

# “Beautiful, fun and intelligent...the children meant everything to her”

Learning the Lessons from the life and death of ‘Mary’

June 2022

# Creating Safety

This is difficult material, please take care of yourself and if you become upset try not to judge yourself. We've all been upset by these topics

ESDAS Main Office – 01737 771350

Surrey DA Helpline (hosted by Your Sanctuary)  
01483 776822

Mind Info line is available 0300 123 3393



# Agenda

**This webinar is based around the learning and practice recommendations from the DHR/SAR of “Mary”**

- Introduction from the DHR/SAR Chair
- Learning and best practice around child removal
- Recommendations around reflective practice and professional curiosity
- Safeguarding recommendations

# INTRODUCTION FROM THE DHR/SAR CHAIR

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- **Purpose of the session,**
- To learn about Mary, what happened in her life, her interaction with agencies and to identify lessons learnt which we hope agencies will consider and implement into their own organisation. ( policy and practice)
- Why a DHR/SAR was commissioned?

# OVERVIEW

- **Mary - A mother, a daughter, a sister, a young women in what should have been “ the prime of her life”**
- Prior to her death, Mary had been involved with a number of agencies since her adolescent years including;
- Mental health services, Children Social Care, health care, housing, substance misuse services and specialist DA services.
- In Mary’s early life, it was alleged she was involved with older men. Never any consideration by agencies of grooming or Child Sexual Exploitation.
- Mary had a couple of relationships prior to meeting Gary.
- Mary met Gary. Gary displayed high levels of abuse and coercive control to Mary throughout their relationship.
- Concerns by CSC around neglect of Mary’s children.

# OVERVIEW CONT.

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- Mary did seek support from drug and alcohol services.
- Increasing violence and controlling behaviour by Gary towards Mary with the police attending a number of incidents in 2017.
- Gary was identified as high risk perpetrator by the Police in 2017.
- Further concerns by CSC and the police around the wellbeing of Mary's children.  
Children taken away from Mary in Sept 2017
- Mary died in Nov 2017.

# KEY ISSUES FROM THE REVIEW;

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- Lack of trauma informed practice
  - Mary was not identified as a retaliatory victim instead seen being abusive on some instances
  - Professional curiosity and the need to know a victim better – what was life like for Mary living with Gary? How did the abuse she was experiencing impact upon her ability to parent and bond with the children?
  - Victim blaming, professional bias, Mary being judged
  - Access to services and perceived lack of engagement – little consideration given to the challenges that Mary faced engaging safely with agencies
- Impact on the children living with DA
- Poor information sharing
- Professionals to understand the bigger picture, what happened to a Mary in her early years, that she did have care needs (was vulnerable)

# MARY'S LEGACY

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- Learning from the review identified
- Learning from the inquest identified

## HOWEVER

- Recommendations and actions must lead to change to ensure someone else suffering DA can be appropriately supported and such a tragedy is averted

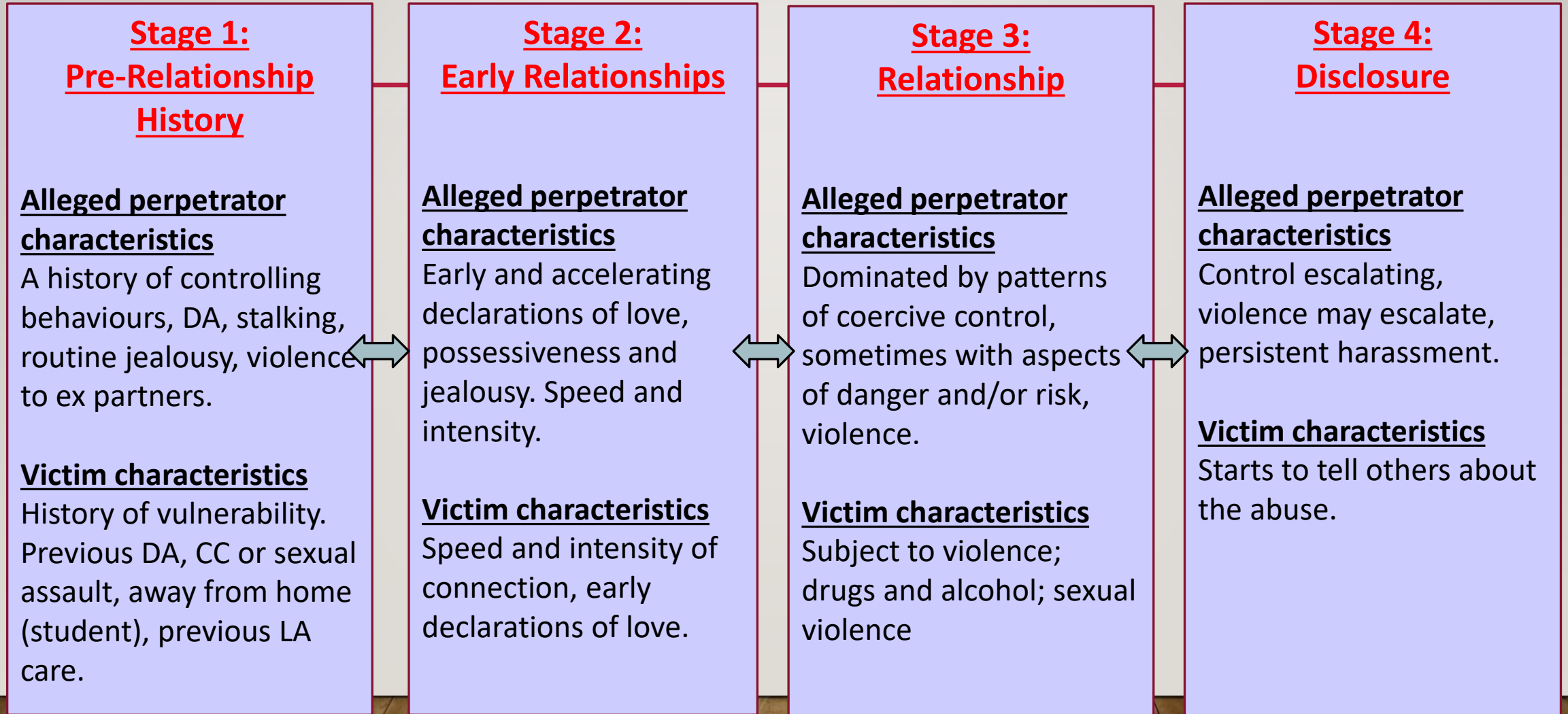


**Recommendation One:  
Professionals must understand the  
increased risk of suicide of parents  
when children are removed**

Especially when a parent is experiencing domestic abuse, has other risks and has increased vulnerability. This is to include support for an adult both before the children are removed and afterwards.



# The 8 Stage Suicide Timeline



# The 8 Stage Suicide Timeline

## Stage 5: Help-seeking

### Alleged perpetrator characteristics

May use victim's mental health against them, may make threats to family, or friends, counter allegations.

### Victim characteristics

May present to mental health services, GP for mental health, A&E, Children's services, social services, the Police.

## Stage 6: Suicidal ideation

### Alleged perpetrator characteristics

May encourage suicide, persistent contact, threats.

### Victim characteristics

Suicide attempts, self-harm, may say they 'can't go on', may be convinced they will be killed. May have lost custody of children.

## Stage 7: Complete entrapment

### Alleged perpetrator characteristics

STALKING, threats, persistent contact, threats to others, violence.

### Victim characteristics

May say 'I'll never be free' or similar.  
In so-called 'Honour suicide' victim may feel honour will be restored to family by their suicide.

## Stage 8: Suicide/Homicide

### Alleged perpetrator characteristics

Common for alleged perpetrator to find body. In some cases, abuse transferred to victim's family.

### Victim characteristics

Most common to be at home with ligature. Other methods also noted.

# LINKS BETWEEN SUICIDE AND DOMESTIC ABUSE

‘DOMESTIC HOMICIDES AND SUSPECTED VICTIM SUICIDES DURING THE COVID-19 PANDEMIC 2020-2021  
VULNERABILITY KNOWLEDGE AND PRACTICE PROGRAMME (VKPP) BATES ET AL.’

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- Suspected victim suicide and intimate partner homicide in many ways have very similar risk profiles.
  - A history of domestic abuse, non-fatal strangulation and attempts to separate are all indicators of coercive and controlling behaviour and they are risk factors for both intimate partner homicide and suspected victim suicide.
  - High-risk domestic abuse, often characterised by coercive control, might equally well end in either a homicide or suspected victim suicide.
- Suspected suicide victims were overwhelmingly female (90%)
- Nearly a third of victims were under 45
- 74% - victim and or suspect previously known to other agencies

# Aitken, R & Munro, V. 'From Hoping to Help', 2020 & 'Domestic Abuse and Suicide', 2018

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- 24% reported positively to measures of suicidality
- Interview respondents (practitioners) estimated suicidal ideation in anything from 20% -80% of their cases
- 'Those trapped by domestic abuse can feel so hopeless that they believe the only way out is suicide'
- 'More than likely that our findings underestimate the full scale of the problem'

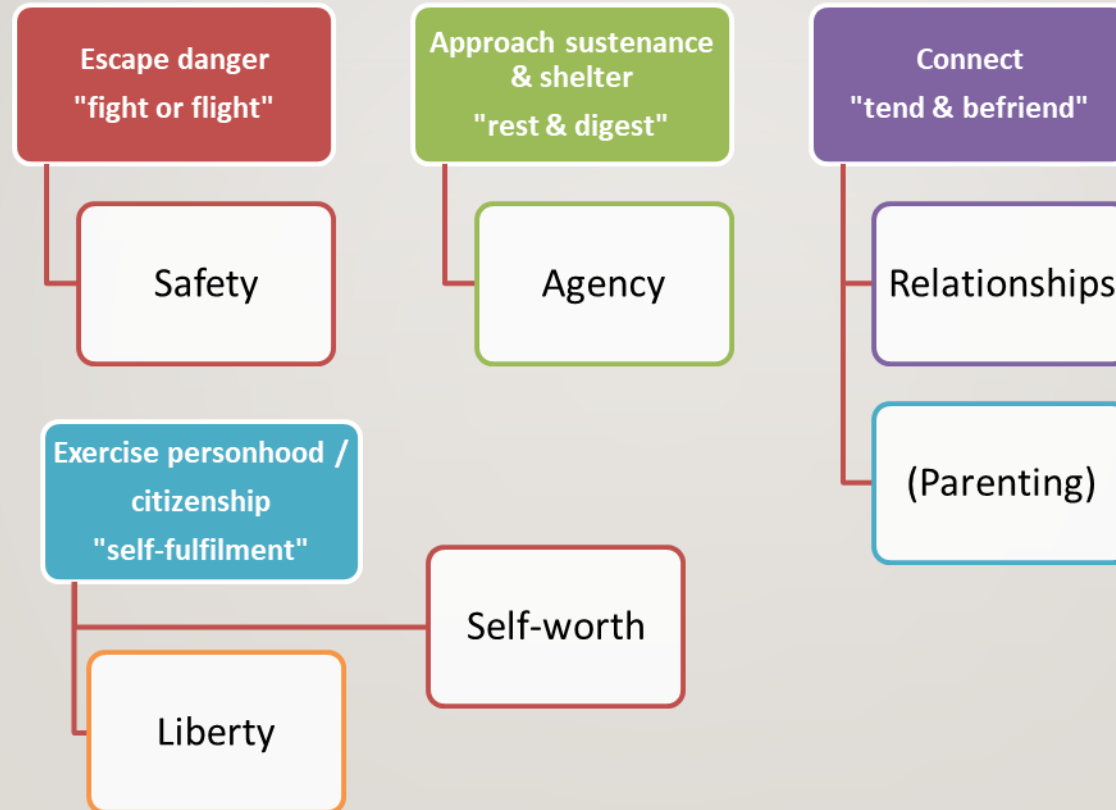
# PROFESSOR JANE MONKTON-SMITH, 2022

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“Victims were seeking help simultaneously from police, health services and children’s and social services, whilst the abuse continued, and was in many cases persistent, rather than reducing. Mental health diagnoses, and the victim’s ability to care for themselves or their children, became a focus for service intervention, and for service withdrawal. Alcohol and drug misuse in the victim was often perceived as increasing their culpability. Mental health distress and alcohol or drug misuse, were perceived as problems in the victim, and not necessarily the result of the abuse. In many cases the victim’s mental health distress became a barrier for receiving criminal justice and other help.”



## Framework of Human Needs



# SURREY SURVIVORS CHARTER

## **AS SURVIVORS, WE DESERVE:**

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To be in control of  
our own lives

To be treated as  
human

To be treated with  
empathy

To be believed

To be listened to

To have our own  
voice

To have our voice  
heard

To heal at our own  
speed

To feel safe

To be safe

To be treated with  
respect

To be treated with an  
understanding that  
we have experienced  
real trauma

To be treated with an  
understanding that  
the impacts of  
trauma last

To be treated  
without judgement



I CAN  
HONESTLY TELL  
YOU THAT HER  
DEATH WILL  
REST HEAVILY  
WITH ME  
FOREVER...

“I have never in my professional life felt so powerless...useless even. I failed her. I felt sick, cold, numb...For there was absolutely no doubt in my mind that this was a woman who was driven to take her own life after years upon years of gaslighting, coercive control and stripping away of self worth

As I briefed my team I felt my shock and numbness start to give way to a growing anger and rage. Not just for her but from all the injustices heaped upon vulnerable victims of domestic abuse. If it is not enough that their perpetrator steals their happiness, confidence, families, friends, career, children. But then they steal their life

I hope through my work and honouring the memory of those who have been so cruelly taken, I can at least try and bring some closure and comfort to the bereaved. I shall never forget these women; neither would I wish to. Their passing cannot go unnoticed; we must all be inspired to do more, much more to end domestic abuse and hold perpetrators to account for their accounts. For the sake of all the women like (Mary) who deserved so much more from life”

(Senior Surrey Professional)

## **Recommendation Two:**

**The SCSA will develop training opportunities and supervision guidance relating to professional curiosity.**

## **Recommendation Three:**

**Training to be available to adult social care staff to increase their understanding of the trauma of CCB, stalking, grooming of family members and professionals, violent resistance, and the links between substance use, trauma and mental health and domestic abuse**

# Recommendations around Adult Safeguarding:

ASC professionals, through training and supervision, to ensure the importance of timeliness in decision making is emphasised and followed regarding safeguarding enquiry referral.

Safeguarding Referral Guidance (adult and children) to be produced for organisations whose main purpose sits outside safeguarding e.g. housing associations, drug and alcohol rehabilitation services, and to raise awareness of its availability.

# Thank you for participating

The DHR/SAR is available [HERE](#)