

Learning Brief: Domestic Abuse–Related Death Review (DARDR) – Angela

Background

Angela was a 52-year-old woman with a history of anxiety, depression, alcohol misuse, and long-standing domestic abuse within her relationship. Multiple agencies were involved in supporting her mental health and substance use. In the period before her death, there was increasing complexity and risk, including:

- Deteriorating mental health and anxiety.
- Alcohol misuse and use of non-prescribed diazepam.
- Previous overdose and disclosures of suicidal thoughts.
- Domestic abuse history (over 30 years) and ongoing relationship conflict.
- Increased stress linked to caring responsibilities and personal circumstances.

Angela died by suicide in May 2023.

1. Cumulative Risk and Escalation

Risk factors were present across multiple services but were not always recognised collectively. Repeated incidents, escalating distress, substance misuse, and prior overdose should prompt multi-agency consideration of increasing risk.

2. Domestic Abuse, Mental Health and Substance Misuse

Angela’s needs spanned several services. The interaction between domestic abuse, mental health difficulties and alcohol use increased vulnerability and required a coordinated response.

3. Information Sharing

Information relating to suicidal ideation, substance misuse, and emerging risks was not consistently shared between services. Information sharing for safeguarding and suicide prevention should be actively considered where risk is identified.

4. Responding to Fluctuating Risk

Angela’s presentation varied across services, at times denying suicidal intent despite earlier disclosures. Risk assessment should include recent history and behaviour, not solely current presentation and adopt a trauma informed approach

5. Transitions Between Services

Changes in support, staffing or therapeutic input can increase vulnerability. Clear handovers, safety planning and follow-up arrangements are essential during periods of transition.

6. Carer Stress and Hidden Vulnerability

Caring responsibilities and personal stressors contributed to emotional pressure. Carer needs should be considered where caring roles impact mental wellbeing.



Key Practice Messages:

- Consider cumulative risk rather than single incidents.
- Recognise domestic abuse as a potential contributor to suicide risk. Share relevant risk information appropriately across agencies.
- Maintain professional curiosity where presentations change. Escalate concerns where multiple vulnerabilities coexist.
- Ensure safety planning during service transitions.

7. Suicide prevention

The case highlights the association between domestic abuse and suicidal ideation. Norfolk County Council publishes information about the [service available locally regarding suicide prevention](#) and [guidance for professionals](#).

8. Menopause and Domestic Abuse

Menopause can worsen domestic abuse, with symptoms like mood swings and fatigue being exploited by abusers for control. These changes can blur the lines between abuse and normal life adjustments, eroding confidence and mental health. Victims may struggle to seek help, fearing dismissal of their experiences as just menopause.