



Adult G Domestic Homicide Review



What happened?

Adult G was murdered by her husband in 2014. She was a young mother who came to the UK with her three children as a refugee in 2011 - her fourth child was born in Sheffield. She died of multiple wounds following a prolonged and vicious attack; it is believed she had been experiencing daily physical assault for several years but that it had got worse since the family had come to the UK. G's husband was sentenced to life imprisonment with a tariff of 23 years. G grew up in a family of Shia Muslim faith. They were considered 'bidoon' in Kuwait which means stateless. She was close to her sister who had also come to the UK as a refugee. G not only experienced physical abuse but lived with **extreme levels of coercive control**. She had little or no personal belongings, she was not known to her neighbours apart from by sight. She lived in **almost total isolation** outside of her family- very few people met her and fewer people knew her personally. Only professionals who came into the home, i.e. midwives, health visitors, a refugee support worker, and a volunteer English tutor, met G and it was rare for these contacts to be with G alone. At GP appointments she was invariably accompanied, and this may have been one reason she missed her own appointments and used the children's appointments to seek treatment for herself. It is likely that her husband **actively 'blocked' contact** by disengaging with services, and by not allowing access to the house. G told her sister that her husband threatened to kill her, the children, then himself, and she believed

What can we do now?

Be curious about **new groups** presenting to your service in order to understand their needs and ensure equal access; and remember that domestic abuse in any language, faith or culture is not tolerated within UK law.

Discuss challenging cases with your supervisor **where an assessment of domestic abuse or routine enquiry is difficult**; e.g. where a mother is accompanied by her husband or family. Record clearly if you have not been able to ask the question and why.

he would do this if she tried to divorce him or resist his abuse. As time went on G was also prevented from having contact with her sister. Her sister believes that G was aware of the law but **would not have asked for help, because of the shame**. The shame would have affected her family in the UK, and also in their home country, and it would also affect the children as they grew up. G did not disclose the abuse to workers apart from showing a bruise to the volunteer English tutor who she liked and trusted but when questioned did not elaborate.

What did it tell us?

Migrant families are likely to face additional barriers to seeking support for issues such as domestic abuse. They are also likely to be under extra stress due to financial hardship and isolation.

The case highlighted the benefit of having named workers for vulnerable families e.g. midwives.

The 'whole family' approach is essential as signs of neglect in children may indicate wider problems in a household.

Assumptions about faith and gender may have influenced the way staff responded to G and her family – the key message is that domestic abuse is unacceptable and illegal regardless of faith or culture.

Female interpreters should always be used for enquiries about domestic abuse. A clear script needs to be developed for women who may have a different cultural understanding of domestic abuse.

The full DHR is available here: -

<https://www.sheffieldfirst.com/the-partnership/safer-and-sustainable-communities/key-documents.html>

Consider whether there are any **cultural barriers** to working with a family e.g. will the gender of the worker prevent access or engagement? But don't assume that workers and service users from the same ethnic or religious community will work together effectively; the wishes and feelings of the service user need to be established

Display domestic abuse posters and leaflets in waiting rooms and have the Helpline number to hand

When families disengage, think about whether this is masking other problems

Use the **Family CAF** to assess and understand the needs of the whole family