

# **Domestic Homicide Review**

## **Kitty Hurley**

### **2020**

## **Overview Report**

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Commissioned by:  
Kent Community Safety Partnership  
Medway Community Safety Partnership

Review completed: 24th June 2022

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# 1 Introduction

- 1.1 This Domestic Homicide Review (DHR) examines agency responses and support given to Kitty Hurley, a resident of Town A, prior to her death in January 2020. On that day, police officers attended the property which Kitty shared with her partner Nick Brookes, where they found Kitty, who had been strangled and left for several hours.
- 1.2 In September 2020 Nick Brookes was found guilty of Kitty's murder. He was sentenced to life imprisonment. At his trial he argued that he had smothered her to stop her from shouting at him, and that he had used force on her in this way many times in the past.
- 1.3 This Domestic Homicide Review examines the involvement that organisations had with Kitty, in her thirties, and Nick, in his forties, between 1<sup>st</sup> August 2016 and Kitty's death. This start date was felt to be the most relevant as this is around the period of time that the relationship began. The review also examines any involvement prior to these dates which are deemed to be pertinent to the murder of Kitty.
- 1.4 The key reasons for conducting a Domestic Homicide Review are to:
  - a) establish what lessons are to be learned from the domestic homicide 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.

- 1.5 This review process began in January 2020 following the decision by Kent Community Safety Partnership (on behalf of the local Community Partnerships including the Medway Community Safety Partnership) that the circumstances met the criteria for conducting a Domestic Homicide Review.
- 1.6 In accordance with Section 9 of the Domestic Violence, Crime and Victims Act 2004, a Kent and Medway Domestic Homicide Review Core Panel meeting was held on 3<sup>rd</sup> March 2020. The panel agreed that the criteria for a Domestic Homicide Review had been met and DHR methodology should be followed. That agreement was ratified by the Chair of the Kent Community Safety Partnership and the Home Office has been informed.
- 1.7 This report has been anonymised and the personal names contained within it are pseudonyms, except for those of DHR Panel members.

## 2 Confidentiality

- 2.1 The findings of this Domestic Homicide Review are confidential. Information is available only to participating officers/professionals and their line managers until after the review has been approved by the Home Office Quality Assurance Panel and published. 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.
- 2.2 Details of the deceased and perpetrator:

<b>Name (Pseudonym)</b>	<b>Gender</b>	<b>Relationship to deceased</b>	<b>Ethnicity</b>
<b>Kitty Hurley</b>	Female	<i>Deceased</i>	White British
<b>Nick Brookes</b>	Male	<i>Partner and perpetrator</i>	White British

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

<b>Pseudonym</b>	<b>Relation to deceased:</b>	<b>Relation to perpetrator:</b>
Daisy	Daughter	None
Mr X	Ex-partner	None
Mr W	Ex-partner	None
Child A	None	Eldest child
Mrs A	None	Ex-partner
Child B	None	Child
Mrs B	None	Ex-partner
Child C	None	Child
Mrs C	None	Ex-partner

### **3 Terms of Reference**

- 3.1 The Review Panel first met on 2<sup>nd</sup> April 2020, to consider draft Terms of Reference, the scope of the Domestic Homicide Review and those organisations whose involvement would be examined. The Terms of Reference were agreed subsequently by correspondence and form [Appendix One](#) of this report.

### **4 Timescales**

- 4.1 This review began on 2<sup>nd</sup> April 2020 and was concluded on 24<sup>th</sup> June 2022.
- 4.2 The review was paused between April 2020 to September 2020 to ease pressure on agencies during the COVID-19 pandemic.
- 4.3 The panel met on five occasions during the review. The Independent Chair was appointed on 6<sup>th</sup> March 2020 and the Terms of Reference Meeting was held on 2<sup>nd</sup> April 2020. The Independent Management Report (IMR) Review Panel Meeting was conducted on 3<sup>rd</sup> December 2020, where IMRs were examined. The panel also met on three separate occasions to scrutinise the overview report and its recommendations. These dates were: 23<sup>rd</sup> April 2021, 16<sup>th</sup> July 2021 and the Overview Report Meeting attended by family members took place on 11<sup>th</sup> February 2022. Final amendments were made to the report in response to CSP feedback during the sign-off process in July 2022

## 5 Methodology

- 5.1 The detailed information on which this report is based was provided in Independent Management Reports completed by each organisation that had significant involvement with Kitty and/or Nick. An Independent Management Report is a written document, including a full chronology of the organisation's involvement, which is submitted on a template.
- 5.2 Each Independent Management Report was written by a member of staff from the organisation to which it relates. Each was signed off by a Senior Manager of that organisation before being submitted to the Domestic Homicide Review Panel. Neither the Independent Management Report Authors nor the Senior Managers had any involvement with Kitty or Nick during the period covered by the review.
- 5.3 In addition to Independent Management Reports, five organisations provided a Summary Report and documentation about Kitty and/or Nick.
- 5.4 The analysis of agency involvement has been enhanced by the application of Professor Jane Monckton-Smith's<sup>1</sup> Eight Stages of Homicide, otherwise known as The Homicide Timeline.<sup>2</sup>
- 5.5 Professor Monckton-Smith is a Forensic Criminologist who specialises in homicide, stalking and coercive control. Her teaching at The University of Gloucester focuses on forensic and criminal investigation, and addresses issues in public protection.
- 5.6 The Eight Stages of Homicide framework has been developed from Professor Monckton-Smith's ground-breaking research which has spanned many years. The homicide timeline lays out identifiable stages in which intimate relationships, where one partner is coercive, can escalate to murder. The timeline aims to support a better understanding of coercive control and domestic homicide amongst professionals responding to domestic abuse.

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<sup>1</sup> [Jane Monckton-Smith - Staff Profiles \(glos.ac.uk\)](https://www.glos.ac.uk/staff-profiles/jane-monckton-smith)

<sup>2</sup> Monckton-Smith J *In Control: Dangerous Relationships and How They End in Murder* (2021)



5.7 The timeline has provided the panel with a framework upon which to build an understanding of Nick’s behaviours. When applied to the Eight Stages, and with the benefit of hindsight, his behaviours are identifiable as escalating and concerning even before Nick and Kitty had met. Whilst the use of the timeline in this review is not intended as a predictive tool, there is learning to be found within the application of the Eight Stages, which may illuminate the past to make the future safer for victims of domestic abuse and coercive control.

## 6 Involvement of Family Members and Friends

6.1 The Independent Chair, Kent and Medway Community Safety Partnerships, and all panel members extend their most sincere condolences to Kitty’s family and friends.

6.2 Kitty’s daughter, father, stepmother, and maternal aunt were first contacted by the Independent Chair when this review resumed in September 2020.

6.3 The Chair initially met with Kitty’s father, stepmother and aunt in person, and met with Kitty’s daughter virtually on Microsoft Teams. All family members were extremely helpful, fully invested in engaging with the process and gave the Chair full and candid information about Kitty; this allowed a good understanding of Kitty’s life and experiences, which has helped to shape this review.

6.4 The pseudonym, Kitty, was chosen by her daughter, father and step-mother.

6.5 Each family member chose their own pseudonym:

Pseudonym	Relation to Kitty
Daisy Hurley	Daughter
James Hurley	Father
Cathy Hurley	Step-Mother
Cherry	Maternal Aunt

- 6.6 Initial letters to the family included the Home Office DHR information leaflet. All family members indicated that they would be keen to be involved with the review. When the Chair met the family in September 2020, she informed them about the support available from Advocacy After Fatal Domestic Abuse (AAFDA) and the family were allocated AAFDA advocates in January 2021.
- 6.7 The Chair explained the scope of the review to the family during the initial meetings and kept them regularly updated throughout the review process. Contact was via emails, text messages and phone calls. All family members were given the opportunity to use their preferred medium to stay in contact with the Chair, and after the advocates were appointed, the majority of this contact was via the advocates.
- 6.8 During the review period some of the family members had adverse life experiences which led them to need time away from the review process. The Chair worked with the family's advocates to keep the lines of communication open, encouraging the family to continue to be involved, but at their own pace.
- 6.9 The family had sight of the report in November 2021 and met with the Chair to share their feedback. This feedback has been included in the final report.
- 6.10 The family met with the review panel on 11<sup>th</sup> February 2022 and had the opportunity to ask questions of panel members. Feedback from this meeting has been included in the final report.
- 6.11 The panel did not involve Nick Brookes in the review as they did not feel that his involvement would aid the areas of learning as set out in 1.4 above.
- 6.12 Nick's involvement was also discussed with all family members who felt that he would present his alternative version of the murder as he had done at court. Daisy and James told the Chair that Nick's chance to be honest had been at court; instead, he had continued to refuse to take any blame for his actions. They did not feel it would be right to give him a chance to do the same with this review.

## 7 Contributing Organisations

7.1 Each of the following organisations contributed to the review:

Agency/Contributor	Nature of Contribution
Kent Police	Independent Management Report
Town A Children's Social Care	Independent Management Report
Town A NHS Foundation Trust	Independent Management Report
National Probation Service	Summary Report
Kent and Medway Clinical Commissioning Group	Independent Management Report
<b>Note: As of July 2022 the Kent and Medway Clinical Commissioning Group (CCG) became the Integrated Care Board (ICB)</b>	
Town A Domestic Abuse Service	Summary Report <i>Domestic Abuse Specialist for the Panel</i>
Kent and Medway NHS & Social Care Partnership Trust	Summary Report
Turning Point	Summary Report
Kent Community Health NHS Foundation Trust	Independent Management Report
Victim Support	Summary Report

## 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 Kitty and/or Nick. The panel also included a senior member of the Kent Community Safety Team and an independent advisor from a Kent-based domestic abuse service.

8.2 Upon review of the Independent Management Reports, the panel identified the need for a substance misuse specialist to be involved in the panel. Turning Point provided the Chair with specialist oversight during the draft stages of the review.

8.3 Due to the minimal involvement of the National Probation Service, the Chair excused them from the panel with an understanding that if matters emerged which would need particular attention they would be contacted.

8.4 Kent Community Health NHS Foundation Trust and Town A NHS Foundation Trust are represented on the panel by the Kent and Medway Clinical Commissioning Group, and recommendations will be fed to these agencies where required.

<b>Agency</b>	<b>Name</b>	<b>Job Title</b>
	Dr Liza Thompson	Independent Chair
Kent County Council, Community Safety	Megan Bennett	Community Safety Officer
Kent Police	Christopher Rabey	Detective Inspector
Town A Children's Social Care	Rebecca Cooper	Head of Safeguarding and Quality Assurance
Town A Domestic Abuse Service	Jackie Hyland	Operations Manager
Victim Support	David Naylor	Area Manager
Kent and Medway Clinical Commissioning Group	Kirsty Edgson	Designated Nurse for Safeguarding Children
Kent And Medway NHS & Social Care Partnership Trust	Alison Deakin	Head of Safeguarding
Kent County Council Commissioning	Rachel Westlake	Senior Commissioner

8.5 Panel members hold senior positions in their organisations and have not had contact or involvement with Kitty or Nick. The panel met on five occasions during the DHR.

## **9 Independent Chair and Author**

- 9.1 The Independent Chair, and the Author of this Overview Report, is Dr Liza Thompson.
- 9.2 The Independent Chair is a SafeLives Accredited Service Manager who has worked within the field of domestic abuse for over ten years; initially as an accredited Independent Domestic Violence Advisor, and later as the Chief Executive of a specialist domestic abuse charity. She delivers domestic abuse and coercive control training to a variety of statutory, voluntary sector and private sector agencies. Her doctoral thesis examines the experiences of abused mothers within the child protection system. She has independently completed specialist review Chair training with Advocacy After Fatal Domestic Abuse, is a member of the AAFDA DHR Network, and has completed Kent County Council training required to undertake the role of Independent Chair.
- 9.3 The Independent Chair has no connection with the Community Safety Partnership and agencies involved in this review, other than previously being involved in DHR panels as an independent domestic abuse specialist; and currently being commissioned to undertake Domestic Homicide Reviews and Multi Agency Reviews.

## **10 Other Reviews/Investigations**

- 10.1 Kitty's death was subject to a criminal investigation. In September 2020 Nick was found guilty of her murder and sentenced to life imprisonment.

## **11 Publication**

- 11.1 The Overview Report will be publicly available on the Kent County Council website and the Medway Council website.
- 11.2 Family members will be provided with the website addresses and also offered hard copies of the report.
- 11.3 Further dissemination will include:
- a) The Kent and Medway DHR Steering Group, the membership of which includes Kent Police, Kent and Medway Clinical Commissioning Group and the Office of the Kent Police and Crime Commissioner amongst others.

- b) The Kent and Medway Safeguarding Adults Board.
- c) The Kent Safeguarding Children Multi-Agency Partnership.
- d) Additional agencies and professionals identified who would benefit from having the learning shared with them.

## **12 Equality and Diversity**

- 12.1 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.
- 12.2 Kitty's experiences were shaped by the fact that she was a woman who was vulnerable due to mental ill health and problematic alcohol use. Although her mental ill health was not formally considered a disability, her complex needs would have certainly shaped her access to services, even if the barriers she faced were perceived, rather than actual barriers.
- 12.3 Daisy told the Review Chair that as an adult Kitty had confided in her that she had been sexually abused as a teenager. The abuser had been a much older man who had been in a position of trust. James and Cathy found out about the abuse following Kitty's death, but James explained that in hindsight he had noticed Kitty's demeanour had changed around the same time. James felt that Kitty had been a bubbly and cheeky girl, who had almost overnight become timid and unkempt.

- 12.4 Research shows that child sexual abuse can continue to affect the victim into adulthood.<sup>3</sup> The cognitive functioning of an adult victim of child sexual abuse maybe affected,<sup>4</sup> which may lead to issues with depression, anxiety,<sup>5</sup> fear and risk-taking behaviours.<sup>6</sup>
- 12.5 Adult child sexual abuse victims may also be affected by their ability to emotionally process distressing situations or incidents.<sup>7</sup> In 1980 Stanley Rachman introduced the psychological theory of Emotional Processing, which pertains to how people absorb and resolve distressing events. The inability to emotionally process distressing events can lead to a cumulative effect of further distressing events being unprocessed, leading to further psychological distress.
- 12.6 Kitty's life experiences would have been shaped as a victim of childhood sexual abuse, and then also as an adult victim of violence from intimate male partners. This ongoing subjection to violence from men who she should have been able to trust could have led her to not only expect the inevitability of male violence<sup>8</sup>, but also to hold a belief that she needed to be protected by other men from this violence.<sup>9</sup>
- 12.7 The fear of male violence in society and in the home puts men in the position of either predator or protector of women. Jennifer Nedelsky argues that this culture of male violence is a constitutive force which shapes women's and men's lives.<sup>10</sup> Women take the fear of male violence for granted; they structure their lives in a way that aims to mitigate the risk of being a victim of this inevitable violence.<sup>11</sup>
- 12.8 In addition to the risk of violence, Kitty's problematic alcohol use would have increased her risk of harm on a day-to-day basis. Gadd et al argues that domestic

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<sup>3</sup> Widom, CS "Long Term Effects of Child Abuse and Neglect on Alcohol Use and Excessive Drinking in Middle Adulthood" *Journal of Studies on Alcohol and Drugs* 68 (3) pp.317-326 (2007)

<sup>4</sup> Gould, F et al "The Effects of Child Abuse and Neglect on Cognitive Functioning in Adulthood" *Journal of Psychiatric Research* 46 (4) pp.500-506 (2012)

<sup>5</sup> Roberts, R et al "The Effects of Child Sexual Abuse in Later Family Life; Mental Health, Parenting and Adjustment of Offspring" *Child Abuse and Neglect* 28 (5) (2004) pp.525-545

<sup>6</sup> Beitchman, J at al "A Review of Long-Term Effects of Child Sexual Abuse" *Child Abuse and Neglect* 61 (1) pp.101-118 (1992)

<sup>7</sup> Young, JC and Widom, CS "Long Term Effects of Child Abuse and Neglect on Emotion Processing in Adulthood" *Child Abuse and Neglect* 38 (8) pp.1369-1381 (2014)

<sup>8</sup> Stanko, E *Intimate Intrusions: Women's Experience of Male Violence* (1985) p.9

<sup>9</sup> Nedelsky, J *Laws Relations: A Relational Theory of Self, Autonomy and Law* (2011) p.210

<sup>10</sup> *Ibid* p.204

<sup>11</sup> Stanko, above n 1 p.70

abuse is compounded for women who are substance dependent.<sup>12</sup> Furthermore, women living with a coercively controlling partner, and especially women also living with complex needs, often lack the emotional and economic resources to separate from that controlling partner.<sup>13</sup>

12.9 The effects of incidents of male violence shape women's relationships on two levels. The individual woman's feelings of violation and shame exist on one level, whilst society's reaction to the violence, which amounts to judgement, minimisation, and shame, exists on a deeper level. Elizabeth Stanko argues that on both levels women view themselves, and in turn other women, through the lens of the male dominated ideology of how women should behave.<sup>14</sup> This gendered view about women's involvement in male violence, which dictates that "good women avoid sexual and physical abuse; bad women don't",<sup>15</sup> is prevalent throughout institutional, societal, and individual relationships.

12.10 A case analysis of Domestic Homicide Reviews in 2016 found that substance use was a common feature of intimate partner and family murders.<sup>16</sup> As a woman whose adulthood was shaped by male violence, Kitty may have been using alcohol as a way of self-medicating, or even self-harming. The violence she experienced may have been blamed, by her and by others, on her alcohol consumption,<sup>17</sup> and the alcohol consumption may have become a feature in her life due to the violence she experienced and continued to experience.<sup>18</sup> In this way, Kitty's experiences were cyclical.

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<sup>12</sup> Gadd, D et al "The Dynamics of Domestic Abuse and Drug and Alcohol Dependency" *The British Journal of Criminology* (59) (2019) pp.1035-1053

<sup>13</sup> Walby, S and Towers, J "Untangling the Concept of Coercive Control: Theorising Domestic Violence Crime" *Criminology and Criminal Justice* (2018)

<sup>14</sup> Stanko, above n 1 p.72

<sup>15</sup> *ibid*

<sup>16</sup> Sharps-Jeff, N and Kitty, L *Domestic Homicide Review (DHR) Case Analysis – Report for Standing Together* (2016) Available: [STADV\\_DHR\\_Report\\_Final.pdf \(londonmet.ac.uk\)](#) Accessed 8<sup>th</sup> March 2021

<sup>17</sup> Gadd, above n 5 p.1047

<sup>18</sup> Scott, S and McManus, S *Hidden Hurt: Violence, Abuse and Disadvantage in the Lives of Women* (January 2016) Available: [Hidden-Hurt-full-report1.pdf \(weareagenda.org\)](#) Accessed 8<sup>th</sup> March 2021



## 13 Background Information

### 13.1 Kitty Hurley

13.1.1 Kitty is described by her family as a very quiet and shy woman, who rarely asked for help and did not like to make a fuss. Daisy said that her:

“Mum put others first before herself and didn’t really worry about herself or do stuff to look after herself, and some people took advantage of that”.

13.1.2 Kitty was described by Daisy’s Personal Advisor (see [Glossary](#)) as being ‘very timid and quiet’. She was described as ‘hard work’ to talk to and was not viewed as proactive in contacting social services or engaging with support.

13.1.3 It is reported that Kitty had problems with alcohol from a fairly young age. Kitty had a close relationship with her mother, who passed away when Kitty was in her late twenties. Her mother’s death affected Kitty’s mental wellbeing. Following the death, Kitty approached her GP with feelings of depression. Her problems with alcohol appear to have intensified from this point. Her aunty Cherry confirmed that the death of Kitty’s mother had been the catalyst for Kitty’s problems.

13.1.4 Kitty’s mother had been instrumental in the upbringing of Daisy, and after her death Cherry tried to also help with Daisy. However, when Daisy was aged 14, she was placed into Local Authority foster care as Kitty could not safely care for her.

13.1.5 Kitty had been in relationships with violent men for many years. All of Kitty’s family members described two particularly violent ex-boyfriends from her late teens, whose serious assaults had led to Kitty’s hospital admittance and police involvement.

13.1.6 Daisy explained that before Kitty was murdered, she had confided in Daisy about being subjected to sexual abuse as a teenager. Kitty had told Daisy that, despite disclosing the abuse to the adults around her at the time, nothing was done about it, and Kitty believed that this was the reason for her depression. Kitty also believed that the abuse had caused her issues with drinking and had ruined her adult relationships with men.

- 13.1.7 Daisy said that “because nothing had ever resolved from it, it led her to be a quiet little mouse.” She said of her mother “no one stood her ground for her, so she thought, ‘what’s the point?’”
- 13.1.8 James had been made aware of the sexual abuse after Kitty had died, and in hindsight had identified a change in Kitty when she was around 14 years old. He explained that he had experienced a difficult relationship with Kitty as an adult, due to her being withdrawn, often hard to get hold of, and described her as a closed book. Her step-mother Cathy would speak to her more often, but both described Kitty as very vague and almost “frozen, with no emotions”.
- 13.1.9 All family members described periods of homelessness for Kitty. She was living in a tent during one period with her former partner Mr W, and on a caravan site at another time with Nick.
- 13.1.10 Cherry described her niece as being tiny but always choosing partners who were “someone big, who would protect her.”
- 13.1.11 Both Cherry and Daisy had thought that Mr W would kill Kitty, because he had been so violent and, as Daisy explained, he would attack Kitty in public and “he didn’t care who saw”.
- 13.1.12 No-one in the family had foreseen that Nick would kill Kitty.

## **13.2 Nick Brookes**

- 13.2.1 It is reported that Nick was involved with Children’s Social Care as a teenager, after his mother sought assistance with his behaviour.
- 13.2.2 It is recorded that as a teenager Nick did not have a friendship group of his own age and struggled with boundaries.
- 13.2.3 As an adult, Nick is recorded as frequently being the perpetrator of violence, threatening behaviour and harassment both during and post relationships; this behaviour was linked to three women and five children. He is cited as the reason for child safeguarding concerns raised on at least seven occasions.

### **13.3 The Relationship**

- 13.3.1 Kitty and Nick met in 2016 after being introduced by friends. They quickly moved in together, although family members said that Kitty had insisted that they were not a couple and that Nick was just looking after her as a friend, due to her poor mental health linked to the bereavement of her mother.
- 13.3.2 Both Kitty and Nick have been known to Kent Police for several years.
- 13.3.3 Nick is known to Kent Police for several offences, and particularly as a suspect of domestic abuse related incidents in three previous relationships between 2006 and 2017.
- 13.3.4 Kitty was known to Kent Police predominantly as a victim of domestic abuse perpetrated by previous partners since 2003. She was assessed as a high-risk victim of domestic abuse between 2013 and 2015, following serious incidents of violence, often carried out in public by her ex-partner Mr W.
- 13.3.5 At the time of Kitty's murder, the couple were living alone in a flat in Town A. Kitty's daughter had been placed into voluntary foster care in 2013 as Kitty was unable to care for her due to her struggles with alcohol and the behaviour of Mr W.
- 13.3.6 It was at this property that, whilst under the influence of drugs and alcohol, Nick strangled Kitty.
- 13.3.7 Following the murder, Nick had phoned a friend and told them that he had killed Kitty. The friend raised the alarm and Southeast Coast Ambulance Service attended the address where they found damage to the property, and Kitty who had been deceased for several hours.
- 13.3.8 It is thought that between murdering Kitty and calling his friend, Nick had visited his local shop to purchase more alcohol.
- 13.3.9 At the criminal trial in September 2020 Nick was found guilty of Kitty's murder and was sentenced to life imprisonment.

13.3.10 At the trial, Nick had argued that he had not intended to kill Kitty but had been wanting to quieten her down, and that he had used the same smothering technique on her previously.

## **14 Chronological Overview**

- 14.1 Prior to her death, Kitty confided in her daughter that she had been sexually abused when she was a teenager. There is nothing within the records pertaining to this incident. This would indicate that it was not reported to the authorities, which aligns with the information Daisy shared with the Review Chair.
- 14.2 In 1992 and 1994, when Nick was a teenager, his mother contacted Children's Social Care asking for help with his behaviour. She attributed Nick's behaviour to the influence of his father, who was a violent alcoholic, and who had left the family home in recent years.
- 14.3 In 1994, when Nick was aged 15, it is recorded in social workers' notes that he had 'deviant patterns of behaviour' and did not mix well with his peers.
- 14.4 Daisy was born in 1999, when Kitty was aged 18, following a short relationship.
- 14.5 In March 2002 Kitty attended Accident and Emergency following a serious assault by her then boyfriend Mr X.
- 14.6 In November 2003, an anonymous report was received by Children's Social Care expressing concern for four-year-old Daisy, due to Kitty's drinking. Kitty told the social worker who undertook the initial assessment that she had fled a violent relationship and was staying with her mother until things had settled down and she could return to her home. Kitty stated that she only drank alcohol occasionally. The outcome of the assessment was that no concerns were identified, and no further action was required; the case was closed.
- 14.7 In 2005 Kitty and Daisy moved away from Kent to live with Daisy's paternal grandmother. The family told the Chair that this was to give Kitty a chance to work on her issues with alcohol, away from Town A. At the time, Daisy was six years old and was enrolled in the local school, whilst Kitty was helped to gain employment. This seemed to go well for a few months. However, Kitty's drinking

started again and, following arguments about this, she returned to Town A with Daisy. This resulted in a referral being made to Town A Children's Social Care Team, citing Kitty's inability to care for Daisy. These concerns did not lead to any further action, although there is no record of an assessment being undertaken.

- 14.8 In 2006 the first allegation of domestic abuse was recorded against Nick where he assaulted his partner Mrs A.
- 14.9 In January 2009 a Domestic Abuse Notification (See [Glossary](#)) was received from police following an emergency call by Nick's partner Mrs B. She reported that he had locked her in the flat and that the day before he had held her against the wall by her throat. Mrs B had recently given birth and therefore a Children's Social Care assessment was undertaken. Mrs B told social workers that she intended separating from Nick, and it is recorded that she was advised that if she resumed the relationship there would be a Case Conference (See [Glossary](#)) due to the level of risk Nick posed to her and the children.
- 14.10 In 2009 Nick was handed a Community Order for the assault on Mrs B. The Order included a condition to attend an Integrated Domestic Abuse Programme, which was designed to address abusive behaviours. Upon assessment Nick took no responsibility for the assault and demonstrated a significant amount of victim blaming. Nick's Community Order was returned to court, and the judge deemed that Nick's views would be disruptive in the group and the Integrated Domestic Abuse Programme condition was removed from his Community Order. Instead, the judge directed that one-to-one work with his Offender Manager should be completed.
- 14.11 In September 2011 Kitty declared herself unfit for work with Department of Work and Pensions.
- 14.12 In October 2011 Kitty first approached her GP about feelings of depression and stress. She requested a medical certificate to support a claim for welfare benefits and asked for sleeping tablets.

- 14.13 In January 2012 Kitty called her GP surgery and spoke with a different GP. Kitty disclosed that her mother had very recently announced she had breast cancer and that she had a few weeks to live. Three days later Kitty called the surgery to advise that her mother had passed away. Kitty was provided with a medical certificate.
- 14.14 Kent Police have recorded several incidents of domestic abuse perpetrated by Mr W against Kitty, which began in 2012.
- 14.15 In 2012 Nick was living with a partner, Mrs C, and her two children. In March 2012 the children's school made a child protection referral. The referral describes Nick as the children's stepfather. One of the children had disclosed to the school that Nick had been violent towards their mother. The referral was assessed, with no role for Children's Social Care identified. A letter was sent to Mrs C asking her to contact the police if she was at risk and included leaflets for local domestic abuse services.
- 14.16 In April 2012 Children's Social Care received a Domestic Abuse Notification from police following an incident at Mrs C's home. Nick had been arrested for criminal damage and assault. This was risk assessed using a Domestic Abuse, Stalking and Harassment (DASH) risk assessment (see [Glossary](#)) as standard risk, although the Domestic Abuse Notification stated that there had been "two previous reports between the couple, and the suspect was noted to be a high-risk domestic abuse perpetrator with a previous partner." Following assessment by Children's Social Care, no further action was required as "parents had separated, (domestic abuse) not a regular feature and Mrs C taken appropriate action". Mrs C was sent a letter which detailed the impact of domestic abuse on her children and gave details of domestic abuse services.
- 14.17 In June 2013 police made a children's safeguarding referral in respect of Daisy after Mr W seriously assaulted Kitty at home. This led to a S.20 agreement being made (See [Glossary](#)), resulting in Daisy moving into Local Authority foster care.
- 14.18 In June 2013, Mrs A was involved with Children's Social Care due to Nick's eldest child's (Child A) behaviour. During an initial assessment, Mrs A disclosed that Nick had been violent during their relationship from around 2001. Mrs A explained

that in 2012 Nick had applied to the family courts for contact with his son and had been awarded supervised contact, however this had broken down due to Nick failing to attend sessions.

- 14.19 In July 2013 Mrs C's midwife requested a consultation with the Children's Social Care Team. Mrs C was three months pregnant and had disclosed at her appointment that the baby's father, Nick, had alcohol and cocaine issues. She stated that they lived apart due to this substance misuse, and that he had a history of domestic abuse. It was decided that the threshold for a referral had not been reached but that if Mrs C resumed a relationship with Nick this would require a safeguarding referral.
- 14.20 On 2<sup>nd</sup> August 2013 Kitty was seriously assaulted by Mr W. As Daisy was cared for by the Local Authority by this point, the information is recorded on Daisy's file and no further action was taken. The police took Kitty to Accident and Emergency where she saw a locum doctor, and it is recorded that she was treated for an 'alleged domestic abuse' incident where she had been punched and kicked to the face and torso. There is no follow up recorded, and no information was shared with Kitty's GP. Kitty discharged herself and returned to Mr W.
- 14.21 On 5<sup>th</sup> August 2013 it is recorded by social workers that 'Kitty is in the process of seeking help for alcoholism and bereavement counselling'.
- 14.22 Following Mr W's assault on Kitty, a referral was made into the local domestic abuse service for Kitty. The DASH risk assessment was completed by the Independent Domestic Violence Advisor and subsequently a referral was sent to Children's Social Care. The risk assessment identified Kitty as being at high risk of harm from Mr W. Information regarding the referral and the risk assessment was passed to Daisy's social worker, but no further action was recorded.
- 14.23 On 4<sup>th</sup> September 2013 a Multi-Agency Risk Assessment Conference was held, (See [Glossary](#)) where Kitty's situation was shared by the Independent Domestic Violence Advisor (IDVA). Attendees heard that contact with Kitty had been sporadic, that she was struggling with bereavement and had disclosed to the IDVA that she had been sexually abused at the age of 14. Kitty's aunt had also contacted the IDVA with concerns that Kitty had rekindled her relationship with Mr W.

- 14.24 On 23<sup>rd</sup> September 2013 a Child and Family Assessment was completed (See [Glossary](#)). It is recorded that Kitty stated that she was ready to seek help but there had been no evidence of this. Kitty is described as a victim of domestic abuse who had separated and then returned to the perpetrator. Kitty was currently having no contact with Daisy, and it was recommended that Daisy remain in foster care.
- 14.25 On 25<sup>th</sup> September 2013 Kitty's aunt contacted the domestic abuse service to raise a concern about Kitty, as she had not been to bereavement counselling sessions or responded to any calls for the past two weeks.
- 14.26 Between November 2013 and March 2014, it is recorded that Daisy raised concerns with her social worker regarding her mother as she was a victim of domestic abuse. The social worker spoke to Kitty in January and March 2014 and urged her to seek support.
- 14.27 On 8<sup>th</sup> June 2014 police made a safeguarding referral following a call by a member of the public reporting Kitty being assaulted and dragged along the street by Mr W. Kitty declined to provide details but said that she wanted to separate from Mr W. She told police she thought he could kill her, that he frequently strangled and smothered her, and held his hand over her mouth and nose. Information about his was passed to Daisy's social worker who recorded it on the file. Police also referred Kitty to the Multi-Agency Risk Assessment Conference and the local domestic abuse service. Kitty was offered support from an Independent Domestic Violence Advisor, which she declined.
- 14.28 In June 2014 a social worker visited Nick's ex-Partner, Mrs A, in relation to their child's behaviour. During this meeting Mrs A described Nick as a "very violent man."
- 14.29 In August 2014, January 2015 and February 2015 Mrs C contacted police due to Nick's behaviour, which included threats to kill and harassment. On each occasion a risk assessment was completed. The latter incident resulted in Nick being charged with assault. On each occasion, the police raised a Domestic Abuse Notification with Children's Social Care, and Mrs C was sent a letter detailing the effects of domestic abuse on her children and giving local information about local domestic abuse services.



- 14.30 During police and social workers' conversations with Mrs C, she described the relationship with Nick as being "on and off" and disclosed his drug and alcohol issues.
- 14.31 On 27<sup>th</sup> August 2015 Kitty told her GP that she had been drinking heavily, and she was assessed as having an ongoing depressive illness. She was advised by the GP to attend Turning Point, who were the locally commissioned drug and alcohol support service. There is no record from Turning Point that indicates she followed this advice.
- 14.32 However, on 9<sup>th</sup> September 2015 Kitty attended Think Action, which is another service in her local area which offers support for mental health and drug/alcohol issues. There is no referral process documented, however it is possible that Kitty self-referred to this service, following the advice from her GP a couple of weeks before. Kitty was assessed as having severe depression and severe anxiety, and she was offered cognitive behavioural therapy to manage the symptoms. Following the initial assessment, Kitty disengaged with the services and was subsequently discharged from the service.
- 14.33 On 1<sup>st</sup> December 2015 Kitty's aunt contacted the local domestic abuse service and reported that Mr W had held Kitty by the throat to the point of her passing out. The domestic abuse service called Kitty who declined their support. The Independent Domestic Violence Advisor who spoke to Kitty documented their discussions around safety planning and recorded that Kitty confirmed that she had been referred to Think Action mental health team by her GP for counselling. The referral to the domestic abuse service was closed in January 2016 as Kitty did not wish to engage with the service.
- 14.34 On 15<sup>th</sup> December 2015 a safeguarding referral was made by police due to Mr W holding Kitty down and placing his hands over her mouth and nose. She told officers she was afraid that he would kill her. Mr W was arrested and bailed to stay away from Kitty. Daisy's social worker was informed. This was the end of Kitty's relationship with Mr W.

- 14.35 Between January 2016 and August 2016 Kitty attended the GP on five occasions. Each time she complained of depression, disclosed heavy drinking and on one occasion discussed the assault in December 2015. She was provided with a medical certificate on each occasion and signposted to Turning Point, but there is no record that any other interventions or planning was carried out with Kitty.
- 14.36 Kitty and Nick are reported to have met in August 2016.
- 14.37 On 16<sup>th</sup> December 2016 Nick attended Accident and Emergency asking to speak to someone about his mental health. He was asked to enter an assessment room to speak to someone from the mental health team but refused, saying he did not want to be locked up. Nick had no GP details recorded on the electronic health record system, RIO (See [Glossary](#)), so it was not possible for staff at the hospital to notify a GP of this incident.
- 14.38 On 2<sup>nd</sup> February 2017 Kitty attended the Minor Injury Unit in Town B. She stated that she had fallen down the stairs some days before and was still in pain. It is recorded that she smelt of alcohol and, when asked, she stated that she had been binge drinking alcohol. She was accompanied by her partner, although his name was not recorded. The practitioner who saw the couple advised the Independent Management report writer that it was Nick who had been with Kitty at the appointment. Kitty was advised to attend a GP walk-in centre which is situated in the same department. This was because the cause of Kitty's pain was not evident, and it was felt that the pain may have had an underlying cause which would benefit from a GP review and consideration for an onward referral - such as liver/kidney concerns due to alcohol misuse.
- 14.39 In August 2017 there are reports that Kitty and Nick were homeless following eviction.
- 14.40 On 24<sup>th</sup> October 2017 police were called when Nick turned up at ex-partner Mrs C's home whilst intoxicated, demanding to see his children.
- 14.41 Between November 2017 and April 2018, it is recorded that Daisy started to have a more positive involvement with her mother and indicated to her personal advisor that her mum was sorting herself out. Daisy raised some concerns over Kitty's relationship with Nick in relation to their problematic drinking together.

- 14.42 On 14<sup>th</sup> October 2018 police were called by a member of the public reporting that a male had assaulted a female. Police attended and Nick stated that there had been an argument over money. He also said that he was stressed. Kitty was spoken to separately and stated that she had not been assaulted and declined to answer the DASH risk assessment questions. In the absence of these questions, the risk was assessed as standard.
- 14.43 In November 2018 Kitty attended her GP surgery and saw a triage nurse, complaining of heart burn and chest pain. She admitted alcohol dependency but declined a referral to Turning Point, stating that she had already cut down on her consumption. No obvious medical issues were identified. Bloods were taken and two weeks later she was advised that she was low in vitamin B12 which she linked to her poor diet. A repeat test was booked but there is no indication that Kitty attended this.
- 14.44 In December 2018 Kitty attended her GP with concerns about an ongoing cough. She was advised around smoking cessation, and a chest x-ray and a follow up appointment were booked, neither of which were attended by Kitty.
- 14.45 On 16<sup>th</sup> April 2019 Nick called the police, reporting an assault by Kitty. He stated that they had argued about money and that she had thrown items at him. The police attended and found both were heavily intoxicated. Kitty was arrested and under interview could not recall what had happened. Nick withdrew support for a prosecution. A DASH risk assessment was completed with Nick, and his risk level was assessed as standard. A Domestic Violence Protection Notice (See [Glossary](#)) was considered but not pursued. Whilst Kitty was in custody, she reported that sometime in January 2019 she had been assaulted by Nick which had resulted in a blackeye. She told the police that she did not want to pursue a complaint against Nick, telling the police that “they had their moments”. A DASH risk assessment was completed with Kitty and her risk level was assessed as medium.
- 14.46 In early July 2019 a third party reported to police that in the previous month, Nick had assaulted Kitty by kicking her in the back. Police called Kitty who stated that she had no knowledge of the incident and denied making this allegation. She declined to complete a risk assessment, and police assessed the incident as medium risk based on the history.

- 14.47 In late July 2019 Nick called the police to report that Kitty had spat in his face, punched him in the face and had come at him with a knife. Kitty was arrested, and Nick then refused to give further information to support this allegation. He had no injuries and Kitty denied the allegations. Both were intoxicated. A risk assessment was completed from previous information and found to be medium risk.
- 14.48 On the same day, a third party called police to report that Nick had forced entry into their home looking for Kitty, although she was in custody at the time. The caller retracted their complaint and Nick was not spoken to about this.
- 14.49 Whilst in custody, Kitty was screened by the Criminal Justice Liaison and Diversion Service (see [Glossary](#)) where she denied any issues with alcohol, substance misuse or any other vulnerabilities. She disclosed depression but said that she did not need any other interventions.
- 14.50 Nick called police in September, October and December 2019. Each time he was recorded as the victim, both parties were intoxicated, and when police attended, Kitty and Nick denied any issues. These incidents were all risk assessed as medium risk.
- 14.51 On the day of Kitty's death in January 2020, Nick called his friend and told him that he had killed Kitty. The landlady was alerted and accessed the flat where Kitty was found deceased, having been strangled many hours before. Nick was arrested, and in September 2020 was found guilty of Kitty's murder.

## **15 Analysis**

### **15.1 Overview**

- 15.1.1 Children's Social Care were involved in the lives of all five of Nick Brookes' children, predominantly due to his controlling and violent behaviour against their mothers.
- 15.1.2 Children's Social Care were also involved with Daisy. Three referrals were made by third parties due to Kitty's drinking when Daisy was young, which resulted in no further action. When Daisy was 14, she was placed in the care of the Local Authority due to Kitty and Mr W's drinking and drug use, and Mr W's violent behaviour.

- 15.1.3 Referrals made to Children's Social Care for Nick's children all resulted in advice to their mothers regarding the effects of domestic abuse on children and advising them of where they could access support. None of the safeguarding referrals for Nick's children resulted in Nick being spoken to by social workers.
- 15.1.4 Nick had been known to police for violence and harassment towards his female partners since 2006, and Kitty was known to police as a victim of domestic abuse since 2003.
- 15.1.5 Kitty's family members told the Review Chair that Kitty would never have asked for help. Kitty was a quiet and private woman and would have been very unlikely to seek out support for herself.
- 15.1.6 Daisy and Cherry both told the Chair that they thought support offered directly, for example a domestic abuse specialist working independently from the police, attending her home, or being available at the police station, at the point when she disclosed abuse after she was arrested, may have encouraged her to ask for help.
- 15.1.7 Despite the patterns of behaviour, which will be analysed in full below, being recorded and available to Children's Social Care and Police, there was no multi-agency or independent specialist domestic abuse support attempted in response to Kitty, as a known victim of abuse, living with Nick, a known high-risk perpetrator of abuse.
- 15.1.8 Nick's behaviours, as described by Kitty's family, can be recognised as economic abuse. The fact that he smashed Kitty's phone, tried to prevent her from working and that often incidents centred on Nick spending the couple's money on substances, may indicate that economic abuse was another element of his controlling behaviour.<sup>19</sup>

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<sup>19</sup> [Surviving Economic Abuse: Transforming responses to economic abuse](#)

15.1.9 Information about local domestic abuse services was given to both Nick and Kitty by police. However, an enhanced level of support was not offered, and this appears to have been due to the assessment of risk being below the threshold for a Multi-Agency Risk Assessment Conference referral.

15.1.10 During the months preceding Kitty's death, Daisy had been trying to convince her to move out of the area and closer to Daisy. Upon reading the report, Daisy told the Chair that, had her mother known about Nick's violent past, she believes Kitty would have ended her relationship with him, moved out of area and made a fresh start.

## 15.2 The Eight Stages of Homicide

15.2.1 Professor Evan Stark describes coercive control as:

“A course of conduct that subordinates women to an alien will by violating their physical integrity (domestic violence), denying them respect and autonomy (intimidation), depriving them of social connectedness (isolation) and appropriating or denying them access to resources required for personhood and citizenship (control).”<sup>20</sup>

15.2.2 The very essence of coercive control is intended to erode the ability of the victim to act or think autonomously.

15.2.3 Stark argues that coercive control is used as a strategy which is “invisible in plain sight”<sup>21</sup> and is difficult for those outside the relationship to identify without applying “a sensitive gender analysis” and an understanding of “gender socialisation and gendered distributions of power and domination in heterosexual relationships.”<sup>22</sup> In essence, to those outside of the relationship, the couple may appear to be in an egalitarian relationship where both parties seem to be exercising agency and choosing their way of life.

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<sup>20</sup> Stark, E *Coercive Control: How Men Entrap Women in Personal Life* (2007) p.15

<sup>21</sup> *Ibid* p. 13

<sup>22</sup> Tolmie, J “Coercive Control: To Criminalise or not to Criminalise?” *Criminology and Criminal Justice* 18 (1) (2018) p.55

- 15.2.4 Professor Jane Monckton-Smith clarifies further that, although people outside of a relationship may find it difficult to identify coercive control, there is always a trail left by victims and abusers, often in the form of “repeating patterns”.<sup>23</sup> To facilitate the identification of this trail, she has created the “eight stages of homicide”. This theoretical tool can be applied practically by practitioners who want to identify the risk of homicide in a relationship.
- 15.2.5 Stage one occurs before the relationship even begins; this stage refers to a “type” of person who may be predisposed to domestic homicide rather than the dynamics between two people. Monckton-Smith talks about the “predictive strength of someone’s past behaviour.”<sup>24</sup> The most significant red flag being that they are controlling and have been controlling before.<sup>25</sup> They will often tell their friends, or new partners, about their “crazy-ex” who knew how to “push their buttons”.<sup>26</sup>
- 15.2.6 Stage two is the “commitment whirlwind”. Monckton-Smith explains that when a controlling person finds someone they want to be in a relationship with, they move things on very quickly. They demand commitment, which in their minds can never be withdrawn. They display jealousy and possessiveness.<sup>27</sup>
- 15.2.7 Stage three is where the victim is “living with control”, and Monckton-Smith describes two pillars of this control. One being “patterns of jealousy”, which leads to the victim behaving in a way which aims to stop the jealousy, which in turn “manoeuvres them into living isolated lives to stop the jealousy.”<sup>28</sup> The abuser will use emotional blackmail during this time. The second pillar of control is “the loyal code”, which is a series of hidden tests designed to make the non-abusive partner prove their devotion, and at the same time removes or controls any influence that others may have over them.

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<sup>23</sup> Monckton-Smith, J *In Control: Dangerous Relationships and How they End in Murder* (2021) p.45

<sup>24</sup> *Ibid* p.49

<sup>25</sup> *Ibid* p.23

<sup>26</sup> *Ibid* p.35

<sup>27</sup> *Ibid* pp.63-69

<sup>28</sup> *Ibid* p.77

- 15.2.8 During stage three the abuser maintains routine and ritual, and the victim complies with this as to change anything that will cause trouble for them.<sup>29</sup>
- 15.2.9 It is important at this stage that those responding to domestic abuse are aware that when a victim is managing their safety, this may look to the outside world as choosing to maintain their relationship. The victim knows by now that the only way to stop the abuse is to comply with the demands, as once the victim stops complying, the perpetrator will become dangerous.<sup>30</sup> To the untrained eye, “compliance doesn’t look like fear, it looks like consent.”<sup>31</sup>
- 15.2.10 Monkton-Smith tells us that stage three is all about making sure the non-abusive partner is compliant and trapped within the relationship. If there is no challenge to the control, or any challenges are effectively overcome, this stage can last a lifetime.<sup>32</sup>
- 15.2.11 Stage four introduces the “trigger”; this could be something within the relationship or external to the relationship, which indicates to the abuser that they are losing control of the victim. For example, actual or perceived separation from the victim.<sup>33</sup>
- 15.2.12 Stage five moves into “escalation”, where the abuser “ramps up the control to frighten or coerce the victim back into line.”<sup>34</sup> At this point, the escalation tactic may work, the relationship may resume, and the timeline will circle back to stage three. Monkton-Smith tells us that this is very common, and relationships may constantly circle between stage three and five, with the victim never being able to leave. On rare occasions, the relationship may stay broken, the abuser accepts the breakup and circles back to stage one with a new partner – telling the new partner about the crazy-ex and messy breakup from before. However, on some occasions the abuser moves onto stage six.

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<sup>29</sup> *Ibid* p. 111-114

<sup>30</sup> *Ibid* p.99

<sup>31</sup> *ibid*

<sup>32</sup> *Ibid* p.127

<sup>33</sup> *Ibid* p130

<sup>34</sup> *Ibid* p.158



15.2.13 Stage six is “a change in thinking”, which Monckton-Smith describes as “a move on from attempting to keep the partner in the relationship to destroying them for leaving it.”<sup>35</sup> Often victims and family members describe this stage as the calm before the storm.

15.2.14 Stage seven is the “planning” stage, which is self-explanatory, and stage eight is the act of homicide.

15.2.15 Stages five through to eight can happen very quickly, sometimes within a matter of hours.

15.2.16 These eight stages will be referred to throughout the remainder of this review.

### **15.3 Non-Fatal Strangulation**

15.3.1 Non-fatal strangulation is an important risk indicator for domestic homicide.<sup>36</sup> The question of strangulation appears on the Risk Assessment Checklist and, even in the absence of any other indicators, it is viewed as an indication of high risk by domestic abuse specialists.<sup>37</sup>

15.3.2 Following years of research and campaigning around the issue of non-fatal strangulation, namely the propensity for those who abuse their partners to use strangulation as a controlling mechanism, and the effects of non-fatal strangulation – which includes brain injury, stroke, paralysis, PTSD, depression, suicide, and amnesia<sup>38</sup> – the Domestic Abuse Act 2021 has made non-fatal-strangulation a specific criminal offence.

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<sup>35</sup> *Ibid* p.164

<sup>36</sup> Glass, N et al “Non-Fatal Strangulation is an Important Risk factor for Homicide of Women” *The Journal of Emergency Medicine* 35 (3) pp.329-335 (2007)

<sup>37</sup> Douglas, H and Fitzgerald, R “Strangulation is a Prevalent Form of Intimate Partner Violence Which Presents Significant Health Risks for Women” *Sydney Law Review* 231 (2014)

<sup>38</sup> Bichard, H et al “The Neuropsychological Outcomes of Non-Fatal Strangulation in Domestic and Sexual Violence: A Systemic Review” *PsyArXiv* (May 2020)

- 15.3.3 Strangulation differs from other types of physical abuse as it often leaves no visible injuries. Strangulation is also often motivated by coercive control and is associated with behaviours such as excessive jealousy, victimisation and victim fear.<sup>39</sup>
- 15.3.4 As early as 2009, Nick was known for non-fatal strangulation when he spent time in prison for a serious assault on Mrs B, which included him holding her up against the wall by the throat. Also, in 2014 police were called to an incident where Kitty was being dragged along the street by Mr W – she declined to provide further details but told police that she wanted to separate from Mr W as she thought he could kill her, as he frequently strangled her and smothered her, holding his hand over her mouth and her nose. There is a reported incident in December 2015 where Mr W is reported to have held Kitty down and placed his hands on her nose and mouth. Again, she told officers that she was afraid he would kill her.
- 15.3.5 The family told the Chair that at Nick’s trial he maintained that he had only wanted to stop Kitty shouting at him and had used this smothering technique on Kitty on many occasions in the past.
- 15.3.6 The family told the Chair how both Mr W and Nick were very large men, compared with Kitty who was very small in stature. Kitty had experienced strangulation as a display of power and control for many years, and in January 2020 this was the cause of her death.
- 15.3.7 The propensity for using strangulation is currently an indicator for dangerousness on the DASH risk assessment and should also be viewed within the context of historic behaviours, especially when a person is known to have used strangulation in more than one relationship. Professor Monckton-Smith argues “the predictive strength of someone’s past behaviour” should be considered when identifying the level of risk someone poses to their partner. If someone like Nick has been violent, using non-fatal strangulation in three past relationships, a flag could be applied to their police record to indicate that they are capable of an act which can easily become murder.

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<sup>39</sup> Nickdlin, M and Sheridan, L “Non-Fatal Strangulation in a Sample of Domestically Violent Stalkers: The Importance of Recognising Coercively Controlling Behaviours” *Criminal Justice and Behaviour* 46 (11) (2019)

## **15.4 Children's Social Care**

### **15.4.1 Nick Brookes**

15.4.1.1 As indicated in the chronology, Children's Social Care were involved with five of Nick Brookes' children from three relationships and was aware that he was the perpetrator of domestic abuse in all three relationships. However, there is no indication that there was any contact with him in relation to any of his children and there were clearly missed opportunities to connect the incidents and explore his role as a father and partner in more detail.

15.4.1.2 With the benefit of hindsight, and through the application of the Homicide Timeline, it is clear that Nick Brookes is a controlling man, with a history of violence against women. He has a history of non-fatal strangulation and harassment of ex-partners after separation.

15.4.1.3 Children's Social Care were one of the agencies who held the details of Nick's history of violence.

15.4.1.4 In addition, Nick himself had been known to services as a child, and there was information on his file relating to his experiences growing up in a family where there was paternal drinking and domestic abuse. There was also information on his file detailing Nick exhibiting challenging behaviour, threatening to hit his mother, and struggling to comply with boundaries. His ex-partner, Mrs A, made a comment about Nick having ADHD like Child A, but there is no reference to this in his early file or any indication that he was assessed for this as a child. Instead, he was provided with support for what was described in 1994 as 'deviant behaviour'. Again, there is no indication that this historical information about Nick was considered in decision-making in response to later referrals, although knowledge about his childhood experiences could have informed assessments and been relevant risk factors.

15.4.1.5 There was a consistent pattern in the files of Nick's children, of police making Domestic Abuse Notifications and no further action being taken as the incidents were considered not to meet the

threshold for Children's Social Care. In response to most of the referrals, there was no contact made with the family, but the decision was based on the information in the notification. Where this referred to a verbal altercation and the risk assessed as 'standard', it was not explored further.

15.4.1.6 This is evident in relation to Nick's relationship with Mrs C, with whom he had two children. There is reference on one of the Domestic Abuse Notifications to him being a 'high-risk' perpetrator of domestic abuse in a previous relationship, which can be assumed to refer to the assault on Mrs B in 2009. However, there is no evidence that this information was considered in response to later referrals. Each of the incidents relating to Mrs C and her children were assessed as not meeting the threshold for Children's Social Care. This was during the period 2012-2015, covered by the Ofsted reports of 2013 and 2015. As was identified in these reports, practice in response to these referrals lacked effective consideration of risk and historical information was not clearly considered. While, based on the referral information, each incident may have been considered 'standard risk' by the police and appropriate action had been taken on each occasion to safeguard the children, this did not take into account the cumulative impact on the children of the number of incidents, especially as there was reference in all of the notifications to the children being present. It is also well known that a significant proportion of domestic abuse incidents are underreported, so it is likely that the notifications gave only a limited picture of the extent of domestic abuse that was happening.

15.4.1.7 This understanding of domestic abuse could have informed the response to the first notification relating to Mrs C in April 2012. A few days earlier a referral had been received from her child's school which referred to her child disclosing Nick's abusive behaviour within the home. The decision to take no further action in relation to this referral was because there was no other information on the system relating to concerns or notifications from the police. Less than a week later a domestic abuse referral was

received from the police following a serious incident while the children were present. The decision made by the duty manager was that, as the parents were reported to be separated and domestic abuse was not a regular feature, this did not meet the threshold for intervention and no further action was taken. There is no mention of the previous referral from the school or that this was considered in making this decision. The assessment was made based upon the information presented in the notification about the incident, even though this did refer to Nick as being a high-risk perpetrator of domestic abuse in a previous relationship. There was a lack of professional curiosity into the context of any of the information presented, no links had been made to the previous referral from the school, there were no discussions with the children about their lived experience and no detailed assessment of risk undertaken.

15.4.1.8 There appears to have been a lack of professional curiosity about Nick Brookes as a father and a partner, and no attempt to contact him in relation to the referrals.

15.4.1.9 Another issue is that in none of the contacts following notifications was there any challenge about the status of the relationships. The description of Nick as an 'ex-partner' was not questioned and there was no further exploration of his relationships or any discussion about contact with his children or his ongoing role in their lives. Following the first incident that was referred to Children's Social Care in 2009 following an assault on Mrs B, her assertion that she had separated from Nick was accepted. There is no indication in the assessment that his role as a father was explored. The focus was solely on her as a mother, and Nick was an 'invisible father'. Research has indicated that this is not uncommon and that a failure to include fathers in assessments and interventions is a feature of child protection practice.<sup>40</sup>

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<sup>40</sup> Symonds, J. (2014: updated 2018) *Working with Fathers in Child Protection: Lessons from Research* Community Care Inform available at <https://www.ccinform.co.uk/research/working-with-fathers-in-child-protection-lessons-from-research/>

- 15.4.1.10 There was evidence that Mrs C's portrayal of the status of her relationship with Nick was accepted, and that there was no attempt to explore the nature of their relationship or ask about Nick's role as a father. As Mrs C had described to the police and to the midwife that Nick was her ex-partner, it was accepted by the social worker taking referral information that she was no longer in a relationship with Nick and therefore the risk to the children was reduced, even though other information contradicted this. For example, the initial referral from the school stating that the child lived with their mother and stepfather.
- 15.4.1.11 As above, the initial referral made by the school in 2012 stated that Mrs C's child lived with his mother and 'stepdad'. The domestic abuse notification made by the police the following week stated that Nick was Mrs C's ex-partner who she had allowed to stay for a few days. There was no assessment to clarify the nature of the relationship and Nick's role within the household, which would have enabled a clearer picture of the impact of domestic abuse on the family and the potential level of risk.
- 15.4.1.12 The following year there was a consultation with a midwife relating to Mrs C's pregnancy with Child C. It was noted that there had been previous referrals, but it was accepted that the couple had separated, and it was not felt to meet thresholds due to this. In 2015 Mrs C indicated to police that the relationship had been 'on and off' for 5 years. However, each time a referral had been made the risk was assessed as lower because they had separated. Again, there was a failure to connect the referrals: completing a chronology would have enabled a fuller picture of the information that was held and perhaps highlighted the need for a more detailed assessment of the relationship and the potential risks of this.
- 15.4.1.13 During this period there were significant staffing issues in the Local Authority, as highlighted by Ofsted, and there was no consistency in the staff who were reviewing the referral and contact information. Each notification was considered separately, and there does not appear to be any 'joining up' or review of the

experience of the children in the household. As happened in 2009, the focus was on Mrs C as the mother of the children and the steps she was taking to protect her children, and there was insufficient challenge of her in relation to her relationship with Nick. She was sent letters after each notification enclosing information on domestic abuse services, and in 2012 she was sent two letters within a month. It is clear when reviewing the chronology that there could have been more proactive contact and exploration of support to her in relation to domestic abuse. There was no contact made with Nick in relation to his role as a father. There is a comment that Mrs C had made appropriate arrangements for him to have contact with the children through grandparents, but this was not explored or discussed.

15.4.1.14 Holding Nick to account for his behaviour as a father may have led him to seek out behavioural management. Although, if Nick had been involved with an assessment and acknowledged that he was the perpetrator of domestic abuse, there would have been minimal options for support at that time, as prior to January 2020 the only support available in the Town A area would have only been accessible via a criminal justice route. However, there were missed opportunities to identify the areas of concern and to try to engage with Nick.

#### 15.4.2 **Kitty Hurley**

15.4.2.1 In relation to Kitty, Children's Social Care had information on two previous relationships in which she experienced domestic abuse. In 2003 there is reference to her staying at her mother's home as she had fled domestic violence, but the partner was not named. Between 2013 and 2015 there is reference to her relationship with Mr W and several Domestic Abuse Notifications were made by the police to Children's Social Care relating to Mr W's behaviour. There is no indication that social workers had any knowledge about domestic abuse in relation to Kitty and Nick. Daisy had expressed some concern about their relationship, but her personal advisor said that this was due to their drinking.

- 15.4.2.2 There is no evidence in the files that there were any conversations between social workers and Kitty about her relationships or discussions about support. In 2003, the initial assessment mentions that she was staying with her mother having fled domestic abuse and was waiting for things to 'settle' before returning to her flat. It should be noted that the information in this review has been taken from historic paper files which contain a typed assessment record, but no detailed notes of the visits undertaken, and limited hand-written notes on actions agreed by the team manager at the time. However, there does not appear to have been any detailed exploration of this relationship, whether Daisy had been exposed to domestic abuse and whether Kitty was planning to resume the relationship. There is no reference to any information being provided to Kitty on support services and any other checks being carried out. There was a lack of any professional curiosity or acknowledgement of the potential risks to Daisy and Kitty.
- 15.4.2.3 In relation to Kitty's relationship with Mr W, Children's Social Care were notified by Police following each incident, and they also had a referral from the local domestic abuse service. Each time the information was passed onto Daisy's social worker. There is no reference to any follow-up from this or any attempt to contact Kitty to offer further support. There is no other reference to Kitty receiving support relating to domestic abuse, although when the social worker spoke with Kitty in January 2014 and March 2014, he did advise her that Daisy had voiced her concern about Kitty's relationship with Mr W.
- 15.4.2.4 There is extensive reference in Daisy's historic files to Kitty's long-standing problems with alcohol. The early referrals made in 2003 and in 2006 both refer to her as having a significant drinking problem. The referral in 2003 did meet the threshold for an assessment and a social worker visited the family. This visit did not identify any concerns about Daisy's care and Kitty advised them that she only had an occasional drink. The recording is limited but it appears that the information Kitty did share with the



social worker was accepted, and the concerns in the referral about the extent of her drinking at that time was recorded in the notes as malicious. The limited records do not confirm one way or another if the information shared by Kitty was checked out, but it does appear to have been taken at face value.

- 15.4.2.5 The practice for the Leaving Care Team (See [Glossary](#)), who Daisy was supported by, is to focus on the young person. Contact with a parent once they are over 16, is led by the young person. Contact with parents can vary and they can be offered support if requested, but Kitty had not been proactive in keeping in contact and she had not asked for support from social workers.
- 15.4.2.6 There is a record in Daisy's files in August 2013 that Kitty had spiralled into drinking and depression after her mother passed away in January 2012. This is the first mention of Kitty's struggles with bereavement and mental health, although Children's Social Care had been involved for months by this point. This links to Daisy's claim that social care professionals do not care about adults as soon as they are no longer responsible for children.
- 15.4.2.7 In August 2013 the domestic abuse service made a referral into Children's Social Care due to the assault on Kitty on 2<sup>nd</sup> August. Daisy was already in care, however at this point the social worker could have interfaced with the domestic abuse service to work out a way of encouraging engagement between Kitty and an Independent Domestic Violence Advisor. This links to Daisy and Cherry's argument that adult victims must actively seek support for themselves.
- 15.4.2.8 There are further extensive references across Daisy's files from 2013 onwards of Kitty having a long-standing problem with alcohol. There are examples of good practice in January and March 2014 when, following concerns raised by Daisy about her contact with her mother, a social worker spoke to Kitty. On both occasions the social worker spoke to Kitty about the impact on Daisy of Kitty's drinking and the violence in her relationship. Kitty

stated that she understood this. However, there is no indication that she was able to make the required changes as she did not appear to seek support for alcohol use, and her relationship with Mr W continued until he was arrested in December 2015.

- 15.4.2.9 As introduced at section 12 above, from an early age Kitty's outlook on life would have been shaped by her experiences of male violence in the form of sexual abuse. She may have normalised the violence and may not have understood how to live in any way other than the chaotic, alcohol induced life that she was experiencing. Equally, she may not have had the tools to make the changes needed to live a different kind of life. To assume that a long-term victim of abuse, with enduring mental health issues and an addiction to alcohol are actively choosing to live that way, fails to recognise the pervasive nature of coercive control.
- 15.4.2.10 In January 2017 Daisy expressed concern that she had not had any contact with Kitty since September. She was worried as Kitty was staying with Nick and his father, who were both known to misuse alcohol, and asked her social worker for help to contact Kitty. There is no record on the file of this happening or any attempt to contact Kitty. It is possible that the reason for this is that soon after this meeting, Daisy was given notice by her care and the focus of intervention would have been on identifying accommodation for Daisy.
- 15.4.2.11 The overarching principle of child protection practice is that the welfare of the child is paramount, and the focus of intervention was therefore on Daisy and plans for her care. The initial decision for Daisy to become looked after in August 2013 was made with Kitty's agreement under section 20 of the Children Act 1989. Soon after this, the decision was made that she would stay in foster care long-term as Kitty was unable to care for her due to long-standing issues with drinking and domestic abuse. There was very little evidence of contact between Kitty and social workers. Kitty did not

initiate contact with Children's Social Care around her daughter's placement, did not attend many meetings nor respond to phone contact. However, there were some proactive attempts to engage with Kitty.

15.4.2.12 Research has evidenced that often social workers considered parents' issues only insofar as they impact on the child.<sup>41</sup> A more holistic perspective would have acknowledged that Kitty had a continuing role in Daisy's life and that supporting her would impact on the relationship between them: in supporting Kitty, Daisy would also benefit. There was good practice exercised by the social worker who contacted Kitty in 2014 and encouraged her to access counselling and support to improve her relationship with Daisy. However, there is limited evidence of any other attempts to engage Kitty while Daisy was a looked after child.

## **15.5 Kent Police**

- 15.5.1 Kitty Hurley never called Kent Police. Police were alerted - in respect of Kitty and Nick's relationship – by Nick or by third parties.
- 15.5.2 Currently, Kent Police utilise two risk assessment tools. These are the Domestic Abuse, Stalking and Honour Based Violence Risk Indicator Tool (DASH)<sup>42</sup> and the Domestic Abuse Risk Assessment (DARA) tool.<sup>43</sup>
- 15.5.3 On each occasion when police were alerted, the incidents were rightly recognised as being domestic abuse incidents and risk assessments were undertaken. When risk assessment answers were declined, officers made assessments based on previous incidents. This is good practice as it acknowledges context and moves away from an incident-by-incident response.
- 15.5.4 The DARA risk assessment is shorter than DASH with fewer questions that are graded on a four-point sliding scale by the victim responding 'Never', 'Occasionally', 'Often' or 'Always'. A free text box at the end is

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<sup>41</sup> Featherstone, B, White, S. and Morris, K. (2014) *Re-imagining Child Protection: Towards Humane Social Work with Families* Bristol: Policy Press

<sup>42</sup> [Dash Risk Checklist – Saving lives through early risk identification, intervention and prevention](#)

<sup>43</sup> [DA risk assessment pilot.pdf \(college.police.uk\)](#)

intended to capture any additional information. If positive responses are made to certain questions, further harassment and stalking based questions are prompted.

- 15.5.5 The DARA Tool has been subject to on-going review by the College of Policing and is to be promoted as best practice nationally. Some concerns were identified in 2020 by Kent Police users that officer's assessments lacked context. This was addressed in Feb 2021 with an upgrade in the DARA question set which mandates that officers provide context in an additional text box. The decision as to national adoption of DARA has not yet been made, however it is anticipated that it will be approved by the National Police Chiefs Council (NPCC) lead for domestic abuse.
- 15.5.6 Within the DARA tool there is a running log where officers can include more information. The risk assessment is a very small element of the information recorded by officers. It is up to them to utilise the space within the current system to undertake a proper assessment.
- 15.5.7 Following the allegation made by Kitty whilst she was in custody in April 2019, the investigating officer attempted to gain further information from Kitty about the assault after she was released from custody, therefore ensuring that she was being dealt with as a victim. However, Kitty did not wish to pursue this matter. It was right and appropriate to try to speak with Kitty outside the context of the custody situation.
- 15.5.8 It could be argued that at this point, or at future points when Kitty had further contact with police, information could have been shared with Kitty about Nick's history of violence against previous partners via the use of the Domestic Violence Disclosure Scheme,<sup>44</sup> specifically through the Right to Know route.<sup>45</sup>
- 15.5.9 The Domestic Violence Disclosure Scheme was introduced in 2014. The Scheme did not introduce new legislation and was based on existing Common Law powers of the Police to disclose information where it is necessary to prevent a crime. The Scheme provides a framework to enact

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<sup>44</sup> [domestic violence disclosure scheme guidance – Home Office \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/84444/domestic-violence-disclosure-scheme-guidance)

<sup>45</sup> *Ibid* p.15

these powers and has been given a statutory footing in the Domestic Abuse Act 2021. The Right to Know guidance requires Police to proactively inform potential victims of domestic abuse of the risk of their partner following a multi-agency information sharing and risk evaluation exercise. Any statutory agency can make the Right to Know application, which is considered by a panel. It is unknown how many applications are made by Police. However, during 2020, Right to Know applications in Kent only resulted in 31% disclosure of information, compared with a national average of 52%.<sup>46</sup>

15.5.10 It could also be argued at this point that the involvement of a domestic abuse specialist - independent of the police - may have encouraged Kitty to disclose the abuse. The presence of a specialist, such as an Independent Domestic Violence Advisor at the police station, to speak to Kitty, may have at least planted the seed that there was someone available to support her, who would be able to respond to her needs as a victim of domestic abuse, separate from a criminal justice or a child protection response.

15.5.11 One of the officers dealing with the incident in October 2019 reported that this was a verbal argument and, following both parties being spoken to, it was not clear that one was at fault and one a victim. They were recognised as 'involved parties' rather than suspect and victim. She outlined that under such circumstances she would obtain DASH answers from both parties, which is good practice. At this time, the IT system that records these details (Athena) was not set up to easily allow two risk assessments to be linked to a report. However, officers are able to use an area for free type to record additional risk assessments or link any further information to the case.

15.5.12 It is important to add at this point that the very dynamics of coercive control, with power and control at its core, means that victims and perpetrators do not interchange. It may be difficult for officers to identify who is a victim, especially when both are intoxicated and one person is not behaving in a typical "victim" way. Also, when an abuser utilises the

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<sup>46</sup> The Office of National Statistics [Domestic abuse in England and Wales - Data Tool - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/domestic-abuse-in-england-and-wales-data-tool)

police as a form of control, this can distract from the identification of victim/perpetrator.<sup>47</sup> However, as stage one of the homicide timeline indicates, an examination of historic behaviours and dynamics will generally present an accurate picture of the roles of each party within the relationship. A sensitive analysis of situations which present as 'situational couple violence',<sup>48</sup> such as this, is required. This can be facilitated by involving a qualified domestic abuse specialist, such as an Independent Domestic Violence Advisor, who can access a screening tool, for example the Respect Screening Tool,<sup>49</sup> which facilitates exploration into the relationship dynamics when a practitioner is not sure if the person presenting as a victim is in fact the perpetrator.

15.5.13 The potential use of a Domestic Violence Protection Notice was considered on various occasions. Under the circumstances of both parties wishing the relationship to continue and refusing to provide any admissible evidence against the other, and with the absence of any other admissible evidence, this was assessed to not be a viable option.

15.5.14 Records show that each time police were involved, one or both of the parties were provided with safety planning advice and made aware of the local One Stop Shop. The situation was never risk assessed as high risk, which would have facilitated a Multi-Agency Risk Assessment Conference referral and the involvement of an Independent Domestic Violence Advisor.

15.5.15 Access to enhanced services, including an Independent Domestic Violence Advisor or equivalent, generally relies upon a high-risk DASH or DARA assessment. This case was assessed as medium risk, which included the consideration of historic police involvement with Nick. Based upon the information provided, the police assessment and ongoing processes appear to be accurate and in line with services available at the time.

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<sup>47</sup> Douglas, H "Legal Systems Abuse and Coercive Control" *Criminology and Criminal Justice* 18 (1) (2018)

<sup>48</sup> Jamesson, M P *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance and Situational Couple Violence* (2010)

<sup>49</sup> [Respect Toolkit for work with male victims of domestic abuse | Respect](#)

15.5.16 Evan Stark argues that allocating resources simply based on predicted dangerousness is insufficient, as many partners are murdered in cases which are not identified as high risk.<sup>50</sup> However, the allocation of resources based upon some level of assessment is unfortunately inevitable due to the lack of infinite resources available.

## **15.6 Kent & Medway Clinical Commissioning Group**

15.6.1 Upon reading the completed review report, the family were surprised about the level of disclosures Kitty made to her GPs. Daisy stated that she did not realise that Kitty had spoken to any professionals about her experiences.

15.6.2 In late 2011 and early 2012 Kitty attended her GP surgery with mental health issues, notably stress and anxiety, which she stated were due to Daisy being bullied at school.

15.6.3 In January 2012 Kitty approached her GP to discuss symptoms of depression and stress related to her mother's terminal illness. A very short time later she contacted the surgery again and informed them of her mother's death. There is no follow up of an offer of bereavement counselling or any other intervention recorded. Kitty was prescribed medication and given a medical certificate.

15.6.4 The GPs first documented episode of alleged domestic abuse was noted within hospital correspondence which was sent to Kitty's GP in August 2013. This correspondence was for information only. There was no requirement to follow up with Kitty, so no further action was taken by the GP.

15.6.5 In late August 2015 Kitty was again noted to be suffering from depression, stress and anxiety. She had told her GP that she was a heavy drinker with an ongoing depressive illness. The GP advised Kitty to attend Turning

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<sup>50</sup> Stark, E "The Dangers of Dangerousness Assessment" *Family and Intimate Partner Violence Quarterly* (2013)

Point,<sup>51</sup> and although it is widely believed that patients who refer themselves to support services are more likely to be motivated to make a change, a more appropriate response for Kitty at this stage may have been for the GP to directly refer her to Turning Point.

- 15.6.6 In early September 2015 there is a GP record that Kitty was assessed by ThinkAction.<sup>52</sup> Presumably this was following a self-referral and she was possibly following the advice given to her the month before to access support, as there are no GP notes to indicate that a referral was made. Whilst treatment was offered for her depression and anxiety, there was no documented follow up by Kitty.
- 15.6.7 The services provided by Turning Point and ThinkAction are similar, and whilst Kitty may have taken on board the advice to seek specialist support for her problematic alcohol use by accessing ThinkAction, it is important that GPs utilise the available pathways to directly refer patients into specialist services such as these.
- 15.6.8 In January 2016, a Locum GP recorded “symptoms of depression due to Domestic Violence – assaulted beginning of December 2015”. This appears to be information which Kitty has shared with the GP and relates to the assault by Mr W which led to his arrest in December 2015. The GP notes state that the situation was high risk, but it is unclear where this assessment of high risk is from. It was potentially self-reported by Kitty. There is no evidence of further safeguarding considerations or a domestic abuse policy being followed.
- 15.6.9 Also, within the Locum GPs notes in January 2016 is mention of a referral to KCA.<sup>53</sup> However, the notes on this are unclear and do not offer any insight into Kitty’s state of mind at the time. Later in January 2016 there is a brief mention of Kitty being on the waiting list for high intensity Cognitive Behavioural Therapy, but there is no further detail.

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<sup>51</sup> [Turning Point | Health & Wellbeing \(turning-point.co.uk\)](http://turning-point.co.uk)

<sup>52</sup> [We Are With You \(formerly Thinkaction\) | We Are With You](#)

<sup>53</sup> KCA is the former name for ThinkAction



15.6.10 In July 2016 Kitty's GP again notes "heavy alcohol consumption" and Kitty is again signposted to Turning Point. Kitty was prescribed anti-depressants and given a further medical certificate.

15.6.11 There appears to be a lack of proactivity employed by the GPs to whom Kitty had disclosed enduring mental health and alcohol issues. Whilst the GPs were only aware of minimal domestic abuse information, medical notes paint a picture of a troubled woman who is struggling with problematic alcohol use, yet she was often left to seek support for herself. There is little to no evidence that GPs followed up the referrals they made, either with the agency they had referred to, or with Kitty at later appointments.

## **15.7 Kent Community Health NHS Foundation Trust**

15.7.1 Kitty attended a Minor Injuries Unit on 2<sup>nd</sup> February 2017. She presented with an injury that she reported had happened because of a fall down one flight of stairs a month before, whilst under the influence of alcohol. The written record detailed that Kitty had attended with her partner. It is recognised that best practice requires that the accompanying person's name should be included in the records. The practice in the Minor Injuries Unit has changed since this time-period and staff now document an accompanying person's name in the patient's record. In an interview with the Individual Management Report writer, the practitioner confirmed that Kitty attended with her partner Nick.

15.7.2 The standard practice would be for Minor Injuries Unit practitioners to offer the attending person the opportunity to be seen alone. The practitioner recalled in the Individual Management Report interview that this was offered, however Kitty wished for Nick to be present in the assessment room. Kitty's presenting complaint was not considered unusual for someone attending the Minor Injuries Unit. There were no physical injuries identified during the assessment and Kitty was appropriately referred to the GP in line with a potential clinical need. The practitioner is an experienced clinician and in interview explained she has a good

understanding of indicators of domestic abuse. She recalled in the interview that both Kitty and Nick were interacting well and that their body language did not suggest any concern that would have triggered further exploration of potential domestic abuse.

15.7.3 During this assessment, Kitty admitted to regularly binge drinking. Following the Minor Injuries Unit assessment, Kitty was directed to the GP walk-in centre on the same site for further review, and a discharge summary was shared. In the interview the practitioner explained that the pain may have been an indicator of an underlying condition linked to the alcohol use and had therefore referred Kitty to the GP for this further review. As identified in the section above, the GP did not refer Kitty onto specialist support following this referral from the Minor Injuries Unit.

## **15.8 Kent and Medway NHS & Social Care Partnership Trust**

15.8.1 Kent and Medway NHS & Social Care Partnership Trust provides secondary mental health services across Kent and Medway, both in the community and within inpatient settings.

15.8.2 Primary care, which includes GP Practices, is often the first point of contact for people in need of health advice or treatment. GP practices particularly are charged with providing care for 'common mental health problems' and for contributing to health promotion. Approximately 90% of people with mental health problems are cared for entirely within primary care.<sup>54</sup>

15.8.3 Secondary care includes services which generally require a referral from a GP, or via an agreed access point such as Liaison Psychiatry. Examples of secondary mental health services are hospitals, some psychological wellbeing services, Community Mental Health Teams<sup>55</sup>, Crisis Resolution and Home Treatment Teams,<sup>56</sup> assertive outreach teams and early intervention teams. Kent and Medway NHS & Social Care Partnership

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<sup>54</sup> England L, (2017) Royal College of General Practitioners (<https://www.rcgp.org.uk/clinical-and-research/about/clinical-news/2017/december/90-per-cent-of-people-with-mental-health-problems-cared-for-within-primary-care.aspx>)

<sup>55</sup> [Support services for mental health | Mind, the mental health charity - help for mental health problems](#)

<sup>56</sup> [Mental health crisis teams | Mind, the mental health charity - help for mental health problems](#)

Trust provide secondary care and had very little contact with either Kitty or Nick. In the single contact Kitty had with them she was seen by the Criminal Justice Liaison & Diversion Service<sup>57</sup> whilst she was in custody following her arrest for allegedly assaulting Nick. During the assessment Kitty disclosed that she suffered from depression and misused alcohol and cannabis.

15.8.4 Risks associated with mental health, domestic abuse and substance misuse are apparent from the contact information, and this seemingly played a significant part in Kitty's tragic death. Domestic abuse, substance misuse and mental health problems have been highlighted throughout research as a significant risk factor resulting in the risk of harm within intimate relationships. Where this is identified, good practice should include discussions regarding the impact of these risk factors, how the patient perceives these risks and the patient being advised of local support. Signposting to these services should also be standard. This should happen whether someone is regarded as a victim or a perpetrator when seen by the Criminal Justice Liaison & Diversion Service. It is also important that practitioners' discussions do not conflict with any concurrent criminal justice interventions.

15.8.5 These discussions and explorations did not happen with Kitty. A learning opportunity to improve practice has been identified. A section in the Criminal Justice Liaison & Diversion Service assessment covering these areas would be beneficial where domestic abuse is identified.

## **16 Conclusions**

### **16.1 Homicide Timeline**

16.1.1 The Homicide Timeline is a tool which is useful to assist with the identification of factors which made Nick dangerous and Kitty vulnerable. This identification can help agencies to plan for future learning.

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<sup>57</sup> A multi-disciplinary team who screen vulnerable people of all ages throughout criminal justice processes - see [KMPT | Criminal Justice Liaison and Diversion Service \(CJLADS\)](#)

- 16.1.2 The Homicide Timeline as a theory has been layered over the facts of this case. It is evident that the facts reflect the stages of the timeline, and in particular the earlier stages of the timeline are well documented in Nick's case.
- 16.1.3 Whilst we will never know for certain what the "stage four - trigger" was which led to the "stage five - escalation", we do know from Nick himself that he had carried out the action of strangling or smothering Kitty on numerous occasions prior to this action resulting in her murder. It may be that each of these incidents were part of Nick's "stage six - change in thinking" and "stage seven - planning", and any one of these non-fatal strangulation assaults could have become murder.
- 16.1.4 Nick's history identifies him as being controlling and violent to at least three ex-partners before he met Kitty. His behaviour was problematic from a young age, with Children's Social Care involved due to concerns raised by his mother.
- 16.1.5 The relationship was formalised very quickly after Kitty and Nick met. Kitty told her family that he was just a friend who was helping her because of her mental health and her issues with alcohol following the death of her mother. The couple then moved away from Town A and into Nick's father's caravan, potentially isolating Kitty from her support network.
- 16.1.6 The relationship can be seen as sitting at stage three of the Homicide Timeline for some time. Cherry described how Nick took Kitty's phone, so Cherry bought Kitty a phone to stay in touch, and how Nick would also be involved in telephone conversations, often shouting in the background when Cherry called Kitty. He turned up at family events when he was not invited and refused to leave without taking Kitty with him.
- 16.1.7 Kitty was already isolated due to her alcohol problems; she no longer had the care of her daughter due to long term alcohol abuse and previously living with a high-risk domestic abuse offender. The abuse she experienced at the hands of both of her previous long-term partners, and especially Mr W, would have conditioned her not to put up much of a defence. Her family all identified the fact that she was not one to make a fuss and would not have asked for help.

- 16.1.8 Nick therefore did not have to make very much effort to isolate and control Kitty. Daisy and Cherry said that Nick provided Kitty with alcohol, often far more than two people could safely consume, and encouraged her to be in a state of intoxication. Kitty's resulting lack of control over herself would have exacerbated Nick's control over her.
- 16.1.9 Nick used the police to control Kitty, calling them on at least five occasions leading up to her death. There is no record of Kitty ever calling the police, either in respect of Nick or any other partners. Heather Douglas argues that legal processes provide an opportunity for abusers to expand their repertoire of coercive and controlling behaviour, and that an improved understanding of coercive control could help police and other professionals to circumvent this 'legal system abuse.'<sup>58</sup>
- 16.1.10 During the summer of 2019, Kitty had told Daisy and her aunty Cherry that Nick had been locking her in the flat. She also told Cherry that Nick had kicked her in the back and she was concerned that her ribs were broken.
- 16.1.11 It may be that this was a turning point for Kitty, where she began to identify Nick's behaviour as unacceptable and the relationship as unhealthy. Research into relationships where domestic abuse and substance misuse is a factor, found that as the non-abusive partner began to question the relationship, the abusive partner's attempts to coercively control became more dangerous and desperate. For example, refusing to allow the partner to leave the house, or coercing them to consume more alcohol.<sup>59</sup> It would appear that this is how Nick also reacted to his diminishing control over Kitty.
- 16.1.12 Daisy told the Review Chair that just before the murder, Kitty had been staying with a friend. She had told Daisy at the time that she did not want to be in a relationship with Nick anymore. Daisy said that until then, Kitty had never had any independence. She thought that her mum might have been preparing to leave Nick.

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<sup>58</sup> *ibid*

<sup>59</sup> Gadd, at al above n 10 p.1045

16.1.13 Kitty did not stay with her friend for very long and returned to the flat - and to Nick - but in the meantime she had also secured employment. Daisy told the Review Chair that she believes that Nick did not like Kitty going to work, and that he was losing control of Kitty.

16.1.14 This series of events – where Nick begins to lose control of Kitty - can be identified as the “trigger”, moving the situation onto stage four of the homicide timeline. Presumably, Kitty going to work each day required her to be less intoxicated. Daisy described how Kitty was dropped to and from work by a colleague which reportedly upset Nick. The influence of other people outside of the relationship, and Kitty striving to get her life together, may have been the trigger for Nick to escalate his behaviour.

16.1.15 Nick already had a history of non-fatal strangulation, and it may be that the remaining stages were progressed through very quickly.

## **16.2 Responding to Victims with Complexities**

16.2.1 Due to Kitty’s experiences, of male sexual violence at a young age, and the bereavement of her mother, she may have been distrustful of authorities and support services. She may have also normalised the abuse she was subjected to, and we know she self-medicated with alcohol. These factors would have made it hard for professionals to engage with Kitty on a meaningful level. We know she did not call the police when she was assaulted, either by Mr W or by Nick, and her family told the Review Chair that she would never ask for help.

16.2.2 Services to support victims of domestic and sexual abuse should be easy to access and should be situated in spaces where victims intersect with other services. This is particularly because many victims have complexities which increase their barriers to accessing support and therefore situating the services together may lead to interactions with other services.

16.2.3 Kitty appeared to be “stuck” with the culmination of her unresolved traumas. As her father described, she appeared emotionless and frozen. The offer of help for domestic abuse at the point where she was involved

with services for other elements of her life, for example her mental health, the criminal justice system or at Accident and Emergency, may have been the catalyst for her to engage with services.

- 16.2.4 In August 2013 when Kitty was seriously assaulted by Mr W, she discharged herself from hospital and returned to him.
- 16.2.5 Daisy and Cherry both said that because there was no child involved at this point, as Daisy was already in the care of the Local Authority, “no one really bothered with it”. They felt that “it was as if it was up to Kitty to stay if she wanted or leave if she wanted.” Daisy wondered whether there could be some sort of intervention for adults who do not seem able to protect themselves from an abuser.
- 16.2.6 The Hospital Independent Domestic Violence Advisor (HIDVA) service was introduced in Kent in April 2018. The HIDVA service provides a link between the hospital and community services, ensuring that patients accessing the service in a clinical environment have the onward support they need when they leave the hospital. The HIDVA Service Annual Report<sup>60</sup> from 2019/2020 reports that 620 patients had benefited from the support and advice of a HIDVA between April 2018 and March 2020. Of those referred to a HIDVA within the hospital setting, only 4% declined advice or support.
- 16.2.7 If the Hospital Independent Domestic Violence Advisor service had been in place at the Accident and Emergency department where Kitty was treated for her injuries in August 2013, there could have been an opportunity for Kitty to engage with services and gain some insight into domestic abuse. This point of crisis following a violent assault could have been the catalyst for Kitty asking for help. This intervention at this time could have ended the cycle of domestic abuse in which she had found herself in until her murder.

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<sup>60</sup> Westlake, R *Hospital Independent Domestic Violence Advisor Service Annual Report 2019-2020*  
Kent County Council

- 16.2.8 The presence of Independent Domestic Violence Advisors, or equivalent, in settings such as police stations, in force control, and within Multi-Agency Safeguarding Hubs (See [Glossary](#)) can provide an independent specialist to guide a victim within these settings.<sup>61</sup> If an Independent Domestic Violence Advocate, or equivalent, had been available to meet with Kitty when she disclosed abuse following her arrest, they may have been able to guide and encourage her to officially report the incident.
- 16.2.9 Kitty approached her GP on numerous occasions, and whilst she predominantly spoke about her mental health and alcohol misuse, the GP was aware that she had been a victim of domestic abuse. Attendance at the GP surgery could have also been an opportunity for access into a domestic abuse service. The IRIS Programme<sup>62</sup> is a collaboration between primary care and specialist domestic abuse services. Each GP Practice taking part in the IRIS Programme is allocated an Advocate Educator who trains the practice staff around identifying, enquiring, and signposting victims of domestic abuse and coercive control. They also take referrals directly from the surgery for victims who would benefit from specialist domestic abuse support. If the IRIS Programme had been in place at Kitty's surgery, she would have been linked into a local specialist provider via this route.
- 16.2.10 It is important that access to independent and specialist domestic abuse is as available as possible, especially for victims who are reluctant to disclose abuse and/or engage with services. This is particularly stark for victims like Kitty who are also struggling with a complex set of issues. Bringing together the various statutory and voluntary agencies a victim may access for non-domestic abuse related issues as a multi-disciplined approach, increases the opportunities of engagement with victims, whilst also upskilling a multi-disciplinary group of professionals to respond to disclosures of domestic abuse safely and effectively.

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<sup>61</sup> Coy, M and Kitty, L *Islands in the Stream* (2011) Available: [IDVA-Main-Report.pdf \(digitaloceanspaces.com\)](#) Accessed 2<sup>nd</sup> June 2021

<sup>62</sup> [How can IRIS help - IRISi](#)



16.2.11 Across Kent and Medway there are now a number of complex needs IDVAs who have lower caseloads and are specifically trained to support victims with a range of mental health and substance misuse issues. There is also a training package in development on “co-occurring conditions” for domestic abuse workers, to raise awareness of how victims/survivors are able to access drug, alcohol and wellbeing services within the community. This will be offered to police officers also. Similarly, there is work underway with domestic abuse workers, which aims to increase access and referral routes into mental health services across Kent and Medway.

### **16.3 Risk Assessing, Information Gathering, and Information Sharing**

16.3.1 Nick’s history of violence was there to be seen. However, there was no trigger for his historic propensity for violence to be identified and shared within any multi-agency setting.

16.3.2 The reliance upon a victim being assessed as high risk to trigger an enhanced response, which includes allocation of an Independent Domestic Violence Advisor, is problematic. It is understandable that resources are finite and there will always be a need to allocate specialist support to those who most need it. However, previous Domestic Homicide Reviews have involved victims who have not been assessed via the DASH risk assessment tool as high risk. This indicates that the current process of assessing risk is not necessarily accurate as an assessment of potential homicide. As mentioned above, academics have raised this concern and have also argued that the future harm from an abusive partner can be identified more accurately and more simply than the full completion of a DASH risk assessment.

16.3.3 Research indicates that the historic behaviour of a perpetrator can be an accurate identifier of future harm. It also indicates that the stage of the Homicide timeline which identifies historic violence in a relationship as an indicator of future violence could be included in risk assessment processes.<sup>63</sup>

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<sup>63</sup> Medina Ariza, J, Robinson A, and Myhill, A “Cheaper, Faster, Better: Expectations and Achievements in Police Risk Assessment of Domestic Abuse” *Policing: A Journal of Policy and Practice*, Volume 10, Issue 4, December 2016, Pages 341-350, <https://doi.org/10.1093/police/paw023>

- 16.3.4 The presence of a “serial domestic abuse offender” indicator may have flagged for this information to be identified and shared with agencies. Alongside the facts of Kitty’s vulnerabilities, it may have led to the involvement of Kitty and Nick at one of the various multi-agency vehicles, such as the Community MARAC, the Domestic Abuse Board, or the Vulnerability Panel (see [Glossary](#) for all). It may have also encouraged officers to make a referral to the domestic abuse service or consider applying for a Right to Know disclosure via the Domestic Violence Disclosure Scheme.
- 16.3.5 Kitty and Nick were both viewed as troubled and as one of many problematic couples who have issues with alcohol and making a nuisance. However, they were both invisible in terms of risk of harm from one another.
- 16.3.6 The Building Better Relationships Programme is currently delivered by the National Probation Service across Kent and Medway. It is a programme for adult male perpetrators convicted of domestic abuse related offences, and it is designed to reduce reoffending and promote the safety of current or future partners and children. Nick had been court ordered to complete a perpetrator programme in 2009 but failed. However, the panel identified a historic and current lack of consistent and effective support for perpetrators outside of the criminal justice remit throughout Kent and Medway. This means that had Nick been identified as a serial abuser, there would have been limited options for addressing this behaviour.
- 16.3.7 The Office of the Police and Crime Commissioner (OPCC) have very recently launched a pilot perpetrator programme throughout Kent and Medway. Perpetrators are offered either a 12-session group programme, or ten sessions of individual one-to-one work. This is available if the perpetrator is able to accept a level of responsibility for their behaviour and are motivated to make a change. Non-abusive partners are referred into their local domestic abuse service to ensure that they are supported whilst their (ex)partner works through the programme. Referral pathways include via police or other professionals, and also by self-referral. The pilot was launched in September 2021 and is being fully evaluated by a local university.

## 17 Lessons to be Learnt

- 17.1 Similar concerns have arisen from this review as those highlighted within Children and Social Care Ofsted inspections for the same period. This is namely an inconsistent application of thresholds, with too little challenge of information provided by other professionals and parents, limited consideration of relevant historical information and a lack of professional curiosity.
- 17.2 The response to children's safeguarding referrals considered each contact in isolation and did not consider the cumulative impact of domestic abuse. The focus on the welfare of the children was applied narrowly and the impact of parental behaviours on the children was not considered. This meant that there were limited meaningful attempts to address with Kitty the impact of her drinking and relationships, and no engagement with Nick, despite repeated referrals in relation to his children and extensive knowledge about the risks he posed.
- 17.3 This review has highlighted the importance of social workers undertaking thorough assessments, including the use of chronologies and genograms, to ensure that the best information is gained, and that historic information is considered when assessing and analysing risk factors.
- 17.4 Similarly, this review has also highlighted that there needs to be more robust challenge of both parents and professionals by social workers. Throughout the trajectory of this family's story, the assessment of risk associated with repeated DANs (Domestic Abuse Notifications) was not questioned, and this led to no further action even after there had been several repeat referrals. Specifically, there was limited recorded challenge of both significant adults. On the occasions when Nick's ex-partners stated that they had separated, this was accepted despite evidence to the contrary. Kitty minimised her issues with alcohol and the impact that this and her relationships had on Daisy. There is limited early evidence that this was meaningfully explored with her and there is only one recorded attempt to encourage her to access support.
- 17.5 Another key lesson learnt from this review is the importance of engaging fathers in Children's Social Care assessment and intervention. Throughout, there was a focus on Nick's children and their mothers, and he could be described as 'invisible'

to services. He was not included in assessments, there was no exploration of his role as a partner or a father, and no support was offered despite significant information known about him over a long period of time in relation to five children.

17.6 As many of the lessons identified within this review are noted in the Ofsted Inspection of Children's Social Care services report July 2019, there are already key priorities and actions that have been identified in Town A Children's Services Improvement Plan:

- There is a priority to improve risk assessment and quality of planning and intervention, with particular focus on impact of domestic abuse. Domestic abuse advanced training is mandatory for all children's social care staff.
- There has been a relentless focus on developing skills in assessments and interventions through the implementation of Town A Children Service's preferred practice model Signs of Safety. This is throughout the whole of Children's Social Care including partner agencies.
- Town A Children Service's quality assurance processes, including audit activity, is how they know they are improving outcomes for children, young people and families who experience domestic abuse and violence along with reflective supervision and management oversight.

17.7 Domestic abuse workers in Kent and Medway now provide support and advice to children's social work teams and Multi-Agency Safeguarding Hubs (MASHs), providing an opportunity for social workers to discuss cases where domestic abuse is a factor. This inter-agency work encourages an ongoing dialogue between professionals, allowing information sharing and informal exploration of the factors discussed above, which provides opportunity for creative engagement with victims/survivors and perpetrators.

17.8 During their relationship, Kitty was largely invisible as a victim, but Nick was also invisible as a perpetrator of abuse. Nick used the police to report Kitty on several occasions, however no questions were asked about this. It is recognised that domestic abuse perpetrators report into agencies such as police and Children's

Social Care to control their partners. A wider research piece into the prevalence of perpetrators' calls to police, to achieve the outcome of control, may be beneficial to assist with learning how to identify and counteract this misuse of police time. (Recommendation 11)

17.9 The use of a "repeat offender" indicator on police records would enable an accurate assessment of risk when dealing with domestic abuse perpetrators linked to more than two domestic abuse victims.

17.10 The historic lack of behaviour change programmes available for perpetrators in Kent and Medway has led to a culture amongst professionals where expectations are placed on victim/survivors to engage with services, with very little accountability expected from perpetrators. With the introduction of the OPCC perpetrator programme pilot, it is hoped that professionals will refer abusers onto the programmes, and in turn abusers will be held accountable for their behaviour. (Recommendation 10)

17.11 On most occasions, it was apparent that both Kitty and Nick were intoxicated when police attended. Whilst safety advice and signposting in relation to domestic abuse was extended to both Kitty and Nick over the relevant period, it is not apparent that any signposting to support networks in relation to addictions and/or alcoholic supports groups was offered. (Recommendation 1)

17.12 Kent and Medway NHS & Social Care Partnership Trust to explore insertion of a section in their assessment around relationships, risk, signposting and guidance around domestic abuse for both victims and perpetrators. (Recommendation 2)

17.13 Minor Injuries Unit staff to record details of accompanying persons. (Recommendation 3)

17.14 There were missed opportunities for the Domestic Violence Disclosure Scheme to be utilised. The Domestic Abuse Act 2021 has placed the scheme on a statutory footing, and all statutory services should be encouraged to consider an application to the Right to Know route,<sup>64</sup> which allows the sharing of the criminal history of a

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<sup>64</sup> Duggan, M "Victim Hierarchies in the Domestic Violence Disclosure Scheme" International Review of Victimology 24 (2) p.199 – 127 [Victim Hierarchies in the Domestic Violence.pdf](#)

domestic abuse perpetrator with their current partner. Had Kitty been made aware of the extent of Nick's historic violence towards partners, she may have taken firm steps to end her relationship with him. This is something that Daisy was sure her mother had been considering around the time of her murder. (Recommendation 9a).

17.15 Where victims, such as Kitty, are not engaged with Children's Social Care or an Independent Domestic Violence Advisor, there is a reliance on the police to apply for information via the Right to Know route. Research into the source of Right to Know applications may provide insight into gaps in utilising the Scheme and may provide evidence to support awareness raising of the Scheme. (Recommendation 9b)

17.16 There appears to be a lack of proactivity employed by GPs to whom Kitty had disclosed enduring mental health and alcohol issues. Although referrals were made to local drug and alcohol services on occasions, on other occasions Kitty was signposted to refer herself. When the GP did make a referral into services, there is no evidence that GPs followed up the referrals they made, either with the agency they had referred to, or with Kitty at later appointments. Good practice would be for GPs to ask returning patients if they had self-referred to the services they were signposted to, and if they hadn't, there should be a conversation as to why they had not self-referred. A more proactive attempt to secure specialist support for Kitty may have encouraged engagement with services. Learning from this review should be shared with primary care practitioners to encourage adoption of this more proactive approach when signposting or making referrals. (Recommendation 12)

17.17 A multi-disciplinary approach to supporting victims of domestic abuse who also have issues with drugs, alcohol and/or mental health challenges would enhance the current provision of services in Kent and Medway. Currently, in some areas of Kent, the Kent Integrated Domestic Abuse Service, commissioned by Kent County Council, offers a Complex Independent Domestic Violence Advisor who supports victims with complex needs. (Recommendation 6)

17.18 The presence of an Independent Domestic Violence Advisor within health settings, such as Hospital Independent Domestic Violence Advisors in Accident and Emergency Departments, and IRIS Advocate Educators in GP surgeries, will allow

immediate support provision to a patient disclosing abuse and will enhance referral pathways for healthcare professionals identifying the need for a referral into specialist services. (Recommendation 7)

- 17.19 The presence of an Independent Domestic Violence Advisor, or equivalent, at multiple points throughout the police response to domestic abuse, would provide independent support to the victim and be available to offer advice to police, links to other services, and would create space for police officers to carry out their role in relation to crimes committed. It would be of benefit to identify which points, where the interface between victims and police occurs, could be enriched by the presence of an independent domestic abuse professional. (Recommendation 5 & 6)
- 17.20 Where issues with domestic abuse, mental health and/or substance misuse are identified, non-DA specific services should do more to have in-depth discussions with both victims and perpetrators around risk, support, what healthy relationships look like and support services available for both victims and perpetrators. (Recommendation 2)
- 17.21 Broader learning could benefit from research regarding the assessed level of risk in cases which result in a DHR. This could include a review linked to learning for MARACs, to enable an understanding of whether pathways into the MARAC process is relied upon too heavily when supporting victims. Learning from this research could assist with identifying broader categories of domestic abuse victims' needs beyond static risk levels.
- 17.22 Non-fatal strangulation was used by Nick towards Kitty and had also been used on Kitty by previous partners on numerous occasions. As section 15.3 details, the Domestic Abuse Act 2021 introduced a specific criminal offence of non-fatal strangulation, awareness of which should be raised with multi-agency partners. This DHR will form part of a Kent and Medway learning event to raise awareness of the dangers of non-fatal strangulation and the newly introduced offence. (Recommendation 13)

## 18 Recommendations

18.1 The Review Panel makes the following recommendations from this DHR:

	<b>Recommendation</b>	<b>Organisation</b>
1.	Officers dealing with both victims and suspects of domestic abuse incidents that have been aggravated by use of intoxicants consider signposting to relevant support groups in addition to domestic abuse support groups – this advice to be circulated via normal communication methodology within the organisation.	Kent Police
2.	CJLADS to explore an insertion into their assessment regarding relationships, risks, signposting and guidance associated with domestic abuse for both victims and perpetrators.	Kent And Medway NHS & Social Care Partnership Trust
3.	Minor Injuries Unit staff to record details of accompanying persons.	Kent Community Health NHS Foundation Trust
4.	Introduction of a risk indicator to flag on police systems when abuser has been in more than two relationships where they have perpetrated domestic abuse.	Kent Police
5.	Scoping exercise to be completed to identify advantageous points where independent domestic abuse professionals could be located within the police response to victims.	Kent and Medway Commissioning
6.	Gaps in provision to be identified through local needs assessment, with actions taken to address identified gaps – particularly around the co-existence of mental health, drug and alcohol misuse and domestic abuse.	Kent and Medway Commissioning



7.	<p>The continuation and extension of healthcare based IDVAs, or equivalent, throughout the county.</p> <p>Exploration of a Whole Health System.</p>	<p>Kent and Medway Clinical Commissioning Group</p>
8.	<p>To utilise the DAC Office's newly developed oversight mechanism to understand what - if any - correlation there may be between DHRs and MARAC cases.</p>	<p>Domestic Abuse Commissioner Office</p>
9.	<p>a) Materials created to raise awareness of DVDA, including Right to Know route, to be accessed by professionals and victims.</p> <p>Materials made available on agency websites, and shared with all relevant boards, forums, groups and agencies to ensure widespread distribution.</p>	<p>Kent Police</p> <p>Kent and Medway Community Safety Partnerships</p>
	<p>b) Research question recommended: "Who applies for Right to Know route DVDSs?"</p>	<p>Home Office</p>
10.	<p>Evaluation of the OPCC perpetrator programme pilot, partly funded by the Home Office to assess impact, and if the outcome is positive, determine how the programme can be sustained beyond the current funding cycle, as a partnership approach.</p>	<p>Office of the Police and Crime Commissioner</p>
11.	<p>A wider research piece into the prevalence of perpetrators' calls to Police, to achieve the outcome of control, may be beneficial for the VKPP to carry out, to assist with learning how to identify and counteract the misuse of police time.</p>	<p>Home Office</p>
12.	<p>Learning from this review will be disseminated to Primary Care colleagues through the Primary Care Health and Care Partnership Safeguarding Leads Forums</p>	<p>Kent and Medway Clinical Commissioning Group</p>

<b>13.</b>	This DHR will form part of a Kent and Medway learning event to raise awareness of the dangers of non-fatal strangulation and the newly introduced offence.	Kent and Medway Community Safety Partnerships
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## Appendix One

### **Kent & Medway Domestic Homicide Review**

#### **Victim – Kitty Hurley**

#### **Terms of Reference - Part 1**

##### **1. Background**

- 1.1 In January 2020 police officers attended a property in Town A, Kent. They found the victim, who SECAMB believed to have been deceased for a number of hours.
- 1.2 The victim's partner, Nick Brookes, was arrested for murder and was subsequently charged and remanded in custody.
- 1.3 In accordance with Section 9 of the Domestic Violence, Crime and Victims Act 2004, a Kent and Medway Domestic Homicide Review (DHR) Core Panel meeting was held on 3<sup>rd</sup> March 2020. It confirmed that the criteria for a DHR have been met.
- 1.4 That agreement has been ratified by the Chair of the Kent Community Safety Partnership (under a Kent & Medway CSP agreement to conduct DHRs jointly) and the Home Office has been informed.

##### **2. The Purpose of the DHR**

- 2.1 The purpose of this review was to:
  - i. establish what lessons are to be learned from the domestic homicide of Kitty Hurley regarding the way in which local professionals and organisations work individually and together to safeguard victims;
  - ii. identify clearly what those lessons are, both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
  - iii. apply these lessons to service responses, including changes to inform national and local policies and procedures as appropriate;
  - iv. prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;
  - v. contribute to a better understanding of the nature of domestic violence and abuse; and
  - vi. highlight good practice.

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## 3. The Focus of the DHR

- 3.1 This review has established whether any agency or agencies identified possible and/or actual domestic abuse that may have been relevant to the death of Kitty Hurley.
- 3.3 This review focuses on whether each agency's response to Kitty and/or Nick was in accordance with its own and multi-agency policies, protocols and procedures in existence at the time. In particular, the review examines the methods used to identify risk and the action plans put in place to reduce that risk. This review also considers current legislation and good practice. The review examines how patterns of domestic abuse were recorded and what information was shared with other agencies.

## 4. DHR Methodology

- 4.1 Independent Management Reviews (IMRs) were submitted using the templates current at the time of completion.
- 4.2 This review is based on IMRs provided by the agencies that were notified of, or had contact with, Kitty and Nick, between 1<sup>st</sup> August 2016 and the date of Kitty's death. Each IMR was prepared by an appropriately skilled person who has not any direct involvement with Kitty Hurley or Nick Brookes, and who is not an immediate line manager of any staff whose actions are, or may be, subject to review within the IMR.
- 4.3 Each IMR included a chronology, a genogram (if relevant), and analysis of the service provided by the agency submitting it. The IMR highlights both good and poor practice, and makes recommendations for the individual agency and, where relevant, for multi-agency working. The IMR includes issues such as the resourcing/workload/supervision/support and training/experience of the professionals involved.
- 4.4 If any information relating to Kitty as the victim, or Nick being a perpetrator, before 1<sup>st</sup> August 2016 came to light, that was also included in the IMR.
- 4.6 Any issues relevant to equality, i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation were identified. If none were relevant, a statement to the effect that these have been considered was included.

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4.7 IMRs submitted by each relevant agency were considered at a meeting of the DHR Panel and an overview report was then drafted by the Independent Chair of the panel. The draft overview report was considered at further meetings of the DHR Panel, until a final, agreed version was submitted to the Chair of Kent CSP.

## 5. Specific Issues to be Addressed

5.1 Specific issues that were considered by each agency in their IMRs:

- i. Were practitioners sensitive to the needs of Kitty and? Were they knowledgeable about potential indicators of domestic abuse and aware of what to do if they had concerns about a victim or perpetrator? Was it reasonable to expect them, given their level of training and knowledge, to fulfil these expectations?
- ii. How accessible were relevant services to Kitty, and Nick.
- iii. Were Kitty and/or Nick subject to a MARAC or other multi-agency fora?
- iv. Did the agencies have policies and procedures in place to respond to domestic abuse?
- v. What were the key points or opportunities for assessment and decision making in this case? Do assessments and decisions appear to have been reached in an informed and professional way?
- vi. When, and in what way, were Kitty's wishes and feelings ascertained and considered? Was Kitty informed of options/choices to make informed decisions, and was she referred to, or signposted to other agencies?
- vii. Was anything known about Nick?
- viii. Had Kitty disclosed domestic abuse to any professionals and, if so, was the response appropriate, and recorded/shared appropriately?
- ix. Were there any other factors relevant to the homicide?
- x. Are there lessons to be learned from this case relating to the way in which an agency or agencies worked to safeguard Kitty and promote her welfare, or the way it identified, assessed, and managed the risks posed by Nick?
- xi. What good practice and/or areas of improvement can be identified for future learning?

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## GLOSSARY

Abbreviations and acronyms are listed alphabetically. The explanation of terms used in the main body of the Overview Report are listed in the order that they first appear.

<b>Abbreviation/Acronym</b>	<b>Expansion</b>
A&E	(Hospital) Accident & Emergency Department
AAFDA	Advocacy After Fatal Domestic Abuse
CCG	Clinical Commissioning Group
CHMT	Community Mental Health Team
CJLDS	Criminal Justice Liaison and Diversion Service
CQC	Care Quality Commission
CSC	Children's Social Care
CSP	Community Safety Partnership
DA	Domestic Abuse
DANs	Domestic Abuse Notifications
DARA	Domestic Abuse Risk Assessment
DASH	Domestic Abuse, Stalking and Honour-based Violence
DHR	Domestic Homicide Review
DNA (Policy)	(KENT AND MEDWAY PARTNERSHIP TRUST) Did Not Attend
DVDS	Domestic Violence Disclosure Scheme
DVPN	Domestic Violence Protection Notice
GP	General Practitioner
HIDVA	Hospital Independent Domestic Violence Advisor
IDVA	Independent Domestic Violence Advisor
IMR	Independent Management Report
IMU	(Kent Police) Incident Management Unit
IOPC	Independent Office for Police Conduct
KCC	Kent County Council
KCHFT	Kent Community Health NHS Foundation Trust
KMPT	Kent & Medway NHS & Social Care Partnership Trust
LA	Local Authority
MARAC	Multi-Agency Risk Assessment Conference
MIU	Minor Injuries Unit
NHS	National Health Service

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NPCC	National Police Chiefs Council
NPS	National Probation Service
OPCC	Office of the Police and Crime Commissioner
OSS	One Stop Shop
PA	Personal Advisor
RiO	Electronic Patient Records System
SA	Sexual Abuse
Storm	(Staffordshire Police) Incident Management System

## Domestic Abuse (Definition)

The definition of domestic violence and abuse states:

*Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.*

*This can encompass but is not limited to the following types of abuse:*

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

### Controlling behaviour is:

*a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.*

### Coercive behaviour is:

*an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.*

## Domestic, Abuse, Stalking & Harassment (DASH) Risk Assessments

The DASH (2009) – Domestic Abuse, Stalking and Harassment and Honour-based Violence model was agreed by the Association of Chief Police Officers (ACPO) as the risk assessment tool for domestic abuse. A list of 29 pre-set questions will be asked of anyone reporting being

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a victim of domestic abuse, the answers to which are used to assist in determining the level of risk. The risk categories are as follows:

- Standard** Current evidence does not indicate the likelihood of causing serious harm.
- Medium** There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances.
- High** There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious. Risk of serious harm is a risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.

In addition, the DASH includes an additional question, asking the victim if the perpetrator constantly texts, calls, contacts, follows, stalks or harasses them. If the answer to this question is yes, further questions are asked about the nature of this.

## **Domestic Violence Disclosure Scheme**

The Domestic Violence Disclosure Scheme (DVDS) – often referred to as “Clare’s Law” after the tragic case of Clare Wood, who was murdered by her former partner in Greater Manchester in 2009 – was rolled out across all 43 police forces in England and Wales in March 2014 following the successful completion of a 14-month pilot. The Scheme was introduced to set out procedures that could be used by the police in relation to disclosure of information about previous violent and abusive offending by a potentially violent individual to their partner where this may help protect them from further violent and abusive offending. A review of the scheme was conducted in 2015.

The Domestic Violence Disclosure Scheme did not introduce any new legislation. The scheme is based on the police’s common law power to disclose information where it is necessary to prevent crime. The scheme provides structure and processes for the exercise of the powers. It does not, in itself, provide the power to disclose or to prevent disclosures being made in situations which fall outside this scheme.

The Home Office has published [guidance](#) on the implementation of DVDS.

## **Domestic Violence Protection Notice (DVPN)**

A DVPN is an emergency non-molestation and eviction notice which can be issued by the police, when attending to a domestic abuse incident, to a perpetrator. Because the DVPN is



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a police-issued notice, it is effective from the time of issue, thereby giving the victim the immediate support they require in such a situation. Within 48 hours of the DVPN being served on the perpetrator, an application by police to a magistrates' court for a DVPO must be heard. A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim for up to 28 days. This allows the victim a degree of breathing space to consider their options with the help of a support agency.

## **Multi-Agency Risk Assessment Conference (MARAC)**

A MARAC is a meeting where information is shared between representatives of relevant statutory and voluntary sector organisations about victims of domestic abuse who are at the greatest risk. Victims do not attend MARAC meetings; they are represented by their Independent Domestic Violence Advisor (IDVA).

There are thirteen established MARACs across the whole county which are facilitated by MARAC Coordinators employed by Kent Police. Kent Police also employ a MARAC Central Coordinator, who is responsible for ensuring that the MARACs provide a consistent level of support to high-risk domestic abuse victims. The Central Coordinator deputises for absent Administrators at MARAC meetings.

The Central Coordinator is also responsible for ensuring that the Kent and Medway MARAC Operating Protocol and Guidelines (OPG) are updated and that each MARAC adheres to them. A further responsibility of the Central Coordinator is to provide training for MARAC members and chairpersons.

## **Personal Advisor**

When a child or young person enters care a social worker is allocated and then at 16 a Personal Advisor (PA) is introduced to work alongside the social worker until the age of 18. At the age of 18 the PA will become the key worker and there will no longer be an allocated social worker. The PA is there to support and advise with making the right decisions for the individual.

## **Section 20 Agreement**

Under Section 20 of the Children Act 1989, a child or young person may be accommodated by the local authority where there is agreement to this arrangement by those with parental responsibility. The child becomes Looked After under a section 20 agreement.

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## **Child and Family Assessment**

The purpose of a Child and Family assessment is to gather sufficient information about the child and family to understand the needs and make decisions about:

- The nature and impact of the concerns or needs described in the referral and what intervention or support is necessary;
- Whether the child meets the criteria of ongoing services as a 'Child in Need'

A maximum timescale of 45 working days from the point of referral to completion allows flexibility and individualisation of response, but the speed should be determined by the needs of the particular children and the presenting risk. The assessment must include visits to the child. If at any stage there are child protection concerns, the Kent and Medway Safeguarding Child Protection procedures must be followed.

## **RiO**

RiO is an electronic patient records system for community, mental and child health providers.

## **Criminal Justice Liaison and Diversion Service (CJLDS)**

CJLDS provides early identification and screening of vulnerable people of all ages within the criminal justice system. The team adopts a multi-disciplinary approach consisting of nurses, social workers, a youth specialist, a speech and language therapist, consultants, psychology and support workers.

The service screens for all health and social vulnerabilities that may be contributing to increased contact with the criminal justice system. The team, where appropriate, will support individuals through the criminal justice system and where eligible, provide follow up in the community to support access to services and resources to meet their identified needs. The team will make referrals to appropriate care providers when necessary and link in with existing care providers to ensure clear pathways for follow up.

Based on screening/assessment, CJLDS practitioners offer advice and guidance to police officers, Magistrates and other colleagues within the criminal justice system, to help determine the most appropriate level of support and outcome for each person.

## **Multi Agency Safeguarding Hub (MASH)**

A MASH brings together professionals from a range of services that have contact with children, young people and vulnerable adults, to share information and ensure high quality and timely safeguarding responses.

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Children, young people and vulnerable adults may come to the attention of the MASH team because:

- A parent or carer may have requested support directly.
- A professional may feel that a family need help or support.
- A child or their family has come into contact with the police.
- A child discloses to someone about abuse.

## **Community MARAC**

A Community MARAC (Multi-agency Risk Assessment Conference) is primarily a multi-agency problem-solving meeting that promotes joint ownership and early resolution into how anti-social behaviour (ASB) cases are investigated.

## **One Stop Shop**

Domestic Abuse One Stop Shops offer free advice, information and support from a range of agencies under one roof to help victims of domestic abuse. One Stop Shops are arranged by agencies participating in Kent and Medway domestic abuse forums and supported by service providers commissioned by local authorities.