**Domestic Homicide Review**

# DARDR Carol

**June 2023**

**Overview Report**

Author: Dr Liza Thompson

Commissioned by: Safer Lincolnshire Partnership

Review completed: September 2025

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Carol was described by her family as fun and vivacious, a respected member of the local community and the hairdressing community. She was described as a gregarious friend, and a loving and responsible mother who adored her children and would never have wanted to cause them physical or emotional pain.

The Safer Lincolnshire Partnership, Independent Chair and all involved in this review extend their condolences to Carol's family and friends.

## 1. Introduction

1.1. This Domestic Abuse Related Death Review (DARDR) examines agency responses and support given to Carol, a resident of Town A, prior to her death in June 2023.

1.2. On 14th March 2024, the Lincolnshire Coroner recorded multiple traumatic injuries as Carol's medical cause of death. With the conclusion that "this was a deliberate act carried out with the intention of ending her own life" and reached a conclusion of suicide.

1.3. This DARDR examines the involvement that organisations had with Carol - a white British woman in her early fifties, and her husband Gareth - a white British male also in his early fifties - prior to Carol's death.

1.4. The key reasons for conducting a DARDR are to:

a) establish what lessons are to be learned from the death about the way in which local professionals and organisations work individually and together to safeguard victims;
b) identify clearly what those lessons are both within and between organisations, how and within what timescales will be acted on, and what is expected to change;
c) apply these lessons to service responses including changes to policies and procedures as appropriate; and
d) prevent domestic violence and abuse, and improve service responses for all domestic violence and abuse victims and their children, through improved intra and inter-organisation working;
e) contribute to a better understanding of the nature of domestic violence and abuse; and
f) highlight good practice.

## 2. Confidentiality

2.1. The findings of this DARDR are confidential. Information is available only to participating officers/professionals and their line managers, until after the DARDR has been approved by the Home Office Quality Assurance Panel and published.

2.2. Dissemination is addressed in section 11 below. As recommended by the statutory guidance, pseudonyms have been used and precise dates obscured to protect the identities of those involved. In the absence of family involvement, these were chosen by the Chair and agreed by the panel.

2.3. Details of the deceased and perpetrator:

| Name (Pseudonym) | Gender | Age at time of death | Relationship to deceased | Ethnicity |
|---|---|---|---|---|
| Carol | Female | Early fifties | Deceased | White British |
| Gareth | Male | Mid fifties | Partner and Alleged Perpetrator | White British |

2.4. The following individuals/family members were known to the Review Panel and have been given the following pseudonyms to protect their identity:

| Pseudonym | Relation to deceased: | Relation to alleged - perpetrator: |
|---|---|---|
| **Child A** | **Child** | **Child** |
| **Child B** | **Child** | **Child** |
| **Child C** | **Child** | **Child** |

## 3. Methodology

3.1. The detailed information on which this report is based, was provided in Individual Management Reports (IMRs) completed by each organisation that had significant involvement with Carol and/or Gareth. An IMR is a written document, including a full chronology of the organisation's involvement, which is submitted on a template.

3.2. Each IMR was written by a member of staff from the organisation to which it relates. The IMRs considered the contact each agency had with Carol, Gareth or their children during the period 1St December 2019 to June 2023, however IMR authors were also required to provide any relevant information pertaining to domestic abuse, mental health, chronic pain, or substance misuse, linked to Carol or other family members from 1st January 2012.

3.3. Each IMR was signed off by a Senior Manager of that organisation before being submitted to the DARDR Panel. Neither the IMR Authors nor the Senior Managers had any involvement with Carol or Gareth during the period covered by the review.

3.4. In addition to information provided in the IMRs, information from the family's statement to the coroner and an undated statement written by Carol in support of a

claim for negligence against Hospital B have also been used within this report. It is thought that the statement was first written by Carol following complications arising sometime after the surgery. The panel thank the family for providing this information, which allowed an insight into Carol's state of mind and her experiences during this time.

## 4. Timescales

4.1. The DARDR notification was received from police in July 2023, this led to a data trawl of agencies, and in accordance with section 9 of the Domestic Violence, Crime and Victims Act 2004 a core group met to determine whether the criteria for a DHR/DARDR had been met. The panel agreed and commissioned an Independent Chair in November 2023.

4.2. There was an active police investigation underway during this time. A decision for No Further Action was made by Lincolnshire Police in February 2024, which enables the review process to begin, the same month when an initial panel meeting was held, to agree the Terms of Reference.

4.3. There were some delays in aligning the diaries of panel members, who were involved in a number of reviews during the same period. Individual Management Report (IMR) authors were briefed in May 2024, and an IMR review meeting was held in September 2024. The initial draft report was reviewed in January 2025, with the final report being agreed by the panel in September 2025 and submitted to the Home Office in October 2025.

4.4. The delay between the initial report draft and the final report being agreed by the panel, occurred whilst the Independent Chair attempted to engage Carol's eldest daughter – who by now had reached adulthood.

4.5. It should be noted that the panel were very keen to involved Carol's daughter in the review process, as the children's views on Carol and Gareth's relationship had formed part of the report. These views had been shared by the children, when speaking to various professionals over the years leading up to Carol's death. Considering that the children remained living with Gareth, the panel felt that it was important to give them the opportunity to agree these contents in the report. The panel considered that the resulting delays were justified. Following an email being received by Carol's daughter declining involvement in the review and asking not to be contacted again; the panel unanimously agreed to remove Carol's children's views from the report.

## 5. Terms of Reference

5.1. This review established whether any agencies have identified possible and/or actual domestic abuse that may have been relevant to the death of Carol.

5.2. Where domestic abuse was disclosed, or identified, the review focused on whether each agency's response to this was in accordance with its own and multi-agency policies, protocols and procedures in existence at the time. The review examined the methods used

to identify risk and any action plans put in place to reduce that risk. The review examines whether, and how patterns of behaviour were recorded, and what information was shared across agencies.

5.3. The full subjects of this review were Carol and her partner Gareth. Full health and social care records were gathered for Carol; however, agencies were asked to only provide proportionate information about Gareth, which would be relevant to the review. There was no indication that Gareth had any previous criminal history, and the information regarding allegations of domestic abuse against Carol are included below in the chronology.

5.4. Specific issues which were considered, and if relevant, addressed by each agency in their IMR were as follows:

a) Were services accessible to Carol, Gareth, and/or the children?

b) Was Carol offered a range of available options and services when she asked for help from agencies? Include in your analysis the ability, or otherwise, of your service to view Carol through more than one "lens" when she presented with one or more of her complexities of needs.

c) An understanding of the historical involvement of agencies with Carol/Gareth specifically linked to domestic abuse and mental health, including an analysis of potential bias and assumptions made by professionals due to the historic incidents spanning many years.

d) Did agencies work well together in order to share information, assess risk and develop appropriate safety plans?

e) An analysis of how the family accessing private health care services impacted on the ability of agencies to work well together, in order to share information, assess risk and develop appropriate safety plans.

f) When risk assessments were completed, was Carol's risk of harm from herself identified, and linked to the harm from Gareth due to his coercively controlling behaviour?

g) An understanding of the potential link between Carol's mental and physical health, and the deterioration of the relationship with Gareth; particularly the increased reporting of Coercive and Controlling Behaviour (CCB) and financial abuse.

h) Was consideration given to the link between any, or all, of Carol's vulnerabilities and needs, including ongoing chronic pain, domestic abuse, menopausal symptoms, mental ill health, alcohol misuse, and suicidal ideation? What learning can the review highlight regarding these links?

i) Was consideration given to the concerns raised by Carol's family members regarding her reliance on pain medications, and the effects of the medication on Carol? Was there an exploration of possible alternative treatment in place of ongoing prescriptions?

j) Think family – were the children identified as being at risk of harm within the home environment?

k) Understanding the role of family members as informal carers – carer assessments and care needs assessments.

l) An understanding of the financial pressures, and the effects of these pressures within the family.

m) Consideration of how the DA Act 2021 may have led to a different response during 2017-2019 – regarding the "verbal arguments" and threats of self-harm.

n) Consideration of how professionals identify that a person is "coping".

o) What was the impact of the MARAC involvement with Carol and Gareth?

p) What learning can be identified around the understanding and application of typologies when responding to cases such as Carol/Gareth's?

## 6. Involvement of Family Members and Friends

6.1. Gareth contacted the Independent Chair following receipt of the letter informing the family of the DARDR review. The Home Office leaflet and information about AAFDA had been included in the letter. Gareth expressed concern about the reference to domestic abuse within the letter and was keen for the Independent Chair to understand that Carol was under the influence of strong opioids when she had made allegations of domestic abuse.

6.2. The Independent Chair met with Gareth, and Carol's parents via video link. In their collective opinion Carol was mentally unwell and was possibly paranoid. They felt that she was imagining abusive behaviour from Gareth, and also from her mother. The family members told the Independent Chair that Carol would turn the children against Gareth and Carol's mother.

6.3. Prior to her death, Gareth had written to the family GP to raise concerns about Carol's prescribed medications. He believed that Carol's issues, and in turn the issues within their relationship, were due to the medication Carol had been prescribed.

6.4. The Independent Chair explained that the review had not begun, however she would re-contact them when the process had started. A letter was sent to Gareth and Carol's adult child in September 2024. To date there has been no further contact from family members.

6.5. At the commencement of the review process, the Chair wrote to Gareth to ask if he would like to be involved in the review. No response was received.

6.6. During the review process, the Chair also wrote to Child A, initially sending a letter to the family home, and in May 2025 sending an email to an email address held by partner agencies. Child A responded to the email, declining to be involved in the review, asking not to be contacted again, and requesting that the review process be stopped. The Chair responded that although she would respect Child A's wish not to be involved, and she would not contact Child A again, there was a legal obligation to complete the review, and it would therefore continue without Child A's involvement.

| Name of Advocacy Service | When was offer made and by whom? | Who was the offer made to? | Was the offer repeated/ advocacy taken up? |
|---|---|---|---|
| **Advocacy After Fatal Domestic Abuse (AAFDA)** | **Chair sent a letter in October 2024 and follow up email in May 2025** | **Child A** | **Child A declined to speak to the Chair** |

## 7. Contributing Organisations

7.1. The following agencies contributed to the review.

| **Agency/ Contributor** | **Service** | **Contribution** | **Source of information** |
|---|---|---|---|
| Children's Social Care | Social Care – Child in Need s.17 Children Act 1989 – duty of local authority to provide services to children in need in their area. | IMR Chronology | Mosaic |
| GP Practice A | General Practice – treating common medical conditions and perform routine examinations. | IMR Chronology | SystmOne |
| Lincolnshire Police | Protecting Vulnerable Persons (PVP) unit - previously known as the Public Protection Unit (PPU) | IMR Chronology | - Police National Computer (PNC)<br>- Police National Database (PND)<br>- NICHE - the crime recording and intelligence system |

| | | | |
|---|---|---|---|
| | | | - NSPIS - the Command and Control and Custody system<br>- Guardian Command<br>- CAD - view incident recording system<br>- GENIE - an intelligence search engine<br>- Liaison with British Transport Police |
| Lincolnshire Partnership NHS Foundation Trust | <u>Crisis Resolution Home Treatment Team -</u><br><br><u>The Crisis Resolution and Home Treatment Service (CRHT) -</u> nurses, psychiatrists, social workers, occupational therapists, psychologists and support workers. Two key functions:<br><br><u>Crisis Assessment</u><br>The team will undertake telephone triage assessment within four hours for all appropriate emergency referrals and arrange face to face assessment if required. Admissions to Psychiatric Clinical Decisions Unit, and/or inpatient and/or Crisis Houses.<br><br><u>Home Treatment Function:</u><br>The team will offer comprehensive, intensive acute mental health treatment and care at service user's home or other community facility, such as the 'Crisis Houses' | IMR<br>Chronology | Interviews<br><br>All electronic clinical records held by the Trust were reviewed in relation to the subject.<br><br>Training records of staff were utilised. |

| | | | |
|---|---|---|---|
| | or supported housing, in order to prevent hospital admission or to support early discharge from hospital.<br>To take an active role in the discharge planning process where service users have been involved with inpatient services. | | |
| Hospital A | Emergency Department – also known as accident and emergency, a medical treatment facility specialising in emergency medicine, and the acute care of patients who present without an appointment.<br><br>Gynaecology – A study of the female reproductive system. | IMR<br>Chronology | Medway Paper medical records |
| Adult Care and Community Wellbeing | Wellbeing Service –<br>A countywide service funded by Lincolnshire County Council, supporting adults to lead fulfilled, confident and independent lives through a range of service elements and support. | IMR<br>Chronology | MOSAIC records (the electronical recording system |
| Hospital B | Surgical procedure –<br>Carol underwent a hip replacement | IMR<br>Chronology | Datix Entry<br>Medical Records |
| East Midlands Ambulance | Ambulance –<br>paramedics, emergency care assistances and technicians, responding in an emergency | IMR<br>Chronology | Siren<br><br>SystmOne |

| | | | |
|---|---|---|---|
| Service NHS Trust | | | CAD |
| Lincolnshire Community Health Service | Urgent Care Services – Urgent treatment centres for patients who need urgent medical attention but are not in a life-threatening situation | IMR<br>Chronology | SystmOne |
| School A | Secondary school provision | IMR<br>Chronology | Interviews<br><br>School Information Management Systems (SIMS)<br><br>Child Protection Online Management System (CPOMS) |
| Lincolnshire Domestic Abuse Specialist Service | Commissioned Service, which commenced on 1st April 2023 – and delivered by EDAN Lincs | IMR<br>Chronology | Case management records – Modus system<br><br>ECINS case management dashboard |
| Southwest London Elective Orthopaedic Centre – St Georges Hospital | Orthopaedic Services – an elective procedure | Summary report<br><br>Chronology | Bluespier nursing records<br><br>Lifebox pre-assessment records<br><br>Clinical Manager System |
| British Transport Police | n/a | Information provided following Carol's death | n/a |

## 8. Review Panel Members

8.1. The Review Panel was made up of an Independent Chair and senior representatives of organisations that had relevant contact with Carol. It also included a senior member of the Safer Lincolnshire Partnership and an independent advisor from a Lincolnshire-based domestic abuse service. None of the panel members, including

the Chair had been in contact with Carol or her family prior to Carol's death. The panel met on five occasions during the DARDR.

8.2. The members of the panel were:

| Agency | Name | Job Title |
|---|---|---|
| Vimar Solutions Ltd | Liza Thompson | Independent Chair and Author |
| Safer Lincolnshire Partnership | Jade Thursby | Domestic Abuse Business Manager |
| Lincolnshire Police | Rachael Cox | DCI – DA Lead Lincolnshire Police |
| North Kesteven District Council (District Council A) | Julia Miller | Housing Options Manager |
| LCC Children's Services | Laura Bonner<br><br>Paula Bexon | Head of Service Children's Services<br><br>Head of Service Children's Services |
| LCC Children's Health | Dawn Firth | Locality Health Manager |
| LCC Education Support | John O'Connor<br><br>Debbie Barkes | Head of Service Education Support<br><br>Pathfinder Education Lead |
| LCC Adult Care and Community Wellbeing | Angela Copestick | Area Manager – Safeguarding |
| Lincolnshire Community Health Services NHS Trust | Jennifer Parker | Named Nurse for Safeguarding |
| United Lincolnshire Hospitals NHS Trust (Hospital A) | Elaine Todd | Named Nurse for Safeguarding Children and Young People |
| NHS Lincolnshire Integrated Care Board (ICB) – conduit for primary care | Claire Tozer | Head of Safeguarding Adults and Primary Care |
| Lincolnshire Partnership NHS Trust | Anthony Mansfield | Head of Safeguarding Public Protection and Mental Capacity |

| | | |
|---|---|---|
| EDAN Lincs/Lincolnshire Specialist Domestic Abuse Service | Sharon Walker | IDVA Manager |
| Practice Plus Group (Hospital B) | Cathy Woods | Safeguarding lead |
| East Midlands Ambulance Service | Charlotte Salt | Named Professional for Safeguarding Adults |
| Lincolnshire County Council Public Health | Kate Cooper | Public Health Officer |

Support to the Panel

| | | |
|---|---|---|
| Legal Services Lincolnshire | Toni Geraghty | Legal adviser to the Partnership |
| LCC Business Support | Teresa Tennant | Administration |

## 9. Independent Chair and Author

9.1. The Independent Chair, who is also the Author of this Overview Report, is Dr Liza Thompson.

9.2. Dr Thompson is an AAFDA accredited Independent Chair, who 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 DARDR's, Dr Thompson also chairs and authors Safeguarding Adult Reviews (SARs) and Offensive Weapon Homicide Reviews (OWHRs). She delivers domestic abuse and coercive control training to a variety of statutory, voluntary, and private sector agencies, and is the current Independent Chair for the Rochester Diocese Safeguarding Advisory Panel (DSAP) and the Canterbury Diocese and Cathedral Safeguarding Advisory Panel (DCSAP).

9.3. Dr Thompson has no connection with the Lincolnshire Community Safety Partnership or with agencies involved in this review.

## 10. Other Reviews/Investigations

10.1. Following the death of Carol, a British Transport Police (BTP) investigation into her death took place. The investigation was concluded and a file prepared for the coroner. On 14th March 2024 an Inquest into the death of Carol took place, and the coroner's returned a verdict of suicide. The coroner cited repeated major hip surgeries, poor sleep, anxiety and depression, alongside a separation from Gareth and previous self-harm. The coroner also

cited Carol's numerous pain medications and stated that these were being monitored appropriately in light of the information Carol provided to her GP. The coroner concluded that Carol's suicidal intentions were clear as she had calmly placed herself in the path of a freight train.

10.2. Following Carol's death, a friend raised a concern with police regarding messages from Carol which indicated that Gareth had been controlling and abusive. Police investigated these allegations, including interviewing Carol's friends and Child A, the investigation resulted in no further action being taken against Gareth.

10.3. Prior to her death, Carol had submitted a complaint to Hospital B, following a surgical procedure which had resulted in Carol's legs being unequal in length. This complaint resulted in a claim, which was put on hold following Carol's death. The claim against Hospital B remained open at the time of the review report being submitted to the Home Office.

## 11. Publication

11.1. This overview report will be published on the websites of The Safer Lincolnshire Partnership.

11.2. Further dissemination will include:

- Members of the Safer Lincolnshire Partnership
- Lincolnshire Safeguarding Children Partnership
- Lincolnshire Integrated Care Board
- Lincolnshire Safeguarding Adults Board
- Lincolnshire Police and Crime Commissioner
- Organisations represented on the Review Panel.
- Domestic Abuse Commissioner's Office

11.3. The Safer Lincolnshire Partnership carefully considered any key dates to avoid when publishing the review.

## 12. Background Information

12.1. The following information has been taken from the family statement provided to the coroner, and from historic agency files.

12.2. Carol and Gareth had been together since around 2004, and all three children had been conceived following numerous IVF[1] attempts. Carol told mental health practitioners that whilst the many failed conception attempts had affected her mental health, her

[1] In Vitro Fertilization – is a complex series of procedures used to treat infertility.

pregnancies had affected her physical health. Carol had a very small body frame and carrying twins had led to her ongoing hip issues, which started around 2016.

12.3. Carol's family described her ongoing chronic pain as contributing to her losing her confidence, and her rising anxiety and depression. They state that Carol's mental health issues were not formally diagnosed, but the family noticed. They also state that Carol did not acknowledge that she had issues with mental health, although she did discuss suicidal plans and thoughts.

12.4. Carol told mental health practitioners that she had a supportive relationship with her father but stated she did not get along with her mother. Carol felt that Gareth and her own mother would team up against her. Gareth's mother lived within the same cul de sac as Carol, Gareth and the children, and upon separation from Gareth, a few months before Carol's death, Gareth moved into his mother's house. Carol described her work positively, stating that when she was at work her mental health was at its best.

12.5. Carol described multiple traumas in her life, relating to the seven attempts at IVF, to conceive the children and several periods of ill-health, including an episode whilst in Egypt which resulted in Carol receiving intensive care due to pneumonia. Carol also spoke about an abusive relationship from when she was in her late teens, which she indicated had led to her developing an eating disorder. There is an indication in Carol's clinical records of consideration being given to Carol suffering possible post-traumatic stress disorder, although this diagnosis was not formally given.

12.6. Carol had received several surgeries to her spine and hips, including a hip replacement which required ongoing remedial surgery. The surgeries had resulted in long term use of codeine medication. Gareth raised concerns that Carol was codeine dependent and believed that the use of codeine-based medication had changed her behaviour and outlook, resulting in Carol accusing him of controlling behaviour.

12.7. Carol was also struggling with menopausal symptoms, which were exacerbated by the chronic pain, resulting in poor sleep and mood swings. Carol self-reported using alcohol to self-medicate, for both the pain and the menopausal symptoms. This included alcohol use whilst taking prescribed codeine-based medication.

12.8. Carol's family and mental health practitioners who had supported her, stated that she took pride in her appearance, and her image was important to her. She described herself as previously being *"bubbly"* and stated, *"I have not always been like this…I was a party girl…when I was younger".*

12.9. Gareth told the Independent Chair that following a series of hip replacement operations, Carol had started legal action against Hospital B. The following information is taken from the statement Carol provided in support of these proceedings. Carol stated that problems started in 2016, when her back began to "lock up", she believed that this was due her twin pregnancy taking its toll on her body. She cited that one day whilst

shopping, she was in so much pain that she could not get home and had to call an ambulance to the shopping centre. She was taken to the local hospital and eventually underwent surgery for slipped discs.

## 13. Equality and Diversity

13.1. The panel addressed the nine protected characteristics (age, disability including learning disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, ethnicity, sex and sexual orientation) as prescribed in the Equalities Act 2010 duties and considered if they were relevant to any aspect of this review. The review considers whether access to services or the delivery of services were impacted upon by such issues, and if any adverse inference could be drawn from the negligence of services towards persons to whom the characteristics were relevant.

13.2. The panel considered that pregnancy and maternity, gender, disability and age were characteristics of Carol, which required some consideration. The panel also considered that Carol's social environment, of affluence and the privacy of the family setting, were also factors which required consideration.

13.3. Carol's poor physical health, the chronic pain she was living with, and the restrictions to her mobility, were not officially classed as a disability. However, these would have affected her day-to-day life.

13.4. Carol was menopausal, which is a time in a woman's life when oestrogen reduces. The reduction in oestrogen can impact in many ways, including effects on sleep, energy, mental health and wellbeing, and can result in different types of pain not experienced before. These issues for Carol would have exacerbated the poor sleep, low mood and ongoing hip and back pain she was already experiencing.

13.5. It was recorded in Carol's healthcare notes that she had experienced an early menopause and had been unable to tolerate Hormone Replacement Therapy.[2] Carol often spoke about how she missed her "old self", and that she used to be a "party girl". Her family described her as previously being gregarious and a very social person, however as the scoping period for this review progressed, Carol became more closed off from the outside world, having to give up work, and this would have undoubtedly affected her life.

13.6. Carol was a woman who was subjected to domestic abuse, perpetrated by her husband, who was a man. It is widely accepted that women are disproportionately affected by male violence, and that across the world the most dangerous place for a woman is within their own home. The United Nations' global femicide reports highlight that the majority of women and girls killed worldwide are murdered by an intimate partner or family member,

[2]A medical treatment that boosts declining levels of oestrogen and progesterone in people approaching menopause

not by a stranger.[3] Domestic abuse can cause long term mental health issues for victim/survivors,[4] this can be cumulative, meaning that the experience of abuse over time, can lead to long term mental health issues after the abuse has ended.[5] It is understood from Carol's records that she had been in a relationship with an abuser in her late teens, and this may have caused trauma which continued to affect her into adulthood. Domestic abuse can cause low self-esteem, and ongoing anxiety and/or depression in victim/survivors. Some victim/survivors experience Post Traumatic Stress Disorder (PTSD)[6] and have ongoing problems with sleep, and/or eating.[7] While in the relationship with an abuser, the victim/survivor will be living in a state of high alert, keeping themselves safe. Once the relationship is over and they are safe, their brains will allow them to process the trauma, which can then result in flashbacks and ongoing trauma responses.[8]

13.7. Carol was considered by the LPFT practitioners she saw in 2019 to be living with PTSD, although this was never formally diagnosed. The practitioners considered that past trauma could have come from the experience of being in intensive care whilst holidaying abroad, enduring seven IVF treatments, the numerous procedures to her hip, and the resulting dislocations – one of which had happened whilst she was abroad – and that this trauma may have been continuing to impact on Carol. These are a high number of traumatic events, and this took its toll on Carol's mental health.

13.8. As detailed later in the report, Gareth described himself as Carol's carer, and this would have shaped their relationship and introduced power dynamics which would have re-structured their husband-and-wife relationship. As will be explored in the review, this "carer and cared for" relationship appeared to have been viewed by Carol and Gareth differently. Gareth considered himself to be her carer; but Carol stated he was not properly caring for her. Research indicates that an informal carer-patient relationship, where family members take on the role of carer with some reluctance, can lead to deterioration in the relationship and reduce the quality of care provided.[9]

13.9. Carol may have been affected by the trauma which is associated to the number of IVF treatments she had to go through before she conceived her children. A 2023 study found that infertility and its treatments function as traumatic stressors, producing heightened

[3] 'Home is the most dangerous place for women and girls': UN report - RFI
[4] Howard, L et al "Domestic Violence and Mental Health" *International Review of Psychiatry* (5) (2010)
[5] Zlael, S and Hammarstrom A "The Relationship Between Interpersonal Violence in Adulthood and Mental health: A Longitudinal Study Based in the Northern Swedish Cohort" *BMC Public Health* (23) (2023)
[6] Humphreys, C and Thiara, R "Mental Health and Domestic Violence: 'I call it symptoms of abuse' *The British Journal of Social Work* (33)(1)(2003)
[7] Domestic Abuse and Mental Health | A Guide for Survivors
[8] Domestic Abuse & Post Traumatic Stress Disorder (PTSD)
[9] Burridge, L "Reluctance to Care: A Systematic Review and Development of a Conceptual Framework" *Cancer Nursing* (2007) 30(2) pp.9-19

defensive emotional processing, increased avoidance and difficulty integrating distressing experiences into incoherent emotional narratives.[10]

13.10. A cross-sectional study from 2024 reported notable prevalence of PTSD symptoms among individuals presenting for fertility care, indicating the that fertility treatment pathway, and repeated failures of the treatment pathway, is a significant psychological risk factor.[11] These findings were reflected in a major mixed methods study carried out in 2026, which found that infertility-related traumatic events were strongly associated with clinically significant trauma symptoms, including complex PTSD.[12]

13.11. In addition to her experiences linked to her pregnancies, her life would have continued to be shaped by her role as a mother; a role which is a universally possessed symbol[13] and has a value attached to it. Motherhood itself is affected by gendered norms to a greater extent than fatherhood.[14] As Alison Diduck argues, there is an assumption in the relationship between a mother and her child of "never-ending love…timeless and universal duty… (a) romantic ideal…"[15] This gendered expectation of motherhood structures the mothers' lives inside and outside of the home – and more acutely when the mother is also a victim of domestic abuse.

13.12. Mothers are expected to protect children even if the family's difficulties are caused by other people.[16] A failure to measure up to this expectation can easily be construed as "pathological",[17] potentially leading to the removal of the children from the mother's care.[18] The perceived shame of having Children's Social Care involved with her family may have affected her reporting about what was happening in her family.

13.13. Family units are shrouded in privacy[19] and no-one really knows what goes on behind closed doors, and indeed the family behind those doors are often "invisible" to those outside of them.[20]

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[10] Renzi A et al "Women's Narratives on Infertility as a Traumatic Event: an Exploration through the Referential Activity Linguistic Program" *Healthcare* 11(22) (November 2023)
[11] Melville, S "The Prevalence of Post-Traumatic Stress Disorder Symptoms in Individuals Presenting for Fertility Care" *Fertility and Sterility Supplement* 122 (4) (October 2024)
[12] Gameiro, S et al "Experiences of Infertility- Related Traumatic Events and their Association with Symptoms of Post-Traumatic Stress Disorder (PTSD) and Complex PTSD: results from a mixed-methods online survey" *Human Reproduction* (41) (MAY 2026) pp.772-785
[13] Fineman, M "The Neutered Mother" *University of Miami Law Review* 46 (1992) pp.653-54
[14] Boyd, S "Gendering Legal Parenthood: Bio-Genetic Ties, Intentionality and Responsibility" *Windsor Yearbook of Access to Justice* 25 (1) (2007) p.65
[15] Diduck, A *Law's Families* (2003) p.83
[16]Scourfield, J "Constructing Women in Child Protection Work" Child and Family Social Work 6 (2001) p.82
[17]Clarke, K "Childhood, Parenting and Early Intervention: A Critical Examination of the Sure Start National Programme" Critical Social Policy 26 (2006) p.701
[18] Scourfield above n8 p.78
[19] Fineman, MA "What Place for Family Privacy" *Geo. Wash. L. Rev* (67) (1998-1999) p.1207
[20] Fineman, M *The Autonomy Myth* (2004) p.154

13.14. Although socio-economic status and social class are not protected characteristics, Carol and Gareth's apparent affluence may have created a barrier to them seeking any help or being identified as requiring assistance. Research has found that people living in affluent areas are less likely to seek help than those living in lower socio-economic areas.[21] Studies have found that amongst white middle-class men, a "traditional masculine behaviour" is an explanation for delays in seeking medical help for illnesses, including mental health issues.[22]

13.15. Chronic pain is one of the leading causes of disability and mental health problems worldwide, with the majority of patients suffering from comorbid mental health disorders.[23] Individuals with chronic pain often withdraw from social interactions, which can lead to heightened social anxiety and increased social isolation.[24] In addition to the social and environmental impact, chronic pain and mental ill-health share a bidirectional relationship, with research suggesting that they share underlying biological mechanisms.[25] Recent neuroimaging studies examined the impact of chronic pain on the brain,[26] and found that chronic pain leads to functional and structural changes in these networks, disrupting a chronic pain sufferer's ability to regulate emotions and causing heightened emotional distress.

13.16. Women are disproportionately affected by chronic pain.[27] This concerning prevalence is reinforced by a neuroimaging study that found unique abnormalities in the anterior cingulate cortex (ACC) of women with chronic pain.[28] These abnormalities, not observed in men, are directly linked to increased vulnerability to mental health issues. Studies also found that women with chronic pain demonstrated greater disruptions in brain modular organisation compared to men, particularly in regions responsible for emotional and cognitive regulation.[29] Consequently, these disruptions cause impairments in emotional regulation and increased emotional distress, ultimately leading to a mental health decline.

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[21]Oliver, M et al "Help-Seeking behaviour in Men and Women with Common Mental Health Problems: Cross Sectional Study" *British Journal of Psychiatry* (186) (2018)

[22] Galdas, P et al "Men and Health Help-Seeking Behaviour: Literature Review" *Journal of Advanced Nursing (49) pp.616-623*

[23]Kohrt, B. A, et al. "Chronic pain and mental health: Integrated solutions for global problems." *Pain, 159* (2018); Burke, A. L, et al "Psychological functioning of people living with chronic pain: a meta-analytic review." *The British journal of clinical psychology*, *54*(3)(2015)

[24] Dueñas, M, et al "A review of chronic pain impact on patients, their social environment and the health care system" *Journal of pain research*, *9* (2016)

[25]Schaffer, J, et al "Chronic pain, chronic stress and substance use: overlapping mechanisms and implications." *Frontiers in Pain Research*, *4* (2023)

[26]Aytur, S. A, et al "Neural mechanisms of acceptance and commitment therapy for chronic pain: A network-based fMRI approach." *Frontiers in human neuroscience*, *15* (2021); Meier, S. K, et al "Network Analysis of Induced Neural Plasticity Post-Acceptance and Commitment Therapy for Chronic Pain" *Brain sciences*, *11*(1) (2020); *ibid*

[27] Osborne, N. R. and Davis, K. D. "Sex and gender differences in pain." *International review of neurobiology*, *164* (2020)

[28] Osborne, N. R, et al "Abnormal subgenual anterior cingulate circuitry is unique to women but not men with chronic pain. *Pain*, *162* (1) (2021)

[29] Fauchon, C, et al "Sex differences in brain modular organization in chronic pain." *Pain*, *162*(4) (2021)

13.17. Research highlights a strong link between chronic pain, mental health problems, and the heightened risk of substance abuse among women, highlighting how the bidirectional relationship between these vulnerabilities may further compromise well-being.[30] For example, Carol told practitioners on a few occasions that she was using alcohol in addition to her medication to help with the pain, and also possibly to help with her sleep.

13.18. A recent study[31] analysed situational triggers for domestic abuse, emphasising the role of dependency in increasing the likelihood of abuse. The findings suggest that women with chronic pain and mental health disorders are particularly susceptible due to their reliance on caregivers or partners for support. A recent cross-sectional study[32] which examined the prevalence of domestic abuse among chronic pain patients found that domestic abuse was prevalent amongst chronic pain patients, with over half reporting a history of abuse and one third experiencing recent abuse.

13.19. A recent study[33] found that failure to fully recognise the psychological impact of coercive control, can exacerbate feelings of hopelessness and isolation amongst victims of abuse. Therefore, it is highly likely that these debilitating feelings can reinforce their perception of suicide as their only option to escape.

13.18. Intersectionality is an analytical framework for understanding how individuals' social identities, protected characteristics and environmental circumstances intersect to produce unique combinations of discrimination, or privilege. It is important to consider how Carol's age, disability, and particularly chronic pain, gender, socio-economic status, and experiences of trauma may have intersected to create a set of experiences very specific to Carol.

## 14. Chronological Overview

14.1. In the early hours of the morning, one day in March 2012, Carol called Lincolnshire Police, stating she had argued with Gareth, whilst they had been drinking, and Gareth had driven off in his car. Carol was asked for Gareth's name, and she ended the call. The call handler was concerned that a domestic incident had occurred, and the call had also ended suddenly, so graded the call as urgent and an officer attended and spoke to Carol at home.

[30]Luciano, M. T, et al "Posttraumatic stress disorder, drinking to cope, and harmful alcohol use: A multivariate meta-analysis of the self-medication hypothesis" *Journal of Psychopathology and Clinical Science, 131*(5)(2022)

[31] Zhang, B "Exploring Situational Triggers of Intimate Partner Femicide within the Ecological Framework: Evidence from Married Females in China" *Victims & Offenders* (2024)

[32] Craner, J. R et al "Partner abuse among treatment-seeking individuals with chronic pain: Prevalence, characteristics, and association with pain-related outcomes" *Pain Medicine, 21*(11) (2020)

[33]Munro, V. E et al "Coercion, control and criminal responsibility: Exploring professional responses to offending and suicidality in the context of domestically abusive relationships" *Social & Legal Studies, 33*(3) (2024)

Gareth was not there, could not be located, and the children were seen safely in bed. A DASH[34] was completed, and Carol stated that she was dependent on Gareth for money. The DASH was graded as standard, and the incident was shared with the Children Social Care Emergency Duty Team. It was decided that there were no child protection issues, and there was no further action required.

14.2. In the early hours of the morning, one day in May 2012, Gareth attended the Emergency Department (ED) at the local hospital with a facial injury. He stated that Carol had punched him in the face. He had an x-ray which indicated no bone injury. He was sent home and given a follow up appointment in five days. However, he returned to the hospital later that evening, because the swelling had increased. He was given antibiotics and given an outpatient appointment for the following week. There was no consideration of domestic abuse concerns, and no documented evidence that consideration was given to completing a DASH risk assessment with Gareth. The hospital did not have a Domestic Abuse Policy until 2014. However, there was also no consideration of the children in the household, as Gareth had re-attended hospital during the evening with Child A who was seven years old at the time.

14.3. In September 2015, Carol attended ED with a wound to her left ankle. She was accompanied by Gareth but was seen alone in a private room. She told staff that Gareth had thrown drinking glasses onto the floor during an argument, and one had cut her on the ankle. Carol did not want to speak to police but asked for domestic abuse concerns to be included on her hospital discharge summary. There was good recognition of domestic abuse concerns and consideration of completion of the DASH, although Carol declined to answer these questions. There was still no exploration of risk to the children in the household.

14.4. In August 2016, as described at paragraph 12.10, an ambulance was called to Carol due to lower back pain. It was recorded that she had ongoing back problems. She told ambulance crew that she was currently prescribed amitriptyline,[35] diazepam[36] and naproxen.[37] The crew gave Carol Entonox and advised her to book a GP appointment. No safeguarding concerns were recorded. This led to spinal surgery.

14.5. In February 2017, Carol attended the local Minor Injuries Unit as she was experiencing anxiety and had run out of diazepam. She stated she had used more than usual due to increased anxiety, which she thought was due to recently starting anti-depressant called Sertraline. She presented as anxious and tearful. She was prescribed three days of diazepam and advised seeing her GP for a follow up. There was no exploration of her circumstances which may have been impacting on her anxiety.

[34] DASH Risk Checklist

[35] An antidepressant also prescribed for insomnia, migraine prevention, anxiety and some types of pain.

[36] From the group of medicines called benzodiazepines – used to treat anxiety, panic attacks, muscle spasms and insomnia – amongst other conditions

[37] Reduces inflammation and pain in joints and muscles

14.6. In May 2017 a call was made, by Carol's GP, for an ambulance as Carol was experiencing symptoms consistent with possible spinal cord compression that needed urgent assessment. Carol was conveyed to the local hospital.

14.7. In July 2017, a friend of Child A's mother contacted Children's Social Care to raise a concern about Carol. Child A had told her friend that Gareth had been hitting Carol in front of the children and had also put a knife to his own neck, tied a rope around his neck and had jumped off the banister – however the banister had broken. The caller shared that Carol had a slipped disk, was bed bound and had text her to say she was leaving Gareth. A social care assessment[38] was completed, and the family were opened to Child in Need planning.

14.8. A few days later, Child B disclosed to her teachers they were upset because she "saw daddy jump from the banister and put a knife against his throat and kick mummy in the stomach." The school flagged this with Children's Social Care and were advised that a social worker was being allocated.

14.9. The following day, an ambulance was called due to Carol's back pain. She was taking dihydrocodeine and she had undergone an MRI two weeks previously. She had experienced pain getting out of the bath and had been lying on the floor for over five hours. Carol was conveyed to the local hospital.

14.10. The following week, the social worker liaised with Child B and Child C's school. There is a note that the school shared that since Children Social Care had become involved, Carol's family were disowning her, Gareth paid for everything and was stopping any money. It is also recorded that Carol told the school that Gareth continued to verbally abuse her, and that her mother had also been abusive – taking Gareth's side against her.

14.11. The same day, the social worker made their initial unannounced visit to the family. Carol is recorded as being emotional and happy to finally have some support, as she had not known what to do for years. She shared a history of domestic abuse, financial control and substance misuse. Carol stated that her mother was aware of the abuse, but reinforced the behaviour of Gareth, stating that Carol was to blame, and she did not deserve Gareth. Carol was in a lot of pain due to slipped discs. Carol shared that since she had been prescribed strong painkillers, Gareth would say "it's the morphine talking" when she raised any issues, she said that this was making her feel like she was going crazy. Carol disclosed that the emotional abuse was affecting her mentally. Carol told the social worker that she had told the children, "What happens in the house stays in the house", however she knew it was wrong to tell the children to keep secrets. Carol also advised that she wanted to end the relationship and had told Gareth that she wanted a divorce.

[38] This is now called a Child and Family Assessment

14.12. Later that day the social worker visited Child B and Child C at school. They shared that they protected their mum, because their father would not harm them. They said that their mum cries a lot, and their dad shouts at their mum a lot. Three days later the social worker visited Child A at school, they told the social worker that Gareth is stressed because of money, that Carol and Gareth argue, and Child A gets scared that Gareth will hurt Carol.

14.13. Two days later, on 16th July 2017, Carol presented at LCHS out of hours service, requested medication, she had self-discharged from hospital a few days previously following surgery to her slipped discs, and had not waited at the hospital for her medication. She was advised that she could not be prescribed controlled drugs over the phone and would need to be seen face to face. She attended the department in person, along with Gareth and all three children, and was prescribed Tramadol,[39] Oramorph[40] and Dihydrocodeine.[41]

14.14. On 18th July 2017, Gareth requested a conversation with the social worker before they visited to see Carol and the children. During the call Gareth said about the social care involvement: "*we are a working to middle class family, this is so hurtful and harmful. I worked tirelessly to get Carol the back operation she needs, and this is where we end up".* He stated he was worried about Child A's behaviour, who he said was being turned against him by Carol. Gareth told the social worker about the incident in 2012, although did not provide a timescale for this, and the social worker did not ask when this had happened.

14.15. The following day two social workers visited the family and spoke to everyone alone. A DASH was completed with Carol, which came out as high risk. The social worker noted: "*it is apparent that the abuse has been ongoing for years, however it seems 2014-15 were the years more prevalent for physical violence as Carol described them as more 'serious incidents*'".

14.16. Then the social workers met individually with Gareth, he told them he had been collating a file of evidence and concerns about Carol. He brought out a list of medication and the side effects of these medications. He said that Carol was bringing up historic events, such as the incident where Gareth jumped from the banister, which he said had made the children recall the incidents. The social worker asked about the relationship, and Gareth stated that *"Carol needs me"* and "she *cannot even put a duvet on a bed properly"*. Gareth said that they needed each other and that the children *"need this lifestyle"*. The Social Worker shared from conversations with Carol – she had gained permission from Carol to do this. The social worker shared that Carol had reported she wanted a divorce. Gareth was very firm in his words and said Carol was confused, and that she needed him. He said, *"I pay my wife £300 a week to look after the children"* and said that without that money

[39] An opioid used to treat moderate to moderately severe pain
[40] A form of morphine – used to treat pain
[41] Semi-synthetic opioid pain relief

the children would not have this lifestyle and sometimes he questioned whether this was appreciated.

14.17. A Multi-Agency Risk Assessment Conference (MARAC)[42] referral was made by Children's Social Care on 21st July 2017, with the consent of Carol to engage with an IDVA. The referral detailed abuse spanning many years, with Carol recalling an incident three years previously where Gareth had become violent in a hotel room. It is understood from Carol that hotel staff intervened, and Carol stayed the night in a room away from Gareth. The 2015 incident was also cited on the MARAC form, which had led Carol to attending hospital with a laceration to her ankle. Finally, Gareth's attempted ligation was cited on the MARAC referral, although Carol could not recall the date of this.

14.18. Carol had disclosed to the social worker that Gareth accused her of being unfaithful, and used tactics which emotionally abused Carol, making her feel degraded. Carol also disclosed debts, which Carol stated had caused bailiffs to attend the family home.

14.19. An Independent Domestic Violence Advocate (IDVA)[43] was allocated, and following liaison between the social worker and the IDVA it was agreed to a joint visit to see Carol at home. Carol confirmed that Gareth would be at work. During the joint visit, the DASH was revisited and scored at high risk. Carol disclosed feeling scared of Gareth because he emotionally abused her daily. She described him following her around the house, shouting at her, and not allowing her to walk away. She raised concerns for Gareth's wellbeing as he had made threats and attempts to take his own life. Carol stated she had tried to leave Gareth three months prior, but he had jumped on the bonnet of the car to prevent her from leaving. She re-stated that he controlled the finances, and that he manipulated her mother to believe him, leaving her feeling isolated from her. There was a discussion about leaving, but Carol did not want to leave the relationship at this time – and the professionals also spoke to Carol about the impact of the behaviour on the children.

14.20. The IDVA spoke again to Carol on 16th August 2017. Carol stated she was seeking marriage guidance with the intention of making the marriage work, and she stated she did not require support from the IDVA at this time. Carol requested that the IDVA case be closed. The DASH was revisited, and the risk level had reduced from high to medium risk, although this may have been due to Carol answering differently, as it is not clear what had changed in such a short period of time.

14.21. The children and family assessment were completed on 8th September 2017, with a decision to proceed to a Child in Need Plan.

14.22. The social worker spoke to Carol on 11th September 2017, she stated that things had got much better, and that everyone was much happier. Carol thanked the social worker for

[42] Learn more about the Marac - SafeLives

[43] Independent domestic violence adviser (IDVA) - His Majesty's Inspectorate of Constabulary and Fire & Rescue Services

their support, she stated Gareth was spending more time in the home as a family, and the children are enjoying his company more. The following day, the social worker visited Child A at school who was visibly happy about the summer holidays and spending time with their parents. The next day, Child B and Child C also told the social worker that things were much better, they stated "*I wish and hope everything will stay as good as they are now."*

14.23. The social worker had supervision and discussed the case with their line manager, although there was no consideration of whether the improvements may be temporary. The Child in Need meeting was held on 26th September 2017, Carol reported to the meeting that they were in a very good place and felt this was due to the *"shock of agency involvement".* The outcome of the meeting was for the Child in Need plan to end.

14.24. On 1st October 2017, Carol attended the local Minor Injuries Unit, with swelling to her right eye, Carol denied any injury or potential allergens and the case notes do not indicate how this had happened. She was advised to continue observation and to return if there was no improvement.

14.25. The Child in Need plan was formally ended on 16th December 2017.

14.26. On 17th June 2018, Carol called police to report that Gareth had verbally abused her in front of the children. She called police as she was concerned that the situation would escalate as she stated it had in the past. Police attended; a standard DASH risk assessment was completed. Carol stated that Gareth had been financially controlling her, she told officers about the previous incidents cited in the chronology above. Gareth told officers he was concerned about Carol's depression as she was coming off her pain medication. The children were spoken to and were recorded as being fine. No offences were identified. Both parties were left at the property. Children's Social Care were updated. This incident triggered the "information sharing only" MARAC process. This was because the incident itself was not deemed high risk, however a MARAC had recently been heard regarding the couple.

14.27. On 15th August 2018, Carol attended the menopause clinic and discussed many symptoms. She stated her worst symptom was zero energy and feelings of low self-esteem. *"Sometimes I feel so low I can't leave the house. This happens 3 or more times a week."* It was agreed to start her on Hormone Replacement Therapy (HRT). When asked how much alcohol she consumed, she stated "*too much"*, therefore a discussion took place about reducing alcohol intake.

14.28. On 7th November 2018 Carol had an orthopaedic preoperative assessment[44] at Hospital B. There then followed an MRI pre-assessment consultation on 19th November 2018, and four pre-operative reviews on 8th, 11th and 12th December 2018, and 28th January 2019.

14.29. Carol described this time in the statement she had prepared in support of legal action, stating: "*In 2018 I started to suffer increasing pain in my right knee and above it and gradually it became more and more intense such that the pain killers weren't even doing anything. My back was also feeling painful and was getting worse. I was seen in Hospital B and was advised that there was nothing wrong with my knee, but he asked if anyone had x-rayed my hip. He arranged that and when he saw me again, he said it wasn't my knee it was my hip, and it was referred pain going into my back and my knee. He said it was due to hip dysplasia."* Carol had been born with this, but it had apparently been missed when she was a baby and that it wasn't seen in people her age, "*who had rubbed the cartilage down so much the joint had been damaged. Before the hip replacement there was nothing that was helping with the pain in terms of pain relief. I was in horrific pain during the day and even worse in the night."*

14.30. In January 2019, Carol contacted LCHS out of hours service, as she had pain in her right leg. She stated she was seeing a chiropractor twice per week and had a consultant. She felt that Zapain medication for the neuropathic pain knocked her out and gave her nighttime hallucinations. Carol reported as not having slept for two days. She was asked to attend to be seen face to face; when she attended, Carol was very tearful and was prescribed a new trial of amitriptyline.

14.31. Carol underwent a total prosthetic replacement of her hip joint on 17th May 2019, at the Hospital B. Carol stated in her own words "*The right hip replacement was performed on 17 May 2019 at Hospital B... After the hip replacement, the pain was relieved. My recovery was quick, and I was back at work as soon as I could be so that I could continue my business and avoid losing clients. Compared to the tremendous pain I was in before, it felt fantastic. There was always lingering pain but nothing at all like it had been before the procedure."*

14.32. The day after her procedure, Carol disclosed to one of the practitioners within the treatment centre that she was in very low mood and expressed suicidal ideation. She told them this was due to Gareth being verbally aggressive towards her, although Carol did say that she felt safe going home to her partner. Carol also disclosed drinking to excess and taking extra pain killers due to ongoing pain.

14.33. As Carol was a short stay patient, she was advised to visit her GP as her ongoing care provider to get further support. The disclosure was shared with Carol's GP. This was appropriate. Carol was also offered access to helplines for domestic abuse, and for help with drug and alcohol use. Carol declined this help. The treatment centre's Safeguarding

[44] Undertaken before surgery, to assess fitness for surgery, checking medical history and current medication, includes tests such as heart tracing, blood test, urine test and MRSA screening

Lead tried to follow up with Carol the following day, however neither number she had for Carol were answering. The intention in making these calls was to complete a DASH with Carol, however due to the sensitive nature of the situation, messages were not left for Carol. The Treatment Centre's Safeguarding Lead spoke with the Treatment Centre's Head of Nursing, and it was decided that a referral would be sent to Children's Social Care, as Carol had stated the children had been affected by Gareth's behaviour.

14.34. Carol was conveyed to hospital on 27th May 2019, following a 999 call. Carol had awoken with a racing heart, chest pain and a freezing right foot.

14.35. Children's Social Care contacted Hospital B on 30th May 2019 to advise that following the safeguarding referral submitted on 23rd May 2019, no further action would be taken.

14.36. Carol underwent a post-operative review at the Hospital B on 28th June 2019.

14.37. On 6th October 2019, LPFT received a call from Carol's GP, stating that Carol had attended the surgery that morning, along with Gareth. Carol had spoken to the GP about self-harm and suicidal ideation. Carol had told the GP that her family would be better off without her. The GP had commenced Carol on Mirtazapine as Carol had reported poor sleep, although Carol is recorded as being reluctant to take the medication.

14.38. LPFT Crisis Team called Carol within an hour to undertake triage. During the assessment Carol was unable to continue the conversation and asked the practitioner to speak to Gareth. He told the practitioner that "he felt desperate" as he had not known how to settle Carol's anxiety. Carol had stated she felt better following the GP appointment, however Gareth disclosed to the Crisis Team practitioner that Carol had experienced suicidal thoughts up to one hundred times per day and had considered ligating the previous day. Carol is recorded as initially being reluctant to meet with the Crisis Team but had been encouraged to do so and agreed. The home visit was arranged for 8th October 2019 to undertake an initial assessment. It is recorded that Carol was unlikely to engage in the assessment without Gareth being present, the appointment was therefore planned for an evening to enable Gareth to attend.

14.39. The Crisis Team visit took place on 8th October 2019; it was recorded that Carol was struggling with life stressors and was unable to regulate her mood. Carol described herself as "a submissive" explaining that she had "lost her voice and is unable to speak up now." She stated this with Gareth present and there is no evidence that this was explored with Carol, she told the Crisis Team that she had tried various medications which had not worked, and she had formed plans to end her life. A plan was made to engage Carol in a 72-hour care plan, she was given the times of upcoming appointments, and the contact details of the Crisis Team for support if required. Gareth was also provided with information about how to access support for Carol if needed.

14.40. Appointments were booked with the Crisis Team for the coming three days. The home visit on 9th October 2019 was cancelled by Carol following a request to change the time, which she was told was not possible.

14.41. Carol was seen by the Crisis Team at home on 10th October 2019. Gareth had contacted the team to advise that if he was out, Carol may not allow them access, but they could call him, and he would let them in. Gareth is recorded as being very supportive. Carol reported that her mood was very low, and she was feeling helpless and hopeless, and had been feeling this way since August 2019. She spoke about her numerous physical issues, and several operations. Carol also spoke about the menopause and her adverse reaction to HRT.[45] Carol also spoke about her hypersensitivity to antidepressants, which had led to her having tremors, shaking and tingling arms and legs from the Mirtazepine prescribed the week before. Carol stated she had tried lots of antidepressants, and the only medication she stated she found useful was diazepam.[46]

14.42. Carol described feeling like a "zombie" with no energy, and lots of thoughts in her head. She stated her memory was poor. She had panic attacks, utter exhaustion and wanted to sleep forever. She told the Crisis Team that she had only let them into the house because Gareth was coming home to see them, and she felt she was "too far gone to be worth seeing and was beyond help." Carol stated she thought about suicide all of the time and had been googling ways to do it but had never made a suicide attempt and believed she could keep herself safe. The Crisis Team discussed options for an inpatient bed, but Carol did not agree to this. A plan was made for an outpatient appointment for three days' time.

14.43. Carol was recorded as being very well presented and well groomed. She told practitioners that she put on an act for work but felt very low. Gareth had returned during the appointment, and remained throughout, he was observed by practitioners as being very supportive and helpful.

14.44. The outpatient appointment which had been booked for 14th October 2019, was cancelled by Gareth, who called the team to advise that Carol was at work that day and could not let her clients down. He asked for it to be rebooked, and for the appointment to be shared with him, as he reported that Carol was "not great at answering the phone."

14.45. Carol and Gareth attended the outpatient appointment on 16th October 2019. Carol stated that she would not have attended the appointment if Gareth had not been with her, but later also stated she found Gareth unsupportive, and spoke about wanting to end the relationship but remaining with Gareth because of the children. Carol also brought up the period where Children's Social Care had been involved, because the children had reported to the school that "daddy shouts at mum". Carol was described as very articulate during

[45] Hormone Replacement Therapy – a treatment used to alleviate symptoms associated with menopause.

[46] An anxiolytic – which is a medication that reduces anxiety.

the appointment, and as being able to express her needs and wishes, particularly about the use of medication. Carol reflected that due to the focus being on her physical health during the previous four years, she had not noticed that her mental health had also deteriorated. Carol was prescribed Quetiapine[47] and continued with her diazepam prescription. A further outpatient appointment was booked for 29th October 2019.

14.46. Two days later Gareth called the Crisis Team to advise that Carol had not started her medication and had not picked up the prescription. Carol did not believe that the practitioner had considered what she had said about her energy levels and was requesting a prescription of dopamine to support her energy levels. There was also a request to "*keep to mature staff".*

14.47. A home visit was undertaken by the Crisis Team on 19th October 2019. Carol was seen alone for the first part of the appointment, she spoke about excessive sleeping, on the days when she was not at work. Carol had not started the medication as she had read the side effects of the Quetiapine and was concerned that it may cause her low blood pressure, which she stated she already struggled with. Both Carol and Gareth raised concerns about the medication making Carol drowsy. They had been researching medication which would not have a sedative effect and asked for Wellbutrin.[48] The practitioner explained this was for anxiety, however both Carol and Gareth stated they believed Carol was experiencing anxiety rather than depression. The practitioner advised they would speak to the GP about what physical health tests had already been done.

14.48. On 22nd October 2019, the Crisis Team practitioner spoke with a colleague regarding the possible cause of Carol's symptoms, particularly her issues with sleep. It was agreed that this could have been a trauma response to historic bulimia, undergoing seven episodes of IVF and her ongoing issues with her physical health. The practitioner also spoke with Carol's GP, who confirmed that Carol had not had full bloods taken since January 2019. The GP confirmed they prescribed Zopiclone for sleep, and the Crisis Team practitioner advised the GP that Carol was not taking the Quetiapine which had been prescribed. The GP was updated on the discussion from earlier in the day regarding a possible depressive response to trauma, and it was also agreed that a CT scan may be appropriate to rule out any physical issues.

14.49. On 24th October 2019, Gareth spoke to the Crisis Team to advise that Carol had been having panic attacks. The practitioner stated that after speaking to the GP it was uncovered that Carol needed a blood test as there had not been one since January 2019. An appointment was made to visit Carol at home the following day. The following morning, around 7.45am Gareth called the Crisis Team advising that Carol had experienced a "really bad night" and he was very worried about her. He stated Carol had gone off in her car, he was unsure where, and the children were at home. A message was passed to the practitioner who was on the way to visit. An hour later, Gareth called back to advise that Carol was home safely,

[47] An anti-psychotic drug used for major depressive illness

[48] An antidepressant used to treat a number of health conditions.

and he was also on his way home to support her with the Crisis Team appointment. There is no record of Carol being contacted during this time, all contact was with Gareth.

14.50. The Crisis Team met with Carol on 25th October 2019 as planned. Carol explained that she had driven off that morning and thought about suicide but then talked herself around and returned home. Carol disclosed more traumatic experiences, notes also reflect that Carol was very critical of herself. When Gareth was out of the room, Carol was asked about their relationship, Carol stated this was good. It is recorded by the practitioner that they seemed a happy couple, and it was clear that they loved each other. Carol also spoke about her mother, who she stated was not supportive and made all of Carol's troubles into her own. Carol had discussed her physical traumas, and the Clinician recorded that Carol might have been suffering from Post-Traumatic Stress Disorder (PTSD).

14.51. On 27th October 2019, Gareth called the Crisis Team to update that he had returned home with the children to find Carol at the top of the stairs, having tied a rope around the banister and around her neck. Gareth stated he would speak with Carol and call Crisis Team back. There was no conversation directly with Carol, and during this time it appears that Gareth was the main contact with Crisis Team.

14.52. The following day Gareth called the Crisis Team again to advise that Carol had gone into work. Gareth raised the possibility of Carol being admitted as an inpatient to a mental health ward. The Crisis Team visited Carol at home later in the day, and Carol explained that she tied the rope and thought about suicide as she had felt the family would be better off without her, however changed her mind, and shortly after this Gareth came home. Carol stated she did not want to be an inpatient and wanted to try the new medication. When asked if the children had experienced this episode, Gareth stated that the children had remained in the car and were unaware of the incident. This was taken on face value, and no further safeguarding actions were taken. Carol stated she had been to work that day and had felt much better as she loved her job.

14.53. Following this visit, the practitioner reflected that Carol's mental health seemed worse when she was at home. It was also noted that Carol had come off of long-term codeine use, and that the side effects of long-term use include anxiety, depression, fatigue, mood disorder and cramp – all of this Carol had been complaining of. It was noted that the team should complete a DASH with Carol, however it was also noted that this would be difficult as Gareth was always present. It was also noted that they presented as a "happy loving couple".

14.54. An Acute Care Nurse from the Crisis team visited on 30th October 2019. Gareth was around and came in and out of the meeting. Carol stated she had a good day shopping with the children for the first time in months. Carol had tried one half a dose of the new medication and had stated she did not want to take any more as it made her feel like a zombie and would rather have talking therapies than medication. During the visit Carol told the practitioner that Gareth had made her feel guilty about being in bed all weekend,

however Gareth disagreed with this and insisted he was very supportive of Carol. There was a further disagreement, and Carol walked outside, the practitioner walked with Carol and was able to speak with her alone. Carol said that Gareth "paints a picture in front of professionals" but that he did not provide her with any emotional support. It was considered in the notes that visits would take place at the LPFT hub to enable Carol to be seen alone.

14.55. At the Crisis Team weekly review meeting on 1st November 2019, the team raised their concerns about Gareth's controlling behaviour, that Carol had expressed a wish to leave the relationship, and that they were unable to complete a DASH as Gareth was always present. It was also discussed that although clinicians had recorded Gareth as being very supportive, Carol had stated this was all an act.

14.56. Carol was seen by Crisis Team on 2nd November 2019, she appeared to be calmer and stated she felt better. It was agreed that therapy would be the way forward for her, and Gareth stated he would support with finding private therapy. During the meeting, the practitioner checked when Gareth would be at work, and booked the next appointment for during this time, so the DASH could be completed. The Crisis Team practitioner called Carol prior to the meeting on 5th November 2019, Gareth answered and said that Carol's mood was improving. Gareth advised that Carol would be unable to make the next planned meeting, so it was agreed that due to Carol's mental state, and no current risk to herself the next appointment was postponed to 12th November 2019. This was all based upon Gareth's perceptions and responses, and Carol was not spoken to.

14.57. The Crisis Team received a voicemail from Gareth on 11th November 2019 cancelling Carol's appointment for the next day. The following day a call was made to Carol, however Gareth answered. He advised that Carol was feeling much better and was visiting friends. Carol had not been spoken to directly by Crisis Team for over a week at this point, all contact had been with Gareth.

14.58. On 16th November 2019, the Crisis Team contacted Carol, but her phone was switched off, so they sent a message to Gareth to check if the appointment that day was going ahead. Gareth stated that Carol was asleep and was not available to speak to the practitioner, a visit was offered but Gareth stated that Carol would prefer to wait to see her preferred practitioner despite an appointment not being available until 21st November 2019. A further text was received from Gareth to confirm the visit on 21st November 2019. Due to cancelled appointments, Carol had not been spoken to in two weeks at this point and a consideration would be made to close the case.

14.59. The Crisis Team visited on 21st November 2019. Gareth was present. Carol explained that she had been out to visit friends on a couple of occasions, but she had then had a panic attack on the way out to a wine tasting evening, the following morning she sent Gareth a text saying that she could no longer carry on – he returned home straight away. Carol described having suicidal thoughts when she was home alone, and she was feeling no better as she was still sleeping for long periods. The plan had been to discharge Carol

from the Crisis Team; however, Gareth asked for Carol to remain under the Crisis Team. The practitioner explained that Carol needed to take the medication she had been prescribed, and contact the private counsellors as agreed. They both agreed to do this, and Carol agreed to try the medication again. A plan was made to visit again on 26th November 2019.

14.60. The visit took place on 26th November 2019, Gareth saw the practitioners first and commented that Carol was "getting moody". Carol then saw the practitioner and said that Gareth had not been happy with the cost of the counselling, and that he would not pay for this, or for her front tooth to be repaired. Carol said, "I have come to my senses and am not putting up with Gareth anymore, he is off (work), but to do his work, not to support me." Gareth returned to the room and there was an argument over an incident which had happened at the weekend. Carol stated that Gareth was a trigger for her mental health, and Gareth asked the practitioner if the medication which Carol had started the week before could have changed Carol's personality. The practitioner stated that the dose was not high enough to have much impact, Gareth stated it was affecting Carol's mood, and Carol stated, "I am sticking up for myself which I should have done two years ago." Carol said she was feeling better since taking the medication, and was eating more food, and sleeping less. The Crisis Team practitioner was not sure how to react to the ongoing arguing, which was happening during the appointment. A suggestion was made for the couple to go to "Relate" counselling.

14.61. The Crisis Team practitioner tried to contact Carol on 28th November 2019, as they had discovered a side effect of the medication included issues with kidneys, and Carol had told her that she had a kidney infection. There was no answer on her phone, and the practitioner contacted Gareth to ask him to tell Carol to stop the medication.

14.62. Gareth called to speak to a specific practitioner the following day. He told her that he would be out when she visited Carol and stated, *"can you make sure Carol returns to work on Monday".* The practitioner visited that day and saw Carol alone. She spoke more about the history of her relationship with Gareth, and how her own family would take sides with Gareth when they argued. Carol felt that everyone saw the life they lived, and that Gareth was articulate, well-spoken and had been to private school, and everyone assumed that everything was well. Carol stated, "*Whatever you do today will not change anything, Gareth is abusive, and I will never be able to leave without my children*" and also that, *"medication will not change my marriage."* Carol spoke about financial issues, stating that Gareth was negative towards how much money she contributed to the house. She spoke about having purchased a rope at a hardware store, and the practitioner asked if Carol would allow them to take the rope away, but she refused to allow them to take it.

14.63. Following the meeting, the practitioner raised a concern with the LPFT safeguarding team and sent them the DASH, which had scored as medium risk. A referral was made to EDAN Lincs, who called Carol the same day to undertake an initial assessment. Carol explained that since not working she was financially dependent upon Gareth, this also made her

feel isolated. She stated that Gareth had no empathy for her, she felt he used her mental health as a weapon against her, and that he said that he was struggling with his mental health because of her. Carol also disclosed an incident in February 2019, where Gareth accused her of looking at other males and threw a vase at her feet. Carol stated that Gareth was not currently living at home.

14.64. On 1st December 2019, Gareth called to cancel Carol's Crisis Team appointment, stating that Carol wanted to prepare herself for work, and that she had been much better since coming off the medication. An appointment was made for the following week, again attempts were made to speak to Carol, but she didn't answer the phone with no option enabled to leave a message. No one had spoken directly to Carol.

14.65. On the day of the next appointment, Gareth called to ask if the appointment could be moved to the evening as Carol had experienced some stress at work and was tired. This was not possible, so the appointment was cancelled. There was a note made on the system indicating that Gareth may have been changing the times to the evening so he could be present at the appointment, and that he was regularly cancelling meetings. It was decided that two practitioners would attend the next appointment to enable speaking to Carol alone and to complete the DASH.

14.66. EDAN Lincs called Carol on 6th December 2019. She told them she did not know about the referral and was not sure that she needed their support. The EDAN Lincs support worker agreed to speak with the referrer about this. The Crisis Team went to visit Carol the same day; this was a cold call as they had not been able to get through to her by phone since Gareth had cancelled the appointment previously. On this occasion the team completed the S-DASH[49] and Carol was keen to make them aware that the issues within the relationship were her fault. She stated that Gareth had a "lot to contend with" and that "everyone argues." Gareth returned home during the appointment, although he was not expected home. The team were able to speak to Carol alone and further complete the DASH. A plan was made to make another appointment for few days' time, and after the team spoke with the LPFT safeguarding team, it was agreed that a MARAC referral would be made.

14.67. The usual Crisis Team practitioner called Carol the following day, and it was agreed that a visit would be undertaken on 14th December 2019, however on the day this was cancelled by Carol, who stated she was too busy with preparing for Christmas. The information was passed to the senior practitioner who tried to call without success. A phone call was made to Gareth on 16th December to advise that the visit had been rearranged to lunchtime on 20th December 2019, Gareth asked that this was moved to the end of the day, which was agreed by the practitioner.

14.68. On 17th December 2019 Carol was discussed in the Crisis Team review meeting. It was noted that Carol had limited contact with practitioners, other than one specific

[49] Stalking risk screening checklist

practitioner, and all other appointments had been cancelled by Gareth. There were no significant risks identified in terms of her mental health; however, it was agreed to wait the outcome of the MARAC referral before making any plans to close. The Crisis Team spoke to EDAN Lincs, who had received a referral due to the MARAC, they had not been able to contact Carol and were planning to close their referral.

14.69. The following day, the LPFT Safeguarding Team asked for further information from the Crisis Team for the MARAC referral. This included safe ways to contact her, consent for the EDAN referral, and evidence of why the referral was being made despite the DASH not coming up as high risk. This information was all provided the same day, the MARAC referral was accepted the following day, EDAN Lincs unsuccessfully tried to contact Carol again, and the Crisis Team were advised of this as per EDAN Lincs MARAC policy.

14.70. On 21st December 2019 the Crisis Team visited Carol at home. Gareth was there, and Carol apologised for not having contacted the practitioner. It was agreed by all parties that Carol could be discharged from the Crisis Team, and it was suggested again that Carol and Gareth both access relationship counselling. When Gareth was out of the room, the practitioner explained about the MARAC referral, Carol said things had been good because business had gone well over the Christmas period, and Carol agreed to contact the counselling herself. Relationship counselling is not appropriate for couples where there is coercive control. It also seems premature to have closed Carol to the Crisis Team at this stage, especially considering the MARAC had not yet been heard. The GP was advised of the case closure.

14.71. Further attempts were made by EDAN Lincs to contact Carol, and on 23rd December 2019, they contacted the Crisis Team to advise they were closing the case. Further attempts at contact were made on 3rd and 9th January 2020.

14.72. EDAN Lincs continued, unsuccessfully, to attempt contact and also contacted the MARAC Coordinator to suggest that Carol's GP be passed EDAN Lincs' contact details to share with Carol when she was seen alone for an appointment.

14.73. Carol continued to be prescribed diazepam from December 2019 onwards. On 28th January 2020 an appointment was booked for a medication review. At the appointment, Carol told the GP that she was taking two a day due to anxiety about an upcoming trip to Turkey for dental treatment. The Diazepam prescription was reduced, as Carol stated she was trying to cut this down. She was provided with a repeat prescription for March and April 2020.

14.74. In March 2020, the National lockdown began, which restricted the movements of the public. Carol's consultations with her GP moved to telephone calls. In May 2020, Carol spoke to her GP and described a cycle of sleeping in the afternoon and waking at 3am,

unable to get back to sleep. She was experiencing nighttime panic attacks and was prescribed Zopiclone[50] to help with her sleeping.

14.75. At the end of May 2020, Carol was unable to weight bear because of pain in her hips. She requested Dihydrocodeine[51] from her GP, and this was prescribed.

14.76. Carol described this period, stating that, "*In May 2020 I felt as though something gave way, and I found myself unable to weight bear. I was diagnosed with a stress fracture in my leg and was given a brace to wear. However, I was worried it was my left hip. The pain was ricocheting between my knee and my hip, and my lower back pain was always there. I was really worried that my left hip needed doing but they said it didn't……It got to the point I could no longer go for walks.*"".

14.77. On 21st July 2020, Carol spoke to her GP, she stated she was sleeping all the time, she had no energy, always had a migraine or headache and was constantly taking paracetamol. She stated she was working three days per week, and had returned on 4th July 2020, after the lockdown restrictions were eased. She was prescribed amitriptyline.

14.78. In August 2020, Carol attended a private healthcare facility in Nottingham, for an appointment with a consultant Gynaecologist, having been referred by her GP for a review of menopausal symptoms. Carol reported having disturbed sleep because of her symptoms, and that this was resulting in a lack of energy, and anxiety attacks. Carol discussed hormone replacement therapy (HRT) which she had previously tried but experienced side effects, which had not been detailed within the records. HRT was prescribed and the consultant wrote to the GP to update the treatment plan.

14.79. On 3rd September 2020, Carol booked to see a consultant Orthopaedic Surgeon at the same private healthcare facility in Nottingham. An appointment was made for 26th October 2020, but Carol cancelled this on 10th September 2020. No further appointments were booked.

14.80. On 13th October 2020, Carol contacted her GP as it is stated in the notes, she had fallen off a treadmill, and since had been experiencing right hip pain, which she stated was clunking and clicking when she was walking or bending. She requested a referral back to the private facility where she had her previous operations. She also had a further prescription of dihydrocodeine tablets.

14.81. Carol recalled that she *"started talking to Hospital B in the summer 2020 and explained that the pain was coming back again and it was now all over, the whole pelvis and knee. I was getting increasingly concerned, the receptionist told me that they were a Nightingale hospital, and they couldn't do anything at that point, they couldn't see me because of Covid. However, she said if I got my GP to refer me then as soon as they were able to see patients*

[50] A non-benzodiazepine medication used for the short-term treatment of insomnia
[51] An opioid analgesic used to treat moderate to severe pain

*again, they would see me."* Carol stated she did not want to go anywhere else, as they had replaced the hip the previous year. Carol stated that, *"They had relieved my pain so successfully in 2019 that I only wanted to be seen by them as I trusted them."*

14.82. Carol says of the GP records, *"I got my GP to refer me but having seen my medical records I note that he has recorded that I reported falling off a treadmill 10 days earlier and was now suffering clunking and clicking. I have no idea where this history has come from, but it isn't correct. I didn't have a treadmill at home and in fact had not even been on a treadmill for 20 years or so. Neither had I had a recent fall. The only fall I had that he could be referring to is the fall in May 2020 when I went to Accident and Emergency when my knee gave way."*

14.83. A further prescription was requested for dihydrocodeine on 16th December 2020, and further diazepam on 20th December 2020. Carol reported fever and aches on 30th December 2020, this was happening at night.

14.84. On 20th December 2020, Carol contacted out of hours, to request diazepam, the Nurse prescribed one night's dose and advised Carol to collect a repeat prescription from the pharmacy the following morning.

14.85. On 11th February 2021, Carol underwent an orthopaedic preoperative assessment at the Hospital B. Carol stated that *"I was in a bad state pain wise with a visible limp, but I was still going into work. I was very aware that in my industry reliability is paramount to a successful business, so I felt I had to continue. Often my husband had to drive me to and from work and on many occasions, I would have to come home or if I did complete a full day in work, I would need to stay in bed to recuperate the following day. I felt as though I was letting everyone down, my clients particularly but also my family as I put all my strength into going to work."*

14.86. Dihydrocodeine was prescribed throughout February and March 2021. In March 2021, Carol spoke to the GP about an ear problem, she was having sharp pain into her jaw and was prescribed antibiotics.

14.87. On 6th April 2021, Carol underwent a pre-operative review and an MRI pre-assessment consultation. There followed a further pre-operative assessment on 4th May 2021.

14.88. On 17th May 2021, Carol contacted her GP as she had hurt her back at an outdoor climbing event where she had to be rescued from up a tree. She had strained her back and had visible swelling down her sides. She was unable to get out of bed. She was prescribed further diazepam and dihydrocodeine. These were further prescribed in June 2021.

14.89. On 28th July 2021, Carol contacted her GP stating she was at the end of her tether. Her hip was painful all of the time, she was due to be seen at the private facility, which she believed would be for a further operation. She was struggling with work but was

persevering. She was also experiencing hot flushes and stated the menopausal symptoms had become unbearable. She asked to try HRT again. She was referred to the practice menopause specialist.

14.90. Further dihydrocodeine with prescribed on 2nd August 2021. By 20th August 2021, she stopped taking the oestrogen gel due to side effects.

14.91. Carol recalled in the statement which she had prepared in support of legal action, that the consultant at Hospital B told her he could see a difference in her leg lengths, on the CT scan, and that he would operate to remedy this. Carol stated *"That was the first time that I had thought that there was even a possibility that there was a problem. All I wanted up to that stage was for the pain to go away and to regain my life. He told me that I would need a bone graft which meant he would move the socket to lengthen it, and he said he felt it was in the wrong position previously. After the consultation, I spoke to my husband and relayed the information to him that (consultant) had given to me. He had not been able to attend the consultation with me because of the Covid rules which meant I had to attend alone……It seemed like a huge operation and whilst I was relieved, we were both scared……I was desperate for something to be done as the pain was as bad as it had been before the first operation. I was in a cycle of struggling to work and wanted to be anything but a mummy in pain. I was worried that the children would remember me only as a poorly mummy who always needed their help. I shed many tears of guilt during this time. I fought through 7 rounds of IVF treatment to get my children and now through medical mistakes I felt that I was failing them as a mummy."*

14.92. Carol underwent a pre-operative review at the Hospital B Centre on 17th August 2021. Carol said in the statement she had prepared in support of legal action *"from August 2021, I hadn't been in work due to the pain. I looked like a shambles in front of my clients. It was unprofessional and that is how you lose clients."* In the statement, Carol said that the consultants had been in telephone discussions regarding the procedure needed to lengthen Carol's leg. This was due to her replacement hip being set too high, which had been causing her issues.

14.93. Further dihydrocodeine was prescribed by Carol's GP on 9th September 2021. On 13th September 2021, Carol saw her GP again and she was prescribed Zapain[52] for nighttime, two days later she requested Buprenorphine[53] transdermal patches instead of Zapain. Carol requested further patches on 11th October 2021, because they did not stick well, so she had to replaced them frequently, and the patches had run out.

14.94. On 15th October Carol underwent a further consultation at the Hospital B, and on 19th October 2021, she had a revision of her prosthetic hip joint replacement. Following the procedure, Carol was given a double prescription of the buprenorphine patches. Carol said of this procedure; *"The next morning after the operation, I knew immediately that it*

[52] A combination of paracetamol and codeine
[53] An opioid medication – also known as Subutex

*was too long. It was obvious to anyone and as I stood in the corridor, I could put my weight on my new right leg with my crutches, and my left leg didn't touch the floor. I could swing the left leg back and forth very easily without it being anywhere near the floor. I said to the nurse that it wasn't right as it was so much longer. She didn't respond. I was discharged but I knew that it wasn't right. The girls were just so relieved I was home, and I didn't want to say anything but eventually I said to my family that it wasn't right. I showed them. If I stood on both legs, I looked like I had a bad scoliosis. I got them to take many photos, in truth no one wanted it to be wrong again, but it clearly was. I finally broke down, and I telephoned Hospital B. It would have been within a week of the revision procedure. I spoke to the practice nurse, and I insisted it was too long."*

14.95. Carol had an appointment with the consultant on 2nd November 2021, Carol said *"he came out to watch me walk into the consulting room. He allowed my husband in for that appointment. There was another nurse in there and he immediately without hesitation said that it was too long, it was human error and that he had a choice whether to go with one size or another and he went with the wrong size. He said he didn't need to measure it. I was relieved I wasn't going crazy. He said he would get me back in as soon as possible to correct it. He suggested it would be days. I felt awful psychologically. I have photographs but they don't really do it justice, I felt like an alien. I was thrilled that I would be back in for the revision within a couple of weeks and that I would still be recovered within a similar timescale to that originally planned and that I could be back to work. We were then speaking to the appointments team though and they started saying that they couldn't get me in for a couple of months. I couldn't cope with that prospect. I was so conscious it was healing and would get more difficult with time. At first it had been too short and now it was too long, and I'd been bedridden in a downstairs lounge with my family caring for me, being in recovery for an operation that needed to be redone is a dark place to be."*

14.96. On 10th November 2021, Carol contacted her GP to advise that the operation had not been successful, and she had to have another operation on 23rd November 2021. She was re-prescribing the higher doses of the opioids while she was waiting for the operation, and on 15th November 2021 Carol asked the GP for further dihydrocodeine as the other medications were no longer working for the pain.

14.97. Carol underwent a consultation with a nurse at the Hospital B on 19th November 2021, and on 23rd November 2021, Carol underwent a further revision of her hip joint replacement.

14.98. The private facility did not prescribe the pain medication, therefore the GP prescribed what Carol required for pain relief when she was discharged from hospital following the second revision operation. Three days later Carol requested nefopam[54] as the codeine was not working and she had been given nefopam in hospital.

[54] Non-opioid painkiller used to treat moderate to severe pain

14.99. Carol stated that after she was discharged from the Hospital B, she was pleased that the length of her legs was equal. However shortly after this she contracted Covid-19, and around the same time Carol's legal statement indicated that the consultant informed her that she had an infection in her wound. She was sent antibiotics by the treatment centre consultant. She was very poorly, could not keep any of the antibiotics down, and so was admitted to Hospital B to receive IV antibiotics, she remained in hospital B for a month.

14.100. On 13th December 2021, whilst an inpatient at Hospital B, Carol contacted the GP to ask if she could reduce her morphine patches. She was prescribed 15mg, 10mg, and 5mg patches to gradually reduce this herself.

14.101. Carol's legal statement details that on the night of 17th January 2022, she experienced a nightmare, during which she dislocated her hip. The nursing team placed her under anaesthetics, and the surgeon put the hip back into place immediately. The surgeon who had put the hip back in place explained that it had been a struggle to put back in place, and it was a mystery why it had come out, however he assured her it was now very secure and not to worry about it.

14.102. Carol contacted her GP while she was in the treatment centre, to ask for further morphine patches as the hospital pharmacist did not have them. Following the procedure to place her hip back into the joint, she was prescribed Oramorph.[55]

14.103. Once home, on 8th February 2022, and following a few other complications, Carol was prescribed further patches. She requested that these be reduced on 17th February 2022. Two days later EMAS were called as Carol's hip had further dislocated. She was unable to move her leg, and was conveyed to Hospital A.

14.104. Carol stated that during this period, *"I was recovering at home from the dislocation, but I wasn't traumatised by it as they had looked after me so well. However, on Saturday 19 February 2022, around teatime, I was sat at the bottom of my (child's) bed and it just went and dislocated again. This was a whole different story. The ambulance said they would be 6 hours. I was screaming in pain. The neighbours took the children away as I was screaming so much. One of my friends is a GP and she said she would come over. As she arrived, someone had called 999 again. The ambulance came apparently quicker than expected but I have no idea of time. They only had gas and air so they called a team who could give more pain relief, this was the live paramedics team……When the paramedics arrived, they said if they gave me a large dose of ketamine then they could have a go at putting in back in. I refused and said I needed to be asleep as I just couldn't mentally or physically take any more pain than I was already experiencing. The paramedic spoke to (the consultant from the treatment centre) on the telephone and he gave him the go ahead to try and put it back in as it had been done it before. I found this so traumatic. I still have day and night nightmares due to this."*

[55] A Morphine based medication used to treat severe pain

14.105. Carol went on to say *"The next thing I knew, I woke up in the resuscitation area in A&E. My husband told me that the paramedic had tried twice to put the hip back in which was really traumatic for my husband. My GP friend was there when they were trying to put it back in and said my husband was crying it was so horrific. It took them quite a while to get me out of the house apparently as my observations had reduced so much that they kept having to stop. I was in the resuscitation area all night. I wasn't classed as an emergency, so they didn't call a surgeon in. I was crying all night, the noises weren't even crying noises really, I was just so tired. They had put a sheet over the windows in the door, and it felt as though they had done it so they couldn't see or hear me. The next morning, the surgeon came to see me and explained he would be putting it back in and he asked me the history. He looked quite shocked……I had the procedure to put the dislocation back in that day. In the recovery room, I was there for 5 hours, they even brought me a sandwich as my observations were so low all the time and my body had just been through so much…… Post operatively, the surgeon came to see me the following day. He said that he would refer me back to (the treatment centre) as he wasn't a hip specialist, but he said very firmly that I needed to see (the treatment centre consultant), and I needed a plan of action. (The consultant) said that it was time to start physiotherapy and that was the plan of action…….I can't help thinking that if the socket and ball were put in too high that there will always be a risk of dislocation if it isn't in the right place."*

14.106. Further medication was prescribed. On 27th February 2022, Carol contacted LCHS' 111 service, for further pain management medication.

14.107. During this period Carol is recorded as wanting to reduce her medication, but this desire was frustrated by her hips continuing dislocating. Over the coming weeks, Carol was regularly prescribed Oramorph and Butec patches.[56] On 21st March 2022, Carol requested a restart of HRT, she stated she had lots going on and felt she needed this again. Carol also requested counselling at this time, as she was experiencing a PTSD type reaction to all of the issues she had been having with her physical health.

14.108. On 22nd March 2022, Carol requested stronger pain killers, this was declined but was assigned to Carol's usual GP for a decision. On 28th March 2022, she requested a bottle of Oramorph because she was going on holiday. This was further prescribed on 8th April 2022, as Carol was still in constant pain. Carol requested further pain relief on 17th April 2022, via the LCHS Clinical Assessment Service, this was prescribed but there was no curiosity around why Carol was requesting the medication this way, and not via her GP. Three days later, Carol contacted her GP for further medication.

14.109. On 9th May 2022, Carol's GP prescribed duloxetine[57] as this would have both pain relief and anti-depressant effects. This has been recommended by her consultant as she was

[56] A medication is a medicine used to treat moderate to severe pain.

[57] A serotonin-norepinephrine reuptake inhibitor used to treat depressive disorder, generalised anxiety disorder, and certain types of chronic pain

presenting with low mood. Carol's GP continued to prescribe morphine sulphate,[58] diazepam, and dihydrocodeine throughout May and June 2022.

14.110. On 16th June 2022, Carol contacted her GP to discuss domestic abuse. She stated she was living with emotional and verbal abuse and financial restrictions. The GP sent her the details of the local domestic abuse service and booked an appointment to see Carol the following day. Carol asked for Child A to attend with her, as Carol had confided in her. The following day, Carol contacted her GP to change her appointment – however could not speak to the GP when they called her back. On 22nd June 2022, the GP contacted Carol by text and stated, *"It is really important we do meet up after our discussion. If it is easier, we can speak again over the phone, but after what you have said, I really feel extra support is needed for you and the children. I will call your mobile at about 4pm this afternoon. If you cannot take the call, then do please let reception know asap."* Records indicate that Carol did not contact the GP straight away and was seen next on 6th July 2022. The GP completed the DASH form, this scored a medium risk, citing verbal, financial and emotional abuse from Gareth.

14.111. On 20th August 2022, Carol called police to report that during that day, Gareth threw a vase at the floor, which had hit her foot, causing a lump. She stated this was following an argument about anniversary flowers. Although this incident was graded as a priority, there were no resources available to attend for several hours, officers attended in the early hours, and the house was recorded as being in darkness. There were no further resources available for the next two days, and at 8pm on 23rd August 2022, police spoke with Carol and who stated that she no longer needed officers to attend, or to make a complaint of assault. Carol asked for the incident to be recorded for future divorce proceedings. A DASH was completed over the phone, and crime reports were recorded for assault,[59] and coercive and controlling behaviour.[60] Lincolnshire Police policy is that a DASH should only be completed in person, however on this occasion, a supervisor was consulted and agreed that a phone DASH would be appropriate as Carol did not want to see officers in person.

14.112. It was decided that there was insufficient evidence to proceed with an evidence-based prosecution[61] and the crimes of assault and coercive and controlling behaviour were finalised, and that there was a suspect identified, but there were evidential difficulties. Gareth was not spoken to about the reports, as Carol had stated she did not want any further police action.[62]

[58] Prescribed to treat severe pain

[59] S.39 Offences Against the Person Act

[60] S.76 Serious Crime Act

[61] A legal approach that allows for the prosecution of offenders without relying on the victim's cooperation

[62] In June 2023, in compliance with new national guidelines, Lincolnshire Police changed their crime recording policy. In circumstances where crimes of assault and coercive and controlling behaviour are alleged, and both crimes originated from the same incident, then only one crime, that of coercive and

14.113. The DASH was shared with Children's Social Care, who assessed the incident, and deemed there to be no role for Children's Social Care because the children were not in the house at the time of the incident, and they could not evidence harm to the children. However, the information from police DASH stated that abuse was happening more often, and was getting worse, and this was exacerbated due to Carol being financially dependent upon Gareth due to her physical health issues.

14.114. During this time, Carol had discussions with the treatment centre consultant, who indicated she should continue with physiotherapy. Carol stated she felt frustrated during this time, as she felt the consultant didn't have any ideas what to do. She wrote in the statement she had prepared to support legal action; *"I still was not at work, and I was losing who I was as well as losing my clients and business. Even driving to the physiotherapy appointments was causing pain with the vibration of the car…….We decided to seek a further opinion privately……. (the new consultant) was worried about the infection and said that he could see it on the imaging, but he wanted to leave it for 6 months. He explained he could not operate again at this point and that if they gave me cortisol injections, the steroids would expand the infection……He explained to me that giving antibiotics was not going to help the infection because it was so deep seated, and they would not infiltrate around the prosthesis. He advised that a wash out was required…… again this wasn't something that could be done immediately and he asked me to return in 6 months. I felt as though I was going to have to slowly try and build up my muscle so that I could at least try to get back to work if nothing further was going to happen for 6 months. I spoke to work about returning in September 2022, and we decided that we would book a holiday with the children in July."*

14.115. On the third day of this holiday, Carol's hip dislocated again. Carol said *"I was (just out of the shower) and just felt it dislocate again. I knew immediately and I screamed for Gareth to lie me down flat on the bed. He lifted me onto the bed, and the hotel called an ambulance. The pain was horrific. The hotel staff took my children into a room next door as I was so distressed and screaming in pain. However, they could still hear through the wall. When the ambulance arrived, they explained that they were unable to give me any painkillers. I was taken to the local hospital and had a general anaesthetic. I was lucky that there was a Surgeon working that night as a locum who was from Athens and who had retired to Kos. He operated to put the hip back in the socket……During the night I woke, and I desperately needed the toilet but couldn't move. There was a telephone next to my bed, but it wasn't connected. There was also a pull cord for emergencies. I pulled this but no one responded. There were two other patients in the ward, but they didn't speak English. I was shouting out to the nurses, but no one came. One of the other patients realised I was distressed and went to get the nurse. It turns out she was asleep. She came to see me and gave me 10ml of water from a syringe as I was so thirsty. She also gave me*

controlling behaviour, would be recorded and the assault would be investigated alongside the coercive and controlling behaviour offence.

*a bed pan to allow me to relieve myself. As she gave me water from a syringe, I assumed that I must be having surgery and was nil by mouth. However, in the morning when my husband arrived, he asked for water for me and was told that they don't supply it, and you have to bring your own in……. I was desperate to be discharged…….My family flew home a couple of days before me whilst I waited for the medical evacuation flight. We had decided that my eldest (child) would stay with me as I wasn't able to manage on my own. I couldn't move my wheelchair and was just unable to cope. Thankfully, she was able to get on the flight with me. Once we arrived at Humberside I was taken by ambulance to (Hospital A). The hospital was very busy and as the hip had been put back in, they didn't really want to see me……. I opted to go home as I knew that they would not do anything in any event."*

14.116. Carol spoke with her new consultant, who stated that three dislocations within six months would suggest something was amiss, and that he could put in an implant which would make it impossible for further dislocations. This further revision was booked in for October 2022, and in September 2022, Carol prepared a claim against Hospital B, the statement for which has been quoted within this review.

14.117. On 12th October 2022, Carol attended an orthopaedics appointment at St Georges Hospital London. She attended with Gareth. It was noted that Carol was on a high dose of Oramorph, and the consultant explained that *"long term opioid use has a less favourable outcome in arthroplasty surgery"* and that *"all the tests done do not explain the significant amount of pain that Carol was experiencing."* The revision surgery was intended to reduce the dislocations, but the consultant recorded that they could not guarantee that Carol would be pain free. They also recorded that "*it is not clear to me why she requires such a large amount of opioids….I did suggest to her now to start weaning herself gradually from the opioids". Carol* was added to the waiting list for the operation.

14.118. On 1st November 2022 Carol spoke to her GP about anxiety, stating she could not switch off her mind and the ongoing issues with her hips were causing her anxiety. Carol was prescribed Venlafaxine[63] to help with anxiety and depression.

14.119. Carol had her pre-op assessment on 18th November 2022 and reported mild anxiety and menopausal symptoms. She stated the anxiety had worsened due to the hip dislocations. Carol asked to bring her own duvet with her, and to have a plug socket nearby so she could have her phone charged to speak to her children. She stated in discharge plans that her *"(children) and husband in that order"* would care for her upon discharge.

14.120. On 20th November 2022, Carol was prescribed Diazepam by the LCHS out of hours. She reported back and hip pain and stated she was waiting for hip surgery.

[63] Antidepressant medication used to treat major depressive disorder, anxiety disorders, and panic disorder

14.121. Gareth stated in the report submitted to the coroner that during the following week, Carol shared suicidal thoughts with him, part of which included a trip to a local railway station to study train times.

14.122. On 28th November 2022, Carol asked her GP about Attention Deficit Disorder.[64] Her brother had just been diagnosed with this condition. She was continuing to be prescribed fluoxetine.[65]

14.123. Gareth wrote within the coroner's family statement, that Child A had asked him to try to obtain mental health support for Carol during this time. Child A was very concerned for her mother's mental welfare amid Carol's talk of suicide. Gareth wrote within the coroner's family statement that this prompted him to speak to his employer about Carol on 29th November 2022. His employer provided comprehensive mental health support packages for staff and family members. Gareth stated that when he returned home, he had spoken to Carol about this, and that she had become agitated, confrontational and volatile. He states that Carol injured her own face during the evening, and sent photos of this to his employer, claiming that Gareth had caused the injuries. Gareth states that Carol also lashed out at him, causing him a cut to the lip, which he reported to police, also raising a concern with police about Carol's mental health and her talk of suicide. He left the house at this point and let Carol's father know that Carol was distressed and alone with the children. A crime of assault was raised, and a medium risk was identified, of Gareth as the victim and Carol as the perpetrator. Children's Social Care were informed.

14.124. Later that evening, Carol also called police, to report an assault on her by Gareth. She stated she was aware that Gareth had called police and wanted to provide her version of events. Police visited Carol, and she reported herself as a victim of coercive and controlling behaviour, due to Gareth financially controlling her which she stated was causing her poor mental health. The risk was ascertained as medium, and information was shared with Children's Social Care, the LPFT Single Point of Access,[66] EDAN Lincs and an Operation Encompass[67] notification was sent to the children's respective schools.

14.125. Police visited Gareth at work the following day, Gareth told police that he was concerned about Carol's mental health, and that he did not want to make a complaint of assault, and he signed the officer's notebook to that effect. A crime of assault was raised, and a PPN (Public Protection Notice) was completed, with Gareth as the victim and Carol as the perpetrator, and a medium risk of harm identified. The PPN was shared with CSC and Mental Health Team.

[64] An outdated terms that refers to the inattentive type of Attention Deficit Hyperactivity Disorder (ADHD)

[65] A selective reuptake inhibitor antidepressant used to treat various conditions.

[66] The first point of contact for individuals who would like to access mental health and learning disability services in Lincolnshire

[67] A scheme that ensures schools have timely information about police attended incidents of domestic abuse involving children

14.126. All offences were recorded as a suspect being identified but no victim willing to provide evidence.

14.127. Gareth moved out of the family home at this point and moved across the road to his mother's property.

14.128. The following day, the children were spoken to at school, they said they felt they had to pick a side, but that Carol was "*going through a rough patch*" and that Gareth *"manipulates everyone".* They said they would be happy if their parents divorced, but thought this would not happen, *"due to dad's debts and mum's poor health."*

14.129. Children's Social Care considered the PPNs. This was the second reported domestic incident within a three-month period. Gareth was stating this was a mental health episode due to Carol's operation being delayed, and Carol was stating this was domestic abuse which had been ongoing for many years. Children's Social Care considered that as police had not raised a concern for the children, consent for an Early Help Assessment would be required as no safeguarding issue identified.

14.130. On 2nd December 2022, Gareth called the GP expressing his concerns for Carol's mental health. He stated that she had been having suicidal thoughts, and he had tried to access help via his employer. He said that when he told her this, she had hit him in the face. Gareth asked the GP for details of previous GP consultations. This was firmly declined, and Gareth was advised to contact police or social care.

14.131. Gareth wrote about this in the statement for the coroner, stating: "*I contacted our family GP, to discuss Carol's erratic behaviour and to request support regarding a review of her medication. The GP refused to discuss Carol's details as I did not have permission to discuss her medical record." Gareth* remained away from the home from this point, until Carol passed away. He stated this was due to Carol's erratic behaviour, which he stated, *"continued to escalate, with volatile behaviours ranging from expressions of love to threats of court action, sometimes all within the space of ten minutes."*

14.132. Carol missed her menopause clinic appointment on 7th December 2022. A letter was sent to Carol to rebook the appointment, and Carol's GP was updated.

14.133. On 22nd December 2022, Carol spoke with her GP and advised that Gareth had left the home and so she was feeling less anxious. She spoke again to her GP on 28th December 2022, requesting a short prescription of Zopiclone, she was running out of diazepam, she said she was exhausted and couldn't take anymore. Carol also requested Oramorph from the LCHS Clinical Assessment Service on 3rd January 2023. She was advised to contact her GP as it was a normal working day. There is no record of this happening.

14.134. On 18th January 2023, an EDAN Lincs support worker contacted Carol, and a DASH was completed regarding the incident in December 2022, and her current situation. This was found to be standard risk, with the possibility of escalation if Gareth came back to the

home. Carol was offered two support sessions and described seeking access for legal advice around the home and financial matters – which had continued to be an issue throughout. Carol did not describe being afraid of Gareth, she stated that she had a good support network, although she stated she was depressed due to the six operations she had endured over the previous eighteen months.

14.135. The coroner's family statement indicated that Carol had a few counselling sessions during January 2023 – this was linked to the trauma of her operations. Gareth recollected in this statement that the counselling did not appear to have any positive impact on her mental health.

14.136. In the coroner statement, Gareth wrote that Carol had "*begun to develop thoughts of abandonment, generated by my leaving the family home. At this stage it was within Carol's remit to potentially change this situation, but I was clear with Carol that unless she was prepared to admit that she had previously lied to our children and friends regarding the physical abuse, I could not consider returning. Carol was clear that she would not be prepared to do this, as it would be evident to all that she had lied. Carol was concerned about the implications of this on her profile with our friends and children. Carol also began to have thoughts of being left penniless and homeless, should a divorce proceed. I was clear with Carol that I would never leave her and the children without a home or a reasonable income, reflected in the fact that throughout our separation I continued to pay all mortgage, bills and food. Including providing spending and food money for her trip with (Child A), immediately prior to her death.*"

14.137. On 6th February 2023, a domestic abuse support worker contacted Children's Social Care to discuss concerns about abuse within the home, about Carol's mental health and her ability to care for the children. Carol had also disclosed using alcohol in addition to the medication, as this made her numb. Children's Social Care assessed that there was no role for social care however advised the caller to discuss an Early Help Assessment with Carol.

14.138. On 10th February 2023, EDAN Lincs referred Carol to Adult Care and Community Wellbeing (ACCW) for an assessment for aids to support her mobility around the house, following the planned operation later in the month. The referral stated that Carol had mental health difficulties, PTSD, past suicidal thoughts, and was financially controlled by her partner. Carol received a wellbeing assessment on 15th February 2023, and she was advised that the hospital team would liaise with their occupational therapists once her surgery was completed, to ensure she had the right aids in place at that time. Carol was also provided with contact details for ambulance transport to get to and from the hospital in another county, where the operation would be taking place. This also included support with paying for transport via her GP, and advice about relevant welfare benefits.

14.139. EDAN Lincs also completed a referral to the Early Help Front Door, although Carol had not yet consented to a referral. At this point Carol was in hospital undergoing surgery.

EDAN Lincs agreed to speak to Carol to obtain consent when she was back home and would also ask the school to encourage Carol to access Early Help.[68]

14.140. Carol underwent surgery on her hip on 23rd February 2023. This was a total hip surface replacement. Physiotherapy notes from 25th February 2023 stated that she had recently separated from her husband, but that he was local to her. She said she was unsure how much support he could offer her upon discharge. There was no further exploration of the family set up, including ages of the children. The Physiotherapist saw Carol again on 28th February 2023, and she seemed positive and was being proactive in mobilising more often. Her pain was more controlled. Carol stated she would not need a package of care for personal care upon discharge home, although it is noted that she was very concerned about pain relief upon discharge.

14.141. Carol called her GP from hospital following surgery on 1st March 2023, requesting antidepressants, as recommended by her Consultant at St Georges Hospital. She stated she would now be bedbound for around six weeks. This time being immobile would allow her time to get used to the side effects of the medication.

14.142. Carol returned home on 2nd March 2023 and had an appointment with her GP for 6th March 2023 to discuss pain management. She had been prescribed Oxycodone[69] for five days by the hospital. This was re-prescribed by her GP, along with Diazepam and Pregabalin.[70]

14.143. On 16th March 2023, Child A contacted LPFT Single Point of Access on behalf of Carol. Child A described how Carol was bed bound following a hip replacement, that Carol was *"going through a messy divorce".* She stated that Carol had been receiving messages from Gareth and from Carol's own mother, which had upset Carol. Child A stated that Carol, and the children were all safe, and that Carol was not aware of the call. Carol could be heard in the background telling Child A that she was not happy Child A had made the call without her permission. The call was terminated.

14.144. The GP discussed pain management with Carol on 20th March 2023. It was agreed that one more week of Oxycodone would be prescribed, and then Carol would move to dihydrocodeine, with some Oxycodone as a backup if needed.

14.145. EDAN Lincs linked in with the children's school, and it was agreed that the children would be supported individually by allocated staff members, who would regularly check in on their wellbeing.

14.146. On 29th March 2023, Carol had a telephone consultation with the ULHT Gynaecological department regarding menopausal symptoms. This was rebooked from the missed

[68] Support for children and families as soon as difficulties arise or are likely to emerge.
[69] Opioid medication for the treatment of moderate to severe pain. It is highly addictive and a commonly abused drug.
[70] Used for neuropathic pain, epilepsy and anxiety disorders.

appointment in January 2023. Carol continued to complain of low energy, low self-esteem, brain fog, poor sleep, night sweats and depression. The specialist was not sure that all symptoms were linked to the menopause. Carol also stated she had stopped drinking alcohol and explained about the recent surgery and recent separation from Gareth. Carol requested testosterone to boost her energy and build her muscles. She was given advice about upper body exercises, increasing her intake of protein, and Carol agreed to continue a low dose of HRT. A blood test was booked to determine testosterone levels, and a follow up appointment was booked for December 2023.

14.147. On 31st March 2023, an Adult Social Worker contacted their safeguarding team to confirm whether Gareth posed any risk to his mother, who he was now living with, and who was in receipt of ACCW services. The concern was raised following recognition of the previous MARAC. The safeguarding team suggested the social worker contact Gareth's mother, to ask if she had any concerns; Gareth's mother confirmed she felt safe and spoke fondly of her son.

14.148. On 15th April 2023, Child A[71] called EMAS as Carol had slipped whist walking in the house on crutches and had hit her head. Carol had blurry vision and was slurring her words, and Child A was concerned that Carol was concussed. Child A was advised to monitor Carol until an ambulance arrived. Carol then called and cancelled the ambulance; she said she was fine and apologised for Child A overreacting. An hour later, a further call came into EMAS from Child A stating that Carol had a serious concussion and Child A was worried about her. Child A stated Carol was like a different person and could not see properly. A neighbour was downstairs with Carol, calming her down, and Child A had called without permission from Carol. A third-party provider attended on behalf of EMAS. Carol declined being attended to hospital, and there were no concerns recorded by the crew in relation to this, therefore Carol was treated at the scene.

14.149. Carol referred herself to ACCW for support on 19th April 2023, she stated she required help competing her PIP[72] form and applying for a blue badge.[73] Carol stated that her husband lived opposite with his mother, she stated he had always been controlling, and she was waiting to find out if he was starting divorce proceedings. He was reportedly providing £50 per week to support the children, but no childcare. She stated the recovery from surgery had been slow, but the children were helping. It is not clear from the notes whether the children were considered to be suitable for a referral to Young Carers. Carol was provided with support around the PIP until 2nd May 2023.

14.150. On 15th May 2023, the children's school received a call from Gareth, following an incident over the weekend where Carol had left the home unexpectedly. Gareth told the school that the children had experienced *"an upsetting number of days".* He did not want to raise this as a safeguarding issue but wanted the school to *"keep an eye on the*

[71] Child A had recently turned eighteen at this time.
[72] Personal Independence Payment
[73] A permit for people with mobility problems, to park in disabled bays.

*children".* Gareth explained that Carol had been given a hip replacement, which had *"gone wrong",* and she was now in constant pain and *"increasingly reliant on opioids".* Gareth shared that Carol's mental state had deteriorated due to body changes, and she had suffered numerous dislocations and that, he felt, she was drinking too heavily. He told the school that Carol had been considering suicide, at a local train station, and spoke about the police involvement which had led to him leaving the family home in late 2022. He shared that over the previous weekend, Carol had sent the children a message saying *"goodbye"*, but she had subsequently returned home. Gareth told the school that Carol had turned the children against him, although he continued to live over the road with his own mother. The school asked if there was anything specific, they could do for the children. Gareth emphasised, as "*light touch"* and just to keep an eye on them.

14.151. Gareth also contacted Carol's GP on 15th May 2023, raising a concern about the pain medication being prescribed to Carol. The receptionist asked Gareth to put his concerns into writing. He subsequently sent the practice a letter on 17th May 2023. Gareth stated his belief that Carol's recent behaviours had been influenced by the medication and raised a concern about the *"potential impact on the wellbeing of (the) children with their continued use."* He shared that they had been separated since December 2022, *"after it was deemed unsafe for (Gareth) to continue living in the family home due to (Carol's) extreme irrational behaviour."* He stated that, along with Carol's mother, and a very close family friend, he believed that the medication was causing some *"serious mental health issues which in turn, are causing some uncharacteristic, sometimes irrational and unpredictable behaviour."* He cited the fall in the bathroom which Carol had experienced on 14th April, which led to symptoms of concussion; this included being delirious and incoherent but declined the ambulance conveying her to hospital. He also cited, *"Regular extreme emotional reactions which can go from sweet and loving messages to accusatory, malicious accusations, all within the space of an hour. Whilst you may think this is natural in the breakdown of a marriage, the key issue here is the volatility of the interactions. Sometimes conversations will take place and an hour later, she cannot remember the conversation or the accusation."* Gareth went on to explain that *"As part of this, I and my wife's parents receive regular abusive and often incoherent text messages and verbal communication, which include completely unfounded and irrational accusations, which she will later deny even saying or sending, despite there often being written evidential proof. I am uncertain whether alcohol is recommended on this type of medication but am inclined to believe the incidents have been intensified due to regularly combining alcohol with this strong medication."*

14.152. Gareth stated before ending the letter, that *"I am not making accusations, or asking for any judgement, I am merely trying to demonstrate the adverse impact I believe this medication is having on my wife's behaviour and my concern for the potential impact on my children's emotional wellbeing. Ultimately, I am hoping that you will recognise some of these symptoms, in connection with this medication and act accordingly to review the situation."*

14.153. Medication continued to be prescribed. On 9th June 2023, Carol approached the GP as she was concerned that she had reduced her Oxycodone intake too quickly and was no longer able to weight bear and could not stand the pain. The medication was increased back to the previous level.

14.154. During this time, Carol developed hives, which she told her GP on 12th June 2023, she believed was due to stress, and which she stated appeared when she had to speak to Gareth. Carol requested that her medication continued at the same level to ensure she could mobilise to take Child A away on a short break, she stated she also had an appointment booked to see her consultant regarding the ongoing pain.

14.155. Carol spoke to her GP on 19th June 2023 to discuss her medication. She told the GP she had experienced a panic attack the night before when she found out Gareth was starting divorce proceedings. Carol took Child A away for a mini break in Europe, following the completion of Child A's A Levels, and returned on 26th June 2023.

14.156. Carol died by suicide in June 2023.

14.157. The British Transport Police Officer who had been investigating Carol's death was contacted by a close friend of Carol's, who provide screen shots of text messages shared where Carol had referred to domestic abuse committed by Gareth. British Transport Police shared these with Lincolnshire Police, who commenced an enquiry. Two close friends, and Child A, were spoken to by officers – no-one wanted to provide a statement as they did not want to make matters worse. In January 2024, Lincolnshire Police decided to take no further action in terms of the investigations into domestic abuse offences.

14.158. Police summarised that *"We have reviewed a download of her mobile phone and there is nothing there that goes beyond the realms of what separating couples would go through in the breakdown of a relationship. Carol suffered painful medical issues which would have had a significant impact on her day-to-day life, and she was in a lot of pain".*

14.159. No further offences were identified, and Gareth was advised that there were no further police actions to be carried out.

## 15. Analysis

15.1. <u>Impact of Covid-19 Pandemic</u>

15.1.1. From March 2020 and throughout the summer of 2020, the UK Government imposed restrictions on the movement of the public. This included the expectation for everyone to "stay at home", prohibited the mixing of households, and restricted movement outside of the home. As a result, families were forced into proximity to one another. Research indicates that

during this time, anxiety and depression was increased by 25% within society.[74] Restrictions particularly impacted people with multimorbidity,[75] and people living with domestic abuse.[76]

15.1.2. It is not clear from the information gathered how the restrictions affected the family, either within their relationships and family dynamics, or in respect of their access to services.

15.1.3. It is understood from the information provided by EMAS that during November 2020, Carol had stayed in a hotel away from the family for a short period. On 31st October 2020, new restrictions were introduced following the virus spreading in the autumn.[77] The government had announced that movement was restricted to essential travel for work, education, and to care for vulnerable people. Overnight stays and holidays away from the home were also prohibited. The decision for Carol to stay overnight in a hotel may have therefore been significant.

15.1.4. When the ambulance crew arrived at the hotel, Carol told them that her hotel stay was due to difficulties at home. She was treated by the crew at the scene and advised to obtain a covid-19 test. There is no further information about this, and it is not clear whether she had taken herself to a hotel because of her covid symptoms, or if she had moved out of the home due to difficult dynamics exacerbated by being in close proximity during the restrictions.

15.1.5. In the statement written by Carol in support of the complaint again Hospital B, she referenced the pain in her hip starting during the COVID-19 restrictions. It is not clear how this is linked and may have just been a reference point for her.

15.2. Trauma

15.2.1. Carol may have been living with Post Traumatic Stress Disorder (PTSD); however, this was not diagnosed. Carol had various non-recent traumas; of domestic abuse when she was in her late teens, an episode of bulimia, of numerous IVF treatments and the impact of a twin pregnancy on her small-framed body, and of being admitted to intensive care while abroad on holiday. These traumas happened prior to the traumas of the failed hip replacement, subsequent procedures, and dislocations – which alone would have caused great distress.

[74] https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide
[75] Chauvin, V et al *"Impacts of Social Restrictions on Mental health and Health Behaviours of Individuals with Multimorbidity During Covid-19 Pandemic"* Journal of Multimorbidity and Comorbidity (2023)
[76] Gray, C et al "Did the First Covid-19 National Lockdown Lead to an Increase in Domestic Abuse in the UK Capital of London" *Journal of Interpersonal Violence* (40) (2024)
[77] Prime Minister announces new national restrictions - GOV.UK

15.2.2. Carol may have also been affected by Gareth's suicidal behaviour, which was dramatic and in front of the children. This may have set the tone for the dynamics in their relationship, with the worry of Gareth threatening or attempting suicide possibly driving Carol's decision making.

15.2.3. In terms of the trauma Carol experienced due to pain, and particularly due to the failed surgical procedures, Carol said, in the statement which she prepared in support of legal action: *"The effect on my family has been huge, they are always checking on me…. I am unable to work so my livelihood is disappearing every day. I have pain sleeping on my back, my left and right side. There is literally no pain free oasis….my quality of life has disappeared. I have spent more time in these last few years talking about and crying through pain. My life and my family's lives are ruled by that day's pain levels and my fear of yet another dislocation…… The dislocations have completely erased any self confidence in leaving the house. Anytime I leave the house is with one of my children or husband, even if they are just sat in the car with me, I know help is not far away. A normal supermarket shop is impossible on my own, my anxiety is crushing, my job as a strong mother figure in my head is diminishing. Having been away from my business for around 15 months now, and with another pending operation….I fear I will have no business to go back to. One seemingly regular operation has taken away work life, self-esteem, the mother I strive to be to my children and has put marital life at breaking point."*

15.2.4. When supporting Carol, LPFT practitioners recognised previous trauma, alongside ongoing physical issues, and possible domestic abuse within the current relationship. It was widely accepted that her trauma symptoms, were an appropriate emotional response to the culmination of traumas from over the years.

15.2.5. Carol's suicidal ideation may be recognised as her only means of taking control of her life, and the learning highlighted includes practitioners recognising this link and empowering people to believe they can regain control, with the help of support services, and to live a life free from abuse, and trauma.

15.3. <u>Identifying risks of Harm</u>

15.3.1. Carol was faced by a series of risks, these were possible risk from coercive and controlling behaviour, including financial and economic abuse, the risk of suicide, and also the possible risk of dependency on medication.

15.3.2. Domestic abuse was first raised as an issue in 2017, when Children's Services became involved following concerns raised by a family friend and disclosures made by the children at school.

15.3.3. Carol was very open with the social worker during the initial meeting, she spoke about financial control and substance misuse, although it was not clear how historic Gareth's issues with substances and mental health were. Carol also spoke about struggling to cope at this point, a further concern was that the children had been told to keep quiet about what was happening in the household.

15.3.4. A DASH was completed with Carol during July 2017, and this found her to be faced with a high risk of harm. At this point a MARAC referral was made, however the main focus was on Carol's health needs, which may have provided a false assurance, due to the family addressing these needs.

15.3.5. Domestic abuse services made various attempts to engage with Carol at various times during the scoping period, however this came with difficulties as Gareth remained living in the home until December 2022 and domestic abuse services were therefore careful not to compromise Carol's safety by leaving messages or risk Gareth knowing that Carol had disclosed abuse. The IDVA undertook a joint visit with the Social Worker, which was a positive and proactive step towards safely linking in with Carol.

15.3.6. Carol would often speak about the various incidents involving Gareth, either without specific reference to when incidents happened, or practitioners failed to properly record the timescales of disclosures. The result of this was many incidents being repeated and recorded as being current. An example of this was Gareth's attempted ligating, which was recorded by various professionals, spanning a few years – but which appeared to be a recent event. This was raised by Gareth, who stated that Carol had been discussing it, and this had led to the children speaking about this at school. This key incident should have been tied down to a specific date and recognised for what it was, either recent or non-recent, and how it was relevant to the current management of risks.

15.3.7. Public Protection Notices (PPNs) were completed in all the incidents dealt with by Lincolnshire Police and were shared with Children's Services, Mental Health Single Point of Access and EDAN Lincs as appropriate. PPN risk levels were graded as medium, which took into account Carol's additional vulnerabilities, although there is no evidence that this included officers identifying Carol's risk of suicide. In the earlier two PPNs, Carol had responded "no" to questions regarding depression and suicidality, however in the PPN completed in November 2022, she answered "yes" to the question about depression but did not indicate suicidality.

15.3.8. In November 2020, EMAS crew attending to Carol at a hotel recorded Carol as disclosing "issues at home". However, there is no evidence of the crew being professionally curious and exploring what these "issues" were. EMAS safeguarding team have recently delivered a learning event which highlights the importance of professional curiosity and using this case to support this learning.

15.3.9. There had been no disclosures, or indicators to EMAS staff that Carol posed a risk to herself. Carol's mental capacity to make decisions regarding conveyance to hospital would have been assessed by EMAS crew. Following Carol's fall and possible concussion in April 2022, she was assumed to have the mental capacity to decline going to hospital, this was undertaken by the third-party provider who was attending the call. Learning has been identified for the provider, namely that there was a lack of exploration around why Carol was felt to have capacity, despite the suspected concussion and exploration with Carol around the benefits/risks to attending hospital for a scan; no safety netting was recorded, including a lack of advice given to Child A in the event that Carol's condition worsened, and there was no witness signature taken from Child A or the friend at the scene.

15.3.10. At the Hospital B, Carol disclosed coercive control, although she retracted this the following day. The information was correctly shared internally with the centre's safeguarding team, Carol was then discharged home, and it became impossible to contact her to follow up on this disclosure. It was considered by the author of the Hospital B IMR, whether a DASH completion could have been appropriate, however it was felt that the informal nature of conversation did not facilitate this. The DASH would have subsequently been completed, had Carol been contactable. The use of risk assessment tools is now robustly embedded into Hospital B's face to face Safeguarding Adults Level 3 training, with a particular focus on the DASH. Level 3 training has been rolled out for all patient facing staff. Within Hospital B, any safeguarding concerns are followed up with safeguarding supervision and completed risk assessment tools are checked and discussed with the staff members involved.

15.3.11. Although LPFT's engagement with Carol had ended over three years prior to her passing away, their involvement with Carol is relevant for review, as they gained an insight into the relationship dynamics. During the period between October 2019 to January 2020, the Crisis Team practitioners quickly recognised that Gareth was controlling Carol's access to mental health services, and that cancellations and requests to rearrange all came through Gareth. However, this was not directly addressed with Carol, so it was not clear whether she had been asking Gareth to carry out this gatekeeping function – or whether he was indeed trying to limit Carol's access to support; and in fact, Carol did state on occasions that she would not have attended meetings if Gareth had not accompanied her. The lack of discussion with Carol during this period led to an absence of any identification of risk in the context of possible coercive control, particularly as it was considered a period of mental health crisis for Carol, and she was reliant upon Gareth for her care.

15.3.12. During one home visit, in the latter part of LPFT's engagement with Carol, the practitioner witnessed an argument between Carol and Gareth. The practitioner reflected seeing a different side to Carol, and that Carol was standing up for herself. This change in behaviour appeared to be the catalyst for Gareth raising concerns

about the medication making Carol act differently. Carol had also said she had lost her voice and sense of self for some time, and this was possibly Carol being able to see the situation for what it was. It is during this period that Carol talked about Gareth's controlling behaviour. It is not clear from the information gathered for this review what the situation was, in terms of the coercive and controlling behaviour, or domestic abuse, however there were clearly uneven power dynamics within the relationship – either created by, and certainly exacerbated by, Carol's physical and mental health needs which reduced Carol's independence.

15.3.13. The Crisis Team practitioner who worked most closely with Carol, identified that "things were not adding up", because Carol was looking forward to going to work, coping at work, and fine away from home but when she returned home, she would sleep all day, became anxious, and was suicidal. It was therefore deemed necessary to complete a DASH. This was completed in November 2019 and although this elicited a medium risk outcome, the LPFT safeguarding team recommended a MARAC referral based on professional judgement due to the difficulties in gaining access to Carol, with Gareth seemingly gatekeeping and also controlling the narrative. The MARAC was heard in January 2020, by which time Carol had been discharged by the Crisis team. The MARAC generated an action for the GP, to explore Gareth's mental health if possible, and for the IDVA to link in with the GP to possibly gain access to Carol.

15.3.14. When Carol first became known to LPFT, her previous MARAC involvement was not known. The practitioners spoken to by the LPFT IMR author, felt that had they have known about previous issues within the relationship, they may have been more aware of possible power dynamics from the start. A recommendation from this review is that where any DASH is received to the LPFT Safeguarding team, the Safeguarding team will conduct an automatic search of the shared MARAC Modus system to identify any previous MARAC involvement and share this with the practitioner who has completed the DASH, so that this can be factored into the DASH risk assessment.

15.3.15. During 2019, it was known that Carol had researched ways to end her life, and LPFT practitioners were aware that she had purchased a rope with the intention of ligating in the loft. This risk was identified, assessed and monitored by LPFT practitioners during September to December 2019.

15.3.16. Gareth expressed concerns for Carol's mental health and shared that she had spoken of suicide when he spoke to police on 30th November 2022. However, when spoken to, Carol did not disclose suicidal ideation.

15.3.17. As detailed in the chronology above, Carol had a hip replacement in 2019, followed by nearly four years of ongoing pain, remedial procedures, and dislocations. Acute and chronic pain is recognised as a contributor to poor mental health. For Carol, the treatment for the pain, in the form of strong pain relief, benzodiazepines, and

antidepressants, may have affected her mental health – both positively, and negatively over the years. However, there was no suggestion of inappropriate use of medication by Carol.

15.3.18 Menopause, the final menstrual period, is preceded by many years of 'menopausal transition' associated with marked biological and hormonal changes which may have a negative effect on mental well-being.[78] These hormonal changes can lead to issues with sleep, cognitive decline, and depressive symptoms; and as introduced in section 13 above can be linked to severe mental illness.

15.3.19. Alongside chronic pain, Carol was experiencing menopausal symptoms, which were complicated by her sensitivity to medication which had made the use of hormone replacement therapy difficult. However, when Carol saw a menopause consultant in March 2023, they were not sure whether the symptoms could all be attributed to menopause as they were similar to those symptoms caused by ongoing chronic pain. Services were not aware of possible menopausal issues. Carol was viewed through the lens of her mental health and physical health issues, however if agencies had asked about menopause this would have allowed a more holistic understanding of Carol's needs, and the risks they posed when these needs interconnected and exacerbated one another.

15.3.20. Problematic alcohol use was only known by Hospital B, and this was not shared with Carol's GP due to lack of consent to share, and the issue not being deemed as a safeguarding matter. Carol's alcohol use was therefore not monitored by health or social care, although it would have been good practice for those prescribing medication to ask Carol about her alcohol use, considering the nature of the medication.

15.3.21. Carol raised the issue of Gareth being financially controlling at different points throughout the scoping period; however, this was never fully explored to gain a good understanding of how this financial control was affecting her. Gareth was the main earner within the family, he was employed and also ran a business, and at times there was tension when the business was not turning over sufficient income. It is also clear that Carol's ability to break away from the relationship, was dependant on her having access to an income, and her physical health had negated her ability to work. Carol became increasingly financially dependent upon Gareth, and this caused her distress. What is not clear, is whether Gareth was using this financial dependency to control Carol; which would have made the dependency problematic and in the realms of financial abuse.

15.3.22. This review highlights learning around professionals' knowledge of financial abuse, and a recommendation will be made for robust training around how to identify

[78] Riecher-Rössler, A. (2020). Menopause and mental health. In P. S. Chandra, H. Herrman, J. Fisher, & A. Riecher-Rössler (Eds.), *Mental health and illness of women* (pp. 147–173)

financial abuse in order to equip practitioners across all services to feel empowered to ask questions about this.

15.3.23. Carol's medication was an ongoing issue raised by Gareth, throughout the scoping period until Carol's death. In May 2023, Gareth wrote to Carol's GP to raise this as a concern, and indeed when speaking to the Independent Chair, Gareth raised medication as a key area of concern for the review to take into consideration.

15.3.24. Gareth considered that Carol's behaviour had changed due to medication, however when he raised these concerns, he was advised that the level of medication prescribed was a low dose, which Carol had also halved herself, and it was unlikely that this was having an effect on her mood or behaviour. Gareth's behaviour could be identified as "gaslighting", where a person's mental health is raised as an issue by a perpetrator, in order to control them. Gaslighting can also be extended to a perpetrator raising mental health related medication as a form of control.

15.3.25. Carol herself had stated that her behaviour did change when she was taking pain medication that managed her pain, as this *"made her feel strong"* and she was able to stand up to Gareth. It may be this behaviour that Gareth did not approve of. Carol's GP told the ICB IMR author that they *"found Gareth quite difficult as he would state that he did not want his wife to know he was contacting us. Also, we had no consent to speak about Carol's health records, so it was very much a case of listening, noting and reassuring him we had noted his concerns."*

15.3.26. However, as with other aspects of control within the relationship, it has not been possible to state with certainty Gareth's motivations for trying to influence her medication, and whether he was indeed coercively controlling Carol prior to her death.

15.3.27. In addressing Gareth's concerns regarding the level of codeine-based medication, the GP IMR author produced a detailed analysis of Carol's medication over the years. In summary, there was no evidence of medication-seeking behaviours on Carol's part. There was a medical reason for each of Carol's approaches to health care teams.

15.3.28. At the point of the first concern raised by Gareth regarding Carol's opioid use, in July 2017, her daily morphine dose equivalent was estimated to be 4.92mg/day. The dihydrocodeine use was estimated at 33mg/day. The maximum dose for chronic severe pain is 240mg/day, and for moderate to severe pain is 180mg/day.[79] The levels Carol was prescribed was therefore not a major concern, especially considering the spinal surgery she had undergone in July 2017. A consultation a month later, suggested that she was almost off all opioid medication.

[79] Opioids for long term pain | Faculty of Pain Medicine (fpm.ac.uk)

15.3.29. Carol's opiate use was at its highest during 2022, when it was at an average of 112.6mg/day. After her third hip surgery in March 2023, her opiate use was regularly reviewed, and reduced, taking her average in 2023 to 56.62mg/day.

15.3.30. NICE guidelines on benzodiazepine withdrawal states that withdrawing these medications can worsen depression and anxiety, and that a patient should not be pressurised to stop but should be regularly monitored. Carol had frequent medication reviews. Benzodiazepine use was present throughout the years but was never above 6.76mg/day. This is a small dose.

15.3.31. It is considered that a referral to pain clinic around the end of 2021, and into 2022, may have been of benefit. The GP did discuss this with Carol, however she was then due to undergo a further procedure, so would have required pain management for that period. The GP had planned to discuss pain clinic with Carol again in 2023, following her holiday with Child A. Carol had particularly requested that the pain medication continued for this mini break, to enable her to have quality time with Child A. She took her own life very soon after returning from this holiday.

15.3.32. Following Carol's death, her GP practice had undergone significant event analysis, which has led to advice being shared with prescribing staff to limit the prescribing of opioids, and to avoid opiates being prescribed as a first line for pain. Within the Practice, this has led to better documentation regarding reducing dose regimes and increasing patient awareness. This is in line with a national drive to reducing opiate prescribing and includes documenting the association of suicide risk with pain medication.

## 15.4. Informal carers

15.4.1. There was no formal recognition of Gareth, or the children, as being carers for Carol. Although Gareth is recorded as stating he cared for Carol, she told practitioners that he was not caring for her well, that he *"puts on an act"*, and *"uses carer's leave as an excuse to be off work as he doesn't help around the house or provide emotional support."*

15.4.2. A carer is someone who provides support and assistance to another person, who needs help due to illness, disability or frailty.[80]

15.4.3. Although Gareth was given a carer's pack – which is expected practice within LPFT - during the many conversations the Crisis Team staff had with Gareth, his caring role could have been explored further with him, including how caring may have

[80] NHS England | Who is considered a carer?

been impacting on his wellbeing. This could have easily been included within the context of their conversations as Gareth often spoke about the impact of Carol's ill health upon him. Gareth could also have been encouraged to access a carer's assessment.

15.4.4. There was some minimal questioning at Southwest London Elective Orthopaedic Centre around who would care for Carol when she returned home from her surgery in March 2023. Carol stated during her pre-operation appointment that her children and then Gareth would be her carers, she specifically stated "in that order", and had given some indication that they had separated but he lived near. There was no exploration of what any of this information would mean for Carol's recovery; for example, her children's ages, and what her current relationship with Gareth would mean for the family dynamics. There were two further missed opportunities for exploration of Carol's situation; on 25th February 2023, when she had her physiotherapy assessment, and three days later when she had her physiotherapy discharge planning session.

15.4.5. A Young Carer is someone under eighteen years old who helps to look after a relative with a disability, illness, mental health condition or substance misuse issues. This can include practical physical and emotional support.[81]

15.4.6. The Children and Family Assessment completed on 8th September 2017 did not recognise the children as possible young carers. During this assessment the children told the social worker that they supported Carol with her mobility.

15.4.7. Throughout the scoping period, there were opportunities to explore a referral for Young Carers for each of the children. The children told social workers, during the assessment period in 2017, that they felt responsible for Carol's emotional wellbeing, and Carol's health is very likely to have had an impact on her ability to meet the children's needs.

15.4.8. There were opportunities for the school to consider the children as young carers for Carol, as the children had indicated that they provided a level of care for Carol.

15.4.9. ACCW were also made aware of the children providing some care when they had contact with Carol in April 2023. She was approaching ACCW for support and stated that recovery from surgery had been slow, but the children were helping, yet there was no recorded discussion with her about the possibility for the children to be referred for support from Young Carers.

15.4.10. Involving Gareth and the children with these additional services, would have reduced the isolation and invisibility of the family group, and provided opportunities for monitoring the wellbeing of all members of the family.

[81] NHS England | Being a young carer: your rights

15.5. Children as victims of domestic abuse

15.5.1. The Domestic Abuse Act 2021 introduced that children should no longer be viewed as just "witnessing" abuse within their home. Any child who sees or hears abuse within their home, are now recognised as being direct victims of that abuse. The Act also provided a clear legal definition of domestic abuse, which includes physical, emotional, coercive and controlling behaviours, with a greater recognition of non-physical forms of abuse. Gareth's behaviours, which Carol described, were controlling – including threats of suicide, following her around the house shouting at her, throwing objects which smashed and caused injuries – and the children were also victims of this behaviour.

15.5.2. The children had been told by Carol that, *"what happens in the house, stays in the house."* Telling children to keep secrets like this, is a form of emotional abuse, as it does not allow for the children to seek help for their experiences of the abuse. There could have been more exploration of this when Carol brought it up to social workers, however, there does not appear to have been any further discussion with either Carol, or the children.

15.5.3. The GP did not identify the children as victims in their own right, when Carol disclosed domestic abuse during contact with her GP in June and July 2022. It should be noted that the Domestic Abuse Act 2021 did not fully come into effect until July 2022, and so GPs at this time would have been made aware of the need to recognise children as victims in their own right. This is however an area of learning from this review.

15.5.4. Following the incident in August 2022, the DASH which was completed by police was shared with Children's Social Care, who assessed the incident and deemed there to be no role for them due to the children not being in the house during the incident. The information on the DASH indicated that abuse was happening more often, was getting worse and that Carol was financially dependent upon Gareth. Children who live within a home where an adult is abusive, should be responded to as victims, in their own right. Therefore, Children's Social Care's decision not to proceed was a missed opportunity to respond to possible harm to the children.

15.5.5. The school was not included in the PPN completed in August 2022. This was an omission and meant that no Operation Encompass notification was sent to the children's school. Since August 2023, a new process has been introduced which ensures that Operation Encompass notifications are sent by Lincolnshire Children's Services, on behalf of Lincolnshire Police, for children who have not been included on a PPN.

15.5.6. There is no evidence within the EDAN Lincs files that safety planning was completed specifically around the risks to the children. Since the scoping period for

this review, a new domestic abuse service provision has been contracted, which includes support for children affected by domestic abuse. It is considered that since the Domestic Abuse Act was introduced, the effects of the situation on the children would now be more explicitly addressed, and – if safe to do so, and with consent - the children may have been spoken to individually about their experiences within the home.

15.5.7. After the short Children's Social Care intervention period in 2017, there followed six contacts between June 2018 and February 2023, none of which resulted in a further Children's Social Care intervention. On two occasions, attempts were made to support the family via the Early Help Front Door, however this level of support requires consent from the parents, which was not granted. It could be argued that the severity of the situation within the home was not fully understood. As introduced in the previous section, Carol was isolated and largely invisible to statutory services, and this translated over to the children.

15.5.8. The issue of consent is problematic, when the support is required for the children, yet the consent is required from the adults – who may have their own reasons for declining the involvement of statutory services within their family unit. This is particularly problematic when the risk is coming from a parent being coercively controlling within the family unit.

15.5.9. The issues which were known to Children's Social Care in 2017, namely parental suicidal ideation and threats, coercive and controlling behaviour and Carol's physical health needs, continued to be an issue within each of the referrals to Children's Social Care – received from the Hospital B in May 2019, and from police during August and December 2022. However, analysis of the risks presented were not analysed cumulatively.

15.5.10. LPFT complete a Child Safeguarding Assessment Tool with every adult patient at the initial assessment, to identify contact with children, and to assess any risk to children. The tool is reviewed and updated every six months, and when there is a change in circumstances. This was completed with Carol and Gareth on 8th October 2019.

15.5.11. On 25th October 2019, when Gareth called the Crisis Team to advise that Carol had "*gone off in her car*", the welfare of the children was enquired about, and when the practitioner attended the home that day, they saw the children. Two days later when Gareth reported that Carol had attempted to ligate with a rope, the practitioner asked after the children and was told that they had not witnessed this as they were in the car. On both of these occasions, a referral to Children's Social Care would have been appropriate – taking into consideration the cumulative effect of the dynamics within the home, which would have undoubtedly been apparent to the children.

15.5.12. In May 2023, Child A, who was aged fifteen at the time, called LPFT's Single Point of Access as she was concerned about Carol's mental health. Child A was asked if there were concerns for her safety, and Child A answered that she was safe. There was limited professional curiosity applied during this interaction, although here was limited opportunity for this as the call was brief and was ended by Child A, when Carol realised that Child A was making the call and told her to hang up.

15.6. Dual allegations

15.6.1. Both Carol and Gareth made allegations regarding physical and mental abuse, at various points throughout the scoping period.

15.6.2. Gareth blamed Carol's behaviour on her medication, which he stated had become irrational and unpredictable. This was particularly an issue towards the end of the scoping period, with Gareth contacting Carol's GP to raise concerns. This is inappropriate behaviour, which placed the GP in a difficult position, and is indicative of trying to control the narrative. The GP would be within their rights to refuse to speak to Gareth, however although the GP did not provide any information to Gareth about Carol, they chose to listen and record the concerns. Although this was a person focused response to Gareth, it may have given him the false impression that his input would make a difference to Carol's medical care.

15.6.3. LPFT were presented with both Carol and Gareth's perceptions of the situation, although after engaging with them for a period, the key practitioner stated they felt Gareth was trying to control the narrative and was sympathetic to Carol's assertions about Gareth's behaviour being coercive. It is therefore of concern that the practitioner suggested marriage guidance counselling, which is wholly inappropriate in relationships with uneven power dynamics.

15.6.4. As has already been mentioned, it is not possible to state with complete certainty, who was doing what to whom. As the EDAN Lincs IMR author stated: *"There is no excuse for domestic abuse, and there were apparent disclosures of domestic abuse, however if we consider the fact that both Carol and Gareth's needs were not being met, then this can build resentment and lead to harmful behaviours within a relationship."*

15.6.5. It may have been that both partners behaved problematically, Carol due to her chronic pain, and Gareth due to his need to manage the situation. However, it is important that practitioners are equipped with the knowledge and understanding of different dynamics within interpersonal and intra familial relationships, in order to respond appropriately.

15.6.6. 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 which are suitable for each relationship dynamic.

15.6.7. Michael P Johnson has introduced the concept of "typologies of intimate partner violence."[82] 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, and in particular situations. This occurs between couples and there is not one partner exerting power and control over the other.

15.6.8. 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.[83] Johnson states that to identify the different typologies of abuse, the right questions need to be asked. For example, EDAN Lincs use the 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.[84] 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 goes beyond this standard power and control model and can assist professionals in identifying which partner may be using the most harmful behaviours within the relationship.

15.6.9. It is very difficult to state with certainty that Gareth's motivation to control the narrative with LPFT was because he was coercively controlling, and not because he was acting upon Carol's requests to cancel appointments, or to make sure he was there to support her during appointments. However, LPFT should not have given Gareth so much space and opportunity to be in control. They could have insisted they would only speak to Carol, and they could have insisted on meeting with Carol individually.

15.6.10. It is also difficult to state with certainty that Gareth's motivation to question Carol's prescribed medication was due to coercive control, and the need to stop her medication as it was making her too independent from his control, and not because he was concerned for her wellbeing and thought that the medication was causing her harm. However, the GP could have refused to speak to Gareth.

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

15.6.11. Both LPFT and the GP could have referred Gareth for support and made it clear that their involvement with Carol was just about her, and not about Gareth – and that it was not appropriate for Gareth to be getting involved in their support of Carol. It would have also been beneficial, as LPFT and the GP had a dialogue with Gareth, to raise the concern about his behaviour directly with him and explain how his behaviour was controlling.

15.7. An Intersectional Understanding

15.7.1. As introduced above, Carol was living with a range of issues, from chronic pain to menopausal symptoms and resulting mental health issues. She was also living within a relationship which she deemed at times to be controlling, and she felt that she had little to no control over her financial situation. Carol felt that her mother was influenced by Gareth, and Gareth's own mother lived in very close proximity to the family. Carol was living in an affluent environment, with access to private healthcare.

15.7.2. All of these factors would have intersected to create a situation of isolation for Carol. At times, she may have been somewhat invisible to statutory health services, due to her access to private healthcare providers, and her affluent circumstances may have masked her needs from friends, family and at times maybe professionals. Carol herself stated that people assumed all was well due to her family's lifestyle.

15.7.3. Carol also stated that she felt she could not parent in the way she wanted to, and felt she had let her children down, due to her lack of mobility and her ongoing chronic pain. She said on occasions that the family would have been better off without her, and this outlook may have been a significant factor in her suicidality.

15.7.4. It is vital that services who support people with signs of psychological distress and thoughts of suicide, take into consideration the wider psychosocial environment, and relationships in order to understand root causes of distress. For example, identifying coercive control or other social factors, early on – rather than assuming mental illness.

15.7.5. At one point when Carol was considering leaving Gareth, refuge was discussed, however the practitioner working with Carol at the time had experience of referrals to refuges being declined due to LPFT involvement. Carol would not have considered an admission to the Crisis House instead, as children are not permitted at Crisis House, and Carol would not have considered leaving her children with Gareth. LPFT have identified a lack of refuge provision available for victims of domestic abuse, who are also living with mental illness. This reduces the options for victims who wish to flee their relationships. A national

recommendation from this review is for awareness to be raised regarding a lack of national refuge provision for victims with mental ill health.

## 16. Conclusions

16.1. It is not possible to say with certainty why Carol took her own life. What is clear is that she was living with chronic pain, that there had been indicators of coercively controlling behaviours, violence and aggression within Carol's and Gareth's relationship over the years, and both Carol and Gareth had struggled with mental ill health and suicidal ideations/threats.

16.2. The use of hindsight, and the ability to put all of the agency information together allowed the panel to identify patterns of controlling behaviour on Gareth's part. LPFT identified Gareth's possible need to control the narrative during their engagement with the couple, however this did not develop into any conversations with Carol and was not taken any further. It is considered that practice has developed since this period, and practitioners would be more alert to this behaviour if faced with it now.

16.3. A main area of learning is around the consistent and regular asking about domestic abuse, by all practitioners, not taking matters on face value and assuming that all is well, when presented with apparent affluence.

16.4. A further area of learning is around the effects of domestic abuse, coercive control, or even acrimonious separation on children. In addition to this, and exacerbating matters is the effects on children living with parents who are struggling with mental health issues, suicidal ideation, and particularly pertinent to this case – living with chronic pain.

16.5. Carol clearly felt hopeless and helpless against the pain she was experiencing. She missed the person she used to be, in her own words, "bubbly" and in her family's words "gregarious" and may have felt like a prisoner in her own body.

16.6. It is important that practitioners can understand how a person's personal characteristics, social environment and relational ties, all intersect to create their experiences of the world. With the benefit of hindsight, it is clear to see that Carol was a high risk of suicide, and this case should be used for future learning regarding the impact of various vulnerabilities and complexities intersecting.

16.7. There was a lack of overarching analysis of the individual incidents, involving police and Children's Social Care, with no identification of emerging patterns and themes.

16.8. Although Gareth was very visible to practitioners, he was never approached about his behaviour, or indeed his wellbeing. It is important that practitioners can challenge and question the behaviours of partners, as well as feel able to suggest carers assessments for partners who are providing informal care.

## 17. Lessons to be Learnt

17.1. Agencies should be reminded that incidents and risks should always be considered in context and not focused on individually. The patterns of behaviour identified back in 2017, were being raised by Carol again in 2019 through to when she passed away.

17.2. All agencies should be considering whether a culture of routine enquiry exists within their organisation, and whether it is necessary and/or appropriate for a specific policy and training to be introduced into their service in order to progress the need for widespread enquiry into domestic abuse. However, it should be noted that GPs in Lincolnshire are required to follow SafeLives guidance regarding clinical enquiry. [85]

17.3. There is an ongoing need to enhance all practitioners' understanding of the link between domestic abuse and suicide risk. This has been identified in two previous local reviews, and it would be beneficial to develop a thematic study of these cases, alongside Carol's case, to support training and development in this area.

17.4. All agencies should be confident in their identification of children as victims of domestic abuse, in their own right. Practitioners should be aware of the support available for children who are living in a household where coercive control is suspected or identified.

17.5. GP practices should be reminded of the availability of the pain clinic. There were multiple opportunities to involve Carol with the pain clinic. Early involvement of the pain clinic in troublesome pain can improve prescribing practices.

17.6. All agencies should be encouraged to improve their responses to children who are caring for their parents' physical and mental wellbeing. This review will be used to highlight the opportunity to refer young people and children to Young Carers, and how this not only provides the young person with respite from care but also provides an insight into families who may usually be invisible to agencies and professionals.

17.7. Where a partner is identified, either by the patient or by themselves as a carer, they should be offered the opportunity for a carers assessment. This should be revisited with them whenever appropriate and practitioners should be pro-active in this approach, for example offering to make the referral for them.

17.8. All agencies should consider including a question about menopause within their needs assessments, and practitioners should be empowered to both ask about menopause and know where to refer people presenting with menopausal symptoms and issues.

17.9. The panel support the following recommendation from a recently completed DARDR in Lincolnshire; *"For Public health to establish a Suicide Prevention Toolkit accessible to*

[85] Pathfinder Profile: General Practitioners | Guidance for General Practitioners responding to domestic abuse

*all agencies for reference and for LDAP to develop a toolkit that complements this but is specific to Domestic Abuse and Suicide prevention, to support understanding and recognition of the links between DA and Suicide".*

## 18. Recommendations

Multi-agency recommendations

a) A webinar will be hosted by the Safer Lincolnshire Partnership and the Lincolnshire Safeguarding Children's Partnership, to raise awareness about Young Carers.

b) A learning bulletin will be produced to highlight resources and local offers for young carers amongst the partners and partnership board.

c) A learning bulletin will be produced to raise awareness of the impact of menopause on mental health.

d) Awareness will be raised with the Domestic Abuse Commissioner's Office, of the national lack of refuge provision for victims with serious mental ill health.

LPFT

e) Safeguarding Team's hub model will include a standard check on the MARAC system, MODUS for all highlighted domestic abuse cases for evidence of previous concerns and incidents.

f) All LPFT staff be encouraged to consider domestic abuse as a causative factor within personally connected relationships as an alternative rationale for symptoms of mental illness. This should be done via mandatory safeguarding training, supervision, and Trust wide communications and include a reminder to adopt appropriate, factual and non-judgemental language when recording clinical entries.

GP Practice

i) Practice A to include documentation of alcohol and/or substance use during mental health review.

j) Practice A to ensure consideration is given to children who are providing care to their parents, or adult relations.

k) Practice A to consider ways of formalising any informal discussions that take place about complex patients.

l) Practice A to ensure a MARAC flag is placed on a victim's record for 12 months following a MARAC.

ACCW

n) Review and refresh (if required) current guidance regarding carers assessment duties for S75 LPFT & ACCW Social Care and embed in practice through current training, guidance circulation and a 7 min briefing.

o) Feedback on the identified area of good practice during a reflective session with the Wellbeing Advisor and student Social Worker involved.

Lincolnshire Community Health Service

p) LCHS's Domestic Abuse policy will be updated to raise awareness of bi-directional abuse and 'typologies' to support practitioners in identifying and responding appropriately to mutual couple violence.

SWLEOC

q) SWLEOC to consider adding a prompt to their assessment documentation regarding children / young people and exploring home/family life.