

DHR 9 - 'DENISE'

Died September 2020

Denise was an only child and was described by her mother as a good daughter with a lovely personality. Denise was close to her mother, and she would contact her daily. She also had a close relationship with her cousin.

Denise was a mother to two children.



DENISE'S LIFE AND RELATIONSHIP WITH MARTIN

Denise was an only child who was close to her mother and cousin. She had two children, but they had not lived with her for a number of years. Denise struggled with alcohol misuse which her family felt that were linked to her father being an alcoholic. Denise and Martin went to the same school and met up again as adults. Martin was described by Denise's family as having a negative influence on her and encouraged her to drink. There were regular arguments between Denise and Martin and the relationship was described by Denise's family as very 'on and off'.

DENISE'S DEATH

Denise died weeks after an altercation with a neighbour and a separate domestic incident, where Martin had pushed Denise against a chair. Martin was arrested in connection with Denise's death but died before the criminal investigation concluded. Denise was 47 years old when she died.

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KEY FINDING:

DENISE FACED A NUMBER OF STRUGGLES OVER THE YEARS

Denise was a repeat victim of domestic abuse

Denise had been a victim of domestic abuse in her previous relationships as well as with Martin. Denise was recorded as a 'gold'/ high risk victim by the Police. She was heard at MARAC, a multi agency meeting to help safeguard high risk victims of domestic abuse, as a victim to Martin on 2 occasions.

Poor mental health

Denise had low mood, depression and low self-esteem and on one occasion she took an overdose of tablets. In 2019 Denise reported experiencing anxiety which related to her going through a difficult time with her ex-partner.

Struggles with alcohol misuse

Denise had a long history of alcohol misuse and dependency and previously accessed several support services. Denise's family were aware of her struggle with alcohol and had supported her when she went on detox programmes.

Her children being removed from her care

Denise had two children who had not lived with her for several years prior to her death. Children's Social Care were involved with Denise and her children due to Denise's alcohol use, mental health, and domestic abuse. The court granted a Child Arrangement Order in favour of the children residing with their father.

Previous sexual assault

Denise disclosed a sexual assault to a support agency she was working with.

Isolation

Denise's family believed that she was lonely and stayed in the relationship with Martin due to not wanting to be on her own.

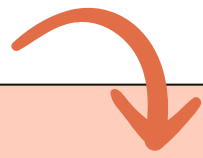
The period of March 2020 up to Denise's death was during the time of the Covid pandemic and national lockdowns, which made face to face contact by agencies much more difficult. This is likely to have increased Denise's isolation during this time and whilst alternative methods used by agencies was highlighted in the review as a positive effort, this was not without its challenges and impacted on engagement with both Denise and Martin.

Learning

Denise was very likely suffering from trauma following a number of different experiences over a number of years. There is a clear link between multiple abuse, trauma, and alcohol use. She had coexisting issues that made her additionally vulnerable which would have affected how agencies needed to work with her to offer appropriate support for her needs.

Professionals need to ensure that when engaging with individuals, they consider the wider context and proactively seek out information to identify domestic abuse. Information sharing pathways should be clear to enable effective multi-agency working and avoid working in silos.

Key to this is using professional curiosity and a trauma informed approach.



2 KEY FINDING:

DENISE WAS KNOWN TO A NUMBER OF AGENCIES AND AT TIMES REACHED OUT FOR HELP AND SUPPORT

Denise was known to local domestic abuse support agencies following a number of referrals. Denise also self-referred to RASA after disclosing a sexual assault against her.

In 2018 Denise was referred to Independent Initiatives, which supports people who are experiencing multiple forms of disadvantage.

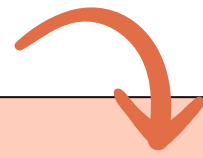
Over a number of years Denise was referred to and engaged with various alcohol related support agencies, including community and residential detox programmes. This includes Denise self-referring to a detox programme.

Denise's housing provider were aware of domestic abuse incidents from MARAC and the Police and spoke to her about an incident at her address and asked if she needed any support.

Denise was known to Adult Social Care

Following various incidents of assault and abuse, both agencies and Denise called the Police to report these.

Denise was known to, and engaged with, her GP on a regular basis. She was also known to the hospital following attendance there on different occasions.



Learning

Denise was not hard to reach. There is lots of evidence she was aware of the negative impact her alcohol use was having on her life and she took steps to access support for this a number of times. She also took steps to access other types of support.

This shows individuals with Complex Lives do often want support. The key for professionals is using an 'every contact counts' approach to help encourage and sustain this.

Professional curiosity is key – fact finding to create a full picture of the needs and risks of that person, beyond what you may initially be told or presented with.

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KEY FINDING:

DENISE WAS OFFERED SUPPORT BY VARIOUS AGENCIES, BUT THIS DID NOT ALWAYS TRANSLATE INTO HER GETTING SUPPORT THAT WORKED FOR HER IN A LONG TERM WAY.

Denise was recorded as a 'gold'/ high risk victim by the Police and was referred to support services but declined to engage. This was also the case sometimes when other agencies asked if she wanted support.

Denise was known by a number of health related agencies including her GP, local hospital and Ambulance Service following various incidents and self disclosures around her mental health.

Denise often denied being assaulted by Martin when asked about injuries by different agencies. Denise told the Police that she felt a sense of misguided acceptance of her situation and normalised the domestic abuse.

Denise accessed support for her alcohol on numerous occasions. However, there were many periods of time where Denise relapsed and alcohol misuse continued to be a problem for her.

Agencies' unsuccessful attempts to engage with Denise was seen by professionals as being related to Denise not requiring support and the wider context of controlling and coercive domestic abuse was not recognised collectively by professionals.

Local domestic and sexual abuse support services never managed any sustained engagement with Denise.

Attendance of agencies at MARAC was not consistent and written reports were submitted as an alternative. This did not allow for those agencies to actively contribute to the discussions and decision making. Agencies were not consistent in the 'flagging' of their internal systems to identify Denise as a high-risk MARAC case. Additional support via alternative pathways such as the MARAM could have been considered.

Learning

Denise was a repeat victim of domestic abuse with other complexities and needs which made her additionally vulnerable. This impacted on her ability to engage with agencies. It is also common for victims of domestic abuse to normalise and/or downplay what is happening to them. This also impacts on how and when a victim accepts support or not.

A more combined support approach taking Denise's multiple needs into account along with better joining up and recording of this information by agencies would have resulted in more effective multi agency working.

Professionals should consider the impact of alcohol dependency in relation to the Mental Capacity Act 2005 when responding to individuals in domestic abuse situations and determine whether their decision making is impacted by alcohol.

Consideration of more innovative ways to engage with her might have had a more effective impact in her accepting and maintaining engagement in support.

A trauma informed approach is essential in responding to, and supporting, victims with other complex issues. All professionals should increase their knowledge and skills in relation to having a trauma informed approach to providing support

**4 KEY FINDING:
PERPETRATORS OF DOMESTIC ABUSE CAN DEVELOP SKILLS TO
MANIPULATE PROFESSIONALS**



Learning

When dealing with perpetrators professionals need to ensure they look beyond compliance and consider controlling and coercive behaviours.

Professional curiosity is key – fact finding to create a full picture of the needs and risks of that person, beyond what you may initially be told or presented with.