SAFER PLYMOUTH

Executive Summary

DOMESTIC HOMICIDE REVIEW

Under s9 of the Domestic Violence Crime and Victims Act 2004

In respect of the deaths of Elizabeth and George in May 2015

Produced by Independent Chair
Dr Jane Monckton Smith

January 2018

Glossary

- AAFDA - Advocacy After Fatal Domestic Abuse
- CSP - Community Safety Partnership
- DASH - Domestic Abuse, Stalking and 'Honour'-Based Violence Risk Identification Checklist
- DHR - Domestic Homicide Review
- FLO - Family Liaison Officer
- GMPS - Government Protective Marking Scheme
- IMR - Individual Management Reviews
- PDAS - Plymouth Domestic Abuse Services
- SIO - Senior Investigating Officer
- SMART - Specific, Measurable, Achievable, Realistic and Timely
- SP - Safer Plymouth
- TOR - Terms of Reference

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Preface

I would like to begin this report by expressing my sincere sympathies, and that of the panel, with the family and friends of Elizabeth who is remembered universally as a kind, gentle, and fun-loving person who is keenly missed. George, who also died, was married to Elizabeth for over 50 years and they are remembered by their friends and family as a devoted couple. The following statement is written by a family member with the request that it is included in the review:

'My parents were both fit, in good health and quite an active couple. They liked to get out and about and socialise on a regular basis, both individually and together. They would go on holiday three times a year, normally two short-haul and one main long-haul holiday, somewhere around the world. Growing up we were a happy family unit, and I had a happy childhood. I never heard my parents argue or remember my dad shouting, or raising his voice. My family were totally shocked and devastated by the tragic deaths of our parents, never having had any indication that things were this bad and would lead to my dad doing such a thing. We are working on moving forward with life and choose to remember my mum and dad as the happy, loving parents and grandparents that they were.'

The purpose of a Domestic Homicide Review (DHR) is to identify improvements which could be made to community and organisational responses to victims of domestic abuse, and hopefully to try and prevent a tragedy like this from ever happening again. During the course of this review we never forgot that Elizabeth and George were real and loved people.

I would like to thank the panel, and those who provided information, for their time, patience and co-operation.

It is important in this review to mention issues of confidentiality. The family have suffered terribly as a result of this tragedy and further suffering must be avoided wherever possible. For this reason, I have excluded some information which may identify individuals, and detail of certain incidents not necessary to the analysis. Elizabeth and George are pseudonyms decided upon by the report author and agreed with the family.

Jane Monckton Smith

Independent Chair

The Review Process

This summary outlines the process undertaken by Safer Plymouth Domestic Homicide Review Panel in reviewing the homicide of Elizabeth and George who were residents in their area.

The pseudonyms of Elizabeth and George have been in used in this review for the victim and perpetrator.

The victim, Elizabeth, was a 77 year-old, White British, woman who was born, and lived the majority of her life, in Plymouth.

The perpetrator, George, was a 79 year-old, White British, man who was born, and lived the majority of his life, in Plymouth.

It is important to recognise in this case that Elizabeth and George had been married for 56 years and were not known to any local services apart from their GPs. They were reported to have had a long and happy marriage by those who knew them, and it is also considered by everyone who knew them that this homicide occurred 'out of the blue'. The specific timeline for this tragedy follows:

Elizabeth was killed in the bedroom of her home in May 2015 by George who cut her throat and stabbed her multiple times before going downstairs and taking his own life.

George died in hospital ten days after Elizabeth's murder, after being found unresponsive in the downstairs sitting room at the house, he never regained consciousness. He had taken a large amount of prescription medication and alcohol. There were also cuts to his wrists and neck.

There was no known or reported history of domestic violence.

The couple had two children, a son and a daughter, and four grandchildren.

George and Elizabeth married in March 1959 and their first child was born in September 1959. They had a second child born in 1962.

In 1962 they bought the family home in Plymouth but the family moved to Singapore and lived there on and off for 8 years due to George's work. This work enabled George to take retirement at the age of 57 as he had accrued double pensionable service in Singapore, and the couple were financially stable.

On return from Singapore, Elizabeth worked for a clothing company and later for a shoe manufacturer until the company ceased business.

Elizabeth and George were considered a very social couple and had a wide circle of joint friends. They were both very active and took a number of holidays together each year; George played golf and snooker regularly.

Friends and family describe the couple as living a very ordered life; shopping on the same day each week, socialising on the same day each week, and always sitting at the same table in the social club they attended. They were universally considered to be very predictable.

At the time of the murder Elizabeth and George, together with their neighbour, were having some building work done to the exterior of their property. George became obsessed with the building work and the way in which the builder was carrying it out. He regularly climbed onto the scaffolding to inspect the work and was said to be very negative about the work and the builders. He was concerned about the mess that was being made and the lack of control he had, and it came to dominate his thoughts.

Although encouraged by family and friends to allow the builders to complete the work and then clean up after it was finished, George busied himself almost on a daily basis with tidying up after they had finished for the day.

His fixation with the building work was noted by his neighbours, and family and friends, as out of character; many noticed that the building work was getting him down and that he seemed depressed.

George's GP reported that he was physically fit and well for his age. However, he had a diagnosis of labyrinthitis in March 2015, which caused him to feel unsteady; he was treated with Stemitil injections and tablets. In addition, he was taking medication for hypertension and gout. Friends also note that George had a pronounced trembling which was affecting his daily activities and his routine. He had also been told that he was not allowed to fly, and this meant they had to cancel a planned holiday.

Elizabeth's GP reported that she was generally in very good health. She was on long term treatment for hypertension, and had been diagnosed with breast cancer in 2010, but had made a full recovery and was taking medication for osteoporosis.

Friends note that George started to show personality changes in the year before the deaths, and just prior to the homicide there was an escalation in concerning behaviours. It appeared that George was affected by his medical conditions which were impacting on his ability to do the things he enjoyed and had always done.

The inquest into Elizabeth's death was formally opened in May 2015 with the summary that there were suspicious circumstances. The same was opened in relation to George's death in May 2015 and the summary is that George died of self-inflicted injuries.

The review was commissioned by Safer Plymouth on behalf of Plymouth City Council in response to the death of Elizabeth in May 2015. The review followed the key processes outlined in the Home Office Multi Agency Statutory Guidance for the conduct of Domestic Homicide Reviews (2013).

The decision on whether to hold a review was taken by the Chair of Safer Plymouth within one month of the homicide of Elizabeth coming to their attention. The Home Office was informed of the decision to conduct a DHR on the 29th May 2015.

The first panel meeting was held on 17th July 2015 with the first Independent Chair.

Due to unforeseen circumstances the first Chair had to resign and the DHR was pended whilst a replacement was found.

Dr Monckton Smith was appointed in November 2015.

Dr Monckton Smith agreed to chair two DHRs that would run simultaneously for cost effectiveness and efficiency reasons. Subsequently some further delays have occurred in waiting for the completion of IMRs in the corresponding review and agreeing meeting dates to discuss both DHRs.

The first panel meeting with Dr Monckton Smith was in January 2016 and the draft Terms of Reference were discussed and set.

The family were contacted and invited to contribute to the review. At this time the family were clear that they did not feel they could participate.

The panel met on four occasions across 2016

A draft overview report was completed in October 2016 and the family were contacted again to invite them to look at the draft report and to comment and contribute. At this time the family decided they would like to see the report, but did not want to meet with the chair. This was agreed and it was arranged that the family receive a copy of the report via the Homicide Service support worker who had been helping from the beginning.

After reading the report the family decided that they would like to meet with the chair and contribute to the review. This was agreed and a meeting was arranged for November 2016. At this meeting the chair agreed to amend some of the content of the report in line with family wishes. It was also agreed that a new report would be drafted as soon as possible. The Christmas break was considered to be a difficult time to receive such a report so this was completed in January 2017.

The family and panel were provided with the new report in January 2017.

8.0 Contributors to the Review

- General Practitioners (of both Elizabeth and George)
- Devon and Cornwall Constabulary
- Age Concern
- Family members

9.0 The Review Panel Members

Sue Warren	Community Connections Technical Lead, Safer Communities, Safer Plymouth.

The Area Partnership Crime Reduction Coordinator for Safer Plymouth was given delegated authority to make decisions on behalf of Plymouth City Council and was responsible for;

- Maintaining a dialogue with members of the family (if applicable)
- Liaising with the Independent Chair to ensure she is able to carry out the remit within the agreed timescale
- Securing the resources required to undertake the Review
  Liaising with the Home Office on matters that are relevant to the roles and responsibility of the Commissioning Body
- Receiving the final overview report from the Independent Chair

All other responsibility relating to the Commissioning Body, namely any changes to the Terms of Reference and the preparation, agreement and implementation of an Action Plan to take forward the local recommendations in the overview report, are the collective responsibility of Safer Plymouth.

The Area Partnership Crime Reduction Coordinator provided the Chair of the Safer Plymouth Board with regular updates setting out progress of the review against the timescale that has been extended.

Chloe Webber	Serious Case Review, Public Protection Unit, Devon and Cornwall Police
Kerri-Ann Alee	Senior Probation Officer, Devon and Cornwall Probation Trust, Safeguarding Champion
Jason Preece	Plymouth Domestic Abuse Services
Katy Bradshaw	Plymouth Domestic Abuse Services
Barbara Duffy	Age UK, Plymouth
Gillian Scoble	Safeguarding Nurse Primary Care, NEW Devon CCG (Northern, Eastern and Western Devon Clinical Commissioning Group).
Jo Brancher	Safeguarding Adults Operational Manager Plymouth Hospitals NHS Trust.
Lisa Donaldson	Safeguarding Adults Operational Manager, Plymouth Hospitals NHS Trust.
Gary Wallace	Senior Public Health Specialist, Office of the Director of Public Health, Plymouth City Council.

None of the Panel members had direct involvement in the case nor had line management responsibility for any of those involved.

The administration of the DHR was supported by Dr Jane Monckton Smith's personal assistant, Sue Haile.

The Panel met four times across 2016.

Author of the Review Report

Dr Jane Monckton-Smith was appointed by Plymouth CSP as Independent Chair and Author of the Overview Report in November 2015. Jane is a forensic criminologist who specializes in domestic homicide and works for the University of Gloucestershire. She has published research on domestic homicide and trains professionals in domestic abuse risk assessment as well as working with a number of stalking and domestic abuse and homicide charities.

Jane is independent of any of the agencies or organisations in Plymouth and has had no previous involvement with Plymouth CSP nor any of the agencies involved in the domestic homicide review into the death of Elizabeth. She can evidence that she has advanced knowledge of domestic abuse and coercive control as stipulated in the updated Home Office guidance for conducting DHRs 2017.

Terms of Reference

The Terms of Reference for this DHR are as follows:

To review contact with agencies from 1st January 2012 up to the date of the death of Elizabeth in May 2015 unless it becomes apparent to the Independent Chair that the timescale in relation to some aspect of the review should be extended;

To review the actions of any agencies (defined in section 5.3 of the DHR Guidance) involved with the family and - at the initiative of the Chair and subject to the agreement of the specialist Panel - any other relevant agencies or individuals. In the event that the family had no known contact with any specialist domestic abuse agency or other relevant services, the review will address whether the incident in which Elizabeth died was a 'one off' or whether there were any warning signs that would indicate that more could be done in Plymouth to raise awareness of services available to victims and perpetrators of domestic abuse.

To seek to involve family, friends, colleagues and any other person who had significant contact with both parties, to participate in the review and establish whether they were aware of any abusive or concerning behaviour from the alleged perpetrator to the victim (or other persons), prior to the homicide and include their potential contribution to the review in the way set out within the review framework.

To establish whether there were any inhibitors experienced by the family/ friends/colleagues in reporting any abuse or concerns in Plymouth or elsewhere, including whether they (or the victim) knew how to report domestic abuse had they wanted to, or concerns about mental health.

To identify whether there were opportunities for professionals to enquire or raise concerns about domestic abuse (financial or otherwise) experienced by the victim

To establish whether the alleged perpetrator had any previous concerning conduct or a history of abusive behaviour to an intimate partner and whether this was known to any agencies

To identify whether there were opportunities for agency or workforce intervention in relation to the alleged perpetrator (e.g. behavioural difficulties, depression, threats or high-risk factors) that were missed

To identify any training or awareness raising requirements that are raised by this case and are necessary to ensure a greater knowledge and understanding of domestic abuse processes and / or services in the city

To give appropriate consideration, to any equality and diversity issues, that appear pertinent to the victim, perpetrator or family members e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

To consider any other information that was found to be relevant.

Chronology

George had a very close group of friends and they would regularly play golf together and meet socially. George's friends said that they noticed a change in his personality some twelve months before the tragedy. They describe him as becoming a lot quieter and less jovial. They also noticed that he had started to cheat when playing golf. This was unlike George as he would usually be the one to complain about such behaviour.

About three months before the tragedy friends noted that George had started to shake and tremble whilst playing.

In March 2015 George's doctor diagnosed Labyrinthitis and told him he was not well enough to fly and he had to cancel the couple's regular holiday in Tenerife. George was also taking medication for gout and hypertension.

In April 2015 Elizabeth and George, together with their neighbour agreed to have building work done to the exterior of their adjoining houses. The total cost was to be £5500 split equally between them both.

George was very negative about the work from the beginning and would regularly climb the scaffold and inspect the work, complaining about the mess that was being created. He would also use the scaffolding to clean and repair his guttering and the neighbour thought this was out of character and he remembered George saying at one point "this is not right, I cannot see myself being happy living here again".

On a Sunday in April George spoke with a family member on the telephone and told her he was feeling suicidal about the building work.

In the last week of April 2015 George also spoke to his brother on the telephone stating that he could not cope with the builders as he had no control over what was happening.

At this time George's friends reported that in the last weeks his golf game worsened and he would sometimes turn up to play, but leave straight away to go home and check on the builders.

On a Saturday in May 2015 one of George's neighbours saw George out on the scaffolding; he had also seen George climbing on the roof.

On that night George and Elizabeth went to a local social club where they socialised regularly. Their friends said that George would talk constantly of the building work, and Elizabeth said that he was losing sleep and 'on about it all the time'. A friend told George that he should stop worrying and leave it to the builders, and that things could be cleaned up after it was all finished.

One of Elizabeth's best friends spoke with her about it that evening. They were very close and would meet for lunch and shopping weekly and at the social club every Saturday. She said she did not know of any problems between George and Elizabeth.

However, it was said that it was known within the friendship group that Elizabeth was saying she wanted to leave George.

At 0813 on a Sunday in May George went to the post office to buy a newspaper as was his daily routine.

At 0930 on that day Elizabeth spoke with her daughter on the telephone. She complained about George's obsession with the builders.

At 1000 that day Elizabeth's brother in law spoke with her on the telephone and she told him that George was outside cleaning the building works. She said she had never seen him like this before. She appeared very worried.

Sometime during the afternoon George spoke with the builder about the mess he considered was being created unnecessarily. The builder felt that George was in a 'funny mood'.

No-one else saw or spoke to Elizabeth or George after this.

This was a bank holiday weekend and the builders were not working. They were due back to work on the Tuesday. There was only about three days' work left to do. On the Tuesday the builder thought the weather was too bad to work and called George on the phone but there was no reply.

At 0900 on that Tuesday morning Elizabeth's neighbour called at the house to cut her hair. This was a regular monthly appointment. She found George and Elizabeth deceased in the house after entering through the unlocked rear door.

Elizabeth was deceased in the upstairs master bedroom having had her throat cut, and receiving multiple stab wounds to her chest. There were defensive wounds noted to her hands and arms. According to the pathologist it was clear that Elizabeth was not involved in any sort of suicide pact and had tried to save herself from the attack.

George was unresponsive but breathing in an armchair in the living room. It was later found that he had taken a large amount of prescription medication with a large amount of alcohol. There were incised wounds noted to his wrists and neck. He died ten days later of his overdose and injuries.

Police found that George had deliberately placed legal documents and cash on the table in order to settle his affairs.

Key Issues Arising from the Review

Domestic Abuse is a term, which over many years has become associated with many specific forms of violence, often simplistically perceived as occurring in relationships where one partner is a bully with an uncontrollable temper who regularly assaults the other. This is not an accurate summary of our modern understanding of domestic abuse. The term itself is so heavily laden with meaning, that in the context of this homicide it is felt that the term is not appropriate. This was agreed with Elizabeth and George's adult children.

International research has shown that the most important factor in predicting risk of serious harm in an intimate relationship is that there is identified coercion and control, what Professor Evan Stark describes as coercive control (Stark 2008). The consistency with which this trait is observed in domestic homicides has led the UK government to change the official definition for domestic abuse to include coercive and controlling behaviour, and to bring in legislation which criminalises coercive and controlling behaviours (Serious Crimes Act 2015). This is now acknowledged as one of the most significant high risk markers predicting homicide.

Stark, E. (2007) *Coercive Control. How men entrap women in personal life* Oxford: Oxford University Press

It would be fair to conclude from the testimony of friends and family, and people who knew him, that George needed routine and control in his life. There was also some information from the homicide investigation team which supported this position. He lived what might be described as an over-ordered life, where everything was done to a timetable; more so than the ordinary person. George did the same things, on the same day, at the same time, all the time. This trait was remarked upon by many people. It appeared that Elizabeth observed the timetable, but there is no evidence that she was a controlling person or instigated the many routines.

We do not know why Elizabeth followed the routines which George clearly needed in his life. She may have become used to it and accepting of it. Often this is because it is easier to follow the routine than to risk upsetting the person.

George would play golf three times a week on Tuesday, Thursday and Saturday. He would play snooker on a Monday and Thursday evening. On a Friday and Saturday, they would both attend a social club. They would sit at the same table and drink the same drinks. Their routine included shopping at certain shops on certain days, cleaning the house to a routine the same days every week; they even had the same food on the same day every week according to those who knew them. George and Elizabeth would also have three or four holidays every year, and did not appear to have any financial worries.

It was said that 'they had a regular routine which you could set your watch by',and were 'creatures of habit'. It was said that George was 'a stickler for routine'.

Friends reported that George was also an opinionated person who was always quick to give his opinion and would want to be in charge, and in control of situations. He was also described as a 'man's man' who had to be right,and would get irritated by things which challenged the order in his life, like for example the parking outside his house.

Elizabeth was described as more 'laid back' and friendly. She appeared to have a more relaxed approach to life. From testimony and evidence it could be concluded that George needed to have routine and control in his life to a significant extent.

Having considered the history, taking into account the ages of Elizabeth and George, and having spoken to experts from Age UK, it can be considered that to exert control would not be out of the ordinary for a man of George's generation. When Elizabeth and George were married it was routine cultural practice for the woman to take a more subservient role, and to follow the male lead. This culture kept controlling personalities well hidden,and normalised their behaviours within a marriage. It is quite possible that Elizabeth saw no problem with following George's need for order and routine in his life. It is also possible that Elizabeth may have observed that George would have become difficult when that order and routine was challenged,and chose not to challenge it.

It seems that there was a change in George's general personality in the twelve months before the deaths, and friends note that he had become less cheerful. There were significant challenges to George's control and routine in the previous twelve months, and this seemed to escalate in the weeks before Elizabeth was killed. His world had started to change, and his control over several aspects of his life was diminishing. He had started to have problems with his health, he had started to tremble and shake, and was unsteady. His doctor had told him he must not fly. This problem impacted on his ability to have his holiday, and meant that he could not function well in his golf games. There are comments that this really upset him and his personality began to change. Things further escalated, and George began to cheat on the golf course, and sometimes would turn up for his routine game and then just leave without playing. This was observed to be highly unusual behaviour by his friends.

Friends noted that he started to become obsessed with building work that was going on at his house. He said he wanted more control over it and was becoming increasingly agitated and unreasonable. Elizabeth had said that he wasn't sleeping, he was depressed, and she was having great difficulty coping with him. He had become obsessed and would talk of little else. Everyone noted the escalation in problem behaviours at this time.

He also started to talk about killing himself. This was not something that his friends took seriously. However, threats to suicide are one of the high-risk factors for a person who is losing control of their life and spouse, to commit homicide.

Things got so bad that it was said that there was a rumour circulating within their friendship group that Elizabeth was going to leave George. Just because this was a rumour its significance should not be ignored. Rumours can be started by the expressed concerns of individuals, and if they are heard by someone with control issues, the veracity of the rumour is irrelevant. It does not matter where the rumour started, what does matter is that it was there, and George may well have been aware of it. The circumstances of the homicide and the crime scene, suggest this as a real and significant possibility.

From this perspective the evidence suggests that George was losing control over nearly every aspect of his life. The threat of separation from a spouse is the most common trigger leading to a domestic homicide. The threat is equally great in cases where the separation is real, or just imagined.

It is possible that the rumour could have come from George himself, as anxiety about separation can lead to imagining that it is imminent. People with control issues often articulate concerns that their partners will leave them, to people around them. They also often accuse their partner of wanting to leave, and there is little the partner can do to convince them that everything is alright.

It is also possible that Elizabeth had expressed a desire to leave, she had said she was finding it impossible to cope with George, and there is little information available about her perceptions of the marriage over the years.

Separation, or its threat (real or imagined) is the single biggest acknowledged predictor of serious harm in cases of coercive control.

George's actions created shock and disbelief in the family, the community, and in professionals. This shock was not just related to the tragedy itself, but to the perceived unpredictability of it. Elizabeth and George were perceived as having no marital issues.

Despite the shock which surrounds this case, there are strong consistencies with other such homicides which suggest there are lessons to be learned. The conclusions are distressing, but must be considered if we are to improve awareness and services for victims.

In this context I will document the high-risk markers identified as present in this case, with a view to them being recognised as important in predicting risk.

The high-risk markers which have been identified in this case include: suicidal ideation, a history of control issues, escalation in frequency and seriousness of problem behaviours, deterioration in mental and physical health, and threat of separation.

We can learn that the international research says, and in this case it is relevant, that people who are controlling and exert that control in a relationship are particularly dangerous when separation is threatened or imagined.

We can also learn that the research says, and it is relevant in this case, that threats to suicide by controlling people where control is diminishing should be considered as a threat to their intimate partner.

We can learn that the research says, and it is relevant in this case, that in relationships between elderly people, control can be well hidden and excused or normalised.

This learning may have alerted George and Elizabeth's GPs to the severity of the situation. It may also help to alert communities, friends and family members to the seriousness of suicidal ideation, escalating concerning behaviours, control issues, mental health deterioration, and the risks associated with separation.

We have focused our recommendations in these areas.

Finally, it must be acknowledged that in the vast majority of domestic homicides, the violence is planned. There is much to suggest that George planned to end his own, and Elizabeth's lives. This is because of the meticulous way the documents were gathered and displayed, and the presence of a large amount of money to pay the builder left with the documents.

This suggests that there is something we can do to try and prevent tragedies like this before they happen.

Conclusions

It must be concluded that more knowledge about this kind of controlling behaviour, and its role in homicide when that control is threatened, may lead to people seeking help. Health practitioners, and friends and family, may have been able to recognise the seriousness of the situation which was escalating, if the importance and danger of controlling behaviours was more widely known.

For this reason, the recommendations focus on raising awareness of the dangers of coercive control.

All information was analysed with reference to the extant research on high risk markers in cases of domestic homicide, and the findings of other death reviews both here and in the United States.

Lessons to be learnt and recommendations

Learning Point 1: The danger presented by George's controlling behaviour was not recognised. Therefore, the specific danger to Elizabeth was not identified when George's control of his life, and control of Elizabeth, was seriously challenged and threatened. It was noted by friends and family that his mental health was deteriorating rapidly. In this respect friends had identified the risk markers, they just didn't know how serious they were.

Recommendation 1: The panel recommends that awareness of coercive and controlling behaviours should form part of all campaigns which target both the public and professionals.

Since 2017 a new role has been provided by PDAS in partnership with Plymouth Police and Crime Commissioner's office, of a single point of contact to raise awareness of coercive control and domestic abuse in older people's relationships older.

A multi-agency media campaign focussing on coercive control and domestic abuse in older people's relationships was held in November 2017 to mark the annual 16 Days of Action Against Domestic Violence.

Community awareness of coercive control and domestic abuse in older people's relationships is the focus of Safer Plymouth's/Plymouth City Council's Domestic Abuse Action Plan.

In addition, it is recommended that in the future awareness of coercive and controlling behaviours should form part of;

National awareness campaigns by Age UK

Collaborative work between Age UK and PDAS

PDAS community awareness events

Professional team meetings

Issue raised with local safeguarding boards

Learning Point 2: The local GP service does not have a stand-alone domestic abuse policy. The policy is contained within a wider safeguarding policy. However, this does not give coercive control the visibility it needs and does not give it the status and importance it needs. Coercive control may fall under the radar of more general safeguarding processes.

Recommendation 2: To recommend that all GP surgeries have 'stand-alone' policies for domestic abuse and coercive control. This action will be included in the Community Safety Partnership Action Plan, and GP surgeries or the CCG will be provided with a basic template for a good domestic abuse policy by PDAS. This policy should include guidance on procedure to follow where coercion and control are identified. All GP Surgeries have been provided with a template policy.

Learning Point 3: GPs were unaware that there were any problems in the relationship between Elizabeth and George and seemed unaware that he was living with significant control issues. It may be that these issues may have been identified had certain enquiries been made of Elizabeth or George.

Recommendation 3: the panel recommend that GPs consider adding general questions about domestic abuse and coercive control, what is known as Routine Enquiry (RE), with all their elderly patients. This may be especially important where depression or anxiety are identified. This RE could also be part of an annual review for people over the age of 75. This recommendation will be taken forward by the CCG.

Learning Point 4: GPs may not have the expertise or confidence to respond to a disclosure of domestic abuse or coercive control. It would be of benefit that someone in the surgery gain the expertise and confidence, and that policy and procedure is very clear and easy to access.

Recommendation 4: that the CCG investigate either the use of a tool like IRIS which is specifically designed to help GPs with such issues, or to make sure that at least one person at the surgery is trained in how to respond to disclosures of domestic abuse. Domestic Abuse and Coercive Control are significant issues affecting a significant proportion of the patients in any surgery. There are models for domestic abuse champions to be identified in any organisation. It would be this champion who may take referrals or could advise the GP or other person who takes a disclosure.

Learning point 5: This particular case created shock and disbelief in the family, the community, and in professionals. This shock was not just related to the tragedy itself, but to the perceived unpredictability of it. Elizabeth and George were perceived as having no marital issues. However, there were issues which seemed to come to a head with George's escalating behavioural problems, and the rumour which was circulating that Elizabeth wanted to leave him.

Recommendation 5: The panel considered that this case be written as an anonymised case study to help professionals understand the, often hidden. nature of control, and its danger when challenged. This case would also highlight some of the specific problems facing elderly people in our communities. The Independent Chair will write a summary and anonymous version of this case to share with local agencies for use in their training.