

Strictly Confidential

Dorset Community Safety Partnership

Domestic Homicide Review Executive Summary

Victim – Charles who was murdered in April 2021

Independent Author – David Mellor BA QPM

Report completed on 17th July 2023

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1.0 Introduction

1.1 This report is an Executive Summary of a Domestic Homicide Review (DHR) undertaken by Dorset Community Safety Partnership following the murder of Charles (a pseudonym).

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

1.3 The DHR process began with an initial meeting of representatives of Dorset Community Safety Partnership on 12th May 2021 when the decision to hold a DHR was unanimously agreed. All agencies that potentially had contact with the victim and/or perpetrator prior to the murder were contacted and asked to confirm whether they had involvement with them. The agencies which confirmed contact with the victims and/or perpetrator and were asked to secure their files.

Contributors to the DHR

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

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

The following agencies provided short reports to inform the review:

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

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

1.6 The families of Charles and Linda decided not to contribute to the DHR although the son and daughter of Charles and one of Linda's daughters read and commented on the final draft of the DHR Overview Report.

The DHR Panel Members

1.7 The DHR Panel consisted of:

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

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

Author of the overview report

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

Statement of independence

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

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

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

2.0 Terms of Reference

2.1 The general terms of reference are as follows:

1. Establish what lessons are to be learned from the Domestic Homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
2. Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
3. Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;
4. Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;
5. Contribute to a better understanding of the nature of domestic violence and abuse;
6. Highlight good practice.

2.2 The case specific terms of reference are as follows:

- Could more be done to raise awareness of services available to victims of domestic abuse?
- Was there recognition of the complexities within the whole family when working with the individual family members?
- Were there any barriers experienced by the victims or family, friends and colleagues in reporting the abuse?
- Were there any barriers experienced by the victims or family, friends and colleagues in accessing support for the abuse? Were there any particular barriers to accessing support by people in the socio-economic group to which the victim belonged?
- Were there any opportunities for professionals to routinely enquire as to any domestic abuse experienced that were missed?
- Are there any training or awareness raising requirements that are necessary to ensure a greater knowledge and understanding of the services available?

- Give appropriate consideration to any equality and diversity issues that appear pertinent.
- Did the restrictions placed on organisations and society as a whole due the Covid pandemic have an impact?

3.0 Summary Chronology

Background information (Paragraph 3.1 to 3.3)

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

3.2 Linda was 65 years old at the time of the attack on her and Charles. She had three children from her first marriage including the perpetrator Patrick, who was her youngest child. Linda was a therapist specialising in therapies for lymphoedema¹ patients and founded a private health clinic which offered a range of therapies. When her relationship with her first husband broke down she and her daughters moved into Charles's home around 2003 and her relationship with Charles began. The perpetrator Patrick also moved into Charles's home during his late teenage years. The police murder investigation has established that Linda and Patrick had a conflicted relationship and that she and Charles were initially reluctant to agree to his return to Charles's home in early 2019 after living abroad.

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

¹ Lymphoedema is a long-term (chronic) condition that causes swelling in the body's tissues. It can affect any part of the body, but usually develops in the arms or legs.

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

2017

3.4 In early December 2017 Charles was conveyed by ambulance to Hospital 1 ED (Emergency Department) after experiencing an unwitnessed fall and seizure whilst in the kitchen of his home address. He had further seizures whilst the ambulance crew was assessing him at his home address and more seizures following his arrival at hospital. Charles had a previous diagnosis of epilepsy although he reported having been well recently. Charles was discharged on 9th December 2017. His GP practice was advised of the hospital admission and Charles was seen by his GP two days later. Charles said that he had several prior epileptic seizures and was experiencing ongoing headaches. A CT scan² was documented to have been 'normal'. Charles arranged follow up care from a private neurologist.

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

2018

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

3.7 During December 2018 Charles fractured his fibula after slipping on gravel and falling. He was on holiday at the time and was conveyed to Hospital 2 by ambulance. He was admitted to hospital for treatment and discharged on 9th December 2018. The police murder investigation was informed by one of Charles's family members that during this hospital admission Charles raised concerns about Patrick, or concerns were raised on his behalf, and mention was made of a sword in his home which Charles was concerned that Patrick could access. The family member informed the police investigation that the hospital staff asked the family if they were able to handle the situation. If not, the hospital advised the family that they would have to report the matter to police and 'social services'. The family member

² A computerised tomography (CT) scan uses X-rays and a computer to create detailed images of the inside of the body.

said that they (the family) decided to deal with the matter themselves. Hospital 2 has advised the DHR that their record of Charles's admission is limited to clinical information, and they have no record of the conversation referred to by the family member.

2019

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

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

3.10 During March 2019 Linda asked a therapist who treated families privately for addiction, alcoholism and eating disorders to treat her son Patrick as she was 'concerned about his behaviour'. The therapist has contributed to the DHR and said that, when making the referral to him, Linda informed him that Patrick was very often angry and disruptive and there were always 'fights' at mealtimes. In the witness statement the therapist made to the police murder investigation, he stated that he was aware from Patrick and his family that 'there has been violence in the family over the years'. Patrick attended a residential course run by the therapist who found Patrick to be a 'very angry' young man who was struggling with grief following the death of his father and with his (Patrick's) alcoholism and feelings that he was 'treated differently' than his two sisters by Linda and Charles. The therapist observed that he harboured very angry feelings towards Linda and Charles because of this perceived less favourable treatment. The therapist went on to state that Patrick was 'very bitter and hurt' and was 'raging with anger underneath' but appeared to be managing this 'most of the time'.

3.11 Patrick saw the therapist again for five 'debrief' sessions over May and June 2019 but the therapist observed that Patrick 'didn't want to be there or participate in the sessions'. The therapist had no further contact with Patrick after June 2019.

3.12 During August 2019 Charles had a telephone consultation with his GP during which he discussed Patrick, who he said was 'driving him mad'. He added that Patrick was living with him and had not worked at all since December 2018. The GP notes then state 'has seen psychologist', which Patrick was 'refusing to discuss'. (There is no record of Patrick being seen by a psychologist in the GP records relating to the period following his 2019 return to the UK and the Criminal Justice Liaison and Diversion assessment completed after his arrest states 'not known to mental health services in Dorset') The GP also documented that Charles and Linda were not certain if Patrick had a 'real illness' or not. The GP also documented that

Patrick had hit Charles giving him a 'black eye' when Charles intervened while he was assaulting someone else. (It is assumed that this disclosure related to the 26th December 2017 incident (Paragraph 3.5). The GP explained that he could not share medical information in respect of Patrick but that if he was causing problems Charles 'should probably ask him to leave'.

3.13 On 18th September 2019 Charles had an appointment with a Steps 2 Wellbeing³ practitioner which had been arranged by his secretary. Charles explained he had arranged the referral to discuss concerns about Patrick, adding that he had no concerns for his own mental health. He disclosed information about Patrick's behaviour including financial dependency on the family whilst showing no inclination to work. Charles questioned whether Patrick was ill and, if so, how he could help him or, if he was not ill, should he ask him to leave. When asked if Charles felt that Patrick posed a risk to him, he 'denied' this but added that two years earlier Patrick had 'beaten up' his adult sister in the garden and when Charles intervened, 'he ended up with a black eye'. He added that Patrick had been verbally aggressive towards Linda and had hit her. He 'denied' any recent abusive behaviour by Patrick and said that he did not believe there were current issues with substance misuse.

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

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

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

³ Steps 2 Wellbeing offers psychological therapies for mental health conditions such as depression, anxiety and stress.

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

2020

3.18 During January 2020 Charles was admitted to Hospital 1 with community acquired pneumonia after being unwell and experiencing shortness of breath. During his hospital admission he presented as confused for a time. He was discharged home in early February 2020. His GP followed up on this admission by telephone when Charles said that he was slowly recovering but still felt breathless following exertion.

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

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

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

3.22 During April 2020 Charles was taken to Hospital 1 ED by ambulance after becoming unresponsive to voice before collapsing in the garden. Bloods, X-ray and CT scan were all 'normal' and as he was back to normal functioning he was discharged home.

3.23 During May and June 2020 the GP made three telephone calls to Charles, who reported feeling very tired in the mornings and breathless in both the mornings and evenings. The GP noted that Charles sounded 'somewhat confused' which the GP linked to heart failure.

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

3.25 During August 2020 was conveyed to Hospital 1 ED by ambulance suffering from shortness of breath. He was admitted to hospital and seen by the respiratory team and 'investigations' arranged. He was discharged home later in the month.

3.26 The police murder investigation established that during December 2020 Patrick complained that one of his sisters had been given a chandelier. The sister allegedly punched

Patrick who retaliated and allegedly punched her back. Charles intervened and allegedly struck Patrick over the back with a walking stick.

2021

3.27 On 2nd March 2021 Patrick had a telephone consultation with the GP in which he reported 'disabling anxiety' in that he was 'afraid to walk to the kitchen' and was experiencing 'constant fears'. He said that he had been unhappy living with Linda for a few months and 'had to move out'. He said that he was keen to try citalopram.⁴ Patrick discussed an ADHD diagnosis given by the educational psychologist (see Paragraph 3.16) and asked whether this meant that he should be added to the GP practice's learning disability register. Patrick was diagnosed with mixed anxiety and a depressive disorder.

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

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

3.30 Following his arrest Patrick was taken to hospital and treated for self-inflicted stab wounds to his chest and cuts to his hands. Whilst in hospital he was examined by a consultant liaison psychiatrist, to whom Patrick described symptoms of depression exacerbated by strained interpersonal relationships with family members. He described voices which the consultant felt were suggestive of pseudo hallucinations⁵/ego dystonic⁶ obsessive negative ruminations. He reported ongoing suicidal ideation 'with intent'. He was assessed as posing significant risk to self.

4.0 Key issues arising from the review

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

4.1 The victim Charles was 83 at the time of his murder and Linda – who suffered life-changing injuries in the same incident – was 65. Much has been learned about the impact of domestic abuse on older people from research conducted in recent years including that older

⁴ Citalopram treats low mood (depression) and panic attacks.

⁵ Pseudo hallucinations are often qualitatively distinguishable from hallucinations caused by brain disorders such as schizophrenia, Parkinson's disease, and acute delirium in that they are internally inconsistent, usually contextual and symbolic, convey messages that reflect the patient's psychological distress, and are more likely than hallucinations to be perceived as internal (1)

⁶ Ego dystonic thoughts are thoughts that are not in line with who the person is and/or what they believe (2).

people are almost as likely to be killed by their child as by a partner (3) – which is a significant difference compared with domestic homicide in younger age groups where there is greater risk of homicide from partners. Research has also found that the overwhelming majority of perpetrators of familial domestic homicide of older adults are sons or grandsons (4) – as in this case.

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

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

Recommendation 1

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

Raising public awareness of the impact of domestic abuse on older people

4.4 In their interactions with professionals there is no indication that either Charles or Linda perceived themselves to be experiencing, or at risk of, familial domestic abuse from Patrick. In the limited contact the DHR has had with their family members it appears that the realisation that Charles and Linda had been experiencing domestic abuse from Patrick arose only after the murder. It is therefore recommended that public awareness messages should highlight the impact of domestic abuse on older people, highlight the characteristics of familial domestic abuse and provide advice on how older victims and victims of familial domestic abuse can obtain help and support. It is proposed that this recommendation is jointly addressed by Dorset Community Safety Partnership and Dorset Safeguarding Adults Board as this is an important issue for both partnerships.

Recommendation 2

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

Domestic abuse and social class

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

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

Recommendation 3

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

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

4.7 When Charles first reached out for help in addressing his concerns about Patrick he turned to his GP. When Patrick sought help in respect of the impact of family conflict on his mental health he also approached his GP. Research indicates that GP practices are a common first port-of-call for parents experiencing domestic abuse from their children (5). In both Charles's and Patrick's interactions with their GPs there was a lack of exploration of the issues they disclosed to their GP and so in neither case did the GP manage to get beneath the surface. This is in part a consequence of the limited time GPs are able to allocate to patient consultations.

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

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

Recommendation 4

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

Private healthcare services

4.10 Charles, Linda and Patrick accessed healthcare from a mix of public and private providers. In his contribution to the DHR the private therapist who worked with Patrick for a period of time and managed to gain significant insights into family history and functioning appeared to be very familiar with issues relating to domestic abuse. However, the way in which the victims and perpetrator accessed healthcare does emphasise the need to ensure that messaging in respect of domestic abuse is shared across the range of public, voluntary and private providers of services.

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

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

Recommendation 5

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

Recommendation 6

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

'Whole family' approach

4.13 The DHR Panel felt that a 'whole family' approach tends to be associated by many professionals with adopting a more holistic approach to considering the needs of families with children. However, in order to address familial domestic abuse it is necessary for professionals to adopt a broader approach to families which encompasses all members of the household including adult children. In an earlier DHR undertaken by Dorset Community Safety Partnership the 73 year old victim 'William' was murdered by his son and in this case 81 year old Charles was murdered by his partner's son.

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

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

Recommendation 7

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

Picking up on domestic abuse concerns which are not raised explicitly

4.16 When Charles visited his GP and the steps to wellbeing practitioner he presented the conflict with Patrick in terms of his (Charles's) frustrations over Patrick's dependence on him and Linda, Patrick's lack of inclination to find employment and speculated whether Patrick may have mental health needs. During the course of the conversations with both professionals, Charles enlarged on the situation and began to disclose violence from Patrick. The steps to wellbeing practitioner managed to elicit further information which began to

suggest that familial domestic abuse may be a problem in respect of which the family could need support. Without sufficient professional curiosity and the skills to sensitively probe for more information there is the risk that domestic abuse concerns may remain 'hidden' in such interactions.

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

Recommendation 8

That when Dorset Community Safety partnership disseminates the learning from this DHR, the possibility that when victims of domestic abuse seek help it may be necessary to sensitively probe in order to uncover domestic abuse concerns which might otherwise remain 'hidden'.

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

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

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

4.20 Identifying potential perpetrators of domestic abuse from the information shared with professionals by Patrick is challenging but in his case he disclosed family conflict which had led to violence in the past (to the therapist) and difficulties in controlling his anger towards family members (to the therapist and the educational psychologist). Putting such disclosures in the context of what we know about familial domestic abuse and what we are learning about domestic abuse involving older people could help professionals to be better placed to

identify signs that a person may present risks to others as a perpetrator of domestic abuse and offer them support. In this case support could have focussed on Patrick securing alternative accommodation.

4.21 It is therefore recommended that the learning from this DHR about perpetrator identification and support is used to inform Dorset's Domestic Abuse Strategy 2021-2024 and is also used to inform training and awareness raising for professionals across a wide range of agencies in the public, voluntary and private sectors.

Recommendation 9

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

Bereavement support

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

Good practice

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

5.0 Conclusion

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

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

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

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

6.0 Lessons to be learnt and recommendations

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

Recommendation 1

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

Raising public awareness of the impact of domestic abuse on older people

Recommendation 2

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

Domestic abuse and social class

Recommendation 3

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

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

Recommendation 4

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

Private healthcare services

Recommendation 5

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

Recommendation 6

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

'Whole family' approach

Recommendation 7

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

Picking up on domestic abuse concerns which are not raised explicitly

Recommendation 8

That when Dorset Community Safety partnership disseminates the learning from this DHR, the possibility that when victims of domestic abuse seek help it may be necessary to sensitively probe in order to uncover domestic abuse concerns which might otherwise remain 'hidden'.

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

Recommendation 9

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

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