

DHR 15 - 'DAWN'

Died October 2021

Whilst suffering several traumatic events during her life, nevertheless, friends describe the intelligent and funny person that she was and the great sadness they feel at her loss. It is clear that Dawn was loved by her family and friends.



DAWN'S LIFE AND RELATIONSHIP WITH EWAN

Dawn had one sibling, a younger brother, and lived most of her adult life in the Sefton area. Dawn was a victim of domestic abuse by two previous partners. At 19, she had a child with her first partner who was taken into care and was later adopted. Dawn later met Ewan, and they were in a relationship for approximately 26 years during which time Dawn experienced significant domestic abuse. Dawn suffered a number of medical conditions and mental and behavioural disorders. She also had issues with substance misuse over a number of years.

DAWN'S DEATH

Dawn was found deceased in a flat belonging to a friend. Dawn was staying in Widnes on a temporary basis having been placed in a hotel by agencies in Sefton as a place of safety following an incident of domestic abuse reported to have been perpetrated by her partner Ewan. Dawn went to her friend's address after an argument with her ex-partner. The friend said that Dawn was distressed after phoning Ewan and had taken some drugs after this. Dawn's cause of death was recorded as an overdose of prescription drugs together with traces of illicit substances. Dawn was 46 years old when she died.

1 KEY FINDING:

DAWN FACED A NUMBER OF STRUGGLES OVER THE YEARS

Dawn was a repeat victim of domestic abuse

Dawn was a victim of domestic abuse in two different relationships. During her long relationship with Ewan she was recorded as a 'gold'/ high risk victim and was heard at MARAC, a multi agency meeting to help safeguard high risk victims of domestic abuse, as a victim on 10 occasions.

In addition to physical assaults by Ewan, Dawn was subjected to controlling and coercive behaviour and financial abuse. Dawn disclosed that Ewan had threatened her with knives, prevented her from leaving her home and would also stalk her whilst she was out of the house. He had also taken her medication from her and refused to give it back. Dawn disclosed that her benefit was paid into Ewan's bank account and he had control over her finances as well demanding money from her.

Experiences of poor physical and mental health, including suicide attempts

Dawn suffered a number of medical conditions which sometimes required hospitalisation as well as daily medication. She had diagnosed mental health and behaviour disorders and she self harmed by taking drug overdoses on several occasions over a number of years. Following one overdose, she disclosed after her recovery that she was angry because treatment had enabled her to survive the attempt to take her own life.

Dawn was open to community mental health services for several years. All agencies had difficulties in forming therapeutic engagement with Dawn, and it is considered that this was exacerbated prior to her death due to the national Covid19 restrictions in place at that time.

Struggles with drug misuse

Dawn was a drug user and had long periods of drug misuse – both illegal and prescription drugs.

Having her child removed from her care

Dawn had a child when she was 19. Due to the domestic abuse and substance misuse Dawn was experiencing, this child was taken into care and later adopted.

Homelessness

Dawn experienced periods of homelessness. This always followed an incident of domestic abuse following which she felt unsafe to return to her home being in fear of further abuse. On occasions this meant that Dawn slept rough on the street.

Anti social behaviour

Dawn was subject to conditions following reports of her and Ewan causing disturbances at her property which was affecting her neighbours. Agencies were aware of some of the circumstances facing Dawn, including domestic abuse, and took steps to support her and not just evict her from the property.

Previous sexual assaults

Dawn reported being the victim of serious sexual assaults on three occasions: once by an ex-partner, a second by her current partner, and a third by a neighbour.

Sex working

In 2018 Dawn was suspected of being a sex worker by the Police and was given a warning on two occasions. This coincided with the period of time Dawn had periods of homelessness.

Criminal behaviour

Dawn was subject to conditions following reports of her and Ewan causing disturbances at her property which was affecting her neighbours. Agencies were aware of some of the circumstances facing Dawn, including domestic abuse, and took steps to support her and not just evict her from the property.



Learning

Dawn suffered a number of significant adverse life experiences which would have had a traumatic effect on her. There is a clear link between multiple abuse, trauma, and substance misuse. Research has found that levels of trauma, such as those experienced by Dawn, “can lead to self-medication to numb the pain in an attempt to dilute the reality of the occurrence, which in turn can lead to dependency and/or addiction.”[1]. “Trauma is often an “underlying” condition informing other problematic presentations, e.g., drug/alcohol misuse/difficult behaviours”.[2]

A trauma informed approach was not taken at any point during Dawn’s life. This 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.

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.

[1] Carole Bennett M.A. Psychology Today 2015

[2] Academy for Social Justice Commissioning 2019

2

KEY FINDING:

DAWN WAS OFFERED SUPPORT BY VARIOUS AGENCIES, BUT THIS DID NOT TRANSLATE INTO LONG TERM CHANGES.

Dawn attended hospital following different incidents and for mental health support. Sometimes she would accept support such as moving to a refuge following discharge, but other times she discharged herself against medical advice and declined further support. She was referred to substance misuse support services, but engagement did not result in long term changes for Dawn.

Dawn often denied to Police she had been assaulted after incidents or she didn't want to support follow up statements.

Dawn moved to supported living accommodation organised for her but let Ewan know where this was and he would stay over.

Dawn was offered support by specialist domestic abuse services, which sometimes she engaged with, predominately during periods of crisis, but other times she did not. There are a number of times services recorded they were unable to contact her.

Learning

Dawn was a repeat victim of domestic abuse with other coexisting issues 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 and can impact on how and when a victim accepts support or not. This was evident when Dawn declined support or denied assaults had happened. It also reflected her feelings of fear of Ewan and potential repercussions from him if she spoke out – evidence of coercive and controlling behaviour.

Professionals need to understand what domestic abuse includes and looks like, particularly in relation to coercive control, and use this to inform their practice and aid identification of ongoing abuse and risk factors.

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

3

KEY FINDING:

MULTI-AGENCY MEETINGS DID NOT SUFFICIENTLY SAFEGUARD DAWN TO END THE RISKS SHE FACED FROM DOMESTIC ABUSE

Dawn was discussed at MARAC 10 times. Her repeat victimisation was never examined and escalation of need never identified or responded to.

There are several examples of strong multi-agency working and communication initiated by agencies dealing with a crisis situation involving Dawn. However, once that situation had been resolved there was no evidence of any follow up multi-agency meetings or such as a MARAM, Safeguarding Strategy Meetings, or professionals meetings, or of a joint agency plan to address the causal and contributory factors and trauma causing risk to Dawn and prevent such a situation from reoccurring, which on a number of occasions it did.

Agencies failed to identify the significant escalation in risks to Dawn's safety and wellbeing in a coordinated way.

Learning

A more combined support approach taking Dawn'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 arranging multi-agency meetings to join up information, additional to the MARAC process, particularly when supporting victims of domestic abuse with complex lives, as risk factors and circumstances can change often and quickly.

4

KEY FINDING:

LACK OF EFFECTIVE ACTION TO ADDRESS THE PERPETRATOR'S BEHAVIOUR

There is an almost total absence of effective action to address the perpetrator's behaviour through management, disruption, diversion or proactive prosecution.

Learning

There is a need to develop and embed a coordinated pathway within Sefton for tackling perpetrators of domestic abuse above what is provided via MARAC.