Adult I Domestic Homicide Review

Sheffield Safer and Sustainable Communities Partnership



What happened?

Adult I was a 22 year old woman who was murdered in Sheffield by her ex-boyfriend. Adult I moved to the UK in 2005 from Zimbabwe aged 12 years old, with her mother and settled in Sheffield. Whilst she was a student in Nottingham she met the perpetrator and they had a relationship of more than two years. The couple did not live together but he would stay regularly with Adult I in her shared student accommodation in the centre of Nottingham.

Adult I found out late in 2014 through social media that he had three children with a former partner. She then tried to break off their relationship at various times through 2015. She finally ended the relationship in February 2016, and returned to Sheffield to in March 2016 to care for her mother who was ill.

On 12th April the perpetrator drove to Sheffield from his home in Colchester having bought knives on route. Once here, he waited outside Adult I's home and when she came outside he stabbed her around 40 times and then drove off. He was arrested by the Police later the same day. He pleaded guilty to the Murder of Adult I. He was sentenced to life imprisonment with a minimum to serve of 26 years.

Adult I's mother describes her as the most genuine and caring person, who was full of life and love. The family talk of their devastation of life without her.

What did it tell us?

Adult I reported incidents to the police on three occasions and also disclosed to health professionals and university staff. She also self-harmed via overdosing — once in Colchester and once in Nottingham. On a

number of occasions services dealt with the domestic abuse that Adult I was reporting by treating them as individual incidents. This despite the fact that Adult I told professionals at least once that domestic abuse was happening constantly. Some of the referrals between agencies were missed or not actioned or information was not shared in a timely manner. Information being held on various IT / case management systems highlights the need for agencies to communicate using other methods (verbally, secure email or in writing) where they have concerns. She was signposted to support services but did not take them up, and unfortunately some of the information provided to her about services was inaccurate.

There is no doubt in Adult I's case that there was lack of professional curiosity. It is also evident there was a belief that other agencies were doing something (because they were told this by Adult I) when they were not and agencies did not make further enquiries. Nothing had been done in either Essex or Nottingham to consider any interventions in relation to the offender.

There were a number of occasions when agencies demonstrated **good practice**. The Crisis Resolution and Home Treatment Team (CRHT) were persistent in following up her mental health and wellbeing, Nottinghamshire Police Safer Neighbourhood team made follow up contact after incidents had been investigated, and a Nottingham taxi driver phoned the police after he had witnessed an incident.

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What can we do now?

Ensure that Domestic Abuse training is explicit that if there is already an agency involved then a DASH should still be completed and the relevant referrals made.

Don't treat incidents in isolation, domestic abuse is a pattern of behaviour.

Health staff and others should keep in mind the links between mental health, domestic violence and suicide.

Staff should use professional curiosity when someone informs them that they are subject to Domestic Abuse and check other agencies are actually dealing with the abuse. Particularly if contact with the victim has been lost and they are unable to be contacted.

If a victim has moved out of the area, inform the relevant agencies e.g. new Policing Area and Command Unit