

Please note that this document has been anonymised using pseudonyms to protect the identity of those concerned

**Safer Lincolnshire Partnership  
Learning Briefing in respect of  
Kamila**

**1. Kamila**

Kamila was a Polish woman who was in her mid-thirties when she died by suicide just over one week after her partner Sean had died by suicide.

Kamila had moved to the UK with her husband Leon when their child was around 6 months old. They had separated, and Kamila had met Sean through her work. Sean was controlling and abusive, leading to Children’s Social Care deeming it unsafe for her ten-year-old son to spend time with Sean.

Sean was living with mental ill-health and was using substances. Kamila started to also use alcohol during their relationship, and Sean used his mental ill health and self-harming behaviours to isolate Kamila.

Both Sean and Kamila had attempted suicide on earlier occasions, prior to dying by suicide within a week of one another.

**2. Reflective Practice**

There were key themes identified throughout the Domestic Abuse Related Death Review pertaining to Kamila’s death. The following sections introduce these themes and then present reflective questions and useful resources for multiagency use.

**Theme – Responding to Victims of Domestic Abuse**

Practitioners must be aware that ultimately, the abusive behaviour of the perpetrator forms a barrier for victims accessing support and attempting to end a relationship. There are often other barriers, which intersect and strengthen one another, however it must be highlighted that all victims of abuse face the universal barrier to support, which is the abusive, coercive and controlling behaviour.

Consideration by all professionals, across all agencies, should be given to working creatively in order to engage victims of domestic abuse in a range of ways, which will allow the breaking down of barriers, and the building of trust over time.

Area of learning	Reflective Questions	Useful Resources
<p><u>Barriers to accessing support.</u></p> <p>Local services are available to either refer directly into, or to signpost victims. LDASS are also available to provide advice and information to professionals</p>	<ul style="list-style-type: none"> <li>Do you know how to refer an individual into local domestic abuse services?</li> <li>If you are not sure about referral pathways, do you know where to find this information?</li> </ul>	<p>LDASS support Hub – a central point of contact for general enquiries and access to the Lincolnshire Domestic Abuse Specialist Service.</p> <p><a href="#">Our Services</a></p> <p><a href="#">Professional’s referral form to LDASS</a></p>
<p><u>Cultural competency</u></p> <p>A barrier for Kamila may have come from her Polish nationality. This was</p>	<p><i>Being culturally competent isn’t about “knowing about every culture” it is about curiosity, humility and responsiveness.</i></p>	<p><a href="#">Achieving Cultural Competence - The Diversity Trust</a></p>

<p>not explored with Kamila by professionals. Professionals should not assume that an individual's fluency in speaking English and long period of living in the UK negates the effects of their native culture.</p>	<ul style="list-style-type: none"> <li>• Think about an individual you are currently supporting or working with, who is not a British national – are there any cultural elements which may be preventing them from accepting or seeking help and support for domestic abuse, or other risks they are facing?</li> <li>• How can you adapt your practice to support them in a way which may promote their engagement with your service?</li> </ul>	<p>Please visit <a href="#">DARDR Learning Bulletins – Professional resources</a> for the <b>Culture and Faith</b> bulletin.</p>
<p><u>Identification and assessment of risks – whole family systems.</u></p> <p>Professionals should be encouraged to identify and assess risks across, and between, whole family systems; thinking about how individuals may be at risk from themselves, and from one another, and how these risks intersect and exacerbate one another.</p>	<ul style="list-style-type: none"> <li>• Consider how your organisation works within a “whole family” system – in what ways could you adapt your personal practice to take account of all members of a family or household?</li> <li>• Does your organisation have a “whole family” or “think family” policy? If not, do you know who to speak to about your organisation’s approach to identifying and assessing risks for the whole family?</li> <li>• If your work is predominantly with, adults, how do you interface with your colleagues working with children; and vice versa?</li> <li>• Do you know what local services are available for children and young people who are victims of domestic abuse?</li> </ul>	<p><a href="#">Lincolnshire Family Services Directory</a> – a central access point for services that support “whole-family” working.</p> <p><a href="#">Team Around the Family – Lincolnshire County Council</a>– TAF is child-focused however it is a core component of the whole family system in Lincolnshire.</p> <p>LDASS is a whole-family service <a href="#">I'm a professional wanting to make a referral to LDASS</a></p>
<p><u>Isolation as a risk factor</u></p> <p>Isolation is one of the most powerful and common tactics used in coercive control. Sean used his mental ill health to isolate Kamila, and her deteriorating mental health and increased alcohol use also increased her isolation from work, friends and family.</p>	<ul style="list-style-type: none"> <li>• Are you confident about how domestic abuse and coercive control can isolate victims?</li> <li>• Do you know how to increase your knowledge about the isolating factors of abusive behaviour?</li> <li>• Do you know how to increase your knowledge about the effects of isolation on victims of abuse?</li> </ul>	<p><a href="#">Survivors in Isolation: Abusers Separate Victims from Everyone for Power and Control</a></p> <p><a href="#">Coercive Control - Refuge</a></p> <p><a href="#">Coercive control - Women’s Aid</a></p> <p><a href="#">LSCP Training – LSCP</a></p>

**Theme – Domestic Abuse and Suicide**

Kamila died by suicide, within the context of domestic abuse. A recently published report<sup>1</sup> highlighted that in 2023, more victims of domestic abuse died by suicide than were murdered by their intimate partner and hypothesised that around 1800 domestic abuse related suicides were happening each year.

Key area of Learning	Reflective Questions	Useful Resources
<p><u>The link between domestic abuse and suicide</u></p>	<ul style="list-style-type: none"> <li>• Are you aware of the links between domestic abuse and suicide?</li> <li>• Do you know where to find information about how domestic abuse and suicide are linked?</li> </ul>	<p><a href="#">The person most likely to kill a victim of domestic abuse is themselves</a></p>
<p><u>Asking about suicidal ideation</u></p> <p>Professionals need to be supported to feel able to ask about suicidal ideation. Recent NHS England guidance highlights the need for a contextual understanding of suicide risks; professionals should also recognise that any risks are fluid and should be continuously monitored.</p>	<ul style="list-style-type: none"> <li>• Do you ask the individuals you are supporting about suicidal ideation? If not, what is preventing you from asking about suicide?</li> <li>• What resources do your organisation provide you with, to support your discussions with people with suicidal ideation?</li> <li>• Are you aware of the Homicide Timeline, developed by Professor Jane Monckton-Smith, and how this can also be applied to risks of suicide?</li> <li>• Think about an individual you are currently supporting who may be at risk of suicide – consider how you may adapt your involvement/communication with them in order to gain an understanding of their risk of suicide.</li> </ul>	<p>In Lincolnshire, the DASH assessment tool has been updated to include an enhanced question about suicide risk. All DASH documents are available to professionals. <a href="#">DASH Resources - Professional Resources</a></p> <p><a href="#">NHS England » Staying safe from suicide</a></p> <p>Lincolnshire County Council has recently developed a Suicide Toolkit. The current version of the toolkit is embedded here – this is subject to change regarding localised data</p> <p> Suicidality%20Toolkit%20V1.1%20-%20sub</p> <p>A briefing on how the Homicide Timeline can be applied to cases of suicide in the context of domestic abuse</p> <p> <b>Applying the Homicide Timeline to</b></p>

<sup>1</sup> [The person most likely to kill a victim of domestic abuse is themselves](#)

**Theme – Trauma**

Kamila and Sean both had experiences of trauma prior to their relationship starting. During their relationship, both made suicide attempts at different times, and Kamila told professionals that Sean had saved her life after finding her after a suicide attempt.

Key area of Learning	Reflective Questions	Useful Resources
<p><u>Trauma and decision making</u></p> <p>Trauma changes the way the brain processes information, evaluates risk and makes choices</p> <p>Following experiences of trauma, decision-making may become fear-driven rather than logic-driven.</p> <p>Instead of asking an individual “what is wrong with you?” ask them “what has happened to you”.</p>	<ul style="list-style-type: none"> <li>• Think about an individual you are supporting who has experienced trauma in their life – how do you think this trauma has impacted on their current decision making and behaviours?</li> <li>• Do you feel equipped to identify links to trauma in the individuals you support?</li> <li>• What trauma informed practices does your organisation have in place? Do you know who to speak to about trauma informed practice, in your own work?</li> <li>• Do you know where to access training about trauma?</li> </ul>	<p><a href="#">What is trauma?   Types of mental health problems   Mind</a></p> <p><a href="#">Specialist Training :: Lincolnshire STP</a></p> <p>LCSP Trauma Informed Practice</p> <p><a href="#">Trauma informed care :: Lincolnshire Partnership NHS Trust</a></p>
<p><u>Trauma bonding</u></p> <p>Kamila may have developed a trauma bond with Sean. A trauma bond is a connection between an abusive person and the individual they are abusive to.</p>	<ul style="list-style-type: none"> <li>• What do you know about trauma bonding, and how this may affect the ability of a victim to recognise abuse; and as with Kamila, find it difficult to end their relationship with the abuser?</li> <li>• Consider the seven stages of trauma bonding – how might you reflect what you have learnt when supporting victims of domestic abuse in your own practice?</li> </ul>	<p><a href="#">The 7 Stages of Trauma Bonding - Attachment Project</a></p>