

# **Bristol Community Safety Partnership**

## **Domestic Homicide Review**

**Into the Death of Idil Ahmed (pseudonym)**

### **OVERVIEW REPORT**

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Independent Domestic Homicide Review Chair and Report Author

Report Completed: 8th September 2016

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## **Section One: Preface**

1.1. Domestic Homicide Reviews (DHRs) came into force on the 13th April 2011. They were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). The Act states that a DHR should be a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom she was related or with whom she was or had been in an intimate personal relationship or a member of the same household as herself; held with a view to identifying the lessons to be learnt from the death.

1.2. Throughout the report the term “domestic abuse” is used in preference to “domestic violence” (other than when quoting from official documents), as this term has been adopted by Bristol Community Safety Partnership after widespread consultation within the City.

1.3. The purpose of a DHR is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- Identify clearly what those lessons are both within and between agencies, how and within what time-scales they will be acted on, and what is expected to change as a result.
- Apply these lessons to service responses, including changes to policies and procedures as appropriate; and identify what needs to change in order to reduce the risk of such tragedies happening in the future, to prevent domestic homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

1.4. This Domestic Homicide Review (DHR examines the circumstances surrounding the death of Idil Ahmed (pseudonym) on 26th July 2015. The Review, initiated by the Bristol Community Safety Partnership in compliance with legislation, follows the Home Office Multi Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews.

1.5. The Independent Chair and the DHR Panel members offer their deepest sympathy to all who have been affected by the death of Idil Ahmed and thank them, together with the others who have contributed to the deliberations of the Review, for their time, patience and co-operation.

1.6. The Review Chair thanks the Panel for the professional manner in which they have conducted the Review and the Individual Management Review authors for their thoroughness, honesty and transparency in reviewing the conduct of their individual agencies.

1.7. The Chair is joined by the Review Panel in thanking Mark Parry for the administration of the DHR and Jayde O’Brien, Offender Manager, for her assistance in supporting the perpetrator through the Review process.

## **Section Two: Review Panel**

David Warren: Home Office Accredited Independent Chair

Gary Stephens: Avon and Somerset Constabulary

Andrew Corp: Bristol City Council – Housing Solutions

Alice Brisbane: Bristol City Council - Single Point of Access (Housing)

Amy Campbell: Bristol City Council – Public Health

Jackie Beavington: Bristol City Council – Public Health (Chair of DVSA Strategy Group)

Paulette Nuttall: Bristol Clinical Commissioning Group

Sarah Taylor: Bristol Community Health

Kenny Chapman: Immigration Enforcement

Allison Hunt: National Probation Service

Linda Mellows: Next Link

Gwen Bennion: The Meriton School

Leena Analyse: University Hospital NHS Foundation Trust Bristol

### **Special Adviser to the Panel**

Mohammed Elsharif: Bristol City Council - Public Health

### **Senior Investigating Officer**

Detective Chief Inspector Mike Williams: Avon and Somerset Constabulary

### **Review Administrator**

Mark Parry: Bristol City Council

## **Section Three: Introduction**

3.1. This Overview Report of the Bristol Domestic Homicide Review examines agency responses and support given to the deceased Idil Ahmed (pseudonym), an adult resident of Bristol and their contacts with her husband Geedi Aadan (pseudonym) and their daughter Bilan (pseudonym), prior to Idil's death.

3.1.1. Idil aged 22 at the time of her death, lived with Geedi, who then claimed to be 21 years of age, and in local authority rented accommodation in Bristol.

3.2. Bristol is the largest city in the South West of England with a multi-cultural population of approximately 450,000. With the surrounding urban zone there are an estimated 1,100,000 residents. It is the largest centre of culture, employment and education in the region and is home to two Universities. Its prosperity has been linked with the sea since its earliest days, but over the past thirty years, the city centre docks have been regenerated as a centre of heritage and culture and the busy commercial docks have moved to the outskirts of the city, at the mouth of the River Avon. Bristol's economy and prosperity have over the same period developed through the creative media, financial, "high-tech" and aerospace industries, and the introduction of a large science park on its northern edges.

3.3 Incident Summary:

3.3.1. At approximately 6.58pm on **Sunday 26<sup>th</sup>** July 2015 a 999 call was received by Police from Geedi stating that he had just killed his wife at their home in Bristol.

3.3.2. Uniformed Police Officers arrived a short time after and found Idil laid on the lounge floor of the address, dressed in only a pair of trousers and bra, with a significant number of stab wounds. Paramedics attended but life was pronounced extinct at 8.10pm.

3.3.3. A large kitchen knife was found in the kitchen sink of the address, along with two other knives one of which had a broken blade and was found in the kitchen bin.

3.3.4. Initial admissions were made by Geedi to the Police. However when he was later interviewed he made comments to the effect that he could not recall what he had done. He raised mental health Issues and consequently spent time in a secure mental health hospital whilst psychiatric tests were carried out. He was later deemed fit to stand trial and was convicted of murder. He was sentenced to life imprisonment and will have to serve a minimum of twenty years imprisonment before being eligible for a parole board hearing.

3.3.5. Idil was three months pregnant with Geedi's child. The Post Mortem findings were that Idil had been subjected to five stab wounds to the neck, five to the back, one to the left thigh and one to the right upper arm. Due to the stab wounds, both lungs were collapsed. *"The wounds to the jugular veins, right subclavian vein and left lung would have resulted in significant blood loss along with respiratory compromise. This would be more than sufficient to account for her death".*

3.3.6. Idil and Geedi had a four year old daughter: Bilan (pseudonym). She was not present at the flat at the time of the incident as she was staying with her maternal grandmother in another area of Bristol.

3.4. On 25th August 2015 Bristol Community Safety Partnership considered the circumstances of Idil's death and took the decision to undertake a Domestic Homicide Review. The Home Office were informed on

3rd September 2015.

3.5. The key purpose for undertaking this Domestic Homicide Review is to enable lessons to be learned from Idil's death. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened and most importantly, what needs to change in order to reduce the risk of such a tragedy happening in the future.

3.6. The Review considers all contact/involvement agencies had with Idil and Geedi during the period from 1st March 2010 to Idil's death in July 2015, as well as all contacts prior to that period which could be relevant to domestic abuse, violence or mental health issues.

3.7. The DHR Panel consisted of senior officers from the statutory and non-statutory agencies listed in section two of this report, who are able to identify lessons learnt and to commit their organisations to setting and implementing action plans to address those lessons. None of the members of the Panel or any of the Independent Management Report (IMR) Authors have had any previous contact with Idil Ahmed, Geedi Aadan or their daughter Bilan.

3.8. Expert advice regarding domestic abuse service delivery in Bristol has been provided to the Panel by Next Link which provides the commissioned Independent Domestic Violence Adviser (IDVA) Service in Bristol. Specialist advice relating to the Somali Community in Bristol is being provided to the Panel by Mohammed Elsharif, Health Improvement Manager, Public Health Bristol. Audrey Carson, of the Victim Support Homicide Service and Paul Austin, the Police Family Liaison Officer have provided Idil's family with close support throughout the duration of the DHR.

3.9. The Chair of the Panel is an accredited Independent Domestic Homicide Review Chair. He has passed the Home Office approved Domestic Homicide Review Chair's courses and possesses the qualifications and experience required in section 5.10 of the Home Office Multi-Agency Statutory Guidance. He is totally independent and has no association with any of the agencies involved in the Review nor has he had any dealings with Idil Ahmed, Geedi Aadan or their daughter Bilan.

3.10. The agencies participating in this Domestic Homicide Review are:

Albany Solicitors

Avon and Somerset Constabulary

Avon and Wiltshire Mental Health Partnership NHS Trust

Bristol City - Children's Social Care

Bristol City Council – Housing Services

Bristol City Council – Public Health

Bristol Clinical Commissioning Group

Bristol Community Health

Bristol, Gloucestershire, Somerset, Wiltshire Community Rehabilitation Company (BGSW CRC)

Bristol Royal Children's Hospital

Home Office (UK Visa's and Immigration; Border Force; Immigration Enforcement)

Integrated Cleaning Management (ICM)

National Probation Service

Next Link

Teenage Pregnancy Midwifery Service

The Meriton School

University Hospitals Bristol NHS Foundation Trust

Victim Support Homicide Service

3.11. Idil's Mother and Aunt were contacted at the request of the DHR Chair by the police family liaison officer, at the commencement of the Review and given the Somali version of the Home Office information leaflet for families of victims. The additional support they could obtain from Advocacy After Fatal Domestic Abuse (AAFDA) was explained to them and an AAFDA leaflet was left for them to consider. Idil's mother told the officer that she was receiving help from the Homicide Service. They were asked if they wanted to speak to the Chair of the Review but said they did not wish to speak to anyone until after the completion of the criminal proceedings. Nevertheless Idil's mother agreed to answer questions from the DHR initially through the Police Family Liaison Officer and later directly from the DHR Chair. She also signed a consent form for the Review to access Idil's medical records and she and her sister chose the pseudonym Idil Ahmed for the victim and the name Bilan for her daughter.

3.12. The DHR appointed Mohammed Elsharif of Bristol Public Health, an Arabic speaker, to be a specialist adviser to the Panel on Somalian issues.

3.13. Geedi Aadan's solicitor was contacted by letter and by telephone. She agreed to speak to her client about the Review and to ask him for a pseudonym and for his consent for the Review to access his medical records. However after the solicitor went on maternity leave a partner in the firm (Albany Solicitors) refused to confirm that Geedi was their client unless the DHR provided a signed letter of consent from Geedi for the firm to provide that information.

3.14. After the conclusion of the trial the perpetrator's Offender Manager informed him about the Domestic Homicide Review and provided him with a copy of the Somali version of the Home Office information leaflet. He agreed that the name Geedi Aadan could be used as a pseudonym for him but he refused to sign a consent form for the DHR to access his medical records as he said he had never registered with a GP Practice. His Offender Manager took a copy of the draft Overview Report to him in prison and discussed the outcomes of the Review with him. He confirmed he was known by a number of names but that his date of birth was correct. He said his marriage to Idil was not an arranged marriage he had met her in Ethiopia after he had returned from working in Kenya.

## **Section Four: Parallel Reviews**

### 4.1. Criminal Proceedings

4.1.1. Criminal proceedings were delayed due to concerns about the perpetrator's mental health. After his arrest he was transferred from prison to a secure mental health hospital whilst mental health assessments were conducted. It was eventually decided that he was fit to stand trial and he appeared at Crown Court in June 2016.

4.1.2. Geedi initially pleaded not guilty to murder but was convicted and sentenced to life imprisonment for a minimum of twenty years. The Judge in sentencing said:

*“This was a brutal and unprovoked attack on a young woman in her own home, you stabbed her not once but 10 times, repeatedly in the back and neck, and you also stabbed her in the back of her thigh”.*

4.1.3. The Police Senior Investigating Officer ensured that the DHR Chair was kept informed at each stage of the criminal proceedings and after the conclusion of the criminal proceedings he provided the DHR with relevant court papers including psychiatric reports, copies of witness statements and the post-mortem examination report.

4.2. Due to the criminal proceedings the Coroner’s Inquest was adjourned.

## **Section Five: Timescales**

5.1. A decision to undertake a Domestic Homicide Review was taken by the Chair of the Bristol Community Safety Partnership during consultation with partnership members on 25th August 2015 and the Home Office was informed on 3rd September 2015.

5.2. The Home Office Statutory Guidance advises, where practically possible the DHR should be completed within six months of the decision made to proceed with the review. In this case the Judge in the criminal proceedings would not accept a plea from Geedi until a full mental health assessment had been carried out. Consequently, the Senior Investigating Officer (SIO) and defence solicitor requested that the Review be delayed until after the assessment was concluded. The DHR Chair and Community Safety Partnership Chair on considering the request, decided to open the Domestic Homicide Review (DHR) on 26th November 2015 with a Panel meeting, prior to adjourning the Review until after a decision was reached regarding the perpetrator’s mental state and the conclusion of criminal proceedings if any. (Geedi was eventually considered fit to plea and his trial commenced in June 2016).

5.3. At the DHR Panel meeting of 26th November 2015, IMR authors were instructed: to confirm that all records of contacts had been secured; to prepare chronologies of contacts and to commence their IMRs without interviewing anyone who might be a potential witness in any criminal proceedings. IMR Authors were also instructed that if they identified any obvious lessons to be learnt they should take prompt action to address them for the safety of future victims of domestic abuse. The Home Office was notified on 7th and 10th December 2015 and agreed to this course of action.



## **Section Six: Confidentiality**

6.1. The findings of this Review are restricted to only participating officers/professionals, their line managers, the family of the deceased and the perpetrator's Offender Manager until after the Review has been approved for publication by the Home Office Quality Assurance Panel.

6.2. All Panel members and IMR authors signed a confidentiality agreement at the commencement of each Panel meeting.

6.2. As recommended within the "Multi Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews", to protect the identity of the deceased and her family, the following pseudonyms have been used throughout this report

6.3. The name Idil Ahmed which is used as a pseudonym for the deceased was chosen by her mother. The DHR Chair, in consultation with the perpetrator's first solicitor selected the pseudonym Geedi Aadan. The name Bilan was chosen for their daughter with the agreement of the victim's mother.

6.4. The Executive Summary of this report has been carefully redacted. To enable the Home Office Quality Assurance Panel to have access to the detail of the Review, other than the use of pseudonyms and the exclusion of the names and addresses of involved individuals, the overview report and chronology have not been redacted. Both documents will be fully redacted prior to publication by the Bristol Community Safety Partnership.

6.5. The Review Panel has obtained the deceased's confidential information, after her mother gave her written consent. Geed refused to sign a consent form as he had not registered with a GP Practice but papers used in the criminal proceedings were copied to the DHR as documents already accessible to the public.

## **Section Seven: Dissemination**

7.1. Each of the Panel members (see list at beginning of report); the IMR authors, Chair and members of the Bristol Community Safety Partnership have received copies of this report.

7.2. The Avon and Somerset Police and Crime Commissioner will receive a copy of the Overview Report prior to publication.

7.3. Idil's mother and half-brother met with the DHR Chair on 3rd August 2016. Idil's half-brother read the Overview Report in full. The DHR Chair read out sections twelve to sixteen of the Report to Idil's mother, who cannot read English. The Chair already knew that Idil's mother was aware of the allegations made in para 12.4 and 12.5, and she added that Idil had told her it had happened three times. Her son who read the Report, was visibly upset that she would say such a thing about a family member. He said he understood why it was relevant but it would cause great distress to the family if the identity of the alleged perpetrator was made public. He therefore asked that the family member should not be identified within the Report. They were invited to write a Tribute to Idil to be included within the Overview Report but they declined the

offer. They were also invited to attend the final meeting of the Review on 8th September 2016 but Idil's mother felt it would be too distressing and the half-brother said he would not be able to get time from work.

7.4. Geedi was told of the findings of the Review by his Offender Manager as he could not read English.

## **Section Eight: Terms of Reference**

### **8.1. Overview and Accountability:**

8.1.1. The Home Office Statutory Guidance advises where practically possible the DHR should be completed within six months of the decision being made to proceed with the review. Due to delays in the Criminal Proceedings for mental health assessments on Geedi, it was not possible to carry out a comprehensive review within this time scale. The Home Office was notified on 7th December 2015 of the adjournment of the DHR until the completion of the criminal process.

8.1.2. This Domestic Homicide Review which is committed within the spirit of the Equalities Act 2010, to an ethos of fairness, equality, openness, and transparency, will be conducted in a thorough, accurate and meticulous manner.

### **8.2. The Domestic Homicide Review will consider:**

8.2.1. Each agency's involvement with the following, from 1st March 2010 to the death of Idil in July 2015, as well as all contacts prior to that period which could be relevant to domestic abuse, violence or mental health issues:

- a) Idil Ahmed (pseudonym) 22 years of age at time of her death
- b) Geedi Aadan (pseudonym) age 21 at date of incident
- c) Victim and perpetrator's daughter Bilan (pseudonym) aged 4 at the time of the incident.

8.2.2. Whether there was any previous history of abusive behaviour towards the deceased or her child and whether this was known to any agencies.

8.2.3. Whether family or friends want to participate in the Review. If so, ascertain whether they were aware of any abusive behaviour to the victim or her child, prior to the homicide.

8.2.4. Whether, in relation to the family members, were there any barriers experienced in reporting abuse?

8.2.5. Could improvement in any of the following have led to a different outcome for Idil considering:

- a) Communication and information sharing between services
- b) Information sharing between services with regard to the safeguarding of adults and children.
- c) Communication within services
- d) Communication and publicity to the general public and non-specialist services about the nature and prevalence of domestic abuse, and available local specialist services

8.2.6. Whether the work undertaken by services in this case are consistent with each organisation's:

- a) Professional standards
- b) Domestic abuse policy, procedures and protocols

8.2.7. The response of the relevant agencies to any referrals relating to Idil concerning domestic abuse or other significant harm between 1st March 2010 and her death in July 2015. It will seek to understand what decisions were taken and what actions were carried out, or not, and establish the reasons. In particular, the following areas will be explored:

- a) Identification of the key opportunities for assessment, decision making and effective intervention in this case from the point of any first contact onwards with victim, perpetrator or their child.
- b) Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective.
- c) Whether appropriate services were offered/provided and/or relevant enquiries made in the light of any assessments made.
- d) The quality of any risk assessments undertaken by each agency in respect of Idil, her daughter or the perpetrator.

8.2.8. Whether organisations thresholds for levels of intervention were set appropriately and/or applied correctly, in this case.

8.2.9. Whether practices by all agencies were sensitive to the ethnic, cultural, linguistic and religious identity of the respective individuals and whether any specialist needs on the part of the subjects were explored, shared appropriately and recorded.

8.2.10. Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and completed in a timely manner.

8.2.11. Whether, any training or awareness raising requirements are identified to ensure a greater knowledge and understanding of domestic abuse processes and/or services.

8.2.12. Whether, any training or awareness raising requirements are identified to ensure a greater knowledge and understanding of cultural sensitivities including those relating to female genital mutilation and honour based violence in the context of this domestic homicide.

8.2.13. Whether decisions made at the time of the perpetrator's entry into the UK, were consistent with the Border Force's set procedures and protocols.

8.2.14. The review will consider any other information that is found to be relevant.

### **Section Nine: The schedule of the Domestic Homicide Review Panel meetings:**

- 26th November 2015 0930-1230, St Anne's House St Anne's Road Bristol
- 14th July 2016 0930 -1330 St Anne's House St Anne's Road Bristol

- 8th September 2016 0930 -1230 St Anne's House St Anne's Road Bristol

## **Section Ten: Methodology**

10.1. This report is an anthology of information and facts gathered from:

- The Individual Management Reviews (IMRs) and reports of participating agencies.
- The Pathologist and Toxicologist Reports
- Two Psychiatrists reports
- The Perpetrator's solicitor
- The perpetrator through his Offender Manager
- Witness statements provided for the Criminal proceedings by members of the deceased's family and friends of both of them.
- Discussions with family members
- Discussions during Review Panel meeting.

## **Section Eleven: Contributors to the Review**

11.1. Whilst there is a statutory duty that bodies including, the police, local authority, probation trusts and health bodies must participate in a DHR; in this case eighteen organisations have contributed to the Review (listed in Para. 3.12). Nine have completed Individual Management Reviews (IMRs).

11.2. Idil Ahmed's family and friends also contributed to the DHR both directly through face to face and telephone interviews and from statements made to the police. Geedi Aadan answered questions and provided information to the DHR through his Offender manager.

11.3. The DHR has been given access to the Pathologist's Report and reports from two psychiatrists who interviewed Geedi whilst in a secure Mental Health Hospital

11.4. Individual Management Review Authors:

Julie Mills: Avon and Somerset Constabulary

Nicky Debbage: Bristol City Housing

Samantha Boobier: Bristol Clinical Commissioning Group

Russell Thomas: Bristol Community Health

Adam Bond: Bristol Safeguarding Children's Board

Kenny Chapman: Home Office (UK Visa's and Immigration; Border Force; Immigration Enforcement)

Anna Reed: Teenage Pregnancy Service

Gwen Bennion: The Meriton School

Philippa Lloyd: University Hospitals NHS Foundation Trust and Bristol Royal Children's Hospital

## **Section Twelve: The Facts**

12.1. Idil was born in Somalia but lived in Ethiopia prior to emigrating to the United Kingdom in March 2010 to live with her mother, brother, three half-brothers and half-sister in Bristol. Her mother had already moved to the UK two years earlier, although her step-father remained in Ethiopia. Idil who was not granted refugee status in her own right benefitted from the refugee status her mother had, as her mother was her sponsor to enter the UK. In 2013 Idil was granted indefinite leave to remain.

12.2. Somalians normally belong to a clan within a tribe, which one member of the family has described as similar to being in a very large family. Both Idil and Geedi belonged to the Sheekhaal clan. Clan members consider other members to be family even though they may not be blood relatives.

12.3. Idil had married Geedi in December 2009 with little to no previous knowledge of him. Some of her family state they married in Utopia in Somalia, others that it was in Ethiopia. She was 15 years of age at the time she married, although her age was questioned in a letter from Women and Children's Health, Southmead Hospital which stated that "in June 2010, she had been treated for Tuberculosis (TB) at the Bristol Royal Infirmary when she was thirteen years of age". Idil's mother has told the Review that her daughter was definitely fifteen years of age when she married and sixteen years of age when she started her treatment for TB. Prior to coming to the UK she had been living in Ethiopia with her aunt and uncle; her step-father was also living there at that time. Geedi told the DHR that the marriage took place in Ethiopia after he returned there after working in Kenya. He stated he also was 15 years of age when they married.

12.4. On 24th May 2010 Idil was seen at a Bristol GP surgery with her mother. The Practice records state her mother asked for her to have a pregnancy test although she said she was not currently sexually active. Idil told the GP that whilst staying in Ethiopia a family member had sexually abused her but not penetratively. It was also recorded that she was not circumcised, however later, when she was fifteen weeks pregnant it was confirmed that she had been subjected to female genital mutilation (FGM). Idil's mother confirmed that Idil had been circumcised as she said it was normal practice in Somalia.

12.5. The pregnancy test was positive and on 27th May 2010 Idil told the GP she had married a Somali man (Geedi Aadan) who was older than her, in Ethiopia. She said he was still in Somalia and she had been in touch with him by phone since being in the UK. Idil became upset and said the reason she married was that she had previously been raped by a family member, which made her more realistic about what men are like and decided to get married. She was certain her husband was the father of this baby and that was later confirmed by a DNA test.

12.6. On 14th June 2010 Idil then aged sixteen years of age, first came to the notice of the North Bristol Hospital NHS Trust as she was fifteen weeks pregnant and had been subjected to female genital mutilation (FGM). She was booked for an appointment with a midwife and also referred for treatment for Tuberculosis (TB).

12.7. On 6th December 2010 Idil gave birth to her daughter Bilan and she was subsequently provided with a flat in Bristol close to one occupied by her Aunt. After a short period she was provided with support by Housing Services in managing her finances as she was unable to pay her rent.

12.8. On 23rd July 2014 Idil went to Italy and there met her husband Geedi Aadan who had travelled from Somalia to Libya and on by boat to Italy as an illegal immigrant. She spent Ramadan with him and returned to England on 21st August 2014.

12.9. On 8th September 2014 Idil Ahmed's medical records state she had attended her GP practice as she had recently visited her husband who was then living in Rome and she thought she could be pregnant. The pregnancy was confirmed, but on 28th October 2014 she had a miscarriage.

12.10. On 4th March 2015 Geedi was found in a refrigerated lorry which had just arrived in the London area from France. He claimed asylum from Somalia, stating that masked men had entered his family house and killed his father. (After Idil's death, during interviews with psychiatrists he said his father was "mad" and was alive living in Somalia.)

12.11. On 6th March 2015 Immigration Enforcement were able to prove from fingerprints that Geedi had previously been encountered in Italy and he was housed by the Home Office in accommodation in Wakefield.

12.12. On 13th March 2015 Geedi was collected by a family friend and taken to Bristol to be with his wife Idil and their daughter Bilan, in her seventh floor local authority owned two bedroomed flat. Idil's mother informed the DHR that Bilan stayed with Idil most of the time as she went to school locally.

12.13. Whilst most of Idil's family believed that Idil was pleased Geedi had come to England, one of her female friends told the police that Idil was upset when he arrived in the UK, because she was intending to divorce him. She told her friend she had explained this to him when she was with him in Italy. The friend described Idil as being astonished that Geedi had arrived in the UK without informing her in advance.

12.14. Geedi told Idil's family and friends of his traumatic journey to the UK, which he said, included being arrested in Libya, seeing people killed, women raped, being in the back of a refrigerated lorry and not eating or drinking for days. Idil's half-brother quickly became friends with him. Geedi told him he was worried about lack of money as he could not work because of his immigration status and he claimed Idil reminded him the flat and everything in it belonged to her and he found that hurtful.

12.15. On 12th June 2015 Idil attended an appointment with a community midwife as she was pregnant. She disclosed that as she had suffered FGM as a child, she would not consider having her daughter subjected to it.

12.16. On the evening of Thursday 23rd July 2015 Idil and Geedi went out for a meal with one of Idil's half-brothers and their female cousin. Geedi seemed angry about something, but Idil's half-brother excused it as shyness. The following night, Friday 24th July 2015 the four of them went to the Cinema. Idil's half-brother and their cousin sat on their own, away from Idil and Geedi. They observed Idil move seats several times, repeating it every time Geedi got up and sat next to her again. The cousin explained to Idil's half-brother that the previous evening, she had witnessed an argument between them, when Geedi had refused to let her drink some of an energy drink he had, saying it would be bad for her baby. After the film, the cousin asked Idil why she looked so unhappy and Idil told her that Geedi had grabbed her by the throat and hurt her. The cousin later asked Geedi about the incident and he said he was trying to get her to look at him. Idil replied that: "He took hold of my neck proper". She was angry with Geedi and cried because she thought her half-brother and cousin did not believe her.

12.17. On their way home, Idil's half-brother asked her about the incident regarding the energy drink and she explained that her unhappiness was not limited to this incident, that she had seen a different side to Geedi, that he had bruised her arm at home, and also tried to grab her neck. The two claimed to have made up later that night, but Idil still looked unhappy. The half-brother who at that time felt his sister should show her husband more respect, agreed to a request by Geedi not to tell the rest of the family about the incidents.

12.18. On a date later in July 2015 Idil slept in her Aunt's flat to help her cousin look after the Aunt's small children. (The Aunt was away in Africa at this time and the rest of the family was sharing responsibility for looking after the young children.) At 3.08am Geedi came to the flat and said he was going to kill himself. Idil told him if he was going to commit suicide he should do it outside as there were children in the flat. He said he was sorry and asked for a second chance but she told him she was going to tell her family that she wanted to divorce him.

12.19. At about 5.50pm that day Idil was again in her Aunt's flat, which is in the same block as her own, when her half-brother heard her take a telephone call from Geedi. He heard Geedi say that some of his family were coming over. He wanted Idil to return to their flat and tidy it. She told him she could not because it was her turn to look after her Aunt's children. She asked if he could rearrange the visit to another day. He replied "No I have made my decision" so she said she would come down to the flat. She put on a long hijab and went out of her Aunt's flat. Her half-brother stayed to help his cousin look after the children.

12.20. None of the family saw her alive again.

### **Section Thirteen: Key issues arising from the Review**

13.1. The Review Panel, having had the opportunity to analyse all of the information obtained, consider the key issues in this Review to be:

**13.2. Idil and Geedi's separation so soon after their wedding and living in different countries with different cultures for five years.**

13.2.1. Geedi and Idil were very young when they married in December 2009. Idil was only fifteen years of age and Geedi was, according to the date of birth he gave in the UK and in Italy was also fifteen years old. (Although on 21st October 2010, hospital records noted that Idil had said her husband was 24 years of age when they married). Idil's mother and half-brother claimed that Geedi was several years older than Idil (being twenty seven or eight now (2016) but that he had taken someone else's identity when he had arrived in Italy as he had had no identity papers of his own. Geedi told his Offender Manager that this was not true.

13.2.2. Idil and Geedi had been married for less than three months before Idil left Geedi to join the rest of her family in the UK in March 2010, so they did not have the opportunity to get to know each other very well before separating.

13.2.3. When Idil learnt that she was pregnant in May 2010, she gave very little information about her husband to any of the health services she was in contact with, other than to state she thought he was living in Ethiopia. She had had only a few telephone contacts with him. In November 2012 it was recorded in Idil's GP notes that her family was in England but her husband was still in Ethiopia as he had no passport, "This does cause her some stress but is happy".

13.2.4. Geedi embarked upon a perilous journey across Africa through Libya and by small boat to Italy with the intention of making his way to England to be with Idil. In 2014 Idil travelled to Italy to see him, she stayed for a month then returned to the UK leaving Geedi in Italy. She later told a female cousin that whilst she was in Italy she told Geedi she wanted to divorce him. The cousin also described Idil as being astonished that Geedi had arrived in the UK without informing her in advance. It was highlighted by the Home Office Panel member, that Idil could have explored ways for Geedi to legally enter the UK.

13.2.5. Family members have explained that Idil was strong willed and would do what she wanted, although it did not appear to them that Geedi ever tried to control her. Neither of them was religious and whilst in the UK, Idil would wear a mixture of traditional and western clothing, often wearing jeans when they went out.

13.2.6. The family were generally of the opinion that Idil and Geedi were fine together. However, Idil's female cousin to whom she was very close, made a statement to the police that at first Idil was pleased and happy when Geedi arrived in England. She said, Idil never said anything negative about him, the first signs of tension between them that was noticed by family members was over the three days prior to Idil's death. (Those incidents are detailed in paras 12.16. - 12.19 of this report).

13.2.7. Geedi felt he had nothing, he could not get work due to his immigration status and claimed he was not receiving any benefits. He believed Idil did not respect him, she often told him the flat was in her name and she had money from her benefit payments. When Geedi was interviewed by the police after Idil's death, he stated: "The worst thing that can happen to a human is to be treated like he is nothing and that somebody keeps telling you all the time that it is she who owns, who is capable, who has this and you are nothing. You are no one, it is a very bad way to feel."



13.2.8. In an interview with a psychiatrist after his arrest, Geedi reported that in the weeks following his arrival things seemed fine between them, but after that Idil was not welcoming and she seemed to have found his arrival not to her liking. She repeatedly rejected him and although she became pregnant by him, subsequently she rejected any sexual intercourse. He said he became "mentally deteriorated" and that this became worse over time. He said, he tried to be patient but gradually lost patience and found life increasingly difficult. He said he had become changed as a result of the mental trauma. Idil repeatedly told him to leave their home and he claimed that she assaulted him by hitting him on a number of occasions. He did not leave as he had nowhere else to go and no immediate family or friends who could look after him.

13.2.9. The Review Panel, having considered all the evidence provided during the Review is of the opinion that it was Geedi's personal beliefs about the status of women that resulted in him feeling entitled to murder his wife.

### 13.3. Geedi Aadan's mental health

13.3.1. Idil's family and friends had no reason to believe that he had any mental health problems. The first indication, to any of the family, of his disturbed state of mind was during the early hours of 26th July 2015, when he threatened to take his own life by drinking toilet cleaner, after Idil had told him in front of her cousin that she intended to tell her family the next day that she wished to divorce him.

13.3.2. On the day of his arrival in the UK, he told Immigration Enforcement officers that he would commit suicide, but later the same day said he had just said it although it was not true. Nevertheless whilst in custody he did attempt self-harm and was given the details of agencies that could help him when he was released.

13.3.3. Geedi again claimed he would commit suicide when he was taken to the Police Station after his arrest for Idil's murder. Subsequently, after he was charged with Idil's murder he was examined by two psychiatrists.

13.3.3.1. The first psychiatrist, on behalf of his defence team, pointed out that prior to Idil's death there was no history of any mental health problems, but added "It would be surprising if he was not suffering from the consequences of torture and his other traumatic experiences during his migration. From his account he witnessed and was subjected to immersion in septic tanks for extended periods and witnessed the execution of fellow inmates and the death of fellow passengers as well as being subjected to random beatings. Given his current presentation I have not been in a position to explore the effects on his mental health of those reported experiences ..... All the evidence suggests that he was responsible for the fatal assault. In the immediate aftermath there is evidence that he was aware of what he had done"

13.3.3.2. The second psychiatrist, who also conducted a comprehensive psychiatric assessment of Geedi, commented "The level of mental disturbance demonstrated at examination suggests that he is currently unfit to plead ..... It is unclear when his current psychiatric symptoms started. The witness statements contain limited evidence that it occurred prior to the killing. My preliminary findings are therefore that there is little evidence to support a defence of diminished responsibility at the current time."

13.3.4. The trial judge when sentencing Geedi Aadan stated:

“You had a difficult and traumatic journey to this country but that does not provide you with even the beginnings of an excuse for what you did.

You say your wife didn’t understand. Even if that was right there is no justification in any of that for what you did to her.

Whatever your state of mind, I am satisfied having heard you give evidence that you planned your wife’s killing in cold blood. You lured her from her aunt’s flat to the flat you shared with her on the seventh floor, with a story about family members paying you a visit. I have no doubt that was a lie, designed to get her alone in your flat so you could murder her.

It is of note that you did not have the courage to plead guilty. Instead you embarked on an elaborate charade to make good a suggestion that your mental state made you unfit to stand trial or explain the murder of your wife. Those attempts failed, that is not an aggravating feature but reduces credit for admitting you killed her”.

13.3.5. The Review Panel is therefore of the opinion that Geedi’s recorded threats to commit suicide was a pattern of behaviour he resorted to when faced with stressful situations.

#### **13.4. Minimal contact with agencies.**

13.4.1. Whilst Idil had numerous contacts with health service providers, her only other significant contacts were in relation to housing and benefits needs. Most of those contacts were prior to her husband’s unexpected arrival in the UK in March 2015 and there was never any indication of domestic abuse to trigger any concerns by those agencies.

13.4.2. The Specialist Adviser on Somali Issues explained that traditionally a Somali woman would be reluctant to disclose personal information to anyone outside her wider family or clan, therefore it is unsurprising that agencies had such little information about her life. Her mother and half-brother told the Review that before Geedi came to live with her, Idil spent her time helping with the younger children and also worked for a short time with her mother, as a cleaner. They, together with her cousin described her as being strong willed.

13.4.3. Geedi has told the DHR, through his Offender Manager, that he did not make contact with any agencies nor did he register with a GP Practice due to his status as an illegal immigrant as he did not want to do anything which could jeopardise his chance of being allowed to stay in the UK.

### **Section Fourteen: Analysis**

14.1. Agencies completing IMRs and Reports were asked to provide chronological accounts of their contact with Idil Ahmed and/or Geedi Aadan prior to Idil’s death. Where there was no involvement or insignificant involvement, agencies advised accordingly. In line with the Terms of Reference, the Review focuses on the contacts from 1st January 2010 to 26th July 2015, together with relevant information prior to that time.

The recommendations to address lessons learnt are listed within the action plans in section seventeen of this report.

14.2. The Review Panel has checked that the key agencies taking part in this Review have domestic abuse policies and is satisfied that they are fit for purpose.

14.3. The Panel and the agencies taking part in this Review have been committed, within the spirit of the Equalities Act 2010 to an ethos of fairness, equality, openness, and transparency. There was no indication that Idil's and Geedi's ethnicity or immigration status in any way affected the manner in which agencies dealt with them. Nevertheless the DHR found evidence to indicate that Geedi and at least one other member of the family believed that Idil as a woman should be subservient to her husband. While work is being done in Bristol to encourage attitudinal changes within event immigrants much has still to be done (see para 15.1.2., action plan recommendations and Appendix C of this Report.

14.4. Eighteen agencies were contacted about this review.

14.4.1. One, Albany Solicitors has refused to confirm that they represented Geedi Aadan without his written permission. This was not possible until after his conviction by which time he agreed to contribute to the DHR through his Offender Manager.

14.4.2. One Victim Support Homicide Service, had no contact with either the victim or perpetrator; but since Idil's death the Service has provided close support to Idil's family and has acted as their advocate with the Review.

14.4.3. Seven agencies have responded as having had no relevant contact with either Idil or Geedi. They are:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bristol City - Children's Social Care
- Bristol City Council – Public Health
- Bristol, Gloucestershire, Somerset, Wiltshire Rehabilitation Service (BGSW RS)
- Integrated Cleaning Management (ICM)
- National Probation Service
- Nextlink

14.4.4. Nine organisations have provided Individual Management Reports (IMRs). The Review Panel has considered them carefully, as far as the circumstances permit from the view point of Idil and Geedi to ascertain if each of the agencies' interventions were appropriate and whether they acted in accordance with

their set procedures and guidelines. Where they have not done so, the Panel has deliberated if all of the lessons have been identified and are being properly addressed.

14.5. The Panel is satisfied that the authors of the IMRs have followed the Review's Terms of Reference carefully and addressed the points within it, where relevant to their organisations. The Panel is also satisfied that each author has been honest, thorough and transparent in completing their reviews and reports.

14.6. The following are the analysis of each IMR report together with the Review Panel's opinion on the appropriateness of the agency's interventions.

#### **14.7. Avon and Somerset Constabulary**

14.7.1. The Police have completed an IMR which has revealed that other than Geedi Aadan routinely signing on at a Police Station, (two times a month), whilst his asylum status was being considered, there were no contacts with the family until after Idil's death.

14.7.2. The Review Panel is satisfied that Avon and Somerset Constabulary has no lessons to learn or recommendations to make.

#### **14.8. Bristol City Council - Housing Services**

14.8.1. Bristol City Council Housing Services had a high level of involvement with Idil during the early part of her tenancy, particularly through the Tenant Support Service providing her with support to sustain the occupancy of her home and resolve tenancy management issues. Following this, housing services involvement was limited mainly to address requests for repairs. Those responses were in line with the policy at that time. Since there were no signs or reports of concern e.g. no rent arrears accruing, no reports of anti-social behaviour, no reports of domestic abuse, no reports of breach of tenancy conditions or complaints; Idil was believed to be effectively managing their tenancy. Housing received no notification that Idil's husband had arrived in Bristol and moved in to Idil's flat.

14.8.2. The Review Panel is satisfied that the IMR author has identified the relevant lessons learnt and that the recommendations made should properly address them.

#### **14.9. Bristol Clinical Commissioning Group**

14.9.1. Bristol Clinical Commissioning Group completed an IMR on behalf of the GP Practice that had contact with Idil from the date of her arrival in the UK. Geedi Aadan had not signed on with any GP practice or other health service until after the death of Idil.

14.9.2. The GP practice to which Idil was a patient is experienced and skilled in understanding and serving the significant Somali Community in Bristol. Three days a week an accredited Somali interpreter is employed at the Surgery. The Surgery is also an IRIS (Identification and Referral to Improve Safety) trained

practice and is always cognisant of domestic abuse issues, holding weekly meetings to discuss patients of possible concern.<sup>1</sup>

14.9.3. Idil was seen very frequently by a variety of medical professionals and had an unusually high number of consultations for a young woman. Many of the appointments related to establishing a TB diagnosis and subsequent treatment, others related to infection and possible pregnancies. Whilst her mother accompanied her to many of those appointments, there were others when she was on her own and she was asked if she would like an interpreter present. There were therefore opportunities for her to confidentially raise any concerns she might have.

14.9.4. There was never any suggestion or indication of domestic abuse from her husband, but the GP Practice retrospectively carried out a significant event audit regarding the consultation of the 24th May 2010 when Idil, who was sixteen years of age, asked for a pregnancy test although she said she was not sexually active whilst disclosing that she had been previously abused by a family member in Ethiopia. It was agreed that a safeguarding referral should have been made at this time.

14.9.5. The GP Practice notes revealed that Idil's daughter Bilan had reflux oesophagitis which led to several admissions and hospital visits and medication. An entry on 24th February 2014 stated Idil discussed wanting to change her daughter's name, but did not explain the reason.

14.9.6. The Panel is satisfied that with the possible exception of the consultation of 24th May 2010 there were no concerns about the standards of care given to Idil. The Panel was particularly impressed by:

a) The GP Practice's positive approach in proactively supporting patients who may be vulnerable to domestic abuse or female genital mutilation. The practice was a pilot site for IRIS and staff are clearly aware of actions to take and referrals to be made.

b) The efforts made to communicate with patients whose first language is not English. There is robust access to translator services within the practice. The practice has a very high number of patients from the Somali community and as such is very set up to meet this communities needs.

#### **14.10. Bristol Community Health**

14.10.1. Idil had weekly contacts with the Bristol Tuberculosis (TB) clinic and specialist TB nurse over a twelve month period from March 2014 to March 2015. The IMR author believed the TB and Health Links team's input provided the right care at the right time. There were no domestic abuse issues highlighted during the consultations with clinicians or health link workers and no information indicating this on the referral, therefore safeguarding issues were never considered.

14.10.2. The IMR author noted that the TB team enjoyed a good relationship with Idil and her extended family and was confident that had any issues been raised, staff would have notified their Manager, who is an Adult Safeguarding Lead and an incident form would have been submitted which would have triggered internal safeguarding processes.

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<sup>1</sup> IRIS is a general practice based domestic violence and abuse (DVA) training support and referral programme.

14.10.3. All staff receives regular safeguarding training. In relation to the Health Links Service, work is ongoing to improve and maintain a high standard of recording patient notes to ensure that documentation is robust. Historically the Health Links Service's notes have been sparse as they do not provide clinical interventions as they are often not the lead professional. Typically they would be present to support a patient through a GP consultation and the GP would therefore be recording the consultation in detail. However it was recognised that individuals should be responsible for their own record keeping and steps were taken to improve this by implementing access to a Patient Management System prior to this Review.

14.10.4. The IMR author noted that while standard practice was followed throughout the care provided to Idil, the team worked slightly differently, at her request, in that some telephone communications took place with Idil's family rather than with her directly.

14.10.5. There were no issues highlighted during consultations with clinicians regarding domestic abuse, and there was no information on the referral to indicate the possibility of domestic abuse. Therefore at no point were safeguarding issues considered. The IMR Author was of the opinion that had there been any concerns, standard process and procedure would have been followed.

14.10.6. The Review Panel accepts that it was at Idil's request that some telephone contacts were made through family members whose understanding of English was better than hers and whilst this could have inhibited any discussion of domestic abuse there were opportunities when Idil could have raised such issues when family members were not present. Also at this time Geedi was not in the UK. The Panel is satisfied that contacts were in accordance with policy and procedure and that Bristol Community Health has no lessons to learn from the contacts in this Review.

#### **14.11. Bristol Safeguarding Children's Board**

14.11.1. The Report author confirmed that Bristol City Council Children's Social Care received a notification from the Midwifery Service regarding Idil's teenage pregnancy. It was confirmed that she was married, that she was residing with her mother and that her husband was still in Somalia. An assessment was made that neither Idil nor the unborn child was in need or at risk as she was living in the care of and with the support of her mother. A decision was made to take no further action.

14.11.2. The Panel accepts that correct procedures were carried out and there are no lessons to learn.

#### **14.12. Home Office (UK Visa's and Immigration; Border Force; Immigration Enforcement)**

14.12.1. The Home Office interactions with Idil Ahmed and Geedi Aadan, (there were no records of any interaction with Bilan) were through the Border Force, Immigration Enforcement and UK Visas and Immigration.

14.12.2. Border Force is a law enforcement command within the Home Office with responsibility for the security of the UK border by carrying out immigration and customs controls for people and goods entering the UK.

14.12.3. The only encounter the Border Force had with Idil was on her arrival into the UK. She arrived at Heathrow Airport on 25 March 2010. Given that she possessed the correct entry clearance, she would

have been processed in accordance with Border Force procedure at the time and allowed to enter the UK. The Border Force had no contacts with Geedi Aadan.

14.12.4. Immigration Enforcement is a law enforcement command within the Home Office. It is responsible for preventing abuse, tracking immigration offenders and increasing compliance with immigration law. It works with partners such as the police to regulate migration in line with government policy, while supporting economic growth.

14.12.5. Immigration Enforcement had no contact with Idil. Their first contact with Geedi Aadan was on 4 March 2015 when he was removed from a refrigerated lorry and was arrested on suspicion of being an illegal entrant. Initially he made threats of self-harm and suicide, but as he was being referred to a Medical Examiner, he signed the Asylum form stating he was not suicidal and did not need protection. Nevertheless consideration was given to him being a vulnerable person, but he signed a statement to confirm that he did not have suicidal or self-harm thoughts and that it was just something he had said. He was considered fit to be detained and interviewed. The IMR author was satisfied that Immigration Enforcement followed the correct procedures and policy was adhered to throughout their dealings with Geedi.

14.12.6. UK Visas and Immigration (UKVI) is responsible for making the decisions about who has the right to visit or stay in the country, with a firm emphasis on national security and a culture of customer satisfaction for people who come here legally.

14.12.7. Idil's contacts with UK Visas and Immigration related to her applications and entry. The IMR author was of the opinion that those contacts were carried out in accordance with set policy and procedures and there were no lessons to learn.

14.12.8. When Geedi came to the UK on 4th March 2015, as an illegal immigrant in the back of a refrigerated vehicle, it was established that he had entered Europe through Italy and the UK Visa and Immigration Third Country Unit opened a case as a result. He was allowed to stay with his wife and daughter in Bristol during the asylum process. The IMR author established that all contacts were in accordance with agreed international conventions and national policies.

14.12.9. There was no history of abusive behaviour towards Idil or Bilan by Geedi known to the Home Office and the IMR author confirmed that the decisions made by the Border Force, Immigration Enforcement and UK Visas and Immigration Enforcement were consistent with policy and procedure.

14.12.4. The Review Panel is satisfied that the Home Office departments' contacts with Geedi were carried out correctly and that there are no lessons to learn or recommendations to make.

#### **14.13. Teenage Pregnancy Midwifery Service**

14.13.1. Due to funding cuts, this service no longer exists and no records were found relating to Idil's referral. However the IMR author was able to confirm that midwives in the Service routinely asked about relationships and domestic abuse as a matter of policy.

14.13.2. The Review Panel accepts that as individual records are not obtainable and the Service has now closed, it is not possible to ascertain if there were any lessons to learn.

#### **14.14. The Meriton School**

14.14.1. As Idil was only sixteen years of age when she was pregnant in 2010 she was referred to the Meriton School which is a teenage pregnancy educational facility. She attended for a short time but no detailed records were kept with any information about her relationship with her husband who was believed to be still living in Somalia.

14.14.2. The Review Panel accepts that the school has no lessons to learn from this review, as they acknowledge that the School understood that Idil was living with her mother and her husband was not in the UK.

#### **14.15. University Hospitals Bristol NHS Foundation Trust and Bristol Royal Children's Hospital**

14.15.1. The IMR author confirmed that Idil had a number of contacts with the Trust and her daughter Bilan was treated at the Bristol Royal Children's hospital in relation to reflux oesophagitis. With regard to Idil, records of her first referral on 14th June 2010 noted that she had several vulnerabilities; she had recently moved to the UK, was sixteen years of age and pregnant, had a low body mass index (BMI) and required an interpreter for communication. She did however appear well supported by her mother, Later she was also diagnosed with TB.

14.15.2. Idil's anti-natal care included consideration of those vulnerabilities and a Child in Need referral was made to Children's Social Care. She was also referred to the Teenage pregnancy clinic.

14.15.3. During the contacts neither Idil nor her mother raised any concerns relating to domestic abuse and there were no indicators of domestic abuse during any of her presentations. It was also noted that her husband was then living in Ethiopia. There were no records of any other relationships. In October 2014 when Idil had a miscarriage there were again no indicators of any concern relating to domestic abuse.

14.15.4. On the occasions that Idil failed to attend outpatient clinic appointments appropriate actions were taken according to the Trust Patient Access Policy which incorporates the "Did Not Attend" process and her GP was notified. The Trust used an accredited independent interpreter service.

14.15.5. The IMR author highlighted that practitioner awareness and knowledge of domestic abuse has increased significantly since 2010 and the Trust has a robust domestic abuse strategy which includes training, policies and procedures. There are Independent domestic Violence Advisers (IDVAS) based in the adult Emergency Department, representation on the Bristol MARAC and on the local Domestic Abuse Strategy Group.

14.15.6. Bilan received treatment at the Bristol Royal Children's Hospital on eleven occasions between 2011 and 2014 for medical reasons; there were no social issues or concerns raised on any of those occasions.



14.15.7. The Review Panel is of the opinion that the Trust's domestic abuse policy is fit for purpose and that the Trust's policy for reporting incidents of FGM is in accordance with national guidelines. The Panel is satisfied with the lesson learnt and recommendations made.

#### **14.16. Family**

14.16.1. Idil's mother, four half-brothers and half-sister came to the UK on 6th June 2009 and settled in Bristol where there were already other members of their extended family living. Idil and her full brother followed in March 2010.

14.16.2. Geedi has no known direct family in the UK. His language is Somalian and although he can speak some English, all Police and Psychiatric interviews with him were through an interpreter (However after conviction all interviews with offender management service, without an interpreter present. He claimed to a psychiatrist, that his father (who he had previously told Immigration Enforcement, had been murdered) was still in Somalia and was considered to be "mad" having a history of violence and "perhaps homicide in Somalia" This has not been verified. Geedi had no knowledge of his mother's whereabouts and told the psychiatrist that he had not gone to school and he did not know where or when he was born. At his trial he was said to be 21 years of age, as on his arrival in Italy and the UK he gave his date of birth to Immigration Enforcement as 1st March 1994. Idil however had told her GP, on 27th May 2010 that her husband was much older than her. Her mother and half-brother, separately, told the Review that Geedi had been using someone else's name, date of birth and supporting papers since his arrival in Europe as he had no papers of his own.

14.16.3. Geedi has no known history of any offending behaviour and no recorded history of previous offences. Idil's family and friends viewed him as an honest, straightforward individual who was polite and was keen to find employment. He did not drink alcohol but admitted to chewing Khat in the past.

14.16.4. Idil's mother and half-brother told the Review that Idil had married Geedi, who before the marriage she hardly knew, at a time when she was particularly low as her application to come to the UK had been turned down and she had not expected her mother's sponsoring her would be successful so quickly.

14.16.5. Geedi after the draft Overview Report was read to him agreed he was known by more than one name but was adamant that the date of birth he had given when he arrived in Italy was correct. He also stated he had married Idil in Ethiopia. He stated their marriage was not an arranged one, he had met her as she was living with her Aunt near to where he lived when he returned to Ethiopia after working in Kenya.

### **Section Fifteen: Effective Practice/Lessons to be learnt**

#### **15.1. Cross agencies in Bristol**

15.1.1. The Review Panel acknowledges that women coming to Bristol as refugees, may not have the opportunity, language, confidence or understanding of British law to talk about domestic abuse to someone from an agency or from the wider community. The Panel therefore highlights the commendable work being done by the organisation "Refugee Women of Bristol" supported by Bristol City Council Public Health and

funded by the Commissioner's Community Fund to inform women from immigrant communities living in Bristol, in their own languages, about the support network and other services available to help them in relation to domestic abuse and FGM. (See Appendix C - Domestic Violence and Abuse Leaflet - English version)

15.1.2. The Panel acknowledges that little work has been done in Bristol to challenge/change sexist stereotyping particularly in relation to women who have been subjected to domestic abuse.

## **15.2. Bristol City Council Housing**

15.2.1. Idil was known to be a refugee and a teenage mother with little understanding of the responsibilities of being a tenant. Whilst she initially refused the support offered, instead wanting to rely on her mother, it quickly became apparent that she was not coping. She should have been contacted more promptly and referred for support to tackle her mounting debts.

15.2.2. The TPSO (Teenage Parent Support Officer) highlighted the tenant did not have furniture to enable her to occupy the property. This should have been highlighted at sign up and a referral to furnished tenancy team undertaken.

15.2.3. After early intensive support was provided to Idil, who was identified as vulnerable, few checks were made to monitor if she was still vulnerable or needed support from Bristol City Council Housing Services. There was no contact made for over nine months when BCC were then informed of her death.

## **15.3. Bristol Clinical Commissioning Group**

15.3.1. The GP Practice conducted a significant event audit regarding the consultation of the 24th May 2010 and concluded that the nature of the information disclosed should have triggered a safeguarding referral as that Idil was only 16 years old at the time. The information shared was of concern and inconsistent

## **15.4. University Hospitals Bristol NHS Foundation Trust**

15.4.1. At Idil's presentation at the TB Clinic, there could have been more robust consideration to ensure that appropriate support was in place.

## **Section Sixteen: Conclusions**

16.1. In reaching their conclusions the Review Panel has focused on the questions:

16.2. *Have the agencies involved in the Review used the opportunity to review their contacts with Idil, Geedi or Bilan in line with the Terms of Reference (ToR) of the Review and to openly identify and address lessons learnt?*

16.2.1. The Review Panel acknowledges that whilst the Individual Management Reviews have consistently been thorough, open and questioning from the view point of Idil, Geedi and Bilan, there were few lessons

for Agencies to learn from their limited involvement with the family. The Specialist Advise on Somali Issues informed the Panel that Somali families would not normally discuss private matters outside the family or clan. It is of note that whilst Idil was open about the sexual abuse she had suffered in Ethiopia, she and her mother stated she had no further contact with the individual responsible and they did not wish to report those assaults. Idil never made any allegations about her husband. While he was in Italy she made telephone contact with him and on one occasion visited him. Idil did not discuss Geedi with any agencies during the time he was in the UK. Due to his status as an illegal immigrant Geedi had not signed on with a GP Practice and had no contact with any agency other than formally reporting to a Police Station twice monthly.

16.2.2. The Review Panel recognises that newly arrived refugee and asylum seekers may arrive with a history of trauma and abuse alongside a lack of knowledge or understanding of support systems or UK law. This may leave them at higher vulnerability of becoming a victim and/or perpetrator of domestic violence (as well as other health and welfare issues). Engagement is needed to ensure they receive appropriate help and support to reduce this risk.

*16.3. Will the actions agencies take improve the safety of Bristol domestic abuse victims particularly those from newly arrived communities in the future?*

16.3.1. The Panel is satisfied that the implementation of the recommendations made within the Review and the continuation of work already begun, will address the needs identified from the lessons learnt and contribute towards making life safer for Bristol victims of domestic abuse, particularly those from refugee and immigrant communities.

16.3.2. There were two areas that the Panel highlight as good practice:

- The GP Practice Idil attended, has a robust domestic abuse policy. It is an IRIS (Identification and Referral to Improve Safety) trained practice which holds weekly management meetings to discuss patients of possible risk of domestic abuse. The Practice which is particularly experienced and skilled in understanding the diverse local communities it serves employs accredited interpreters during surgery hours to ensure that patients, particularly women who may not have had the opportunity to develop their language skills, are able to explain their problems confidently and confidentially away from other family members.
- The work of “Refugee Women of Bristol” which is supported by Bristol City Council Public Health and funded by the Police and Crime Commissioner’s Community Fund, to inform women from immigrant communities living in Bristol, in their own languages, about the support networks and other services available to help them in relation to domestic abuse and FGM.

*16.4. Was Idil Ahmed’s death predictable or preventable?*

16.4.1. During the time Geedi was in the UK up until the day of Idil’s death, the only known agencies he had been in contact with, other than signing on at a Police Station, were the Home Office and his solicitor. Neither had any reason to suspect that he could be violent nor that he was unhappy with his wife.

16.4.2. Idil also had little contact with agencies after her husband arrived in the UK and none were aware of her unhappiness nor that she may have been subjected to domestic abuse by Geedi. Shortly before her death she had told her half-brother and cousin that Geedi had been violent to her but she believed that they were reluctant to believe her. Idil’s half-brother told the DHR that he never thought that Geedi would be violent to Idil as he always seemed to be quiet and respectful in the short time he had known him. He added that if he had known that Geedi was violent the family would have dealt with it, as to go to any outside agency would have brought shame on the family.

16.4.2. The Review Panel is satisfied that agencies had no knowledge of the tensions in Idil’s and Geedi’s marriage and therefore had no grounds to predict or prevent Idil Ahmed’s death by violence from Geedi Aadan. Nevertheless the Panel acknowledges the importance of the work that has been introduced to challenge attitudes towards abused women and seeking help from specialist support services.

**Section Seventeen: Recommendations and Action Plans**

<b>Recommendation</b>	<b>Scope of recommendation i.e. local or regional</b>	<b>Action to take</b>	<b>Lead Agency</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion</b>
To work with communities leaders, community organisations and faith groups to challenge negative attitudes around power and control towards women and girls	Cross agency	Discuss at CSP and with Public Health forums with Religious and Community leaders	Bristol Community Safety Partnership and Bristol City Public Health		Ongoing

<p>Broadening the VAAWG agenda to under-represented communities affected by DV and SV through a community empowerment approach.</p>	<p>Local / cross agency</p>	<p>Better understanding of healthy relationships, the role of family and friends and how to access support in under-represented communities through matrix working.</p>	<p>Bristol City Council Public Health</p>	<p>Community empowerment activities similar and linked to the FGM community advocate role (FORWARD), Refugee Women of Bristol's women's rights resource and Forced Marriage and Crimes in the name of 'Honour' working group.</p>	<p>Ongoing</p>
<p>The city-wide No Excuses campaign will be delivered in Bristol to raise awareness of domestic and sexual abuse and encourage friends and family members to report domestic abuse. This work will be in partnership with the PCC and Zero Tolerance City</p>	<p>Local / cross agency</p>	<p>To explore which communities are affected and experience the worse outcomes and are receptive to engagement.</p>	<p>Bristol City Council Public Health</p>	<p>key campaign dates in May 2016; November 2016; February 2017</p>	<p>Continual programme of Campaigns.</p>

<p>To deliver regular tenancy reviews to those tenants who are known to Housing to be or have been vulnerable in the past.</p>	<p>Local</p>	<p>Policy/Process to be agreed (risk based review) &amp; training to deliver new ways of working</p>	<p>Bristol City Council Housing Estate Management Service</p>	<p>Method of recording tenancy review interaction and any direct actions that were taken as a result of the visit e.g. domestic abuse reported or other breach noted. The tenancy review may be recorded as an information, advice and guidance only function but this may assist the tenant as to how to access the service (if required in the future).</p>	<p>1st December 2016</p>
<p>All staff will be reminded through management meetings and refresher training of the need to promptly refer vulnerable tenants to appropriate support agencies especially at the start of the tenancy highlighting the referral to furnished tenancy team</p>	<p>Local</p>	<p>Briefings and training to be undertaken to deliver recommendation and ensure staff are aware of identifying vulnerability and referral methods available. Housing Support Register Refresher Training to occur if required.</p>	<p>Bristol City Council Housing BCC Estate Management Service &amp; Rent Management Service</p>	<p>Briefings of all staff and appropriate follow up training organised to ensure vulnerable applicants are referred promptly to appropriate agencies for support especially at the start of the tenancy and significantly the furnished tenancy team</p>	<p>1st December 2016</p>
<p>TB Clinic personnel to be reminded of safeguarding policy re vulnerable patients</p>	<p>Local</p>	<p>Management briefings and training</p>	<p>UHB Safeguarding</p>		<p>1st December 2016</p>

## Appendix A Glossary of Terms

### Avon and Somerset Constabulary

- In completing the Police chronology the following Avon and Somerset Constabulary databases have been checked for information relating to all parties identified (where relevant):-
- PNC (Police National Computer) – Contains information of convictions, remand history and court appearances of identified individuals.
- PND (Police National Database, previously Impact Nominal Index) – a national Police computer system which allows officers to establish, in seconds, whether any police force anywhere else in the country holds relevant information on someone they are investigating. Previously, this information would not have been visible outside the force holding the record and was implemented following the Soham enquiry.
- ASSIST – a “data warehouse” search tool used with Avon and Somerset Constabulary that trawls all other Avon and Somerset systems for information on individuals in relation to road traffic collisions, liquor licensing, firearms, calls for service from the public and details of crimes reported to the Police.
- WEBSTORM – The command and control system used by Avon and Somerset Constabulary to manage calls for service. Whenever a public contact requiring police action is received a ‘log’ is created at the first point of telephone contact with the Police and attendance is managed by control room staff based in Police Headquarters. If the call results in the police recording details of a criminal offence or a crime related incident the STORM log will be concluded with a Guardian reference number for the incident.
- Guardian – This is a crime and intelligence management system and was implemented in 2007. All criminal offences and crime related incidents will be recorded here, including all domestic abuse cases regardless of whether a crime or verbal argument is reported. The system enables information relating to domestic abuse, child abuse and missing persons to be linked to a nominal record. Information which is not reporting a specific incident will be recorded as “intelligence” – this would include information obtained from a third party, via Crime Stoppers or shared by another agency. Risk assessments use the national DASH questionnaire and are collated in one section, remain dynamic and linked to the individuals involved. These are available at all times to all staff and ensure a complete history can be viewed in one place.
- CMU – Prior to the implementation of Guardian in 2007 domestic abuse incidents were recorded on a paper based CMU system which was then managed using electronic tracking software.
- NSPIS – a record of every person arrested by Avon and Somerset Constabulary. This not only records the fact of their arrest but also records every aspect of their treatment and detention whilst in police custody. This is a legal requirement under the Police and Criminal Evidence Act 1984.
- BLUESTONE - Operation Bluestone was formed in September 2009 to tackle rape and sexual assault in the City of Bristol. This dedicated team secured dedicated resources to provide a comprehensive service to victims and provided an improved capability in identifying unknown suspects

and locating further evidence. The team is now incorporated (since October 2014) into **PROTECT** (see below) and is responsible for all victim-based contact, offering each victim-tailored support and advice with the support of partner agents including the Bridge.

- CAIT - Child abuse investigation teams – Prior to March 2012 this team solely collated and investigated child safeguarding cases.
- DAIT - Domestic abuse investigation team- Prior to March 2012 this team solely collated and investigated domestic violence incidents.
- SAIT – Sexual abuse investigation teams - Prior to March 2012 this team solely collated and investigated sexual violence incidents.
- PROTECT – Following a Force re-organisation in October 2014, the investigations department consists of multi-skilled investigation teams based in each of the three Policing Areas, whose focus is on the most vulnerable victims and the riskiest of offenders.

Teams are equipped to carry out proactive and reactive investigations into all types of serious and complex crime. We also have the Investigation Policy, Strategy and Support Team which includes the Source Handling Unit, Covert Authorities Team and a Major Crime Review Team.

Investigators on the Investigation Teams are made up of investigators with specialist skills around three investigative areas of Solve, Protect and Convict.

Solve investigators have specialist skills around high risk and complex, both reactive (crime in action) and proactive (organised crime), investigations.

Solve also includes the Economic Crime Team and Financial Investigators working within the three Policing Areas.

Protect investigators have specialist skills in the investigation of incidents vulnerable victims such as Child abuse, Domestic Abuse and Rape.

The Bluestone ethos is embedded within the Investigation Team, the SAIT role has been expanded and additional Investigators are being trained to perform the role force wide.

Convict investigators have specialist skills in the investigation of offences linked to IMPACT offenders – those individuals who commit the most crime.

Investigation teams are available for help and advice 24 hours a day seven days a week.

- DASH - implemented in 2009- Avon and Somerset Constabulary are currently using this national risk assessment model for cases of domestic abuse. This is a common model used by the police and partner agencies. DASH is an acronym for Domestic Abuse Harassment and Stalking and includes honour based violence and forced marriage. DASH was implemented throughout the Force by a rolling programme over a year between March 2010 and March 2011. Prior to this the risk assessment model was called SPECCS, an acronym for Separation, Pregnancy, Escalation, Child custody, Cultural issues, Stalking and Sexual Assault. It was conducted on a largely paper based system with additional tracking through electronic software.



- Intelligence reports - Information is recorded as intelligence using the national standard for coding material. It ensures standardisation whilst protecting the source of the intelligence, and is a method to identify risks, and evaluate the source of the information, its provenance and the manner in which it is disseminated. Following this standard ensures that information held is for a policing purpose and in accordance with the law. Guardian is the Force system for recording all intelligence. It is assessed and entered on to Guardian by trained staff that check the report for accuracy and will sanitise reports if necessary to protect the source of the information as and when required.
- Police intelligence comes from a variety of sources. It can be from an “open” source which is available to a member of the public (e.g. material available on the internet); it can be from a closed source where there is no risk in identifying the source (e.g. minutes from a Child Protection Case Conference, or police officers attending at an address); or it can be from a sensitive source. Sensitive sources include information from people who talk to the police with an expectation of confidentiality, obtained by technical means, obtained from covert police activity or information obtained from other law enforcement or security agencies.
- In this report the source of police intelligence has been included where there is no risk in doing so. In some instances the deliberately vague term **“Information received”** has been used in order to protect the source of the information. It would be possible to go into more detail in a personal interview with the overview author, in the presence of the police panel member, with an understanding about what can and cannot be disclosed to a wider group or the public. The disclosure of police intelligence has been considered at great length in the criminal courts. It is not solely about the case in hand and the risks to those specific sources but is also about maintaining the confidentiality around police intelligence gathering so that intelligence can be effectively obtained by the police in the future.

### **Bristol Clinical Commissioning Group**

TB= Tuberculosis

### **Bristol City Council Housing Services**

BCC – Bristol City Council

CSC – Citizen Service Centre; a telephony contact centre where a customer can telephone to speak with a Customer Advisor regarding a Housing Services enquiry

CSP – Citizen Service Point: a face-to-face service for customers to be assisted by Customer Advisors regarding Council services, including Housing Services

DIP- Also known as ‘information at work’ an electronic record of documentation for a tenant e.g. letters, tenancy agreement, identification etc.

DSS Deductions – Department of Social Security Deductions

DWP – Department for Work & Pension

HB – Housing Benefit

HSR – Housing Support Register which is a computer system used to refer vulnerable adults for support

Information at Work – Also known as DIP – an electronic record of documentation for a tenant e.g. letters, identification, tenancy agreement etc.

Introductory Secure Tenancy – A 12 month tenancy that will become a life-long tenancy if tenant adheres to their tenancy conditions

LAGAN – Computer system that provides interactions/ enquiry details from Customer Advisors to Council Services, in this instance housing services

NOPP – Notice of possession proceedings – to seek possession of an introductory tenancy based on breaching a terms of the tenancy agreement

TSS - Tenant Support Service - Floating support service delivered by Bristol City Council that is a combination of advice and support services, resettlement support and homeless prevention support. Tenant Support Service seeks to assist tenants to manage money and reduce debt, access to work, work-like activity, education and training, support recovery from addiction & mental illness, improve literacy skills, build social networks and positive relationships, and reduce offending behaviour and other anti-social behaviour and improving physical and emotional well-being.

TPSO - Teenage Parent Support Officer (work for Tenant Support Service specifically with young mothers)

TSA -Tenant Support Assistant work for the Tenant Support Service

## **Home Office**

CID - Case Information Database (used by Border Force, Immigration Enforcement and UK Visas and Immigration to record case details).

CRS - Central Reference System (used by UK Visas and Immigration to record visa applications).

CTD - Convention Travel Document

ILR - Indefinite Leave to Remain

### **Border Force**

Border Force is a law enforcement command within the Home Office. They secure the UK border by carrying out immigration and customs controls for people and goods entering the UK.

### **Immigration Enforcement**

Immigration Enforcement is law enforcement command within the Home Office. It is responsible for preventing abuse, tracking immigration offenders and increasing compliance with immigration law. It works with partners such as the police to regulate migration in line with government policy, while supporting economic growth.

### **UKVI - UK Visas and Immigration**

UK Visas and Immigration (UKVI) is responsible for making decisions about who has the right to visit or stay in the country, with a firm emphasis on national security and a culture of customer satisfaction for people who come here legally.

TCU - Third Country Unit

## **Appendix B, Bibliography.**

*Article 9 of the Dublin III*

CAADA Responding to Domestic Abuse: Guidance for General Practice.

Code of Practice for Victims of Crime (October 2015)

Communities Tackling Female Genital Mutilation in the UK Best Practice Guide  
<http://www.preventingfgm.org/resources/Communities-Tackling-FGM-Best-Practice-Guide.pdf>.

Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance (December 2015)

Domestic Homicide Review Toolkit.

Domestic Violence, Crime and Victims Act 2004.

Equalities Act 2010

Good Medical Practice 2013

Guidance to doctors & GPs on the release of medical records into a Domestic Homicide Review. Sheffield Safer & Sustainable Community Partnership.

Guidance on Safeguarding and investigating abuse of vulnerable adults NPIA (2012)

HM Government Information Sharing: Guidance for practitioners and managers.

Immigration Officers who work for Immigration Enforcement Guidance is published in the Enforcement Instructions and Guidance (EIG), available at gov.uk -  
<https://www.gov.uk/government/collections/enforcement-instructions-and-guidance>

Intimate Partner Violence as a risk factor for mental disorders: A Meta-Analysis. Jacqueline M. Golding

Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (Home Office 2013)

Nice Guidance on “Domestic Violence and Abuse: How Health Services Social Care and the Organisations they work with can respond effectively”. (February 2014)

No Secrets: Guidance on developing and implementing Multi Agency policies and procedures to protect vulnerable adults from abuse. (Dept of Health)

Safeguarding Vulnerable People in the NHS; Accountability and Assurance Framework (NHS England July 2015)

Serious Incident Framework (NHS England Patient Safety Domain March 2015)

Standards of Conduct, Performance and Ethics - Health and Care Professions Council 2016

### Appendix C. DOMESTIC VIOLENCE AND ABUSE Leaflet

DOMESTIC VIOLENCE AND ABUSE	DOMESTIC VIOLENCE AND ABUSE	DOMESTIC VIOLENCE AND ABUSE
<p><b>Help with immigration issues</b> Some women want to get help or escape an abusive husband but are worried about how it will affect their immigration status. At Refugee Women of Bristol we cannot provide all the solutions, but we will listen to you whatever your circumstances and we will help you choose the support that is right for you. We hold a free and open drop-in service for women from a refugee background whatever your current status. The drop-in is every <b>Tuesday</b> from <b>10am to 3pm</b> during term-time at:</p> <p><b>Malcolm X Centre</b> City Road, St Paul's Bristol BS2 8YH</p>  <p style="text-align: right; font-size: small;">Shula Solesman</p>	<p><b>How to get help</b> Come and talk to us at the Tuesday drop-in at Refugee Women of Bristol.</p> <ul style="list-style-type: none"> <li>• We will listen to you whatever your immigration status.</li> <li>• We will believe you.</li> <li>• We won't judge you.</li> <li>• We can give you advice about what services you can access.</li> <li>• We won't talk to anyone else without asking you first.</li> </ul> <p><b>Refugee Women of Bristol:</b> 0117 941 5867 <a href="mailto:info@refugeewomenofbristol.org.uk">info@refugeewomenofbristol.org.uk</a> <a href="http://www.refugeewomenofbristol.org.uk">www.refugeewomenofbristol.org.uk</a></p> <p><b>Bristol Domestic Abuse Helpline:</b> 0800 6949 999 (24hr)</p> <p><b>SARSAS:</b> (rape and sexual abuse support) 0808 801 0456</p> <p><b>Victim Support Line:</b> 0845 3030 900</p> <p><b>Bristol Against Violence and Abuse:</b> (support services) <a href="http://www.bava.org.uk">www.bava.org.uk</a></p> <p><i>If you or your children are in immediate danger call 999.</i></p>	 <p><b>Refugee Women of Bristol</b></p>  <p style="text-align: right; font-size: small;">Shula Solesman</p> <p><b>LET US TALK ABOUT DOMESTIC VIOLENCE AND ABUSE</b></p> 
		<b>English</b>



"Everyone thinks my husband is wonderful. They say he treats me like a princess. He gives me gold and pays for everything. He says I don't need to carry money. He takes me everywhere. He says I don't need to take my driving test. He always calls to see if I need anything. I'd like to study, but he says it's better for the children if I stay at home. He makes all the decisions. I feel like a bird in a cage"



### What is Domestic Abuse?

The story above is one example of Domestic Abuse. Domestic Abuse is when someone controls your life by being emotionally, physically, financially or sexually abusive. The abuser may be your husband, partner, your child or a family member.

One in four women in the UK have experienced Domestic Abuse. If you are afraid of your partner it is likely you are experiencing Domestic Abuse.

**Don't suffer in silence.**

*I want to ask for help but...*

*Can I stay in the UK?*

*Will they take away my children?*



Shada Solemman

*Is it my fault?*

*What will people think of me?*

At Refugee Women of Bristol we understand your worries. Domestic Abuse is never your fault and can affect your mental wellbeing and physical health. You can talk to us, see back page for more details.

### Did you know?

30% of domestic abuse starts during pregnancy. Domestic Violence and Abuse teaches children negative things about relationships and can affect their school work. We can help you to get support for yourself and your children. In 2012 in Bristol, support services were accessed 1,553 times by women experiencing abuse, helplines received 4719 calls, you can get help.

### Your rights

The UK law says men and women are equal. Women are entitled to the same services, employment, benefits, housing and education as men.

If you are on a spouse visa and your husband is a British Citizen or has indefinite leave to remain in the UK and you are experiencing Domestic Violence or Abuse, you may be able to apply for leave to remain without the support of your husband.

Domestic Violence and Abuse is a crime. The Police will help you and your children if you contact them.

## Appendix D. Home Office Quality Assurance Panel feedback



Public Protection Unit  
2 Marsham Street  
London  
SW1P 4DF

T: 020 7035 4848  
[www.gov.uk/homeoffice](http://www.gov.uk/homeoffice)

Mark Parry  
Crime Reduction Projects Officer (Hate Crime, DHR & Restorative Bristol)  
Citizens Service  
Neighbourhoods Directorate  
Bristol City Council

6 April 2017

Dear Mr Parry,

Thank you for submitting the Domestic Homicide Review report for Bristol to the Home Office Quality Assurance (QA) Panel. The report was considered at the QA Panel meeting on 21 March 2017.

The QA Panel would like to thank you for conducting this review and for providing them with the final report. The Panel concluded this was a clear, sensitive report in which good practice has also been highlighted despite the limited agency contact. The Panel particularly commended the use of pseudonyms which helps humanise the review.

There were, however, some aspects of the report which the Panel felt could benefit from further analysis or be revised which you will wish to consider:

- The Panel felt the review may benefit from drawing out a little more about who the victim was. For example, what was she like as a mother? What did she like doing?
- The Panel's strong view was that the allegations in paragraph 12.4 and 12.5 should not be redacted but framed in a neutral way without identifying the alleged perpetrator;
- Equality and diversity has not been sufficiently considered in the report, other than a brief mention in paragraph 14.3, and the Panel suggested the special adviser to the review panel could have assisted with this element of the review;
- The Panel was concerned that the statement in 16.2.1 may give a misleading impression that abuse is only ever physical requiring close proximity;



- It would be helpful if the report could clarify whether the immigration authorities had undertaken a safeguarding check before releasing the perpetrator to the victim's address and whether a recommendation may flow from this finding;
- The Panel suggested reviewing the report to assure yourselves that risk factors, such as pregnancy, suicidal threat and separation, have been sufficiently explored in the review;
- It would be helpful if the report could clarify whether the contribution from family and friends to the review were through interviews or from witness statements.

The Panel does not need to review another version of the report, but I would be grateful if you could include our letter as an appendix to the report. I would be grateful if you could email us at [DHREnquiries@homeoffice.gsi.gov.uk](mailto:DHREnquiries@homeoffice.gsi.gov.uk) and provide us with the URL to the report when it is published.

The QA Panel felt it would be helpful to routinely sight Police and Crime Commissioners on DHRs in their local area. I am, accordingly, copying this letter to your PCC for information.

Yours sincerely

**Christian Papaleontiou**  
Chair of the Home Office DHR Quality Assurance Panel

**Report Ends.**