

Learning Brief

Rosie – Domestic abuse serious incident review



What happened?

Rosie was home alone when her ex partner Adam entered her property and physically attacked her leaving Rosie with life threatening injuries. Rosie has since recovered but is left with long term physical and psychological injuries.

Adam was arrested, sentenced to prison for 9 years and given a lifetime restraining order.

Rosie and Adam's two year relationship started quickly. At this time agencies held no information about domestic abuse perpetrated by Adam in his previous relationships and he had no criminal history of domestic abuse. Rosie was a serial victim of domestic abuse and this became her third abusive relationship. Within months they were living together, and Rosie became pregnant.

Adam's coercive and controlling behaviour started immediately and he was also physically violent. Within 9 months Rosie reported incidents to the police, had attended A&E with physical injuries and had been referred to MARAC. Agencies became aware of 10 incidents. The abuse escalated during the pregnancy - this was the period with the most number of agencies involved but the least number of incidents reported.

The relationship ended four months before the serious incident and when the baby was less than a year old.

What did it tell us?

This case has identified that the incident could not have been predicted by agencies and that on the whole there was good practice by agencies. However there is the following learning for professionals.

A victim's previous relationship experience can influence their judgement in a new relationship, even when there are warning signs. Professionals should:

- use healthy relationship tools when working with a serial victim <https://sheffielddact.org.uk/domestic-abuse/?s=healthy+relationships>
- use knowledge of previous domestic abuse and MARAC meetings to inform discussion when the victim next presents; as they may still be at risk of abuse, even in a new relationship.

Research indicates that women who are pregnant, recently separated and involved in the criminal justice system are more likely to experience domestic abuse. Rosie experienced all three.

Adam instilled in Rosie a fear of the repercussions if she disclosed to agencies. He told her all agencies were

connected by safeguarding systems and that she would lose her child. Rosie believed this.

Agencies gave Rosie many opportunities to disclose – using routine enquiry, professional curiosity and challenge. But there was no disclosure of new incidents to midwifery, health visiting or children's social care services. This resulted in a delay in identifying domestic abuse and subsequent referral to services.

Rosie only approached agencies when fearful for her safety or when she had a physical or mental health need. The GP was informed of hospital attendances, MARAC attendances and social care involvement; yet domestic abuse was not discussed.

- Professionals need to seize on these few opportunities to be curious about possible domestic abuse using intelligence available and or routine enquiry as per local or national guidelines.
- Agencies need to be in a position to respond: to risk assess, share information with other professionals, offer initial safety planning and a referral to domestic abuse support.

Professionals in this case considered that the separation increased the child's and Rosie's safety. However most domestic abuse cases, separation increases risk and it did for Rosie as Adam felt he was losing control. This meant opportunities to offer safety measures were missed; including safety planning and target hardening measures.

There were missed opportunities to use the DASH. The DASH should be used when a victim is referred into a service due to domestic abuse and when they re-present to a service after a period of disengagement e.g. children's social care pre-birth assessments.

Local guidance should be followed and a referral made to MARAC when new incidents of any risk level happen within 12 months of the case having been high risk and heard at MARAC.

Professionals should consider the use of coercive and controlling behaviour by the perpetrator when assessing a victim of domestic abuse and consider how that may impact on the victim and ensure that they are seen on their own.

More efforts should have been made to hold Adam to account for his behaviour by agencies prior to the serious incident, both as a domestic abuse perpetrator and a father. Rosie needed agencies to build trust with her by recognising Adam's abuse, so that they could work with her to protect her child.

What can we do now?

Use intelligence on recent and previous MARAC attendances and / or their medical presentation to be professionally curious at the next meeting.

Challenge perpetrator behaviour and explore options to hold them to account, including as fathers.

Attend an IDAS training session on coercive and control <https://courses.idas.org.uk/training-events/>

Use healthy relationships materials with victims <https://sheffielddact.org.uk/domestic-abuse/healthy-relationships/>

Offer referral to domestic abuse support to victims who have separated and encourage engagement. Complete the DASH, provide initial safety advice, and offer a referral for target hardening.

