

# Domestic Homicide Review – Key Learning Points and Recommendations

## What happened?

This DHR concerned the homicides of Jeera, a woman of 52, and her husband Amrinder, who was 54, who were stabbed to death in their home by Jeera's 25-year-old son from a previous relationship. The family were followers of Sikhism.

Jeera had had two children with her first husband, but experienced extensive domestic abuse (DA). This was frequently witnessed by both children. Jeera survived the abuse, taking her children to a domestic abuse refuge, moving to the West Midlands when her son was eight and daughter was five. There followed an acrimonious custody dispute where it was recognised that both children, but in particular the son, had been traumatised by their experience of DA.

In primary school, he exhibited worrying signs of the potential impact of trauma and adverse childhood experiences (ACEs) and he was referred to CAMHS at 10 years old. He was intimidating to teachers and peers and violent to his mother and sibling.

There were several periods of involvement with CAMHS between 2003 and 2008, that focussed on the mother's boundary-setting but also recognised that the child was speaking often of a desire to harm his abusive father and was fixated with knives and weaponry.

He was increasingly violent towards his mother and sister who suffered injuries at his hands. He was arrested for assaults on his mother as a child and an adolescent on several occasions, but she would not support prosecution.

Concerns reached a point that the son became a Looked After Child for a brief period, just before turning 16. From adolescence onwards, the son misused alcohol and cocaine.

He then went to live with his father outside the West Midlands. However, during his time there he assaulted and harassed both his father, grandmother and aunt. He was convicted of these offences and returned to the West Midlands on probation.

His mother had married Amrinder and they tried to offer help to the adult son who remained violent towards his mother, but she refused to support criminal prosecutions.

In the months before the homicide, the family sought mental health assessments and feared for their safety.

[The review reports are accessible online.](#)

## What were the main issues?

- **Child to Parent Abuse (CPA)**
- **The impact of ACEs (Adverse Childhood Experiences)**
- **Intrafamilial abuse**
- **Supporting families to access mental health services**

## What are the key areas of learning from this case?

\*Professionals should be aware of the evidence of the harmful impact of domestic abuse on babies and infants, as well as older children.

\*In assessing the needs of a child, practitioners should consider that a child may mask their distress, to 'shield' other family members from its impact.

\*Professionals should be aware that CPA can start early (8 to 9 years) and become an entrenched problem.

\*'Whole Family' responses to CPA need to be started early to reduce the risk of escalation.

\*The Sandwell Threshold Matrix should be used to assess the needs of the whole family where CPA is identified.

\*Children's experience of domestic abuse is a possible predictor for later use of CPA.

\*In relation to CPA, professionals should avoid blaming language and recognise that there is a difference between shaming an adult or child and accountability for their actions.

\*In relation to CPA, agencies should be wary of closing a case based on non-engagement.

\*Identify a support network for families experiencing CPA.

\*Where an adult parent is a victim of domestic abuse by their adult child, Police should be professionally curious and consider the possibility of CPA and seek details of history to identify the early onset of abuse.

\*GPs and other professionals should be aware of the right under section 13(4) of the Mental Health Act for the 'nearest relative' to request that an AMHP (Approved Mental Health Professional) assesses their relative's mental health where they may need detention to be assessed.

## This DHR recommends:

**1. That the Sandwell Children's Safeguarding Partnership include a new annex in the Sandwell Threshold document that assists professionals to understand, identify and assess the needs of the whole family in relation to CPA and related safeguarding.**

2. That the CPA guidance currently being developed in Sandwell builds upon the current Home Office guidance, by describing how Sandwell agencies should respond to CPA in a multi-disciplinary and holistic way, recognising both child and adult safeguarding, as well as the importance of a 'Whole Family' approach to assessing that family's needs in relation to CPA.

**3. That a multi-agency case study-based training package on CPA be created that could be offered to frontline professionals that has as its objectives to increase understanding of CPA and awareness of the new Sandwell guidance on CPA**

4. That the Black Country Healthcare NHS Foundation Trust (BCHFT) should review existing pathways into the Trust's mental health support and update them where necessary and promote those pathways with the Black Country & West Birmingham Clinical Commissioning Group and all hospital trusts referring into BCHFT.

**5. Black Country and West Birmingham CCG and the Sandwell and West Birmingham NHS Trust should ensure that their practitioners are aware of the scope and application of section 13(4) of the Mental Health Act and are aware and can advise in relation to a nearest relative's rights to seek an assessment from a Local Authority AMHP (Approved Mental Health Professional).**

6. That Sandwell Council Adult Social Care and Birmingham City Council Adult Social Care should ensure and provide assurances that pathways and online guidance to section 13(4) Mental Health Act 'Nearest Relative' assessments requests are clear and accurate, properly publicised and understood by call handlers receiving requests for such support as well as those providing and managing this service within Adult Social Care.