

Pat and her children
all had happy times together.

They enjoyed taking holidays and
throughout her life Pat loved simply
spending time with her children.

Whilst suffering several traumatic
events during her life, Pat nevertheless
showed great strength in overcoming
significant challenges.

It is clear that she was loved by
her family and friends.



PAT'S LIFE AND RELATIONSHIPS

Pat was a mother of 3 children. She lived close by to her own mother who provided extensive support to both her and Pat's youngest child at times of need.

Pat and Billy were in a relationship for approximately 12 years and had a child together; during this time there were frequent periods of separation. Billy's misuse of alcohol was often a source of conflict between Pat and Billy. Pat's family said that they had concerns about Billy being critical of her. However, there were periods when Billy was supportive of the challenges Pat faced with her mental health and during that time that Billy was a good father.

PAT'S DEATH

Pat was in her 50's when she sadly died by suicide.

1 KEY FINDING: RECOGNISING AND APPROPRIATELY RESPONDING TO DOMESTIC ABUSE

Pat was a repeat victim of domestic abuse

She was at times assessed as a high risk victim with referrals made to MARAC and local specialist domestic abuse services.

Non physical abuse

However, in later years with the focus on the behaviour of Pat's child, opportunities to relook at Pat's experiences and risks of domestic abuse were not taken, despite the known history and despite Pat disclosing emotional and verbal abuse, including death threats, a number of times to different agencies.

Pat's family said they felt the domestic abuse perpetrated by Billy was allowed to go on unchecked and the emotional abuse and its impact upon Pat given far less import than physical abuse would have been given. This included repeated and sustained harassment and verbal/emotional abuse over a number of years, including the breach of a Non Molestation Order.

Reoccurring themes

This review identified two recurring themes from previous local Domestic Homicide Reviews:

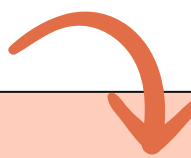
The failure of agencies to complete domestic abuse risk assessments when in receipt of disclosures from Pat.

The failure of professionals to show professional curiosity and explore more widely issues of domestic abuse which Pat raises when speaking to them.

These recurring themes inhibited professionals understanding of the dynamics of risk occurring within Pat and Billy's relationship.

Importance of joined up information

Information was not joined up to gather a full picture of the situation - information was known about Pat being a previous victim of domestic abuse, Pat continued to disclose incidences of harassment and abuse but this was rarely explored further or in sufficient depth, lack of exploration in understanding why Pat cancelled appointments, and no depth in considering the deterioration of Pat's child's behaviour in the context of the family situation and previous history.



Learning

Abuse can continue even if the relationship between a victim and the perpetrator has ended – this is particularly a risk when a child is involved and contact between both parties is still a factor. In the lead up to Pat's death, child contact was being pursued in civil court by the perpetrator. Professionals placed an over reliance on Pat ceasing family time between her child and Billy in order to protect them from domestic abuse, despite this being the catalyst for Billy to send emotionally abusive texts to Pat.

It is important to recognise domestic abuse as a pattern of behaviour, particularly when there is no physical violence. Professionals should not view reports in isolation and should ensure they consider any previous history to see the full picture.

Use a domestic abuse risk assessment to support this. This will help determine the level of risk the victim and their family is facing and help direct the type of action and support required to help keep them safe. Know what the local domestic abuse pathway is to find appropriate support for victims, and where possible also perpetrators.

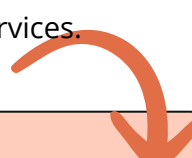
There is a need to also consider the needs and risks associated with adults where domestic abuse is a factor – both victims and perpetrators – in a holistic, whole family way.

2

KEY FINDING: THE IMPACT OF TRAUMA

Pat disclosed to professionals supporting her that she had suffered sexual abuse earlier in her life, the trauma from which was ever present. This contributed to Pat's struggles with her mental health, including a mental health breakdown, impulsive drug overdoses and using alcohol as a coping strategy to block out trauma. Pat also experienced the traumatic birth of her youngest child, the effects of which were long lasting.

These issues were experienced alongside the domestic abuse Pat was subject to. Sometimes this meant Pat was unable to take up support offered to her - including cancelling appointments or saying she did not need support. The reasons for this were never fully explored by services.



Learning

Professionals need to understand how trauma can impact on an individual, and what this can look like in terms of accessing and engagement with support, and use this understanding to connect with compassion ie seeing the person within the issues presented.

Trauma Informed Practice training can help workers better how trauma - be it from adverse childhood experiences or recent abuse or neglect - shapes our thoughts, behaviours and relationships throughout life. Having a trauma informed approach can help improve the way in which support is offered as well as ensuring it is the right type of support.

Professionals should identify collaborative / creative ways with victims of domestic abuse, particularly in repeat incidences of referrals/disclosures and including when victims disengage from support.to understand the reasons why as it could be a response to trauma and being overwhelmed.

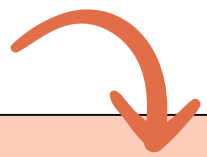
There was a lack of exploring and linking the increase in behaviour issues with Pat's child with their experiences of domestic abuse within the family.

Pat's child started to become violent at home, throwing things and was physically violent towards Pat and her grandmother. Pat's child disclosed that they get rages of anger inside which they feel like they need to get out and that is when the violent outbursts occur. A number of agencies were aware of this and took steps put support in place, including suggesting a referral to CAMHs.

Numerous times Pat and her family shared information about concerns about the safety of her child in Billy's care. Pat stopped Child A having contact with him and sought support to formalise this. Because of this, Billy increased the harassment and abuse against Pat. At no point did any agency consider what this might mean for Pat's child.

However the impact that domestic abuse was having upon Pat's child was never considered, assessed or supported during the period of this review. The fact that Pat's child was not witnessing physical violence doesn't negate the impact of other forms of domestic abuse.

Agency contacts and actions lacked insight into the child's voice and experiences concerning domestic abuse both as a victim (from their father) and as the person causing harm (towards their mother). During the period of this review the absence of professional curiosity into the impact of domestic abuse on Pat or her child resulted in those voices not being heard.



Learning

The importance of recognising the impact domestic abuse has on a child and how this can show itself.

Utilise existing information, including any previous history, to explore a child's experience in greater depth using professional curiosity. Ensure their voice about what is going on is captured.

Familiarise yourself with what domestic abuse can include, particularly for children and young people, who under the Domestic Abuse Act 2021 are now considered victims in their own right.

4

KEY FINDING:**IMPACT OF DOMESTIC ABUSE ON HEALTH**

Pat had both physical and mental health conditions, some of which predated her relationship with Billy, and continued during their relationship.

But a few years later there was a decline in Pat's mental health following her continued experience of emotional abuse from Billy. Further deterioration leads in the following years to Pat taking an overdose, at a time when she had little contact with support agencies apart from her GP. Harassment from Billy continued.

Pat took steps to proactively improve her mental health and this stabilised for a period of time.

Pat had therapy, actively engaged in mental health services, booked onto a confidence building and anxiety management course and engaged in community groups. Pat was now also working in a shop and doing voluntary work. Pat also had support from her mum, and at times her child was looked after by her when Pat was particularly struggling with her mental health.

It is clear the domestic abuse Pat was experiencing had a negative impact on her mental health. However, the impact of domestic abuse and trauma was under acknowledged and there was an over focus on the solution of Pat stopping Billy having contact with his child, and then on the escalating behaviour of their child. Pat's mental health issues were regarded as just being one of those things she suffered with.

Learning

This is a reoccurring theme from previous Sefton Domestic Homicide Reviews, for professionals to show curiosity and explore more widely issues of domestic abuse when they are disclosed. This inhibited professionals understanding of the dynamics of risk occurring within Pat and Billy's relationship.

As a result of her significant mental health history and the emotional abuse she suffered at the hands of Billy, Pat could also have been considered as an adult at risk within the terms of the Care Act 2014 as she appeared unable to protect herself. Professionals should consider making a referral to Adult Safeguarding in such circumstances as an additional option of seeking support.

5

KEY FINDING:**SUPPORT FOR FAMILY**

Pat's mum cared for Pat's child at different times. Pat's mum has said she played a very large part in the safety of and care for both Pat and her child and she performed this role without any support for herself from agencies for the physical and mental impact this had on her and despite a number of agencies being aware of the role she played.

Pat's mum also received abusive messages from Billy and his family, but agencies did not consider or complete any risk assessments in responding these disclosures or offer any support.

Learning

Consideration of impact and risks of domestic abuse on wider family members and what support could be offered to them. Is part of dynamic risk assessing and understanding the wider picture and pathways available for support. The Sefton Domestic Abuse Helpline 0151 394 1400 is available to anyone in Sefton needing advice, guidance or support.