

Domestic Homicide Review Overview Report

Subject of the report: "Rabia"
Month of death: January 2014

INDEPENDENT CHAIR AND AUTHOR OF THE REPORT:
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1. INTRODUCTION

- 1.1 The key purpose for undertaking a Domestic Homicide Review (DHR) is to enable lessons to be learned from homicides where a person is killed as a result of domestic violence. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to understand fully what happened in each homicide and, most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future.
- 1.2 This Review has been conducted in accordance with statutory guidance under section 9(3) of the Domestic Violence, Crime and Victims Act (2004). It was commissioned by Safer Leicester Partnership (SLP) in conjunction with Leicester Safeguarding Adults Board (LSAB).
- 1.3 Rabia arrived in the United Kingdom from Pakistan in 2010. Rabia was killed by her husband Ahmed, when he attacked her in their home with an axe and a knife. This Domestic Homicide Review examines agency contact/involvement with Rabia and her husband over a 3 year period, from February 2011 until her death in January 2014.
- 1.4 The purpose of a DHR is to:
 - a) establish what lessons are to be learned regarding the way in which local professionals and organisations work individually and together to safeguard victims;
 - b) 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;
 - c) apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;
 - d) prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;
 - e) contribute to a better understanding of the nature of domestic violence and abuse; and
 - f) highlight good practice (Home Office, 2016).
- 1.5 This report is about the murder of Rabia, who was 34 years old and lived in Leicester prior to her death, at the hands of her husband in 2014.
- 1.6 The Review panel wishes to express its' condolences to the family, friends and associates of Rabia.

2. ESTABLISHING THE REVIEW

Timescales

- 2.1 The Adult Review and Learning Group (an LSAB sub-group) were notified of the homicide on 15th January 2014 and, following an initial trawl to ascertain which partner agencies had involvement with the key individuals involved in the case, made a recommendation to commence a review. Subsequently, Leicestershire Police requested that the review process be halted until the conclusion of the murder trial. The murder trial concluded in June 2015, when Ahmed was sentenced to life imprisonment for the murder of Rabia, with a requirement to serve a minimum term of 22 years.
- 2.2 On 25th June 2015 the Interim Manager of the Leicester Safeguarding Adults Board (LSAB) contacted the Home Office clarifying the need to undertake a review when initial information implied that there was no domestic violence prior to the homicide known to any agency. The Home Office response concluded that:

'... there should be a Domestic Homicide Review (DHR) in this case as the definition has been met and there has been a criminal trial'.

Confidentiality

- 2.4 Panel members operated within the Leicester Safeguarding Adults Board 'Domestic Homicide Reviews: Local Procedures' (LSAB, 2013).
- 2.5 To protect the identity of the victim, the perpetrator, and family members, pseudonyms have been used throughout this review.
- 2.5.1 The victim: Rabia, aged 34 years at the time of her death.
- 2.5.2 The perpetrator: Ahmed, aged 44 years at the time of the offence.
- 2.5.3 The perpetrator's disabled brother: Shahid.

Terms of Reference

- 2.6 The following Terms of Reference were agreed by the Panel:
- To review whether practitioners involved with Rabia and Ahmed were knowledgeable about potential indicators of domestic violence and aware of how to act on concerns about a victim or perpetrator.
 - To establish how professionals and agencies carried out risk assessments, including:
 - Whether risk management plans were a reasonable response to these assessments.

- Whether there were any warning signs of serious risk leading up to the incident in which the victim died that could reasonably have been identified, shared and acted upon by professionals.
- To identify whether services involved with Ahmed were aware of the circumstances of Rabia's presence in the home and whether connections were made and information shared between these services in order to establish a full picture of the wider family's vulnerability and risks.
- To establish whether agencies involved made routine enquiries about domestic violence when working with these adults, whether relevant procedures were followed and if any opportunities were missed.
- To establish whether Ahmed and Rabia's social needs around housing, benefits and caring responsibilities were adequately supported by local agencies.
- To establish whether the mental health needs of Ahmed were supported and managed appropriately by local agencies.
- To establish if there were any barriers experienced by Ahmed, Rabia or family / friends that prevented them from accessing support, including how their wishes and feelings were ascertained and considered.
- To identify whether more could be done locally to raise awareness of services available to victims of domestic abuse.
- To consider how issues of diversity and equality were considered in assessing and providing services to Ahmed and Rabia (protected characteristics under the Equality Act 2010 age; disability; race; religion or belief; sex; gender reassignment; pregnancy and maternity; marriage or civil partnership).
- To establish how effectively local agencies and professionals worked together.
- To establish whether domestic violence policies, protocols and procedures (including risk assessment tools) that were in place during the period of review were applied and whether they were fit for purpose.
- To identify any areas of good practice.

Methodology

2.7 The review considered agencies' contact/involvement with the victim and perpetrator from 10/02/2011 to 15/01/2014, which covers the entire period of their relationship. The LSAB asked a total of 30 local agencies (including a number local Specialist Domestic Violence services within Leicester) if they had had involvement with key family members. Where they had such involvement, the agencies were instructed to secure their records.

2.8 24 of the 30 agencies responded.

2.9 The following 16 agencies responded as having had no contact with either the victim or the perpetrator:

- WALL- Women’s Aid Leicestershire Limited
- Sanctuary Housing
- Rutland Memorial Hospital
- FreeVA - Freedom from Violence and Abuse
- LWA- Living without abuse
- Market Harborough Minor Injuries Unit
- Melton Mowbray Minor Injuries Unit
- Medical Practice 1
- Action Homeless
- SAFE Project (East Midlands Housing Association)
- Youth Offending Service
- Oadby and Wigston Walk-in-Centre
- George Elliot Hospital Urgent Care Centre
- Soldiers’, Sailors’, Airmen and Families Association Medical Centre
- Central Nottinghamshire Clinical Services
- Probation

2.10 The following 9 services responded with information indicating some level of involvement with either the victim or perpetrator:

Agency	Services with involvement	Nature of involvement
Leicester City Council	Housing	Ahmed: housing applications + revenues and benefits
Leicester City Council	Adult Social Care	Ahmed: carer’s assessment
Community Services	Adult Education College	Rabia: ESOL course
Leicester City Council	Library Services	Ahmed & Rabia: used local library service
Police	Crime Unit	Investigation of Rabia’s murder
Leicestershire Partnership Trust	Improving Access to Psychological Therapy (IAPT) Services	Ahmed: assessment and talking therapy for stress and depression
University Hospitals Leicester NHS Trust	Medical Appointments	Ahmed attended Emergency Department (ED) with suicidal thoughts.
Home Office	UK Border Agency	Rabia: Application for

		Leave to Remain as a Spouse of a Settled Person
Medical Practice 1	General Practitioner	Ahmed & Rabia: Appointments with the family doctor

2.11 Members of the Panel were identified from senior positions in their agency to quality check agency information submitted and commit their agency to any single or multi agency recommendations identified. The Panel decided not to include library or adult education services as their information provided background information only. The agencies that supported this DHR were:

- Leicester City Council Adult Social Care
- Leicester City Council Housing
- Leicestershire Police
- Leicester City Clinical Commissioning Group (CCG)
- Leicester City Community Safety
- Leicestershire Partnership NHS Trust (LPT)
- WALL- Women’s Aid Leicestershire Limited (Specialist Domestic Abuse Service)

2.12 Agencies were asked to provide chronological details of any contact with both adults prior to the death of Rabia. Where there was no involvement or insignificant involvement, agencies informed the LSAB office accordingly.

Parallel Processes

2.13 There were no single agency internal serious incident reviews or mental health reviews conducted on this case.

The Family’s engagement with the Review process

2.14 Rabia’s family lived in Pakistan; there were no family members living within the UK. When Rabia came to England, she stayed with a family in the Midlands. She was regarded by this family as their daughter and, as such, they were the point of contact for the Family Liaison Officer throughout the Police criminal investigation. This family were in regular contact with Rabia’s family in Pakistan. However, they did not wish to comment or contribute to this review.

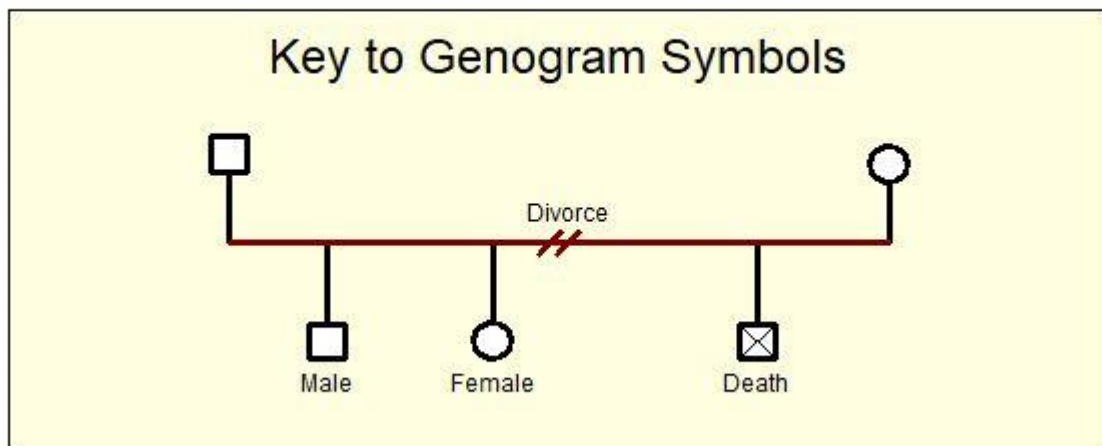
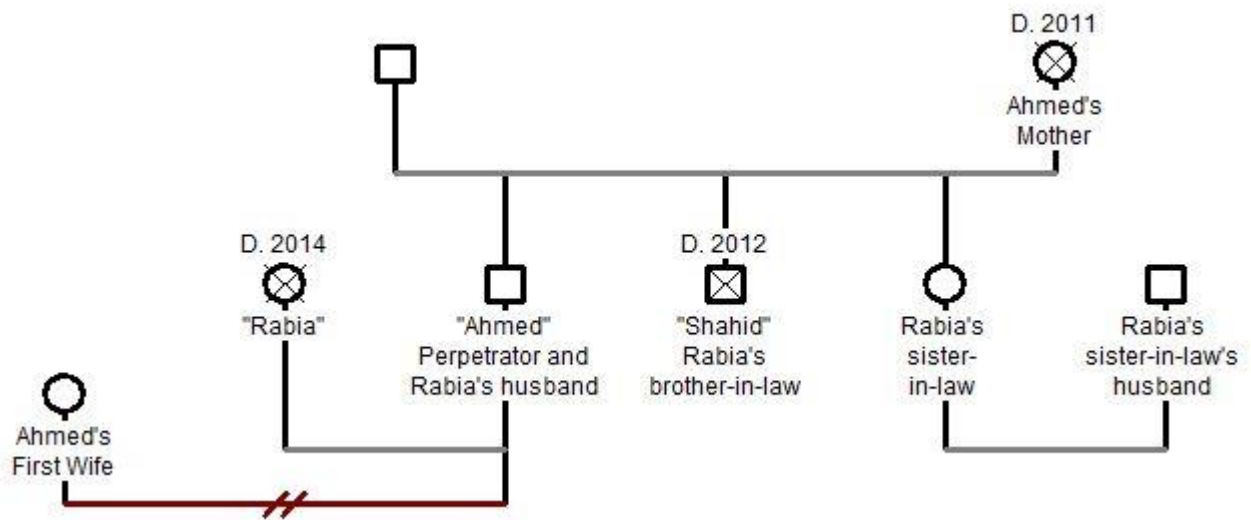
2.15 The LSAB interim Board Manager wrote to family members and close family contacts to seek their engagement with the DHR process. Unfortunately, none of them wished to provide any input into this review.

2.16 This has impacted on this report’s ability to understand Rabia as an individual, in the context of her arrival to the UK until her death in 2014. In addition, no photograph of Rabia was available.

2.17 The input into this review has thus depended on information supplied by agencies represented on the panel, and as a result lacks a holistic perspective.

3. SUMMARY

Genogram



Rabia's life from 1979 to 2014

- 3.1 Rabia was born in Pakistan in 1979. She moved to Leicester from Pakistan following an agreement for an arranged marriage. Rabia arrived in the UK in May 2010. Although Rabia knew very few people when she came to the UK, she quickly set about making the most of her new life, teaching herself English and working hard to pursue a career in nursing.
- 3.2 Ahmed had lived in Nottingham but then moved to Leicester in 2009, as he had previously lived in overcrowded conditions in his parents' home. Ahmed moved into a Housing Association property in 2010, following assistance from Leicester City Council's Housing Services. Ahmed's mother died in February 2011.

- 3.3 Rabia and Ahmed met in February 2011. They lived together from the beginning of May 2011 and were married in an Islamic ceremony later the same month.
- 3.4 A formal legal ceremony took place in June 2011. There were no children within the relationship.
- 3.5 Ahmed's adult brother Shahid, who was in need of ongoing care due to a variety of health conditions, lived in Ahmed's home.
- 3.6 A number of individuals appear to have known that Rabia was subjected to abuse:
- **Physical abuse** – Rabia was subject to physical assault.
 - **Psychological abuse** – Rabia was seeking to remain a resident in the UK although, as her immigration status remained unconfirmed, she had the potential to be sent back to Pakistan. It is possible that this was used as threat to ensure she complied with Ahmed's wishes and his terms in relation to their marriage.
 - **Exploitation** – Ahmed sought, through premediated acts, to manipulate Rabia's isolation from her family and her status in seeking to legally remain in the United Kingdom.
 - **Financial abuse and in, relation to his brother, material abuse** – Ahmed sought to control the family finances (misappropriation of benefits could not be fully ruled out).
- 3.7 In the six months before Rabia's death, Ahmed made internet searches on the ways in which he could kill her.
- 3.8 Indefinite leave for Rabia to remain in the United Kingdom was granted by the UK Border Agency mid-December 2013.
- 3.9 Less than a month later, early in January 2014, Rabia was killed by Ahmed, when he attacked her in their home with an axe and a knife. The Crown Prosecution Service summary of the case was reported as follows:
- 'Ultimately, her desire to make something of herself was too much for him and he planned to kill her. He conducted over a hundred internet searches about how to kill, what prison would be like and what weapons he could use, eventually attacking her in their home with an axe and a knife. His defence in court was that he had momentarily lost control, so pleaded not guilty and took the case to trial. After the entire prosecution case had been heard and Ahmed had given evidence and been cross-examined in court, the Judge ruled that he could not use the defence of momentary loss of control. Without a defence in law, he had no option but to plead guilty to murder'.*
- 3.11 In June 2015, Ahmed was sentenced to life in prison, with a requirement for him to serve a minimum term of 22 years.

4. CHRONOLOGY

- 4.1 The scope of the review agreed by the Panel was from 10/02/2011 to 15/01/2014.

Information outside scope of the review

- 4.2 **13/01/2010:** Initial records of carer's assessment Adult Social Care identified Ahmed was the primary carer for his brother Shahid (same address).
- 4.3 **01/05/2010:** Rabia moved to Leicester from Pakistan following agreements for an arranged marriage to Ahmed. Rabia (Pakistan National) arrived in the UK on an Entry Clearance Visa, which was valid from 12/05/2010 to 20/01/2012.

Information within scope of the review

- 4.4 In total Rabia had 13 contacts with her GP in regard to health appointments, the majority of which were for routine health issues. Rabia saw the GP in relation to tiredness in November 2012. She was subsequently seen on three occasions for a course of B12 injections given by the Practice Nurse (December 2012 and January 2013). Her last appointment with her GP was in September 2013 with 'right heel' pain.
- 4.5 In regard to information within the scope of this review, key information from the chronology assembled from local agencies' records is as follows:

February 2011 - Ahmed's mother died in the family house. Ahmed was said to be behaving in an aggressive manner towards paramedics in the house at the time. Ahmed was asked by them to leave the living room as he was very distressed and not allowing them to do their work.

10/02/2011: Rabia and Ahmed met.

18/02/2011 - Ahmed presented at the local Emergency Department (ED) feeling suicidal following his mother's death.

03/05/2011 - Ahmed - Seen by GP – Ahmed presented to the surgery following a blunt injury to the right foot 10 days previously. It is documented by the GP (now retired from the practice) that the patient hit his foot against the door (no further information was documented by GP in regard to the context of the injury). Ahmed's foot was examined and he was prescribed anti-inflammatory medication and an x-ray was requested.

06/05/2011 - Rabia and Ahmed start to live together

17/05/2011 - Rabia - Seen by GP

21/05/2011 - Rabia and Ahmed married (Islamic ceremony)

31/05/2011 - Rabia - Seen by GP

02/06/2011 - Rabia - Telephone Contact with GP

10/06/2011 - Rabia and Ahmed marriage (legal ceremony)

20/06/2011 - When the Intensive Community Support Team (ICST) [who provide low level mental health provision] worker for Shahid (Ahmed's brother) visited on this day, Ahmed was waiting in the street with Shahid when he arrived. As the ICST worker walked away with Shahid, Shahid told him that he was frightened because Rabia was crying and he didn't know what was going on at home. They talked as they went to Abbey Park as part of the support that day. Whilst they were at Abbey Park, Shahid was very preoccupied with Rabia and said he was scared of going home in case something happened, but did not elaborate on events at home. Because of the uncertainty, the ICST worker phoned Ahmed during the visit to ask what had happened. The response from Ahmed was that he and Rabia had had an argument and that was all, but his brother had overheard it. The mobile was passed to Shahid whereupon Ahmed reassured Shahid that things were okay at home. Once at home Rabia opened the door; she was smiling and directed reassurance to her brother-in-law by telling him she was fine.

24/06/2011 - Rabia - Seen by GP

27/06/2011 - The ICST worker visited. Shahid was upset when he arrived and said that he didn't want to talk to anyone anymore. It emerged that the Community Psychiatric Nurse (CPN) had suggested that he complete certain basic tasks for himself, like emptying the ashtray. Because Shahid had refused to do any of the tasks, Ahmed had told his brother that he would tell the ICST worker about this. Shahid responded by saying that he was going to tell him that Ahmed hit him. Rabia told the ICST worker that her brother-in-law always says things of this nature and that even when Ahmed politely asks him to do something, he responds by saying Ahmed hit him or shouted at him. The support continued and once the ICST worker was out and alone with Shahid he repeatedly asked if the Police were going to come and arrest him. Despite reassuring Shahid that the Police were not going to arrest him, he would not settle and only calmed down towards the end of the support time.

14/07/2011, 02/09/2011, 11/10/2011 and 10/11/2011 - Rabia seen by GP

12/01/2012 - Contact made by Adult Social Care to arrange further carer assessment of Ahmed.

03/02/2012 - Rabia - Seen by GP.

06/02/2012 – Ahmed: Carer assessment completed by Adult Social Care.

15/02/2012 and 06/03/2012 - Rabia seen by GP.

04/05/2012 - The ICST worker visited as part of support arrangements. As part of that supportive visit Shahid claimed that Ahmed hit him and pushed him. Later on during the support, however, he retracted his allegations and said that it was okay and that Ahmed had done nothing. In denying the

allegations he said he was upset because he had been asked by Ahmed to do things, such as washing, dressing and eating and that this made him angry.

19/06/2012 - During a Community Care Assessment being completed by the Adult Mental Health Social Work Team, but with support from the ICST worker, Shahid made reference to being shouted at and hit by Ahmed. He immediately retracted the statement and said he was joking. The ICST worker reported that Shahid will continually say that Ahmed has hit him. He had also made the same allegation at his sister's home, but she claimed then that he was making things up as she had been there all day and at no time did Ahmed hit or shout at their brother.

16/08/2012 - Further carer assessment by Adult Mental Health Team (as the allocated team for brother). Provision of carer personal budget.

30/11/2012 - Shahid had been experiencing some more severe examples of his deteriorated mental health, including getting up in the early hours of the morning, asking about appointments, not eating properly, getting agitated and paranoid about what the TV was telling him. Ahmed reported to the ICST worker that he felt the voices were getting worse for his brother. On a supportive walk in the community Shahid told his ICST worker that Ahmed assaulted him, but immediately retracted the statement saying he was joking. When they returned home Ahmed stated that his brother had also told day service staff that he had assaulted him and these staff had asked him about this matter.

26/12/2012 - Shahid died of natural causes.

31/12/2012 - Ahmed visited by Adult Social Care (ICST) [provide low level mental health provision] – The ICST worker visited Ahmed. He offered condolences and spoke about his brother for a short while. Ahmed was very positive about things and seemed to have accepted his brother passing away. Ahmed said he would arrange for the return of the bed, wheel chair and commode. Ahmed said 'he will start to look for a job as a home carer'.

07/01/2013 - Ahmed (seen by GP1) – History: is coping after brother passed away looking for care home work as has vast experience taking care of his elderly mother (dementia; Type 2 Diabetes Mellitus) and brother with mental health schizophrenia, lymphoma and type 2 Diabetes Mellitus. Plan: requests a private letter stating he was carer for his family to support job applications, advised fee. Patient will inform me if still needs it. Depression screening using questions – feels well in himself.

02/02/2013 - Telephone Call with Ahmed by Adult Social Care (ASC) Duty Worker (09:20hrs) Telephone call between ICST worker and ASC Duty Worker. The ICST worker informed the ASC Duty Worker that he had spoken to Ahmed and that he is ok and dealing with grief better than he did when he lost his mother. ICST worker said he will go and see Ahmed on Friday and will discuss with him all the items that he needs to return in relation to Assistive

Technology. The ASC Duty Worker informed the ICST worker that she was very grateful for all the hard work that he had done with this family not just his brother. The ASC Duty Worker said she would speak to Ahmed today.

02/02/2013 - Telephone Call with Ahmed by Adult Social Care Duty Worker (09.30hrs). The duty worker spoke to Ahmed about what led up to his brother passing away and confirmed that he did speak to ICST worker. "Ahmed does acknowledge that it is very difficult for him and it is still at the early stages of the grieving process". Ahmed asked if the ASC Duty Worker would write him a reference as he now would like to work as a carer. The ASC Duty Worker informed him that she would need to ask her manager first and then let him know. She said "I will be in touch next week and reminded him that ICST worker will visit on Friday" (note: no evidence in record to support if visit took place as planned or not).

12/02/2013 - Acknowledged within Adult Social Care Record that the Assisted Technology Equipment still required collection.

08/03/2013 - Ahmed (seen by GP1) Attended with brother [additional details of this brother are not known to the panel] – very stressed poor sleep not eating not self-caring and gets very worked up when he has to go to BA (Benefits Agency Office) cannot fill forms and making mistakes so BA office advised to see GP. Examination: stressed not making eye contact – brother doing all talking had recent bereavement reaction has not got fully over it. Diagnosis: Stress and adjustment reaction following bereavement, feel he needs some time off work [details of this work are not known to the panel] so that he can sort his affairs out. Plan. Medication for 3 for 4 weeks for stress reaction.

11/03/2013 - Ahmed seen by GP3. Heavy head, eyes burning, lack of concentration. Feels like he is stressed with paper work and finances. Brother died recently. When busy feels fine, poor sleep. Stress reaction. Advised that this will improve as sorts out paperwork and financial situation. Asked about tablets – advised can have but as stress reaction counselling would be good option (GP acknowledged patient seeing someone re finances).

26/04/2013 - Ahmed (seen by GP3) Brother died December 12. Feeling anxious ++, lacking motivation, low mood, was a carer for his brother so bit of a shock since his death, started work last night doing night shift, not coping, very anxious about going in, not sleeping well. Examination: looked anxious+. Prescribed antidepressants.

29/04/2013 - Ahmed (Telephone call to Ahmed by GP3). Still very stressed, anxiety symptoms – palpitations, sweating. Actions: try beta blocker, refer to counselling.

30/04/2013 - Ahmed (seen by GP3) Still very stressed, palpitations with sweating, not sleeping well. Antidepressant for anxiety and depression. Diagnosis: Anxiety state and depression. Patient health questionnaire

completed – Q. Thoughts that you would be better off dead, or hurting yourself in some way? N/A (answer recorded in GP record). Plan: Increase beta blocker gradually. Refer to IAPT.

01/05/2013 - Ahmed seen by Open Mind Service (Session 1), referral from GP3 with anxiety and depression. Mood low most of the time. Fears he might lose his partner and house. Risk: minimal risk to self and other at the moment. No thoughts of self-harm or suicide reported currently. No past history of any suicidal attempts or DSH (Deliberate Self-harm). No risk to/from others noted. Patient Goals – finding it hard to cope with financial difficulties and would like help with employment. Does not think talking therapy will help with his problems and is looking for practical support. Plan: Discussed a few options with him that he could be referred to Fit For Work service – not sure but has agreed to the referral. Does not feel confident to go to job centre to discuss his options. Wants quick fix for his problems which therapist discussed with him that Open Mind can't offer. Would like to come back next week to discuss treatment options.

08/05/2013 - Ahmed seen by Open Mind Service (Session 2). No change in mood and stress level. Worrying constantly about his interview with the council on Friday this week. He is fearful that his partner would abandon him and he would not know where to get money from. Feels like hiding him-self and escape from these problems. Looking for quick solutions. He wants someone to go with him to places as he is not able to think properly and was wondering whether he is eligible for a support worker. Requested patient to discuss with GP3. Another session planned for next week to review.

13/05/2013 - Ahmed attended meeting with Local Authority, accompanied by Social Work Student on placement with the Improving Access to Psychological Therapy (IAPT) service, as he was being investigated for benefit fraud. The outcome of these interviews was communicated to GP3.

15/05/2013 - Ahmed seen by Open Mind Service (Session 3). Patient confirmed had meeting with Local Authority. Felt quite nervous in interview. Social work student present that he found quite helpful. Case ongoing, anxious re outcome. He says he wants support worker or a social worker to look after him as does not feel in right state of mind to make decisions. He would like to be referred to a care home as feels he would not be able to look after himself if his wife also abandons him, which is his fear at the moment. Advised to book appointment with GP to look at option of being referred to Psychiatry. Offered another appointment in two weeks. No risk to self or other noted currently.

15/05/2013 - Ahmed - Note in GP record (GP3). Has seen counsellor today, requesting to be referred to psychiatry. Action: to refer urgently. GP telephoned patient (no context of telephone call).

20/05/2013 - Ahmed (seen by GP3). Came with wife, ongoing stress/anxiety symptoms, not much better. Noted on antidepressant. Refer to crisis team as not coping.

21/05/2013 - Ahmed seen by Crisis Team for assessment, requested by his GP because of his depression and anxiety. Ahmed was assessed with wife present. Assessment concluded that Ahmed was not a risk to himself or others and home treatment was not indicated. Advice offered. Outcome of assessment went to Ahmed's GP.

29/05/2013 - Ahmed seen by Open Mind Service (Session 4). Anxiety and stress still same. Not much change in circumstances. Not heard from local authority for next interview date for ongoing benefit fraud case. Confirmed referred for psychiatry – waiting for appointment. Advice given – patient reluctant to make any changes. Discussed that session are of no use if he does not want to change. Agree to go for walk and practice breathing exercises. Another session booked next week.

05/06/2013 - Ahmed – Did Not Attend Appointment Open Mind Service.

10/06/2013 - Ahmed (seen by GP3) Has been seen at Bradgate Unit, Dose of antidepressant increased by GP3. Ongoing financial problems/ stress.

12/06/2013 - Ahmed – DNA Appointment Open Mind Service.

12/06/2013 - (Second Contact with Local Authority) Ahmed attended meeting with Local Authority, accompanied by Social Work Student on placement with the IAPT service, as he was being investigated for benefit fraud. The outcome of these interviews was communicated to the GP, which described Ahmed as forgetful and confused when answering simple questions at the second interview.

01/07/2013 - Letter from GP to housing department confirming Ahmed has severe anxiety and depression for 6 months, has attended surgery several times and is being supported by counsellor at surgery. From the GP records it appears that a private letter was requested by Ahmed from the GP on 26/06/2013).

03/07/2013 - Rabia and Ahmed attended Ahmed's Open Mind Service (Session 5). Ahmed insisted that his wife sits in on session. He stated he is feeling much worse since the last session. Kept repeating himself how he is feeling stressed following his brother's death and that he is not able to cope. He has had interview under caution with the Department for Work and Pensions (DWP) and Local Authority and is awaiting their decision now. Worried about consequences. Seeks reassurance from his wife continually throughout the day. His wife [Rabia] tells me [Open Mind Practitioner] that he starts to cry if she does not offer him reassurance. Suggested to wife not to offer any reassurance as it might be maintaining his problem with worry. Ahmed does not seem to be making any changes since sessions started. It

seems that he is not able to engage with talking therapy at this point due to high level of stress and anxiety. Therefore it was agreed with Ahmed and Rabia to close case for now. Suggested to them to keep regular appointments with GP for review of his medication and risk issues. In terms of risk, he does report fleeting thoughts of suicide but denies any intent or plan to act on these thoughts. Crisis advice given to them.

10/07/2013 - Ahmed (seen by GP3) Medication issued to patient. Unfit to return to work. Condition: Anxiety and depression. Duration of sickness certificate 13 weeks.

19/07/2013 - Ahmed – Echocardiogram.

29/07/2013 - Ahmed seen GP surgery by GP4. Palpitations

19/08/2013 - Ahmed seen GP Surgery by GP4. Cardiac 12 Electrocardiogram (ECG). ECG report satisfactory. No further action.

25/09/2013 - Ahmed – Blood Test.

05/09/2013 - Application for housing: Ahmed telephoned Property Lettings to refuse the offer of a flat (stating that he did not realise it was a first floor flat needed a ground floor flat). He advised housing that suffers from a depressive condition which sometimes affects concentration.

05/09/2013 - Rabia - Seen by GP: Right heel pain (last contact with health professional. Rabia did have a GP appointment booked the day after her death – reason not known).

08/10/2013 - Ahmed seen at GP surgery, Mental Health Therapist (IAPT – Open Mind Service). Again referred to the Fit For Work (FFW) service (Note: IAPT and FFW link closely together and service users cross over between both services. FFW prepares individuals with mental health issues to return to the work environment through building confidence, improving outlook and hopefully improving the individual's mental health. This is not a service provided by Leicestershire Partnership Trust). Overlooked family situation (caring for mother and brother) and brother's death, financial situation re benefits. Complains unable to cope. Patient well presented. No anxiety – calm. Appeared subdued. Demonstrated good eye contact. Concentration good – relevant focusing on financial issues, no thoughts of harm to self/others, no thought disorder, no perceptual abnormalities – cognitively intact, good insight – will see 5/52.

10/10/2013 - Ahmed seen GP surgery by GP3. Medication issued to patient. Anxiety and depression noted as condition. Unfit to return to work. Duration of sickness certificate 8 weeks.

18/10/2013 - Leicester City Council Housing service made an offer to Ahmed for ground floor accommodation.

21/10/2013 - Leicester City Council Housing service determines that Rabia was not eligible to be a joint applicant for the tenancy due to her being on a spousal visa and having 'no recourse for public funds' in regard to housing application. Therefore Ahmed was made sole applicant for housing application.

28/10/2013 - Ahmed accepts offer of new ground floor flat property in Leicester.

29/10/2013 - Ahmed (seen by GP4). Burning sensation both eyes. Diagnosis: allergic conjunctivitis. History: feeling drowsy, attributes to antidepressant. Would like to try different medication, also often low mood - pressure from family to look for work. No suicidal ideas. Receiving counselling. Examination: Good eye contact, well kempt, keeps on repeating above history. Plan: Eye drops prescribed.

05/11/2013 Ahmed seen by mental health therapist at GP surgery, no improvement. Did not go to fit for work appointment as forgot, has been sent further appointment. Feels wife will leave him as he has no job again, advised to break problems down. Well presented, good eye contact, not tearful, accurate and appropriate thought content. Keeps on suggesting why strategies to improve situation would not work. No psychotic features, no thoughts harm to self/ others – says he has to phone GP this pm to change antidepressant but will not be able to afford purchase script. Advised that he should discuss this with adult social care, given details for Grey Friars. Will review 3/52.

08/11/2013 - Ahmed (seen by GP5). Review of antidepressant medication. Plan: change of medication.

12/11/2013 - Ahmed – Attended for seasonal influenza vaccination.

12/11/2013 - Rabia spoke to housing property letting team for an update; property not yet ready.

18/11/2013 - Ahmed seen in surgery by the Mental Health Therapist. He reported being confused, depressed and anxious. He was difficult to engage. He was again seen by the same member of staff on 25/11/2013, who agreed again to refer him to Fit For Work [FFW] Service (service which provides advice and support to adults with benefit issues). On 26/11/2013 Ahmed's case was reviewed with a clinical supervisor who confirmed referral to FFW.

26/11/2013 - Ahmed - DNA Mental Health therapist appointment.

04/12/2013 Ahmed attended for assessment within FFW project. Referred to the National Careers service for advice on presentation of CV. Spoke to Ahmed on 13/12/2013 to follow up and encourage him. Further telephone contacts made to Ahmed on a further 5 occasions (17/12/13 and 20/12/13) which were not answered.

11/12/2013 - Escorted viewing for flat in Leicester organised by Property and Lettings team. Applicants did not attend for escorted viewing of the flat.

16/12/2013 - Message left for Ahmed to contact housing.

18/12/2013 - Permission for Rabia to remain in the United Kingdom was granted by the UK Border Agency [indefinite leave to remain].

18/12/2013 - Housing application suspended.

19/12/2013 - Ahmed – telephone call from GP practice to Ahmed’s mobile: follow-up call following recent alteration to his antidepressant medication. GP left voicemail

23/12/2013 - Telephone call by FFW worker, answered by relative who said Ahmed was away for Christmas.

24/12/2013 - Telephone call from Ahmed to GP: Resulting in change of Ahmed’s anti-depressant medication. Medication transferred over few days ago – Patient feels less drowsy.

07/01/2014 - Ahmed seen GP surgery, Mental Health Therapist. Agreement of care plan – patient still low in mood. No psychotic features, no thoughts harm to self/ others – adherent to medication.

07/01/2014 - Ahmed contacted housing department by telephone saying that he had not received the offer letter, or any messages left. Housing Department advised application suspended for no reply. Ahmed advised to call Housing Options.

07/01/2014 and 08/01/2014 - Further telephone calls made by FFW worker, but calls were not answered. Weekly calls were part of Ahmed’s FFW plan. It was confirmed by FFW service, that it is standard practice for contact to be attempted in planned telephone session for 3 consecutive appointments.

08/01/2014 - Ahmed stabs Rabia to death at the family home.

4. ANALYSIS OF INFORMATION KNOWN TO AGENCIES AND INDIVIDUALS

Contacts with Adult Social Care

- 5.1 The information provided by Adult Social Care (ASC) noted that Ahmed had had varying levels of caring responsibilities in relation to his brother Shahid for a number of years. Assessments of Ahmed refer to a degree of carer strain and noted the impacts of his caring responsibilities on his life. A Carer's Assessment was completed in February 2012 and options for residential respite were being explored. During this period Shahid received very regular contact from ICST and attended Day Support.
- 5.2 Additional to the case recording information the ASC reviewer was able to talk to the ICST worker about 5 occasions where Shahid mentioned situations that might have indicated potential for harm or abuse, but then retracted the statements straight away. There were a number of low level concerns (as documented) that were discussed between the ICST worker, CPN and Adult Mental Health Social Work Team. These professionals considered the statements within the context of the consistent retractions by Shahid, the nature of his mental ill-health (which resulted in a level of paranoia) and discussions at the time with family, who would testify that they had not witnessed any mistreatment.

Author's Comment:

- 5.3 ***It could be argued that the social care professionals involved should have identified the patterns of low level concern and tested these against the Safeguarding processes in place at that time (2012). However, whether any of these would have met the safeguarding threshold is unlikely in this case. Leicester City Council introduced 'Safeguarding Adult Thresholds Guidance (April 2013) and subsequently adopted Leicester, Leicestershire and Rutland-wide in November 2015. Although the guidance was not available to practitioners at the time of involvement with Shahid, it does identify the positive changes in practice locally to support practitioner decision making since 2012.***

Perpetrator Perspective: Feedback from Prison Visit

- 5.4 As part of the Review process, the Panel Chair and Author of the Review visited the perpetrator in prison. Ahmed stated that he had been a carer for over 20 years of his life. He provided care for both his mother and brother. He described caring as "hard". He explained that he had promised his mother that he would care for his brother and not "put him into care". He highlighted that his caring role started when he was 8 years old. Ahmed stated that having to provide care from a young age had a negative impact on his

personal welfare. Ahmed felt he needed help from a social worker at the time of his brother's death. He had lost his place, role and his family and felt that a social worker could have "pushed him along" and helped him sort out financial issues, which later became a debt. He felt that this was due to bereavement and not all due to some sort of benefit fraud. However, the facts known to the panel are that Ahmed was thought to have defrauded his benefit claims, which is broader than the debt issue.

Ahmed's Mental Health Issues (including contact with GP)

- 5.5 During the scoping period Ahmed was known to mental health practitioners after the death of his brother in December 2012. Specifically, he was known to have developed, over a period of time, as a consequence of his mothers and brother's death, anxiety and depression. His brother's death also resulted in a change of role, with loss of identity as his brother's carer. Subsequently he faced financial problems arising from the loss of benefit, the need to repay overpayments and increased housing costs arising following the death of his brother.
- 5.6 Ahmed did present with stress and anxiety symptoms to his GP in March 2013 and did start antidepressants in April 2013 as his symptoms deteriorated. Bereavement and financial difficulties would form part of Ahmed's monologue to health practitioners, which was repeatedly acknowledged in the GP record by health practitioners.
- 5.7 On 20th May 2013 Ahmed was referred by his GP to Leicester Partnership Trust's Crisis Team for an assessment, because of his low mood and anxiety following bereavement and financial difficulties. Having attended the appointment with Rabia, Ahmed was given advice, his anti-depressants were increased and he was discharged from the service. The attendance by Ahmed and Rabia together may have given a picture of unity and support between the couple. There were no issues brought to the attention of health practitioners by either Ahmed or Rabia.
- 5.8 The GP also referred Ahmed to Leicester City Improving Access to Psychological Therapy (IAPT) Open Mind Service (provision is for 16 years and above for people who live in Leicester City who are feeling stressed, troubled, anxious or depressed). In May 2013 Ahmed attended 4 appointments with IAPT Open Mind Service before missing two appointments in June 2013. On 3rd July 2013 he attended an appointment with Rabia stating that he was feeling much worse. Due to Ahmed being unable to engage in therapy due to high levels of anxiety and stress, it was agreed with Ahmed and Rabia to close the case. However, he was directed to his GP for review of medication and any risk issues.
- 5.9 More than 3 months later, on 8th October 2013, Ahmed was seen again by Open Mind Service. Previously Open Mind worker had stated the case was to

be closed in July 2013. During this domestic homicide review, the panel asked for it to be established whether or not Ahmed had been seen by a psychiatrist. Although referred to Psychiatry services, the panel were advised that Ahmed was to be referred by the GP to a psychiatrist 'if needed'. On this occasion, standard advice had been given to Ahmed and he was seen by a Mental Health Therapist on 10/10/2013 at the GP Surgery (the facilitators offer flexible advice for non-urgent cases and they liaise with other services). Ahmed's presenting symptoms were low level and he did not display evidence of a risk of harm to himself or others. The symptoms recorded were not considered to require secondary mental health intervention as it appears he was viewed as a low level risk. Thus it was reasonable for him to be seen by a Mental Health Therapist.

- 5.10 Ahmed also was seen again by the Mental Health Therapist at the surgery on 05/11/2013, but 'no improvement' was noted. It was also highlighted that Ahmed had no psychotic features and no thoughts of harm to self or others. At an appointment with Open Mind IAPT service on 18/11/2013 Ahmed was described as 'confused, depressed and anxious'. Ahmed then failed to attend an appointment with the Mental Health Therapist at the surgery on 26/11/2013. No further contact regarding mental health is noted until 24/12/2013 when Ahmed's anti-depressant medication was 'changed in response to depression symptoms' following a telephone consultation with his GP.
- 5.11 The last contact recorded with mental health services or his GP by Ahmed was on 7th January 2014 with the Mental Health Therapist. Although Ahmed was in a low mood, he displayed no psychotic features and no thoughts of harm to self and others. He was also noted to be compliant in taking his medication, as prescribed.
- 5.12 Ahmed murdered Rabia on 8th January 2014 before attempting to kill himself.

Contacts with IAPT (Open Mind) Service

- 5.13 No coercive or controlling behaviours were observed or reported to exist between Ahmed and Rabia.
- 5.14 Ahmed did however disclose to his Open Mind counsellor that he was worried that his wife would abandon him and subsequently again highlighted the issue with the Mental Health Therapist in November 2013. This was obviously a concern for Ahmed that his wife may leave him was linked to his finances and not having a job.
- 5.15 Rabia accompanied her husband to two Open Mind appointments (May and July) and a GP appointment.
- 5.16 Rabia was also contacted by the Housing department, to obtain an update on the housing application.

- 5.17 Ahmed was noted by Open Mind service in May 2013 as having cared for his mother who had died in February 2011.
- 5.18 Ahmed was a carer for his brother for over 20 years; a brother who suffered from schizophrenia, chronic diabetes and lymphoma and who died in December 2012.
- 5.19 Ahmed was intermittently engaged with his GP, Open Mind services and with medical treatments for anxiety and depression. He also initially engaged with the 'Fitness to Work' service for help with future employment. Ahmed was assessed by the Open Mind (IAPT) and CRISIS mental health team as presenting 'no risk' to self and others. It is also of note that an IAPT (Open Mind Service) bespoke risk assessment is completed during every consultation:

01/05/2013 – Open Mind Service Completed risk assessment – “minimal risk to self and low risk to others at the moment”.

20/21 May 2013 (actual date not able to confirm) – CRHT – risk assessment stated “not suicidal and has no plans – No risk identified to others”.

03/07/2013 – Open Mind Service recorded “in terms of risk he has suicidal thoughts but denies intent or plans to act on thoughts”.

08/10/2013 – recorded as 'no thoughts of harm to self/ others

05/11/2013 - recorded as 'no thoughts of harm to self/ others

07/01/2014 – recorded as 'No psychotic features, no thoughts of harm to self/others – adherent to medication (last contact with health services).

Author's Comment:

- 5.20 ***Based on the information available to the panel, Ahmed's mental health was low level and appropriately managed within primary care. He did not warrant any significant mental health intervention. This was reaffirmed throughout the DHR process. From the patient's notes Ahmed was in frequent contact with the practice and in addition attended the IAPT Open Mind Service. At no time was he viewed as a risk to others by health professionals.***

Family Finance Issues

- 5.21 Ahmed and Rabia's finances were impacted upon after the death of his brother. Ahmed highlighted his financial situation with health practitioners frequently during consultations. Ahmed was, until the death of his brother, the primary provider through his benefits. However, Rabia had commenced working full-time at a residential home and was, at the time of her death; ready to take up a new employment opportunity at UHL as a health care assistant (she had aspirations of commencing nursing training).

- 5.22 Ahmed became subject to an investigation in relation to overpayment of his benefits.
- 5.23 Rabia subsequently became the primary wage earner.
- 5.24 Ahmed personally felt that, due to bereavement and loss of benefits, this contributed to him being in debt that led to arguments with Rabia. His income from the benefits and primary role disappeared, whilst Rabia was going out to work and earning money and not fulfilling her role as a wife within the household. Ahmed stated when interviewed, that Rabia worked nightshifts and during the day slept a lot, so he felt left on his own and as a result felt Rabia did not look after him in a way that met his expectations.

Author's Comment:

- 5.25 ***It appears likely that Ahmed's views on Rabia's 'role as wife within the household' and his perception that she was not fulfilling her role, contributed to the dynamic of power and control within the relationship and underpinned the gender-based violent crime he went on to commit.***

Agencies' Awareness of Domestic Violence Issues

- 5.26 No previous incidents of domestic violence were known between the couple to police or wider local agencies within Leicester City.
- 5.27 IAPT service make routine enquires about anger and domestic violence and it is included in their 'Open Mind Demography Form'. Questions included are:
- Does violence or fear of violence (including physical, sexual or emotional violence) affect your health?
 - Do you consider this to be Domestic Violence? (Domestic violence/abuse is physical, sexual, emotional or financial violence that takes place within an intimate or family type relationship and that forms a pattern of controlling behaviour. This can include forced marriage and so called 'honour crimes'.
- 5.28 Ahmed answered 'no' to both of these questions.

Author's Comment:

- 5.29 ***The standard questions represent good practice. It also needs to be acknowledged that Ahmed was the patient and that there was no reason to further explore any domestic violence issues with his wife.***
- 5.30 Adult Social Care entry into record (Care First, 09/01/2014) from Team Leader (as the worker for Shahid had raised this case following media reports) made reference to brother's worker being aware of 'marital problems (between Ahmed and Rabia) but no threats involved; no contact made with police or other follow up'. However, this cannot be correlated to any issues of domestic violence within the relationship.

- 5.31 In addition, it was noted Adult Social Care assessments highlighted relationship pressures (lack of time, strain on relationship), which were due to caring responsibility for brother.

Author's Comment:

- 5.32 ***Again, no correlation can be made with any issues of domestic violence in the relationship between Ahmed and Rabia.***

Contacts with Leicester City Housing

- 5.33 Ahmed and Rabia were both engaged with housing services and had received 2 offers of accommodation within Leicester City. The first offer was declined 05/09/2013; the second accepted 28/10/2013.
- 5.34 In between housing making the two offers, it was found that Rabia was not eligible to receive public funds. This resulted in Rabia being made an occupant on the application and Ahmed being made the sole applicant. In addition, Rabia did contact the Property Letting Team (PLT) for an update on 12/11/2013, but was advised that the property was not ready.
- 5.35 The offer had progressed to an accompanied viewing of the property that was arranged for the morning of the 16/12/2013 (the PLT left a message on Ahmed's phone and a 1st class letter was sent). Ahmed then failed to attend the appointment and the housing department attempted to contact him by phone, but failed. However, no further contact was received from Ahmed. Thus the PLT suspended the housing application on 18/12/2013 due to no contact and failure to attend the escorted viewing. Housing Options Service (HOS) cancelled the application for this reason.
- 5.36 Ahmed contacted the PLT to advise that he has had not received the offer letter or any of the answer messages. He was advised to contact HOS to get his application reinstated. No further contact was made by Ahmed after this time.
- 5.37 If applicants fail to respond to an offer of accommodation, the offer is treated as a refusal. The Property Lettings Team will suspend their application and e-mail Housing Options to cancel the application due to no response. The applicant has 3 months to get in touch with Housing Options if they still wish to remain on the housing register. If they contact within this time, their application will be reinstated. If they do not contact within this time, they would have to re-apply for housing in the future.

Author's Comment:

- 5.38 ***It is important to consider the potential impact on Rabia of being removed from being a joint applicant for housing, to being an occupant because she had 'no recourse to public funds'. Was it clear to Rabia that despite this, she was still entitled to receive support from other services***

(i.e. domestic abuse services funded by Leicester City Council) should she require them? It is not clear whether it was from the records available.

- 5.39 *In regard to Ahmed's mental health, his disengagement from services, evidenced by not turning up for appointments or returning phone calls, may have been an indicator of deteriorating mental health. However, in the absence of contact with health or social professionals, this perspective is not able to be substantiated as they were not aware of Ahmed's depression and treatment.*
- 5.40 *Rabia had only limited contact with professionals. Rabia was not on any professionals' radar as an adult in need of support or protection.*
- 5.41 *Ahmed was known to services in the context of his 'carer role' but also as a user of services. He was not perceived by agencies as a 'risk' to others.*

Additional information provided to the Panel

- 5.42 Following a panel meeting in January 2016, further information was provided to the Author and the Safeguarding Adults Board Manager. Once reviewed, key information was subsequently shared with panel members to facilitate wider discussion and it proved to provide a greater insight into Ahmed's and Rabia's relationship, the nature of which was totally unknown to professionals involved or their wider agencies.
- 5.43 A key feature from this review is the lack of information about who Rabia was. There are no pictures of her reported in the media. Further detail regarding Rabia comes from additional information provided to the panel about her life, visible only to those closest to her and not available from agency records.
- 5.44 In relation to Ahmed, the additional information complements what is known about him and his immediate family, especially in relation to his mother and the impact of her death upon him.
- 5.45 The very limited information provided to the panel, in relation to those who came into contact with either Ahmed or Rabia, provides a brief insight into what was happening within their relationship. It has not been possible to seek clarity, or expand upon, the information that presents a series of snapshots of Rabia's and Ahmed's relationship. In addition, the information cannot be matched to the chronology as it has no timescales. The narrative is unsubstantiated as, when contacted, relatives and family declined to be interviewed as part of the DHR process. Some of the additional information that can be shared is summarised below.
- 5.46 **Rabia the Individual:** Rabia is described as a clever, well-educated lady, who was a polite woman, but who was able to stand up for herself. It is noted that family members did get on well with Rabia. Those that knew her outside of the family describe her as being popular and hard working. She was perceived as someone who wanted to make more of her life.

- 5.47 **Money Issues:** Rabia became the primary money earner within the relationship. She got a job in June 2011 working at a local nursing home. Rabia is reported as working long hours and, prior to her death, she had accepted a job at a local hospital. In parallel to Rabia getting a job, Ahmed lost all his benefits following the death of his brother.
- 5.48 **Ahmed's Mental Health:** Ahmed's mental health deteriorated following the death of firstly his mother and then his brother. Ahmed's mental health was a concern to those that knew both him and Rabia.

Author's Comment:

- 5.49 ***It is not clear whether Rabia would know who to contact for support. It may be reasonable to assume that Rabia may have been fearful of being deported or bringing shame on her family in Pakistan for leaving her marriage. The latter was discussed to some depth by the panel, and there was disagreement around whether this could be assumed based on birth country culture and religion alone. She will have been very aware through her housing application of having no recourse to public funds. This may be the reason for her and other women in her situation not contacting agencies. Therefore, women in similar domestic abuse situation to Rabia may risk their personal welfare in order to retain the right to remain resident in the UK.***
- 5.50 ***The additional information shared with the panel provides a glimpse into what it was like for Rabia following her marriage to Ahmed. However, Rabia appears to have wanted to contain issues within her marriage within her own private sphere. It is not known why those friends and family who had contact with either Ahmed or Rabia did not report concerns to authorities or support services. Perhaps any concerns noted were not identified as domestic abuse or were seen as a private matter to be kept within the family. Is it widely known that friends and family can raise their concerns with authorities or support services in a completely confidential way? Would having such awareness make a difference?***
- 5.51 ***If the Author had a chance to meet Rabia he would want to ask her "What stopped you seeking help?". The Author's challenge to the multi-agency partnership in Leicester City is – How can we empower women in violent relationships, to come forward? This has to be considered in the context that Rabia may have been frightened that if she left Ahmed, the only option that she may have felt open to her was a return to Pakistan (as her status to remain in the UK was not resolved until December 2013). What awareness is there of the domestic violence support available to individuals with no recourse to public funds? How can this level of awareness be improved or awareness promoted within our local communities?***

5. EQUALITY AND DIVERSITY

- 5.1 All nine characteristics that are protected by the Equality Act 2010 were considered by the DHR Panel, and several were found to have relevance to this DHR. These were:
- 5.2 **Age** – Ahmed was nearly 10 years older than Rabia, and such age gaps have been highlighted in homicide research as a risk indicator.
- 5.3 **Disability** – The couple cared for Ahmed’s disabled brother Shahid. Ahmed saw himself as the primary carer for both his mother and his brother. When they died a year apart, in addition to his grief for the loss of close family members, Ahmed struggled with the loss of his independent income as a carer. He reacted adversely to his perceived loss of identity and role (as he saw it) of “carer”, and possibly also saw his marriage to Rabia as a solution to his caring responsibilities.
- 5.4 **Marital status** – Ahmed and Rabia were married in June of 2011, when he was 41 and she was 32. This was described as an “arranged marriage” and all the indications were that Rabia was content with this arrangement.
- 5.5 **Ethnicity/Nationality** – Ahmed was born in the United Kingdom. Rabia was born in Pakistan in 1979, and moved to Leicester in May 2010. The panel discussed in great detail, and undertook background research into cultural implications of this on Rabia; discussing the high level of known violence against women in Pakistan and the potential normalisation of this.
- 5.6 **Religion/belief** - Ahmed was clear when interviewed that what he did was wrong in regards to law, as well as in his Islamic beliefs. Ahmed was clear that murder would be seen as a sin by his religion and that he would be subject to legal sanction (e.g. he was serving a prison sentence), a fact he stated he would now have to live with.
- 5.7 The Crown Prosecution Service [states](#): “Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code”.
- 5.8 The Panel took advice from an independent Domestic Violence consultant with extensive experience of issues of honour-based violence, and in the provision of direct services, primarily to Asian women and their families in the West Midlands. The Panel concluded that, on the basis of the evidence available to it, that the murder of Rabia was not motivated by Ahmed’s religious beliefs, or considerations of honour.
- 5.9 After his conviction he clearly acknowledged that what he had done was against the teachings of his religion. He said he had felt neglected by his wife.

He regarded the time she spent at work as time that she was not able to spend providing him with care and support.

6. TERMS OF REFERENCE, FINDINGS AND KEY LEARNING POINTS

- 6.1 This section of the report will review the elements set out in the DHR Terms of Reference (TOR) for this case in order to summarise findings and learning points.
- 7.2 **TOR1: To review whether practitioners involved with Ahmed and Rabia were knowledgeable about potential indicators of domestic violence and aware of how to act on concerns about a victim or perpetrator.**
- 7.3 **Summary Response:** In information received from the GP Practice, there is no documentation of questions relating to domestic violence. However there is evidence that one organisation was orientated to asking practice questions in regard to domestic violence. The Leicester City Improving Access to Psychological Therapy (IAPT) Open Mind Service include routine enquires about anger and domestic violence on their Open Mind Demography form. However, they can only respond to signs, symptoms and disclosures and this type of actual evidence of harm and abuse was not known to any of the services. Ahmed was the perpetrator (not acknowledged or identified) and not the victim. Rabia, as the victim, was seen by professionals (Language tutor, employer, GP), but did not disclose any marital issues or seek support; indeed she may not have been aware that there was help available for her.
- 7.4 **TOR2: To establish how professionals and agencies carried out risk assessments, including:**
- i) **Whether risk management plans were a reasonable response to these assessments.**
 - ii) **Whether there were any warning signs of serious risk leading up to the incident in which the victim died that could reasonably have been identified, shared and acted upon by professionals.**
- 7.5 **Summary Response:** No domestic violence and abuse was identified by local agencies. Consequently, risk assessments and risk management plans were not deemed to be necessary. Ahmed was not viewed as posing a risk to Rabia, by the agencies involved.
- 7.6 From a multi-agency perspective, where Ahmed was known to agencies whom he engaged with, they identified in records that he was neither a risk to harming himself or others. As a result, Ahmed was viewed as not requiring a risk assessment management plan. Ahmed did not avoid agencies. Even the day before Rabia was violently killed, Ahmed was seeking contact with the housing department in regard to his application for new housing accommodation. Rabia was known to agencies (Housing, GP, library services, Language service, her employer), but not as a person in need of safeguarding services).

- 7.7 **TOR3: To identify whether services involved with Ahmed were aware of the circumstances of Rabia's presence in the home. Whether connections were made and information shared between these services in order to establish a full picture of the wider family's vulnerability and risks.**
- 7.8 **Summary Response:** Services involved with Ahmed were aware of Rabia's presence in the home, but they were not in possession of information that highlighted any concerns with agencies involved. Rabia was invisible to local services and had no recourse to public funds. Even to her employer, Rabia presented her marriage and relationship as ordinary and uneventful. Her employer noted her as a hard worker, someone with aspiration. However, the abuse Rabia was experiencing was contained within the immediacy of the family home, and was not something her employer, colleagues or local agencies were aware of.
- 7.9 **TOR4: Did agencies involved make routine enquiry about domestic violence when working with these adults, were relevant procedures followed, were any opportunities missed?**
- 7.10 **Summary Response:** This has been covered in TOR1: Individual agencies did not know information that was known to non-family members. Ahmed and Rabia, when in contact with agencies, did not disclose domestic violence.
- 7.11 **TOR5: To establish whether Ahmed and Rabia's needs around housing, benefits and caring responsibilities were adequately supported by local agencies.**
- 7.12 **Summary Response:** Leicester City Housing Options did work with both Ahmed and Rabia to ensure that their preferred option of a ground floor flat was offered. However, when arranged, Ahmed failed to attend the pre-arranged viewing with the Property Letting Team. Following this failure to engage, the housing application was suspended.
- 7.13 In regard to benefits, prior to Adult Social Care closing the case it would have been beneficial to Ahmed for someone to have explored with him the impact of his change of circumstances and how he was going to respond to his change of role and loss of carer role. However, this was not part of anyone's formal remit. Ahmed's own perception and one that he projected to services was the image he was a main carer for his brother.
- 7.14 It is of note that Ahmed's self-image then changed and the benefits that had provided him with a level of financial security ceased. Ahmed then had to repay an overpayment of his benefits and he was also investigated in relation to fraudulent activity. This required him to attend appointments with the Local Authority. In addition, it is of note that the student social worker on placement with the IAPT Open Mind Service did provide Ahmed with support in regard to his discussions with the Local Authority regarding benefits, after the death of his brother (this was not part of an official entitlement for help but was in addition to what would have normally been provided).

- 7.15 **TOR6: To establish whether the mental health needs of Ahmed were supported and managed appropriately by local agencies.**
- 7.16 **Summary Response:** Ahmed was referred to the Leicester IAPT Open Mind Service by the GP. This service did provide input to Ahmed to address issues in regard to his anxiety and depression. However, it is unclear if they addressed issues that were significant to Ahmed in regard to his bereavement and loss of his role as a carer. In reality, the records from IAPT Open Mind Service do not give a full insight in regard the care provided or if any issues were highlighted in the consultation by Ahmed. The IAPT service is patient led and Ahmed may not have raised any issues with the service.
- 7.17 The IAPT service is no longer provided by the Leicestershire Partnership NHS Trust. It was recommissioned in 2016 and transferred to the new provider Nottinghamshire Healthcare Foundation Trust in April 2016. At the point of transfer legacy issues were highlighted in regard to record keeping. Poor quality record keeping was identified informally, on mobilisation of the service on 13/05/16. East Leicestershire and Rutland CCG (ELRCCG) oversee the contract with Nottinghamshire Healthcare Foundation Trust (NHCFT).
- 7.18 To address the record keeping issues identified the following actions were put in place by NHCFT in 2016:
- Establish regular notes audit within the in line with NHCFT guidance
 - To organise local record keeping training for staff
 - To organise local record keeping training for staff (this was to address the poor quality of record keeping that was highlighted within the IPAT service at the point of transfer to the new provider).
- 7.19 If the IAPT service had continued with LPT it would have been subject to a single agency recommendation. However, the issue in relation to the IAPT service was resolved with the awarding of the contract to the new provider (NHCFT) and an action plan being agreed to address the legacy issues. The ELRCCG oversees the quality contract and NHCFT addressed the recording keeping issues within the first year of being awarded the IAPT contract. ELRCCG oversee the contract and have confirmed (July 2018) record keeping issues have been identified as part of the ongoing quality monitoring of the service.
- 7.20 However, it has been reaffirmed to the panel by the LPT representative (Adult Safeguarding Nurse who is a Registered Mental Health Nurse) that the level of provision within primary care was appropriate to address Ahmed's mental health issues as the care provision he required was low level mental health intervention.
- 7.21 **TOR7: To establish if there were any barriers experienced by Ahmed, Rabia or family / friends that prevented them from accessing support; including how their wishes and feelings were ascertained and considered.**

- 7.22 **Summary Response:** In this case, it is of significance to note that individuals in contact with Rabia did, by commission or omission, not support her in accessing the support that she needed. Rabia was a private individual who, from the limited information available, preferred to contain the issues within the family. This could be viewed as the biggest barrier to any offer of intervention. In contrast, it could be proposed that she was not able to act effectively herself to be protected from abuse and neglect, a victim of circumstances that were imposed upon her.
- 7.23 **TOR8: To identify whether more could be done locally to raise awareness of services available to victims of domestic abuse.**
- 7.24 **Summary Response:** Within Leicester City, work has been undertaken to raise the awareness of services to those who suffer domestic abuse. However, in this case we do not know how visible the messages were for Rabia.
- 7.25 What other communication methods were used in any of the public waiting areas e.g. at Rabia's GP practice? Were posters or other methods of communication used to highlight contact numbers of services? This information is not available to the author.
- 7.26 Even if the information was available, how do we empower women in Rabia's circumstances to seek help and support? How do we convey that they will be listened to and supported by agencies?
- 7.27 **TOR9: To consider how issues of diversity and equality were considered in assessing and providing services to Ahmed & Rabia.**
- 7.28 **Summary Response:** This aspect of the review is addressed in Part 6 of this report.
- 7.29 **TOR10: To establish how effectively local agencies and professionals worked together.**
- 7.30 **Summary Response:** In regard to the service offered to Ahmed, they were provided to address specific issues, to meet identified health and social care needs.
- 7.31 There is clear evidence that the housing department considered Rabia as having 'no right to public funds'. The message given to Rabia from her contact with the housing department may have led her to act with caution in future when considering approaching other services? Again, this statement is made without the ability to qualify its content with Rabia from her perspective.
- 7.32 Rabia was not seen as a care provider for Shahid during any of the carer assessments. Does this reflect a lack of understanding of who provided care? There is no evidence that Adult Social Care engaged with Rabia in relation to home care arrangements for Shahid. It appears that Ahmed's perspective was taken at face value by those involved and was not challenged in relation to him being the sole carer for his brother. From Ahmed's perspective, when

interviewed, he had undertaken caring responsibilities for his brother from an early age and his own life had been constrained by his caring responsibilities.

7.33 **TOR11: To establish whether domestic violence policies, protocols and procedures (including risk assessment tools) that were in place during the period of review, were applied and whether they were fit for purpose.**

7.34 **Summary Response:** In this case there were no known issues by partner agencies in relation to domestic violence in relation to either Ahmed or Rabia. Thus it was not necessary to apply domestic violence policies or procedures because there were no issues known to health and social care practitioners.

7.35 **TOR12: Identify any areas of good practice.**

7.36 **Summary Response:** There were not any areas of outstandingly good practice identified as part of this review.

7. CONCLUSION

- 8.1 Despite the best efforts of this review to find out, it must be acknowledged that, to local services (with the exception of the GP) Rabia remains 'anonymous'. Health and social care professionals did engage with Ahmed. In this context Rabia was seen, not as an individual in her own right but as a support to her husband. At no time was Ahmed, even the day before Rabia's death, seen as a risk to her by the professionals involved with him.
- 8.2 The Panel was unaware of what Rabia's life was like after she relocated to the UK and married Ahmed. Efforts to engage neighbours, friends, her employer and family members proved to be unsuccessful.
- 8.3 Rabia showed incredible strength by coming to a foreign country, caring for a brother-in-law with complex needs. Rabia had no rights until she was granted leave to remain in the UK in December 2013. Despite this, Rabia learnt English, studied and found work. It appears she had aspirations for her life. It must be noted that she made no disclosure to professionals or colleagues as far as we are aware from information provided to this review.
- 8.4 This review concludes that agencies had only limited contact with Rabia. There has been no evidence to suggest that agencies were aware of any abuse within the relationship. In addition, there is no evidence to suggest that opportunities were missed, or that policies related to domestic abuse were not followed.
- 8.5 The review has highlighted the importance of continuing the important work of reaching out to individuals who are new to Leicester (and new to the UK) to ensure that they are aware of the support services available to them despite any lack of recourse to public funds.
- 8.6 It is unclear how much the family were aware of any abuse suffered by Rabia. The role that employers, neighbours and friends can play is important. They require confidence to approach the services which could help.
- 8.8 No action was taken by those who were aware of the abuse to attempt to stop the abuse, or to seek outside intervention from agencies in Leicester City.

8. RECOMMENDATIONS

Single agency recommendations

- 9.1 If the Improving Access to Psychological Therapy service had remained within the Leicestershire Partnership Trust, there would have been a recommendation for the service. As the record keeping issues were resolved on the recommissioning of the service to the Nottinghamshire Healthcare Foundation Trust, there are no further single agency recommendations identified.

Multi-agency (partnership) recommendations

- 8.2 Improve awareness of domestic abuse services available to individuals in Leicester City. Specifically:
- Individuals who have no recourse to public funds
 - Individuals new to Leicester City
 - Individuals also new to the United Kingdom
- 8.3 Improved awareness in Leicester City for friends, community and family of how to refer concerns confidentially if required, and encouragement to do so, where Domestic Abuse is known or suspected.

National recommendations

- 8.4 None

Process learning

- 8.5 The Safer Leicester Partnership should not commission DHRs on an informal basis without first establishing the facts of the particular case. Since the start of this review process, responsibility for the commissioning of DHRs has now passed fully to the Safer Leicester Partnership. The importance of full chronologies and robust individual management reports is now reflected in its' latest DHR Protocol Guidance.

9. GLOSSARY

Acronym/ Abbreviation	Full title
ASC	Adult Social Care
BA	Benefits Agency
BME	Black Minority Ethnic
CPN	Community Psychiatric Nurse
CPS	Crown Prosecution Service
CRHT	Crisis resolution and home treatment team
CV	Curriculum Vitae
DHR	Domestic Homicide Review
DNA	Did not attend
DSH	Deliberate Self Harm
DSV	Domestic and Sexual Violence
DWP	Department for Work and Pensions
ED	Emergency Department
FFW	Fit for work Service
FLO	Family Liaison Officer
GP	General Practitioner
HO	Home Office
HOS	Housing Options Service
IAPT	Improving Access to Psychological Therapy Services
ICST	Intensive Community Support Team
IMR	Independent Management Report
LGBT	Lesbian, Gay, Bisexual, Transgender
LPT	Leicestershire Partnership Trust
LSAB	Leicester Safeguarding Adults Board
NHS	National Health Service
NHCFT	Nottinghamshire Healthcare Foundation Trust
PLT	Property Letting Team
QA	Quality Assurance
SIO	Senior Investigating Officer
SLP	Safer Leicester Partnership (Leicester's Community Safety Partnership)
SMART	Specific, measurable, achievable, realistic and timely
UKBA	United Kingdom Borders Agency