South Gloucestershire Safer & Stronger Communities Strategic Partnership

EXECUTIVE SUMMARY OF THE OVERVIEW REPORT

Into the death of Pritam

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Executive Summary

INDEX

1. **Introduction**

This Domestic Homicide Review examines the circumstances surrounding the death of Pritam.

1.1 Pritam was married with two children (who were both over 18 years at the time of her death), she lived within a multi-generational family household consisting of her husband and children, her mother and father in-law, her husband's brother, his wife and their three children.

1.2 At approximately 6pm on a Sunday evening in 2013, Pritam's husband returned home from work to find his wife hanging from the banisters at their home address. He telephoned for an ambulance and on advice from the operator cut her down. On arrival at the scene, paramedics declared her deceased.

1.3 The Police attended the scene after being called by the paramedics. A statement was taken from the victim's husband and notes left by her were retrieved.

1.4 There was no ongoing police investigation and a sudden death report was submitted to the Coroner. A post mortem concluded that death was caused by hanging although her neck had not been broken. The Coroner's Inquest concluded that Pritam had taken her own life, by hanging.

2. The Review Process

2.1 This summary outlines the process undertaken by the South Gloucestershire Domestic Homicide Review Panel in reviewing the death of Pritam.

2.2. A Domestic Homicide Review (DHR) was recommended and commissioned by the South Gloucestershire Safer & Stronger Communities Strategic Partnership, in line with section 9 of the Domestic Violence, Crime and Victims Act 2004 and the expectations of the Revised Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews 2013.

2.3. The Home Office was informed of the intention to conduct a DHR on the 17th July 2013.

2.4. The process began on 31st July 2013, with an initial Review Panel meeting of all agencies that potentially had contact with Pritam, prior to the point of death.

2.5. Pritam's husband and brother have contributed to this review.

2.6 The agencies participating in this case review are:

- Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)
- Avon & Somerset Constabulary
- Avon & Somerset Probation
- [redacted] School
- North Bristol NHS Trust
- South Gloucestershire Clinical Commissioning Group
- South Gloucestershire Council Children's Services
- South Gloucestershire Council Safe Strong Communities
- South Western Ambulance Service NHS Foundation Trust

- Stand Against Racism and Inequality (SARI)
- Survive

2.7 Agencies were asked to give chronological accounts of their contact with Pritam and her family prior to her death. Where there was no involvement or insignificant involvement, agencies advised accordingly. In line with the Terms of Reference, the DHR has covered in detail the period from 1st January 2008 to 19th May 2013, although agencies have included relevant information prior to that period.

2.8 Each agency's report covers a chronology of interaction with Pritam; what was done or agreed; whether internal procedures were followed; conclusions and recommendations from the agency's point of view to address those issues set out in the DHR Terms of Reference.

2.9 Eighteen agencies / multi-agency partnerships were contacted about this review. Nine have responded as having had no contact with either the victim or the perpetrator. They are:

Avon & Somerset Probation Trust
Avon Fire & Rescue Service
Merlin Housing Association
Next Link
South Gloucestershire Drug & Alcohol Team
South Gloucestershire Multi- Agency Risk Assessment Conference (MARAC)
South Gloucestershire Council Safe Strong Communities
University Hospital Bristol NHS Trust
Victim Support

2.10 Nine organisations that completed an individual management report (IMR) have responded with information indicating some level of involvement with Pritam and /or her Family. They are:

2.10.1 Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) treated Pritam in relation to her depression, between November 1993 and October 2005 and again from January 2009 until August 2010. However she missed numerous appointments and it was only after being contacted by telephone that she explained she had never received the appointment letters as her father in law opened her post and had never informed her.

For some time after this AWP continued to contact her by both telephone and letters to her address, none of the letters were received by her.

2.10.2 Avon & Somerset Constabulary had seven contacts with family members between May 2008 and December 2012 of which the following are the most relevant:

- Late one night in 2008 the police received a call from Pritam who was distressed, having had a row with her husband, she had left the house in her pyjamas, climbing over gates and had walked down the main [redacted] road. Officers attended and after questioning her carefully, they were satisfied there were no criminal offences disclosed in this incident, therefore no need to approach her husband or other family members. A Domestic Abuse Investigation Team (DAIT) officer contacted Pritam by telephone and completed a SPECCSSS+ risk assessment. The Officer wrote in her report, “She is the victim of emotional abuse as she says whatever she does is not good enough for her husband and his family, as it is their way or no way. There hasn’t been any violence in their relationship but she feels she doesn’t have anyone to talk to.” A referral was made to a specialist domestic abuse service and SARI informed.

- Early in 2010 Pritam’s husband telephoned the police from his car on the M4 motorway informing them that his wife wanted to get out of the car and he was worried she might run in front of oncoming vehicles. When officers attended they spoke to Pritam on her own and she assured them she was not wanting to kill herself, but rather she was being forced against her will to go to her parents in [redacted] and she did not want to go. She told the officers of her unhappy marriage and they explored the possibility of her being accommodated in a Refuge overnight, however she wished to go back home and did not want to make a complaint against her husband as she felt it would make matters worse. The officers gave advice to her husband and then drove her home. Their incident report was flagged for both domestic violence and child protection.

- In 2012 the police received an intelligence report from a [redacted] Hospital that Pritam had been assaulted by her husband but did not wish to press any charges. As a result of the information received

local officers were informed and a Treat as Urgent (TAU) flagging was placed on the home address for six months.

2.10.3 [redacted] School was the secondary school Pritam's sons attended. There were five incidents highlighted relating to the boys separately being excluded from school for two days primarily for verbal abuse, threatening behaviour and assault on pupils. There were no Social Care referrals or involvement following any of these incidents.

2.10.4 North Bristol NHS Trust had a number of contacts with family members over several years but these in the main, related to births and normal, none relevant health issues. There were only two incidents of note and these related to Pritam the first was her suicide attempt in 2004 and the second was in 2012 when she was treated for a laceration to her nose and for depression. On this occasion a DASH risk assessment relating to domestic abuse was carried out although there were issues regarding the way Pritam was perceived and they are being addressed by the Trust.

2.10.5 The South Gloucestershire Clinical Commissioning Group IMR details the numerous visits Pritam made to her GP practice over a period of 19 years, commencing shortly after her marriage and ending after the incident in 2012, mentioned in the previous paragraph. During many of those she shared information about her difficult home circumstances and the impact on her mental wellbeing. On four occasions between 1993 and 2004 she took overdoses including one which was recognised as a serious suicide attempt. When she was taken to hospital in 2012 after a domestic assault she was reported as saying it was not the first time her husband had hit her, however there were no records of her previously informing her GP of any physical violence.

2.10.6 South Gloucestershire Council Children, Adults and Health had no direct contact with Pritam or her family but had been notified, by the police and school, about the incidents detailed in paragraphs 2.10.2 and 2.10.3.

2.10.7 South Western Ambulance Service was called to respond to incidents involving Pritam on four occasions.

- In June 2011 a call was made to the 999 service that Pritam was 'coughing up blood' and had fainted. Pritam had bitten her tongue in

the faint and was appropriately referred to her GP for future management

- Three months later the ambulance service received a 999 call that Pritam's elder son was suffering 'chest pains'. It was identified as a panic attack but there was no explanation recorded, as to what had precipitated it.

- Late one night in 2012 paramedics responded to a 999 call that Pritam had fallen and there was serious bleeding from an injury to her head. While Pritam's husband told the paramedics she had fallen, she later told them she had been hit by her husband, stating she "cannot cope and wishes to end life". She was conveyed to hospital.

2.10.8 Stand Against Racism and Inequality (SARI) IMR identified one unrecorded contact in 2008, when they were contacted by the police after the incident, (detailed in paragraph 2.10.2), when Pritam had left her home late at night after a row with her husband. While SARI does not provide a specialist domestic abuse support service, a case worker telephoned her and she told him some of her family circumstances. He remembered telling her he could refer her to a specialist service or she could speak to a solicitor. She said she could not do that, as she was afraid she would never see her sons again.

2.10.9 Survive has recorded that it received a referral from the police relating to the same incident in 2008 and they contacted Pritam by telephone. She was offered support but she stated she was alright and did not require help. She was told she could contact them anytime if she changed her mind.

3. Terms of Reference

3.1 The purpose[1] of the Domestic Homicide Review is to:

Ensure the review is conducted according to best practice, with effective analysis and conclusions of the information related to the case.

Establish what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and support victims of domestic violence including their dependent children.

Identify clearly what those lessons are, both within and between agencies, how and within what timescales they will be acted on and what is expected to change as a result.

Apply these lessons to service responses including changes to policies and procedures as appropriate; prevent domestic homicide and improve service responses for all domestic abuse victims and their children through improved intra and inter-agency working.

3.2 Overview and Accountability:

The decision for South Gloucestershire to undertake a Domestic Homicide Review (DHR) was taken by the Chair of the South Gloucestershire Community Safety Strategic Partnership and the Home Office informed on 17th July 2013.

The Home Office Statutory Guidance advises where practically possible the DHR should be completed within 6 months of the decision made to proceed with the review.

This Domestic Homicide Review which is committed, within the spirit of the Equalities Act 2010, to an ethos of fairness, equality, openness, and transparency, will be conducted in a thorough, accurate and meticulous manner.

3.3 The Domestic Homicide Review will consider:

3.3.1 Each agency's involvement with the following family members between 1st January 2008 and the death of Pritam on [redacted] at her

[1] **Paragraph 3.3 Home Office Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews**

home address in [redacted] South Gloucestershire. Agencies have also included relevant contacts, prior to the 1st January 2008, within their IMRs.

(a) Pritam 42 years of [redacted]

(b) Pritam's husband 46 years of [redacted]

(c) Pritam's elder son (over 18) of [redacted]

(d) Pritam's younger son (over 18) of [redacted]

3.3.2 Whether there was any previous history of abusive behaviour towards the deceased, and whether this was known to any agencies.

3.3.3 Whether family, friends or colleagues want to participate in the review. If so, ascertain whether they were aware of any abusive behaviour to the victim, prior to the alleged suicide.

3.3.4 Could improvement in any of the following have led to a different outcome for Pritam considering:

(a) Communication and information sharing between services

(b) Information sharing between services with regard to the safeguarding of adults

(c) Communication within services

(d) Communication to the general public and non-specialist services about available specialist services

3.3.5 Whether the work undertaken by services in this case are consistent with each organisation's:

(a) Professional standards

(b) Domestic abuse policy, procedures and protocols

3.3.6 The response of the relevant agencies to any referrals relating to Pritam concerning domestic abuse or other significant harm. It will seek to understand what decisions were taken and what actions were carried out, or not, and establish the reasons. In particular, the following areas will be explored:

(a) Identification of the key opportunities for assessment, decision making and effective intervention in this case from the point of any first contact onwards with Pritam or her sons.

(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 made

(d) The quality of any risk assessments undertaken by each agency in respect of Pritam.

3.3.7 Whether thresholds for intervention were appropriately calibrated and applied correctly, in this case.

3.3.8 Whether practices by all agencies were sensitive to the ethnic, cultural, linguistic and religious identity of the respective family members and whether any specialist needs on the part of the subjects were explored, shared appropriately and recorded.

3.3.9 Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and completed in a timely manner.

3.3.10 Whether the impact of organisational change over the period covered by the review had been communicated well enough between partnership agencies and whether that impacted in any way on agencies' ability to respond effectively.

3.3.11 Whether any training or awareness raising requirements are identified to ensure a greater knowledge and understanding of domestic abuse processes and/or services.

3.3.12 Whether the details of the death have highlighted concerns relating to Honour Based Violence (HBV).

3.3.13 The review will consider any other information that is found to be relevant.

4. **Key issues arising from the review**.

4.1 An analysis of the facts known to the Review have led the Panel to consider the following key issues:-

- Pritam's expectations of life as a British Sikh woman.
- The family environment Pritam encountered on marriage.
- The decline in Pritam's health and the family reaction.
- The response of agencies to Pritam's situation.

4.2 Pritam's expectations of life as a British Sikh woman.

4.2.1 Pritam was brought up in [redacted] in a traditional Sikh household and as children she and her siblings went to local schools and were exposed to western education and values. Pritam and her sister both knew and accepted their parents would arrange a marriage for them.

4.2.2 Pritam had many friends and had hoped to go to university, but at 19 was told by her parents that they had arranged a marriage for her into a Sikh family in the South West of England. She hoped she and her husband would have their own home and that she would still be able to have a career and friends.

4.3 The family environment Pritam encountered on marriage.

4.3.1 On her marriage Pritam found that she and her husband were expected to live with her in laws and to work only in the family business. The family business was being developed and all of the family had to play their part working in it. Her mother and father in law were very much head of the family and Pritam was expected to do everything her mother in law told her to do. As the youngest woman in the house, she found it difficult to balance working in the business, doing all of the most menial tasks within the large household and looking after both her own children and those of her brother and sister in law. She reported that her in laws were very controlling and critical of her, that she rarely left the house of her own volition and had to ask for money to buy things for herself, including personal items. She initially received no money and later was given £10 per week. When she complained, her husband offered her no support. He always took his mother's side, telling Pritam that she was being disrespectful when she argued. Whilst she had a driving licence the family did not think it fitting for a woman to drive so she had to be driven or take the bus.

4.4 The decline in Pritam's health and the family reaction.

4.4.1 Pritam's medical records chronicle the gradual deterioration in her mental health due to the ongoing family situation, of which the following are examples:-

- In July 1993 she is described as "a little down, decreased appetite and weary".

- In November 1993 an overdose of tablets was noted as "an impulsive overdose prompted by a difficult social situation which is likely to be ongoing. (argument with her mother in law) No clear evidence of depressive symptomatology."

- A year later, her GP wrote "Seems to be doing everything in the family. Thought to have mild depression"

- A GP record in October 1999 reads "Wants to talk about family problems. Is contemplating leaving home with her children as a result of tension within the extended family....."

- An entry in August 2003 states "Pritam reported feeling trapped, unable to cope; symptoms of depression and anxiety".

- After an overdose in July 2004 a letter from the North Bristol NHS Trust, Mental Health Liaison Team stated "Pritam had argued with her mother in law and felt unable to carry on living due to the constant verbal persecution from the family she had married into."

4.4.2 Whereas Pritam initially complained that her anxieties were as a result of her mother in law's controlling behaviour over her and her husband's lack of support, as time passed, there was increasing reference to the behaviour of other members of the household, her father in law opening all her mail and not informing her of contents, her brother in law using the children against her. Her sons were not permitted to call her Mum only "Cha Cha" (aunty). By January 2009 she told her GP she felt rejected by her children, (she refers to this rejection also in her final suicide notes) as well as by other members of the family. However it was only in August 2012 when she was taken by ambulance to hospital with a laceration to her nose that she stated her husband had physically assaulted her and that it was not the first time.

4.5 The response of agencies to Pritam's situation.

4.5.1 The Panel has considered the individual management reports carefully through the view point of Pritam, to ascertain if each of the agencies' interventions were appropriate and whether they acted in accordance with their set procedures and guidelines. Where they have not done so, the panel has deliberated if the lessons have been identified and properly actioned.

4.5.2 The authors of the IMRs have followed the Review's Terms of Reference carefully and addressed all of the points within it. They have each been honest, thorough and transparent in completing their reviews and reports. The following is the Review Panel's opinion on the appropriateness of each of the agencies interventions.

4.6 Avon & Wiltshire Mental Health Partnership NHS Trust

4.6.1 Pritam had been referred to AWP by her GP, who was concerned about her level of distress which he believed to be caused by on-going family tensions and disharmony. Her feelings of being ostracised and loneliness were felt to be contributing to a 'significant' risk of self-harm.

4.6.2 AWP's Community Mental Health Team (CMHT) responded with an appropriate assessment. Her care was properly managed via the Care Programme Approach, however there is no evidence that domestic abuse was ever considered.

4.6.3 In 2009 after an assessment in which Pritam said her goal was her desire to manage her responses to the family situation, it was felt that psychotherapy was a more appropriate approach. However her contact with AWP services then became sporadic. While multiple attempts were made to contact her both by telephone and letter, it is unclear, from records, if this led to heightened concern about her welfare.

4.6.4 AWP provided Pritam with the appropriate clinical options and service in accordance with their set procedures for treating a person with depression, and in fact went further than required in attempting to re-engage with her on many occasions. However in spite of knowing that her post was being intercepted, letters continued to be sent to her home. One of which contained her personal comments regarding the family, which when read by her father in law would have caused her, at the very least intense embarrassment and at the worst placed her at risk.

4.6.5 The IMR author has been unable to evidence if the “family tensions” which were stated to be the cause of Pritam’s depression were ever considered in terms of being domestic abuse.

4.7 Avon & Somerset Constabulary

4.7.1 The officers who had direct contact with her, dealt with her sympathetically, provided her with options, advice and the contact telephone numbers of specialist support agencies. They shared information with other agencies, together with specialist officers and the local neighbourhood police officers. Nevertheless mistakes were made and lessons were identified particularly with regard to the quality of the risk assessments.

4.7.2 Additionally in relation to the police response to the email received from [redacted] Hospital in August 2012, that Pritam had disclosed ongoing domestic violence by her husband; while the information was correctly passed to local officers there was no information to indicate that follow up contact had been with the hospital personnel, to clarify detail including if a risk assessment had been properly completed.

4.8 [redacted] School

4.8.1 The five school exclusions of Pritam’s sons were dealt with in line with normal school procedures, although as the teachers involved have now left the school, it has not been possible to ascertain what level of consideration was given to the boys’ cultural background or if there had been any probing as to the reasons for their behaviour.

4.9 North Bristol NHS Trust

4.9.1. In August 2012 Pritam was taken by ambulance to [redacted] hospital with a laceration to her nose and for psychiatric assessment (at her own request). There were examples of good practice, including the completion of a DASH risk assessment (at that time the Trust did not have a domestic abuse policy in place). However the psychiatric liaison team’s use of the term “hysterical episode – Domestic abuse”, in the mental health risk screen, was not a useful way to describe a psychiatric event. The following entry in the domestic violence risk screen:- *“Based on my assessment I can say that the husband may need some extra support as he is not coping with the patient having psychotic behaviour”,* begs the question that the person writing it, gave insufficient consideration to domestic abuse being the cause of Pritam’s depression in the first place.

4.9.2 It is noted that the above incident appeared to have a profound effect on Pritam, as she never sought medical support for herself again.

4.10 South Gloucestershire Clinical Commissioning Group

4.10.1 Pritam relied heavily on her GP practice for support and she became a regular attendee at the Practice between 1993 and 2010. It was the one place she could go on her own outside the family environment. The GPs were cognisant of the effect her home life was having on her mental health and this is reflected in her referral to the Avon and Wiltshire Mental Health NHS Trust Partnership (AWP). However while IMR author supports the GP's view that "Pritam's ethnic and religious background did not impact on the management of her health needs" the GPs never recognised her situation as one of domestic abuse.

4.11 South Gloucestershire Council Children, Adults and Heath

4.11.1 Children's Social Care was informed of the incidents relating to Pritam's sons including school exclusions, but decisions were made to take no further action, as they fell below the thresholds and protocols to which the department must adhere. While this is accepted; the IMR author has highlighted an apparent lack of awareness of the possible effect on the boys, of the repetitive domestic abuse to which Pritam was subject.

4.12 South Western Ambulance Service

4.12.1 The speed of response and the quality of the clinical intervention by paramedics, on each occasion was in accordance with the service's set targets and policy. However a number of lessons were identified, including the need for accurate record keeping, more probing enquiry into causes of injuries, the need to improve the knowledge of domestic abuse and training in DASH risk assessment.

4.13 Stand Against Racism and Inequality (SARI)

4.13.1 The police contacted SARI, an organisation to support people who may be suffering inequalities including racism, after the incident in 2008 (detailed in paragraph 2.11.2 of this summary). A member of staff consequently contacted Pritam by telephone, but because of a lack of knowledge about domestic abuse, gave her unhelpful advice to contact a solicitor.

4.14 Survive

4.14.1 The police also contacted Survive, a specialist domestic abuse service, after the 2008 incident, however there was a significant delay between the referral and the time the Independent Domestic Violence Advisor (IDVA) made telephone contact with Pritam which was not in line with Survive's set procedures.

5. **Lessons to be learnt**

5.1 All of the agencies that had contacts with Pritam or her family have identified lessons they have learnt from the Review.

5.2 Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)

5.2.1 There was no record of whether any other agencies were working with Pritam or whether this was explored as a possible additional source of support.

5.2.2 It would appear that the two services directly involved with Pritam's care, Community Mental Health Team (CMHT) and the Psychotherapy Team, acted in accordance with AWP protocol and policy. The attempts to maintain Pritam in treatment, despite frequent non-attendance would have been an example of good, positive practice, if it had been actioned in accordance with the information available.

5.2.3 The use of letters as a mode of communication with Pritam has been recognised by both AWP teams as being unreliable. In future communication should be agreed with the service user and recorded clearly in records from the beginning of any episode of care.

5.3 Avon & Somerset Constabulary

5.3.1 The Police systems and procedures were shown to work generally well in the two incidents the police had contact with Pritam although the quality of the risk assessments could be refined.

5.3.2 On receipt of the operational reports the Domestic Abuse Incident Team (DAIT) did not consider whether assistance from a Sikh cultural expert might have assisted them in assessing the situation.

5.3.3 Having received an intelligence report from [redacted] Hospital regarding Pritam's attendance at the Emergency Department in August

2012, the Police did not contact the originator of the report, to clarify the DASH risk assessment or what the other actions had been taken.

5.4 [redacted] School

5.4.1 While satisfied that the five exclusions episodes involving Pritam's sons were dealt with correctly and in accordance with the then set school procedure, the Head Teacher has recognised that the school domestic abuse and diversity lead had recently retired and the DHR has acted as a timely reminder, to ensure that all staff receive further diversity and domestic abuse awareness training during the next school year.

5.5 North Bristol NHS Trust

5.5.1 Pritam was screened for domestic abuse after her attendance at [redacted] Hospital in August 2012. However such screening is haphazard, as the North Bristol NHS Trust did not have a domestic abuse policy.

5.5.2 Utilising an IDVA from another hospital and sharing information about the incident in August 2012 with other agencies including the police is highlighted as a good practice initiative.

5.5.3 Domestic abuse and honour based violence is covered in the Trust's Safeguarding Children and Safeguarding Adults training, but it is mentioned briefly and in not a lot of depth, there are individual units, such as the Emergency Unit, that provide specific domestic abuse training.

5.5.4 Referral on to the IDVA team happens when a patient discloses the abuse and consents to such referral. Patients who do not consent or who do not disclose but are believed to be suffering domestic abuse are not referred.

5.5.5 There is good practice in the Maternity Services which do have a protocol on domestic abuse. Women are screened for domestic abuse and there is a process in place so accompanied women can let the midwifery team know they are suffering abuse. However screening does not happen in any other part of the Trust.

5.5.6 The concept of honour based abuse is covered in safeguarding training, but it is clear that understanding is poor. While screening in the emergency department and maternity services does take place honour base violence understanding is not of a high enough level to enable practitioners to assess the risk.

5.5.7 The Trust recognised the need to develop a clear policy and practice in relation to domestic abuse and honour based violence. A senior member of staff has been appointed to take ownership of this and to drive the agenda forward. This is timely good practice. An IDVA service has already been established by the Trust.

5.6 South Gloucestershire Clinical Commissioning Group

5.6.1 GPs and other health professionals did not recognise the behaviour Pritam was routinely subjected to as being domestic abuse, despite the records showing that she had described how she was treated in detail and over a period of many years.

5.6.2 As a result of this lack of recognition, a link between intractable mental health problems and domestic abuse for Pritam was not identified.

5.6.3 Also as a result of the lack of recognition, when physical domestic violence was reported in August 2012 this was not identified as a possible escalation of risk.

5.6.4 A high frequency of attendances at GP appointments and telephone consultations relating to mental health and other medical issues may be indicative of domestic abuse and this was not understood.

5.6.5 Contact with a patient by written communication to their home address may not always be appropriate.

5.6.6 Information was shared within health and by the police but this did not lead to the recognition of a domestic abuse situation.

5.7 South Gloucestershire Children, Adults and Health

5.7.1 The key lesson learnt relating to effective practice is the need for Children's Social Care staff to have raised awareness of diversity issues specifically related to additional vulnerability of women. Had more consideration been given to this risk factor the threshold applied would have been higher in the decision making process.

5.7.2 Greater consideration in relation to the impact of mental health upon Pritam's safety and possibly her children's welfare could have led to more enquiries being undertaken by Children's Social Care and possible further services being made available to Pritam to assist her in addressing her mental wellbeing and taking further preventative measures.

5.7.3 Effective practice that encompasses an analytical approach to the impact of domestic abuse could have led to more pro-active action in contacting Pritam and key agencies to support her and her children in obtaining safety and dealing with the impact of domestic abuse. It would have ensured an opportunity for enquiries, possible further assessment and provision of services either from children's social care, other statutory agencies, voluntary sector agencies or targeted services.

5.7.4 The importance of chronologies and consideration of the range of information available has been a key feature in numerous serious case reviews. The lessons also highlight the importance of considering the history of involvement in the decision making process and assessment of risk rather than considering information or referrals in isolation.

5.7.5 Effective communication between agencies is essential within safeguarding and preventing an escalation of risk, there were missed opportunities for effective communication with key statutory agencies, universal services and the voluntary sector, that if undertaken may well have obtained significant information to enable an effective risk assessment to be undertaken and effective intervention to be implemented.

5.7.6 Whilst it was envisaged that one representative from Children, Adults and Health was appropriate, additional adult safeguarding expertise was sought, specifically around understanding adult threshold criteria. They will ensure their key staff receive appropriate level domestic abuse training.

5.8 South Western Ambulance Service

5.8.1 While the recording of symptoms, on each of the occasions paramedics had contact with Pritam or her family, was in line with procedures and guidelines; the recording of ancillary information, such as details of persons present and what was said by them or the patient regarding the cause of the injuries needs to be improved.

5.8.2 A working knowledge and awareness of domestic abuse was lacking and signs were missed on at least two of the occasions the ambulance service was called to attend to Pritam.

5.8.3 There was evidence in relation to the incident in August 2012 that key information was not passed on by the first paramedics at the scene.

5.9 Stand Against Racism and Inequality

5.9.1 The staff member who telephoned Pritam in May 2008 while trying to assist her, had not had any domestic abuse awareness training and did not know the type of specialist help available locally.

5.9.2 A working protocol is needed with local specialist domestic abuse agencies to improve the access to services by victims from minority communities. This should include contact details of these agencies being disseminated to all SARI staff.

5.9.3 The retention of documents relating to referrals needs to be reviewed.

5.10 Survive

5.10.1 The need to set a quality standard directive that all high risk victims are telephoned within 48 hours from the time of referral received was recognised.

5.10.2 There is a need to review the documentation system and this has now been addressed.

5.10.3 All referrals the IDVA team receive from the police now come with the police guardian report attached and the completed ACPO Dash Risk Assessment. This enables the IDVA to see what safety options have already been put in place and establish whether or not it is safe to call the victim and leave messages.

6. **Conclusions**

6.1 In reaching their conclusions the Review Panel has focused on the questions:

- Have the agencies involved in the DHR used the opportunity to review their contacts with Pritam and her family in line with the Terms of Reference (ToR) of the review and to openly identify and address lessons learnt?
- Will the actions they take improve the safety of domestic abuse victims in South Gloucestershire in the future?

- Was Pritam's death predictable?
- Could it have been prevented?

6.2 The quality of the IMRs and the Sikh culture report in this review has consistently been of the highest level. They have been detailed, open, thorough and questioning from the view point of Pritam. The organisations have used their participation in the review, to not merely identify and address lessons learnt from their contacts with Pritam in line with the Terms of Reference (ToR) but have gone beyond the ToR requirements to take action on other issues of concern.

6.3 The Review Panel is satisfied that the agreed recommendations reflect all of the needs identified in the lessons learnt. Provided they are properly and promptly implemented, they will improve the safety of domestic abuse victims in South Gloucestershire in the future.

6.4 The Review Panel, in considering all of the information provided, does believe that Pritam's death was predictable. She had tried to commit suicide at least four times previously. However who were close enough or cared enough about her, to predict it? It had been nearly 11 months since she had visited her GP and she had stopped attending the mental health services over 12 months prior to that. It appeared from the evidence provided to the Review that no one questioned what had become of her; her family did not listen or respect her and she was totally isolated from any other source of help or support.

6.5 Could her death have been prevented? By her family probably; she wrote in the notes she left, that she loved them and if she had been shown some love or respect in return, the Review Panel questions if she would still have taken her own life. In her final notes she also wrote "My life was hard here. I did so many things wrong. I didn't fit in, [redacted] had to make rules and regulations and I am more free spirited. I tried but I can't do. .....I have been trying, apologising when I have got emotional or got things wrong but if that apologising means nothing to anyone else I'm not in a good place..."

6.6 With regard to the organisations that had previous contact with her, while all have identified lessons to learn from their contacts with Pritam, the question of preventing her death, is perhaps most relevant in respect

of three of the health service providers that had the most regular or key contacts with her.

6.6.1 If she had not disengaged from the regular support provided by her GP, (after her treatment at [redacted] Hospital in August 2012), would she have felt that low as to take her own life? Her GPs had treated her for nearly 19 years and despite the failure to recognise that she was the victim of domestic abuse, they clearly worked hard to support her.

6.6.2 Would Pritam have been able / allowed to continue to receive the mental health support she needed from the AWP Psychotherapy Service, if her father in law had not read the confidential notes sent by letter to her home in October 2009?

6.6.3 The incident of August 2012 when Pritam was taken to hospital by ambulance after a blow to her nose, was also a key event, for after that date she never sought health service provision for herself again. What is not clear however is if this was because of the shock of the assault, shame about her emotional reaction, family pressure or a lack of confidence in the service she received on the night and following day,

6.7 The Review Panel is satisfied that the South Gloucestershire Safer and Stronger Communities Strategic Partnership and the individual agencies that work in the County now have comprehensive domestic abuse strategies and polices. However such strategies and policies are of little value if they are not known to or used by practitioners to identify domestic abuse. Often, Pritam told professionals about her family circumstances and while she was on occasions, offered access to specialist domestic abuse services; the fact that she refused that support, because she worried that her husband's family would keep her children and the disgrace, she thought, it would bring to her family, was never challenged or pursued as domestic abuse or honour based violence.

6.8 The Review Panel believes that the appointment of Domestic Abuse Champions by the South Gloucestershire CCG and the North Bristol NHS Trust will be key in ensuring that health service staff working in South Gloucestershire will in the future provide a more informed, effective service for victims of domestic abuse. The Panel notes that South Gloucestershire Council Safe Strong Communities has employed such a domestic abuse lead for several years with outstanding results; they commend the initiative to other organisations.

6.9 The Review Panel believes that lessons can be learnt from Pritam's death, not just by her family and the organisations that had contact with her but also by society in general. The Review fully endorses the statement of her brother: - "Change cannot happen until the way individuals wrongly portray their culture for their own advantage, is challenged. Bullying and violence are not cultural or religious issues, they are crimes in any society, and it is not racist to challenge such behaviour."

7. **Recommendations**

7.1 Cross agency recommendations

7.1.1 That the development of the South Gloucestershire tier of the refreshed Avon and Somerset Information Sharing Protocol (ISP) ensures that:

- All appropriate agencies are invited to sign the ISP, including those from the statutory and voluntary sector, and that implementation / use of the ISP is quality assured.
- The second tier ISP document references the seven golden rules for information sharing and in particular that information can be shared to prevent harm to an individual and third parties including front line staff.
- That an appropriate process is introduced by all signatory agencies, which ensures that senior and middle managers and all employees are equipped to appropriately deliver the requirements of the ISP.

7.1.2 All participating organisations have a responsibility to ensure their staff understand local safeguarding policies and procedures and know how to recognise an adult or child at risk and refer to the most suitable agency.

7.1.3 All organisations will support the work of the South Gloucestershire Partnership Against Domestic Abuse, and identify an agency champion for domestic abuse; similar to those already introduced by the South Gloucestershire Council Safe Strong Communities, the South Gloucestershire CCG and the North Bristol NHS Trust.

7.1.3 **Note**: The panel supports the ongoing local considerations between statutory agencies that are examining the feasibility and benefits of a Multi Agency Safeguarding Hub (MASH).

7.2 South Gloucestershire Partnership Against Domestic Abuse Recommendation.

7.2.1 That the South Gloucestershire Partnership Against Domestic Abuse recommend to the Avon and Somerset Violence Against Women and Children (VAWC) Board that they explore mechanisms to engage with Community Leaders and Minority Groups.

Individual Agency Recommendations

7.3. Avon & Wiltshire Mental Health Partnership NHS Trust

7.3.1 AWP will amend existing policy and procedures and ensure that the changes are cascaded to all employees and incorporated in staff training namely that:

- Practitioners must record that they have asked the service user whether that person is working with any other agencies.
- Methods of communication should be agreed between the service user and the service, and this should be recorded clearly and communicated between teams, as a routine part of the transfer of care between services.
- AWP will promote awareness amongst its staff of the domestic abuse procedure and the presence of the domestic abuse pages available on its intranet pages.
- All staff will receive diversity training, and this training will be revised to include information regarding honour-based issues.
- AWP will identify a training strategy for domestic abuse awareness for relevant practitioners.

7.4 Avon & Somerset Constabulary

7.4.1 Refresher training will be provided for all operational staff in relation to the importance of DASH risk assessments with all domestic incidents, regardless of their severity.

7.4.2 All operational staff will be provided with details of resources, both internal and external, that are able to provide guidance around matters of cultural and religious faith within the community.

7.5 [redacted] School

7.5.1 Since the incidents involving Pritam's sons, domestic abuse awareness training was provided for key members of staff in 2011 and 2012, subsequently cascade training was given to all heads of Year staff. Nevertheless the school recognises the need to increase understanding of both domestic abuse and cultural diversity and this has been scheduled into inset training over the next 12 months.

7.6 North Bristol NHS Trust

7.6.1 Specific domestic abuse training to include honour based abuse will be introduced across its workforce.

7.6.2 A comprehensive policy which lays out its responsibilities in relation to domestic abuse and honour based violence shall be introduced. Also a resource shall be established to guide staff on what to do if they suspect someone is experiencing domestic abuse and honour based violence and where to get advice.

7.6.3 North Bristol NHS Trust should consider in its policy development the introduction of screening questions which are evidence based and are consistently applied across the organisation.

7.6.4 The Trust will also consider in its policy development, the mandatory use of the DASH risk assessment tool when patients are screened as positive for domestic abuse and or honour based abuse.

7.7 South Gloucestershire Clinical Commissioning Group (CCG)

7.7.1 In October 2011 the CCG appointed a clinical lead for domestic violence for South Gloucestershire. The post holder provides primary care clinicians with clinical supervision in relation to domestic abuse and is responsible for the provision of domestic abuse training for GPs.

7.7.2 Specific training in identifying domestic abuse shall be available to all GP practices. Since September 2013 the IRIS (Identification and Referral to Improve Safety) programme, has been commissioned in South

Gloucestershire and training for clinical and non-clinical staff is being rolled out across GP practices. As part of IRIS there is a designated Advocate Educator available to work with women who experience domestic abuse. In addition practices are being encouraged to have a Domestic Abuse champion within the practice.

7.7.3 A flowchart detailing care pathways showing how to access appropriate support and services for victims of domestic abuse will be circulated to all primary care clinicians. This is currently being undertaken following the delivery of training to each practice through IRIS.

7.7.4 An effective mechanism for communicating police reports of domestic incidents to GP practices is being established for all such incidents.

7.7.5 Raising awareness with clinicians of the need to engage fully with the consideration of alternative forms of communication with potentially vulnerable patients. This will be addressed through the current programme of IRIS training as well as being shared through the GP Leads for Safeguarding Children which all South Gloucestershire Practices have, at the next GP Lead meeting in November 2013.

7.8 South Gloucestershire Children, Adults and Health

7.8.1 South Gloucestershire Council to ensure that training in relation to domestic abuse is a mandatory requirement for all key social care staff to improve awareness regarding the natures and impact of abuse. This will incorporate raising awareness of the nature of honour based violence and increased risk of abuse amongst certain cultural groups.

7.8.2 A written protocol and policy for responding to domestic abuse to be written and implemented within South Gloucestershire, reflecting the guidance provided by South Gloucestershire Council on behalf of South Gloucestershire Partnership Against Domestic Abuse (SGPADA).

7.8.3 Training in relation to the application of the Barnados multi-agency domestic violence risk assessment matrix to be provided for key staff.

7.8.4 Lessons learnt to be forwarded from the DHR to key care staff and managers and the South Gloucestershire Safeguarding Children and Adults Boards to be considered and incorporated into practice.

7.8.5 That all South Gloucestershire schools ensure that teachers and other key personnel undergo diversity and domestic abuse awareness training.

7.9 South Western Ambulance Service

7.9.1 For domestic abuse to be recognised as an area of training need for all clinical South Western Ambulance Service operational staff.

7.9.2 An interim measure to be put in place prior to the separate training on domestic abuse, to raise basic awareness with staff at level 2 safeguarding training.

7.9.3 To remind staff of their responsibility when completing the patient care record to ensure the environmental factors are completed on all occasions.

7.9.4 When a patient, especially a child, presents with ‘anxiety’ staff should establish any triggers for this and explore fully the reason for this presentation.

7.9.5 When staff receive a disclosure of domestic abuse, a DASH risk assessment should be undertaken with the support of the safeguarding service if necessary.

7.10 Stand Against Racism and Inequality (SARI)

7.10.1 That all SARI staff and volunteers receive domestic abuse awareness training, which could be provided by one of the local specialist domestic abuse support agencies. This will ensure that staff have a working knowledge of domestic abuse, the relevant laws and details of local specialist service providers to whom victims can be referred. In return SARI will provide diversity training to specialist domestic abuse agency staff.

7.10.2 A policy will be developed that when a victim of domestic abuse self refers or is referred to SARI, the specialist domestic violence service for the area in which the victim lives would be contacted as soon as possible and in any case within 7 days. Where appropriate, a member of SARI would either attend the specialist domestic violence service with the victim to help with linguistic, religious or cultural issues or go with a domestic abuse worker to meet with the victim elsewhere.

7.11 Survive

7.11.1 Survive managers will carry out spot checks, supervision and training with all front line staff to ensure high quality standards are maintained when working with high risk victims of domestic violence.

7.11.2 All contact and discussions will be documented and will include where appropriate, information surrounding the circumstances where a service user / referral has been informed of support and safety options and has chosen to decline engagement; including refusal of risk assessments and safety planning.

7.11.3 Survive will arrange a meeting with SARI to discuss a joint working and training partnership, with referral pathways for victims of domestic violence between the agencies.

8. Appendix – Glossary of Terms

ACPO	Association of Chief Police Officers
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
CCG	Clinical Commissioning Group
CMHT	Community Mental Health Team
DAIT	Domestic Abuse Investigation Team. Prior to March 2012, this team had overall responsibility for collating and investigating high risk domestic abuse allegations.
DASH	Domestic Abuse, Stalking and Honour Based Violence Risk Identification Assessment and Management Tool. Implemented in 2009 Avon and Somerset Constabulary are currently using this national risk assessment model for cases of domestic abuse. This is a common model used by the Police and partner agencies. DASH is an acronym for Domestic Abuse Harassment and Stalking and includes honour based violence and forced marriage. DASH was implemented throughout the Force on a rolling programme over a year between March 2010 and March 2011. Prior to this date, the risk assessment model was SPECCSS, an acronym for Separation, Pregnancy, Escalation, Child Custody, Cultural Issues, Stalking and Sexual Assault. Prior to the implementation of the Guardian database system in 2007 the management of domestic abuse investigations was conducted on a largely paper based system with additional tracking through electronic software. There is now a significant change to recording of risk assessments in domestic abuse cases. These are now collated in one section, remain dynamic and linked to the individuals involved. These are available at all times to all staff and ensure a complete history can be viewed in one place.
DHR	Domestic Homicide Review
GP	General Practitioner
HBV	Honour Based Violence
IDVA	Independent Domestic Violence Advisor
IMR	Individual Management Report
IRIS	Identification and Referral to Improve Safety. A programme of general practice-based domestic violence and abuse (DVA) training support and referral. This has been commissioned in South Gloucestershire and training for clinical and non-clinical staff is being rolled out across GP practices.

ISP	Information Sharing Protocol
MARAC	Multi-Agency Risk Assessment Conference. Regular meeting of statutory and voluntary agencies involved in supporting survivors of domestic abuse, whereby high risk cases can be discussed in detail, and appropriate safeguarding measures agreed.
MASH	Multi Agency Safeguarding Hub
SARI	Stand Against Racism and Inequality (formerly Support Against Racist Incidents)
SGPADA	South Gloucestershire Partnership Against Domestic Abuse
SPECCSS+	See DASH definition
TAU	Treat as Urgent marker. A means by which an address or phone number can be flagged, so that any future calls will automatically result in a short descriptive text for attending Police officers, highlighting the causes for concern.
TOR	Terms of Reference
VAWC	Avon and Somerset Violence Against Women and Children Board