Learning from Domestic Abuse Serious Incident Review (SIR)

Adult B SIR 1 – finalised September 2012

Adult B's was an unexplained death that may have been a suicide. The case did not meet the criteria for a DHR but as the deceased and her husband were known to and received services from several agencies in the city, and there was a known history of domestic abuse that had been assessed as high risk in the previous 12 months, a Serious Incident Review was conducted instead. Adult B did not have dependent children at the time of her death.

The issues that arose in this case can be summarised as:

- **Information sharing / Communication** – especially for agencies who do not attend MARAC. Also agencies need to ensure new risk issues are reported and addressed e.g. further suicide attempts. There was also a need to ensure processes for reporting suspicious deaths are in place
- **Pathways** – cases need to be referred for specialist domestic abuse support appropriately and in a timely manner. Pathways to local services to be promoted to agencies including GPs and Mental Health.
- **Case Co-ordination** – there was a need to clarify whose role this was and whether there is duplication between some agencies. Where individuals are difficult to engage, efforts need to be made to identify the agency most likely to engage them with services.
  Risk assessment – there was an identified need to continue to promote the use of the ACPO DASH risk assessment and embed it into practice, with agencies ensuring that processes for reducing risk levels are robust

Key Lessons to Learnt

- **Discharge procedures / exit from service procedures:**

Agencies must ensure that discharge / exit procedures take into account any continuing risk of domestic abuse e.g. ensuring other agencies are aware the person has been discharged from service, including considering referral to MARAC if leaving a service such as a refuge to return to the abuser heightens the risk. Consideration should be given to who needs to be informed, and for the Independent Domestic Violence Advocacy Service (IDVAS) in particular there should be follow up attempts to contact regardless of clients views and lack of further police incidents.

- **Building on good practice**

Ensure the domestic abuse notification / pathway system at Accident and Emergency is maintained and is extended to Minor Injuries unit.

- **Duplication of referrals**

From SY Police to both Victim Support and IDVAS: agencies should develop local protocols to ensure that two agencies are not simultaneously contacting a victim to ask the same questions / offer similar services

- **Consideration of safety issues**

Some agencies needed to consider interventions such as home visits where domestic abuse is identified and / or exercising caution around normal activities such as sending post to a victim's address.

- **Quality of available refuge accommodation**

Commissioners to ensure greater access to self-contained refuge accommodation is part of commissioning plans re. refuge provision

- **Safety planning**

It was identified that Domestic Abuse specialist staff, and others, needed to be able to offer safety planning options to people choosing to stay in an abusive relationship.

- **Missed appointments**

Agencies should ask for consent for a second contact to check on a person's safety if they can't be reached or they do not attend appointments.

- **Difficult to Engage High Risk Victims**

The MARAC should ensure that the service that has the confidence of the victim is identified and is liaised with by the IDVAS.

- **MARAC and Suicidal intent**

A suicide attempt was not reported to SYP or the IDVAS. Agencies should consider re-referring to MARAC if high risk cases are suicidal and this is likely to be related to ongoing domestic abuse.

- **Serious Incident Review process**

Adult B's case was reviewed outside of the framework of a formal process. The review recommended the development of a Serious Incident Review process re. domestic abuse cases that do not meet the criteria for a DHR to be developed.