

### 1. Background

Charlie was a young mother who died through probable suicide. She met her first boyfriend whilst a teenager and from the start of the relationship he was controlling. Until this relationship, she had always been highly motivated and hard-working, but her first year at University was disrupted by her pregnancy and she did not return to her studies.

### 2. Indicators of Domestic Abuse

Although no-one knew the whole picture, we now know that she was subjected to:

- Physical violence: being beaten and kicked in the stomach
- Coercive control and surveillance: her movements were monitored; she had to check in with him constantly; he told her what to wear and she “trod on eggshells” around him.

### 3. Reproductive Coercion

He would not let her terminate the pregnancy and although she did not appear to tell professionals, they did not always routinely ask about domestic abuse. Practitioners must always consider the possibility of reproductive coercion when a teenager becomes pregnant. Health practitioners should routinely ask about domestic abuse, recognising the additional barriers that young women will face in being able to disclose their abuse.

### 8. Timely Engagement

The timing of our attempts to engage with a victim of domestic abuse is important. If they don't get an immediate response at a time of crisis, the barriers that they face will start to surface again. For example, the perpetrator will have more time to prey upon the victim's fears, provide excuses for their behaviour or show remorse. This often results in a victim declining further support or minimising their abuse.

# Charlie

### 4. Educational Sabotage

By disrupting an individual's ability to gain educational qualifications, a domestic abuser extends their power and control over their partner. Tactics of educational sabotage could include telling a victim that they will fail; undermining a victim's abilities; demeaning their educational goals; controlling access to college; interfering with studying or doing homework; making a partner feel guilty for spending too much time on study; responding with jealousy, resentment and insecurity.

### 7. Barriers to Engagement: Referrals

Accessing specialist domestic abuse services may feel daunting and overwhelming for victims of domestic abuse. Agencies need to consider how they let victims know about support exists and how they can support victims with active referrals.

### 6. Barriers to Engagement: Fears

Domestic abusers will often tell their victims that they are poor mothers and that their children will be taken away by children's services, particularly if the abuse has already affected the victim's mental health. Practitioners need to be aware that these fears are common and work hard to dispel common myths, whether or not expressed, and promote confidence in agencies' desire to protect and support victims of domestic abuse to care for their children and keep the family safe.

### 5. Suicide & Domestic Abuse

Several agencies did not identify the links between suicide and domestic abuse. Coercive control, isolation and entrapment are tactics of perpetrators of domestic abuse which can lead to low self-worth, hopelessness, despair and suicide in their victims. Women presenting to services in suicidal distress or after self-harm should always be asked about domestic abuse.

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#### 9. How flexible and responsive are our services?

Many victims, because of work or other commitments, do not fit the model of working that is preferred by agencies. Do agencies have the opportunity to reflect when they are unable to make contact with a victim of domestic abuse and consider if there are specific circumstances that they need to consider and adapt to?

#### 10. Professional Curiosity in Domestic Abuse

A robust understanding of domestic abuse is needed for assessments and responses to be effective. Practitioners need to understand the complex and nuanced pattern of coercive control in order to understand their own challenges to engage with victims and, for example:

- Why victims may minimise or deny the abuse they are experiencing
- How perpetrators intimidate, isolate and control their victims, stripping away their sense of self (Stark 2007:5)
- The impact that living with persistent fear, undermining, gaslighting may have on a person's mental health

#### 11. Mental Health is not a Cause of Domestic Abuse

It is the responsibility of all practitioners to engage with victims of domestic abuse and sensitively challenge their misconception that their partner's mental illness is causing their abusive behaviour.

Domestic abuse victims need to understand that their abusers are responsible for their own behaviour in order that victims can effectively make safety plans for their own, and their children's, safety.

#### 14. Safe Enquiry

Health and social care services have made great strides in embedding safe enquiry about domestic abuse into their practice, whether this be routine, targeted or selective enquiry. However, following the Covid pandemic, more appointments, consultations and assessments are held remotely, and practitioners will be following the guidance requiring them to be sure that it is safe to make these enquiries on a case-by-case basis. Far fewer survivors of domestic abuse will now be asked about domestic abuse and agencies need to consider how they can maximise enquiry and mitigate risk.

#### 13. Continuity of Health Visiting Care Across Borders

Victims of domestic abuse will often have to move across local authority boundaries in order to find somewhere safe to live. Verbal communication prior to the transfer of records from one area to another is vital in ensuring safe continuity of care for the child and ensure that the family's needs and risks can be picked up in real time when they move home and keep the family safe.

#### 12. Invisible Fathers

In our assessments of children at risk or in need, it is more often the mothers' ability to keep children safe that has been the focus of agency attention, rather than the assessment and planning around the perpetrator of domestic abuse, usually the father. There may be many reasons for this. For example, sometimes the perpetrator deliberately hides from agency gaze; sometimes practitioners may be wary of provoking more domestic abuse by involving or confronting him; sometimes practitioners may be frightened themselves of an abuser.

Domestic abuse is a parenting choice of the perpetrator. Exposure to parental domestic abuse is domestic abuse of the child. Intervention is needed with the perpetrator to reduce the risk and harm to the child and mother through engagement, accountability and civil and criminal justice.

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