

Robert (Adult N) Domestic Homicide Review

Sheffield Safer and Sustainable Communities Partnership



What happened?

In September 2018, Police responded to a 999 call from a very distraught female (Joan) stating that she had stabbed her husband (Robert) at their home address. Police officers attended. Robert had three stab wounds and was pronounced dead by paramedics at the scene. Joan was in shock and taken to the hospital emergency department for assessment. Later, she was interviewed by Police and admitted to stabbing her husband; she was remanded into police custody. At the time of the homicide, Robert was aged 85 and Joan 83. There had been no previous domestic violence. Although there were occasional tensions in the relationship as there are in most.

On the morning in question, after doing the shopping, Joan wanted to work on the garden, whilst Robert wanted to go out. Joan drove Robert anytime they went anywhere – he had stopped driving a few years previously as he had lost his confidence. Joan felt that Robert often ‘nagged’ her when he wanted to do something, until she gave in, which she always did. On this day she walked into the kitchen and picked up a knife that was lying there and went back into the living room where she stabbed him.

Neither Robert nor Joan was previously known to police. Neither had caring pressures or was known to be in need of care or support. They lived independently and had been married for 60 years at the time of the events that led to this domestic homicide review.

During the criminal justice process that followed, additional information emerged, psychiatric reports were requested, and Joan was subsequently diagnosed with behavioural variant fronto-temporal dementia (FTD). She was found guilty of manslaughter by diminished responsibility

at Sheffield Crown Court and sentenced to a Section 37 Hospital Order under the Mental Health Act 1983. Joan was transferred to a Mental Health Unit.

What did it tell us?

This review focuses on a couple in their 80s who were in a long term marriage, living independently in their own home without any input from agencies. Only the GP practice had contact with them but they were rarely seen, and most of their contacts with primary care were unremarkable and for routine reasons or minor physical illnesses.

The review found that Robert’s death could not have been predicted. This homicide appeared to come ‘out of the blue’ and was a complete shock to the family, who at first believed that a third party must have been involved. During the criminal proceedings, it emerged that Joan had been diagnosed with (FTD).

FTD is not a common condition, probably accounting for fewer than 1 in 20 cases of dementia. People often think of dementia as being about memory problems, but in this condition the main symptoms often present initially as changes in the person’s personality and behaviour, such as a loss of inhibitions, where the person behaves in a way that is regarded as socially inappropriate or acts in an impulsive manner that may be out of character for them. There is a possible connection between FTD and aggression/violence.

There was no evidence of domestic abuse, violence or coercive control prior to the homicide. It is unlikely that Joan’s diagnosis could have been made earlier, and, even if the diagnosis had been made earlier, it would have been unlikely to change the course of events.

What can we do now?

Ensure that GP practices review their policies regarding non-response to annual health checks and immunisations.

Ensure that capacity to decline GP appointments is assessed and that reasonable adjustments are made for those that do decline.

Encourage GP practices to document who each patient attends their appointments with.

Remind partner agencies that risk assessing people with dementia should include risk to others. See briefing here: <https://sheffielddact.org.uk/domestic-abuse/resources/local-guidance/>

Raise awareness with older adult groups and develop a joint working group to focus on issues of domestic abuse.