



Domestic Homicide Review

'Louise'

This report is the property of the Safer Sefton Together Partnership.

Lessons to be learned

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

There is an underlying victim-blaming culture in some agencies, brought on by a frustration that some women 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. It is never the case that the woman is to blame, and this should be separated out from responsibility for the domestic abuse which lies with the perpetrator.

Structured support for the mother is essential where there is domestic abuse and Children's Social Care are involved. All referrals to specialist agencies should be monitored to ensure the mother is engaging with support.

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.

MARAC, Children's Social Care and GPs should explore information sharing especially relating to the impact of the removal of children. This is to ensure support is in place for the abused mother.

Male perpetrators must be properly held to account i.e., subject to rigorous checks, attendance at courses and stringent licence requirements or they will continue to abuse.

The lack of full knowledge by all agencies about Louise's history and current circumstances was a barrier to Louise receiving and accepting the specialist support she needed. She intermittently had a social worker she felt able to trust but lacked a consistent professional who could work with her and support her. There are models of engagement available which include an assertive outreach approach to facilitate engagement for those unable to reach services.

It is unclear why Louise did not consistently engage with an IDVA, but this was not fully explored and a plan was not put in place to support her to engage.

Panel Recommendations

The DHR panel identified several practice issues which gave rise to the following recommendations.

National

Recommendation to the Home Office and the Domestic Abuse Commissioner that the Home Office issue guidance regarding repeat victims of more than one perpetrator being treated as a special category of DA victim/survivor with automatic escalation to MARAC; that the DASH Risk Assessment is amended to reflect this change with guidance and training in place.

The Home Office and DA Commissioner report back to Safer Sefton Together, Louise's mother and father, AAFDA and both the Minister and Shadow Minister for DV and Safeguarding.

The Home Office to consider a recommendation that a full forensic investigation takes place when a 'gold flag' victim dies by suicide.

Sefton Domestic Abuse Partnership Board

To organise domestic abuse Awareness training for all relevant agencies (training to include the impact of victim blaming for perceived 'poor choices' made by victim/survivors, Trauma-informed Practice, Coercive Control, suicide, and suicide prevention and learning from DHRs).

To ensure non specialist services understand the referral pathways available to support victim/survivors in the most appropriate ways including making referrals to specialist DA agencies as appropriate.

To develop further specialist support for victim/survivors affected by multiple disadvantage (in addition to the specialist IDVA already in post)

To lead on improving liaison between the IDVA Service, SWACA and Children's Social Care. A clear protocol to be put in place to ensure clarity regarding lead agency, improved information sharing and monitoring/managing risk.

To review the support available to survivors who do not engage or engage intermittently with services where there is ongoing domestic abuse.

To consider whether the capacity of the IDVA service is sufficient to manage the volume of cases in Sefton to reduce the need for a waiting list.

To explore the options for introduction of an IRIS Programme in Sefton within GP practices. It is noted that IRIS is being introduced in Sefton.

To explore information sharing between GP, MARAC and Children's Social Care.

To convene and lead an inquiry into repeat offenders/perpetrators with recommendations on how to prevent further offences and keep women safe.

Guidance to be developed for professionals re referring recent domestic abuse incidents to Police, even if the victim/survivor is resistant.