# Dorset Community Safety Partnership

# Domestic Homicide Review

# Victim – Charles who was murdered in April 2021

# Independent Author – David Mellor BA QPM

# Report completed on 1st June 2023

## 1.0 Introduction

**1.1** This report of a Domestic Homicide Review (DHR) examines agency responses and support given to Charles (a pseudonym) a resident of Dorset prior to his murder which occurred during April 2021.

**1.2** In addition to agency involvement the review will also examine the past to identify any relevant background or trail of abuse before the homicide, whether support was accessed within the community and whether there were any barriers to accessing support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer.

**1.3** In early April 2021 the perpetrator Patrick attacked his mother Linda and her partner Charles in the kitchen of the home Charles and Linda shared (all names are pseudonyms). In February 2019 Patrick had moved into accommodation adjacent to the home which Charles and Linda shared after living abroad for a number of years. Thereafter considerable conflict developed between Patrick and members of his family, particularly with Charles and Linda. During the April 2021 incident Patrick stabbed both his mother and Charles multiple times. Charles died from his wounds at the scene. Linda survived the attack but sustained life changing injuries. Patrick fled the scene but was later arrested by the police and charged with the murder of Charles and the attempted murder of Linda. In December 2021 Patrick was convicted of murder and attempted murder at Winchester Crown Court and sentenced to life imprisonment with a minimum term of 36 years.

**1.4** On 12th May 2021 representatives of Dorset Community Safety Partnership decided to commission a Domestic Homicide Review (DHR) in respect of the murder of Charles. The Community Safety Partnership representatives noted the relatively limited relevant contact between the victims and services prior to the homicide and decided to delay commencing the DHR until the completion of the criminal investigation.

**1.5** The review decided to consider agency contact with Charles, Linda and the perpetrator Patrick which occurred between 1st January 2017 – the year in which the subsequent police investigation established that an incident of domestic abuse had taken place in which Charles had allegedly been assaulted by Patrick - and the murder of Charles in early April 2021. Events which are of relevance to the review which occurred outside this timeframe have also been considered. At the time of writing it had not been possible to approach Linda in order to ask her whether she was willing to consent to her medical records to be shared with the DHR. As stated, Linda suffered life changing injuries as a result of the attack upon her and it was decided to approach Linda through her daughters. After initially indicating that they

wished to contribute to the DHR and also act as a channel of communication to their mother Linda, her daughters decided that they no longer wished to contribute to the DHR. There is no obligation on family members to contribute to a DHR. Unfortunately it has not been possible to contact Linda through her daughters and therefore her consent to share her medical records with the DHR has not been obtained. Therefore the DHR currently focusses only on agency contact with the victim Charles and the perpetrator Patrick.

**1.6** The key purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person is murdered as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future.

## DHR Timescales

**1.7** This review began on 3rd January 2022 and was concluded in January 2023. Reviews, including the overview report, should be completed, where possible, within six months of the commencement of the review. As stated the start of this review was delayed for six months to enable the criminal investigation to be completed. Once commenced, the review was further delayed as a result of the perpetrator's appeal against conviction and sentence which prevented contact to offer him the opportunity to contribute to the DHR. Following the conclusion of the appeals process, the perpetrator contributed to the DHR.

## Confidentiality

**1.8** The findings of each DHR are confidential. Information is available only to participating officers/professionals and their line managers. Pseudonyms are to be agreed with Charles's family if possible and used in the report to protect the identity of the individuals involved. At the time of the murder, the victims Charles and Linda were 83 and 66 years old respectively and the perpetrator Patrick was 35. The victim Charles was White British, the victim Linda is White Danish and the perpetrator Patrick is of dual White British and Danish heritage.

**1.9** All Domestic Homicide Reviews involve the loss of a cherished life leaving devastation in its wake. In this case the victim Charles leaves a bereaved partner, children, grandchildren and his partner's children. Dorset Community Safety Partnership therefore wishes to express sincere condolences to the family and friends of Charles.

## 2.0 Terms of Reference

**2.1** The general terms of reference are as follows:

1. 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;

2. 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;

3. Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;

4. Prevent domestic violence and homicide and improve service responses for 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 opportunity;

5. Contribute to a better understanding of the nature of domestic violence and abuse;

6. Highlight good practice.

**2.2** The case specific terms of reference are as follows:

- Could more be done to raise awareness of services available to victims of domestic abuse?

- Was there recognition of the complexities within the whole family when working with the individual family members?

- Were there any barriers experienced by the victims or family, friends and colleagues in reporting the abuse?

- Were there any barriers experienced by the victims or family, friends and colleagues in accessing support for the abuse? Were there any particular barriers to accessing support by people in the socio-economic group to which the victim belonged?

- Were there any opportunities for professionals to routinely enquire as to

any domestic abuse experienced that were missed?

- Are there any training or awareness raising requirements that are necessary to ensure a greater knowledge and understanding of the services available?

- Give appropriate consideration to any equality and diversity issues that appear pertinent.

- Did the restrictions placed on organisations and society as a whole due the Covid pandemic have an impact?

## 3.0 Methodology

**3.1** On 12th April 2021 Dorset Police referred the case to Dorset Community Safety Partnership for consideration of holding a DHR. As stated, on 12th May 2021 representatives of Dorset Community Safety Partnership decided that the circumstances of the death met the criteria for a DHR.

**3.2** The DHR was conducted in accordance with the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (December 2016). Individual Management Review (IMR) reports were requested from all agencies who had had relevant contact with the victims, the victim's families and the perpetrator. The authors of the IMRs had the discretion to interview members of staff if this was required.

**3.3** The IMRs were scrutinised by the DHR Panel and further information was requested where necessary.

### Contributors to the DHR

**3.4** The following agencies provided Individual Management Reviews to inform the review:

- Dorset HealthCare University NHS Foundation Trust
- Dorset Police
- NHS Dorset Clinical Commissioning Group – NHS Dorset (NHS Dorset Integrated Care Board) since 1st July 2022
- Yeovil District Hospital NHS Trust

The following agencies provided short reports to inform the review:

- Great Western Hospital NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust

**3.5** The authors of each IMR were independent in that they had had no prior involvement in the case.

### The DHR Panel Members

**3.6** The DHR Panel consisted of:

| Name | Organisation |
|---|---|
| Stewart Balmer | Dorset Police |

| | |
|---|---|
| Kirsten Bland | NHS Dorset |
| Andrea Breen | Adult Services, Dorset Council |
| Julie Howe | Dorset Police |
| Joe Ennis | National Probation Service |
| Diane Evans | Community Safety Business Manager, Dorset Council |
| Andy Frost | Service Manager, Community Safety, Dorset Council. |
| Alison Clark | Dorset HealthCare University NHS Foundation Trust |
| David Mellor | Independent Chair & Author |
| Tonia Redvers | The You Trust |
| Rebecca Roberts | Dorset Police |

**3.7** DHR Panel members were independent of the line management of any staff involved in the case. The Panel met on five occasions; 17th January, 26th April, 18th July 8th September and 15th December 2022

**3.8** Dorset Community Safety Partnership wrote to the victim Linda, the son and daughter of Charles and the two daughters of Linda to inform them that a DHR had been commissioned and to invite them to contribute to the DHR if they wished to do so. The Home Office leaflet explaining the DHR process was enclosed with the letters. The son and daughter of Charles and the two daughters of Linda decided not to contribute to the DHR. Linda's daughters were supported by Victim Support Homicide workers and one of Linda's daughters initially contributed to the DHR but then decided to withdraw. There has been no contact with Linda to follow up on the initial letter inviting her to contribute to the DHR. Given the life changing injuries she suffered as a result of the attack it was decided to approach her via her daughters who, it is understood, are actively involved in her care. One of Linda's daughters initially offered to be the conduit for contact between the DHR and her mother but, as stated above, subsequently withdrew. As this method of contact was no longer available to the DHR, the DHR Panel agreed that no further attempts would be made to contact Linda.

**3.9** At the conclusion of the DHR the families were approached once more to ask them if they would like to read and comment on the final draft DHR report. The son and daughter of Charles decided to comment on the report and these comments have been incorporated into the DHR report. They were supported by their Dorset Police Family Liaison Officer. The daughter of Linda who initially contributed to the DHR and later decided to withdraw said that she wished to read and comment on the report. A copy of the final draft of the DHR report was shared with her and her comments have been added to the DHR report. No offer to meet with the DHR Panel was made to the families as they decided not to contribute to the DHR, other than to read and comment on the final DHR report. Pseudonyms were chosen by the DHR

author. When family members read and commented upon the final draft report they were asked if they would like to choose alternative pseudonyms but they did not wish to suggest alternative names.

**Author of the overview report**

**3.10** David Mellor was appointed as the independent author and chair of the DHR Panel established to oversee the review. David is a retired police chief officer who has over ten years' experience as an independent author of DHRs and other statutory reviews.

**Statement of independence**

**3.11** The independent chair and author David Mellor was a police officer in Derbyshire Constabulary, Greater Manchester Police and Fife Constabulary between 1975 and 2005. He retired as a Deputy Chief Constable.

**3.12** Since 2006 he has been an independent consultant. He was independent chair of Cheshire East Local Safeguarding Children Board (2009-2011), Stockport Local Safeguarding Children Board (2010-2016) and Stockport Safeguarding Adults Board (2011-2015). Since 2012 he has been an independent chair/author/lead reviewer of a number of Serious Case Reviews, Local Child Safeguarding Practice Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews.

**3.13** He has no connection to services in Dorset although he has previously completed two DHRs in Dorset..

**Parallel reviews**

**3.14** An inquest may be held in due course.

**Equality and diversity**

**3.15** The protected characteristics relevant to the victims are addressed in Paragraphs 6.45 to 6.51.

**Dissemination**

**3.16** In additional to the DHR Panel members, the report will also be sent to:

| **Name** | **Organisation** |
|---|---|

(List to be completed in due course to include the Police and Crime Commissioner for Dorset and the Domestic Abuse Commissioner for England and Wales)

## 4.0 Involvement of the family of the victims Charles and Linda

**4.1** Dorset Community Safety Partnership wrote to the victim Linda, the son and daughter of Charles and the two daughters of Linda to inform them that a DHR had been commissioned and to invite them to contribute to the DHR if they wished to do so. The Home Office leaflet explaining the DHR process was enclosed with the letters.

**4.2** The son and daughter of Charles and the two daughters of Linda decided not to contribute to the DHR. There is no obligation on family members to contribute to a DHR. One of Linda's daughters initially decided to contribute the DHR and provided an account of the family history and events which preceded the murder. However, she decided to withdraw her permission to make use of her account to inform the DHR and decided to take no further part in the DHR. Her decision was accepted without question. It was clear that an important reason for the first daughter withdrawing from the DHR process was her concern that publication of the DHR was likely to lead to further media interest in the family's life and that any reasonable steps taken to anonymise the DHR report would be unlikely to prevent identification of the victim and his family in this case. Whilst the Home Office's DHR guidance stresses the importance of using pseudonyms in DHR reports in order to protect the identity of the individuals involved, the level of detail required to complete DHR Overview Reports – and Executive Summaries – to the standard required by the Home Office DHR guidance means that it is often not a difficult task for the media to link anonymised DHR reports to individual cases given there has usually been media reporting of the murder, the arrest and the trial.

**4.4** There has been no contact with Linda to follow up on the initial letter inviting her to contribute to the DHR. Given the life changing injuries she suffered as a result of the attack it was decided to approach her via her daughters who, it is understood, are actively involved in her care. For the reasons set out above, this avenue is no longer available to the DHR and it does not appear appropriate to attempt to contact Linda through any other route at the current time. The DHR Panel agreed that no further attempts to contact Linda would not be made. Therefore, as previously stated, it has not been possible to request her consent to share her medical records with the DHR. However, the GP has examined Linda's GP records and has advised the DHR that nothing related to domestic abuse has been documented within her patient notes. However, it has not been possible to form a view about whether there were any opportunities to make 'routine enquiry' about domestic abuse of Linda during any health related appointments.

**4.5** At the conclusion of the DHR the families were approached once more to ask them if they would like to read and comment on the final draft DHR report. The son

and daughter of Charles decided to comment on the report and these comments have been incorporated into the DHR report. The daughter of Linda who initially contributed to the DHR and later decided to withdraw said that she wished to read and comment on the report. A copy of the final draft of the DHR report was shared with her and she said that she felt that the findings and recommendations were 'spot on'. She made no further comments.

**Perpetrator involvement in the review**

**4.6** The perpetrator Patrick decided to contribute to the DHR. It is important to exercise a degree of caution in accepting what is said by perpetrators at face value. Given that Patrick is the only member of his family to contribute to this DHR, it is also important to avoid perceiving him to the family's 'spokesperson'.

**4.7** Patrick spoke to the independent author via a video link from the prison in which he is serving his sentence. He began by emphasising the impact of the pandemic. It seemed important to him to make it clear that 'none of this would have happened' if it had not been for the pandemic, which he felt had had an adverse effect on his mental health, which he said was already fragile. During the periods when lockdown restrictions were in place he said he felt that 'all the walls were closing in' and that conditions within the family home were akin to a 'pressure cooker waiting to explode'. He said he began to experience feelings of hopelessness and wondered how he would get though the pandemic. He said that he decided that he needed to be patient and 'ride it out'. He said that exercising, including yoga helped. He said that he also sought support from his GP (Paragraph 5.39 and 5.40).

**4.8** Throughout the conversation with the independent author, Patrick seemed particularly preoccupied about his relationship with Linda and Charles. He said he felt judged by Charles although he acknowledged that Charles supported him financially. He said that his family were unable to talk about 'personal' matters and discussions always ended up in 'massive' arguments and sometimes violence.

**4.9** Patrick moved on to discuss his mental health issues in general terms. He said that he had reached his mid-thirties and considered himself to be a failure. He felt that he had become depressed although this had not been medically diagnosed. However, he said that he was 'too scared' to talk about his 'mental suffering' out of shame and being reluctant to confront it himself. He added that his ex-girlfriend had suggested he see a psychiatrist, but he had been too 'fearful' to do this. After returning from abroad to live with Charles and Linda he felt that his mental health deteriorated to the extent that he eventually went 'into crisis', becoming 'more and more disturbed', amplified by the pandemic restrictions. He went on to say that he was having 'bad thoughts' and felt that he should have said to his family 'I need

help, stop what you are doing' but he didn't feel that there was any 'platform' for him to express his concerns within his family.

**4.10** Patrick said that the one positive development was that in 2019 he had 'found' painting. He said that he had had many jobs, several of which had not been very 'glamourous' and in which he didn't stay long. He felt he had 'hit a wall' in employment terms but after taking up painting he found that he really enjoyed it and began working hard to build up a portfolio of work. He said that he was getting ready to apply for a course just as the pandemic began. However, he said that his plan to make a career as a painter needed to be 'perfect' and 'failure proof' as he didn't want to give anyone any 'ammunition' to be able to say that he had 'failed' again.

**4.11** Patrick also reflected on his contact with the private therapist from March to June 2019 (Paragraphs 5.12 to 5.13). He said that he was expecting the therapist to 'fix' his mental state and 'fix' his relationship with his mother. Patrick said that he attended a retreat – which he said was excruciating and that he had never cried so much in his life. He added that he read self-help books 'galore' and learned that he needed to focus more on self-care and self-love. He went on to say that the therapist concluded that he was suffering from trauma – which Patrick said was what he went into the therapy believing to be the case. He added that the therapist described Patrick as a 'wounded teenager' and a 'lost soul' which resonated with him. The therapist also advised him that when he 'lost it', this was the 'inner child/teenager coming out' and that he needed to learn how to control his 'inner child'. He added that the therapist advised him to reduce his alcohol intake.

**4.12** Patrick went on to reflect on his contact with the educational psychologist in October 2019 (Paragraph 5.18). He said that the psychologist said that Patrick was a 'high functioning' autistic[1] person and diagnosed him with dyspraxia[2]. The DHR has been advised that the educational psychologist found that Patrick's presentation was characteristic of individuals with attention deficit hyperactivity disorder (ADHD)[3]. Patrick's reflections on what he learned about himself from the session are more consistent with ADHD in that he felt that it explained why he had struggled in

[1] Autistic people may find it hard to communicate and interact with other people, find it hard to understand how other people think or feel, find things like bright lights or loud noises overwhelming, stressful or uncomfortable, get anxious or upset about unfamiliar situations and social events, take longer to understand information or do or think the same things over and over.

[2] Dyspraxia, also known as developmental co-ordination disorder (DCD), is a common disorder that affects movement and co-ordination.

[3] Attention deficit hyperactivity disorder (ADHD) is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.

previous employment and had been easily distracted. He said that the session provided him with an answer to the question of 'what is wrong with me? – which he said he had been repeatedly asking himself. He said that he had really 'poured his heart out' to the psychologist who he said had told him that he should have been provided with educational support as a child. He added that the psychologist suggested he 'took a break' every 15 minutes and considered cognitive behavioural therapy (CBT)[4]. Patrick didn't follow up on the suggestion of CBT, implying cost may have been a factor as he said that the consultation with the educational psychologist had cost him £600.

**4.13** Patrick said that he sought counselling support for the family following the 12th December 2020 incident (Paragraph 5.34) which he described as a 'fight' which was followed by 'arguments, shouting and crying'. He said that he was 'left' to arrange the counselling after he said he had suggested it as a means of addressing the conflict which had led to the incident. However, no contact was made with any service at that time. Patrick said he did 'a bit of googling' but took the matter no further because he said that he felt that he wasn't in a 'mentally fit state' to organise the counselling.

**4.14** He moved on to further discuss the GP consultation he had a little over a month before the murder (Paragraphs 5.39 and 5.40). He said he had been persuaded not to take the Citalopram by a friend which he hugely regretted. He said that he had 'not got on' with antidepressants when he had taken them whilst living abroad. He said that they had given him headaches.

**4.15** He said that it wasn't until the prosecution evidence was shared with him as part of the murder trial process that he had found out that Charles had contacted professionals about him. He said that he had 'no idea' that he (Patrick) was adversely affecting Charles's mental health. He said he was aware that his mother was taking antidepressants, but he said that he had 'no idea' of the severity that 'his very presence', 'any breath of oxygen' he took in the house, was having on Charles and Linda. He added that he knew his stay with them was temporary and he recalled having a discussion about moving out 'sooner or later' with Charles and Linda.

**4.16** Asked what might have prevented the murder, Patrick said that he felt he should have taken the medication prescribed to him in March 2021, that the family would have benefitted from counselling and that there could have been useful for the 'authorities' to visit the family after Charles reached out for support. When asked

[4] Cognitive behavioural therapy (CBT) is a talking therapy that can help a person manage their problems by changing the way they think and behave. It's most commonly used to treat anxiety and depression but can be useful for other mental and physical health problems.

if he had accessed bereavement support following the deaths of his maternal grandmother and subsequently his father, Patrick said that he didn't know bereavement support existed.

## 5.0 Chronology/Overview

## Background information (Paragraph 5.1 to 5.3)

**5.1** Charles was 83 years old at the time of his murder. He lived with his partner Linda in his home in a rural area of Dorset. He remained active in the farming and property sectors. The DHR has very little information about his earlier life. He invited Linda and her family to move into his home when he became aware that they had begun to experience financial difficulties and his relationship with Linda began thereafter. Statements taken by the police as part of the murder investigation indicated that he was held in high regard by family and friends, with one family member describing him as a 'very generous and lovely man'. Charles was epileptic and experienced other health problems associated with aging.

**5.2** Linda was 65 years old at the time of the attack on her and Charles. She had three children from her first marriage including the perpetrator Patrick, who was her youngest child. Linda was a therapist specialising in therapies for lymphoedema[5] patients and founded a private health clinic which offered a range of therapies. When her relationship with her first husband broke down she and her daughters moved into Charles's home around 2003 and her relationship with Charles began. The perpetrator Patrick also moved into Charles's home during his late teenage years. The police murder investigation has established that Linda and Patrick had a conflicted relationship and that she and Charles were initially reluctant to agree to his return to Charles's home in early 2019 after living abroad.

**5.3** As stated, Patrick was the youngest of Linda and her first husband's three children and was born very prematurely. When his mother and sisters accepted Charles's offer to move into his home, Patrick continued to live with his father for a time. This appears to have been a challenging period for Patrick who was a teenager at the time. The police murder investigation has established that Patrick's father experienced mental health issues, frequently talked of taking his own life and misused alcohol. Patrick's father was said to often express hostility towards Linda and Charles once their relationship began and this may well have influenced Patrick. Patrick also later moved into Charles's home but then lived abroad with his maternal grandparents for a number of years, then moved to London before living abroad again. He returned to the UK after his relationship with his partner ended and in February 2019 moved into the home his mother shared with Charles. Patrick was an aspiring artist who was unemployed at the time of the murder. It is understood that

[5] Lymphoedema is a long-term (chronic) condition that causes swelling in the body's tissues. It can affect any part of the body, but usually develops in the arms or legs.

he had difficulty coping with the death of his father in 2013, which followed the death of his maternal grandmother with whom he also had a close relationship. He was known to the police only for possession of a small amount of cannabis resin when he was 17.

## 2017

**5.4** On 1st December 2017 Charles was conveyed by ambulance to Hospital 1 ED (Emergency Department) after experiencing an unwitnessed fall and seizure whilst in the kitchen of his home address. His partner had not been present but found Charles in bed with a laceration to his head on her return. Charles was unable to recall whether the seizure had preceded the fall. He had further seizures whilst the ambulance crew was assessing him at his home address and more seizures following his arrival at hospital. Charles had a previous diagnosis of epilepsy although he reported having been well recently.

**5.5** Charles was discharged on 9th December 2017. His GP practice was advised of the hospital admission and Charles was seen by his GP two days later. Charles said that he had several prior epileptic seizures and was experiencing ongoing headaches. A CT scan[6] was documented to have been 'normal'. Charles had arranged follow up care from a private neurologist.

**5.6** The police murder investigation established that on 26th December 2017 the perpetrator Patrick, who had returned to the UK for a holiday, allegedly attacked one of his sisters after a family argument. Charles intervened and Patrick allegedly punched him, knocking him to the floor. This incident was not reported to the police or any other agency at the time. When Charles's daughter read the final draft of the DHR report, she said that this incident took place in 2016 and not 2017. She added that her cousin visited Charles on the day the incident took place and was told that Charles had fallen over.

## 2018

**5.7** In January 2018 Charles started a new medication regime for his epilepsy which had been prescribed by his neurologist. By April of that year Charles was documented to be getting on well with the new medication. However, in October 2018 his epilepsy medications were modified after he and his partner Linda expressed concern about weight gain and unsteadiness on standing.

[6] A computerised tomography (CT) scan uses X-rays and a computer to create detailed images of the inside of the body.

**5.8** On 1st December 2018 Charles fractured his fibula after slipping on gravel and falling. He was on holiday at the time and was conveyed to Hospital 2 by ambulance. He was admitted to hospital for treatment and discharged on 9th December 2018. The police murder investigation was informed by one of Charles's family members that during this hospital admission Charles raised concerns about Patrick, or concerns were raised on his behalf, and mention was made of a sword in his home which Charles was concerned that Patrick could access. The family member informed the police investigation that the hospital staff asked the family if they were able to handle the situation. If not, the hospital advised the family that they would have to report the matter to police and 'social services'. The family member said that they (the family) decided to deal with the matter themselves. Hospital 2 has advised the DHR that their record of Charles's admission is limited to clinical information, and they have no record of the conversation referred to by the family member.

**2019**

**5.9** Charles made a good recovery from the fracture but during January 2019 was prescribed antibiotics by his GP to address consequent inflammation. Charles continued to experience some pain and swelling over the following months, but this was expected to 'settle down' over time.

**5.10** Having lived abroad for several years, Patrick permanently returned to the UK around February 2019 and moved into accommodation within the grounds of the home which Charles and Linda shared. The police murder investigation has established that Charles and Linda were unwilling for Patrick to stay with them because of previous conflict between Patrick and themselves and other family members and initially agreed only to a short term stay which gradually became open-ended.

**5.11** Also in February 2019 Charles's neurologist reduced the dosage of one of the antiepileptic medications slightly after Charles complained of feeling 'wobbly'. The neurologist documented a risk of increasing seizures if the antiepileptic medication dose was too low.

**5.12** During March 2019 Linda asked a therapist who treated families privately for addiction, alcoholism and eating disorders to treat her son Patrick as she was 'concerned about his behaviour'. The therapist has contributed to the DHR and said that, when making the referral to him, Linda informed him that Patrick was very often angry and disruptive and there were always 'fights' at mealtimes. In the witness statement the therapist made to the police murder investigation, he stated that he was aware from Patrick and his family that 'there has been violence in the

family over the years'. Patrick attended a residential course run by the therapist from 28th to 31st March 2019. The course was funded by Linda. The therapist found Patrick to be a 'very angry' young man who was struggling with grief following the death of his father and with his (Patrick's) alcoholism and feelings that he was 'treated differently' than his two sisters by Linda and Charles. The therapist observed that he harboured very angry feelings towards Linda and Charles because of this perceived less favourable treatment. The therapist went on to state that Patrick was 'very bitter and hurt' and was 'raging with anger underneath' but appeared to be managing this 'most of the time'.

**5.13** Patrick saw the therapist again for five 'debrief' sessions over May and June 2019 but the therapist observed that Patrick 'didn't want to be there or participate in the sessions'. The therapist felt that he was not sure that the course helped Patrick 'in any way', adding that he had tried to 'tackle' him about his 'alcoholism', but that Patrick 'would not be drawn on this'. The therapist had no further contact with Patrick after June 2019.

**5.14** On 23rd August 2019 Charles had a telephone consultation with his GP during which he discussed Patrick, who he said was 'driving him mad'. He added that Patrick was living with him and had not worked at all since December 2018. The GP notes then state 'has seen psychologist', which Patrick was 'refusing to discuss'. (There is no record of Patrick being seen by a psychologist in the GP records relating to the period following his 2019 return to the UK and the Criminal Justice Liaison and Diversion assessment completed after his arrest states 'not known to mental health services in Dorset') The GP also documented that Charles and Linda were not certain if Patrick had a 'real illness' or not. The GP also documented that Patrick had hit Charles giving him a 'black eye' when Charles intervened while he was assaulting someone else. (It is assumed that this disclosure related to the 26th December 2017 incident (Paragraph 5.6). The GP explained that he could not share medical information in respect of Patrick but that if he was causing problems Charles 'should probably ask him to leave'.

**5.15** On 18th September 2019 Charles had an appointment with a Steps 2 Wellbeing[7] practitioner which had been arranged by his secretary. Charles explained he had arranged the referral to discuss concerns about Patrick, adding that he had no concerns for his own mental health. He disclosed information about Patrick's behaviour including financial dependency on the family whilst showing no inclination to work. Charles questioned whether Patrick was ill and, if so, how he could help him or, if he was not ill, should he ask him to leave. When asked if Charles felt that

[7] Steps 2 Wellbeing offers psychological therapies for mental health conditions such as depression, anxiety and stress.

Patrick posed a risk to him, he 'denied' this but added that two years earlier Patrick had 'beaten up' his adult sister in the garden and when Charles intervened, 'he ended up with a black eye'. He added that Patrick had been verbally aggressive towards Linda and had hit her. He 'denied' any recent abusive behaviour by Patrick and said that he did not believe there were current issues with substance misuse.

**5.16** The practitioner explained that that they could not advise Charles on what action he should take and went on to say that Patrick would need to seek help for himself and have an assessment. The practitioner went on to suggest that, if the situation worsened, Charles could seek help from Citizens Advice and if the risk within the home increased he should call the police. He was also advised that he could speak to his GP. Charles was discharged on the grounds that he did not need the service. A letter was sent to Charles's GP.

**5.17** The GP received the letter from Steps 2 Wellbeing and noted the information contained in the previous paragraph. Additionally the GP noted that Charles had 'denied' being scared of Patrick and that Patrick had been involved in drugs two years earlier but he did not suspect any current drug use.

**5.18** On 8th October 2019 Patrick had a private consultation with an educational psychologist who, after an initial assessment, concluded that Patrick's 'presentation of attentional difficulties' was 'characteristic of individuals with attention deficit hyperactivity disorder (ADHD)' although it was beyond the scope of the assessment completed that day to formally assess or diagnose ADHD. Patrick had arranged the consultation in the context of prior difficulty when engaged in academic tasks and in the work environment. The educational psychologist noted a history of persistent difficulties in how Patrick controlled his thinking and managed distractions. It was also documented that during the session Patrick has been 'candid' about his 'additional (or related) struggle with emotional regulation and proneness to anger responses'. Patrick said that he had previously accessed therapy and engaged in meditation which had proved helpful.

**5.19** On 9th October 2019 Patrick was referred to ophthalmology by his GP in respect of keratoconus[8] in both eyes.

**5.20** On 8th November 2019 Patrick visited his GP practice for a general health check following his return to the UK at the beginning of that year. He was documented to be a non-smoker who reported drinking 35 units of alcohol per week.

[8] An eye condition which over time impairs the ability of the eye to focus properly, potentially causing poor vision

## 2020

**5.21** On 27th January 2020 Charles was admitted to Hospital 1 with community acquired pneumonia after being unwell for 10 days and experiencing shortness of breath. During his hospital admission he presented as confused for a time and a CT scan was completed which showed no acute changes. He was discharged home on 3rd February 2020. His GP followed up on this admission by telephone on 17th February 2020 when Charles said that he was slowly recovering but still felt breathless following exertion.

**5.22** On 13th February 2020 Charles was referred to the integrated community rehabilitation team which noted that he was being followed up by his GP practice.

**5.23** On 21st February 2020 Patrick's left eye was operated on in the Ophthalmology Department of Hospital 3. The operation was a success but Patrick subsequently decided not to have a similar operation on his right eye after some improvement in that eye had been noted.

**5.24** On 27th February 2020 Charles attended Hospital 1 ED following what was described as a cardiovascular event although the primary complaint was documented to be 'neurological – confusion'. He was discharged the same day.

**5.25** On 23rd March 2020 the first England Covid-19 lockdown began.

**5.26** The police murder investigation established that around a year prior to the murder Linda was driving her car in which Patrick was a passenger in the back seat, when an argument developed and it is alleged that Patrick started punching Linda to the head and pulled out a clump of her hair.

**5.27** On 21st April 2020 Charles was taken to Hospital 1 ED by ambulance after becoming unresponsive to voice before collapsing in the garden. He was unable to remember the incident. The ambulance crew observed that he appeared to be in a post seizure state but his partner Linda felt that this incident did not fit the pattern of previous seizures and wondered if it was related to the pneumonia which had affected him in January. Bloods, X-ray and CT scan were all 'normal' and as he was back to normal functioning he was discharged home.

**5.28** Charles was again referred to the integrated community rehabilitation team and his case was reviewed by an advanced nurse practitioner who tasked his GP practice to follow up on Charles and he was discharged from the team's caseload.

**5.29** During May and June 2020 the GP made three telephone calls to Charles, who reported feeling very tired in the mornings and breathless in both the mornings and evenings. He had a cough and his ankle was swollen. The GP noted that Charles sounded 'somewhat confused' which the GP linked to heart failure.

**5.30** By 4th July 2020 many of the Covid-19 restrictions had been lifted.

**5.31** Charles was referred to a private cardiologist who wrote to Charles's GP on 21st July 2020 to advise that they were unsure of the cause of his fatigue and breathlessness. Two days later the GP received an email from Charles and Linda to confirm that he had seen the cardiologist who had found a small leaking valve which is 'not serious' and could be responsible for breathing difficulties and that his heart was strong. The cardiologist had advised a referral to a respiratory doctor.

**5.32** On 6th August 2020 was conveyed to Hospital 1 ED by ambulance suffering from shortness of breath which he reported experiencing for the past four months. Charles said that this was worse on exertion and early in the morning. He was admitted to hospital and seen by the respiratory team and 'investigations' arranged. He was discharged on 17th August 2020.

**5.33** On 11th September 2020 the GP had a telephone discussion with Charles's assistant who said that Charles foot was swollen 'like gout' and that he had presented with 'some confusion' the previous day but was 'better today'.

**5.34** The police murder investigation established that on 12th December 2020 Patrick complained that one of his sisters had been given a chandelier. The sister allegedly punched Patrick who retaliated and allegedly punched her back. Charles intervened and allegedly struck Patrick over the back with a walking stick.

**5.35** On 23rd December 2020 Patrick had a telephone consultation with a physiotherapist at his GP practice and reported sharp pain in both knees for four years and said that he was worried that it could be serious. Patrick was to be reviewed by the GP.

**5.36** On 30th December 2020 Patrick had a consultation with the GP and reported that the pains he had experienced in his knees had now started in his elbows. It was documented that he would be able to access physiotherapy from the clinic run by his mother Linda. Additionally, blood tests, X-ray and follow-up appointment would be arranged.

**2021**

**5.37** On 14th January 2021 Patrick spoke to the GP by telephone. The X-ray disclosed early osteoarthritis of the knee. Advice about the condition was given.

**5.38** On 28th January 2021 Patrick had a telephone consultation with the GP in which he reported a long history of abdominal bloating which started after he had food poisoning. He said that he had seen a private nutritionist. Bloods were to be taken to exclude coeliac disease[9] and Patrick was advised to try a food diary. His bloods were found to be normal.

**5.39** On 2nd March 2021 Patrick had a telephone consultation with the GP in which he reported 'disabling anxiety' in that he was 'afraid to walk to the kitchen' and was experiencing 'constant fears'. He said that he had been unhappy living with Linda for a few months and 'had to move out'. He said that he was keen to try citalopram.[10] Patrick discussed an ADHD diagnosis given by the educational psychologist (see Paragraph 5.18) and asked whether this meant that he should be added to the GP practice's learning disability register. Patrick was diagnosed with mixed anxiety and a depressive disorder.

**5.40** Patrick subsequently decided not to take the citalopram prescribed by the GP. The pharmacy contacted him after he did not collect the medication and he told them that he had decided not to take it and would 'work things out for himself'. The pharmacy retained the prescription should he change his mind.

**5.41** In early April 2021 Patrick attacked Linda and Charles in the kitchen of their home, stabbing both of them multiple times. Charles died from his wounds at the scene. Linda survived the attack but sustained life changing injuries. Patrick fled the scene but was later arrested in another police force area.

**5.42** Following his arrest Patrick was taken to hospital and treated for self-inflicted stab wounds to his chest and cuts to his hands. Whilst in hospital he was examined by a consultant liaison psychiatrist, to whom Patrick described symptoms of depression exacerbated by strained interpersonal relationships with family members. He described voices which the consultant felt were suggestive of pseudo

[9] Coeliac disease is a condition where the immune system attacks the person's own tissues when they eat gluten. This damages the gut (small intestine) so they are unable to take in nutrients.

[10] Citalopram treats low mood (depression) and panic attacks.

hallucinations[11]/ego dystonic[12] obsessive negative ruminations. He reported ongoing suicidal ideation 'with intent'. He was assessed as posing significant risk to self.

[11] Pseudo hallucinations are often qualitatively distinguishable from hallucinations caused by brain disorders such as schizophrenia, Parkinson's disease, and acute delirium in that they are internally inconsistent, usually contextual and symbolic, convey messages that reflect the patient's psychological distress, and are more likely than hallucinations to be perceived as internal (1)

[12] Ego dystonic thoughts are thoughts that are not in line with who the person is and/or what they believe (2).

## 6.0 Analysis

**6.1** In this section of the report each of the case specific terms of reference questions will be considered in turn.

### Were there any barriers experienced by the victim or family, friends and colleagues in reporting the abuse?

**6.2** The murder investigation and subsequent trial of Patrick disclosed the presence of domestic abuse within Charles and Linda's family group prior to his murder. The catalyst for the prior abuse appeared to be the challenging behaviour of Patrick who was verbally and physically abusive to Charles, his mother Linda and his two sisters. Whilst Patrick invariably appeared to be the instigator of conflict, he also appears to have been assaulted on one occasion by family members.

- In December 2016 or 2017 Patrick, who had returned to the UK for a holiday, is alleged to have assaulted one of his sisters after a family argument. Charles intervened and Patrick punched him, knocking him to the floor (Paragraph 5.6).

- Around a year prior to the murder, Linda was driving her car in which Patrick was a passenger in the back seat. An argument developed and it is alleged that Patrick started punching Linda to the head and pulled out a clump of her hair (Paragraph 5.26).

- In December 2020 Patrick complained that one of his sisters had been given a chandelier. The sister allegedly punched Patrick who retaliated and allegedly punched her back. Charles intervened and allegedly struck Patrick over the back with a walking stick (Paragraph 5.34).

**6.3** None of the prior incidents of domestic abuse were reported to the police.

**6.4** In addition to the prior physical abuse alleged, the witness statements obtained from family members contain evidence of controlling behaviour by Patrick, particularly towards his mother Linda. Whilst it is not possible to make full use of the contents of these witness statements for the purpose of this DHR, it is of note that in his sentencing remarks, the trial judge is reported to have stated that Patrick "treated Charles's house and possessions as if they were your own. You showed neither him nor your mother any respect. Instead, during your time in their home you displayed a breathtaking sense of entitlement. At times you left Charles feeling like a prisoner in his own home'.

**6.5** 'Controlling behaviour' is 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. 'Coercive behaviour' is a continuing 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.

**6.6** It seems possible that Patrick's controlling behaviour *may* have been a barrier to Charles, Linda and other family members seeking help or possibly pursuing the option of encouraging or insisting he leave for fear of repercussions. When Charles's daughter read the final draft of the DHR report she stated that Linda's family 'refused to do anything' about Patrick after 'many people' from Charles's family and his company tried to help. No further details of the help offered have been provided. Charles's daughter went on to say that Linda told her father that if Patrick was made to leave, she (Linda) would leave. Charles's daughter said that her father was frightened of upsetting Linda. Charles's son has also read and commented on the final draft DHR report and has also stated that Linda began 'threatening' to leave Charles if Charles's family or his estate took any steps to intervene in respect of Patrick.

**6.7** Charles and Linda did attempt to seek help and support for Patrick on three occasions following his return from abroad to stay with them in February 2019.

**6.8** The private therapist to whom Linda referred Patrick in March 2019 became aware of Patrick's feelings of anger towards Linda and Charles (Paragraphs 5.12 and 5.13). The therapist has contributed to this DHR via a telephone conversation with the independent author. He described Patrick as a 'very, very angry young man indeed' who was 'directing a great deal of rage towards Charles'. However, it would be usual for a therapist to explore feelings of anger and during the residential retreat which Patrick attended, he would have been immersed in those feelings for a longer period of time and potentially presenting with a more heightened version of them. In his contribution to the DHR, Patrick described the retreat as 'excruciating' and that he had 'never cried so much in his life' (Paragraph 4.10). The therapist went on to say that Patrick found it humiliating to be so completely dependent on someone he 'hated' but was unable or unwilling to break free from this situation. The therapist felt that Patrick was in many ways quite emotionally immature and presented with what the therapist described as 'learned helplessness' in that he seemed unable to make a life for himself. The therapist said that he suggested Patrick see a psychiatrist, but he was reluctant to do so. When asked if he felt that Patrick presented a risk to himself or others at that time, the therapist replied that, in his judgement, he did not.

**6.9** In his statement to the police as part of the murder investigation, the therapist stated that he was 'aware from his family' and 'from Patrick himself' that there had been 'violence in the family over the years', although it would have been expected that the therapist would explore Patrick's history. The therapist was therefore in possession of information that Linda was concerned about her son Patrick's behaviour, that both 'the family' and Patrick had disclosed that there had been 'violence in the family over the years' and that Patrick was a 'very angry' young man who 'harboured very angry feelings' towards Linda and Charles. In his contribution to the DHR, the therapist said that domestic abuse was frequently present in the lives of the clients referred to him and that he was aware of the need to consider advising clients to see their GP or refer them to 'social services' should the circumstances require this.

**6.10** Two months after Patrick's involvement with the therapist had ended, Charles disclosed to his GP that Patrick had hit him giving him a 'black eye' when Charles intervened while he was assaulting someone else. (It is assumed that this disclosure related to the 26th December 2017 incident (Paragraph 5.6). There is no indication that the GP explored how recently the incident disclosed by Charles had taken place, whether Patrick had been violent towards any other family members, whether Charles or any family members were currently in fear of Patrick and whether Charles or any family member was in need of support. It appears that the GP focussed exclusively on the issue of Patrick continuing presence in the household and advised Charles to 'probably ask him to leave' (Paragraph 5.14). Charles also appears to have asked about any support Patrick may have sought of accessed from the GP and the GP advised Charles that he couldn't discuss this with him.

**6.11** Charles saw the steps 2 wellbeing practitioner less than a month after the GP consultation (Paragraphs 5.15 and 5.16). The practitioner elicited a not insubstantial amount of information from Charles, including some of the reasons for his frustration with Patrick, the disclosure of the incident in which Charles had sustained a 'black eye' from an alleged assault by Patrick, and Patrick's verbal and physical aggression to Linda. The practitioner explored whether there had been any recent abusive behaviour and any risks which Charles might feel Patrick posed. This was quite an effective exploration of the issues despite the fact that Charles made it clear that he was not seeking any support in respect of his own mental health from the practitioner. The practitioner also went on to set out some actions for Charles to consider including seeking advice from Citizen's Advice and contacting the police should the risks increase. Having skilfully explored issues with Charles, the practitioner could have actively considered a referral for domestic abuse support although Charles had said that there was no current or recent abuse. The

practitioner could also have sought specialist advice from one of the NHS Trust's safeguarding advisors.

**6.12** Charles's GP received a letter from Steps 2 Wellbeing summarising the interaction with Charles. The letter confirmed the information shared with the GP by Charles, but also provided additional information including reference to verbal and physical abuse by Patrick towards Linda. This represented a second opportunity for the GP practice to seek specialist advice or consider whether Charles or Linda may need support.

**6.13** The only other family disclosure of concerns about Patrick may have taken place during Charles's admission to Hospital 2 (Paragraph 5.8). The police murder investigation was informed by one of Charles's family members that during this hospital admission Charles raised concerns about Patrick, or concerns were raised on his behalf, and mention was made of a sword in his home which Charles was concerned that Patrick could access. According to the family member, the hospital staff asked the family if they were able to handle the situation. If not, the hospital advised the family that they would have to report the matter to police and 'social services'. The family member said that they (the family) decided to deal with the matter themselves. Hospital 2 has advised the DHR that their record of Charles's admission is limited to clinical information, and that they have no record of the conversation referred to by the family member. When Charles's daughter read the final draft of this DHR report, she expressed disappointment that the hospital has no record of the conversation and that it should have been recorded.

**6.14** It is noticeable that Charles and Linda attempts to ostensibly obtain support for Patrick were all initiated in the seven month period following Patrick's return from abroad (February to September 2019). Thereafter there is no record of Charles, Linda or Patrick's sisters approaching any professional for support. They may have felt that, having tried all avenues which appeared to be open to them – primary care, the therapist and the steps to wellbeing practitioner – that they had exhausted their options, apart from the steps Charles appears to have taken to encourage Patrick to leave in early 2021, including offering him financial support to live independently. As previously stated Charles's son and daughter have informed the DHR that their father was deterred from taking further steps to encourage Patrick to leave by his fear that if he did so, Linda may leave him.

**6.15** It is unclear to what extent the restrictions introduced to address the Covid-19 pandemic from March 2020 may have limited the family's attempts to seek help for Patrick, but there is no indication that they made any further approaches to professionals during the pandemic.

**6.16** However, Patrick approached his GP a little over a month before the murder – during what was effectively the third England Covid-19 lockdown – and during a telephone consultation disclosed 'disabling anxiety', 'constant fears' including being 'afraid to walk to the kitchen' and being 'unhappy' living with his mother for a few months and now 'has to move out'. Patrick was diagnosed mixed anxiety and depressive disorder and prescribed citalopram although he decided not to take it. In his contribution to the DHR, Patrick said that he decided not to take the prescribed medication primarily because he had had a negative experience of taking antidepressant medication on a previous occasion (Paragraph 4.13). When starting antidepressant medication the National Institute for Health and Care Excellence (NICE) recommends that the first review will take place within 2 weeks to check that symptoms are improving and for side effects (3). There is no indication of any review by the GP in the period between the GP appointment and the murder just over a month later.

**6.17** Within the time available for a GP consultation it may have been challenging to fully explore some of the issues Patrick raised, including the triggers for his anxiety, the source of his unhappiness at living with his mother, why he had to move out etc. However, the IMR prepared on behalf of the GP practice by NHS Dorset Integrated Care Board (ICB) observes that there was nothing in the GP notes that explained why Patrick feared going into the kitchen – it may, or may not, be relevant that the murder of Charles and attempted murder of Linda began in the kitchen - and no documented assessment of risk to self or others.

**6.18** Patrick also saw an educational psychologist (Paragraph 5.18) apparently to explore difficulties he had encountered in the work environment and in engaging with academic tasks. The education psychologist concluded that his presentation was characteristic of individuals with ADHD. Additionally, during the session it was documented that Patrick has been 'candid' about his 'additional (or related) struggle with emotional regulation and proneness to anger responses'.

**6.19** Additionally, in his contribution to the DHR, Patrick said that the family had agreed that he should seek counselling support for the family following the 12th December 2020 incident (Paragraph 5.38) in which there was violence involving Patrick, one of his sisters and Charles. Patrick said that he did not take his efforts to seek support beyond some internet searches for providers of counselling support (Paragraph 4.12).

**6.20** A further barrier to reporting or being offered support for domestic abuse may have been that Charles did not present himself as being a victim of domestic abuse or perceive himself so to be. Nor did professionals, other than the steps 2 wellbeing practitioner, appear to perceive Charles to be a victim or potential victim of domestic

abuse from Patrick. Although the national definition of domestic abuse includes family members of the perpetrator as potential victims, the overriding focus of services is on domestic abuse in intimate relationships because it is the most prevalent form of domestic abuse. However, familial domestic abuse is far from overlooked. The Home Office provides guidance on abuse between family members (4), but the focus of this very helpful guidance, and the University of Oxford research on which it draws (5) is on adolescent to parent violence and abuse. Both the University of Oxford research and international research has found that child and adolescent to parent violence is predominantly a son-mother phenomenon. Given that the Home Office guidance on familial domestic abuse focusses primarily on violence by teenage boys against their parents – primarily mothers – it is perhaps unsurprising that practitioners overlooked the possibility of domestic abuse in a relationship between a male in his thirties and a stepfather in his early eighties.

**6.21** However, more recent research is beginning to shed light on homicide of older people by partners or family members (6) and has found that older people are almost as likely to be killed by their child as by a partner – which is a significant difference compared with domestic homicide in younger age groups where there is greater risk of homicide from partners. The research has also found that the overwhelming majority of perpetrators of familial domestic homicide of older adults are sons or grandsons (7).

**6.22** Also worthy of note is that Charles initially sought help from his GP. Research with parents who had experienced child and adolescent to parent violence and abuse found that GPs were a common first port-of-call for parents looking for help (8), possibly because there is an absence of specialist support for parents at risk of domestic abuse from their children and a lack of awareness of services which may be available. The aforementioned research identified shame, guilt, fear and the lack of a sufficiently trusting relationship with services as factors which inhibit disclosure of child and adolescent to parent violence and abuse (9).

**6.23** However, it is recognised that there are other quite deep seated reasons why domestic abuse in older people is often overlooked. Older victims are likely to have grown up during a time when the home was regarded as a private domain and it would have been socially unacceptable to discuss matters which occurred behind closed doors. And, as previously stated, awareness raising campaigns have consistently focussed on younger victims and perpetrators, inadvertently reinforcing a false assumption that domestic abuse ceased to exist beyond a certain age (10).

**6.24** Having said that Charles did not present himself or perceive himself to be a victim of domestic abuse, when interacting with professionals prior to the murder, Patrick did not perceive himself to be a perpetrator of domestic abuse although he

may have perceived himself to be a victim. He said that until he saw the evidence gathered by the police murder investigation, he had 'no idea' of the severity that 'his very presence', 'any breath of oxygen' he took in the house, was having on Charles and Linda (Paragraph 4.14). However, he said that he felt 'traumatised' by the 12th December 2020 incident (Paragraph 4.12).

**Were there any particular barriers to accessing support by people in the socio-economic group to which the victim belonged?**

**6.25** Linda referred Patrick to the private therapist and self-funded the course and follow up sessions which her son attended. The private therapist appeared to place a high value on exercising discretion in his handling of personal information shared with him by clients and their families and advised the murder investigation that he did not 'keep' notes on his interactions with clients and their families 'due to the sensitivity of some clients he sees'. It seems possible that the discretion exercised by the private therapist in his handling of personal information may have been a factor taken into account by Linda in choosing the private therapist. The therapist was also known to Linda socially and professionally.

**6.26** Linda was perfectly entitled to engage the services of a private therapist. However, it is worth of note that a key feature of the public health sector is that the GP is a repository of health information about their patients and that they are notified of all health admissions and appointments – including many appointments with specialists in the private sector such as the neurologist and cardiologist to whom Charles was referred. However, using the private therapist appears to have cut off Patrick's GP from the information about Patrick's anger towards Charles and Linda, which may have been of value in assessing the risk Patrick presented to himself and others when he contacted his GP in March 2021. Nor were the private therapist's concerns about what he described as Patrick's 'alcoholism' shared with the GP although the therapist specialised in supporting people with alcohol problems. Additionally Patrick's GP was unaware of his consultation with the educational psychologist until Patrick mentioned his ADHD 'diagnosis' during the 2nd March 2021 GP consultation (Paragraph 5.39).

**6.27** It is also worthy of note that the specified persons or bodies who the Secretary of State may direct to participate in a DHR, do not explicitly include private sector services or providers. In this case the victim and his family accessed some of their care from private health providers who, it is understand, are therefore under no obligation to contribute to a DHR, although no difficulty was experienced in securing contributions to this DHR from either the neurologist who saw Charles or the therapist who worked with Patrick. In other DHRs difficulty has sometimes been

experienced in obtaining the participation of other private sector organisations such as private landlords.

**6.28** As stated the family reported no incidents to the police. Shame has already been referred to as a potential barrier to reporting domestic abuse which may be amplified for victims from wealthier socio-economic groups. Research indicates that women in households with low incomes are 3.5 times more likely to experience domestic abuse than women in better-off households (11). However, much of the research on domestic abuse and socio-economic status appears to focus on the economic inequality experienced by female victims of domestic abuse relative to male perpetrators. Socio-economic status is not a factor explored by the analysis of DHRs commissioned by the Home Office (12). Charles was a person with high status in the business and farming sectors. It seems possible that reporting incidents of domestic abuse to the police may have been perceived as a risk to the reputation of Charles and his business interests. Barriers to reporting domestic abuse would have been a valuable issue to explore with family members. Patrick appeared to be unaware of services which offer support to victims of domestic abuse.

**Was there recognition of the complexities within the whole family when working with the individual family members?**

**6.29** Overall, professionals to whom Charles, Linda and Patrick made disclosures about family functioning missed opportunities to adopt a whole family perspective which, as a consequence, appeared to limit their ability to fully consider the family's needs for support.

**6.30** The exception to this was the work completed by the therapist with Patrick, following the referral from Linda. As stated the therapist gained the most accurate picture of family functioning. He established that Patrick had been struggling with grief since the death of his father – which appears to have been a key factor in precipitating the homicide – and that Patrick felt that he was treated less favourably than his sisters by Linda and Charles and harboured very angry feelings towards them as a result. From his contribution to the DHR, it is clear that it was necessary for the therapist to adopt a 'whole family' approach to his work with Patrick and explore his relationships with other family members in order to better understand Patrick's presentation.

**6.31** When Charles discussed Patrick with professionals he tended to present the impact of Patrick's return to the family home as frustrating and stressful referring to Patrick 'driving him mad'. The principle concerns which Charles articulated about Patrick were his unemployment and apparent lack of motivation to find work and become financially independent. He also questioned whether Patrick might have a

mental illness and in need of treatment, which he implied he would be happy to arrange. He also appeared to be eager for Patrick to leave the family home.

**6.32** However, Charles disclosed to both his GP and the steps to wellbeing practitioner that Patrick had assaulted him resulting in a 'black eye' after he (Charles) intervened to prevent Patrick being violent towards one of his sisters. Additionally he disclosed to the steps to wellbeing practitioner that Patrick had assaulted his mother Linda in the past. Both the GP and the steps to wellbeing provided Charles with advice about action he could consider taking but the GP particularly and the steps to wellbeing practitioner to an extent focussed slightly narrowly on the issues which Charles was articulating with less evidence that they adopted a 'whole family' perspective which might have illuminated issues other than the one's which Charles was raising directly such as whether the family as a group, or individual family members, might benefit from support or whether there were any safeguarding concerns.

**6.33** Charles attended Hospital 1 ED on several occasions. It is of note that it was only during the latter two attendances that questions about 'relevant social and personal circumstances' were asked which led to the documenting that Charles lived 'with his wife and stepson and daughter' on one attendance and that he lived 'with his partner' on another. Asking about a patient's 'relevant social and personal circumstances' appears to be a promising route into adopting a 'whole family' approach. When she read the final draft DHR report, Charles's daughter pointed out that Charles and Linda never married and so it was inaccurate to record Linda as his wife and Patrick as his stepson.

**6.34** Charles and Patrick were patients at the same GP practice. When Patrick made a number of disclosures to his GP on 2nd March 2021, there may have been an opportunity for the GP to adopt a 'whole family' approach and consider Patrick's March 2021 disclosures alongside what Charles had disclosed to his GP in August 2019, including Patrick's alleged violence towards Charles and Patrick's sister. However, the DHR Panel felt that a 'whole family' approach was associated by most professionals with adopting a more holistic approach to considering the needs of families with children and that the GP would have been much more likely to connect disclosures made by different family members registered with the same GP practice if such disclosures indicated a safeguarding children concern.

**Could more be done to raise awareness of services available to victims of domestic abuse?**
**Are there any training or awareness raising requirements that are necessary to ensure a greater knowledge and understanding of the services available?**

**6.35** This DHR suggests that more could indeed be done to raise awareness of services available to victims of domestic abuse. The DHR Panel stressed the importance of picking up on potential domestic abuse concerns when victims or people who are worried about victims ask for help from services. Victims or people who are worried about victims of domestic abuse may find it more palatable to speak to professionals they feel comfortable with – such as their GP – rather than approach a domestic abuse support service. As stated shame and stigma may deter victims from seeking help directly. This case demonstrates the wide range of services a victim of domestic abuse may contact in order to seek help including the family GP, mental health services (steps to wellbeing) and services provided by the private sector such as the therapist, the education psychologist and the family counselling services Patrick stated that he explored following the 12th December 2020 incident.

**Perpetrator alcohol misuse**

**6.36** Alcohol is frequently a factor in DHRs and other statutory reviews either as a disinhibitor of violent or harmful acts, as a coping mechanism or as a substance on which a person is dependent. The consultant psychologist assessment of Patrick following his arrest for the murder of Charles noted that the offence had been committed whilst intoxicated. The consultant psychologist also observed that Patrick had regularly used alcohol but did not have symptoms of dependence.

**6.37** As stated the private therapist referred to Patrick's 'alcoholism' as an issue on which he said he tried to 'tackle' him, stating that Patrick 'would not be drawn on this'. The therapist did not refer or encourage Patrick to self-refer to local alcohol misuse services but since the therapist treated families for addiction, alcoholism and eating disorders, he would have been able to offer specialist support to Patrick had he wished to avail himself of it.

**6.38** When Patrick visited his GP practice for a general health check following his return to the UK in 2019, he reported drinking 35 units of alcohol per week. Men and women are advised not to drink more than 14 units of alcohol a week on a regular basis and so support with his alcohol consumption could have been considered by the GP at that time. There is no indication that the GP seen by Patrick during the month before the murder considered his previously disclosed alcohol intake in conjunction with Patrick's mental health concerns.

**Bereavement support**

**6.39** As stated, the therapist who worked with Patrick in 2019 found him to be struggling with grief following the death of his father six years earlier. Patrick's ruminations on his father's death appears to have been a contributing factor to the murder of Charles and the attempted murder of Linda as the attacks took place on the eighth anniversary of his father's death. Additionally, it is understood that the death of Patrick's maternal grandmother, with whom it is understood that he also had a close relationship, in the years prior to his father's death, affected Patrick significantly.

**6.40** in his contribution to the DHR Patrick said that he had not accessed bereavement support, adding that he was unaware that such support existed. He advised the review that after his father's death, he 'went into a shell'. Although the DHR has not had access to Patrick's full GP records, as he changed GP practices when he lived elsewhere in the UK and abroad, there is no indication that he was offered bereavement support.

**Were there any opportunities for professionals to routinely enquire as to any domestic abuse experienced that were missed?**

**6.41** It is generally regarded as good practice to make 'routine enquiry' during interactions with patients such as antenatal and post-natal checks, contraceptive review, treatment of sexually transmitted infections, unplanned pregnancies and when the person presents with medical symptoms which cannot be explained. It has been noted in other reviews that the majority of points when 'routine enquiry' takes place relate to the earlier years of a female's life. There do not appear to be the same number of recognised opportunities to apply 'routine enquiry' to an older person. The DHR Panel observed that professionals were much less likely to make routine enquiry of males, particularly older males.

**6.42** The issue of professional perceptions of the risk of domestic abuse to older males was also considered by an earlier DHR commissioned by Dorset and Somerset in which the victim 'William' was murdered by his son. William was 73 at the time of his death. William was not perceived to be a potential victim of domestic abuse despite sharing with professionals his anxieties about his son moving in with him, after the son was prevented from returning to the home he had previously shared with his mother by bail conditions imposed after he had seriously assaulted her.

**6.43** During Charles's earlier attendances at Hospital 1, records suggest that responsibility to disclose any safeguarding or domestic abuse concerns was largely placed on the patient themselves. Whilst Hospital 1's Domestic Abuse policy states that it applies to all employees and that domestic abuse is everyone's business, the policy does not state, nor is it written in such a way, as to require staff to ask

questions nor does it emphasise the importance of routinely asking questions and embedding routine question into practice.

**6.44** In his contribution to the DHR, the therapist said that 'routine enquiry' was a part of his tool-kit although he was unlikely to directly ask a client about domestic abuse because indications of domestic abuse frequently emerged from the therapist's work with clients. The neurologist who saw Charles quite frequently as a private patient felt that routine enquiry was not an appropriate part of the service he provided to patients as a specialist doctor.

**Give appropriate consideration to any equality and diversity issues that appear pertinent.**

**The victim Charles:**

**Age:**

**6.45** Charles was 83 at the time of his murder. There is no indication that his age was a barrier to accessing services or impacted on services delivered to him. However, he had begun to experience more frequent health problems and when unwell had presented as confused on occasion. Despite this, Charles remained a physically active man who remained involved in managing a large business. As stated lack of professional awareness of the experiences of domestic abuse in older people may have been a barrier to Charles being perceived as a potential victim of domestic abuse nor does Charles appear to have perceived himself as a potential victim of domestic abuse. There was a considerable disparity in age between the victim and the perpetrator which did not appear to prevent the victim intervening in physical altercations between Patrick and his siblings or prevent the victim being assaulted by Patrick on a previous occasion.

**Disability:**

**6.46** The Epilepsy Society states that epilepsy is a physical, long-term condition and people with epilepsy are protected under the Equality Act, even if their seizures are controlled or if they don't consider themselves to be 'disabled' (13). Charles appeared to receive a good standard of care from his GP, Hospital 1 and from his neurologist, although achieving an appropriate balance with the dosage of his epilepsy medication proved quite challenging. There is no indication that Charles was discriminated against on the grounds of his disability.

**Sex:**

**6.47** Domestic abuse research has found the difference between men and women to be stark, with men significantly more likely to be repeat perpetrators and men significantly more likely than women to use physical violence, threats and harassment (14). This stark difference may sometimes diminish professional appreciation that men may also be victims of domestic abuse, in this case familial domestic abuse.

**Intersectionality**

**6.48** Intersectionality has been defined as a 'metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking' (15). Lack of sufficient professional and public awareness and understanding of the dominant characteristics of domestic abuse experienced by older victims intersected to an extent and contributed to a situation in which neither Charles, his family nor the professionals he made disclosures to regarded him as a potential victim of domestic abuse.

**The victim Linda**

**Age**:

**6.49** Linda was 66 at the time of the attack on her which caused life changing injuries. There is no indication that her age was a barrier to accessing services or impacted on service delivery, although, as stated, Linda's medical records have not been shared with this DHR. As with Charles, lack of professional awareness of the experiences of domestic abuse in older people may have been a barrier to Linda being perceived as a potential victim of domestic abuse and Linda may not have perceived herself as a potential victim of domestic abuse.

**Sex:**

**6.50** As previously stated UK and international research has found that adolescent to parent violence is predominantly a son-mother phenomenon. Statements taken from family members suggest that Patrick was particularly resentful of his mother. Charles disclosed to his GP that Patrick had hit his mother in the past. It is not known whether Linda had made any disclosures of domestic abuse by her son – either during his childhood/adolescence or his adult years. Linda's risk of being the victim of son-mother violence appears to have been largely overlooked.

**Intersectionality**

**6.51** As stated above, it is not known whether Linda made any disclosures of domestic abuse by her son, although when she sought help for him, she shared some information about family tensions. As with Charles, a lack of sufficient professional and public awareness and understanding of the dominant characteristics of domestic abuse experienced by older victims intersected to an extent with a lack of a 'whole family' perspective from professionals which contributed to a situation in which neither Linda, her family nor the professionals who became aware of the conflict within the family regarded her as a potential victim of domestic abuse.

**Did the restrictions placed on organisations and society as a whole due the Covid pandemic have an impact?**

**6.52** The first England Covid-19 lockdown began on 23rd March 2020. By early July 2020 many restrictions had been lifted before being gradually reimposed, initially on a local basis, and then largely on an England-wide basis. Restrictions introduced after Christmas Day 2020 to address the 'Delta' wave of the pandemic were being eased at the time of the murder in April 2021.

**6.53** The Covid restrictions do not appear to have prevented either the victim Charles or the perpetrator Patrick accessing healthcare during the pandemic. Many consultations were by telephone rather than in-person, including what, with hindsight, appears to have been a significant GP consultation with Patrick in March 2021. The reduction in in-person contact with services reflected the changes that agencies were obliged to introduce in response to the pandemic. Professionals often report that telephone consultations deny them the opportunity to observe the way that people often communicate feelings through body language and can be a barrier to efforts to build rapport.

**6.54** Assuming the family tensions arising from Patrick's return to the UK continued during the pandemic, it seems reasonable to assume that lockdown may have accentuated them further. This was certainly the view put forward very strongly by Patrick in his contribution to the DHR, although his repeated references to the impact of the pandemic may have been a means of avoiding taking responsibility for his actions. It appears that Charles asked Patrick to leave the family home following an incident in December 2020 in which there was violence between Patrick, one of his sisters and Charles. This was a period in which Patrick would have found it very difficult to leave – had he been motivated to do so - given the restrictions in place in the early months of 2021. Charles's son has read and commented on the final draft DHR report and observed that there was a period of around three months between the first and second England lockdowns in which he could have moved out if he had really wanted to do so and been encouraged to do so by his mother.

**6.55** As previously stated Covid-19 restrictions may have limited the family's attempts to seek help for Patrick, as there is no indication that they made any further approaches to professionals during the pandemic.

## Good practice

**6.56** In the absence of substantial non-routine contact between the victims Charles and Linda and the perpetrator Patrick with professionals, the opportunity to identify good practice has been limited.

## 7.0 Conclusion

**7.1** In early April 2021 the perpetrator Patrick attacked his mother Linda and her partner Charles in the kitchen of the home Charles and Linda shared, stabbing them both multiple times. Charles died from his wounds. Linda survived but sustained life changing injuries. Patrick had been staying with Charles and Linda – in accommodation adjacent to their home – for over two years after returning to the UK following a period in which he lived abroad for a number of years.

**7.2** Patrick's relationship with his mother Linda and her partner Charles had been an uneasy one for many years and it appears that there they were reluctant to allow him to stay with them other than as a short term arrangement. Within a short time of his arrival in February 2019 Linda and Charles began seeking help from professionals as tensions in their relationship with Patrick increased. Linda referred her son to a therapist who gained insight into the dynamics of the troubled family relationships and Charles sought advice from his GP and a steps to wellbeing practitioner. The fact that the arguments between Patrick and Charles and Linda and Linda's daughters had previously led to violence was shared with professionals but none of the incidents which had escalated to violence were reported to the police or any other service at the time. When they read and commented on the final draft DHR report, Charles's son and daughter stated that Linda was not reluctant to allow Patrick to stay and rested attempts to encourage him to leave and that Charles feared that if he insisted on Patrick's departure, that Linda may also leave him.

**7.3** The onset of the Covid-19 pandemic around a year after Patrick's arrival – and the series of lockdowns which followed - may have exacerbated the tensions in the family and been a further barrier to Patrick finding employment and achieving sufficient financial independence to be able to leave Charles and Linda's home. The murder took place as the third Covid-19 lockdown was about to be eased. The date of the murder coincided with the anniversary of the death of Patrick's father and his rumination on this may have been a factor which precipitated the attack on Linda and Charles.

**7.4** There had been no reported incidents involving the perpetrator and his victims and much of their contact with services could be described as routine. However, they did make some disclosures about conflict and violence within family relationships and there were missed opportunities for professional curiosity to have been exercised. However, no agency ever had information which would have enabled them to anticipate the level of violence used by Patrick in his attack on Linda and Charles.

## 8.0 Lessons to be learnt and recommendations

### Recognising and responding to the needs of older victims of domestic abuse

**8.1** The victim Charles was 83 at the time of his murder and Linda – who suffered life-changing injuries in the same incident – was 65. Much has been learned about the impact of domestic abuse on older people from research conducted in recent years including for example that they face almost as high a risk of domestic homicide from their son or grandson than from their partner (Paragraph 6.21) – as in this case. Research also indicates that the first port of call for an older person experiencing domestic abuse is likely to be their GP (Paragraph 6.22) – as in this case.

**8.2** Older victims of domestic abuse also appear to be less likely to be routinely asked about domestic abuse as 'routine enquiry' has historically been focussed on potential victims of domestic abuse who are younger, on victims of intimate partner as opposed to familial domestic abuse and on females.

**8.3** It is therefore recommended that action is taken to orient domestic abuse support to older victims of domestic abuse by more widely promoting routine enquiry so that it encompasses interactions between professionals and all potential victims of domestic abuse including older people and male victims.

### Recommendation 1

*That Dorset Community Safety Partnership takes action steps to orient domestic abuse support to older victims of domestic abuse by more widely promoting routine enquiry so that it encompasses interactions between professionals and all potential victims of domestic abuse including older people and male victims.*

**8.4** In their interactions with professionals there is no indication that either Charles or Linda perceived themselves to be experiencing, or at risk of, familial domestic abuse from Patrick. In the limited contact the DHR has had with their family members it appears that the realisation that Charles and Linda had been experiencing domestic abuse from Patrick had arisen only after the murder. It is therefore recommended that public awareness messages should highlight the impact of domestic abuse on older people, highlight the characteristics of familial domestic abuse and provide advice on how older victims and victims of familial domestic abuse can obtain help and support. It is proposed that this recommendation is

jointly addressed by Dorset Community Safety Partnership and Dorset Safeguarding Adults Board as this is an important issue for both partnerships.

**Recommendation 2**

*That Dorset Community Safety Partnership works with Dorset Safeguarding Adults Board to promote public awareness messages which highlight the impact of domestic abuse on older people, highlights the characteristics of familial domestic abuse and provides advice on how older victims and victims of familial domestic abuse can obtain help and support.*

**Domestic abuse and social class**

**8.5** Domestic abuse is often thought of as an issue which predominantly affects people in less prosperous socio-economic groups. This DHR has been advised that a great deal of work has previously been done locally to raise awareness that domestic abuse can affect anyone, irrespective of status and that it is 'OK' to reach out for help and support. However, stigma and shame are still amongst the barriers to victims of domestic abuse seeking help and these feelings may be even more pronounced amongst victims in higher socio-economic groups.

**8.6** It is therefore recommended that previous efforts to raise awareness that anyone can be affected by domestic abuse are reviewed in the light of the learning from this DHR – in particular the family's apparent reluctance to report quite violent incidents of domestic abuse at the time they occurred. In this case the family appeared to wish to obtain help for Patrick without 'criminalising' him. Additionally they had the resources to use private sector providers which they may have felt further reduced the risk of concerns about Patrick being shared with the police.

**Recommendation 3**

*That Dorset Community Safety Partnership reviews previous efforts to raise awareness that anyone can be affected by domestic abuse in the light of the learning from this DHR – in particular the family's apparent reluctance to report quite violent incidents of domestic abuse at the time they occurred and their apparent desire to obtain help for Patrick without 'criminalising' him.*

**The role of primary care as a first 'port of call' for older victims of domestic abuse and victims of familial domestic abuse**

**8.7** When Charles first reached out for help in addressing his concerns about Patrick he turned to his GP. (When Patrick sought help in respect of the impact of family

conflict on his mental health he also approached his GP). As stated, research indicates that GP practices are a common first port-of-call for parents experiencing domestic abuse from their children (Paragraph 6.21). In both Charles's and Patrick's interactions with their GPs there was a lack of exploration of the issues they disclosed to their GP and so in neither case did the GP manage to get beneath the surface. This is in part a consequence of the limited time GPs are able to allocate to patient consultations.

**8.8** Enhancing the service GPs provide to the victims of domestic abuse is challenging. The DHR Panel highlighted a flag on the GP electronic record which lists the services available to victims of domestic abuse although Panel members questioned the overall effectiveness of signposting victims to services in comparison to the effectiveness of making a referral. The Identification and Referral to Improve Safety (IRIS) domestic abuse training, support and referral programme for GP practices has previously been piloted in Dorset but not implemented as it was not judged to improve outcomes or to be a cost effective. DHR Panel members felt that more work needed to be done to engage GP practices in providing support to the victims of domestic abuse.

**8.9** It is therefore recommended that the learning from this DHR, specifically that both the victim and the perpetrator approached their GP - as is more frequently the case in cases of familial domestic abuse – but that the GPs addressed only the presenting issue and did not explore the concerns raised by the victim and the perpetrator in greater depth, should inform renewed efforts to more fully engage GP practices in providing support to patients affected by domestic abuse.

**Recommendation 4**

*That Dorset Community Safety Partnership reflects on the learning from this DHR, specifically that both the victim and the perpetrator approached their GP - as is more frequently the case in cases of familial domestic abuse – but that the GPs addressed only the presenting issue and did not explore the concerns raised by the victim and the perpetrator in greater depth, and uses this learning to inform renewed efforts to more fully engage GP practices in providing support to patients affected by domestic abuse.*

**Private healthcare services**

**8.10** Charles, Linda and Patrick accessed healthcare from a mix of public and private providers. In his contribution to the DHR the private therapist who worked with Patrick for a period of time and managed to gain significant insights into family history and functioning appeared to be very familiar with issues relating to domestic

abuse. However, the way in which the victims and perpetrator accessed healthcare does emphasise the need to ensure that messaging in respect of domestic abuse is shared across the range of public, voluntary and private providers of services.

**8.11** The DHR noted that a consequence of the victims and perpetrators accessing services from a mix of public and private providers meant that the family GP was not necessarily the repository of all healthcare information in respect of their patients. For example, Patrick's GP was unaware of the therapy he accessed or the consultation with the educational psychologist which indicated that he may have a diagnosis of ADHD – although Patrick later mentioned the ADHD issue to his GP.

**8.12** It is recommended that messaging in respect of domestic abuse is shared across the range of public, voluntary and private providers of healthcare and other services. The DHR Panel felt that this issue was also a national issue and it is therefore recommended that the Home Office ensures that messaging in respect of domestic abuse is shared with private providers of healthcare and other services and considers what action needs to be taken by Central Government to encourage the providers of private healthcare to share relevant information with their patient's GP practice.

**Recommendation 5**

*That Dorset Community Safety Partnership ensure that all relevant messaging in respect of domestic abuse is shared across the range of public, voluntary and private providers of healthcare and other services.*

**Recommendation 6**

*That Dorset Community Safety Partnership advises the Home Office of the need to ensure that messaging in respect of domestic abuse is shared with private providers of healthcare and other services and also considers what action needs to be taken by Central Government to encourage the providers of private healthcare to share relevant information with their patient's GP practice.*

**'Whole family' approach**

**8.13** The DHR Panel felt that a 'whole family' approach tends to be associated by many professionals with adopting a more holistic approach to considering the needs of families with children. However, in order to address familial domestic abuse it is necessary for professionals to adopt a broader approach to families which encompasses all members of the household including adult children. In an earlier DHR undertaken by Dorset Community Safety Partnership the 73 year old victim

'William' was murdered by his son and in this case 81 year old Charles was murdered by his partner's son.

**8.14** It was felt that the GP in this case would have been much more likely to connect and act upon disclosures made to them by Charles (that Patrick had assaulted him giving him a 'black eye') and Patrick (that his conflicted relationship with Linda and Charles was affecting his mental health) if such disclosures had indicated a concern relating to children.

**8.15** It is therefore recommended that a 'whole family' approach is promoted when responding to domestic abuse concerns and that a family is defined broadly to encompass all members of the household including adult children.

**Recommendation 7**

*That Dorset Community Safety Partnership promotes a 'whole family' approach when professionals respond to domestic abuse concerns and that a family is defined broadly to encompass all members of the household including adult children.*

**Picking up on domestic abuse concerns which are not raised explicitly**

**8.16** When Charles visited his GP and the steps to wellbeing practitioner he presented the conflict with Patrick in terms of his (Charles's) frustrations over Patrick's dependence on him and Linda, Patrick's lack of inclination to find employment and speculated whether Patrick may have mental health needs. During the course of the conversations with both professionals, Charles enlarged on the situation and began to disclose violence from Patrick. The steps to wellbeing practitioner managed to elicit further information which began to suggest that familial domestic abuse may be a problem in respect of which the family could need support. Without sufficient professional curiosity and the skills to sensitively probe for more information there is the risk that domestic abuse concerns may remain 'hidden' in such interactions.

**8.17** It is therefore recommended that when the learning from this DHR is disseminated, approaches to sensitively uncovering 'hidden' concerns about domestic abuse are highlighted.

**Recommendation 8**

*That when Dorset Community Safety partnership disseminates the learning from this DHR, the possibility that when victims of domestic abuse seek help it may be*

*necessary to sensitively probe in order to uncover domestic abuse concerns which might otherwise remain 'hidden'.*

**Responding to perpetrators or potential perpetrators of domestic abuse who seek help.**

**8.18** Patrick had three significant interactions with professionals during the period in which he was staying with Charles and Linda. He was referred to the therapist by his mother in March 2019, he had a consultation with an educational psychologist in October 2019 and had a telephone consultation with his GP in March 2021 in which he discussed the difficulties he was experiencing in his relationship with Linda and Charles.

**8.19** It was apparent from his interview with the independent author that Patrick had not perceived himself as a perpetrator or potential perpetrator of domestic abuse. He said that he had 'no idea' of the impact his presence in the household was having on Charles and Linda until the evidence of this was presented at his murder trial. In the three interactions with professionals referral to above he did not seek help as a perpetrator of domestic abuse. However, with hindsight, one can identify some indications that he could be a perpetrator of domestic abuse. The therapist picked up on the anger Patrick felt towards Charles and Linda which he was said to be managing most of the time. Patrick disclosed his struggle with emotional regulation and proneness to anger responses with the educational psychologist. The GP had much less time than either the therapist or the educational psychologist to explore the sources of Patrick's anxieties but he provided some responses to the GP's enquiries which may have been worthy of further exploration either by the GP or during a referral to support such as talking therapies if that had been considered.

**8.20** Identifying potential perpetrators of domestic abuse from the information shared with professionals by Patrick is challenging but in his case he disclosed family conflict which had led to violence in the past (to the therapist) and difficulties in controlling his anger towards family members (to the therapist and the educational psychologist). Putting such disclosures in the context of what we know about familial domestic abuse and what we are learning about domestic abuse involving older people could help professionals to be better placed to identify signs that a person may present risks to others as a perpetrator of domestic abuse and offer them support. In this case support could have focussed on Patrick securing alternative accommodation.

**8.21** It is therefore recommended that the learning from this DHR about perpetrator identification and support is used to inform Dorset's Domestic Abuse Strategy 2021-

2024 and is also used to inform training and awareness raising for professionals across a wide range of agencies in the public, voluntary and private sectors.

**Recommendation 9**

*That Dorset Community Safety Partnership use the learning from this DHR about perpetrator identification and support - specifically the need to consider disclosures of family conflict, previous violence and difficulties in anger management in the context of what is known about different types of domestic abuse including familial domestic abuse and domestic abuse affecting older people - to inform Dorset's Domestic Abuse Strategy 2021-2024 and is also used to inform training and awareness raising for professionals across a wide range of agencies in the public, voluntary and private sectors.*

**Bereavement support**

**8.22** Patrick's ruminations on the death of his father appeared to be a significant factor in precipitating the murder which took place on the anniversary of his father's death. There is no indication that Patrick was offered or sought bereavement support following his father's death or during subsequent years when he referred to the impact of this event on his life. Responses to grief will vary for individuals but it is not uncommon for grief to generate feelings of anger towards others as in Patrick's case. After careful consideration, the DHR Panel decided that it was not necessary to make a recommendation in respect of this issue given the information that is publicly available in respect of bereavement support.

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## Glossary

**Domestic violence and abuse** is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- economic
- emotional

Controlling behaviour is 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.

Coercive behaviour is a continuing 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.

**DASH** (Domestic Abuse, Stalking and 'Honour'-based violence) is a commonly accepted tool which was designed to help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence and to decide which cases should be referred to the Multi-Agency Risk Assessment Conference (MARAC) and what other support might be required.

**Multi-Agency Risk Assessment Conference (MARAC)** is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. A victim/survivor should be referred to the relevant MARAC if they are an adult (16+) who resides in the area and are at high risk of domestic violence from their adult (16+) partner, ex-partner or family member, regardless of gender or sexuality.

## Appendix A

## Single Agency Recommendations:

### Dorset Clinical Commissioning Group

- Increase awareness of DA posed by other family members (rather than intimate partners)

### Dorset Police

- No recommendations

### Dorset HealthCare University NHS Foundation Trust

- When a patient discloses experience of domestic abuse, they should be signposted to domestic abuse support agencies even if the reported incidents are historic and no current risk is identified

### Yeovil District Hospital NHS Foundation Trust

- Staff to participate in mandatory safeguarding and domestic abuse training

- Staff to be encouraged to continue asking domestic abuse question at each Emergency Department triage.

- A review of the current training offer at the various level to be undertaken.

- To identify how a closer working relationship with Dorset domestic abuse services / professionals can be promoted and sustained.

**Appendix B**
The Action Plan is a live document, which is reviewed regularly

Strictly Confidential

# DHR D15 - Action Plan

| **Recommendation** | **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** |
|---|---|---|---|---|---|---|
| What is the over-arching recommendation? | Should this recommendation be enacted at a local or regional level? (N.B national learning will be identified by the Home Office Quality Assurance Panel, however the review panel can suggest recommendations for national level) | How exactly is the relevant agency going to make this recommendation happen? What actions need to occur? | Which agency is responsible for monitoring progress of the actions and ensuring enactment of the recommendation? | Have there been key steps that have allowed the recommendation to be enacted? | When should this recommendation be completed by? | When is the recommendation actually completed? What does outcome look |
| **Rec 1**<br><br>*That Dorset Community Safety Partnership takes action steps to orient domestic abuse support to older victims of domestic abuse by more widely promoting routine* | Local | Partner agencies to identify potential opportunities to make routine enquiry in respect of older people and males generally, for example standard | All Partners | The GP Tool kit was embedded in the Autum of 2021. This has been reviewed and updated in the Autum of 2022.<br><br>The section 11 audit identified that Domestic abuse is embedded with GP practice, policy and training. | | **COMPLETE January 2024** |

| Recommendation | 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 |
|---|---|---|---|---|---|---|
| *enquiry so that it encompasses interactions between professionals and all potential victims of domestic abuse including older people and male victims.* | | over 65 health checks by GPs.<br><br>Provide professionals with support – in the form of guidance – and possibly training – to enable them to make use of these opportunities for routine enquiry.<br><br>Determine the necessary steps required to drive improvement that delivers a whole system approach to supporting victims of DA, and specifically the steps necessary to orient it towards the needs of older people and males. | All Partners<br><br>CSP and All partners | Level 3 safeguarding training incorporates domestic abuse. A full training needs analysis of NHS Dorset training is underway, which will include more domestic abuse training.<br><br>Safeguarding GP Lead training includes themes from DHR's and is delivered throughout the year.<br><br>Probation staff to be provided with DHR practitioner briefing relating to DA amongst older people. | End of June 2023. | |

| Recommendation | 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 |
|---|---|---|---|---|---|---|
| | | Link with Dorset Safeguarding Adults Board (SAB) in relation to the Katherine SAR, which has a particular focus on older person DA. | | Following this staff to be encouraged to discuss the subject with those on Probation and where possible to make checks with GPs.<br><br>Subject to be covered during a Practise Development Day (PDD) to build practitioner confidence in undertaking these checks.<br><br>To be covered in a PDD with outside agency used where necessary. | | |

| Recommendation | 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 |
|---|---|---|---|---|---|---|
| **Rec 2**<br>*That Dorset Community Safety Partnership works with Dorset Safeguarding Adults Board to promote public awareness messages which highlight the impact of domestic abuse on older people, highlights the characteristics of familial domestic abuse and provides advice on how older victims and victims of familial domestic abuse can obtain help and support* | | Building on previous joint work with Dorset Safeguarding Adults Board (SAB) that anyone of any age can be a victim of DA, establish consistent messaging across both partnership boards in respect of DA and older persons and familial abuse. | CSP/SAB | The link between CSP/SAB/PDCSPR has been strengthened, with regular touch-down meetings to share learning, practice, issues and concerns | | **COMPLETE January 2024** |
| **Rec 3**<br>*That Dorset Community Safety Partnership reviews previous efforts to raise awareness that anyone can be* | | Review DA messaging and public awareness campaigns, which are continuously evolving and | CSP and All Partners | Deputy Head of Probation to review the messages sent regarding DA and adjust where necessary in | August 2023 | **COMPLETE January 2024** |

| Recommendation | 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 |
|---|---|---|---|---|---|---|
| *affected by domestic abuse in the light of the learning from this DHR – in particular the family's apparent reluctance to report quite violent incidents of domestic abuse at the time they occurred and their apparent desire to obtain help for Patrick without 'criminalising' him* | | developing, to explore additional sensitive areas such the fear from family members of being responsible for instigating criminal investigations. Including clear content on:<br>1. the value of incidents being reported which can trigger referrals for both the victim and the perpetrator to access the help they need – which could help to prevent the situation escalating further.<br>2. confidentiality and where confidentiality | | agreement with the head<br><br>Partners report the inclusions of interfamilial abuse within training and development programmes and toolkits. | | |

| Recommendation | 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 |
|---|---|---|---|---|---|---|
| | | may need to be breached. | | | | |
| **Rec 4**<br>*That Dorset Community Safety Partnership reflects on the learning from this DHR, specifically that both the victim and the perpetrator approached their GP - as is more frequently the case in cases of familial domestic abuse – but that the GPs addressed only the presenting issue and did not explore the concerns raised by the victim and the perpetrator in greater depth, and uses this learning to* | | Building on the previously developed GP DA toolkit, NHS Dorset ICB to establish the steps needed to fully engage GPs.<br><br>Additionally, explore the nature of this potential area of weakness and the actions necessary to bring about change, including the potential use of systems similar to IRIS | NHS Dorset<br><br>NHS Dorset | The GP Tool kit was embedded in the Autum of 2021. This has been reviewed and updated in the Autum of 2022.<br><br>The section 11 audit identified that Domestic abuse is embedded with GP practice, policy and training. | | **COMPLETE January 2024** |

| Recommendation | 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 |
|---|---|---|---|---|---|---|
| *inform renewed efforts to more fully engage GP practices in providing support to patients affected by domestic abuse* | | | | | | |
| **Rec 5**<br>*That Dorset Community Safety Partnership ensure that all relevant messaging in respect of domestic abuse is shared across the range of public, voluntary and private providers of healthcare and other services.* | | Relevant private providers in Dorset are mapped and thereafter fully included in DA messaging. | CSP and All Partners | To be reviewed by deputy head of Probation and provided to staff. | September 2023. | |
| **Rec 6**<br>*That Dorset Community Safety Partnership advises the Home Office of* | | Dorset CSP writes to the Home Office to raise the issues identified through | CSP | This is being incorporated into ongoing regional and national conversations on | | |

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|---|---|---|---|---|---|---|
| *the need to ensure that messaging in respect of domestic abuse is shared with private providers of healthcare and other services and also considers what action needs to be taken by Central Government to encourage the providers of private healthcare to share relevant information with their patient's GP practice.* | | this DHR in respect of accessing information from private providers of healthcare.<br><br>Further, to encourage representation more widely across Central Government to encourage private providers to communicate relevant information with patient's GP practices. | | the revisions of statutory guidance. | | |
| **Rec 7**<br>*That Dorset Community Safety Partnership promotes a 'whole family' approach* | | Work with other strategic partnerships in Dorset – CSP, SAB, Health & Wellbeing | CSP/PDSCP/SAB | Whole Family is a key theme across the work of CSP/SAB/PDCSPR. | | **COMPLETE January 2024** |

| Recommendation | 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 |
|---|---|---|---|---|---|---|
| *when professionals respond to domestic abuse concerns and that a family is defined broadly to encompass all members of the household including adult children.* | | – to gauge current work to promote a whole family approach, exploring a joint cross partnership approach to promoting a 'whole family' approach.<br><br>Link with Dorset SAB, who also have the 'whole family approach' as one of their priorities | | | | |
| **Rec 8**<br>*That when Dorset Community Safety partnership disseminates the learning from this DHR, the possibility that when victims of domestic abuse seek help it may be necessary to* | | Produce and disseminate a 7-minute briefing paper to highlight the need for probing to uncover DA concerns, reflecting learning from this DHR | CSP | Dorset Council has done a lot of work on professional curiosity over the last couple of years, including producing a 7-minute learning which has been circulated to partners | | **COMPLETE January 2024** |

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|---|---|---|---|---|---|---|
| *sensitively probe in order to uncover domestic abuse concerns which might otherwise remain 'hidden'.* | | Link with Dorset SAB, who has a key role in promoting professional curiosity amongst professionals. | | | | |
| **Rec 9**<br>*That Dorset Community Safety Partnership use the learning from this DHR about perpetrator identification and support - specifically the need to consider disclosures of family conflict, previous violence and difficulties in anger management in the context of what is known about different types of* | | Establish how the learning from this DHR will inform the review of Dorset's DA strategy when it is updated in 2024.<br><br>Building on partners' existing training programmes, identify what further developments can be made to incorporate learning from this DHR. | CSP<br><br>All Partners<br><br>CSP | NHS Dorset are currently undergoing a review of its safeguarding training offer which includes Domestic abuse.<br><br>Current Domestic abuse training sits within the Level 3 safeguarding training.<br><br>All learning themes from DHRs dating back to 2015 are embedded in the NHS quality | August 2023. | **COMPLETE January 2024** |

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|---|---|---|---|---|---|---|
| *domestic abuse including familial domestic abuse and domestic abuse affecting older people - to inform Dorset's Domestic Abuse Strategy 2021-2024 and is also used to inform training and awareness raising for professionals across a wide range of agencies in the public, voluntary and private sectors.* | | Recognising the importance of the private sector highlighted through this DHR, explore the potential for offering DA training to private sector providers. | | assurance schedules.<br><br>Training for Probation staff to be reviewed and in consultation with the Head of PDU make any appropriate changes. | | |