CHANGING LIVES

Make the link: The premature deaths of women experiencing abuse and exploitation

A briefing by Changing Lives

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This White Ribbon Day, Changing Lives wants to shine a light on the experiences of women who have endured abuse and exploitation, often repeatedly at the hands of multiple perpetrators, and who have multiple unmet needs, including experiences of homelessness, addiction, and contact with the criminal justice system. Too often, these women are dying prematurely from a wide range of causes, but with the same binding thread – lasting experiences of trauma and abuse that go unrecognised throughout their lives.

Key messages

- Since April 2019, **61** women who have accessed support from our services died. **Over half** had experienced abuse perpetrated by men.
- During the pandemic, women who had experiences of abuse and exploitation were identified across our services as being **three times more likely to die** compared to the UK average of women[1] with the same age profiles and continue to be **two times as likely to die**.
- The majority of women identified in this research had multiple unmet needs, including experiences of abuse and exploitation and **died under the age of 40**.
- Where known, the official cause of women's deaths is often attributed to 'natural causes' or 'substance misuse', which fails to recognise their experiences of abuse and exploitation, and the complex realities of trauma.
- This **White Ribbon Day**, we are calling for a national conversation on why women with multiple unmet needs are dying prematurely, and the link between this and experiences of abuse and/or exploitation.

[1] Office for National Statistics, 2018 (Whilst National age and gender breakdowns were not available post 2019 at the time of reporting, the crude death rates reported for the overall population had not significantly altered despite the pandemic, indicating the figure for 2018 provides a fair comparison)

Introduction

Violence Against Women and Girls (VAWG) is not a new or isolated phenomenon. It is estimated that one woman is killed by a man every three days in the UK[2]. In 2021, at least 141 women in the UK were killed by men[3]. This sparked political and media attention, with the government committed to action on its VAWG Strategy.

The premature deaths of women experiencing abuse and exploitation are all too common. Nationally, in the year ending March 2020, it was estimated that 1.6 million women (7% of the female population) experienced domestic abuse, 3% experienced sexual assault and 5% experienced stalking[4]. In June 2021, around one third (32%) of women in the UK disclosed experiencing harassment[4]. The fear and threat of these crimes affects the lives of women every day.

This briefing explores the lives of women supported by Changing Lives in response to a hugely concerning trend – we witnessed a peak in the number of women dying during the Covid-19 pandemic, and since then a continued high prevalence of premature deaths of women seeking support for abuse and exploitation. In our experience, women who have endured significant levels of abuse and trauma frequently fall through the gaps in public services and are seen as being 'hard to reach'. As a result, they often lack access to good quality mental health care, safe housing, and other forms of support, using models of care that understand the impact of trauma.

About Changing Lives

Changing Lives is a nationwide charity helping people in the most challenging of circumstances to make positive lasting change in their lives. We work across four pillars: Housing & Homelessness, Addiction & Recovery, Employment, and Women's and Children's Services. Our women's pillar encompasses several specialist areas of work such as women in the criminal justice system, domestic violence, sex work, survival sex, and sexual exploitation.

Many of the women we support have multiple unmet needs, including lasting experiences of trauma, poverty, and disadvantage. Our research and experiences of supporting women over many years shows that often, women managing enduring trauma are at greater risk of abuse and exploitation by male perpetrators, often subject to repeat victimisation over their life course.

When broken down by region, the premature deaths of women accessing our services since April 2019 is as follows: 49% of deaths in the North East (where the large majority of Changing Lives services are located), 26% in Yorkshire, 12% in the East Midlands, 8% in the West Midlands, and 5% in the North West and Merseyside.

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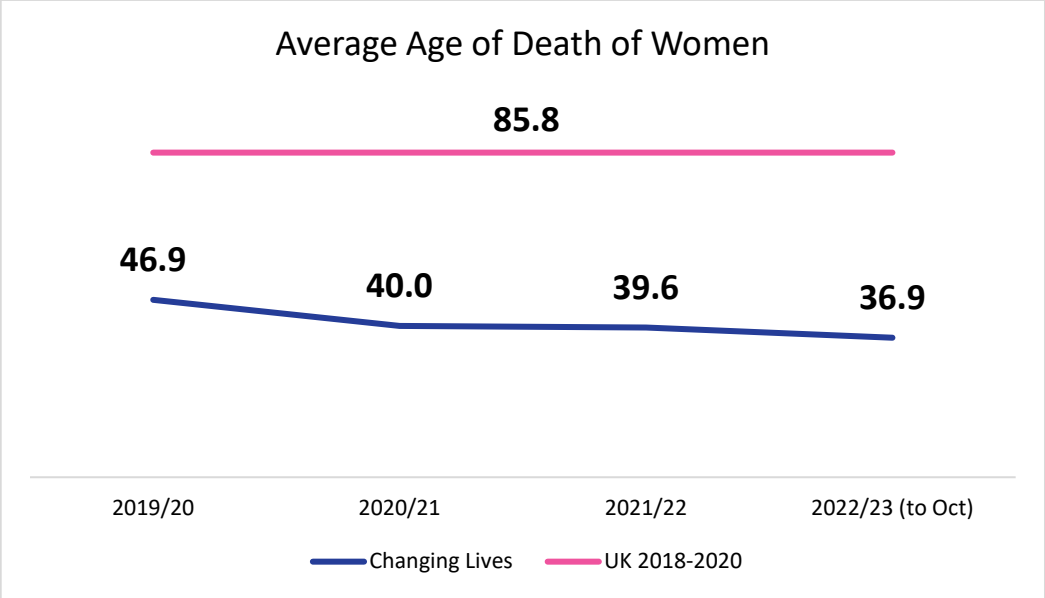
[2] Femicide Census, 2020. https://www.femicidecensus.org/wp-content/uploads/2022/02/010998-2020-Femicide-Report_V2.pdf
[3] End Violence Against Women, 2022. *Violence Against Women and Girls Snapshot Report 2021-22. https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/EVAW-snapshot-report-FINAL-030322.pdf*
[4] Office for National Statistics, 2021. *The lasting impact of violence against women and girls.*

Outcomes for women with multiple unmet needs who face abuse and exploitation

- Since April 2019, **61** women who have accessed support from our services died. **Over half** had experienced abuse perpetrated by men.
- During the pandemic, women who had experiences of abuse and exploitation were identified across our services as being **three times more likely to die** compared to the UK average of women[1] with the same age profiles and continue to be **two times as likely to die**.
- In context, during the Covid-19 pandemic, **one in 170 women** with multiple unmet needs died whilst accessing our services. In 2020/21, after lockdown restrictions ended, this was **one in 279 women.**
- The majority of women identified in this research had multiple unmet needs, including experiences of abuse and exploitation. This group of women reach just **half the typical life expectancy** (85.8 years[5]) for women living in the UK and this is getting worse
- Since 2019/20, the average age of the women who have died whilst accessing our services, where known, has **fallen by almost 10 years**, from 46.8 to 36.9.



- This corresponds with national evidence that highlights the link between multiple unmet needs and premature death. For example, the average age of death for women experiencing homelessness being 41.6 years in 2020[6], and the most common age of women dying from drug overdose was between 45–49 years in 2021[7].

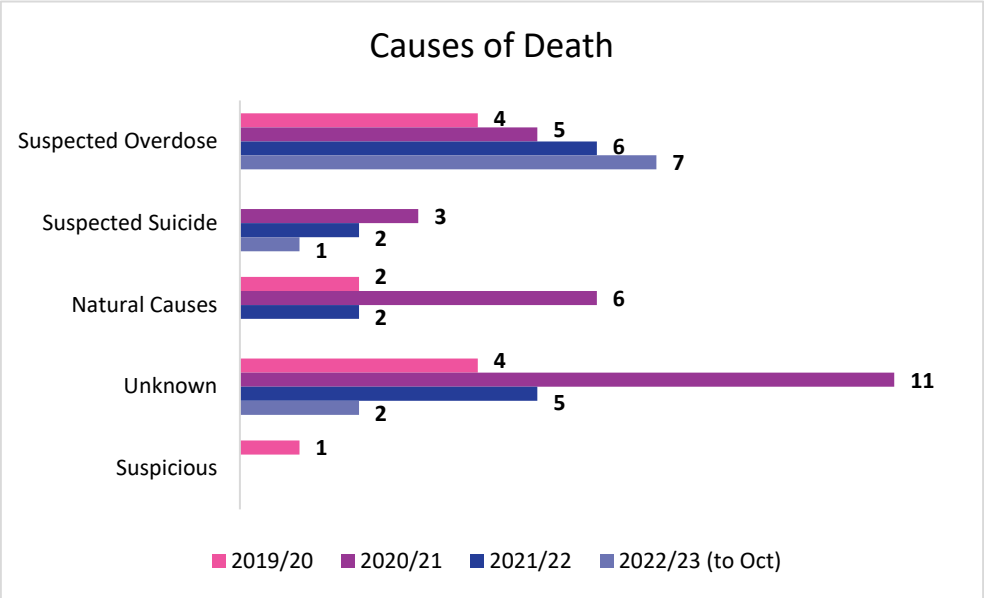
[5] Office for National Statistics, 2021. *National life tables – life expectancy in the UK: 2018 to 2020.*
[6] Office for National Statistics, 2021. *Deaths of homeless people in England and Wales: 2020 registrations*.
[7] Office for National Statistics, 2022. *Deaths related to drug poisoning in England and Wales: 2021 registrations.*

Why are women dying, and what lessons can be learned?

It is a clear tragedy that women who have multiple unmet needs and experience abuse and/or exploitation are dying – more frequently, and prematurely. Despite this, there is little understanding or research into the reasons why.

Often, the only clues are a woman's official cause of death, which rarely tells the whole story. In our experience, the realities of women's lives often go unrecognised, which minimises and distorts the impact of the lasting trauma they have faced.

The chart below shows the official cause of death, where known, of women who have been in contact with our services since 2019. As the real-life stories that follow highlight, this rarely tells the full story, and our wider case records include a litany of repeated victimisation of rape, sexual exploitation, coercion, and abuse.



Unknown causes of death

As illustrated in the chart above, in 36% of cases, we do not know the cause of women's death. Sadly, this is common for the voluntary sector. Many service providers are not consulted as part of the coroner's report, despite often being involved in the woman's lives and knowledge of past traumas.

Beth's cause of death is recorded in this report as 'unknown'. She had a long history of trauma and adverse childhood experiences. Her experience of harmful relationships continued into adulthood, and she was a victim of domestic abuse. She had been engaging with our recovery services for a period of six months, in an attempt to try and break the cycle. Beth fell into the category of dual diagnosis and as well as substance misuse she had 'significant' mental health

issues derived from her history of trauma. It is suspected her death resulted from an overdose of prescription drugs; she died six months before her thirtieth birthday.

Tina's death is recorded in this report with an 'unknown' cause. She had significant health issues and kidney failure, for which she received weekly dialysis. Tina was classified as having multiple unmet needs; she was misusing substances and had a history of mental illness. Tina was brutally beaten by her partner. One of the assaults was so severe she was in a coma for several months and sustained lifelong injuries. She died aged 26 years; it is unclear if she died as a direct result of her injuries or complications arising from her medical condition.

Deaths by natural causes

A total of 17% of women's deaths were attributed to 'natural causes', often in relation to health issues such as cardiac arrests, liver and kidney issues, sepsis, and pneumonia. Many of the women had chronic health problems with 15 women (25%) registered disabled.

Despite these deaths being recorded as 'natural causes', it is unusual for women of these ages to die from chronic conditions like cirrhosis, kidney damage, and cardiac issues.

All except one of the women who were reported to have died from natural causes, had long histories of substance misuse. More than half of these women were also battling issues with mental health, self-harm, and depression. Describing women's deaths as 'natural' ignores the often life-long trauma they have endured in their short lives.

One of the 'natural' deaths reported was Jill, she was a much-loved daughter and mother. Years of alcohol dependency, health issues, including seizures, blighted her life. Her GP described the severity of her condition two months before her death as being 'akin to terminal cancer,' yet no palliative care provisions were made. She had a long history of domestic abuse; she was often a victim of coercive control. Known perpetrators would exploit her vulnerabilities and use her dependency to alcohol as leverage to gain control over her. Previously she had made efforts to take back this control and was engaging well with support when the fear she experienced after a seizure led her back to her long-term abusive partner 'to feel safe' and the cycle of abuse continued. She did break free of this relationship again and started to engage with recovery services, but it was too late. She was 32 years of age when she passed; she continued using alcohol up to her final hospital admission.

Deaths due to suspected overdoses

Deaths related to suspected overdose made up over a third of deaths (37%) yearly since April 2019. However, since April this year, **seven out of ten deaths** of women accessing our services were attributed to overdose. This trend is alarming and the highest we have seen to date.

Women's specialist services are keen to work more closely with treatment providers, to offer trauma-informed and gender-specific spaces, that recognise that the needs of women are different to men. In our experience, offering women-only spaces has allowed women to disclose experiences of violence and abuse, allowing the right support to be provided at the right time, from skilled and passionate staff that can help prevent further harm. The review of drugs by Dame Carol Black highlighted that drug misuse is rising and drug-related deaths have increased by 80% since 2012[8], with premature deaths disproportionately occurring more in deprived areas and the north of the country. The recommendations of this review are robust, but more could be done to recognise the needs of women and gender responsive care. Changing Lives recommend that dedicated women-only spaces are created as part of a clinical treatment offer, and that these spaces should be made mandatory requirements in commissioning all treatment and recovery services across the country.

Shannon was 18 years old when she was referred to our services in 2021 and was at risk of domestic abuse and exploitation from a known perpetrator. Whilst receiving support from our services, Shannon presented with substance misuse issues, complex mental health, and housing concerns. She developed a strong professional relationship with her case worker through persistent assertive outreach. Shannon disclosed adverse childhood experiences whereby herself and her biological mother were abused by a male family member, and she witnessed domestic abuse between her mother and father in the family home. Shannon was placed into local authority care because of this. During her childhood, she was exploited by an older male who introduced her to street prescription drugs, which impacted her childhood dramatically, and led her to use substances as a way of coping. Numerous safeguarding concerns were raised due to self-harm, overdose risk and increased vulnerability to sexual violence and exploitation. Shannon would often return to her mother due to unstable housing and unhealthy attachment (trauma bond) which increased her risk of substance misuse and exposure to violence. Shannon continued to use street substances daily leading up to her death and was sofa surfing at various addresses. Changing Lives received no correspondence of Shannon's death, but is it recorded in our report as a suspected overdose.

[8] Home Office, 2021. *Government response to the independent review of drugs by Dame Carol Black.*

Deaths due to suspected suicide

In 2019/20, no deaths were suicide related, however suicide accounted for three deaths in 2020/21 during the Covid-19 pandemic. It is well documented that whilst mental health has suffered greatly amongst the population at large during the pandemic, this has not translated into an increase in deaths by suicide amongst the UK population. Changing Lives has been involved in recent Domestic Homicide Reviews (DHRs) where women have died after taking their own lives. Looking at DHRs through the lens of suicide and trauma is becoming a developing theme, and one that we support, as it recognises that women often take their own lives after a build-up of abuse and violence, which should be reflected in the cause of death.

Natalie was 41 years of age. Her husband was abusive and violent towards her. As part of the abuse, she became isolated from friends and family and forced to leave a job she enjoyed. She often excused her husband's violent and controlling behaviour as a response to her own perceived failings. After years of abuse, multiple suicide attempts, and police interventions, Natalie finally broke free of her domestic situation and in doing so, left her children in the family home with the one person she feared the most. However, her husband breached his restraining order and the abuse continued; he tracked her numerous times in several safe houses. She was in the process of planning a move out of the area, away from her extended family and key workers to pursue her dream of finding a safe place to live for herself and her children. In the midst of these preparations, Natalie hanged herself hours after a chance meeting with her husband; her death is recorded in our report as 'suicide'.

Deaths in suspicious circumstances

Strikingly, it is documented that one woman's death in our services was directly attributed to male violence, which vastly underplays what our wider contextual evidence shows – that violence, abuse and exploitation are significant factors in the trauma that women experience, in the most tragic cases leading to their premature death. Looking at cases through Serious Case Reviews (SCRs) or Safeguarding Adult Reviews (SARs) would be encouraged, to help unpick the life course of a woman's abuse and trauma. A review would help develop local and national learning recommendations to influence how services operate in the future and help recognise 'complex' women as victims of serious abuse and crime.

Joanne was only known to our services for two months, she struggled to engage with support and was drinking heavily. She was known to be the victim of long-term violent abuse. She died as a result of head injuries sustained during an attack by her perpetrator. Her perpetrator's crime was later downgraded from murder to manslaughter, in part because of underlying damage she had

sustained during previous attacks. He received a 3-year custodial sentence for causing her death, with a following 3 years to be serviced on license.

In our experience, even where there is a clear link between the violence, abuse, and premature deaths of women, it is difficult to access justice.

Throughout all of our services, women are often labelled as 'unreliable witnesses' because of their dependencies and can be labelled as 'volatile' and 'attention seeking' when in reality, they are trapped in a trauma response that is misunderstood by professionals and services, that are not adequately trained to provide trauma-informed support.

Many women are failed by the system as children, young adults and into adulthood. Even when the structural failings continue to the point of their death, learnings have negligible impact. There are endless SCRs and DHRs highlighting the same failings, which produce similar recommendations repeatedly.

Recommendations

This briefing highlights the vital importance of services in coming together to understand why women are dying, and to break the cycle between abuse and/or exploitation, and premature death.

We would like to see:

- **A national conversation on the relationship between abuse and exploitation, trauma, and premature death – focused on improving understanding among all professionals involved in women's lives, of the devastating impact of trauma.**
- **Greater involvement of voluntary sector organisations in reviewing the evidence surrounding women's deaths and developing best practice in responding to trauma.**
- **Earlier intervention and a multi-agency approach to support, engage and safeguard women who have experienced trauma and protect women from repeat victimisation – including increased funding for early intervention services.**
- **Provision of specialist trauma-informed care, reflective practice and training delivered by psychologists for professionals such as police, doctors, and allied health professionals**
- **Adult Safeguarding to be preventative by fully investigating raised concerns for women who are at risk of premature death and for learning from previous SARs and SCRs to be embedded into practice.**

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