Safer Lincolnshire Partnership

Domestic Homicide Review
Zac/July 2021
Executive Summary

Author: Dr Liza Thompson

Commissioned by:
Safer Lincolnshire Partnership

Review completed: July 2023

Contents

EXECUTIVE SUMMARY

1. The Review Process

1.1. This Domestic Homicide Review (DHR) examines agency responses and support given to Zac – a resident of Town A, in Lincolnshire – prior to his death in July 2021.

1.2. On the day of his death, following reports that Zac had been stabbed in the chest, the police were called to an address that he had shared with Scarlett until a few months before.

1.3. Scarlett was arrested on the scene and charged with Zac's murder the following day. She was found guilty of manslaughter and sentenced to nine years' imprisonment in March 2022.

1.4. This DHR examines the involvement that organisations had with Zac, a 22-year-old white British male, and Scarlett, a 21-year-old white British female. The review period was set as 1st August 2018, which is when the relationship began, to 14th July 2021, when Zac was killed.

1.5. The initial DHR notification was received from Lincolnshire Police, by the Safer Lincolnshire Partnership, on 21st July 2021.

1.6. In accordance with Section 9 of the Domestic Violence, Crime and Victims Act 2004, a Safer Lincolnshire Partnership Core Panel meeting was held on 18th August 2021. The panel agreed that the criteria for a DHR had been met, and the Chair of the Safer Lincolnshire Partnership confirmed that a DHR would be conducted. The Home Office was notified of the decision and the commissioning of the DHR.

1.7. The review process was then paused pending the completion of the criminal trial, which took place in January/February 2022, and Scarlett was sentenced in March 2022.

1.8. The Independent Chair was appointed in January 2022. At the initial panel meeting on 19th January 2022, it became clear that the review would require a high level of input from Surrey services – where Zac and Scarlett had lived for most of their lives. A meeting was held on 24th February 2022 to discuss the logistics for this information request, and to determine who would be approached to represent Surrey services on a panel. It was agreed that a decision regarding representation would be made following receipt of chronologies. The deadline for this was set for 25th March 2022.

1.9. At the next panel meeting on 20th April 2022, the chronologies were scrutinised, and the Terms of Reference were agreed. Through this process, it was agreed which agencies, from both areas, would be required to send Independent

Management Reports (IMRs).[1] A deadline for completion of IMRs was set for 22nd July 2022. Some agencies required extra time for the IMRs, due to the volume of information that they held.

1.10. The panel met again on 14th September 2022. This date was sometime after the IMR deadline, due to the complexities of aligning the diaries of 19 agencies across two local authorities. Further questions were raised at the IMR review meeting, and the Independent Chair conducted numerous additional individual meetings with IMR authors to obtain answers to these questions.

1.11. The overview report was written throughout November 2022 to May 2023, and it was shared with Zac's mother following final sign off by the Chair of the CSP, in July 2023.

[1] An IMR is a written document, including a full chronology of the organisation's involvement, which is submitted on a template.

2. Contributors to the Review

2.1. Each of the following organisations contributed to the review.

Agency/ Contributor	Nature of Contribution
Surrey Children's Services	IMR
Surrey Police	IMR
South-East Coastal Ambulance Service	Summary report
Surrey Hospital A	Summary report
Surrey Hospital B	Summary report
Surrey and Borders Partnership NHS Trust	IMR
Surrey District Council A – Housing Team	IMR
Probation Service (Formerly National Probation Service)	IMR
Lincolnshire Police	IMR
Lincolnshire County Council Children's Health and Children's Services	IMR
Lincolnshire Partnership NHS Trust	IMR
EDAN Lincs	IMR
We Are With You	IMR
United Lincolnshire Hospital NHS Trust	IMR
Humber Teaching NHS Trust	Summary report
Lincolnshire Community Health Services	IMR
Lincolnshire Tier 2 Council A and Tier 2 Council B	IMR

3. Review Panel Members

3.1. The Review Panel was made up of an Independent Chair and senior representatives of organisations that had relevant contact with Zac and/or Scarlett.

3.2. The members of the panel were:

Agency	Name	Job Title
Lincolnshire Police	Richard Myszczyszyn	Head of Protecting Vulnerable Persons (PVP)
Lincolnshire Police	Sarah Norburn	DA Co-ordinator
Surrey Police	Andrew Pope	Statutory Reviews Lead
Lincolnshire Integrated Care Board	Claire Tozer	Safeguarding Children and Adults Lead Nurse
Surrey Heartlands Integrated Care Board	Helen Milton	Designated Nurse, Safeguarding Adults
Lincolnshire Community Health Service	Gemma Cross	Named Nurse for Safeguarding
United Lincolnshire Hospitals NHS Trust	Elaine Todd	Named Nurse, Safeguarding Children and Young People
Lincolnshire Partnership NHS Foundation Trust	Tony Mansfield	Head of Safeguarding Public Protection & Mental Capacity
Lincolnshire Tier 2 Council B	Peter Hunn	Community Safety Manager
Lincolnshire County Council Children's Health and Children's Services	Rachel Freeman	Head of Service – Children in Care and Residential Estates
Lincolnshire County Council Children's Health	Claire Saggiorato	Safeguarding Lead Nurse Children's Health
Surrey Children's Services	Jan Smith	South East Targeted Youth Support Service Manager
Ending Domestic Abuse Now Lincs	Jane Keenlyside	MARAC Manager
We Are With You	Lisa Brooks	Operations Manager
Surrey A Borough Council	Matt Gough	Interim Head of Housing, Exchequer, & Development
Probation Service (East Midlands region)	Rachel Crook	Deputy Head, East and West Lincolnshire PDU

3.3. Support to the members of the panel was provided by:

Agency	Name	Job Title
Legal Services Lincolnshire	Toni Geraghty	Assistant Chief Legal Officer
Lincolnshire County Council	Jade Thursby	DA Business Manager / DHR Co-ordinator
Lincolnshire County Council	Teresa Tennant	Senior Business Support Officer – DHR Admin
Lincolnshire Partnership NHS Foundation Trust	Samantha Harris	Consultant Clinical Psychologist and Professional Lead for Psychology and the Psychological Professions – provided an oversight of the review regarding autism
Lincolnshire County Council	Andrew Morris	Corporate Parenting Manager – provided an oversight of the review regarding care leavers

4. Author of the Overview Report

4.1. The Independent Chair and Author for the review is Dr Liza Thompson.

4.2. Dr Thompson is an AAFDA accredited Independent Chair. She has extensive experience within the field of domestic abuse, initially as an accredited Independent Domestic Violence Advisor, and later as the Chief Executive of a specialist domestic abuse charity. As well as DHRs, Dr Thompson also chairs and authors Safeguarding Adults Reviews (SARs) and Offensive Weapon Homicide Reviews (OWHR). She delivers domestic abuse and coercive control training to a variety of statutory, voluntary, and private sector agencies, and is the Independent Chair for the Rochester Diocese Safeguarding Advisor Panel (DSAP).

4.3. Dr Thompson has no connection with the Community Safety Partnership and agencies involved in this review, other than currently being commissioned to undertake Domestic Homicide Reviews.

5. Terms of Reference

5.1. The Terms of Reference of the DHR were agreed on 20th April 2022. Due to the cross-border nature of the review, scoping dates were set for Lincolnshire first. Later, when the panel received more information, scoping dates were then set for Surrey.

5.2. As information was received from Surrey, the panel determined which agencies would provide reports. Due to the complexities and number of agencies involved, the Chair and panel were required to employ flexibility to manage the process iteratively.

5.3. As new information was received, the Terms of Reference were then developed.

5.4. The full subjects of this review will be the victim, Zac, and the perpetrator, Scarlett,

5.5. The following issues were agreed by the panel, and Zac's mother, and were addressed by agencies within their IMRs:

- How effectively were disclosures or indicators of domestic abuse addressed? What was the response?

- Did agencies have policies and procedures for domestic abuse and safeguarding, and were these followed in this case? Has the review identified any gaps in these policies and procedures?

- What services were offered to Zac and/or Scarlett, and were they accessible and appropriate for their needs? Were there barriers to access for either party?
- When and how were Zac and/or Scarlett's care leaver status considered?

- What knowledge did each agency have that indicated Scarlett might be a perpetrator of domestic abuse against Zac, and how did they respond to this?

- What processes do agencies have in place to respond to situations where both parties are violent and where it is difficult to identify a clear perpetrator of domestic abuse/coercive control?

- What impact did Zac and Scarlett's movement across areas have on service delivery?

- Did the MARAC in either area provide support/reassurance for agencies working with Zac in relation to the risk of domestic abuse?

- How did agencies take account of any diversity issues, namely disability, age, and gender, when completing assessments and providing services to Zac and/or Scarlett? What reasonable adjustments were made to services to accommodate Zac and/or Scarlett? In what ways were Zac and/or Scarlett's ability to understand information assessed?

- Were there issues in relation to capacity or resources within agencies that impacted on their ability to provide services to Zac and Scarlett, and to work effectively with other agencies? Consideration was also given to any additional capacity/resource issues with agency contact due to the COVID-19 pandemic.

- How did agencies ensure that the wishes and feelings of Zac and/or Scarlett were gathered, in relation to the services that were provided or being offered?

- What learning has emerged for agencies and are there any examples of innovative/outstanding practice arising from the review?

- What cross-area information sharing, and/or collaborative working, did agencies undertake when Scarlett and Zac moved between Surrey and Lincolnshire.

6. DHR Methodology

6.1. The IMRs were completed by each organisation that had significant involvement with Zac and/or Scarlett.

6.2. Each IMR was written by a member of staff from the organisation to which it relates. Each was signed off by a senior manager of that organisation before being submitted to the DHR panel. Neither the IMR authors nor the senior managers had any involvement with Zac and/or Scarlett during the period covered by the review.

6.3. Full details of the source of information provided on IMRs and Summary Reports can be found on pages 8 – 10 in the full overview report.

7. Summary Chronology

7.1. The following provides a summary outline of Zac and Scarlett's complex and protracted involvement with many services, from when they were children and throughout their young adult life.

7.2. In January 2012, an Interim Care Order was granted for Zac and his siblings, and a foster placement was identified for Zac. This placement was specialised to support children with the specific behaviours and educational needs, which Zac required. Zac remained with the same foster carers until September 2016, when he chose to return home to live with his mother and her new partner.

7.3. From age five, Scarlett was subject of a Care Order and lived in numerous foster care and residential placements. More than 13 placements, including a secure placement, broke down due to Scarlett's behaviour, which was physically aggressive and destructive towards property and staff members. Also, between 2014 to 2017, there were approximately 50 recorded incidents of Scarlett self-harming. Throughout 2016 and 2017, Scarlett had numerous episodes of being missing from residential placements.

7.4. In August 2018, before meeting Zac, Scarlett gave birth to a child. She was provided with a "family assessment" placement. This is a 12-week supported and supervised placement.[2] Scarlett left this placement in October 2018, without her baby. The baby was made the subject of an Interim Care Order.

7.5. Zac and Scarlett's relationship is believed to have started around November 2018, when they were both living in different young people's supported accommodation in Surrey.

7.6. The police were first involved with the couple in December 2018: this was due to a verbal altercation. The same day, Zac was seen at the local Emergency Department (ED) with a cut to his hand. He reported that he had punched a mirror.

7.7. In January 2019, the police arrested Zac for assaulting Scarlett. He had been seen on CCTV head-butting Scarlett and putting his hands around her neck. Scarlett "begged" the police not to arrest Zac, claiming that she needed him as her carer, that his autism was the reason for the assault, and that she would take her own life if he was arrested. This incident was the first of many occurring over the following months.

[2]This is somewhere that can be used when there are worries a child may not be safe living with their parent after birth. This type of placement is usually part of an interim care plan, during care proceedings.

7.8. As Zac and Scarlett were both care leavers, they each had the support of a personal advisor (PA). Both PAs tried to engage Zac and Scarlett in conversation about the nature of their relationship and the ongoing incidents of violence.

7.9. A Surrey MARAC meeting was held on 1st July 2019, where the couple were discussed following an incident in May 2019.

7.10. On 11th September 2019, a third party had called the police, hearing a scream from a female to "get off my throat". They were both arrested, and a risk assessment was completed as high, with MARAC and outreach referrals being made for Scarlett. Zac moved back to his mother's house and re-engaged with his PA. He told his PA that he had separated from Scarlett and would require a single person homeless application. During the same period, Scarlett also contacted her PA for support with housing. Later on in September 2019, Zac was recorded as living at his father's caravan.

7.11. On the evening of 14th October 2019, Zac's father assaulted him. The police and ambulance were called, and Zac was treated at the scene for minor abrasions and a cut to the lip. The police gave Zac and Scarlett, who was also at the scene, a lift to the train station, and they went to stay with a friend.

7.12. Zac's PA met with him on 16th October 2019. Scarlett was present and spoke for him, stating that they were going to present as homeless in Lincolnshire to be near Scarlett's family. Zac was advised not to do this, but Scarlett told the PA that Zac was unable to stay in Surrey due to "bullying from others". By the end of October 2019, the couple were recorded as living in Lincolnshire: first with Scarlett's aunt, and a week later, with Scarlett's grandmother. Scarlett and Zac's probation cases were transferred to Lincolnshire.

7.13. The couple were back in Surrey on 30th December 2019. Scarlett reported to professionals that she was pregnant and was planning a termination. Three days later, the police were called to an address in a neighbouring county to Surrey, due to a disturbance. Scarlett was arrested on suspicion of assault and admitted throwing an aerosol can at Zac.

7.14. On 8th January 2020, during a car journey returning from an appointment regarding a pregnancy termination, Scarlett became aggressive. Her PA was driving the car, having taken the couple to the appointment. Whilst on the motorway, the couple had an argument, and Scarlett tried to get to the back seat, from the front, to punch Zac. When it was safe to do so, the PA pulled over, and Scarlett got out of the car. The PA tried to speak to Zac alone, offering to help him find a safe place to stay, away from Scarlett. Zac did not accept this help, and they both left the scene. Zac did not have his own phone at this point, so professionals were not able to contact him directly. The PA reported this to the police, a safeguarding strategy meeting was held, and a referral to the Surrey MARAC was made – with Zac as the victim. Zac was not informed of this MARAC referral and was therefore not able to consent to the IDVA referral linked to the MARAC referral.

7.15. Zac's PA visited him the same day, when he confirmed that they had decided to go ahead with the pregnancy. She raised concerns with him about the relationship. The PA suggested strategies to manage arguments well and signposted them to relationship counselling.
7.16. Zac attended probation on 10th January 2020 and advised that he would be moving to Lincolnshire with Scarlett on 12th January 2020. Scarlett was 15 weeks pregnant.

7.17. On 14th January 2020, a strategy meeting for the unborn baby was held by Surrey CSC. Concerns were raised that both Scarlett and Zac posed a risk to the baby due to their behaviour. Lincolnshire CSC was advised that the couple were now in their area, and, on 16th January 2020, they began an assessment for the unborn baby. On 21st January 2020, the unborn baby was allocated a social worker. It is recorded that Surrey would have considered a removal of the baby at birth; however, there were family members identified in Lincolnshire who may have been a protective factor.

7.18. A transfer MARAC was sent from Surrey to Lincolnshire, and this was a no-consent repeat MARAC.[3] It is noted that Zac had no phone; therefore, it was unknown whether he had been advised of the MARAC referral, and the case was noted as "dual perpetrators". The IDVA was unable to contact Zac due to the lack of consent for the IDVA referral.

7.19. The Lincolnshire MARAC meeting was held on 6th February 2020. It was shared that "both parties reported to be perpetrators". There was an alert recorded for professionals not to undertake lone visits. The case was closed to the IDVA service due to lack of consent.

7.20. On 10th February 2020, the couple met with Lincolnshire CSC for an initial visit. At this meeting, the reason for CSC involvement was discussed, including violence between the couple.

7.21. On 20th February 2020, Scarlett attended the antenatal clinic with Zac for an ultrasound scan. Attempts were made to speak to her alone to undertake routine domestic abuse enquiry, but this was not successful. On 27th February 2020, Scarlett attended her ultrasound. A bruise was seen on her face, and she was taken aside and asked about it. She reported that it was from a new puppy jumping up and catching her face. This was further explored by the midwife, and Scarlett reported that she felt safe at home. The midwife spoke to the midwifery safeguarding lead, who shared the information with the family's social worker.

7.22. On 16th March 2020, a Child in Need meeting was held, and concerns were raised regarding domestic abuse. Scarlett stated that her behaviour was due to her mental health but stated that she was feeling much better. A plan was

[3] In Surrey, a repeat MARAC is the result of an incident occurring within 12 months of a previous MARAC – the incident itself does not have to reach the MARAC criteria of high risk. However, it is understood that this referral was made to Surrey MARAC due to risk being assessed as high risk.

developed around emotional and practical support for them both, including safety planning.

7.23. On 2nd April 2020, the ICPC was held. It was recorded that the couple both recognised the need to change and were engaging well with agencies. A Family Group Conference was to be convened. The unborn baby, due in June 2020, was made subject to a Child Protection Plan:[4] with a review conference being set for 25th June 2020, and Core Groups[5] to be held (starting on 15th April 2020).

7.24. Throughout April, May, and June 2020, the couple engaged with probation and the child protection process.

7.25. On 27th May 2020, Zac engaged with a cognitive assessment as part of the care proceedings for unborn Child A. It was found that his IQ was in the low average range, and he showed a degree of challenge to his verbal abilities but not quite in the range of a learning disability diagnosis. His IQ was not at the level that would impair his parenting abilities. The report recommended a few actions for workers to support Zac, such as simple use of language and checking understanding.

7.26. A pre-birth assessment was completed on 23rd June 2020, and a recommendation was made for Care Proceedings[6] to be issued and a mother and baby placement to be sought. The parents agreed with this plan.

7.27. Child A was born soon after, and a mother and baby placement was sourced to commence on 3rd July 2021.

7.28. Throughout July 2020, both parties continued to engage with probation requirements.

7.29. On 8th July 2020, it was agreed that Zac could join Scarlett and the baby at the placement after a period of isolation due to COVID-19 restrictions. Scarlett was assessed as doing well in the placement. She had no anxiety or depression symptoms reported and was recorded as being a “natural mother” to Child A.

7.30. In July 2020, Zac was referred to We Are With You – to access support with his cannabis use. Zac engaged well with the service, and he self-reported abstinence from cannabis throughout. Feedback from the placement was that there was no sign of cannabis use throughout.

[4] This sets out what action needs to be taken, by when and by whom, to keep the child safe from harm, and promote their welfare.
[5] This is a meeting of all the relevant practitioners and family members who work together to create, implement, and review the Child Protection Plan.
[6] Care Proceedings are court proceedings issued by the children’s services department, when they have concerns about the welfare of a child and apply for permission to take action to protect the child.

7.31. On 17th August 2020, a case management hearing was held regarding the Interim Care Order[7] (ICO) application. Lincolnshire CSC decided not to proceed with the ICO, and the placement continued under a s.20.[8]

7.32. On 9th September 2020, the parenting assessment was completed, with feedback from the foster placement stating that Scarlett was fully able to meet Child A's needs.

7.33. On 8th October 2020, the family moved to their new property in Town C, Lincolnshire, and on 10th October 2020, the s.20 status ended. A Child in Need plan[9] was set to take place. Visits were planned for twice daily for the first two weeks and then gradually reduced to fortnightly visits. A safety plan was completed.

7.34. Health visiting undertook appointments on 12th, 21st October, and 4th November 2020, with no concerns raised. On 5th and 9th November 2020, Probation undertook home visits to Zac and Scarlett (respectively) and reported good engagement.

7.35. In December 2020, the community parenting assessment was completed with a positive outcome: recommending that Child A remain in their parents' care.

7.36. On 8th January 2021, Scarlett's probation officer reported to the social worker that Scarlett and Zac had not been getting on. Scarlett had told them that she was experiencing low mood. The social worker attended the home. They reported that they had been arguing, and Zac had been caught by the door when Scarlett went to leave the room. There is no record that they were seen alone at this visit. Zac had a visible scratch to his face. Scarlett decided to stay at her aunt's overnight to give them both some space. Scarlett reported feeling anxious, and the social worker assisted with obtaining a GP telephone appointment for her the same day, which resulted in a prescription for antidepressants.

7.37. During January and into February 2021, the couple gave conflicting accounts of their relationship to their respective probation officers: some days reporting that things were good, and some days reporting that the relationship was strained.

7.38. On 10th February 2021, the health visitor undertook a home visit and reported Child A was well. Scarlett told the social worker that she was considering a move for the family back to Surrey, where she felt she would get more support.

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[7] This is a short-term court order which means that a child becomes looked after in the care system. An Interim Care Order is often made at the start of care proceedings, usually lasting until the court can make a final decision.

[8] Children Act 1989 – under s.20, the local authority have a duty to provide a child with somewhere to live if that child needs it.

[9] This is a plan that sets out what extra help children's services and other agencies – including health and education – will provide for a Child in Need and their family. The plan should be drawn up in partnership with the family and child if possible – after a Child in Need assessment.

7.39. On 15th February 2021, Scarlet's PA contacted Surrey District Council A Housing to enquire about a move to Surrey for the couple. The main reason for this was expensive heating in the Lincolnshire property. An assessment meeting was booked, but this was not attended by Zac or Scarlett. No further action was taken until 25th March 2021, when the couple travelled to Surrey to meet with housing options. The couple stayed with Zac's mother.

7.40. During this time, Surrey Police became involved – following the altercation at Zac's mother's home. A DASH was completed, which was assessed as standard risk. During this period, there were many allegations being made between the two families, and safe and well checks were made for Child A.

7.41. On 24th April, Surrey Police found Scarlett and Zac arguing in the street. They left separately, as they were staying in different addresses. Later that evening, a further incident happened, which resulted in Zac's arrest. He was bailed with a condition of not contacting Scarlett.

7.42. A strategy meeting was held in Surrey, and s.47 enquiries[10] commenced. Lincolnshire CSC staff were involved in the discussions and provided updates. There was liaison between Lincolnshire and Surrey to transfer the CSC and health visiting notes between areas.

7.43. On 4th May, Scarlett withdrew support for the prosecution of Zac.

7.44. On 5th May 2021, Scarlett accepted a sole tenancy for a property in Surrey. Plans were progressed; however, on the day of the move, she declined to move. Later that day, she confirmed that she had moved back to Lincolnshire with Child A.

7.45. On 19th May 2021, an ICPC was held, and the social worker from Lincolnshire visited Scarlett and Child A on 21st May 2021. She confirmed that she knew Zac was not allowed to visit and confirmed that he had not been in touch. At a further home visit on 24th May, she confirmed that she intended to remain in Lincolnshire.

7.46. On 30th May 2021, whilst still on bail, Zac was arrested at Scarlett's property in Lincolnshire, following an assault on Scarlett. A referral was made for Scarlett into EDAN Lincs: the local DA service.

7.47. A transfer in Child Protection Conference was held in Lincolnshire on 16th June 2021. Case responsibility was transferred back to Lincolnshire. An appointment was made with the Lighthouse Project;[11] however, Scarlett did not

[10] This is a Child Protection Investigation, which are carried out to assess if there is a risk of significant harm to a child.

[11] Home - The Lighthouse Project Spalding

attend this. A referral was made to EDAN Lincs for Scarlett; however, they were unable to contact her.

7.48. On 17th June 2021, Scarlett was referred to a perinatal mental health team and was also advised that she could self-refer into Steps2Change counselling. She was advised to attend her GP for a medication review.

7.49. The social worker visited Scarlett on 18th June 2021. She was very emotional and stated that it was “all too much”. She scored high on tests, indicating concerns about depression and anxiety. A further visit was conducted to Scarlett on 21st June 2021, where she disclosed that upsetting messages had been sent between the families.

7.50. During this time, Zac was travelling between the two counties to see Child A and had nowhere to live: his probation officer raised a concern about this. On 2nd July 2021, he approached Lincolnshire council as homeless. At this point, Scarlett was back at their previous property and had indicated that she would like a restraining order against Zac.

7.51. On 14th July 2021, Scarlett stabbed Zac during an incident at Scarlett’s home. Zac died at the scene. She was arrested for murder. She was found guilty of manslaughter and, in March 2022, was sentenced to nine years in prison.

8. Conclusions

8.1. The full agency and systems analysis can be found in the full overview report. The following section details the overall systems findings for this review.

8.2. Relational Dynamics and Dual Allegations

8.2.1. It was generally accepted throughout the majority of the agency IMRS that the couple had both been violent to one another at different times throughout their relationship. What differed between agencies was the language used in case files, and by IMR authors, to describe this dynamic.

8.2.2. Domestic abuse and coercive control, by their very nature, are all consuming and pervasive. An abusive and coercively controlling person will be abusive all the time. Their aim is to exert power and control over their partner or family member. It is therefore not possible, in terms of a power and control model of domestic abuse, for a couple to switch between the abuser and the victim.

8.2.3. In order to gain a better understanding of the nuances of relationship dynamics, it is important to broaden the scope of the behaviours beyond “victim” and “perpetrator”. This requires the extension of language used, which in turn will enable the development of responses that are suitable for each relationship dynamic.

8.2.4. Michael P Johnson has introduced the concept of "typologies of intimate partner violence".[12] These typologies are follows:

- Intimate Terrorism – this is the classic power and control dynamic where one partner exerts coercive control over their partner

- Violent Resistance – this is where the partner who has been abused and controlled retaliates, or uses self defence against the abuser

- Situational Couple Violence – this is where violence escalates from mutual arguments, this occurs between couples and there is not one partner exerting power and control over the other.

8.2.5. Academics argue that community services and therapeutic settings should be set up to identify the various typologies of intimate partner violence and treat these accordingly.[13] Johnson states that to identify the different typologies of abuse, the right questions need to be asked. For example, EDAN Lincs recorded in their IMR that they utilise a SafeLives screening toolkit when both partners are referred into their service as victims. Respect also provides a screening toolkit for use when working with male victims.[14] These are examples of asking better questions to establish dynamics in a relationship; however, it does only provide an understanding of who a perpetrator is and who is a victim. Johnson's Typologies go beyond this standard power and control model.

8.2.6. The author of the police IMR identified that there may have been elements of controlling behaviour on both sides. In support of this observation, Scarlett may be seen to have exercised a pattern of emotional abuse towards Zac by self-harming or threatening to do so. Zac frequently reacted by using excessive physical force when attempting to prevent Scarlett injuring herself, including many occasions of strangulation, which in and of itself is power laden. Scarlett claimed to be dependent on Zac, which afforded him a tacit degree of control in volatile situations; however, it is the level of physicality that is challenged and, as detailed, resulted in Zac's arrest on more than one occasion.

8.2.7. This analysis describes both partners as being mutually coercive, in their own ways. They were each referred into victim services, interchangeably, and expected to engage with services as victims of abuse. Interestingly, neither were referred into perpetrator programmes, and they were not spoken to about being mutually violent to one another, only about domestic abuse.

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[12] Johnson, M. P. *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence* (2008)
[13] Friend, D.J. et al. "Typologies of Intimate Partner Violence: Evaluation of a Screening Instrument of Differentiation" *Journal of Family Violence* (2011)
[14] Respect Toolkit for work with male victims of domestic abuse | Respect

8.2.8. This review is not the vehicle to identify whether Scarlett or Zac were the victim or perpetrator of coercively controlling domestic abuse. This review's purpose is to identify gaps in knowledge and provision that could make the future safer. Furthermore, it should open the discussion regarding suitable assessments – leading to appropriate responses to relationship dynamics that are not healthy but do not sit within the classic power and control model of intimate partner violence.

8.2.9. For situations where there is situational violence, where there are no power and control dynamics, a referral into a programme working with both parties would be more suitable. A programme that addressed their violence towards one another – identifying the situations that escalated the violence and using the simple language of violence – would allow realistic safety plans to be developed, with both parties' input and agreement. These specific services do not currently exist in either Surrey or Lincolnshire. However, both areas are currently reviewing their specialist domestic abuse commissioning and will consider the learning from this review.

8.2.10. Within this review, agencies undertook a review exercise of their policies and procedures to identify whether situational couple violence, or the equivalent, was referenced. All do mention domestic abuse as being relevant to all genders and highlight that assessments must be completed with all parties when both appear to be victims and perpetrators interchangeably. However, as detailed above, this is not sufficient when identifying and responding to situational or mutual couple violence.

8.2.11. Specific policies for responding to families, or couples where both partners are mutually violent, or where there is situational violence, would provide agencies with mechanisms to assess and identify situational couple violence as possible dynamics in a relationship. Currently, this form of violence within the family is recognised and acknowledged by some individuals; however, a multi-agency policy would provide clarity for all agencies around suitable responses to mutual couple violence. (Recommendation twenty-two)

8.3. Male Victims

8.3.1. As introduced in section 13, Zac's experiences of services would have been shaped by his gender. As the police IMR stated:

> *"It does not seem to have been explored with Zac that he could have been the victim or with Scarlett that she could have been the perpetrator".*

8.3.2. He was not asked about domestic abuse in the maternity ward, despite their routine enquiry process being in place. This is because the policy and the mechanism for routine enquiry is not currently set up for partners of pregnant women. Although the lack of questioning was not directly due to Zac's gender, the majority of pregnant women's partners will be male.

8.3.3. Probation stated that, gender had potentially confused the process because the practitioner may have made assumptions about perpetrators and risks. Much of Probation's training on domestic abuse had focused predominantly on male perpetrators and female victims, and there is potential learning when domestic abuse is present in a relationship and there are disclosures or physical indicators of domestic abuse by male victims.

8.3.4. When the social worker visited the couple's home in April 2019, they noted bruises and marks on Zac, but there is no evidence that this was explored further with Zac on his own. There is no evidence that staff explored any potential safeguarding concerns regarding domestic abuse in relation to him as the victim. The staff were more focused on supporting with food bank vouchers. This begs the question, what would the response have been if the bruising and marks had been visible on Scarlett?

8.3.5. Surrey CSC reflected that:

> *"There was professional awareness and recognition of Zac's learning needs and how this created vulnerabilities for Zac within the relationship, particularly in respect of coercive control and being isolated from family, friends, and professionals".*

8.3.6. The police reports also highlighted a worry that Scarlett would threaten self-harm if she did not see Zac, and she stated that Zac was her carer, creating an emotionally coercive and controlling aspect to their relationship dynamic.

8.3.7. There are certainly identifying features of coercive control being exercised by Scarlett onto Zac. However, Zac was not referred into a domestic abuse service designed specifically for men. The only referral that was made for him as a victim of domestic abuse was via a no-consent MARAC, which was no-consent because he was not aware of the referral. The decision to make the MARAC referral was taken at a professionals' strategy meeting, following the incident in the PAs car, where Scarlett attacked Zac. He was not aware of the referral into Surrey MARAC, and the subsequent transfer to Lincolnshire MARAC, and the referral into EDAN Lincs IDVA service that comes as part of the MARAC process.

8.3.8. The gendered nature of domestic abuse means that male victims have different experiences to female victims. Male victims are faced with more feelings of embarrassment and shame, due to society's expectations upon them to behave in a masculine and aggressive way. This toxic masculinity[15] negatively affects men. The model of toxic masculinity expects men to have no emotions and to "man up", which (amongst other impacts, such as high suicide rates) can lead many men to feeling unable to approach domestic abuse services.

[15] Harrington, C. (2021). What is "Toxic Masculinity" and Why Does it Matter? *Men and Masculinities*, *24*(2), 345–352.

8.3.9. During the scoping period for this review, there were no specific service provision for male victims of domestic abuse, in either Surrey or in Lincolnshire. Since then, there has been development of domestic abuse services for men. Now, men are able to access support and intervention and recognises that they are victims of domestic abuse.

8.3.10. In Lincolnshire, EDAN Lincs supports male victims. There are male support workers and specialist IDVAs who are trained to support male victims. There are self-contained refuge spaces in Lincolnshire, which are available to all genders. The DA Matters training for the police and the IDVA service in Lincolnshire includes training on male victims.

8.3.11. In Surrey, Your Sanctuary hosts a dedicated male IDVA; however, all of the other outreach provision is genderless. In January 2022, I Choose Freedom[16] launched a dispersed housing scheme, providing housing for any gender affected by domestic abuse. The domestic abuse training package is genderless.

8.4. Specialist Knowledge and Services

8.4.1. This review has shined a light on the need for a more diverse understanding of intimate partner violence. As the sections above detail, the responses to Zac and Scarlett as "classic" victims and/or perpetrators, living within a relationship structured by power and control, was not necessarily suited to their specific needs.

8.4.2. There are gaps in available policies – and knowledge and understanding amongst services and throughout systems – of the possible nuances in different relationship structures, and different dynamics within these relationships, which do not fit within the standard model of domestic abuse.

8.4.3. There follows that there is a lack of suitable assessments for determining the relationship dynamics to identify the best pathway to support those within the relationship and reduce their risks from themselves and one another.

8.4.4. This gap in knowledge and assessment is not specific to the geographical areas pertaining to this review; however, this review has provided the platform to raise this issue with the agencies involved in the review.

8.4.5. The review has identified the need to extend routine enquiry to partners of pregnant women. Particularly, when the pregnant woman is known to be a perpetrator of domestic abuse.

8.4.6. There also remains a gap of specialist services designed for men subjected to domestic abuse, which is to the detriment of current domestic abuse services who are expected to support all genders, but more importantly, it is to the detriment of

[16] I Choose Freedom - Ending Domestic Abuse | Refuge & Charity

male victims who do not recognise the services who offer “generic” domestic abuse support as being suitable for their needs.

8.4.7. This review also identifies a gap in assessment and services for female perpetrators of intimate partner violence and abuse.

8.4.8. There also needs to be more understanding around the transition of care leavers when they reach 18. Services need to be aware that there remains many options and services for care leavers, even when they reach 18. Services should also be made aware of the value of including PAs into discussions regarding care leavers. Often, they may have a fuller understanding of the situation, than individual agencies dealing with specific aspects of a person’s life.

8.5. Multi-Agency Risk Assessment Conference (MARAC)

8.5.1. There is no legislation underpinning the MARAC process, there are no statutory expectations around MARAC processes, and the SafeLives guidance can be interpreted in various ways. This leads to different practices throughout England and Wales. Whilst Lincolnshire, and more recently Surrey, have restructured their MARAC processes, this review raises questions regarding the limitations of the MARAC process, and particularly the lack of proactive actions stemming from the process.

8.5.2. Surrey’s MARAC process review, which had started independently of this DHR, has organically dealt with some of the issues, such as lack of minutes. However, the lack of professionals who were aware of the complexities of Zac and Scarlett’s relationship, particularly at the Lincoln MARAC as a transfer in case, alongside the lack of consent for the MARAC referral originality in Surrey, led to lack of actions from the process.

8.5.3. To support a more proactive and impactful MARAC process, all professionals working with an individual, particularly when they are care leavers, should be invited and involved in the MARAC meeting.

8.5.4. There is no evidence that the PA or the Care Leaving Service were invited to any of the MARACs, either in Surrey or in Lincolnshire. It could be argued that Surrey CSC Care Leaving Service, and particularly the couple’s PAs, were the only service who had the full picture of the situation.

8.5.5. It was reflected in the IMRs, that the MARAC was one forum that collectively acknowledged the level of violence in the couple’s relationships. However, the MARAC did not evidence ways to effectively and collectively address and intervene.

8.5.6. An example of an effective and collective action from the MARAC process, would have been consideration of the DVDS in order to make Zac aware of Scarlett’s violent history. This could only have been considered if the MARAC was made aware

of the mutuality of violence between Zac and Scarlett and how neither were able to recognise the relationship, or each other, as being harmful.

8.5.7. There is a need for practitioners to be fully trained on the MARAC process. The danger is that otherwise the MARAC process becomes a tick box exercise without any specialist knowledge or understanding involved. This includes an understanding of why consent to refer into the MARAC should be sought, and the limits placed on the process when consent isn't sought.

8.6. Trauma-informed Practices

"Trauma occurs when a sudden, unexpected, overwhelming intense emotional blow, or series of blows assaults a person from outside. Traumatic events are external, but they quickly become incorporated into the mind".[17]

8.6.1. It is not the trauma itself that does the damage, it is how the individual's mind and body react in its own unique way to the traumatic experience, in combination with the unique response of the individual's social group.[18]

8.6.2. As introduced above at 13.15, both Zac and Scarlett had numerous ACEs that shaped their adult lives. Any one of these ACEs could have led to trauma responses, and an amalgamation of traumatic events cumulate to create issues around mental health, risk taking and self-harming behaviours, and difficulties forming and maintaining healthy relationships. The fact that both parties brought this level of trauma into their relationship is central to their relationship dynamics.

8.6.3. As has been addressed throughout previous sections, Scarlett's life was punctuated by instability. She had numerous placements, with only one, in 2009, being therapeutic and all breaking down after a short period of time. This was due to Scarlett's violent behaviours, which were almost definitely, and ironically, due to early years' trauma, for which a stable therapeutic placement may have treated.

8.6.4. Scarlett spoke about her emotional wellbeing, emotional regulation, and associated coping strategies as if they were external to her, and that she had little control or understanding of these. Trauma-informed practice and therapeutic support may have helped her to learn emotional regulation and gain an insight into her trauma responses of violence and aggression, including harm to herself.

8.6.5. The Surrey IMR author reflected that, like other young people of their age, romantic relationships are vital, and the PA described how Zac "absolutely loved Scarlett to bits, you know, in his mind, that was, he was with her forever, and especially after she became pregnant that, you know, he wanted to be a father. He

[17] Terr, L. *Too Scared to Cry: Psychic Trauma in Childhood* (1990) p.8
[18]Bloom, S. "Trauma Theory Abbreviated" *The Final Action Plan: A Coordinated Community-Based Response to Family Violence* (1999)

wanted them to be a family". Their shared experiences bonded Zac and Scarlett together. Similarly, both had broken relationships with their respective families, which served to further bring the couple together. Reflecting upon professional working relationships with the couple at the time, no one professional in Surrey was able to meet Zac's needs in a way that the relationship with Scarlett met his needs.

8.6.6. Both Zac and Scarlett grew up against a backdrop of violence within the home. The theory of intergenerational transmission of abuse[19] explores how witnessing and experiencing intimate partner violence impacts on children and creates a scenario in the mind that is often re-enacted through destructive relationships as adults.

8.6.7. If a person is subjected to enough traumatic experiences, such as violence in the home, or living with a parent with substance misuse issues, or being physically neglected, it may teach them that nothing they do will affect the outcome, and that they should give up trying. This is called "learnt helplessness",[20] and for recovery, an intervention is required, which focuses on mastery and empowerment, whilst also avoiding further experiences of helplessness.

8.6.8. Trauma informed interventions are designed around the need to empower subjects, whilst concentrating on their strengths, and what happened to them, rather than using language of there being something wrong with the subject. It is evidenced that the social worker in Lincolnshire exhibited trauma-informed responses to Zac and Scarlett's needs. When speaking to the Independent Chair, she stated that she had a belief in them succeeding as a couple and that:

> "From reading Scarlett's history, she felt she had been let down by Social Care several times as she was growing up, (and) they had that sense of wanting to improve their lives and succeed. I believe that because I felt belief in them, they also appreciated that belief which spurred them on to succeed, and for a period of time it did".

8.6.9. This strengths-based response is good practice and what is required when responding to adults living with childhood trauma. Lincolnshire CSC also praised the foster placement, which provided boundaries and positive modelling for the couple.

8.6.10. The placement, and support from Lincolnshire CSC, led to 15 months of relative stability – from late January 2020, when the couple moved to Lincolnshire, until issues between the two families led to the derailment of the relationship, in April 2021. The will to succeed of the professionals may have been a stabilising factor during this time.

[19] Motz, A *Toxic Couples: The Psychology of Domestic Violence* (2014)
[20] *ibid n 58*

8.7. COVID-19 Restrictions

8.7.1. Health Protection (Coronavirus Restrictions) (England) Regulations 2020 came into force on 26th March 2020.

8.7.2. COVID-19 also resulted in the move to virtual Core Group meetings in line with government guidelines for social distancing and isolation. Core Group meetings were completed virtually; however, attendance of the family and invited professionals was maintained. Furthermore, the social worker and early help worker maintained face-to-face home visits with the family throughout the involvement.

8.7.3. The COVID-19 restrictions did not seem to negatively impact the responses to the couple.

8.7.4. Surrey was able to provide a consistent PA for both Zac and Scarlett. Clearly, the distance between Surrey and Lincolnshire had an impact, and lone working and transportation presented a risk and needed to be managed appropriately. However, COVID-19 restrictions did not have an impact on the support that they were able to offer.

8.7.5. Professionals do consider that the restrictions would have brought additional stress into the home – with them both having to stay in the home with a young baby during the periods of national lockdown measures.

8.7.6. UHLT provided maternity services to Scarlett, and they stated that whilst it was clear that the pandemic had had a considerable impact on the delivery of NHS services, both nationally and locally, Scarlett continued to receive scheduled antenatal care during the period of restrictions.

8.7.7. Visiting restrictions were also in place at this time: this afforded midwifery staff to interact with Scarlett alone, undertaking routine enquiry more readily than if Zac had been present. Professionals' reduced contact with Zac may have resulted in fewer opportunities to seek information relating to his experiences of domestic abuse, or to witness Zac and Scarlett's interactions as a couple; however, as previously mentioned, no new concerns arose on those occasions when Zac and Scarlett were permitted to present together.

8.7.8. Probation casefiles detail information being provided to Scarlett about managing during COVID-19 restrictions, as a victim of domestic abuse; however, there is no evidence that Zac was provided with the same.

8.7.9. There is evidence that both Zac and Scarlett engaged with remote appointments with their probation officers. Face-to-face probation appointments and home visits resumed with Zac and Scarlett from November 2020.

8.7.10. We Are With You, stated that it is best practice to engage with service users face to face, in order to develop a therapeutic relationship between worker and client

and to provide psychosocial interventions. Face-to-face working is also necessary to conduct drug screening to confirm abstinence. Due to the COVID-19 restrictions, Zac was provided with telephone appointments and did not receive any drug screening. However, the fact that the sessions were remote, allowed We Are With You to continue support. This was despite Zac entering the foster placement, which took him out of the usual catchment area for the service.

9. Recommendations

9.1. The following sections will detail recommendations for individual agencies and will be followed by multi-agency recommendations.

9.2. Surrey Children's Services

9.2.1. To update Surrey Children Services Group Supervision Guidance and Domestic Abuse Policy to include guidance for Care Leaver Service practitioners who are each supporting one half of a where there are concerns that domestic abuse, or mutual couple violence, is present in the relationship. This will call for group supervision to involve the relevant practitioners, and to be undertaken every quarter or more frequently depending on the presenting risks and vulnerabilities. This will ensure closer communication around the challenges and pressures for each young person and enable that knowledge to be shared in order to inform a more complete understanding of the dynamics of the relationship and focus on harmful behaviours of one or both of the parties.

9.3. Surrey Hospital B

9.3.1. Plan to enhance domestic abuse training across key areas of Hospital B Trust, including the Emergency Department. This will be evaluated by collating information regarding training compliance and referral activity.

9.3.2. To review Domestic Abuse Policy to include routine and safe enquiry about domestic abuse, and completion of DASH risk assessments and referral into MARAC where appropriate.

9.4. Surrey and Borders Partnership NHS Trust

9.4.1. To improve Trust employees' understanding of domestic abuse concepts. Domestic abuse awareness is part of the statutory and mandatory safeguarding training for all staff in SaBP; however, during this review, they identified a need to specifically focus on coercion and control, the high-risk factors of domestic abuse, and managing these risks within the context of the victim's life experiences.

9.4.2. To improve awareness of 'Think Family' approach. A 'Think Family' guidance has been developed by the Task and Finish group, which will be disseminated to all

staff across the organisation and promoted on the SaBP's intranet under the Safeguarding section as soon as it is approved.

9.5. Surrey District Council A – Housing

9.5.1. To work with partners, including Surrey County Council, to introduce a protocol for responding to young people who need help and support with accommodation – including care leavers and those who may be considered as a victim of domestic abuse – to help ensure effective case management and information across partners.

9.6. Probation Service (Formerly National Probation Service)

9.6.1. Learning from this review should be highlighted to the East Midlands Probation regional training team to ensure a future focus on the following areas: gender assumptions within domestic abuse cases; working with cases where both parties display abusive behaviour; the importance of timely reviews of OASys; and how to use a more investigative approach in supervising people on probation.

9.6.2. Specific practice development sessions should take place in East and West Lincolnshire Probation delivery unit, with a focus on domestic abuse, women as perpetrators, and cases where both parties are violent to one another.

9.6.3. Guidance will be recirculated to East and West Lincolnshire Probation delivery unit on handling sensitive information, including the recording and storing of MARAC information.

9.6.4. Development of robust processes where both parties are engaged with Probation, to promote information sharing and joint supervision.

9.6.5. The recruitment of single point of contact roles within geographical locations – to consistently attend MARAC and to manage the information flow into and out of the MARAC.

9.7. Lincolnshire County Council – Children's Services

9.7.1. Following the publication of the DHR, learning and best practice will be shared via the Children's Services Bulletin.

9.8. Lincolnshire Partnership NHS Foundation Trust

9.8.1. The Trust's safeguarding team will undertake an engagement project with the CJL&D service to explore current processes around safeguarding. The aim being to provide support and guidance on safeguarding responsibilities within an environment (custody) where the police are usually the lead agency for responding to concerns. This will include the use and benefit of Child Protection Enquiries.

9.8.2. The CJL&D's team manager will work with the police to agree a process that enables CJL&D to fully assess service users in the situation where they are imminently to be released from custody.

9.8.3. LPFT will add an alert to their clinical systems to enable a patient's leaving care status to be easily identified.

9.9. We Are With You

9.9.1. Staff to be reminded that when taking a referral over the phone, this must always be followed up by a completed referral form from the referrer. This is to ensure that the relevant and correct information is shared about the client's circumstances, allowing appropriate risk assessments to be carried out and the service's proactive multi-agency involvement throughout the period of the treatment.

9.10. United Lincolnshire Hospital Trust

9.10.1. ULHT maternity services to explore a formal mechanism for initiating and recording the outcome of direct routine enquiry with partners of pregnant women when the pregnant woman is known to be the perpetrator of domestic abuse.

9.11. Lincolnshire Community Health Services

9.11.1. The LCHS safeguarding supervision policy states that a quarterly supervision is provided in Urgent Care settings. Managers will be reminded that all staff are expected to attend these sessions at least twice per year and this should be monitored.

9.12. Lincolnshire Tier 2 Council A and Tier 2 Council B

9.12.1. Review options for improved and appropriate information sharing across teams and systems across all councils within Southeast Lincolnshire and across council borders when appropriate.

9.12.2. Review internal process to ensure clear responsibility is attributed for undertaking all relevant background checks to understand need as well as historical and current risk factors for individuals accessing services. Checks should include, but are not limited to, historical and current domestic abuse, including MARAC and information held from previous local authorities. This will include reviewing internal systems for checking case files or recording names on case files across all systems, to improve clarity on relationships. Records should be flagged appropriately to ensure staff are fully aware.

9.12.3. Review attendance at MARAC for all cases – to ensure full representation at each meeting, regardless of direct agency involvement.

9.13. Multi-agency Recommendations

9.13.1. Learning from this review will be shared across Lincolnshire and Surrey to raise awareness of what makes a good "transfer in" MARAC, including recommended practices of holding a MARAC in both areas, contact with originating area MARAC co-ordinator, and, where it is deemed appropriate, a representative from the originating area attending the MARAC to present the case in the new area.

9.13.2. Learning from this review will be shared with SafeLives to inform best MARAC practice nationally, specifically around transfer in best practice and MARAC referrals where there is no consent, and therefore IDVA referral cannot be included. The Lincolnshire Domestic Abuse Partnership will oversee this recommendation.

9.13.3. Work will be undertaken to raise the profile of care leaver services, including the role of the personal advisor and how they should be included in discussions around safety planning, attendance at MARACs, and utilised by other services to facilitate conversations with the care leavers.

9.13.4. The Lincolnshire Domestic Abuse Partnership will develop a policy template, for multi-agency use, to raise awareness of "typologies" to assist services in identifying and responding safely and appropriately to situational couple violence and violent resistance.

9.13.5. The Home Office and NHS England will be contacted by Safer Lincolnshire Partnership to raise the question of children in care/care leaver status remaining on health records when the child turns 18.

9.13.6. A multi-agency learning briefing tool will be developed to share learning and resources on the following themes:

a) Reminder to all services and professionals to offer option of a referral into a national specialist male domestic abuse service when supporting male victims of domestic abuse.

b) Using the learning from this review to remind professionals of the importance of asking about domestic abuse, either within a routine enquiry process or as part of increased professional curiosity.

Glossary of Terms

Adverse Childhood Experiences (ACEs) – highly stressful and potentially traumatic events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety. Security, trust, or bodily integrity.

Attention Deficit Hyperactivity Disorder (ADHD) – a condition that affects people's behaviour, making them restless, inattentive, and impulsive.

Autism Spectrum Disorder (ASD) – a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.

Care Act s.42 – a legal duty to make enquiries about safeguarding concerns. These duties apply to an adult who has needs for care and support.

Care Proceedings – court proceedings issued by the children's services department, when they have concerns about the welfare of a child and apply for permission to take action to protect the child.

Child and Adolescent Mental Health Services (CAMHs) – assess and treat young people with emotional, behavioural, or mental health difficulties.

Children Act s.47 enquiries – this is a Child Protection Investigation, which is carried out to assess if there is a risk of significant harm to a child.

Children Act 1989 s.20 – giving the local authority the duty to provide a child with somewhere to live if that child needs it.

Child Protection Plan – sets out what action needs to be taken, by when and by whom, to keep the child safe from harm, and promote their welfare.

Community Supervision Order – a court order that imposes a duty on the local authority to advise, assist, and befriend the child.

Core Group – a meeting of all the relevant practitioners and family members who work together to create, implement, and review the Child Protection Plan.

Child in Need Plan – a plan that sets out what extra help children's services and other agencies – including health and education – will provide for a Child in Need and their family. The plan should be drawn up in partnership with the family, and child if possible, after a Child in Need assessment.

Criminal Justice Liaison and Diversion Service (CJLDS) – where medical professionals are situated in custody suites to allow them to assess all detained persons as they are booked in, and if they are referred when concerns are identified.

The Domestic Abuse Stalking and Honour Based Abuse Checklist (DASH) – designed and implemented across all police services from March 2009. The questions provide insight into indicators of risk of harm and are now used widespread across all multi-agency partners.

Dyspraxia – a condition that is related to neurological development that impacts how a person understands and copes with a world where they often feel 'different'. It causes difficulties with social interaction and communication. The condition also includes limited and repetitive interests or patterns of behaviour, as well as sensory sensitivities.

Education, Health and Care Plan (EHCP) – a document that sets out the education, healthcare, and social care needs of a child or young person for whom extra support is needed in school, beyond that which the school can provide.

Family Group Conference – a planning meeting led by the family and arranged by an independent person. The process ensures that families are at the centre of decision-making.

Initial Child Protection Conference – a meeting where a multi-agency discussion first takes place, and a decision is made as to whether a child or young person should be placed on a Child Protection Plan. A Review Conference is the term used for subsequent conferences.

Interim Care Order – a short-term court order that means that a child becomes looked after in the care system. It is often made at the start of care proceedings, usually lasting until the court can make a final decision.

Independent Domestic Violence Advisors (IDVAs) – provide a specialist service for males and females, aged 16 and over, who have been referred into a Multi-Agency Risk Assessment Conference.

Multi-Agency Risk Assessment Conference (MARAC) – a meeting where information is shared on the highest risk domestic abuse cases. The primary focus is to safeguard adult victims that are at risk of serious harm.

Multi-Agency Safeguarding Hub (MASH) – bringing together different agencies to enable fast information sharing with the purpose of making an efficient and fast decision to safeguard vulnerable children.

Neighbourhood Patrol Team (NPT) – a highly visible and reassuring presence in the community.

NHS Act 2006 s.75 – allows the NHS and local authorities to jointly fund and commission health and social care services. This allows a local authority to commission health services, and NHS commissioners to commission social care. It enables joint commissioning and integrated services.

NHS Spine – the digital central point, allowing key NHS inline services and allowing the exchange of information across local and national NHS systems.

Offender Assessment System (OASys) – prison and probation services use this tool to complete a risk and needs assessment.

Parenting Assessment – designed to work out what knowledge the parent has about their child's needs and analyses their ability to give the child "good enough" care.

Personal Advisor (PA) – the focal point to ensure a care leaver is provided with the correct level of support.

Pre-Proceedings Process – a phase of work aimed at avoiding care proceedings. It clearly sets children's services' concerns, makes clear what changes the parents need to make, and identifies the extra help required to achieve these changes.

Single Combined Assessment of Risk Form (SCARF) – considers a series of factors specific to the person and in the circumstances. It covers both children and vulnerable adults.

Spousal Assault Risk Assessment (SARA) – a set of guidelines used by criminal justice professionals to assess the risk of domestic violence.

Supervised Placement – a specialist fostering arrangement where a parent and their baby or young child are placed together with a fostering family.

Bibliography

Adley, N. and Jupp Kina, V. “Getting Behind the Closed Doors of Care Leavers: Understanding the Role of Emotional Support for the Young Person Leaving Care” *Child and Family Social Work* (22) (1) (2017)

Atkinson, C. and Hyde, R. “Views About Transition: A Literature Review” *Journal of Children’s Services* (14) (1) (2019)

Bates, E. “Barriers to Men Seeking Help” *Journal of Interpersonal Violence* (37) (7) (2020)

Bichard, H. et al. “The Neurological Outcomes of Non-Fatal Strangulation in Domestic and Sexual Violence: A Systemic Review” *Neurological Rehabilitation: An International Journal* (May 2020) pp.1164-1192

Bloom, S. “Trauma Theory Abbreviated” *The Final Action Plan: A Coordinated Community- Based Response to Family Violence* (1999)

Butterworth S. et al. “Transitioning Care Leavers With Mental Health Needs: ‘they set you up to fail!’ *Child and Adolescent Mental Health* (2016)

Dixon, J. “Young People Leaving Care: Health, Wellbeing and Outcomes” *Child and Family Social Work* (13) (2) (2018)

Domestic Violence Disclosure Scheme Fact Sheet Domestic Violence Disclosure Scheme factsheet - GOV.UK

Friend, D.J. et al “Typologies of Intimate Partner Violence: Evaluation of a Screening Instrument of Differentiation” *Journal of Family Violence* (2011)

Harrington, C. (2021). What is “Toxic Masculinity” and Why Does it Matter? *Men and Masculinities*, *24*(2), 345–352

Harvard Center ACEsInfographic_080218.pdf

Hope, K. et al. “What we can Learn from DHRs with Male Victims” *Partner Abuse* (2) (4) (2021)

Huntley, A. et al. Help Seeking by Male Victims of Domestic Violence and Abuse: Systemic
Review and Qualitative evidence Synthesis” *BMJ Open* (9) (1) (2019)

Johnson, M. P. *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and*
Situational Couple Violence (2008)

Kusmierska, G. “Anger and Autism Spectrum Disorders: A Clinician’s Perspective *Autism Spectrum News* (2014)

Motz, A. *Toxic Couples: The Psychology of Domestic Violence* (2014)

NHS *Domestic Violence and Abuse* Getting help for domestic violence and abuse - NHS

Respect Toolkit Respect-Toolkit-for-Work-with-Male-Victims-of-Domestic-Abuse-2019.pdf

Simkiss, D. "The Needs of Looked After Children from an Adverse Childhood Experiences perspective" *Paediatrics and Child Health* (29) (1) (2019)

Taylor, J. et al. "Barriers to Men's Help Seeking for Intimate Partner Violence" *Journal of Interpersonal Violence* (37) (19) (October 2022)

Terr, L. *Too Scared to Cry: Psychic Trauma in Childhood* (1990) p.8

Womens Aid *Supporting women and Babies After Domestic Violence: A Toolkit for Specialists* (2019) Supporting-women-and-babies-after-domestic-abuse.pdf

World Health Organisation *Global and Regional Estimates of Violence Against Women* (2021) 9789241564625_eng.pdf

Wright, C. "The Absent Voice of Make Domestic Abuse Victims; The Marginalisation of Men in a System Originally Designed for Woman." *The Plymouth Law and Criminal Justice Review* (2016)