



Learning Report - Karen

What were the circumstances that led to this Safeguarding Adults Review (SAR)?

Karen was 54 years old when she was murdered by her partner. A combined Safeguarding Adult Review (SAR) and Domestic Homicide Review (DHR) were completed in April 2017. Karen's family and Simon, the perpetrator, were engaged with during the review.

Both Karen and Simon had learning difficulties and attended special schools. Karen met Simon at a day centre and from 2006 they lived together in supported accommodation. They received funding to purchase limited but weekly support from a private provider of support services. Simon worked part time as a school cleaner. Karen undertook voluntary work in a cafe. They attended drop in centres regularly. Karen's family provided a lot of support, particularly her father who died in 2014.

Simon had two convictions for violent physical assaults (1987 and 1991) resulting in probation orders. A psychiatric assessment for court stated that Simon had an incurable psychopathic personality disorder, exacerbated by alcohol. It was reported that Simon required on-going support and supervision.

Information about the historic concerns were last considered and recorded in an assessment by a social worker in 2005. The information was not shared with the support agency, the housing provider or with Karen and her family. Details were available on the day centre file but not accessed by those working more recently with the couple.

What was the nature of the abuse?

During a reassessment, undertaken by the integrated learning disability team in 2015, there were signs of domestic abuse. No connection was made with the offending history which was within the case records held but not known about by those involved.

There were some signs about difficulties in the couple's relationship, which were not acted on. This included: In a 2014 housing dispute with neighbours, the mediator appointed raised issues with the housing provider about the behaviour of Simon towards Karen. No action or further information sharing was taken or recorded. The support workers noted some inappropriate behaviour from Simon to Karen, and some bruising on Karen. No action or information sharing was taken once again.

Simon was said to be drinking again and under stress at the time he killed Karen, due to his worry about what he thought were changes in benefits. There was also a new Disclosure and Barring Service check being undertaken at work and he had been asked to attend a meeting due to the results. He required support, but downplayed this to the day centre employee he spoke to.

Learning for professionals:	What would help:
There is a need to ensure that there is sufficient understanding of previous history when undertaking an assessment. Information about significant history needs to be shared with those providing services.	Be curious about the history of any service user. Find out significant incidents/issues in their past. Share background history when discussing a service user.
Professionals working with adults with care and support needs must be aware of domestic abuse, including controlling behaviours and coercion, and the particular vulnerability of service users with learning difficulties.	Be vigilant and ensure any concerns are shared with others providing services. Consider referring and supporting victims to use specialist support services. Access updated training on domestic abuse.
The ‘rule of optimism’ can make professionals think positively about a situation, even if there is evidence to the contrary. In this case the longevity of Simon and Karen’s relationship, and the perceived success they had made of their life together, may have led to emerging concerns about domestic abuse being overlooked in 2015.	Supervision should challenge professionals and support them to avoid over-optimism.
To be aware of the right for service users with a learning difficulty to access an annual health assessment via their GP practice.	Those undertaking the assessment should include asking the person about domestic abuse in a way that is meaningful to the individual and takes their needs into consideration. Other professionals should support attendance at the annual health assessment.
Domestic abuse is not always identified and is under reported in relationships where the partners have care and support needs¹. Professionals need advice, support, training and systems in place to improve practice in this area.	Professionals need to speak to service users with learning difficulties (or other care and support needs) about domestic abuse, using language and contexts that are relevant to each individual, to aid their understanding. This includes the need to find and make opportunities to speak separately to service users who are supported as a couple.
Even if a professional spends 1:1 time with a service user, it cannot be assumed that they will disclose domestically abusive behaviour. They may not even be aware that controlling or intimidating behaviour is domestic abuse.	Professionals should be aware of the signs and symptoms of all forms of domestic abuse and regularly raise the issue with service users.
Assessments of service users with care and support needs should be holistic and individual.	When undertaking and recording an assessment or reassessment, professionals should include consultation with and information gained from all the agencies involved with the person being assessed. They should also involve time spent individually with a service user, without their partner there.
When people with learning or another disability outlive the relatives who provided essential support to them, they can be particularly vulnerable.	Professionals need to be aware of this issue and ensure that a reassessment is completed following the death of a person who provided significant support.
Those employing people with learning difficulties need to be aware that they will require support with any HR issues or when an organisation is going through change.	Professionals working with a person with care and support needs in employment may need to intervene if an HR issue emerges, to ensure the person receives adequate support.

¹ Research indicates that disabled women may be assaulted or raped at a rate that is at least twice that of non-disabled women. Statistics show that people identified as being of high risk of domestic abuse shows relatively low numbers of people with health and social care needs. This suggests that for this group, domestic abuse is even more under reported or recognised than in the general population.

