Betty (Adult M)
Domestic Homicide Review
Sheffield Safer and Sustainable Communities Partnership

What happened?

In December 2017 Police received a call from a neighbour who had heard a disturbance from next door the previous evening. On attendance the police found a 46 year old female (Betty) with fatal stab wounds and evidence of strangulation, and an injured male (Adult A); who had self-inflicted stab wounds. Adult A was found guilty of manslaughter on the grounds of diminished responsibility and sentenced under the Mental Health Act to a secure psychiatric hospital.

Betty had previously been in an abusive and volatile relationship that ended in 2003. Her 14 year relationship with Adult A started in 2004 and there is no evidence to suggest that domestic abuse was a feature.

The perpetrator had been subjected to Adverse Childhood Experiences and had severe and enduring mental health conditions throughout the 14 years of his relationship with Betty.

Both received welfare benefits and used the Citizens Advice Bureau to appeal Personal Independent Payment decisions, Betty in 2016 and Adult A in January 2017. Betty was the sole tenant of a council flat; it is not clear when Adult A moved in but he was known to live in the property from January 2017.

Adult A's mental health deteriorated from early 2017. He accessed IAPT support and had regular GP contact. He was anxious that Betty would incur a financial loss in relation to benefits as a result of him living at the property and was worried about being made homeless.

Six weeks prior to Betty's death, the DWP started to investigate Betty's housing situation and visited on the 11th December. Two days previously Adult A had attempted suicide. Adult A's IAPT support ended the day after the DWP meeting and the GP referred him 'urgently' to the Community Mental Health Service and successful contact was made seven days later.

Whilst waiting for mental health support and two days before Betty's death, Adult A attended A&E with heart problems and spoke of hearing voices. The mental health liaison team assessed him and it was deemed appropriate for him to return home.

Betty was concerned for Adult A's mental and physical health, acting as a carer for him and accompanied him to GP, A&E and IAPT appointments.

What did it tell us?

All the evidence suggests that Betty's death could not have been prevented. There appears to have been no history of domestic abuse in the relationship; however agencies did not ask Betty whether she feared Adult A or was experiencing abuse.

Adult A had a history of poor mental health. He had difficulty coping with stress – fear of changes to his and Betty's financial and housing situations impacted significantly on his mental health.

Adult A's mental health deteriorated quickly and severely. The GP was quick to respond and made urgent referrals to CMHT. The referrals were not processed effectively and the urgency of the situation was not appreciated - resulting in a 'gap' of mental health support between IAPT and the CMHT provision.

Betty did not have a referral for or receive a carer's assessment. All professionals in contact with Betty believed her to be a capable carer.

The GP was proactive, making multiple referrals to the mental health team and providing telephone and face to face support directly to Adult A and Betty, his carer.

There was no indication that Adult A posed a threat to anyone else, and therefore no assessment was completed regarding any risk he may pose to Betty or others.

What can we do now?

A person's mental health can deteriorate rapidly and the risk they pose to themselves and to others should always be considered by professionals.

Mental health services should have timely and robust processes in place for referrals that have been deemed to be urgent.

Consider opportunities to raise awareness of domestic abuse in local communities, encouraging reporting if they suspect neighbours may be experiencing abuse.

Agencies should be mindful that carers, who present as capable, may still be vulnerable and offer carers an assessment in all circumstances.

GPs should routinely enquire about domestic abuse and offer talking therapies to those with low mood and who misuse medication.

Professionals should be aware that acute mental health issues can trigger incidences of domestic abuse and seek opportunities to ask patients and / or their partners / carers if they feel safe at home.