

She was a happy, contented little girl who had a lovely personality. She was very sociable and a little mischievous but in a fun sort of way. The first and last thing she would do when she saw you was give you a hug followed by 'love you'. Louise lived for her children and her family. They were everything to her; she would walk the earth for them; they were her absolute reason to go on.



LOUISE'S LIFE AND RELATIONSHIPS

Louise's family said she had a happy childhood; her parents separated when she was young but she was very close to both her mother and father. Louise was bullied at school. She left to attend a college course, which due to ill health, she was not able to complete. Louise was sexually abused as a child which she didn't disclose until several years later. Louise also experienced a traumatic history of domestic abuse with two of her three significant partners. Louise was a mother of five children.

LOUISE'S DEATH

Louise was in her 30s when she died by suicide at her home.

1 KEY FINDING: LOUISE HAD FACED MULTIPLE STRUGGLES OVER THE YEARS

Louise was a repeat victim of domestic abuse

Louise had been a victim of domestic abuse in at least two relationships. Louise was recorded as a 'gold'/ high risk victim. She was heard at MARAC, a multi agency meeting to help safeguard high risk victims of domestic abuse, as a victim on 4 occasions. Issues continued even when she was not in a relationship with one of the perpetrators and when one was in prison. The perpetrators continued to control and harass Louise until she died

Experiences of poor mental health

Louise had difficult mental health problems, including Post Traumatic Stress Disorder (PTSD) following the traumas she had experienced and made several reports of feeling suicidal.

Struggles with alcohol and drug misuse

Louise's drug/alcohol use and poor mental health was raised several times with agencies in relation to her care for her children

Her children being removed from her care

Louise had five children who were removed from her care at different times, including following a serious assault that was also witnessed by some of her children. At the time of her death, none of her children were living with her.

Previous sexual abuse

Louise was sexually abused and potentially groomed as a child.

Learning

There is a clear link between multiple abuse, trauma, and alcohol use. We know Louise experienced repeated physical, emotional, and psychological abuse in her relationships; she was a repeat victim of domestic abuse from multiple perpetrators, struggling with drugs/alcohol and poor mental health.

Although agencies put support in place, Louise's difficulties with trust (linked to abuse and PTSD) meant she had difficulty accessing this until she was facing the permanent removal of her children.



Learning continued

The importance of seeing the life story of the individual victim/survivor and not individual incidents cannot be understated. A number of agencies recognised her mental distress but insufficient communication between agencies, some poor record keeping and a lack of multi-agency working resulted in her full case history not being considered.

For Louise and her children, a targeted support package was needed to ensure she was able to recover from the negative impact of the trauma she and her children had experienced. There was also a need for one lead agency to support her, advocate on her behalf, and build trust with her.

Professionals need to have a clear understanding of what domestic abuse includes and looks like, particularly in relation to coercive control and how this interacts with other issues a victim can be dealing with.

2 KEY FINDING:

THE LINK BETWEEN DOMESTIC ABUSE AND AN INCREASED RISK OF SUICIDE IS NOT ALWAYS UNDERSTOOD OR RECOGNISED, PARTICULARLY WHEN CHILDREN ARE REMOVED FROM A PARENT'S CARE.

Louise suffered with mental health problems throughout her life following the traumas she had experienced and made several reports of feeling suicidal; she always stated her children were a protective factor against her taking her own life.

Louise stated on numerous occasions she was scared her children would be taken away from her; after the removal of her children, she expressed her loneliness and lack of support.

A study[1] in 2019, estimated that between 20 - 80% of victims of domestic abuse had suicidal ideation. Aitkin, R & Munro (2018) also identify having children as a frequent protective factor in preventing suicide. Louise loved her children, however, her fear of losing them was strong and may have negated this protection for her.



Learning

The impact on Louise of the permanent removal of all of her children should have been fully recognised by services, and particularly the combined effect of her experiencing domestic abuse and the increased risk of suicide she faced.

Professionals should increase their knowledge and understanding of domestic abuse and the risk of suicide. This will enable them to formulate appropriate risk assessments and risk management plans to support victims.

Louise was vulnerable as a multiple victim of domestic and sexual abuse. The impact of both on her mental health, her use of drugs and alcohol to self-medicate, and the loss of her children were all factors which combined to undermine her feelings of self-worth and increase her fear of agencies. This affected her ability to fully understand the extent of the domestic abuse experienced and to accept support needed.

Louise was often referred for support but only sometimes took this up. There is an underlying victim-blaming culture by professionals sometimes, brought on by a frustration that some victims do not take up the support they are offered. Inability to respond to support offered should be understood in the context of trauma and the need for a different approach.

Louise had 5 children, all of whom were removed from her care at different times, including following a serious assault that was also witnessed by some of her children. Louise stated on numerous occasions she was scared her children would be taken away from her. There was a period of four years when Louise was not involved with Children's Social Care; during this time, she was in a non-abusive relationship.

There was a lack of understanding and knowledge about the impact of removing the children from Louise. This should be done with understanding and empathy and without blame, understanding the risks to the parent.

Interventions/Assessments by agencies noted Louise's experiences of domestic abuse, of the impact of the (interim) removal of her children and of her use of alcohol but did not link these issues with trauma. Louise was, throughout, attempting to continue to care for her children, whom she loved and who loved her.

Learning

The relationship between domestic abuse and trauma is still not well understood by all agencies, especially its impact on the victim and the support they need to recover.

Although Louise was assessed/worked with regularly by lots of agencies over a period of fifteen years, little targeted support was put in place to help her deal with the impact of the abuse she had experienced. There was in addition victim blaming, resulting possibly from a lack of understanding of the multiple impacts of the trauma she had experienced.

Professionals should understand it is never the case that the victim is to blame, and this should be separated out from responsibility for the domestic abuse, which lies with the perpetrator.

All professionals should increase their knowledge and skills in relation to having a trauma informed approach to providing support.

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.