

Bristol Community Safety Partnership

Domestic Homicide Review

Executive Summary Into the Death of Idil Ahmed (pseudonym)

David Warren QPM, LLB, BA. Dip.NEBSS
Independent Domestic Homicide Review Chair

Report completed: 8th September 2016

Domestic Homicide 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 |
| Sarah Taylor: | Bristol Community Health |
| Jackie Beavington: | Bristol City Council – Public Health (Chair of DVSA Strategy Group) |
| Paulette Nuttall: | Bristol Clinical Commissioning Group |
| Allason Hunt: (BGSW CRC) | Bristol Gloucester Swindon and Wiltshire Community Rehabilitation Company |
| Kenny Chapman: | Immigration Enforcement |
| Linda Mellow: | 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 One: Introduction

1.1. This Review examines the contacts agencies in Bristol had with Idil Ahmed (pseudonym) prior to her death in July 2015. Idil, who was 22 years of age at the time of her death, lived in Bristol with her husband Geedi Aadan (pseudonym) who was believed to be 21 years of age at that time.

1.2. The circumstances of Idil's death are:

1.2.1. At approximately 6.58pm a 999 call was received by Police from Geedi stating that he had just killed his wife at their home in Bristol.

1.2.2. 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.

1.2.3. 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.

1.2.4. 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 also raised mental health Issues and 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.

1.2.5. 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.

1.2.6. 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.

Section Two: The Review Process

2.1. This summary outlines the process undertaken by the Bristol Domestic Homicide Review Panel in reviewing the circumstances surrounding Idil's death.

2.2. On 25th August 2015 Bristol Community Safety Partnership took the decision to undertake a Domestic Homicide Review and on 3rd September 2015 the Home Office was informed.

2.3. The process began on 26th November 2015, with an initial Review Panel meeting of all agencies that potentially had contact with the victim, Idil or the perpetrator, Geedi. Due to the aforementioned delay in criminal proceedings (para.1.2.4.), the Review was adjourned until 14th July 2016 with Home Office agreement.

2.4. Idil's family and friends contributed to the DHR both directly through face to face and telephone interviews and from statements made to the police. 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 2.10.3, 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 attend. Idil's mother was presented with the full overview report prior to publication in September 2017 with the help of an interpreter.

2.5. Geedi's solicitor was contacted by letter and by telephone. She initially 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 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 but that was not possible due to Geedi's mental health assessments.

2.6. After the conclusion of the trial Geedi was contacted in prison through his Offender manager. He agreed the pseudonym was suitable but refused to sign a consent form for the Review to access his medical records as he stated he had not contacted any medical service until after his arrest. 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 have he had returned from working in Kenya.

2.7. The agencies taking part in the 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

2.8. The agencies were asked to give chronological accounts of their contacts with the victim and/or perpetrator prior to the homicide. All relevant documentation was secured. Where organisations had no involvement, or insignificant involvement, they informed the Review accordingly.

2.9. Of the eighteen agencies contacted about this Review, seven responded that they had had no relevant contact with Idil or Geedi. Nine agencies completed an Independent Management Review (IMR) with information indicating some level of involvement. One refused to reveal any information without Geedi's consent and one provided support to Idil's family.

2.10. The facts obtained from the IMRs, the Psychiatrists, Geedi and Idil's family and friends are summarised as follows:

2.10.1. Idil was born in Somalia but lived in Ethiopia prior to immigrating to the United Kingdom on 10th March 2010 to live with her mother and siblings who have moved to Bristol in 2008.

2.10.2. Idil had married Geedi when she was fifteen years of age, in either Somalia or Ethiopia in December 2009 with little to no previous knowledge of him.

2.10.3. 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.

2.10.4. 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.

2.10.5. 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. She was provided with support from Housing Services in managing her finances after a short period when she was unable to pay her rent.

2.10.6. On 23rd July 2014 Idil went to Italy and there met her husband Geedi 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. A few weeks after this, she visited her GP and it was confirmed she was pregnant however later she suffered a miscarriage.

2.10.7. On 4th March 2015 Geedi was found in a refrigerated lorry which had just arrived in the London area from Calais. 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.)

2.10.8. On 6th March 2015 Immigration Enforcement were able to prove from fingerprints that Geedi had previously been encountered in Italy and he was housed in accommodation in Wakefield. On 13th March 2015 Geedi was collected by a family friend and taken to Bristol to be with Idil and their daughter Bilan.

2.10.9. 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.

2.10.10. Geedi told Idil's family and friends of his traumatic journey to the UK and 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.

2.10.11. On 12th June 2015 it was confirmed that Idil was pregnant again.

2.10.12. 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.

2.10.13. 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.

2.10.14. Later that month Idil slept in her Aunt's flat to help her cousin look after the Aunt's small children. At 3.08am Geedi came to the flat and said he was going to kill himself. 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.

2.10.15. At about 5.50pm the following day Idil was again in her Aunt's flat, when her half-brother heard her take a telephone call from Geedi. He heard Geedi say that some of his family were coming over and 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. None of the family saw her alive again.

Section Three: Terms of Reference.

3.1. The purpose of the Domestic Homicide Review is to:

- Ensure the review is conducted according to best practice, with effective analysis and conclusions of the information related to the case.
- Establish what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and support victims of domestic violence including their dependent children.
- Identify clearly what those lessons are, both within and between agencies, how and within what timescales 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
- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

3.2. Overview and Accountability:

3.2.1. The decision for Bristol to undertake a Domestic Homicide Review (DHR) was taken by the Chair of the Bristol Community Safety Partnership on the 25th August 2015 and the Home Office informed on 3rd September 2015.

3.2.2. 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 noti-

fied on 7th December 2015 of the adjournment of the DHR until the completion of the criminal process.

3.2.3. 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.

3.3. The Domestic Homicide Review will consider:

3.3.1. 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.

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

3.3.3. 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.

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

3.3.5. 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

3.3.6. 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

3.3.7. 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 her 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.

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

3.3.9. 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.

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

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

3.3.12. 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.

3.3.13. 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.

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

Section Four: Key Issues.

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

4.2. The effect on their marriage of having being separated so soon after their wedding and living in different countries with contrasting cultures for five years.

4.2.1. 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. (This was challenged by Idil's family who claimed he was much older.)

4.2.2. 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.

4.2.2. 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 has no passport, "This does cause her some stress but is happy".

4.2.3. 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, but it appears she did not do so.

4.2.4. 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.

4.2.5. 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 2.10.11. - 2.10.14 of this report).

4.2.6. 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, the flat was in her name and had 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 that somebody keeps telling you all the time, that it is her who owns, who is capable, who has this and you are nothing. You are no one; it is a very bad way to feel."

4.2.7. In 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 pa-

tience 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.

4.3. Geedi Aadan's mental health

4.3.1. 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 the day of the murder, after Idil had told her she intended to tell her family the next day that she wished to divorce him, in front of Idil's cousin, he threatened to take his own life by drinking toilet cleaner.

4.3.2. 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 that, although it was not true. He again claimed he would commit suicide when he was taken to the Police Station after his arrest for Idil's murder.

4.3.3. After he was charged with Idil's murder, Geedi was examined by two psychiatrists.

4.3.3.1. The first, 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 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"

4.3.3.2. 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."

4.3.4. 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.

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 explained the murder of your wife. Those attempts failed, that is not an aggravating feature but reduces credit for admitting you killed her.”

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

4.4. Minimal contact with agencies.

4.4.1. 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.

4.4.2. The Special Advisor 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.

4.4.3. 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 Five: Effective Practice/Lessons Learnt.

5.1. Cross agencies in Bristol

5.1.1. 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.

5.1.2. 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.

5.1.3. 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.

5.2. Bristol City Council Housing

5.2.1. 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.

5.2.2. 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.

5.2.3. 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.

5.3. Bristol Clinical Commissioning Group

5.3.1. 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 could have triggered a safeguarding referral as that Idil was only 16 years old at the time.

5.4. University Hospitals Bristol NHS Foundation Trust

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

Section Six: Conclusions.

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

6.2. *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?*

6.2.1. 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 mat-

ters 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 tele-phone 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.

6.2.2. 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?

6.3.1. 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.

6.3.2. There were two areas that the Panel highlights 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 social mores of the diverse 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.

6.4. Was Idil Ahmed’s death predictable or preventable?

6.4.1. 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.

6.4.2. 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 even 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. He added that if he had known that Geed was violent the family would have dealt with it, as to go to any outside agency would have brought shame on the family.

6.4.2. 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 Seven: Recommendations and Action plans

| Recommendation | Scope of recommendation i.e. local or regional | Action to take | Lead Agency | Key milestones achieved in enacting recommendation | Date of completion |
|--|---|--|---|--|-----------------------------------|
| To work with community 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 |
| Broadening the VAAWG agenda to under-represented communities affected by DV and SV through a community empowerment approach. | Local / cross agency | Better understanding of healthy relationships, the role of family and friends and how to access support in under-represented communities through matrix working. | Bristol City Council Public Health | 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. | Ongoing |
| 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 | Local / cross agency | To explore which communities are affected and experience the worse outcomes and are receptive to engagement. | Bristol City Council Public Health | key campaign dates in May 2016; November 2016; February 2017 | Continual programme of campaigns. |

| | | | | | |
|---|-------|---|--|--|-------------------|
| city | | | | | |
| To deliver regular tenancy reviews to those tenants who are known Housing to be or have been vulnerable in the past. | Local | Policy/Process to be agreed (risk based review) & training to deliver new ways of working | Bristol City Council Housing Estate Management Service | 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). | 1st December 2016 |
| 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 | Local | 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. | Bristol City Council Housing BCC Estate Management Service & Rent Management Service | 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 | 1st December 2016 |
| TB Clinic personnel to be reminded of safeguarding policy re vulnerable patients | Local | Management briefings and training | UHB Safeguarding | | 1st December 2016 |