



A DOMESTIC ABUSE RELATED DEATH REVIEW (DARDR)

'Madelina'

DARDR23

February 2023

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June 2024

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Pen Picture

1. Madelina¹ is described as a loving, hard-working mother who was 'looking forward to the future'.
2. Madelina was the oldest of five siblings who were born in a village in Eastern Europe. Their parents divorced and Madelina effectively cared for her siblings until they were adults. They had very little money and had a tough life.
3. Madelina had to move to a town to find employment and have income. She met Gabriel (her ex-husband) when she rented a room on his uncle's property.
4. Madelina continued to have a strong relationship with her siblings. Madelina was in regular contact with two of her sisters who spoke to the reviewer who like Madelina moved to other parts of Europe. Madelina did not want to leave her home country.
5. Madelina had one child² who spent a lot of time with their mother and described Madelina as someone they could talk to. They liked shopping and watching television together. In their victim statement, Madelina's child describes being close to their mum. Madelina provided positive emotional support and was the parent with whom they could discuss how they were feeling and about their life in general. Madelina's child says she cannot be replaced in terms of the love and affection she showed.
6. Madelina's child says that they will never forget the love their mum showed to them and that they miss everything about her. They often shared hugs and Madelina would show her love and affection.
7. Madelina was making plans for her and her child's future that included saving enough money to buy her own home for them to live in and to get a driver's licence.
8. Before Madelina's death, there was not much contact between Madelina's child and the maternal family in Eastern Europe although, since Madelina's death, there has been more contact both directly when the child has gone for holidays and through telephone and other contact. Madelina's child talks about how they have "been forced to grow up ahead of their time" and profoundly misses Madelina.
9. Madelina's sisters have been similarly traumatised. They spoke to the reviewer because they want to help stop domestic abuse. Their contribution along with further information from Madelina's child are included in this report.

¹ Pseudonyms are used for all named individuals in this report.

² The non-gender specific noun child has been used to help maintain the privacy of the family although the child is an adolescent and therefore more correctly referred to as a young person.

Introduction

10. This report begins by expressing our sincere condolences and sympathy to Madelina's family and friends. In particular, to Madelina's child and Madelina's two sisters who have helped the review by providing information and talking with the reviewer. On behalf of the Stoke-on-Trent Safer City Partnership which commissioned this DARDR³ and the people and organisations who contributed to the review, we extend our deepest sympathies and condolences.
11. This DARDR examines the response of organisations and the appropriateness of professional support given to 40-year-old Madelina who was murdered in February 2023 by Gabriel her 42-year-old ex-husband.
12. In addition to any recent agency involvement, the review also examines the past to identify any relevant background or trail of abuse or neglect before the death; whether support was accessed within the community and whether there were any barriers to accessing support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer.
13. The key purpose for undertaking a DARDR is to enable lessons to be learnt from deaths where a person dies as a result of violence, abuse or neglect by a person related to the victim, has been in an intimate relationship or is a member of the same household.
14. For lessons to be learned as widely and as thoroughly as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change to reduce the risk of such tragedies happening in the future.
15. The review considers the brief contact and involvement by different professionals and organisations with Madelina and Gabriel from 2016 when Gabriel attended a hospital outpatient clinic until the date of Madelina's murder in February 2023.

³ The review was commissioned as a domestic homicide review (DHR) under the existing guidance. The review uses the revised term domestic abuse related death review (DARDR) in anticipation of the changes being made to how the reviews will operate in the future.

Timescales

16. The Chair of the Stoke-on-Trent Community Safety Partnership commissioned the DARDR in March 2023 and a scoping panel met in June 2023 before the criminal proceedings had been completed. The panel was originally scheduled to meet in December 2023 but was postponed when the independent reviewer was incapacitated due to an injury. The rescheduled panel meeting was in February 2024 with a draft report completed by June 2024. The report was approved by the Stoke On Trent Safety Partnership Board in December 2024.

Confidentiality

17. The findings of a DARDR are confidential as far as identifying the subjects, their families or professionals. Information is available only to officers/professionals and their line managers who participated in the DARDR. Madelina and Gabriel are pseudonyms used in the report to protect their identity and provide privacy for their family. They had one child. Professionals are referred to by their roles such as GP for example.

Pseudonym	Relationship	Ethnicity
Madelina	Victim	White Romanian
Gabriel	Perpetrator and ex-husband	White Romanian
No name given. Non gender-specific noun of the child	Child	White Romanian

Methodology, scope and terms of reference

18. The circumstances of Madelina's death were reported to the chair of the Safer City Partnership (the community safety partnership who are the responsible authority for the DARDR) shortly after Madelina's death and an early decision was made that the circumstances of her death were likely to come within the scope of a DHR⁴. The panel confirmed that the criteria for a domestic homicide were met.
19. The methodology of the review complies with national guidance. This includes identifying a suitably experienced and qualified independent person to chair and provide this overview report for publication.
20. The initial scoping panel agreed on the list of services that would be asked to provide an individual management report although none of the services had substantial contact. The detail is provided in paragraphs 30-31.

⁴ Domestic Homicide Reviews (DHR) were subsequently renamed Domestic Homicide Related Death Reviews (DARDR).

21. The timeline for the DARDR is from January 2015 when the family settled in the UK although the first contact with any service was in June 2016 when Gabriel began outpatient treatment at a local hospital for a pre-existing health condition until the date of Madelina's murder.
22. The review gave careful and regular attention to how family, friends and support networks could be identified and encouraged to contribute to the review. The police FLO and the interpreter who worked with the family during the police investigation played a vital part in helping introduce the reviewer to family members including Madelina's sisters who live in two different European countries.
23. Agencies contributing reports or information to the DARDR used the terms of reference set out in national guidance with additional general areas arising from the particular circumstances of this DARDR as described in the following scope of the review. This included;
 - a) What is known about the circumstances and reasons for Madelina and Gabriel continuing to live in the same household following their divorce in 2015?
 - b) Did Madelina have any opportunity to disclose or indicate concerns about domestic abuse during any of her contacts with health services such as during new patient registration, or through any routine domestic abuse enquiries?
 - c) What information did the school or college have about Madelina's child's home circumstances?
 - d) Are there lessons about Gabriel's contact with health services? This includes undisclosed information about relationship difficulties and gambling.
 - e) Are local employers encouraged to develop workplace policies and awareness about domestic abuse and how to access advice and help?
 - f) Are there any particular barriers preventing a victim of domestic abuse who has arrived in the UK from knowing where to look for advice and help?

[Involvement of family, friends, work colleagues, neighbours and the wider community](#)

24. Contact with Madelina's family was postponed until after the criminal proceedings had been completed. Madelina's child who is now living with a family following Family Court proceedings did not initially want to have information about the DARDR or to talk to the reviewer. With the help of the FLO, the reviewer is grateful that contact was eventually possible. The reviewer is also grateful that Madelina's child allowed him to read their victim impact statement.

25. Madelina's two sisters who are both adults live outside the UK in two different European countries. With the help of the FLO and an interpreter who communicated with the family throughout the criminal investigation and trial, the reviewer was able to send a letter and information to both sisters telling them about the DARDR and encouraging their participation. Information about advocacy support including AAFDA⁵ was also included. Information was translated into Romanian.
26. Madelina's sisters agreed to meet the reviewer via a video app that included the interpreter.
27. Madelina's family and friends described her as a loving, hard-working mother who was 'looking forward to the future'. They described how Madelina was subjected to domestic abuse from early in the relationship. Madelina tried to leave the relationship several times and had initially not wanted to leave Romania. Gabriel used a range of strategies familiar in research about perpetrator behaviour that ranged from promising to change his behaviour, buying expensive presents, and threatening to harm himself including threats of suicide as well as verbal and physical abuse.
28. Madelina did not report Gabriel's behaviour when living in Romania; the attitude of agencies such as the police discourages women from reporting abuse. When she was living in the UK Madelina was worried about what would happen to Gabriel (the impact on his mental health, the response by criminal justice services). Again, these are barriers that are often identified as barriers for women thinking of leaving a perpetrator of domestic abuse.

Contributors to the review

29. More than 30 organisations in Stoke-on-Trent and Staffordshire were contacted as part of the scoping for the review, to inquire about any contact and knowledge they had about Madelina or Gabriel. Those who confirmed having any contact and information were asked to provide a chronology. None of the organisations had substantial contact or information. The statutory services on the panel completed an individual management review (IMR) inviting reflection and analysis against the terms of reference agreed upon for the DARDR.
30. The following organisations provided an individual management review:
 - a) North Staffordshire Combined Healthcare NHS Trust (NSCH);
 - b) Stoke-on-Trent Clinical Integrated Care Board (ICB) provided primary health care through the same GP practice for Madelina and Gabriel;
 - c) Staffordshire Police;
 - d) Stoke-on-Trent College;
 - e) University Hospital North Midlands NHS Trust (UHNM);

⁵ Advocacy After Fatal Domestic Abuse

31. Summary information was provided by

- a) Staffordshire Police; had one contact with Gabriel before the homicide in connection with Road Traffic offences;
- b) West Midlands Ambulance Service; responded with the police on the day of Madelina's murder.

[The review panel membership](#)

32. The panel was chaired by the author of this report. At the final panel meeting when the draft overview report was discussed by the panel, additional advisors were invited to participate. This was the West Midlands Gambling Harms Clinic and the interpreter also had direct knowledge about the cultural context and domestic abuse in Romania.

Organisation	Job title or role	Attendances
Peter Maddocks	Independent chair and author	3/3
Midlands Partnership NHS Foundation Trust (MPFT)	Operational and Development Lead West Midlands Gambling Harms Clinic (specialist advisor)	3/3
New Era	IDVA Manager Minority Ethnic IDVA	3/3
North Staffordshire Combined Healthcare	Named Nurse for. Safeguarding	3/3
Staffordshire Police	Major Crime Policy and Review Team, Senior Investigating Officer (SIO), Family Liaison Officer (FLO)	3/3
Stoke-on-Trent City Council Children's Services	Strategic Manager, Auditor	3/3
Stoke-on-Trent Clinical Integrated Care Board (ICB)	Deputy Designated Nurse for Safeguarding Adults.	3/3
University Hospital North Midlands (UHNM)	Lead Nurse for Adult Safeguarding	2/3
Stoke-on-Trent Children's Safeguarding Partnership	Manager (specialist advisor)	3/3
Stoke-on-Trent Community Safety Partnership	Commissioning Officer – Community Safety	3/3
	Romanian-speaking community Representative (specialist advisor)	1/1
West Midlands Gambling Harms Clinic	Operational Development Lead for Gambling Harm with Inclusion	1/1

The author of the overview report and chair of the review panel and the statement of independence

33. Peter Maddocks is the independent author of this report and chaired the panel. He has worked in local authority, voluntary and national services. These have included working at senior and practitioner levels with families and children harmed by domestic abuse including work on policy and service development as well as direct work. He is a qualified and registered social worker who continues to participate in regular professional training and development that includes domestic abuse. He has completed domestic homicide reviews with other community safety partnerships in England. He has completed other DHRs in Stoke on Trent. He has never worked for any of the organisations that contributed to this review nor has he held any elected position in Stoke-on-Trent or Staffordshire. He is not related to any individual who either works or holds an elected office in Stoke-on-Trent or Staffordshire.

Parallel reviews

34. There were no parallel reviews. Gabriel was convicted of murdering Madelina and sentenced to 28 years in prison.

Equality and diversity

35. Madelina and Gabriel moved to the UK from Romania. They were both white with English as their second language (ESL). There is no record of any formal or informal religious affiliation or faith for either of them. Neither Madelina nor Gabriel had a disability. Gabriel had brief contact with mental health services although was not diagnosed with a mental disorder or illness.

36. The Equality Act 2010 defines age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation as protected characteristics. The Act makes it illegal to discriminate against a person because of any protected characteristic.

37. Violence against women is an extreme expression of inequality on the grounds of sex. It is a violation of human dignity and, in its worst form as in the case of a domestic homicide and this particular case, it violated the right to life for Madelina and the consequential and traumatic impact on her child and family.

38. Stoke-on-Trent is home to a Romanian population that is the second largest of the city's foreign-born citizens. It has grown from 101 in 2011 to 3822 by 2021. The third largest group is from Poland⁶.

39. Criminal, economic and social conditions in Romania are very different to the UK, including attitudes to domestic abuse and women. The Romanian Criminal Code did not recognise domestic abuse as a criminal act until 1995 and the

⁶ <https://www.ons.gov.uk/visualisations/censusareachanges/E06000021/>

power of authorities was limited and further undermined by a reluctance to use the powers that did exist. Thinking that domestic abuse is a private matter for the family to deal with is more prevalent and persistent in Eastern Europe including Romania. Believing for example that sexual intercourse without consent can be justifiable is more prevalent compared to other countries including the UK. A cross-sectional study⁷ found that over a third (35 per cent) of respondent children witnessed parental violence and over half (53 per cent) were victims of family violence. Violence in childhood and using violence to control the behaviour of women underpinned reported experiences that the family was a hostile place and that behaviour such as shouting, swearing and humiliation was culturally acceptable in a significant proportion of families.

40. According to the Council of Europe Commissioner for Human Rights as recently as July 2020⁸ there was widespread domestic abuse in Romania with persisting prejudices and tolerance of domestic abuse in Romanian society. In the past few years, Romania has taken steps to develop its national legislation concerning domestic abuse, notably to bring it in line with the provisions of the Council of Europe Convention on preventing and combating violence against women and domestic abuse (the Istanbul Convention)⁹ that it had ratified in 2016. However, significant problems remain in particular concerning the scope of criminal legislation on domestic abuse as well as its implementation. The Commissioner was deeply concerned about the discriminatory practices prevailing among law enforcement forces and the judiciary, which not only led to the secondary victimisation of women subjected to domestic abuse but ultimately rendered their access to justice ineffective.
41. In rural areas especially such as where Madelina grew up, the police are often reluctant to register or process women's complaints. They routinely advise women not to submit complaints and blame them for the abuse. This is a long-standing problem which was yet to be successfully addressed in 2020. Regarding women from specific minority communities, the Commissioner was informed that acts of violence committed against those women were routinely ascribed to "cultural practices" specific to their communities and ignored on that ground. For clarity, any form of gender-based violence is not a cultural practice. In addition, difficulties were faced by many women in Romania in accessing legal aid or advocacy.
42. Gabriel's history of gambling was not known to the health services and it was not enquired into. There is no requirement for this to happen and is one of the areas of learning discussed later in the report. There is a co-relationship

⁷ Rada, C. Violence against women by male partners and against children within the family: prevalence, associated factors, and intergenerational transmission in Romania, a cross-sectional study. BMC Public Health 14, 129 (2014). <https://doi.org/10.1186/1471-2458-14-129>

⁸ <https://www.coe.int/en/web/commissioner/-/commissioner-mijatovic-highlights-the-need-to-strengthen-the-fight-against-domestic-violence-in-romania> accessed 23rd November 2023

⁹ [Key facts about the Istanbul Convention - Istanbul Convention Action against violence against women and domestic violence \(coe.int\)](https://www.coe.int/en/web/istambul-convention/key-facts-about-the-istambul-convention)

between the mental health of victims and perpetrators and domestic abuse and is the subject of increasing evidence from research and DHR/DARDRs. There is a smaller and more recent body of research particularly about the link between perpetrators who gamble and domestic abuse and in particular economic abuse which was included as a legally defined category of domestic abuse in the UK from April 2023.

43. The Domestic Abuse Act 2021 describes controlling and abusive behaviour that has a substantial and adverse effect on a victim's ability to acquire, use or maintain money or property or to obtain goods or services. There is evidence described in this report of economic abuse.
44. Gabriel was in contact with health professionals about his depression. This was largely primary health care at his GP practice.
45. Depression has been identified as a risk factor in many studies of domestic homicide¹⁰; some studies found 75 per cent of perpetrators were depressed¹¹ and another reported over half (56 per cent)¹².
46. Studies of domestic homicide perpetrators have identified that in addition to a history of perpetrating domestic abuse before a homicide, many offenders frequently witnessed domestic abuse or were victims of domestic abuse as children¹³. Gabriel has reported being exposed to domestic abuse and other adverse childhood experiences (ACE) described later in the report. Again, for clarity, this does not provide an excuse for becoming a perpetrator of the dreadful act of murder or being a perpetrator of domestic abuse.
47. Dependency of the perpetrator on the woman is cited in domestic abuse, familicide and domestic homicides¹⁴. A risk factor that is common in the majority of domestic homicide cases is either actual or pending separation. Separation can be physical and/or legal and the combination of both presents the greatest risk for domestic homicide.
48. Madelina's murder occurred just weeks after the physical separation. The majority of domestic homicide occurs within three months of separation when women are at the greatest risk at the time of separation¹⁵. One study found that

¹⁰ Schlesinger, L. B. (2000). Familicide, depression and catastrophic process. *Journal of Forensic Sciences*, 45(1), 200–203.

¹¹ Rosenbaum, M. (1990). Role of Depression in Murder-Suicide in Couples Involved and Homicide. *American Journal of Psychiatry*, 147(8), 1036–1039.

¹² Buteau, J., Lesage, A., & Kiely, M. (1993). Homicide followed by suicide: A Quebec case series, 1988–1990. *Canadian Journal of Psychiatry*, 38(8), 552–556

¹³ Aldridge, M. L., & Browne, K. D. (2003). Perpetrators of Spousal Homicide: A Review. *Trauma, Violence & Abuse*, 4(3), 265–276.

¹⁴ Monckton Smith, J., Williams, A., Mullane, F. Domestic Abuse, Homicide and Gender Strategies for Policy and Practice Palgrave Macmillan, pp45-47

¹⁵ Wilson, M., & Daly, M. (1993). Spousal homicide risk and estrangement. *Violence and Victims*, 8(1), 3–16.

47 per cent of domestic homicide cases occurred within two months after separation and 29 per cent within one year¹⁶.

Gambling and the relationship with domestic abuse

49. In the United Kingdom, 12% of gambling treatment-seekers reported perpetrating IPV¹⁷. It is estimated that 73% of UK adults had gambled in the past year (2010)¹⁸ (Wardle et al., 2011).
50. Gambling problems tend to cluster with other addictive and mental health problems¹⁹ and predict adverse consequences for individuals²⁰ (e.g., suicidality) and families (e.g., relationship problems, family violence)²¹.
51. Studies have found that people with problem gambling are at higher risk of committing or being a victim of intimate partner violence (IPV). Economic abuse often occurs with other forms of violence, but it is largely unexplored in research. Economic abuse against women by a male partner includes examples such as using joint funds without the woman's knowledge and coercing her into taking out loans.
52. The creation of a legal definition of economic abuse since 2023 (Domestic Abuse Act 2021) has implications for future risk assessments. Economic abuse is behaviour that has a substantial and adverse effect on a victim's ability to acquire, use or maintain money or property or to obtain goods or services.
53. Research in Australia has found that gambling problems are clearly and strongly linked to being a perpetrator or a victim/survivor of domestic and family abuse, particularly intimate partner violence (IPV)²². The research found that

¹⁶ Aldridge, M. L., & Browne, K. D. (2003). Perpetrators of Spousal Homicide: A Review. *Trauma, Violence & Abuse*, 4(3), 265–276

¹⁷ Roberts, A., Sharman, S., Landon, J., Cowlishaw, S., Murphy, R., Meleck, S., et al. (2020). Intimate partner violence in treatment seeking problem gamblers. *J. Fam. Violence* 35, 65–72. doi: 10.1007/s10896-019-00045-3

¹⁸ Wardle H, Moody A, Spence S, Orford J, Volberg R, Jotangia D, Griffiths M, Hussey D and Dobbie F. (2011)

British Gambling Prevalence Survey 2010. London: National Centre for social research. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/243515/9780108509636.pdf Accessed 22nd January 2024

¹⁹ Lorains FK, Cowlishaw S, Thomas SA. Prevalence of comorbid disorders in problem and pathological gambling: Systematic review and meta- analysis of population surveys. *Addiction* 2011; 106:490-98.

²⁰ Cowlishaw S, Suomi A, Rodgers B. Implications of gambling problems for family and interpersonal adjustment: Results from the Quinte Longitudinal Study. *Addiction* 2016a; 111:1628-36.

²¹ Roberts A, Landon J, Sharman S, Hakes J, Suomi A, Cowlishaw S. Gambling and physical interpersonal violence: Results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). *Am J Addiction* 2018; 27:7-14.

²² Dowling, N. A., Jackson, A. C., Suomi, A., Lavis, T., Thomas, S. A., Patford, J., ... Bellringer, M. E. (2014). Problem gambling and family violence: Prevalence and patterns in treatment-seekers. *Addictive Behaviors*, 39(12), 1713–1717. doi: 10.1016/j.addbeh.2014.07.006

gambling intensified IPV against women. The gambling-related determinants of IPV included the following.

- a) The characteristics of problem gambling interact with the gendered drivers of violence against women to reinforce IPV. A gambling problem is defined as difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler or others.²³
- b) Problem gambling is characterised by preoccupation with gambling, cravings, urges and withdrawal symptoms²⁴. Women described how their male partner's preoccupation with gambling exacerbated his controlling and self-centred tendencies to the exclusion of his family's welfare. Many women described how their partner's gambling escalated steeply over time, along with the frequency and severity of his violence. Female victims/survivors of IPV with a gambling problem used gambling as a means of physically and emotionally escaping their partner's abuse.
- c) The financial stressors from gambling reinforce IPV. The men with a gambling problem usually exercised control over the family's finances and subjected their female partner to economic abuse as the gambling losses escalated. Verbal, emotional and physical violence were used to silence the partner's criticisms of gambling and to coerce her into providing money. Many women lived in constant fear, submitting to their partner's demands to try to avoid further violence. Most women reported that the resulting poverty trapped them in the relationship, extending their victimisation, with the abuse intensifying as the gambling problem worsened. Those who left their relationship were typically destitute and in debt, with little prospect of ever recovering financially.
- d) The emotional stressors from gambling reinforce IPV. The women typically felt shocked and betrayed to learn of their partner's gambling and economic abuse which he had typically concealed for a long time. Women consistently reported a cycle of abuse, where their partner's violent outbursts were preceded by his mounting stress over and tension surrounding his gambling.
- e) The relationship stressors from gambling reinforce IPV. Problem gambling contributes to numerous relationship stressors due to financial pressures, prioritisation of gambling over the family, and disruption to family functioning. Where gambling causes conflict with an abusive man, triggers for violence multiply. Most women reported being abused by

Dowling, N. A., Oldenhof, E., Cockman, S., Suomi, A., Merkouris, S. S., & Jackson, A. C. (2019). Problem gambling and family violence: Factors associated with family violence victimization and perpetration in treatment-seeking gamblers. *Journal of Interpersonal Violence*. [doi: 10.1177/0886260519835877](https://doi.org/10.1177/0886260519835877)

²³ Armstrong, A., & Carroll, M. (2017). *Findings from wave 15 of the Household, Income and Labour Dynamics in Australia (HILDA) survey*. Melbourne: Australian Institute for Family Studies.

Neal, P., Delfabbro, P., & O'Neil, M. (2005). *Problem gambling and harm: Towards a national definition*. Melbourne: Gambling Research Australia.

²⁴ Griffiths, M. (2005). A "components" model of addiction within a biopsychosocial framework. *Journal of Substance Use*, 10(4), 191–197. [doi: 10.1080/14659890500114359](https://doi.org/10.1080/14659890500114359)

their partner before they developed a gambling problem, but this violence escalated as relationship stressors grew.

- f) The interaction of problem gambling with substance use. Women reported that they or their partners were affected by alcohol or drugs, which dramatically increased their gambling. They described alcohol and drug-fuelled violence following gambling losses as escalating quickly and viciously, with women being terrified for their own and their children's safety.
- g) The interaction of problem gambling with mental health issues. Madelina did not gamble or misuse alcohol or drugs. Gabriel reported problems with his mental health.

54. The Australian studies also highlight organisational and system influences that are relevant to the UK. These included limited recognition by services of problem gambling as a contributor to IPV, limited recognition by services of gambling-related economic abuse, and little knowledge of some services about problem gambling that limited assessment and referral to appropriate services.

55. Help-seeking is rare and usually crisis-driven²⁵ and thus tends to occur only after occurrences of severe harm. As such, there is a need for prevention initiatives including programmes of identification and response within diverse healthcare environments. These include services for mental health issues that co-occur with gambling problems, such as substance use²⁶ and affective disorders²⁷, and generalist settings such as primary care²⁸.

56. NICE has identified that when people present at appointments with depression, anxiety, or thoughts about self-harm or suicide or about a possible addiction (for example, alcohol or drug misuse) they may be at increased risk of harm from gambling and NICE recommends this needs to be identified and addressed by healthcare professionals in draft guidance which was subject of consultation when the DARDR was being completed²⁹.

57. People should be encouraged to assess the severity of their gambling by completing a questionnaire available on the NHS website³⁰. This is based on the Problem Gambling Severity Index (PGSI), a standardised measure for at-

²⁵ Evans L, Delfabbro PH. Motivators for change and barriers to help-seeking in Australian problem gamblers. *J Gambl Stud* 2005; 21:133-55.

²⁶ Cowlishaw S, Merkouris S, Chapman A, Radermacher H. Pathological and problem gambling in substance use treatment: a systematic review and meta-analysis. *J Subst Abuse Treat* 2014; 46:98-105.

²⁷ Cowlishaw S, Hakes J, Dowling NA. Gambling problems in treatment for affective disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). *J Affect Disorders* 2016b; 202:110-14.

²⁸ Cowlishaw S, Gale L, Gregory A, McCambridge J, Kessler D. Gambling problems among patients in primary care: A cross-sectional study of general practices. *Br J Gen Pract* 2017;67: e274-79.

²⁹ <https://www.nice.org.uk/news/article/nice-recommends-healthcare-professionals-ask-people-about-gambling-in-new-draft-guidance-out-for-consultation-today>

³⁰ <https://www.nhs.uk/live-well/addiction-support/gambling-addiction/>

risk behaviour. A score of 8 or above indicates that they may need to seek support and treatment from a specialist gambling treatment service (which is discussed elsewhere in this report) while those with lower scores may also benefit from available support.

58. People with a gambling disorder have high rates of other (often undetected) mental health conditions including anxiety and mood disorders, substance use disorders, impulse control disorders, and attention-deficit/hyperactivity disorder (ADHD)³¹.
59. Gambling disorder constitutes a ‘behavioural addiction’, being the only one currently included in the same category as substance use disorders in the Diagnostic and Statistical Manual Version 5 (DSM-5)³². Current DSM-5 criteria require the endorsement of at least four of nine symptom domains for a diagnosis of Gambling Disorder.
60. Recent research has found that people who meet fewer diagnostic criteria (i.e., subthreshold ‘problem gambling’) nonetheless exhibit many of the negative characteristics seen with Gambling Disorder, including objective impairments in decision-making³³.
61. Accordingly, problem gambling is often defined as gambling behaviour that leads to adverse consequences for individuals, families and communities, consistent with public health frameworks that conceptualise gambling problems across a continuum of risk³⁴. While conventionally some gamblers may not have gone into gambling venues (e.g. betting shops or casinos), gambling is now pervasive due to online technology. It is no longer necessary to leave one’s home or workplace to gamble which can be accessed through mobile apps. Gambling Disorder appears to be more common in men compared to women, and distinct risk factors have been found as a function of gender.³⁵
62. There are inequalities in the extent to which sub-groups of the population are affected by gambling³⁶. People at the greatest risk of harm are more likely to be unemployed and living in more deprived areas, have poor health, low life

³¹ Dowling NA, Cowlishaw S, Jackson AC, Merkouris SS, Francis KL, Christensen DR. Prevalence of psychiatric co-morbidity in treatment-seeking problem gamblers: A systematic review and meta-analysis. *Aust N Z J Psychiatry*. 2015;49(6):519–39.

³² [Psychiatry.org - DSM](https://www.psychiatry.org/psychiatry-org/dsm)

³³ Bowden-Jones H, Hook RW, Grant JE, Ioannidis K, Corazza O, Fineberg NA, Singer BF, Roberts A, Bethlehem R, Dymond S, Romero-Garcia R, Robbins TW, Cortese S, Thomas SA, Sahakian BJ, Dowling NA, Chamberlain SR. Gambling disorder in the UK: key research priorities and the urgent need for independent research funding. *Lancet Psychiatry*. 2022 Apr;9(4):321-329. doi: 10.1016/S2215-0366(21)00356-4. Epub 2022 Feb 15. PMID: 35180386; PMCID: PMC7612512.

³⁴ Shaffer HJ, Korn DA. Gambling and related mental disorders: a public health analysis. *Annu Rev Public Health*. 2002; 23:171–212.

³⁵ Hing N, Russell A, Tolchard B, Nower L. Risk Factors for Gambling Problems: An Analysis by Gender. *J Gambl Stud*. 2016;32(2):511–34.

³⁶ <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2>

satisfaction and well-being, and probable psychological health problems. The most socio-economically deprived and disadvantaged groups in England have the lowest gambling participation rates, but the highest levels of harmful gambling and they are also the most susceptible to harm.

63. The West Midlands has the third highest rate of participation in gambling activity in the English regions; 54 per cent compared to the highest 59 per cent in the North East³⁷. GambleAware research³⁸ found that people in the West Midlands were up to 25% more likely to experience gambling harm compared to the national average³⁹.
64. The Local Government Association (LGA) is promoting a whole council approach to tackling gambling-related harm⁴⁰. Gambling-related harms are now widely recognised as a public health issue which requires a broad response. Harmful gambling is a complex problem with many different but often interlinked factors; no single measure is likely to be effective on its own in addressing it. Many councils are now taking a public health approach to tackling gambling harms, such as councils in Yorkshire and the Humber and Greater Manchester.
65. A public health approach looks at issues from a societal rather than an individual level. It is a way of thinking and acting collectively to address a problem that can damage health and well-being, rather than seeing something through a single or narrow lens.
66. The Faculty of Public Health and the Association of Directors of Public Health have produced recommended actions which could be adopted to enable councils to take a public health approach to tackling gambling harms⁴¹.

Dissemination

67. Madelina's child received and read the draft report and will have a copy of the final report. Madelina's sisters who participated in the DARDR were invited to read and comment on a translated version of the draft report. This was declined. They will be offered a translated copy of the final published report following the national evaluation. The organisations and people who participated in the review will receive a copy of the published overview report. The report will be shared with the Staffordshire and Stoke-on-Trent Domestic Abuse Commissioning and Development Board and the Staffordshire Police, Fire and

³⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2/gambling>

³⁸ <https://www.gambleaware.org/news/gambleaware-research-finds-people-west-midlands-25-more-likely-experience-gambling-harm>

³⁹ <https://www.gambleaware.org/sites/default/files/2020-12/2020-12-09-gambling-among-adults-from-black-asian-and-minority-ethnic-communities-report.pdf>

⁴⁰ <https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-council-approach>

⁴¹ <https://www.fph.org.uk/news/protecting-the-public-from-being-harmed-or-exploited-by-gambling-and-the-gambling-industry/>

Crime Commissioner. Each member of the Community Safety Partnership will receive a copy; these are the Probation Service, Stoke-on-Trent City Council (children's services, public health and housing), North Staffordshire Integrated Care Partnership, Staffordshire Fire and Rescue Service (SFRS), Staffordshire Police, Youth Offending Services (YOS) and the voluntary sector members. Additionally, a copy of the report will be provided to the Staffordshire and Stoke-on-Trent Adult Safeguarding Board and the Stoke-on-Trent Health and Wellbeing Board.

68. The commissioning body and the independent author for this DARDR thank Madelina's family along with the various organisations and people who have participated in the DARDR process.

[Background information and chronology](#)

69. Gabriel and Madelina met when he was 24 and Madelina was 22 years old and Madelina became pregnant soon after. They married in 2006. They were originally from Romania. According to Gabriel, they separated for a short while when their child was six years old and divorced in 2015. Madelina's sisters say that there were multiple separations.
70. Madelina and Gabriel lived in the same household until December 2022. They left Romania in 2016 for a better life, firstly moving to the UK then moving to the Netherlands for a short time before moving back to Romania and finally settling back in the UK in Stoke-on-Trent.
71. Romania remains a country where younger people such as Madelina and her siblings have to leave the rural communities they grew up in to find work. Madelina as the eldest sibling had additional caring responsibilities to her younger siblings after their parents divorced.
72. Gabriel says that he had a business in Romania which failed and was the reason he and Madelina sought a better life elsewhere coming to the UK. They moved to the Netherlands in 2020 for a few months before returning to Romania for a short while and relocating to Stoke-on-Trent in 2021.
73. Madelina did not speak any English when she first came to the UK. Gabriel was said to be able to communicate in English although the mental health Access Team noted that when he contacted them in January 2023 with a friend he did not speak very good English. Madelina and Gabriel worked in low-skilled low-paid employment although according to Madelina's sisters, Gabriel frequently lost his job and expected Madelina to provide money.
74. Madelina was the eldest of five siblings and was the main carer after their parents divorced. Madelina eventually moved from the village where they grew

up to find employment. She met Gabriel when she rented a room on his uncle's property.

75. Gabriel and Madelina's marriage was described to the Crown Court which convicted Gabriel as not a happy marriage. The DARDR has established that it was an abusive marriage which ended with their divorce in 2015 although they continued to live in the same rented property with their child. Madelina tried to leave numerous times.
76. Madelina's child had a close relationship with her. The relationship with Gabriel was more distant and he is described as never showing much interest in what his child was doing. Madelina's child told the reviewer that they spent increasing amounts of time away from the family home due to the abuse.
77. There was little substantial contact with local services over and above Madelina's child attending school (more latterly college and attendance was good). All of the family were registered with the GP.
78. Madelina's first GP contact was in October 2016 and had no contact again until late March 2019 when a new patient screening was completed. Madelina had two contacts in November 2019 and then no further contact until the summer of 2022. On one of the last contacts with the GP in August 2022 Madelina reported pain developing in her rib cage which is recorded as musculoskeletal pain. Although a detailed examination is recorded and no bruising or physical trauma was noted it did not include any recorded inquiry about domestic abuse or other trauma.
79. Gabriel's first contact with health services was at the hospital in June 2016 when he attended for the ongoing treatment of Hepatitis C. Gabriel presented at the hospital emergency services on five occasions; in December 2016 complaining of shortness of breath; in March 2017 he felt "generally unwell" with a painful throat; in July 2019 with an ongoing chest infection; in March 2022 with a query about an abdominal wound although with no history of physical trauma; in June 2022 he complained of fever, sore throat and chest pain; in January 2023 when he presented with "illness" but no other details are recorded.
80. Gabriel also had outpatient appointments for ongoing treatment for Hepatitis in December 2016, March 2017, April 2017, July 2017, August 2017, November 2017, March 2018, August 2018, September 2018, November 2018, and March 2019 and was discharged from treatment in April 2019.
81. Additionally, Gabriel attended a walk-in centre in February 2019 with a possible wrist fracture. There are no details recorded about the circumstances of the injury.

82. Gabriel had ten direct consultations with the GP. This included in March 2019 when Gabriel complained of pain in his lower back and knees waking him up. In September 2022 Gabriel went to the GP complaining of tightness in his chest feeling tired all of the time and palpitations. In October 2022 the GP completed a normal ECG reading although noted some weight loss. In January 2023 Gabriel self-presented to the mental health access team reporting thoughts of self-harm. He described being “abandoned by his partner of 20 years” and he wanted a drug to stop him thinking about his ex-partner. He had no active thoughts of ending his life. A GP consultation in mid-January 2023 included a review of Gabriel’s depression noting that he had been depressed due to the relationship breakdown. Gabriel reported having low energy and poor sleep. He was signposted to the well-being service. There is no record of enquiry about the circumstances of the relationship breakdown.

83. The family were not known at all to the police or social care services before Madelina’s death apart from a road traffic offence in May 2022 when Gabriel was caught driving without a driving licence or vehicle insurance.

Overview

84. It is now known because of this DARDR that Madelina was abused by Gabriel for many years and this began early in their relationship before arriving in the UK and continued until her death. Madelina’s child was also impacted by Gabriel’s domestic abuse. Developing a good friendship with a peer and positive attendance at school and college was a significant source of resilience but it does not diminish the significance of harm.

85. Madelina and Gabriel lived in the same household until December 2022. This was because of Madelina’s entrapment by Gabriel using multiple forms of abuse including emotional, economic, physical, emotional and verbal abuse.

86. Madelina’s sisters say that Madelina attempted to leave the relationship several times and Gabriel had demanded money to move out in December 2022. Gabriel murdered Madelina less than two months later.

87. Having English as a second language, growing up in a country that has a poor record of recognising and responding to domestic abuse, and lack of knowledge about local domestic abuse services were all inhibitors to Madelina being able to seek help. The DARDR has identified Gabriel’s dependence on Madelina and coercive control as being a fundamental and abusive dynamic.

88. Madelina’s difficulties with the English language when she first arrived in Stoke-on-Trent made her more reliant on Gabriel for translating although she had acquired English language skills.

89. The UHNM already have a policy supported by their safeguarding training not to use family or friends as translators but to use a translation service. CSC has reflected on this along with Madelina being unfamiliar with the advice, support and legal protection she could expect in the UK compared to Romania and the importance of improving the provision of routine information on domestic abuse services in a range of languages.
90. A trigger for the murder appears to be Gabriel being angry and jealous that Madelina had begun a relationship with another man and understanding that she had left the relationship and his control. Research and evidence from DHR/DARDRs highlight that separation represents an enhanced level of risk to the victim.
91. Gabriel denied being responsible for Madelina's death effectively trying to blame her for the circumstances under which she died. This is despite evidence of premeditation that contributed to Gabriel being found guilty of murder.
92. In interviews with social workers, Gabriel described a childhood in Romania that was dominated by adverse childhood experiences (ACE) that included domestic abuse, emotional and physical abuse and neglect. The family were very poor and his childhood was dominated by hunger, no celebration of birthdays or taking family holidays. His parents divorced when he was four and he continued to live with his father until he was 14 when he went to live with the family of his cousin. They were also very impoverished. While Gabriel lived with his father he was required to get up and be at school by 5 a.m. because of his father's shift pattern at work. None of this should be read or understood as an excuse or defence for the abuse Gabriel inflicted on Madelina and her child and the dreadful impact on Madelina's siblings.
93. The cultural and legal context in which Madelina and Gabriel grew up and lived before coming to the UK is an important context for lessons being learnt. If victims of domestic abuse feel unable to come forward for fear of stigma, shame, or retaliation agencies will not be aware through disclosure of domestic abuse and victims will continue to be harmed by abusive partners. This is why professionals cannot rely on being told about domestic abuse without the prompting of informed and curious enquiry.
94. All of the services were asked about how they understood the potential barriers that might prevent a victim who has arrived in the UK from knowing where to look for advice and help. The services confirmed they can deploy services such as interpreters to promote clear communication although there was no commentary about how well-equipped staff are in their knowledge and understanding of how for example women arriving from countries with a very poor record on women's rights and domestic abuse are unlikely to disclose domestic abuse.

95. None of the services had any record of information about domestic abuse. The GP practice had seen Madelina and Gabriel when they sought health care consultations; for Madelina, this included GP and women's health consultations. NICE guidance highlights the opportunities that sexual health consultations offer for routine enquiry about domestic abuse and recommends routine enquiry in sexual health services⁴². Madelina had one contact with sexual health services in 2017 when she was accompanied by Gabriel and no routine enquiry about domestic abuse was recorded. The record says that Gabriel was present throughout the consultation and therefore there was no opportunity for a confidential enquiry.
96. As a result of the agency review for this DARDR, the ICB has recommended to GP practices that primary health care staff should be encouraged to enquire about domestic abuse during appointments to review their contraception. Madelina also consulted the GP in August 2022 about pain in her rib. Although there is a record of a detailed examination that does not include any evidence of physical or other trauma there is no recorded enquiry about domestic abuse.
97. The correlation between domestic abuse and poor mental health for victims and perpetrators is evidenced in research cited earlier in the report. The circumstances of the relationship breaking down when Gabriel consulted the GP about depression were not enquired into.
98. The issue of gambling and its link with mental health and domestic abuse has not as yet been the subject of any extensive examination in reviews or issuing of professional guidance to health and social care professionals.
99. Children's Social Care (CSC) acknowledged that current assessment tools used by social care staff do not include any prompts about gambling. The UHNM who use the SafeLives DASH risk checklist highlights that although it prompts enquiries about issues of finance there is no specific reference to gambling in the checklist or guidance. The UHNM has as a result of its management review for the DARDR included information about gambling support on the internal UHNM adult safeguarding pages for staff.
100. Gabriel spoke to the GP about his poor mental health but his gambling was not disclosed or inquired about; it is not a requirement in professional or statutory guidance. Gabriel spoke about financial worries with other health services. For example, he talked to the crisis care All Age Access service⁴³ in January 2023 about his worry about paying his rent and utility bills after leaving the shared home with Madelina.

⁴² Domestic violence and abuse: multi-agency working. Recommendation 6 National Institute for Health and Care Excellence (NICE) 2014 <https://www.nice.org.uk/guidance/ph50>

⁴³ It is the single point of contact for all mental health crisis for people of all ages that incorporates child, adolescent and adult.

101. In March 2023 when he visited the GP about a wrist injury, he was worried that it would prevent him from going to work. The fact that Gabriel was in low-paid and insecure employment could therefore be expected to put him under financial stress. His circumstances were made even more adverse because of gambling and the research evidence discussed elsewhere in the report highlights the value of greater curiosity about gambling as a potential source of stress and its association with adverse mental health and domestic abuse.
102. Mental health assessments include questions about financial problems to identify potential contributory factors to poor mental health although there is no specific question about gambling. Signposting patients to debt counselling provides help in dealing with symptoms of debt but does not address the underlying causes. The North Staffordshire Combined Healthcare Trust routinely asks about domestic abuse, victim and perpetrator.
103. The GP practice is aware of the NHS regional service that patients can be referred to⁴⁴. The app includes links to a range of self-help and other resources including domestic abuse.
104. The panel discussed the challenge of people like Madelina (and Gabriel) working for small employers that were not part of local organisations such as the Chamber of Commerce where local work has been done in developing awareness about domestic abuse and providing model domestic abuse policies.
105. Many East European workers work in warehousing, farming and food processing and are sourced through employment agencies that provide an induction process. As a result of discussion in the DARDR further work will be done involving the local domestic abuse service building links with the agencies and broader sector.
106. The CIPD⁴⁵ describes how all employers have a duty of care for the health, safety and well-being of their staff and are in a strong position to create a safe and supportive workplace environment.
107. The UN Women's guidance on domestic abuse in light of the COVID-19 pandemic recommends that a workplace policy on domestic abuse include a domestic abuse workplace risk assessment and safety planning as an integral part of occupational safety and health within organisations.
108. All the services were asked about whether they had policies for helping their staff and colleagues access advice and help either as victims or perpetrators of domestic abuse. All the services confirmed that staff had access to training and

⁴⁴ <https://www.inclusion.org/our-services/addiction-services/west-midlands-gambling-harms-clinic/>

⁴⁵ The Chartered Institute of Personnel and Development (CIPD) is an association for human resource management professionals.

information to signpost the users of their respective services. The City Council has a domestic abuse in the workplace policy and 10 domestic abuse champions who act as the first point of contact for colleagues experiencing domestic abuse.

Analysis

109. The intersectionality of culture, ethnicity and gambling with domestic abuse is an area for particular exploration in this review.
110. All survivors and victims of domestic and sexual violence navigate complex systems and barriers. Those who have arrived in the UK with limited English proficiency face additional challenges. These barriers include factors that influence or hinder victims seeking help as well practical barriers such as language, economic dependency and access to resources such as housing or refuge.
111. Romania ranks last on the EU [Gender Equality Index](#). Various reports including by the [Working Group on Discrimination against Women and Girls | OHCHR](#), the EU's [Group of Experts on Action against Violence against Women and Domestic Violence Committee](#) as well as the [U.S. Department of State](#) have noted shortcomings in the Romanian legal and policy framework.
112. These include deficiencies in the investigation and prosecution of gender-based violence (GBV) cases, gender stereotyping in public institutions in the determination of what constitutes an offence, and a lack of measures to address the specific needs of women facing multiple and intersecting forms of discrimination, including women and girls with disabilities. These factors contribute to a lack of trust in the criminal justice system and lead to underreporting of cases as found in Madelina's circumstances.
113. This is the cultural and legal context in which Madelina and Gabriel grew up and lived before coming to the UK. If victims of GBV feel unable to come forward for fear of stigma, shame, or retaliation agencies will not be aware through disclosure of domestic abuse and victims will continue to be harmed by abusive partners. This is why professionals cannot rely on being told about domestic abuse without the prompting of informed and curious enquiry.
114. English was Madelina's second language although she had become proficient enough to not require an interpreter in her day-to-day interactions and one was not used when consulting the GP for example (although people who knew Madelina including her sisters queried with the reviewer whether she had enough vocabulary to describe emotional abuse for example).
115. A recent report in 2022, [Language-barriers-in-the-criminal-justice-system.pdf \(bell-foundation.org.uk\)](#) carried out by Victim Support, the Institute for Crime &

Justice Policy Research (ICPR), the Centre for Justice Innovation found victims who speak English as a second language (ESL) often struggled to communicate important information to law enforcement and were not given the language support they needed during crucial encounters with the criminal justice system.

116. Analysis by Victim Support of 750 cases where the charity supported victims who spoke ESL found that the majority involved women who had been victims of violent crime. Female victims made up 71%, compared to 29% who were male. Violence (with or without injury) was the most frequently experienced crime by victims who speak ESL, accounting for 60%.
117. English is spoken as the main language by 94.1% of people in Stoke-on-Trent. 0.2% did not speak any English, while 1.2% admitted to having weak language skills (ONS)⁴⁶.
118. Evidence suggests that victims and survivors of domestic abuse want to be asked about their experiences of abuse⁴⁷ and that victims are more likely to disclose abuse and seek help if asked a direct question. Routine enquiry is a term used to describe asking all service users about their experience of domestic and sexual violence. No signs of abuse or suspicions of abuse are needed as routine enquiry involves asking everyone. This can help make the enquiry easier because it can be referred to as just that - a question that everyone is asked.
119. The prevalence of domestic abuse among the client group of public services such as adult and children's social care, health or criminal justice means that routine enquiry, whereby all service users are asked about their experiences of domestic abuse, in the right environment (alone) and by a trained and compassionate member of staff is appropriate.
120. Targeted enquiry involves relevant practitioners applying a 'low threshold for asking' whether a service user is experiencing domestic abuse when the service user presents certain indicators of such abuse. It is noted that Madelina presented with pain in her rib cage which did not elicit any inquiry about domestic abuse. 'Indicators' are used to describe all of the signs, symptoms, cues or settings through which domestic abuse can be identified. In some health settings, a targeted enquiry is referred to as a clinical enquiry.⁴⁸ Within the context of this DARDR the absence of English as a first language,

⁴⁶<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/bulletins/languageenglandandwales/census2021>

⁴⁷ Feder G, Hutson M, Ramsay J and Taket AR (2006) Women exposed to intimate partner violence: Expectations and experiences when they encounter health care professionals: A meta-analysis of qualitative studies, Archives of Internal Medicine, 166 (1) 22 – 37

⁴⁸ Definitions for routine and targeted enquiry are based on those provided in guidance by the Welsh Government. Welsh Government (2019), Delivery of "Ask and Act": the role of the frontline practitioner. [ask-and-act-role-frontline-practitioner.pdf \(gov.wales\)](ask-and-act-role-frontline-practitioner.pdf) Accessed 15th April 2024

disclosure of gambling and mental health are factors where a targeted enquiry is indicated given the evidence from the DARDR and wider research.

121. Madelina and Gabriel were employed. It was employment that brought them to the UK. The workplace is where indicators of domestic abuse or disclosures may occur.
122. SafeLives has published guidance and information for employers and human resources (HR) professionals who want to know how to support victims of domestic violence in the workplace will also find useful information here. There is also information for organisations to share with their employees about the support available to them if they're experiencing domestic violence⁴⁹.

Conclusions

123. Madelina was abused by Gabriel for many years and by December 2022 was determined to end the relationship with her abuser and had the support of her siblings albeit they lived outside of the UK.
124. Madelina had tried to leave the relationship multiple times while living in Romania and when she lived in the UK. On each occasion, Gabriel would use a variety of tactics to prevent Madelina from ending the relationship.
125. The work of DARDRs and wider research shows that the risk to women escalates when the relationship is ended. The evidence of Gabriel's dependence on Madelina and his need for control and use of coercive strategies to keep her in the relationship would not have been risks that Madelina and her family could have understood at the time.
126. Madelina's family remain traumatised by what happened. Madelina was a victim of Gabriel's domestic abuse over many years which began early in their relationship while still living in Romania.
127. Despite having a good and supportive relationship with her family Madelina faced multiple barriers in disclosing or escaping from Gabriel's abuse. She was manipulated and controlled by Gabriel who used economic, emotional, verbal and physical violence to prevent her from leaving the relationship.
128. The police in Romania do not provide an effective response to domestic abuse and instead tend to blame women for the abuse. Women like Madelina grow up in a society that does not collectively establish clear distinctions between what should be positive behaviour from men and what is unacceptable or illegal. Madelina's sisters described the stigma in many parts of Romania that is attached to seeking help to stop domestic abuse. Women do not have access to the services that are available in the UK.

⁴⁹ <https://safelives.org.uk/practice-support/resources-other-professionals>

129. People who have grown up in very different cultures and legal systems will interact differently with local services in the UK.
130. When Madelina arrived in the UK she was isolated by her lack of English. She and her sisters had little or no knowledge about domestic abuse services and her knowledge about the Romanian police undermined her confidence in approaching the police in the UK. Her siblings also described how Madelina was worried about Gabriel's mental health, and what would happen to him if she reported his abuse and was also worried about what he would do if he returned to their home. Madelina was also worried about the impact on their child.
131. The only two services that had contact with the family were health and education services.
132. Primary health care provided through GP practices remains a vital part of detecting or disclosing domestic abuse. Education services such as schools and colleges have a vital role in raising awareness about domestic abuse, offering information and support and longer-term relationship education.
133. There is no record of any routine enquiry about domestic abuse when Madelina visited her GP practice or targeted enquiry when she presented with a painful rib cage. Madelina's siblings had different perspectives on whether Madelina would have been able to talk about what was happening. One sibling was sure she would have talked about it whereas another was less certain. The point is that Madelina should have had the benefit of a routine enquiry and the evidence supports the assertion that she would have been more likely to have disclosed.
134. The difficulty in making a GP appointment and having English as a second language was highlighted during discussion with family members; not seeing domestic abuse as a medical problem and not having the vocabulary to describe abusive behaviour that does not involve a specific act such as hitting.
135. Madelina's experience is a powerful example of why routine enquiry is a vital part of helping victims disclose information. The challenge for the GP community is how to promote and embed an improved culture and practice of routine enquiry about domestic abuse. Evidence suggests that routine or universal healthcare screening for DA improves levels of victim identification in primary care settings⁵⁰.

⁵⁰ Chen PH, Rovi SR, Johnson MS (2013) Costs effectiveness of domestic violence screening in primary care settings: a comparison of 3 methods. *J Community Med Health Educ* 3, 7, 253 College of Policing (2017) Healthcare screening for domestic abuse.

<https://whatworks.college.police.uk/toolkit/Pages/Intervention.aspx?InterventionID=54> (accesed 7th May 2024)

136. The siblings were certain that Madelina did not know about services such as refuges in the UK. One of the siblings was certain she would have considered this whereas the other felt that she would not have wanted to uproot her child.
137. Gambling is rarely enquired about during routine contact with health professionals or during enquiries and assessments by social care services. The evidence from this DARDR supported by the limited research is that gambling is a major threat to the health and well-being of gamblers and their families and there is a co-relationship between domestic abuse and mental ill health. Gambling has been linked to a significantly increased risk of violent behaviour which became starker the more severe the extent of the gambling behaviour. The use of weapons in acts of violence was associated with gambling⁵¹.
138. Education settings have the opportunity, not only to identify and support children and young people who have experienced domestic abuse but also to challenge some of the root causes, by promoting positive and healthy relationships and challenging gender inequality.
139. Since September 2020 relationship education including recognising abusive behaviour has been compulsory in every primary school, and relationships and sex education which covers domestic abuse is compulsory in every secondary school. Teaching young people about domestic abuse supports them in knowing the difference between healthy and unhealthy relationships, helping them to know the signs so that they don't end up in abusive relationships themselves. It educates them and also opens up a potential avenue for any child currently living with domestic abuse to reach out and get support for themselves and their parents.
140. Schools can create an environment where children and young people feel comfortable and know that abuse of any kind is not tolerated. Madelina's child did not feel able to speak to any adult about what was happening at home. They dealt with it by spending a great deal of time away from home.
141. Although Madelina's child knew the school provided pastoral care and counselling services they were not sure these were places they could go to talk about what was happening at home. They did not feel they needed counselling and were not sure what anybody could do to help.
142. They did not present with behaviours that are often an indicator that a young person might be affected by domestic abuse. Their attendance was good, they did not truant or go missing, and they did not misuse substances or have any eating disorders. They had friends one of whom they were able to live with after

⁵¹ Amanda Roberts, Jeremy Coid, Robert King, Raegan Murphy, John Turner, Henrietta Bowden-Jones, Katie Palmer Du Preez, Jason Landon. Gambling and violence in a nationally representative sample of UK men. *Addiction*, 2016; DOI: [10.1111/add.13522](https://doi.org/10.1111/add.13522)

Madelina had passed away. The challenge from this DARDR is for the school community to examine how and why Madelina's child was not able to talk about what was happening.

Lessons to be learnt

143. Things that make a difference include;

- a) The importance of routine enquiry for women who are at risk of isolation through language, have no local family network and are unfamiliar with UK legal and support arrangements for domestic abuse.
- b) The absence of English as a first language, physical pain/injury, a disclosure of gambling and mental health are factors where a targeted enquiry is indicated given the evidence from the DARDR and wider research.
- c) Domestic abuse (and gambling) harms children and young people; not all will exhibit behavioural, social or emotional/psychological indicators that can help places indicate that domestic abuse is happening; good relationship education in schools combined with clear signposting relevant to media used by young people helps give them confidence about where to go for help and support.
- d) Gambling and domestic abuse often co-exist and create harm for children and adults; opportunities for routine enquiry by services, and targeted when asked for advice about psychological and financial difficulties, can provide vital gateways to getting help;
- e) Health and social care practitioners should be encouraged to seek information about gambling and have advice and guidance about why this is important.
- f) Domestic abuse (and gambling) affects all cultural, ethnic, economic and social groups; professionals in responsible positions of trust can face additional barriers to seeking help; having policies in place supported by training is important.

144. This DARDR was commissioned by the Stoke-on-Trent Safer City Partnership and as the responsible body will be accountable for the implementation of the learning from this DARDR.

Recommendations

1. The ICB, the Midlands Partnership Foundation NHS Trust and the North Staffordshire Combined Healthcare Trusts should ensure that a targeted learning brief is sent to their services about the DARDR focussing in particular on the vulnerability of women who have English as a second language (ESL) and the importance of routine and targeted enquiry

about domestic abuse. The briefing should also include guidance about screening for problematic gambling and its association with domestic and other abuse and signposting to local resources.

2. The Director of Public Health should provide a report to the Health and Well-Being Board on how the absence of local strategies to respond to behavioural addictions and their association with domestic abuse will be addressed.
3. The Workforce Development Team should ensure that the lessons about the risk represented by behavioural addictions and its links with domestic abuse are incorporated into the domestic abuse training and are included in future audits of social work practice with children and families.
4. The Education Safeguarding sub-group should consider the learning from the report as part of local ongoing PHSE work to ensure that healthy relationship courses include content about domestic abuse and that appropriate media is used to promote, inform and encourage students to talk to college and school-based staff about domestic abuse.
5. The Community Safety Partnership should seek assurances from partner agencies about how their staff are trained and informed in developing their knowledge and understanding of how women arriving from countries with very poor records on women's rights and domestic abuse are unlikely to disclose domestic abuse.
6. The Community Safety Partnership should consider what further work can be done with small businesses and employment agencies and draw particular attention to the vulnerability of employees arriving from countries with poor records on women's rights and domestic abuse.

National policy

1. The relationship between domestic abuse and behavioural addictions is under-researched and requires further attention to inform protection and treatment strategies.
2. National safeguarding guidance for children and adults such as Working Together to Safeguard Children gives little or no attention to the risk represented by gambling and the link with domestic abuse.
3. National parenting assessment frameworks give little or no attention to the risk represented by gambling and the link to domestic abuse.
4. The absence of nationally approved tools or frameworks to assist and inform health and social care professionals to assess risk associated with individual gambling behaviour.

Glossary

AAFDA	Advocacy After Fatal Domestic Abuse offers specialist and expert advocacy and peer support after fatal domestic abuse.
ACE	Adverse childhood experiences are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity.
ADPH	The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.
CIPD	The Chartered Institute of Personnel and Development is the association for HR and people professionals, offering learning, membership, research and policy services.
Controlling or Coercive behaviour (CCB)	A pattern of CCB can be well established before a single incident is reported. In many cases, the conduct might seem innocent – especially if considered in isolation from other incidents – and the victim may not be aware of, or be ready to acknowledge abusive behaviour. The consideration of the cumulative impact and the pattern of CCB behaviour within the context of the relationship is crucial.
Economic abuse	Economic abuse is a legally recognised form of domestic abuse and is defined in the Domestic Abuse Act 2021. It often occurs in the context of intimate partner violence and involves the control of a partner or ex-partner's money and finances, as well as the things that money can buy such as goods and services associated with care and support needs.
Emotional abuse	A variety of behaviours that control or coerce; include intimidation and threats, criticism, undermining, being made to feel guilty, economic abuse and controlling what can or cannot be done.
ESL	English as a second language
Gambling Disorder	Is a 'behavioural addiction', being the only one currently included in the same category as substance use disorders in the Diagnostic and Statistical Manual Version 5 (DSM-5)
LGA	Local Government Association is the national membership body for local authorities and works on behalf of the member councils to support, promote and improve local government.
NICE	National Institute for Clinical Excellence
ONS	Office of National Statistics
Routine Enquiry	Research shows that victims are more likely to disclose abuse and seek help if asked a direct question. Routine enquiry is a term used to describe asking all service users about their experience of domestic and sexual violence. No signs of abuse or suspicions of abuse are needed as routine enquiry involves asking everyone. This can help make the enquiry easier because it can be referred to as just that - a question that everyone is asked.

The Istanbul Convention	The Convention on Preventing and Combating Violence against Women and Domestic Violence is known as the Istanbul Convention after the city in which it opened for signature on 11 May 2011. The Istanbul Convention is a major human rights treaty establishing comprehensive legal standards to ensure women's right to be free from violence. The Istanbul Convention recognises violence against women as a violation of human rights and a form of discrimination against women. It covers various forms of gender-based violence against women, which refers to violence directed against women because they are women or violence affecting them disproportionately.
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