

DHR 12 - 'GEORGIA'

Died April 2021

Georgia was described by family and friends as a caring individual who always put others before herself. She wanted to make everyone happy. Georgia had good friends in and outside of work. She also loved spending time with her nephew who she treated like the child she never had. The two were very close and loved each other's company.



GEORGIA'S LIFE

Georgia was a single woman of Portuguese/Madeiran heritage. Georgia was born in the UK; For a few years her family moved to Portugal before returning to the UK and settling in Southport. She initially lived with her sibling but then moved in with her parents who she was very close to. She wanted to be around her mum to make sure she was ok. She loved her job and the close friends she made there. Georgia was the eldest of 3 children. Throughout their childhood, the children heard arguments and verbal abuse between their parents, which they suspected escalated to physical violence. Their father was always very protective and controlling of his children. The children had little freedom; he did not allow them to socialise much or go to college, and they were all expected to help out with the family business. Georgia had longstanding anxiety symptoms. Some of her family described Georgia as a worrier, who had always been anxious of what others would think of her and how she looked. She lacked self-confidence and hated confrontation.

GEORGIA'S DEATH

Georgia was found deceased at home in her bedroom. A police investigation ruled out any third-party involvement and Georgia appeared to have taken her own life. Georgia was 49 years old when she died. Following her death, Georgia's colleagues from work arranged a number of events to remember her. They scattered flowers in a river in one of her favourite places, planted shrubs, and dedicated a room to her within the workplace named 'The Peony Room' (her favourite flower). The room is for staff to use as a quiet place where they can relax and be peaceful.

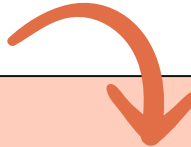
1 KEY FINDING:

GEORGIA WAS A VICTIM OF DOMESTIC ABUSE IN HER OWN RIGHT, BUT THIS WASN'T RECOGNISED

In 2020, Georgia's father was diagnosed with dementia. This coincided with a disclosure by Georgia's mother to her GP and subsequently to support services, of a long history of domestic abuse and controlling behaviour by Georgia's father. Georgia was often used as an intermediary for services to contact her mother. Although there were no reported incidents of domestic abuse with Georgia as the victim, and Georgia herself did not think she was a victim, it was known by professionals that she was affected by the abuse her mother suffered and sought medical help and counselling.

The panel felt that hiding things from her dad and acting as a conduit for professionals to speak with her mother would have made Georgia feel very uncomfortable and increased the significant emotional pressure she was already under.

Georgia had also lived with her parents for most of her life. She would have witnessed the domestic abuse directed at her mother by her father both as a child growing up with her siblings, and as an adult. Georgia and her siblings experienced controlling behaviour by their father as children.



Learning

The possibility of Georgia being affected by emotional abuse and therefore being a victim of domestic abuse in her own right was not recognised by agencies.

Georgia was also subjected to controlling and coercive behaviour by her father, such as not her not being allowed to go to parties or college and being kept away from others. This was not recognised as potentially being an issue by any professional.

Domestic abuse can take many forms and can affect anyone – it can take place within families and not just between intimate partners. It is important professionals across all agencies understand this and know how to respond to concerns. Professionals can increase their knowledge by completing domestic abuse training.

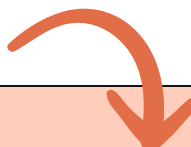
Using professional curiosity is key - fact finding to create a full picture of the needs and risks of that person, beyond what you may initially be told or presented with.

2 KEY FINDING: THE LINK BETWEEN DOMESTIC ABUSE AND AN INCREASED RISK OF SUICIDE IS NOT ALWAYS UNDERSTOOD OR RECOGNISED

Georgia had a number of periods of poor mental health in her life. She disclosed suicidal ideation on a number of occasions though Georgia also told professionals that she would never act on this as she was too scared to harm herself or was worried about the impact on her family.

However, it was known that one of the factors in Georgia's anxiety and depression was her father's abusive behaviour towards her mother which impacted on her. Research indicates that a significant number of domestic abuse victims suffer from suicidal ideation. A study^[1] in 2019, estimated that between 20 – 80% of victims of domestic abuse had suicidal ideation.

Georgia's sibling described the final months of Georgia's life as being really difficult. Her physical appearance had deteriorated to the point where she would not even facetime her nephew because she didn't want him to see her. She was absent from work due to her mental health and although her sibling tried to talk to her, Georgia did not want to open up.



Learning

Georgia accessed support with various agencies for her mental health, including when she expressed suicidal thoughts. However, overall, links between domestic abuse and the increased risk of suicide were not well known by staff. Professionals knew about the situation at home; the impact of this on Georgia and her mental health could have been more consistently recognised and responded to.

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

(1) From hoping to help: Identifying and responding to suicidality amongst victims of domestic abuse [Vanessa E. Munro & Ruth Aitken (2020)]

3**KEY FINDING:****GEORGIA'S FATHER WAS NOT ADEQUATELY RECOGNISED AS A PERPETRATOR OF DOMESTIC ABUSE**

Nothing was done to address Georgia's father's alleged abusive behaviour in terms of enforcement or preventing future harm. His dementia complicated matters, but various options could have been considered which were not. At the time of the events under review Georgia's father was considered to have capacity to make his own decisions, therefore his age was likely to have been a factor in not considering all actions available.

Georgia's sibling voiced that their overriding observation from reading the DHR and circumstances leading to Georgia's death, was one of disappointment and frustration. Not with any particular individual or agency, but with the continued approach of treating their father as a victim throughout and not addressing the underlying abuse he was directing towards both their mother and Georgia.

Learning

Agencies had information which pointed to Georgia's father's continuing abusive behaviour that pre-existed a medical diagnosis of dementia.

Professionals should be mindful of bias relating to age and/or health which could mean abusive behaviour is missed or minimised.

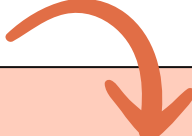
4**KEY FINDING:****OLDER PEOPLE EXPERIENCING DOMESTIC ABUSE OFTEN FACE ADDITIONAL BARRIERS**

Georgia's mother was subjected to domestic abuse for many years by her husband, Georgia's father, and prior to him showing signs of dementia. This abuse went unreported and unnoticed by family and friends until 2020 when Georgia's mother made a disclosure to her GP. By time she was in her 60's and her husband was in his 70's.

Older victims often face additional barriers to disclosing abuse and/or accessing support that works for them.

This can include:

- Lack of access to and/or familiarity of technology to access support.
- recognising behaviours as being abusive, often linked to family and or cultural background
- added complications of health conditions for the victim and/or perpetrator, which can mask issues or even result in risks facing the victim being inappropriately minimised eg a victim being expected



Learning

The absence of effective action to address domestic abuse perpetrated by older people means that there is continuing risk for victims.

Domestic abuse involving older people needs to be acknowledged as this, particularly where there are also health issues involved to avoid side lining the risks associated with the abuse.

Reports of domestic abuse should always be followed up via the appropriate domestic abuse pathway in addition to any safeguarding referrals – this includes ensuring specialist domestic abuse support is always offered to victims.

Professionals should consider the additional barriers facing older people experiencing domestic abuse as part of their approach. In particular, accessibility is important.