th August 2017 at her home in Calderdale. Both children were present in the house. Tim was arrested on the Se day. He was subsequently charged with Jenny's murder. He appeared at Leeds Crown Court on 19th January 2018 and was found guilty of murder and was jailed for life with a minimum term of 17 years.
6. This DHR considers agencies contact and involvement with Jenny, Tim and H and S between June 2012 and August 2017
7. Tim has a history of one previous violent offence (GBH) for which he served a prison sentence and other non-violent offences. During the timescales of this review Tim was using cocaine and alcohol regularly.
8. Tim was in irregular contact with mental health services and it was reported by himself, Jenny and his parents that he had considered taking his own life on two occasions and he also stated that he had attempted suicide whilst serving his first prison sentence on one further occasion.
9. The following agencies contributed to this review
 - West Yorkshire Police
 - National Probation Service
 - Calderdale Clinical Commissioning Group (CCCG)
 - Calderdale and Huddersfield NHS Foundation Trust
 - Leeds
 - Substance Misuse Services

In addition Jenny's mother and sister contributed to this review.

Membership of the review panel and access to expert advice

10. The case review panel that oversaw this review comprised the following people and organisations.

Clare Hyde MBE Independent Chair

Rachel Boakes, Safeguarding Adults Specialist Practitioner, Leeds Yorkshire Partnership Foundation Trust

Dr Susi Harris, Named GP Safeguarding Lead Adults, Calderdale CCG

Louise Moody, Minute Taker, Calderdale CCG

Mark Patterson, Calderdale Neighbourhood Manager, Together Housing

Sarah Sturgeon, Quality & Performance Manager, Barca-Leeds/ Forward Leeds

Joanna Fraser, Serious Case Review Officer, West Yorkshire Police

Charlotte Palethorpe (CMBC), Community Safety & Resilience Team Apprentice, Community Safety Partnership

Sarah Barker, CSP Team Leader, Calderdale Metropolitan Borough Council

Corinne Liddle-Johnson, Matron Maternity /Named Midwife Safeguarding, Leeds Teaching Hospital Trust

Paula Gardner, Operations Director, Barca-Leeds

DCI Stuart Bainbridge, Detective Chief Inspector, West Yorkshire Police

Maggie Smallridge, Head of Safeguarding, National Probation Service

Lindsay Britton-Robertson, Head of Safeguarding, Leeds York Partnership Foundation Trust

Beth Gelipter, Service Manager, CGL Leeds IOM

Luke Turnbull, Designated Nurse Safeguarding Adults, Calderdale CCG

Alison Sparling, Specialist Nurse Advisor for Adult Safeguarding, Leeds Teaching Hospitals NHS Trust

Dawn Gibbon, Named Midwife Safeguarding Children, Calderdale & Huddersfield NHS Foundation Trust

Vicky Thersby, Head of Safeguarding Calderdale & Huddersfield NHS Foundation Trust

David Longthorpe, Head of Housing Management, Housing Leeds

Gill Marchant, Head of Safeguarding Designated Nurse Safeguarding Children and Adults Leeds CCG

Wayne Logan, Team Manager, Children's Assessment Team, Calderdale Children's Social Care

Independent author of the overview report and the chair of the review panel

11. The independent author and chair of the review panel was Clare Hyde MBE. Ms Hyde is founder and Director of The Foundation for Families, a not for profit community interest company established in 2010.
12. Ms Hyde was CEO of Women Centre Calderdale and Kirklees for 14 years (between 1994 and 2009) and developed nationally acclaimed and evaluated domestic abuse and other services and supports for at risk women and their families. Ms Hyde was a member of Baroness Corston's government commissioned review of women with vulnerabilities in the criminal justice system which took place in 2005/6 following the deaths of 12 women in custody.
13. In 2005, Ms Hyde was awarded an MBE in recognition of her contribution to women and children's domestic abuse services.
14. Ms Hyde also worked for the NHS in a regional improvement role (between 2005 and 2011) and led the development and delivery of the Yorkshire and Humber Transformation of Adult Social Care programme during that period. Ms Hyde was also the National Institute of Mental Health England (NIMHE) Programme Lead for the region.
15. Ms Hyde has been working as an independent chair and lead reviewer for children and adults reviews and domestic homicide reviews since 2011 and is currently working on a major thematic review of child sexual exploitation, complex children's serious case reviews and provides supervision and mentoring to senior staff at a University Social Work department.
16. Ms Hyde has not worked for or with any Calderdale agency since 2012.

The terms of reference and key lines of enquiry for the review

17. The purpose of this 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
 - Prevent domestic violence and homicide and improve service responses to all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest possible opportunity
 - Contribute to a better understanding of the nature of domestic violence and abuse
 - Highlight good practice

18. Each of the terms of reference was accompanied by additional key lines of enquiry for the agencies and their authors to consider when undertaking their agency review. For example, authors were asked to consider whether any information known to their services should have led to a different response and to consider the significant contributory factors that influenced how people made their decisions at the time.

The narrative overview and summary of information about the contact and involvement of services.

19. This section of the report summarises the information known to agencies and professionals in contact with the Jenny, Tim and the children. It provides the narrative summary of professional contact with the victim and the perpetrator between June 2012 and August 2017. (Information from July 2009 which relates to Tim's previous conviction for a violent offence is referred to as this is relevant to this review).

2009

20. On the 24th July 2009 Tim was sentenced to 48 months custody for offences of Section 18 and Section 20 of Wounding, this was an attack on a male stranger after a disagreement over a minor matter. This offence was committed with two other individuals. This was Tim's first conviction. Alcohol was a feature in relation to the offence.

2011

21. Tim was released from prison on the 12th July 2011 and was subject to Probation supervision until his licence end date which was the 11th July 2013.
22. After the licence end date on the 11th July 2013; Tim had no further involvement with Probation, until he committed the offence that this report relates to.

2012

23. In June 2012 Jenny presented for antenatal care for her pregnancy with H. Tim was present and named as the father of the baby.
24. Tim attended an appointment with his Offender Manager (OM) in June 2012 and informed OM1 that his partner was pregnant.

2013

25. H was born on 15th February 2013.
26. On 25th February 2013 Tim attended the Probation office with his partner and new baby. There is a lack of recording of who the partner/baby were but it is presumed to be Jenny and H.
27. On 6th April 2013 the staff of a hotel in Leeds telephoned an ambulance to attend Jenny, who was aged 18 at the time, as she was heavily intoxicated, partially dressed and with a group of men in one of the hotel's rooms. The ambulance responders called the police upon arrival at the hotel but no further details are held on the police system.
28. 19th June 2013 Tim attended his final appointment with his OM (OM3).

29. On 23rd June 2013 Tim was reported as a missing person to WYP by his parents. During their search for him WYP spoke to Jenny, who stated “that they had an argument and Tim had stormed out and said “you will never see me again” she did say he has threatened to self-harm before but had not carried out these threats, however, she is worried for his safety”. Tim returned home safe and well on 24th June 2013.
30. On 19th July 2013 Jenny applied online to Together Housing Association (THA) for re-housing. Tim was not included on the application.
31. On 15th August 2013 Tim attended an appointment with his GP and reported that he was using cocaine and ‘skunk’ and that he was experiencing mood swings and paranoia. The GP gave Tim a telephone number to contact a local substance misuse service.
32. On 17th August 2013 the police were called by a member of the public to a ‘domestic incident’ which involved 4 adults; Jenny, Tim and Tim’s parents. The police record of this incident states that Tim is shown as the perpetrator during the domestic abuse incident. Jenny answered no to there being any children in the household and no to recently having a baby within the past 18 months. There was no mention of the baby during the incident and no referrals are recorded as being made to Children’s Social Care or any other Partner agency. Jenny did not want any further help from the Police. No mental health issues were identified. A ‘Standard risk assessment’ was made.
33. On 23rd August 2013 Tim moved in with Jenny as a joint tenant.
34. On 27th August 2013 Tim’s father visited the GP on behalf of Tim and described Tim as being out of control at home, screaming & shouting. Tim’s father was worried that Tim would hurt himself or someone else and explained that he was frightened to try to control him as Tim was a lot bigger than him. Following Tim’s father’s visit to the GP Tim was accompanied to A & E by Tim’s mother and the police.
35. Tim and his parent’s reported that he had been found by Jenny with a noose in his possession and she had informed his parents. Tim stated that he had been feeling suicidal and depressed for 2 months. He reported that he had seen his GP who had prescribed medication for anxiety but that he had felt no improvement. He stated that he felt increasingly depressed and unable to cope with family stress. Tim also stated that he had sent 2 “suicide” notes to his parents and ex-partner about a week ago. He explained that he was struggling to tell his family about some personal issues but that he felt relieved that he had now told his partner and his parents. Tim’s mother reported that he had previously attempted suicide. It was noted that Tim had a 7 month old child and lived permanently with mother (it is not clear if this meant his own mother or Jenny). A referral to the Intensive Community Support Team (ICST) was made for Tim however following a telephone discussion with him on 30th August Tim declined support and agreed to a referral to the Community Mental Health Team (CMHT).
36. On 14th September 2013 Tim’s father telephoned the police to report that Tim had turned up at the family home and had ‘kicked off’ causing damage to their car and a door in the house. Tim’s father said that he thought that Tim was high on drugs. The police completed a DASH risk assessment (medium risk). Tim’s mother did not consent to a referral to support services.
37. Tim was offered an appointment with the CMHT on 16th September but did not attend. A member of staff telephoned Tim and the phone was answered by Tim’s mother who explained that Tim had been missing since 14th September.

38. Tim was arrested on 16th September 2013 on suspicion of damage to his parent's car and property. Tim was cautioned and released. The police recorded that *"He has fully admitted damaging the car and door to the house. However the complainant does not wish to pursue this matter and will not go to court. Due to this an adult caution is appropriate, the complainant agrees with this decision"*.
39. Tim attended an appointment with the CMHT on 23rd September 2013 and reported that he was struggling to come to terms with his some personal issues. A summary of the assessment found no evidence of thought disorder, paranoia, delusional beliefs or psychosis.
40. On 29th October Jenny completed a housing benefit claim stating that Tim had moved out of the property. (Leeds tenancy).

2014

41. In February 2014 Jenny moved to a private tenancy in Calderdale.
42. On 10th February 2014 Tim registered at a Calderdale GP practice and gave his address as the same as Jenny's.
43. On 30th April 2014 Tim had his vehicle seized for driving without insurance.
44. In December 2014 Jenny secured a tenancy with THA in Calderdale and was named as the sole tenant.

2015

45. On 16th April 2015 Jenny attended A & E suffering a miscarriage. She was 8 -9 weeks pregnant and it was recorded that she lived with her partner.
46. On 8th September 2015 Tim was accompanied by his parents to a GP practice in Leeds. Tim stated that he had tried to hang himself 2 weeks previously. He reported feeling very depressed, tearful and stated that he needed help. Tim stated that he lived with his partner Jenny and he would go there that evening. Tim also reported that *'he was in prison for violence 5 years ago, no further incidents since. He dabbled with cannabis in the past but denies any involvement with recreational drugs or alcohol. He reports on & off depression since his prison admission as he was seriously assaulted in prison. He feels he needs medication and counselling. Agreed to start Mirtazepine 15 mg tablets and "Insight" contact details given, Tim agreeing to contact them'*.
47. On 10th September 2015 Tim self-referred to 'Insight' Counselling Service.
48. On 14th September Tim completed a 45 minute telephone assessment with Insight. At the assessment standardised measures indicated for symptoms of depression (Severe) and for symptoms of anxiety (Severe) and it was also identified that he was experiencing symptoms of PTSD. During the assessment Tim stated that 5 years previously he was a victim of a serious assault while in prison and that this was the reason for his referral. He has been having flashbacks and nightmares since the event. He described feeling scared, anxious and emotional. He talked about reduced activity, poor sleep and poor appetite. He stated that he was taking an anti-depressant and that he lived with his girlfriend and child (who was then 2 years old). He denied any thoughts to harm himself or others, and admitted to trying to take his own life by hanging when he was in prison. Tim opted for Cognitive Behavioural Therapy

49. On 21st September Tim revisited the Leeds GP practice and it is recorded that Tim has *“good and bad days but can see things getting better in future. Had first appointment with “Insight” & found counsellor easy to talk to. Will be seeing her twice a week. Continues with medication, sleeping better. Drowsy in mornings so not driving. Boss understands. Has thoughts of suicide but “would never do anything about it” Cites daughter as a protective factor”*.
50. On 23rd September 2015 Tim attended an appointment for CBT therapy with the Insight service. His scores on clinical measures indicated moderate-severe symptoms of depression and severe symptoms of anxiety. Tim reported having a good relationship with his family and a supportive girlfriend. He talked about being assaulted in prison in 2009 and how he feels he couldn't protect himself and what if now he couldn't protect his family. No risks to self or others were identified.
51. Tim did not attend his scheduled 2nd appointment with the 'Insight' service but did attend on 7th October 2015. Tim's scores on clinical measures indicated no symptoms of anxiety or depression. Tim stated that he had been jogging and boxing which had helped his motivation. He had stopped taking his medication as he felt this was making him feel worse. He denied any flashbacks or nightmares to the assault. No risk to self or others were identified. Tim did not attend further scheduled appointments with the 'Insight' service and was discharged by them in December 2015.

2016

52. On 22nd June 2016 a complaint was made to THA by Jenny's neighbour. The complaint was about noise nuisance and inconsiderate parking. During their investigations THA were told by another neighbour that Jenny and Tim had a *‘volatile relationship’* and that the neighbour was afraid that Tim might *‘explode at her’*.
53. On 19th July 2016 Jenny booked for maternity care with S. Tim was named as the father.
54. On 13th December 2016 when she was 26 weeks pregnant Jenny attended ante-natal appointment and was asked a routine question about domestic abuse. She responded that there were no issues of domestic abuse.

2017

55. On 1st January 2017 Jenny telephoned the police to report that Tim (from whom she had separated) had visited the house the previous evening and had taken her bank card and the back door key. He had withdrawn money from her account. Later on 1st January 2017 Jenny reported that the money and the card had been returned by Tim.
56. On 2nd January 2017 Tim was arrested for arson having set fire to his own car. Whilst in custody Tim underwent a risk assessment. He reported that he had tried to hang himself in 2009 and that he was used cocaine on a daily basis.
57. Tim was further arrested for possession of cocaine and tested positive for cocaine whilst in custody. He was released from custody on 3rd January 2017 with an Adult Conditional Caution. The Adult Conditional Caution specified that Tim attended a substance misuse service.
58. On 4th January Jenny informed the police that she did not want to take the theft of the bank card and money any further as they had been returned to her. A DASH assessment was carried out (standard risk).

59. On 9th January 2017 Tim re-registered with his Leeds based GP.
60. On 16th January 2017 Tim attended his appointment with the substance misuse service and stated that he had been abstinent from alcohol, cocaine and cannabis for 14 days. Tim stated that he had previous treatment in Calderdale and has had counselling for PTSD and that he was coming off anti-depressants. He stated that his relationship breakdown with Jenny led to relapse into drug use in 2016. Tim also stated he had booked in with his GP to re-commence antidepressant medication. A further appointment was made
61. On 16th January the police reviewed the 1st January incident of theft of Jenny's bank card which had been recorded as a domestic abuse incident. The domestic abuse 'flag' was removed from the system as it was felt that *"There is no controlling, coercive, threatening behaviour, violence or abuse"*.
62. Also on 16th January Tim visited his GP and explained that he had attended an appointment with the substance misuse service. Tim reported that he had previously taken antidepressants but had stopped last year. He also reported that he had used cannabis and cocaine but was no longer taking drugs. Tim denied thoughts of self-harm. The GP diagnosed depression and prescribed an antidepressant.
63. On 23rd January 2017 Tim attended the substance misuse service for a comprehensive assessment. It was noted that Tim *"Reports being a Binge drinker once every 4 months for a week where he will drink 2 bottles of whiskey a day with cocaine and cannabis. Reported abstinence for 3 weeks. Social Situation – reports living with parents, not currently employed, no children living with client and no contact at home address"*.
64. The Recovery Worker offered Tim a referral to the Forward Leeds Specialist Team in respect of his report that he suffered from PTSD. The Recovery Worker carried out a risk assessment and Tim *"stated no history of violence. Suicide Risk after disclosure but not current – stated child is a protective factor"*. The Recovery Worker also noted in respect of safeguarding *"Has supervised contact with his child- saw him in December and once in January with his ex-partner and his parents present. No lone contact with him. Denies any social care involvement."* An entry was made to the Risk Assessment post the assessment session and the Recovery Worker stated a need for communication with a Criminal Justice worker. Update stated Jenny no longer pregnant and Tim reports trying to set fire to his own car after a recent drug binge. (Jenny was in fact 30 plus weeks pregnant at this point)
65. On 10th February 2017 Tim attended a further appointment with the substance misuse service. The Recovery Worker noted that Tim reported that he had remained abstinent from drugs (6 weeks) and that his sleep has increased to around 5-6 hrs a week. Tim reported that speaking to H by phone helped motivate him.
66. On 16th February the Substance Misuse Service Housing Support Officer telephoned Tim to offer support to make an application for housing which Tim accepted and an appointment was made.
67. On 21st February 2017 Jenny at 36 weeks pregnant attended a routine antenatal care appointment. As she attended with H the midwife was unable to ask about possible domestic abuse.
68. On 23rd February an appointment letter was sent to Tim for mental health support for PTSD.

69. On 2nd March 2017 Tim did not attend scheduled appointment with the Specialist team for PTSD support.
70. On 7th March at her 38 week antenatal appointment Jenny was asked about domestic abuse which she denied.
71. On 10th March Tim did not attend a scheduled appointment with the Substance Misuse Service and the Recovery Worker telephoned Tim twice but he did not answer. The Recovery Worker also called Tim's mother but there was no answer. (The Recovery Worker sent a letter offering a final appointment for 24th March 2017).
72. S was born on 13th March 2017.
73. On 24th March the Recovery Worker telephoned Tim and recorded "*he is back at work and feeling fine- says life is looking up. Unable to speak in detail as he was in a car, but agreed to discharge- advised him to re-contact us in the future if needed.*" Tim was discharged from the service and stated that he had remained abstinent from drink or drugs for 10 weeks
74. On 27th March 2017 Tim was reported missing by Jenny who stated that he had not been seen since 8pm the evening before. Tim returned to Jenny's address later that same day.
75. Tim attended his GP on 3rd April and reported that his sleep was still poor and that he was anxious about leaving the house.
76. On 2nd August 2017 Jenny telephoned the police she reported that she had been contacted by a neighbour who advised her that someone was at Jenny's home taking items from inside. They advised Jenny that there was a male there, with a van parked to the rear loading it up with items from inside. Jenny stated that she believed it might be her ex-partner Tim. (Jenny's mother confirmed that at this point, Jenny was staying at her sister's house in an attempt to have no contact with Tim)
77. Also on 2nd August an anonymous call was received by the police (from Jenny's mobile number) she reported that Tim had taken cocaine and was currently driving.
78. On 26th August Tim telephoned the police to report that Jenny, was extremely intoxicated and had got into her car around half an hour ago. The police were unable to locate the car. The phone call was made at 00:26 hours. The police incident log was finalised at 00:44 hours as an area search had not traced the car. It was not recorded if any checks were made at Jenny's home address to check on her welfare or if the call was malicious or domestic related. It was noted that the last reliable intelligence on the vehicle had been at 21:06 hours.
79. On 27th August 2017 Jenny's mother reported her daughter missing to the police. She reported that she had last spoken to her daughter at 7pm on 26th August. She stated that Jenny had gone off with her ex-partner Tim. At 8.35pm that evening she had received another telephone call from her daughter. Jenny's mother went on to report that she had received a telephone call from Tim's father who informed her that Tim had dropped H and S off at his home in Leeds at approximately 2am that morning on 27th August.

Additional Information considered by the Review

80. The DHR panel members and the independent author made a decision to consider information which came to light during police investigations following the murder of Jenny. The

information relates to statements made by members of Jenny and Tim's families (some of which were reported upon by the press during Tim's trial). Without considering this additional information it was difficult for the review to determine the extent of any domestic abuse prior to the homicide and therefore difficult to identify any learning for partner agencies. The additional information considered relates to the knowledge various family members had that Tim had been abusive; including physical violence, controlling and possessive towards Jenny.

81. One key piece of information was provided by Jenny's sister who stated that she had seen text messages sent to Jenny from Tim on 25th August 2017 which said "*Slag, watch what I do to you*" "*If I can't have you no one can*" "*I'm not the monster I used to be, what do you think I am going to do to you?*" and Jenny replied "*I know what you are going to do, you're going to kill me*"
82. Jenny's mother in discussion with the independent author confirmed that Tim had been abusive prior to the homicide and that Jenny was often bruised but would deny that Tim had caused the injuries deliberately. Jenny said that the injuries had been caused during 'play fighting'. Jenny's mother also observed holes in the wall at Jenny's home where Tim had punched the wall. Tim's mother stated to the police following the homicide that Tim had been violent towards Jenny but that she believed that there had been no violence since the children were born.
83. From considering this additional information it is clear that Tim's abuse of Jenny abuse was long standing.

Analysis of information against the key lines of enquiry

84. This section is informed by the discussions held with Jenny's family, information held by the police following the homicide, discussions which took place with the DHR Panel, the agency IMRs and by the wealth of research which exists in relation to domestic abuse.
85. ***Were agencies aware of any mental health issues for Tim? If so what actions did you take?***
86. Tim accessed support and interventions in respect of his mental health throughout the timescales of this review and these are described in the narrative overview above
87. Agencies responded appropriately to Tim's symptoms as he presented however he did not always report the same symptoms or difficulties to different practitioners.
88. Agencies referred Tim for further assessments and interventions in respect of his mental health.
89. ***Did Tim have a mental health assessment during the timescale for this review? If so what was the outcome of the assessment?***
90. Tim underwent a number of assessments in respect of his mental health and they are described in the narrative overview above.
91. Tim was assessed in respect of his mental health issues at various points between 2013 and 2017 however he did not engage with services for sufficient time to complete treatments or interventions.

92. The impact of this non engagement in relation to identifying risk to Jenny and the children is described in more detail elsewhere in this report.
93. ***How did any diagnosis or contact with Tim lead to a risk assessment? Specifically in respect of Jenny and the children?***
94. As part of the CMHT assessment, a risk assessment was completed with Tim, addressing both risk to self and others. He was assessed as being no risk to others with a score of 0, but risk of suicide and deliberate self-harm being scored as a 1, indicating low risk. At the time of assessment on the 23rd September 2013 it is documented that his daughter, who was 7 months old at the time, was living with his ex-partner. He reported only seeing his daughter when in the company of his mother. There is no further documentation to indicate that practitioners explored with Tim why this was the arrangement. (Jenny's mother confirmed that the informal supervised contact arrangements had been insisted upon by Jenny as she was concerned about Tim's drug use and the threats which had been made to Tim by people selling drugs to him and the risks this posed to the children).
95. ***Was Tim's self-reporting of PTSD ever verified?***
96. Tim did not make any reports any symptoms of PTSD during the 2013 CMHT assessment nor did the practitioner who carried out the assessment note any indication of PTSD.
97. In 2015 when Tim briefly engaged with the Insight service symptoms of PTSD were noted during the 45 minute telephone assessment however these were not identified in the following appointments Tim attended with the CBT therapist.
98. In summary it appears that Tim reported to some agencies that he had been diagnosed with PTSD which had arisen as a result of his experiences in prison. However PTSD was not formally diagnosed and Tim was not always consistent in describing his symptoms. It is impossible to state therefore that Tim was suffering from PTSD.
99. ***Was the safety and well-being of Jenny and the child/ren considered by agencies at appropriate points?***
100. The safety of Jenny and the children was not always considered at appropriate points and there were occasions when agencies should have made further enquiries with other agencies or explored safeguarding further with Tim.
101. These occasions include:
- When Tim presented at A & E after a suicide threat and it was stated that Jenny, his partner, had 'cut him down'. This did not prompt an exploration of how Jenny was or indeed where she was.
 - Tim also told the CMHT staff that he was only allowed supervised contact with his child and this was not explored in relation to Jenny's safety.
 - Tim's disclosure to the Recovery Worker in 2017 when he stated that he had supervised contact with his child and that his partner was pregnant (he later told the Recovery Worker that Jenny was no longer pregnant although this was not true),

There was scope for more questions to have been asked at this point around relationships/parenting status/safeguarding and there was also an anomaly between Tim's declaration of no history of violence and the offence of GBH reported during referral.

102. It is worth noting that if enquiries had been made to establish whether or not there was a history of domestic abuse or safeguarding concerns the response from other agencies would have been negative in this case but that will not apply in other cases.
103. During the September 2013 incident between Tim and his parents Tim's father reported to his GP that he was afraid that Tim would hurt him or someone else. The GP advised Tim's father to call the police which he agreed to do. It does not appear that the GP asked about the existence of a partner or children who may also have been at risk. However as Tim was living with his parents at that point the GP responded appropriately to the immediate threat to Tim's parents and advised that they should call the police.
104. ***Were referrals to children's social care considered at appropriate points by all agencies?***
105. There were no occasions which warranted a safeguarding referral to be made to children's social care however there were occasions upon which further enquiries with children's social care could have been made and these are described in the paragraph above.
106. ***Were practitioners sensitive to the needs of the victim and the perpetrator, knowledgeable about potential indicators of domestic violence and abuse and aware of what to do if they had concerns about a victim or perpetrator? Was it reasonable to expect them, given their level of training and knowledge, to fulfil these expectations?***
107. Jenny did not disclose domestic abuse to any agency even when she was asked about it directly.
108. On 8th January 2017 when the police were called by Jenny following the theft of her bank card and cash by Tim the police recorded the incident as a domestic abuse incident and carried out a DASH assessment. At that point there was one previous recorded verbal domestic abuse incident between Jenny, Tim and his parents. Jenny did not wish to proceed with complaint in respect of the bank card and cash as she stated that Tim had returned both.
109. On 16th January 2017 the police made a decision based on this that '*There is no controlling, coercive, threatening behaviour, violence or abuse*' and the 'Domestic flag' was therefore removed from the system. However Jenny was 32 weeks pregnant at that point in time and reported that she and Tim had separated the week before. These two facts meant that Jenny was at higher risk of repeat and escalating incidents and this does not appear to have influenced decision making.
110. Whilst Tim did not disclose that he was perpetrating domestic abuse to any agency there were indicators that domestic abuse may have been an issue for example repeated suicide threats, drug use and aggression which were documented by his GP, when Tim told his Recovery Worker that he had supervised access to his child.
111. ***Did the agency have policies and procedures for (DASH) risk assessment and risk management for domestic violence and abuse victims or perpetrators and were those assessments correctly used in the case of this victim/perpetrator? Did the agency have policies and procedures in place for dealing with concerns about domestic violence and***

abuse? Were these assessment tools, procedures and policies professionally accepted as being effective?

112. The DASH risk assessment was used on three occasions by the police:
- August 2013 when the police responded to a ‘verbal incident’ between Jenny and his parents in which Tim was noted to be the perpetrator
 - September 2013 when Tim damaged property belonging to his parents at their home.
 - In 2017 when Tim took Jenny’s bank card and cash.
113. On each of these three occasions the DASH risk assessment was ‘medium’ and on the latter two occasions the victims did not want to pursue a charges.
114. None of the DASH assessments would have been at a sufficient level of risk to trigger a referral to MARAC and there was a gap of 4 years between the second and third incident which would not have suggested that incidents were escalating.
115. ***Did the agency comply with domestic violence and abuse protocols agreed with other agencies, including any information-sharing protocols?***
116. In this case there was no information gathered by any agency other than the police which related to domestic abuse.
117. The police shared information with child health services on the occasion in 2017 when Tim had taken Jenny’s bank card and cash.
118. ***What were the key points or opportunities for assessment and decision making in this case? Do assessments and decisions appear to have been reached in an informed and professional way?***
119. The key opportunities for assessment and decision making in this case were:
120. **West Yorkshire Probation Trust (WYPT)**
121. Between 2011 and July 2013 Tim was supervised by the WYPT in relation to the offence he committed in 2009. Tim was sentenced to 48 months custody for offences of Section 18 and Section 20 of Wounding, this was an attack on a male stranger after a disagreement over a minor matter. Tim was released from prison on the in July 2011 and was subject to Probation supervision until his licence end date which was the 11th July 2013. During this period of time it was known by the Probation Trust that Tim was in a relationship and that his partner became pregnant and gave birth to H before the licence end date. There is no information to suggest that any of the 3 OMs who supervised Tim explored relationship issues, the impending birth of a baby and safeguarding with Tim or that a home visit was carried out.
122. The National Probation Service IMR Author makes the point that “In 2012 the Trust had a Safeguarding Policy and practice would have been to take an investigative approach where there are known to be children or a pregnancy and it would have been policy to make an assessment if a referral to Children’s Social Care was appropriate. There is no evidence of this decision-making process within the records. In addition to this home visits were part of WY Trust policy where there were known to be children or a pregnancy”.

123. During the licence period Tim was mostly seen at monthly intervals. This was in line with the National Minimum Standards for cases assessed as medium risk. Tim was not seen from 25th April 2013 to 10th June 2013 this was outside of the National Minimum Standards and not good practice, especially when baby (who is presumed to be H) was very young. Towards the end of licence more telephone contact rather than face to face was utilised, it appears that this was agreed by OM3 without consulting a Senior Probation Officer. This was not good practice.

124. Further good practice would have been to carry out a home visit when the baby was born.

125. West Yorkshire Police

126. The police responded to three domestic abuse incidents which are described in detail elsewhere in this report. The third incident in 2017 took place when Jenny was 32 weeks pregnant and the couple had been separated for a week. This incident was recorded as a domestic incident and the decision to later remove the domestic abuse flags is described elsewhere in this report. Research consistently shows that risk to domestic abuse victims increases significantly both during pregnancy and at the time of separation and the decision to remove the 'domestic flag' from the police system did not take this into account.

127. Mental health Services

128. Tim's contact with primary mental health services was brief and he did not engage for a sufficient length of time to complete any intervention. This meant that the opportunity for practitioners to identify and assess any risk he posed to Jenny and the children was limited but it would have been possible to explore his relationship with Jenny further given what Tim had disclosed e.g. suicide attempts, drug use, 'binges'.

129. Tim had no contact with secondary mental health services beyond his presentation at A&E. This contact followed a suicide threat or attempt. Tim was accompanied by his parents although he had stated that it was Jenny who had found him hanging and had 'cut him down'*. Tim was seen by the ALPs team whilst in the A & E department. *This account was later changed by Tim who stated that he had a rope in a bag but had not used it to try and hang himself. This later account was also confirmed by Jenny's mother in her conversation with the independent author.

130. Drug and Alcohol Services

131. In January 2017 Tim was referred to the service via a conditional caution following his arrest for possession of cocaine. Tim did not engage in person with the service beyond his second appointment, which was in line with the caution requirements, although he reported at discharge that he was abstinent and doing well. He received a follow up phone call in March 2017 and reported to be abstinent and 'doing well'.

132. The service were aware that Tim was separated from Jenny and that he had a child (H). It is recorded that Tim *"Has supervised contact with his child- saw H in December and once in January with his ex-partner and his parents present. No lone contact. Denies any social care involvement."*

133. The Recovery Worker did not ask Tim why he had supervised contact with his child which would have been an opportunity to assess whether or not domestic abuse or child safeguarding were concerns. The two appointments attended by Tim appropriately focused on the presenting issues of drug use and Tim's significant history of mental distress.

134. ***When, and in what way, were the victim's wishes and feelings ascertained and considered? Is it reasonable to assume that the wishes of the victim should have been known? Was the victim informed of options/choices to make informed decisions? Were they signposted to other agencies?***

135. Jenny was not identified as a victim of domestic abuse by any agency other than the police in January 2017. Her wishes and feelings were ascertained on that occasion and she stated that she did not wish to pursue the matter. Jenny did not wish to access support and was not signposted to other agencies.

Learning from the review

136. By the time he killed Jenny, Tim had at least a 4 year history of alcohol and drug use.

137. Tim's mental health symptoms may have been exacerbated by his regular use of cocaine and his abuse of alcohol.

138. In this case individual mental health, substance misuse and other health agencies did not know about the domestic abuse. However if the agencies had shared information on a multi-agency basis for example at the Hub following the DASH assessment in respect of the 2017 theft of Jenny's cash and bank card then the multiple risks (including Jenny being pregnant and the recent separation) may have been identified.

139. In addition Tim's contact with mental health services and substance misuse services was minimal and did not progress much beyond assessment stage. Had he continued with or completed treatments and interventions it may have presented an opportunity for him to be able to disclose that he was abusive towards Jenny or for a practitioner to be alerted to the abuse.

140. The compounding risks of domestic abuse, substance misuse and mental illness were not recognised for these reasons. However Tim's history included:

- One previous serious assault for which he served a significant prison sentence
- Regular use of illegal drugs
- Misuse of alcohol
- Physical and verbal aggression towards his parents
- Parental concerns that he would harm himself or someone else
- Driving without insurance
- Arson
- The report of a neighbour that she was afraid that Tim might 'explode'
- The theft of Jenny's bank card and cash

- Threats of suicide which, in the context of domestic abuse, can be used by the perpetrator to control or coerce the victim and others.
 - Symptoms of mental ill health and superficial or non –engagement with services.
141. It is possible that had any single agency or practitioner reviewed Tim’s past and recent history and understood the possible safeguarding implications for Jenny (especially when she was pregnant and following separation) there may have been an opportunity to identify and assess risk effectively.
142. As previously described Jenny’s mother, in conversation with the independent author stated that Jenny was reluctant to permanently separate from Tim as she felt that she still loved him. This further compounded risk and Jenny’s vulnerability to Tim’s coercion and manipulation.
143. Jenny did not disclose domestic abuse to any agency or individual practitioner even when she was asked a direct question about it. However it is apparent that her family and friends and Tim’s family knew about some of the abuse. It is also apparent from the conversations between the independent author and Jenny’s mother and sister that they attempted to protect Jenny.
144. Jenny’s sister described that Jenny would only share limited details of Tim’s behaviour but that she had herself witnessed his aggression and his extremely controlling behaviour for example Jenny having to ‘prove’ where she was by filming her surroundings to show to Tim if they were apart.
145. The fact that Jenny and her family and friends did not feel they were able to seek help or report the abuse should be of concern to agencies. There are many reasons why victims do not disclose domestic abuse and it is only by understanding these reasons that we can improve our responses to victims (and perpetrators).
146. Whilst Jenny was not receiving support from any agency in respect of domestic abuse there will be other cases where victims *are* in contact with services but who are perceived to be reluctant to permanently separate from their abuser.
147. That some victims may return to or remain with their abuser in no way removes or diminishes any responsibility for the abuse from the perpetrator of that abuse.
148. We also need to understand whether or not all those unreported cases are really invisible to the social environment surrounding the victims (friends, family, neighbours, social services, public health sector). And if they are socially visible, but not reported, we need to respond accordingly.
149. It is possible that Jenny’s perception of her historical relationships with statutory agencies was not positive and this may have made her reluctant to report what was happening which places a responsibility on agencies to ensure that services provide reassurance and sensitive support which addresses this.
150. Other research suggests that women (legitimately) fear losing their children if social care become aware that there is domestic abuse occurring within the household and this too may have prevented Jenny from disclosing what was happening.

151. It is also not possible to measure the potential impact of living with violence and coercion on Jenny's decision making but the impact is likely to have been significant.

152. Similarly Tim did not admit that he was an abuser and seek help to stop his abuse although there were several opportunities for him to do so. However even if he had done so the support options available to him would have been very limited in respect of voluntary perpetrator programmes or proven therapeutic interventions.

Conclusion

153. The picture which emerged of Jenny throughout the course of this review is best summed up by the way in which she has been described by her mother and her sister.

154. Jenny's family described her a strong young woman and a really good mum to her two very young children. She worked hard in a full time job and was well thought of by her work mates. She was bright and funny and very close to her family.

155. Tim was dishonest about significant life events and it is possible that he invented or embellished some events in order to deflect attention from his own responsibility for his actions.

156. Whilst it is apparent that Tim was experiencing some symptoms of mental distress throughout the period of time considered by this review there is no information to suggest that he had a serious or enduring mental health condition.

157. The DHR panel spent some significant time considering the potential symptoms of PTSD on Tim and whether or not this could have signalled an increased risk to Jenny. It is difficult however to be certain that Tim did suffer from PTSD as he did not attend the specialist PTSD service.

158. It is possible that Tim's suicide threats were used as a method to control or manipulate Jenny, his parents and professionals.

159. Tim's contacts with professionals focused on his mental distress and his drug and alcohol use. It is also possible that he manipulated professionals and he was certainly dishonest on more than one occasion. This contributed to the fact that his the violence and abuse against Jenny was not exposed.

160. Tim was undoubtedly an aggressive man who frightened his parents and a neighbour each of whom expressed concern about his potential to be violent.

161. Tim and Jenny's families were also aware, to some extent that he was abusive towards Jenny and they felt unable to report the abuse or ask agencies for help.

162. It is extremely troubling that Jenny herself appeared to recognise that Tim might kill her and did not feel able to ask for help from any agency. This places a responsibility on agencies who provide support for victims of domestic abuse to ask why this is the case and what they can do individually and collectively to remedy this.

163. This DHR reflects learning from other reviews which have focused on homicides which appear to agencies to have been a 'one off' event. Domestic homicides are usually underpinned by a longstanding sense of ownership, coercive control, and possessive behaviours: they are not a random event.

Recommendations

- The learning from this review reflects the learning from other DHR's across England and the independent author and the DHR Panel request that the Home Office consider how a national domestic abuse public awareness campaign could be developed as a matter of urgency.
- The CSP and partners should ensure that the patterns of abuse and the risks associated with coercion, stalking and attempted strangulation are recognised by professionals and the public as high risk indicators for homicide; in particular the risk following separation which is known to be the single biggest risk marker for homicide.
- The CSP should assure itself that domestic abuse policies target the reduction of the gap between prevalence estimates and reported cases. These policies would benefit from a greater research focus on societal attitudes towards intimate partner violence issues (reporting, victim blaming, tolerance, inhibition, silence).
- Prevention policies would also benefit from data monitoring indicators of social silence, inhibition, and tolerance. This could be done, for example, by monitoring changes in the number of cases reported by those who know about the violence (neighbours, relatives, friends, health or law enforcement personnel), as well as changes in social attitudes (such as victim blaming, balance of power between men and women in relationships, or zero tolerance attitudes).
- The CSP and partner agencies who provide help and support to victims of domestic abuse and their children should:
 - a. Review their own roles in promoting the message that victims (and perpetrators) can trust agencies responses and proactively address the concerns that many female victims express about 'losing their children' if they disclose abuse.
 - b. consider working with and listening to survivors of domestic abuse to better understand how their services and responses may prevent victims reporting the abuse and asking for help
- The availability and promotion of voluntary perpetrators programmes (and other agencies which offer support to perpetrators) is also an important part of the public health approach.
- The CSP should assure itself that the support offered to the families of the victims and perpetrators of domestic homicide particularly following the conclusion of criminal proceedings is tailored to meet their needs over the short, medium and long term.