

Safer Wolverhampton Partnership

Doris December 2016 (DHR7)

Chair and Overview Report writer: Simon Hill

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1 Foreword from Doris’s family

1. The Currans provided a personal statement which they asked be included in the DHR.

“Doris was my younger sister; as there was only 13 months difference between⁷_{SEP} us we were always very close. She was a wonderful sister; she was a popular girl who was fun loving but also very loyal and honest and she retained these qualities throughout her life. When we were growing up I always looked out for her as her older brother. We went to the same school and we socialised together at weekends and went on several enjoyable holidays with our partners.

When she left school, Doris went to work in the offices of a local brewery and she stayed there for the majority of her working life until she was made redundant in 2007. Following this she became our Dad’s fulltime carer as his health had deteriorated and he had become quite frail and unable to walk long distances. She made sure that he had as good a social life as possible with regular outings to the local social club where he could meet his friends. She cared for him up until his death from a stroke in 2013.

My wife and I emigrated to New Zealand in 2014 and we were looking forward to Doris coming to visit us and spending time with us and our family, but sadly this will not now happen. We both miss her so much and we struggle with the horror of the way she died. Doris’s loss has been devastating for us all as she didn’t deserve to die in the way in which she did; Doris will be in our hearts forever and always missed.”

Martin and Michelle (May 2018)

2 Introduction to the Domestic Homicide Review

1. This report of a domestic homicide review examines agency responses and support given to Doris a resident of Wolverhampton prior to the point of her death on 08/12/16 and the suicide of the perpetrator Lawrence on the same day.
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.
3. The review will consider agencies' contact/involvement with Doris and Lawrence from 1997 when Lawrence was treated for mental health problems since this appeared to be couple's first significant engagement with any agency. However, the review will also draw upon information from the start of their relationship in 1976 in order to better understand the dynamics and pressures within it.

2.1 Timescales

1. To be included before submission to the CSP

2.2 Confidentiality

1. The findings of this review are confidential. Information is available only to participating officers/professionals and their line managers. To this end the pseudonym of the victim was agreed with her family. The remaining pseudonyms were either nominated by the subjects or chosen by the Chair/Overview report writer.
2. The victim Doris was 61 at the time of her death, and was white European. The perpetrator, Lawrence was 63 at the time of the homicide and was also white European.
3. Thomas, Doris's father was a member of the household for much of the period under review.

4. Doris's brother and sister in law have been given the pseudonyms Martin and Michelle Curran and the couple's closest mutual friends will be referred to as Andy and Rachel Green.
5. Doris's closest friends have been given the names Sheila and Margaret (chosen after a conversation between Sheila and the Chair.)

2.3 Terms of Reference

4. The Review Panel (and by extension, IMR authors) will consider the following: GP involvement (through the CCG) with both Doris and Lawrence between 01/01/2010 and their deaths on 08/12/16. Black Country Partnership Foundation Trust involvement with Lawrence between 1997 and his death on 08/12/16.
5. The review will seek to understand and establish the reasons for decisions that were taken, what actions were carried out, or not, and why. It will also establish if an improvement in any of the following might have led to a different outcome for Doris and Lawrence:
 - a. Communication between services
 - b. Information sharing between services with regard to domestic violence
6. Whether the work undertaken by services in this case was consistent with each organisation's:
 - a. Professional standards
 - b. Domestic violence policy, procedures and protocols
 - c. Safeguarding adult's policy, procedures and protocols
7. The response of the relevant agencies to any referrals relating to Doris or Lawrence concerning domestic violence, mental health or other significant harm. In particular, the following areas will be explored:
 - a. Identification of the key opportunities for assessment, decision-making and effective intervention from the point of any first contact onwards.
 - b. Whether any actions taken were in accordance with assessments

and decisions made and whether those interventions were timely and effective.

c. Whether appropriate services were offered/provided and/or relevant enquiries made in the light of any assessments completed.

d. The quality of the risk assessments undertaken by each agency in respect of Doris and Lawrence.

8. Whether practices by all agencies were sensitive to the gender, age, disability, ethnic, cultural, linguistic and religious identity of the respective family members.
9. Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and in a timely manner.
10. Whether the impact of organisational change over the period covered by the review had been communicated well enough between partners and whether that impacted in any way on partnership agencies' ability to respond effectively.

2.4 Methodology

1. Safer Wolverhampton Partnership (SWP) was notified of the homicide on the 08/12/16. A scoping exercise conducted led the Chair of the SWP to conclude that a DHR was not necessary and this view was notified to the Home Office on the 20.12.16.
2. The Home Office informed the SWP Chair that a proportionate DHR should be conducted in this case on the 06.01.2017 and on the 13.02.17, SWP informed the Home Office the DHR had been commissioned and an independent chair/author had been appointed.

2.5 Involvement of Family Friends, Work Colleagues, Neighbours and Wider Community

1. The relative lack of agency involvement with Doris and Lawrence underlined the importance of seeking the views of Doris's and Lawrence's families and friends.
2. Doris's brother and sister in law, Martin and Michelle Curran and their adult children live in New Zealand, having emigrated in 2014. They met with the Chair and the Head of Community Safety on the 02/03/17, when they came to the UK to deal with Doris's estate. An advocate from Advocacy After Fatal Domestic Homicide (AAFDA) who supported them, had been able to explain to the family the purpose and remit of a DHR prior to the meeting. She also undertook to act as the liaison with the family during the course of the DHR, which was very much appreciated by the panel. The Chair emailed the family and the advocate as requested to update them on the progress of the DHR. The final Overview report presented to the Home Office, as well as the updated version which took into account the comments of the Home Office QA panel, were shared with the family through the AAFDA advocate.
3. The Currans provided important background concerning the start of the relationship and the couple's day-to-day life. However, having left the UK in 2014, and despite regular visits back to the UK, they were less able to provide insight into the years immediately preceding the homicide. However, they used Skype to keep in touch with Doris and recollected that even two weeks before the homicide, Doris had told them she and Lawrence were 'fine'.
4. Doris and Lawrence had become close friends with Andy and Rachel Green. Andy and Lawrence played squash together on a regular basis for over thirty years, and their spouses also became friends through sports social events. The Greens appeared to be the only close mutual friends the couple had. The Greens met with the Chair and Domestic Homicide Co-ordinator and were able to add valuable insights into the nature of Doris and Lawrence's relationship in the last years.
5. Sheila was a colleague from the brewery where both Lawrence and Doris worked, (as did their friend Margaret). Sheila had for many years been part of

a circle of friends that included Martin and Doris; Sheila's brother was close to Doris's former fiancé. Tragically both Doris's fiancé and Sheila's brother were killed in a car accident.

6. Doris remained close to Margaret all her life, and Sheila renewed their friendship after a 10-year gap, at around the time Doris lost her father. The three friends would meet every week for lunch. Margaret died in 2015, but Sheila and Doris continued the tradition of weekly meetings. Sheila spoke with the chair on the 07/07/16.
7. The review offered the opportunity to other members of Doris and Lawrence's families to be involved, however they all declined the offer because for various reasons they had had little contact with them.
8. The review did not identify anyone from the neighbourhood or wider community who had had any significant recent involvement in Doris or Lawrence's lives. The couple had both retired and therefore there were no significant work colleagues.

2.6 Contributors to the Review

1. Initial scoping for the DHR determined that most agencies had had no involvement. These agencies were:

City of Wolverhampton Council - Adult Social Care

City of Wolverhampton Council - Adult Safeguarding

Wolverhampton Domestic Violence Forum

Wolverhampton Homes

National Probation Service

Community Rehabilitation Company

The Haven Wolverhampton

West Midlands Ambulance Service

Royal Wolverhampton Trust

West Midlands Police

Citizens Advice Bureau

Recovery Near You

2. The review therefore requested IMRs from the two organisations that had had contact with the couple, the Clinical Commissioning Group (CCG) for the General Practitioner contacts, and the Black Country Partnership NHS Foundation Trust (BCPFT) in relation to Lawrence’s mental health history. West Midlands Police provided an IMR that detailed post homicide investigations that investigated the motive for the homicide.
3. The senior managers from each agency submitting IMRs confirmed the independence of the IMR writers.

2.7 The Review Panel Members

Name	Organisation
Simon Hill	Independent Chair and Report writer
Karen Samuels	Wolverhampton City Council – Head of the Safer Wolverhampton Partnership
Kathy Cole-Evans	General Manager: Wolverhampton Domestic Violence Forum
Annette Lawrence	Designated Adult Safeguarding lead: Wolverhampton Clinical Commissioning Group
Julie Price	Head of Adult Safeguarding Black Country Partnership Foundation Trust
Mario Ermoyenous	Named Nurse Adult Safeguarding: Black Country Partnership Foundation Trust
Jennifer Pearson	Public Protection Unit Detective Inspector – West Midlands Police
Support Officers	
Lynsey Kelly	Wolverhampton City Council - Safer Wolverhampton Partnership

1. The panel members were all independent of the events described in the DHR having had no involvement in the case or with either the victim or perpetrator.
2. The panel met on the 07/06/17 and the 17/07/17.

2.8 Author of the Overview Report

1. The Chair and Overview report writer, Simon Hill is a retired Police Public Protection supervisor with West Midlands Police with twelve years’ experience

managing a team conducting child and adult safeguarding and major investigations including domestic abuse. He has had no involvement with any of the parties to this DHR.

2. Prior to leaving the service in November 2013, he managed the Public Protection Review Team for four years, writing or overseeing all IMR submitted in over thirty DHRs, and SCRs.
3. He has chaired numerous DHRs and adult SCRs in the West Midlands. He is completely independent of the Safer Wolverhampton Partnership.

2.9 Parallel Reviews

1. Her Majesty's Coroner conducted an inquest into the homicide on the 22/02/17. A taped copy of the Coroner's judgement was available to the DHR Chair in the preparation of the Overview report.

2.10 Equality and Diversity

1. The review considered the nine protected characteristics under the Equality Act 2010, however none appeared relevant in this case. There is little to indicate that Doris was prevented from accessing services because of barriers relating to any of the protected characteristics.
2. However Doris was 61 at the time of the homicide and fell into an age group, (over 61) that studies indicate are less likely to seek support and less likely to attempt to leave an abusive relationship compared to younger victims (17% against 29%)¹. This will be reflected upon in the conclusion.

2.11 Dissemination

1. The Overview report will be disseminated to:
 - All panel members
 - Responsible Authorities group
 - DHR Standing Panel
 - Wolverhampton Safeguarding Adults Board (Chair)
 - All agencies contributing to the review.

¹ Safe Later Lives: Older People and Domestic Abuse (October 2016)

- Home Office

3 Background Information (the facts)

3.1.1 The circumstances of the homicide

1. The victim and perpetrator lived in Wolverhampton and had been in the same house for many years.
2. On the 08/12/16 at 00:26 West Midlands Police was contacted by Kent Constabulary as a result of a 999 call received from a man stating he had killed his wife. The caller was Lawrence. Police attended the home address in Wolverhampton where they found Doris's body on the kitchen floor. She had a significant head injury. She had been covered with blankets, on top of which were flowers and a note apparently left by Lawrence.
3. At 01:21 Kent Constabulary informed West Midlands Police that officers on patrol had found an overturned car on the road above the White Cliffs, Dover. Inside was a decapitated body, later confirmed to be Lawrence. He had apparently tied a steel rope around his neck and secured it to a bollard before driving off.
4. The police enquiries that followed informed the Coroner's Inquest. There were no criminal proceedings.

3.1.2 The Coroner's Inquest and findings

1. The Coroner's Inquest on the 22/02/17 concluded that Lawrence unlawfully killed Doris, and that he subsequently committed suicide. It appeared that a number of factors had been preying on Lawrence's mind at the time of the homicide that the Coroner characterised as '*real and serious beliefs*'.
2. Lawrence had worked for many years at a local brewery, first on the shop floor and later as a manager. In 2013, he was diagnosed with hearing loss and as a result was pursuing a claim against his former employers for damages. He had apparently become convinced that if he lost the action he would have to pay legal fees in excess of £50,000. Both Lawrence's solicitor and those acting for the respondents in the case confirmed this was not the case.

3. Lawrence had numerous ipad's and computers that he kept in a room at home to which only he had access. He believed that his ipad had been hacked by fraudsters who had purchased expensive holidays and electrical equipment. He contacted first a fraud investigation company but then sought to have his ipad checked by a local computer technician when it developed a fault. His suicide note alleged that the technician had attempted to blackmail him over the nature of Lawrence's Internet searches that related to illegal pornographic material including bestiality and child abuse. The police investigation found no evidence to corroborate his allegation of blackmail.
4. At the time of the Inquest, the Coroner recorded that Lawrence had no mental health history and the police stated that there had been no reported domestic abuse.

3.1.3 The Household

1. The couple lived alone in a detached property they owned in Wolverhampton. Doris and Lawrence were retired from the Wolverhampton Brewery where they had both worked. Doris had been a secretary, and Lawrence had undertaken a supervisor's role.
2. The couple had first met in 1976 and were married in 1978. Doris's brother knew Lawrence, who had been in the year above his at school. Lawrence's mother and father had an abusive relationship and separated when he was seven years old. He had no contact with his mother for most of his life, only re-establishing a relationship in around 2008. Lawrence had an older brother and stepsisters on his mother's side, with whom Doris was friendly and had contact with throughout their marriage.
3. The couple had no children; although Doris had apparently wanted them, Lawrence had not. Following the death of her mother, Doris's father, Thomas, came to live with the couple and did so for around ten years. When he fell ill, Doris provided all his care. Doris's friend Sheila said that Lawrence did not help Doris with washing or caring for Thomas. According to their friends and Doris's family, Thomas's death in 2013 apparently hit Doris particularly hard. For 13 months after her father's death, her brother Martin and sister-in-law Michelle supported her. However they then emigrated to New Zealand. She was left

with no close family apart from a half-sister. Her friends apparently noticed a marked tension in Doris and Lawrence's relationship after Thomas's death.

4. Lawrence always had dogs, and at the time of the homicide had two Rottweilers. Both the Greens and Martin said they were the most important things in his life. He would constantly take them out for walks for hours on end, leaving Doris alone in the house, which after her father's death increased her isolation. Lawrence liked to suggest they were dangerous although there was no evidence this was the case. However the bitch responded only to Lawrence, and Lawrence enjoyed the implication that only he could control them. He was seen by Andy to strike the dogs and Lawrence claimed that it was to demonstrate that he was 'the leader of the pack.' Friends reflected that they had avoided visiting because of the dogs and therefore unwittingly added to Doris's isolation.
5. Lawrence refused to leave his dogs in kennels and consequently combined with Thomas's poor health, they no longer went on the holidays they had taken with the Greens. With hindsight, the Green's were shocked to recognise that in their view, Doris came second to Lawrence's dogs in his affections.
6. The house was chaotic and untidy. Apparently, Lawrence was not house-proud and became increasingly more inconsiderate taking no part in household chores. He was not good at repairs or improvements and half completed jobs were left untouched for months, even years.
7. Lawrence apparently had an obsessive and compulsive character that influenced every aspect of his life. He also apparently did not like to spend money unless he felt he was getting a bargain, whereupon he might bulk buy. Everyone the chair spoke to remarked how Lawrence was a hoarder and the house and attic were full of unused, unopened multiple purchases.
8. There is little doubt that any expenditure was heavily weighted in favour of Lawrence and his interests. Friends and family did not suggest that Doris was prevented from having appropriate clothes and necessities, but that Lawrence controlled their finances and Doris's choices.

3.1.4 An account of the couple's lives drawn from family and friends.

1. Before Doris met Lawrence, her brother Martin considered her to have been placid, generous and outgoing. Sheila, who knew Doris before she married Lawrence, confirmed this view. Her personality apparently changed over the years, as she became far more subdued and guarded. She would defer to Lawrence on every decision, however minor. Everyone the Chair spoke with stressed that Doris never initiated anything.
2. Michelle Green felt Doris never relaxed when Lawrence was around and seemed to have to '*watch what she said*'. Sheila stated that she and Margaret had often commented to each other that Lawrence '*dominated*' Doris. Sheila was clear that she would not have felt able to challenge Lawrence about his behaviour whereas she felt Margaret would have done, had Doris disclosed physical abuse.
3. Sheila was clear that Lawrence's control extended to choosing what clothes Doris bought for special occasions. It was clear to Sheila that although Doris was not allowed to make decisions for herself, she saw this controlling behaviour as a sign of how much Lawrence cared for her. He would take her to the theatre or for a meal when he found a good deal on line, and she apparently appreciated this, but her close friends found it strange that she had to always do what he wanted.
4. Martin felt Lawrence had been controlling and jealous from the outset of their relationship. He would apparently sulk if he felt another man was looking at Doris. For her part Sheila recollected that when she, her sister in law and Doris had once reminisced about a happy memory involving Doris's previous fiancé and Sheila's brother, she had turned to see Lawrence '*looking like thunder*.'
5. At social events, where Doris would speak to other people, Lawrence often seemed distracted. Andy Green described how he might be talking to Lawrence, but would not have his full attention, because he was clearly listening to Doris's conversations. He would break off to interrupt her and challenge her version of an incident or event, however trivial.

6. Martin felt Lawrence was also very inconsiderate; if they went to work together by car and Lawrence left before Doris, he would refuse to go and pick her up leaving her to make her own way home.
7. Their lives together were increasingly regimented; Lawrence wanted shopping to be done on particular days and these never altered. He was apparently obsessive about time keeping; if they were due to go to a new location he would drive the route in advance. They apparently often arrived to social events in separate cars because if Doris was not ready when Lawrence wanted to leave, he would go without her.
8. Lawrence's personality was something that both the Currans and Greens agreed upon. He could be communicative and '*normal*' or be completely silent and morose. The Greens would regularly go out with Lawrence and Doris for curries, and sometimes Lawrence sat in complete silence not participating in any conversations. They would carry on chatting regardless.
9. This was an experience that the Currans shared. They would visit Doris every Sunday before they emigrated. This was mostly out of empathy with Doris, who was isolated and withdrawn living with Lawrence. On numerous occasions he would not speak to them at all, or would even remain in his computer room for the duration of the visit.
10. The Currans remembered talking to Doris about this aspect of his character early on, but had given up trying to question it and just accepted 'this was Lawrence.'
11. According to Martin they had started their relationship sharing their finances, but over the years Lawrence took control and gave Doris an allowance. Doris was more isolated when in 2013 she lost her father, and her brother moved to New Zealand. Despite repeated offers for her to visit them, she did not go. Her brother believed that she feared '*what she would come back to*'. He pointed out that after the homicide, he discovered that a private box in which Doris kept her personal papers and wedding rings, and the title deeds to their property had '*gone*'.
12. Lawrence did not take any interest in the Curran's children. Doris would give them presents at Christmas but Martin and Michelle knew that she had done

this without Lawrence knowing by the way she gave them the gifts hurriedly when Lawrence left the room.

13. Neither the Currans nor Greens had witnessed any physical violence between the couple. Lawrence did not talk about Doris in an insulting or derogatory way in their presence. On the other hand, neither couple saw any signs of affection between Lawrence and Doris; they avoided physical contact. Sheila knew that Lawrence often stayed up after Doris went to bed and he often slept downstairs.
14. The Currans knew that Doris had been subjected to what they described as *'the silent treatment'* on several occasions. Martin referred to an instance when Lawrence had apparently wanted Doris to sign a document without reading it. When she refused he did not speak to her for two to three weeks. Doris told Sheila that Lawrence would often go a week without speaking to her when he was *'sulking'*.
15. The Currans said that they had not been able to engage with Doris about the treatment she received. Lawrence had an affair in 1995, and the couple separated for nearly a year. Martin said they tried to persuade Doris not to take him back, but they felt that she could not break away from him.
16. On only a very few occasions they had tried to talk about Lawrence's behaviour, but Doris would not acknowledge that it was unreasonable. Martin felt that Doris was *'blinkered'* and would not have seen herself as a victim of domestic abuse. He also felt that she would not have sought help from professionals or support services for the same reason. Sheila felt that if Doris did recognise Lawrence's abuse she *'put up a front'* for her friends.
17. Both the Currans and Greens described Lawrence's attitude to Doris's severe asthma as striking and concerning. (It is not clear if the episodes described are one and the same).
18. The Greens pointed out that Lawrence refused to go to the Doctor until he had no other choice, he preferred to self-diagnose over the Internet. When Doris had a very severe asthma attack and apparently almost died, Lawrence did not call an ambulance but *'Googled'* to find out what he should do. Doris apparently usually accepted this, even in relation to her own health, although

during this particular episode, the severity of the attack meant she probably had no choice.

19. Martin referred to what may have been the same incident and was appalled that instead of seeking help, Lawrence had photographed her in the middle of the attack and later had shown Martin; apparently laughing at how ill she looked.

Overview

1. In the period from 2010 to the date of the homicide, Doris and Lawrence were not known to services other than their GPs through primary care. There was no recorded history of domestic abuse and it does not appear that either party had ever suggested to professionals that they were experiencing domestic abuse either as victim or perpetrator.
2. However primary care had regular, if relatively infrequent contact with both Lawrence and Doris. Doris suffered with asthma and was subject to annual screenings. They both presented at different times and concurrently with depression, and were seen by GP1 and GP2 on several occasions for mental health screenings and prescriptions.
3. Lawrence had the more complex mental health concerns and experienced a period of secondary mental health care after a suicide attempt although this was nine years before the homicide.
4. The records from their GP practice contain historic references on both Lawrence and Doris's notes to a period of separation as a result of Lawrence having an affair. This had come to light in mid-1995, when Doris had found letters to Lawrence from the woman. On the 15/11/95, Doris was seen by her GP for depression with her record showing, *'noted feels low and depressed, split with husband 5 weeks ago after 16 years of marriage / husband had affair), no confidence in self'*
5. From information obtained by the Chair in conversations with Doris's brother and the couple's closest friends, the Greens, the affair had a significant impact upon both Doris and Lawrence. They separated for almost a year.
6. It is the Curran's view that Lawrence's own reported depression was caused wholly by his rejection by the woman with whom he had had an affair. He had written 'love' letters that suggested he planned to move in with her and her two children. (Apparently Lawrence had never wanted to have children with Doris and this awareness may have added to the hurt and anger felt by Doris.)

7. The psychiatric and GP notes would suggest however that the pressures on the relationship caused by the affair was only one of the relevant factors behind Lawrence's depression. That Doris and Lawrence may have both downplayed the significance of the affair to Lawrence's depression is quite possible and is a further indication of why an understanding of the dynamics of a relationship is crucial to identifying domestic abuse and providing support.
8. It was the only personal issue that Lawrence ever confided in to Andy Green. Over the years he had occasionally described how Doris would keep bringing up the affair. As time elapsed, Lawrence clearly felt it was unreasonable to still be the subject of recriminations. Andy Green stressed that a few weeks before the homicide Lawrence had confided in him that the issue still caused friction between them. With hindsight, Andy felt it must have been a significant problem, because Lawrence had chosen to discuss this very personal issue. This was out of character; even though they had been friends for thirty years Lawrence did not confide in Andy about any of the other issues that came to light after the homicide.
9. In the two years after the affair and separation, Lawrence suffered significant mental health issues, characterised by serious episodes of self-harm. These came to light following a suicide attempt on the 27/04/97 where he took 30 Lorazepam², drank a bottle of brandy and drove his car into a wall.
10. The details of the history Lawrence revealed to the psychiatrist assessing him were shared with the GP by letter and were available in his records. Lawrence stated he was drinking excessively (70 to 100 units a week) and had been for around two years.
11. In his assessment he disclosed that nineteen months before, during the period of separation, he had '*left the gas on overnight.*' In the week before his admission, whilst at work, he had connected a hose to the exhaust of his car. The assessment concluded that the major cause of Lawrence's depression was work related stress. He had been suffering; '*sleeplessness, impaired*

² Lorazepam, is a benzodiazepine medication It is used to treat anxiety disorders, trouble sleeping,

concentration/memory, appetite loss. Experienced anxiety related symptoms, de-realisation, fuzzy head and churning stomach. '

12. Lawrence was considered by the psychiatrist to have a '*pre-morbid personality*'³ characterised by a sense of inferiority. This had been influenced by his parent's marital break-up when he was seven years old. (He had had no contact with his mother for years). He developed nervous problems, a stammer, and was apparently bullied at school and eventually expelled for '*behavioural problems*' at thirteen.
13. Lawrence admitted in his psychiatric assessment to being jealous of Doris's close relationship with her father, Thomas. Both the GPs notes and the Mental Health Assessment indicate that the affair and separation had impacted upon their relationship. The GP described them in May 1997 as '*patching up their differences*' and the Psychiatrist's assessment of the same period said the relationship was '*a bit strained*'.
14. It does appear that both Lawrence and Doris told psychiatric doctors treating Lawrence that the main cause of his stress was work. Lawrence had worked at the brewery for 23 years and had gone from shop floor to supervisory roles. He felt under pressure, worked long hours, and was worried he would fail, and be sacked. He felt constantly anxious and stressed, '*miserable and unhappy.*' The psychiatric doctor's working diagnosis was alcohol dependence syndrome, stress related illness, depressive illness and anxious personality disorder.
15. Lawrence was admitted on the 02/05/97 as an informal patient for assessment and observations. He was prescribed antidepressants and remained at the hospital until the 23/05/97. Thereafter he was monitored as an outpatient until 08/05/1998 when he was discharged.
16. There is no record of Lawrence undergoing any cognitive behavioural treatments during this period and it is not possible to tell whether this was suggested or offered at the time. Similarly neither the information provided by the BCFPT nor the GPs notes indicate any consideration of Lawrence's alcohol

³ **Personality** refers to patterns of thinking, interpreting, and understanding oneself relative to the environment. **Premorbid personality** describes **personality** traits existing prior to illness or injury.

dependency syndrome and the potential harmful effects of alcohol and antidepressants. (The only recorded reviews of Lawrence's alcohol consumption by the GP's practice occur in November 2014 and January 2016 when he is recorded as drinking 28 and 20 units a week respectively.)

17. During this 12-month period of outpatient monitoring, Lawrence disclosed periods of irritability and occasional stress leading to drinking. It appears his antidepressant dosages were altered to counteract these episodes. Work apparently remained the primary recorded cause of anxiety, although his home life is referenced obliquely in November 1997, when the Mental Health trust reported Lawrence as being able to cope with his '*stress at work and home.*'
18. The Black Country Partnership NHS Foundation Trust was unable to find a discharge letter or risk assessment from this period. (It is possible that they had been removed under their retention policy.) The GP's notes do not indicate whether discharge letter or risk assessments were received.
19. There is no recorded indication that Lawrence suffered continuing mental health concerns in subsequent years, however in April 2010, he was seen by GP1 and disclosed low mood for 'several years'. He was prescribed Citalopram and was subsequently reviewed by GP1 three times; in May, July and September 2010.
20. The GP's records do not indicate that Lawrence was offered cognitive behavioural therapies (CBT) at any point in his treatment from 2010 onwards, or was advised of the benefits of these therapies either before or in parallel with antidepressants.
21. Lawrence next presented with mental health concerns on the 14/09/12 and saw GP2. He was once again prescribed citalopram and was reviewed by GP2 in October and November 2012. The cause of stress was again recorded as being work-related.
22. At the end of November 2012 Doris presented to GP1 and her notes recorded; '*stress at home, dad in hospital, poor sleep, wheezy, feels helpless.*'

23. Lawrence's next and apparently final mental health review was in March 2013, with GP2. In April 2013, GP1 renewed Lawrence's prescription, but he was not seen.
24. It appears that Lawrence continued to be prescribed citalopram throughout 2013. GP1 is recorded as renewing the prescription in September 2013, without seeing Lawrence for an assessment. The CCG IMR suggests that Lawrence was prescribed Citalopram until at least May 2015. Despite this, there were no further assessments of Lawrence's mental health recorded in his notes after March 2013. This appears to have been poor practice and did not follow the NICE Guidance on the frequency of mental health reviews when treating depression.
25. On the 25/06/13 Doris was seen by GP1 and was '*stressed and tearful due to bereavement.*' The notes do not indicate any exploration of who had died. However, it is clear that this related to the death of Doris's father, Thomas. In March 2014 Doris told GP1 she was still stressed thinking about the death of her father. She was advised to seek bereavement counselling from CRUSE. It does not appear that she followed this advice.
26. In the period from 2014 until the homicide, both Doris and Lawrence were seen by their GPs but not for mental health related concerns. In 2014 and 2015 Doris was screened in relation to her asthma and alcohol consumption and reported she was drinking one unit a week. This does not correspond with the recollections of the Greens, who saw Doris and Lawrence regularly over this period. They believed that from the period after her father died, Doris's alcohol consumption increased to the point that she would drink a whole bottle of vodka in one night. They believed Doris had an alcohol problem. Lawrence alleged to Andy that it would cause her to argue with him. He made a point of asking Andy to give Doris only one vodka with mixers and thereafter '*pretend*' to be giving alcohol with the mixer.
27. The Greens pointed to a row between Doris and Andy during the period when Doris was particularly vulnerable around the time of her father's death, that they felt was a coping mechanism worsened by Doris's alcohol consumption. It was over a driving incident that had occurred 4-5 months previously. Andy

apparently felt so aggrieved that they did not see Doris for ten months, but remained in contact with Lawrence. With hindsight, it is clear that Doris's mental vulnerability and isolation must have been affected by the episode. Ultimately Andy decided to forget the matter appreciating that Doris was vulnerable. They all resumed their friendship.

28. Sheila felt her friend did not have an alcohol problem but stated that both Lawrence and Doris *'liked a drink.'* There is no recorded evidence that Lawrence's earlier alcohol abuse continued from 2010, although Martin felt he *'drank a lot'*.

29. The review noted that the evidence of Doris's drinking was anecdotal, provided by friends and acquaintances. This was not an issue known to her GP; there was no evidence of routine alcohol screening at the surgery. It does not appear that Doris saw it as a problem she wished to discuss with health professionals. However there has been several studies (Including those by the domestic abuse charity, Safe Lives) that suggest that victims of domestic abuse are likely to turn to alcohol as a means of coping with the abuse they are experiencing. It is quite possible that Doris's apparent increased alcohol consumption was a manifestation of this type of coping mechanism.

4 Analysis

4.1.1 The interventions by Primary Care and Secondary Mental Health services and their recognition of domestic abuse

1. From 2010 until the homicide in December 2016, the couple's calls upon their GPs services were unremarkable. They were not patients that came to notice because of their high demand for services.
2. However from 2010 to 2015, Lawrence was seen in relation to depressive symptoms and anxiety and was prescribed anti depressants for significant periods. The history recorded in both their GPs notes (albeit from a significant number of years before) showed that their long separation in 1995 had clearly impacted upon them both and was at least a contributory factor in Lawrence's later suicide attempts, alcohol dependency and depression. There were

therefore known indicators of a risk of domestic abuse in Lawrence's history, which were also present on Doris's records.

3. IRIS⁴ in recent guidance to GPs points out '*An exploratory study of intimate partner homicides suggests that depression, mental health and suicide risk should be core indicators of high risk perpetrators*'⁵
4. Guidance for Health Professionals (including GPs) had developed between 2000 and 2005⁶ and depression was recognised as a potential sign of abuse which on its own or together with other indicators could prompt a Health professional to have a private conversation with a woman about home circumstances (in the absence of clear signs of domestic abuse.) It is only in the last few years that the potential for positive intervention with perpetrators has been emphasised as part of the GP role leading to appropriate questions being asked of those potential perpetrators.
5. There is wide recognition that despite the guidance available, most GPs still do not ask questions of women when indicators of potential domestic abuse become apparent. This is evidenced by the very low level of domestic abuse referrals made by GPs. (The work done by the Wolverhampton CCG to address these issues will be described in section seven below)
6. Between 2010 and 2014 both Lawrence and Doris presented with anxiety or depression however there is no evidence that they were ever asked questions about their home life and their relationship. In Lawrence's case he had always indicated that work was the cause of his depression and this was accepted apparently without exploring his relationship with Doris. Similarly Doris attributed her depression to bereavement and this was recorded without apparently considering her home environment.
7. It is unfortunate that these questions were not asked of Doris. That they were not asked of Lawrence was predictable, given the level of awareness of

⁴ Identification and Referral to Improve Safety (IRIS) Commissioning Guidance 2014

⁵ Regan L et al. "If only we'd known": an exploratory study of seven intimate partner homicides in Englishire. Child & Women Abuse Studies Unit, London Metropolitan University; 2007

⁶ Domestic Violence: A Resource Guide for Health Professionals Department of Health 2000/ Responding to Domestic abuse: a handbook for Professionals Department of Health 2005

responding to potential perpetrators of domestic abuse. However the fact that many GPs would have similarly failed to enquire about their relationship, in the face of the credible explanations offered by the couple for their depression, does not alter the fact that these were missed opportunities.

8. Had the questions been asked they may have led to a better understanding of the dynamics of the relationship and potentially led to a referral for either party to counselling or support.
9. It must be recognised that based upon the reports of Doris's closest friends and family, to whom she never disclosed unhappiness or any domestic abuse, it seems unlikely that Doris would have characterised Lawrence's controlling behaviour as domestic abuse worthy of disclosure to her GP. Even had she disclosed the nature of Lawrence's relationship with her, it is doubtful her GPs would have felt it to be something they need act upon beyond a note on her records.
10. It seems that each patient's depressive symptoms were considered in isolation and there was no consideration of the role of the partner in supporting a spouse with depression.
11. Lawrence had apparently suffered long periods of sub-threshold or mild depression from 2008 onwards and started being seen by his GPs for treatment from 2010. The 2009 NICE Guidance on treating depression⁷ described the 'stepped care' approach.
12. The apparent absence of any cognitive behavioural therapies (either the computer based self-help approach or more in-depth CBT) being offered to Lawrence seems to have been a missed opportunity. Lawrence's history, known to secondary mental health care suggested anxiety and a sense of inferiority from childhood. It is arguable that had he been offered the right intensity of CBT and support to address these insecurities, he may have benefited. It is also possible that through greater self-awareness, he may have even recognised the harmful impacts of his controlling behaviour upon Doris. It could have in turn led to some support being offered to Doris.

⁷ Depression in adults: recognition and management NICE CG90 (October 2009)

13. The apparent absence of any face-to-face assessment of Lawrence's mental health by the GPs in the period from the last recorded review in March 2013 up to the homicide in December 2016 seems poor practice. Given that the CCG IMR suggests that Lawrence was prescribed citalopram until as late as May 2015, the absence of assessments means it is impossible to tell whether there should (as seems likely) have been concern about Lawrence's mental health in the months before the homicide.

4.1.2 The recognition of coercive or controlling behaviour

1. The reflections of Doris's brother and sister in law, and those of the Greens and Doris's friend Sheila, describe how isolated Doris became in the years that she was married to Lawrence. She underwent a change in personality and everyone who spoke with the chair stressed the abiding impression that Doris either could not, or was not, allowed to make choices for herself. She was described as '*indecisive*'.
2. They all described very controlling behaviour by Lawrence. Sheila's abiding impression of the relationship was that Doris was '*dominated*'. However although they could see for themselves the adverse impact it had upon Doris, they did not feel that they could intervene in their relationship. Doris's brother Martin had made some efforts to talk with Doris over the years but he believed that she would not have seen herself as a victim of domestic abuse.
3. It was also apparent that although they all recognised Doris's lack of free choice in both major and mundane decisions, because of Lawrence's absolute authority in all matters, they did not appreciate how this would also prevent her making the most important choice; whether she should have to tolerate her life with Lawrence.
4. Her diminished aspirations and lack of autonomy were recognised by her friends and family but they did not feel empowered to support her to take back control of her life, because they did not understand the nature of coercive or controlling behaviour and how it manifests itself.
5. The Serious Crime Act 2015 section 76 may have created an offence of coercive or controlling behaviour between intimate and family members, however it

has not yet been fully understood by professionals and it is the panel's view that few members of the public even realise that coercive or controlling behaviour has been criminalised.

6. It seems that domestic violence and abuse is still considered by the public to be most serious when it is physical and verbal abuse and consequently clearly coercive. Although families and friends faced with a loved one suffering those kinds of abuses may often still feel reluctant to intervene, they are nonetheless more likely to take action. The coercive element of the offence relates to '*an act, or a pattern of acts, involving assault, threats, humiliation and intimidation or other abuse to harm, punish or frighten someone*'. These are much closer to the public perception of domestic abuse.
7. Yet controlling behaviour is behind so much domestic abuse and is equally damaging and disempowering. The criminal offence refers to '*a range of acts designed to make a person subordinate or dependent...including isolating them from sources of support.*' It is through these acts that perpetrators force victims to respond to the abuse in ways that seem accepting of it and which family and friends find so troubling and baffling.
8. In the apparent absence of coercive behaviour, friends and family often do not know how to react and most often assume their loved ones have chosen the life they lead.
9. For all but the last year of Doris's married life, no such offence existed and even had Lawrence's abuse come to light it, it would have been trivialised as simply psychological or emotional abuse. There would have been no obvious pathway out of the cycle of abuse. It is not hard therefore to understand why even Doris did not apparently see herself as a victim.
10. Evan Stark⁸ sums up the significance of coercive or controlling behaviour; '*The domestic violence revolution is stalled and the interventions it has spawned are largely ineffective because it has failed to come to grips with coercive control, a pattern of liberty harms that are several orders of magnitude more*

⁸ Evan Stark. Coercive Control: How men entrap women in personal life.

devastating than the traditional forms of domestic violence current laws, policies and programmes are designed to manage.'

11. A better awareness of both the mechanics and techniques of coercive or controlling behaviour amongst professionals and the public, coupled with a robust use of the criminal sanctions now available, where appropriate, are the best hope that women will feel empowered to challenge the controlling or coercive behaviour that many have simply endured.

5 Conclusions

1. The absence of a reported history of domestic abuse or violence between Doris and Lawrence and their lack of involvement with any agency beyond primary care in the months before the homicide, leads to the conclusion that the tragic events could neither have been anticipated nor prevented by professionals.
2. However the DHR was clear that many victims of controlling or coercive relationships do not always recognise those behaviours as domestic abuse. The absence of disclosures to professionals or family and friends cannot be seen as an indicator of the absence of domestic abuse.
3. The family and friends who chose to engage with this DHR all expressed astonishment at the tragic outcome. None had ever thought that Doris was at risk of physical harm, let alone murder.
4. The DHR has noted that Doris was on the cusp of an age group (61 and above) that has been recognised to be under represented in the take up of domestic abuse support services. They are likely to have suffered domestic abuse for longer, (of those adults visible to services, a quarter have lived with Domestic Abuse for more than 20 years.)
5. Victims aged 61+ are much more likely to experience abuse from a current intimate partner than those under 60, 41% against 28% and more likely to be living with the perpetrator after getting support, 32% against 9%.
6. It seems that victims within this age group *'may feel additional pressures to stay with an abusive partner related to the length of time they have*

experienced the abuse. For example they may feel increased anxiety about leaving behind a lifetime of contributions to ..homes, assets.’⁹

7. It is possible that these were factors that were relevant in this case and may go some way to explain why Doris did not seek help, or acknowledge or disclose to anyone she was in an abusive relationship.
8. Despite the widespread recognition amongst family and friends that Doris and Lawrence’s relationship was unequal and that Doris submitted entirely to Lawrence’s wishes, there was little evidence that friends and family who saw her on her own, ever raised their concern with Doris. Her apparent passive acceptance of her lot disempowered her friends and family.
9. However, the strains within the relationship did begin to manifest themselves in her alleged increased use of alcohol and the more frequent arguments that apparently occurred after her father’s death. It seems very likely that she was unhappy and often lonely, isolated and feeling lost.
10. If Doris had wanted to seek advice about domestic abuse and how to exit her relationship, she would not have been able to access the Internet at home. Apparently, Lawrence had his computers and ipads in a locked room and Martin was clear that his sister did not have access to them. Particularly for victims of Doris’s generation, it is also wrong to assume that they will have access to, or understanding of, where to seek support on the Internet.
11. It is important that victims of controlling or coercive behaviour can find access to support and advice in locations and from people that the perpetrator cannot easily control or impede, as well as traditional sources like primary care settings and advice centres.
12. Frequent publicity campaigns locally and nationally that might cause both victims and their family and friends to reflect upon the harm from controlling or coercive behaviour and offer pathways to support would be a positive step. Care would be needed to ensure that these campaigns explained how coercive controlling behaviour manifests itself in relationships.

⁹ Safe Later Lives: Older People and Domestic Abuse (October 2016)

13. The tragic homicide could not have been predicted and it is not possible to be sure what challenges to his control caused Lawrence to act in the way he did.
14. Lawrence had a pattern of thinking that meant he needed to feel in control. He suffered prolonged periods of depression caused by feeling vulnerable and worthless in a work environment he could not control in the same way that he did Doris's life.
15. It is impossible to be certain what combination of anxieties were playing upon Lawrence's mind when he murdered Doris and took his own life. There had been no monitoring of his mental health for some years. It was however predictable that he would commit suicide, or attempt to, whilst in crisis.
16. It is possible that Doris had finally discovered or challenged him about his predilections in relation to pornography. His claims in notes left behind that he was protecting them both from shame or financial loss were only credible to Lawrence. With hindsight whilst the murder was tragically the first known use of violence against Doris, it was very probably not the only time that coercive behaviour was combined with controlling behaviour.

6 Lessons learnt

- The mechanics and techniques of controlling or coercive behaviour used by perpetrators as a central element of domestic abuse are not yet sufficiently understood by professionals or the public.
- Family and friends sometimes see a perpetrator's controlling behaviour as tolerated by victims and they often do not know how to respond to support and empower the victim.
- Health professionals need to be aware that depression, mental health concerns and suicide risk are core indicators in high risk domestic violence perpetrators
- GPs should be able to recognise indicators of risk that arise in a consultation but also from the health records of the patient and their partner if those are available. They should be aware of the IRIS guidance on 'asking the question'

of potential victims and also of potential perpetrators. They should also take into account the dynamics of an abusive relationship involving an older victim.

6.1.1 Because victims of coercive or controlling behaviour often do not report or disclose their abuse, and therefore do not come into contact with agencies that could provide domestic abuse support, Community Safety Partnerships should ensure that advice and support is available in as wide and diverse and creative a range of locations as possible. Some of the measure already taken in Wolverhampton to make the future safer

1. The Wolverhampton Multi-agency Violence against Women and Girls (VAWG) strategy and Action Plan 2018-2019 has two over-arching areas of focus, that appear to the panel to be addressing some of the key learning raised in the review in relation to coercive control and early recognition of domestic abuse.
2. The strategy aims to raise public awareness of all strands of VAWG work, so that both victims and the wider community understand the legal, health and other aspects of VAWG and are familiar with care pathways to seek help, advice and make reports.
3. The strategy also seeks to increase the knowledge of VAWG amongst frontline staff across organisations so that they are active in making earlier identification and appropriate and safe responses to those of their service users who are at risk.
4. To achieve these goals, Wolverhampton DV Forum employs a Safer Wolverhampton Partnership funded VAWG trainer who delivers bespoke single-agency as well as multi-agency training across all the VAWG strands. In response to the change in legislation and to demand, a specific coercive and controlling behaviour training session has already been developed and delivered by WDVF as part of this training offer. It requires attendees to have already undertaken the full domestic violence training session as it builds upon this learning. This training course continues to be advertised across organisations and networks. WDVF has also agreed a VAWG Champion role across organisations and will support and train nominated individuals in all

VAWG themes to be able to support their colleagues. Key themes will also be cascaded following Train the Trainers sessions.

5. The Wolverhampton CCG integrated an awareness of Coercive and controlling behaviour into compulsory Level III Safeguarding training provided for GPs and surgery staff in 2017. The training included advice on when and how to 'ask the question' of potential victims of domestic abuse.
6. The Black Country Partnership Foundation Trust (BCPFT) have already included coercive or controlling behaviour in Safeguarding Level III training that is being rolled out to all staff with clinical, managerial, professional and organisational responsibility for Safeguarding Adults. This training is subject to review and will in future place more emphasis upon coercive control.
7. Named nurses are available to offer practical advice to frontline staff in order to raise awareness of coercive control, Domestic Abuse, Stalking and Harassment (DASH) assessments and Multi Agency Risk Assessment Conferences (MARAC). The named nurses also put on Question and Answer sessions with each team to raise awareness of these key areas.
8. West Midlands Police have conducted publicity campaigns in 2017 aimed at raising the awareness of victims and the wider public to controlling or coercive behaviours.
9. West Midlands Police are also working with communities in an area adjacent to Wolverhampton on a pilot project; 'Business Saviours', aiming to develop existing links between local policing teams, local businesses, and the third sector to create 'safe places' where a domestic abuse victim could obtain support and signposting.
10. This appears to the panel to be particularly helpful to victims of coercive or controlling behaviour who because of their isolation may not be able to seek support from family and friends. They could possibly take advantage of their contacts with commercial service providers to obtain help from an unexpected source. Businesses approached include hair salons, coffee shops and leisure centres and also include service providers such as plumbers, decorators Etc. The pilot project would be extended across the force once the most effective methods are identified.

7 Recommendations

1. It appeared to the panel that the key learning from this review concerned an apparent lack of understanding amongst not only victims, but also their family and friends, of the mechanics of coercive or controlling behaviour and how they manifest themselves.
2. The panel felt attitudes and responses would only change if the public became more aware of this particularly damaging element of domestic abuse. The panel also believes it is important that these issues are addressed early, ideally in school. The harm from coercive and controlling behaviour could usefully be communicated through appropriate emphasis upon these areas, as part of the PSHE Education programme of Study for Key stages 1-5 that already considers 'wellbeing' and 'Relationships'.¹⁰ There are already toolkits to help teachers, such as Women's Aid 'Expect Respect' and Wolverhampton DV Forum's 'Building Safe Relationships' resources.

Recommendation one

Safer Wolverhampton Partnership should seek the agreement of the Police and Crime Commissioner to bring together the learning from the region's DHRs that relate to coercive and controlling behaviour and commission a regional campaign to raise awareness in the public of the techniques of coercive control and how they manifest themselves.

To achieve this there should be an:

- a. **Emphasis upon the care and support pathways for victims, their families and friends.**

¹⁰ PSHE Association: PSHE Education Programme of Study Key Stages 1-5