

WOLVERHAMPTON SAFEGUARDING TOGETHER

7 MINUTE BRIEFING: DHR 13



Background:

- Adult A was born in the UK and grew up in Wolverhampton. She had no mental health or learning difficulties as a child, adolescent, or young adult.
- Adult B was born in India; he then moved to the UK as an adult on a work permit.
- Adult A and Adult B had an arranged marriage, based on cultural Panjabi custom. Child 1 was born 3 years later, and it is believed their relationship began to deteriorate from this point onwards. Adults A and B went on to have two further children.
- For almost 20 years, Adult A was supported by many services for multiple issues – mental health, domestic abuse, suicidal ideation, depression and anxiety, child protection and intentional overdoses.

Recommendations:

- Seek assurance that correct procedures and pathways are applied to cases where there is reasonable cause to suspect child abuse.
- Map and raise profile of support services that are available for victims of domestic abuse.
- Reach out to all local Gurdwaras to engage Faith Leaders to support creation, implementation, embedding and regular review of safeguarding policies and procedures.

Background:

- Adult A was involved with Community Mental Health Services after Sikh religious leader discouraged her from attending A&E.
- A few months before Adult A died, Adult B had told Adult A he wanted a divorce.
- Shortly before her death, Adult A suspected a plot by Adult B to kill her.
- Adult A had been in contact with her family about leaving Adult B and going into a Refuge.

Recommendations:

- Ensure learning is disseminated to all agencies and services that encounter domestic abuse.
- Gain assurance about resourcing and usage of interpreting services available in the city.
- Ensure schools are participating in Operation Encompass.
- Where information is obtained which suggests local religious leaders may be using charms or other idiosyncratic processes, consideration given to robust assessments to ensure there is no evidence of child/adult abuse or exploitation of any sort.

What Happened?

- Adult A died after being fatally stabbed multiple times by Adult B in the presence of two of their children.
- Psychiatric assessment determined Adult B satisfied the criteria for diagnosis of psychotic mental disorder, probably schizophrenia.
- Whilst awaiting trial, Adult B took his own life in his prison cell.
- There is clear evidence of chronic and persisting family dysfunction and psychological abuse, coercive control, and domestic abuse alongside emotional and physical harm over many years.

Key Learning:

- Local communities should be involved in designing and delivering support services.
- Targeted programmes of support need to include perpetrators of abuse.
- The gender of professional providing support may be a barrier to disclosing abuse.
- Where English is not first language, the offer of an interpreter should always be made.
- The use of chronologies may assist professionals with recognising frequent attendances.
- Failure to attend appointments may be indicator of safeguarding related issues.
- Professionals must use professional curiosity when service users are experiencing mental health difficulties.

Key Learning:

- Professionals need to understand difficulties victims face to leave an abusive relationship.
- For victims that attempt to leave abusive relationship, it can often be the riskiest time.
- Professionals working with children need to remain alert to indicators of abuse.
- It is vital to consider non-fatal strangulation as a significant risk factor as it can be a precursor to attempted homicide.
- Professionals must be aware that coercive control is exercised in many different forms.
- All forms of inequality are mutually reinforcing and must be addressed simultaneously.
- Professionals need to consider alternative options when supporting people from different cultural backgrounds.

7
Minute
briefing