Domestic Homicide Review (DHR) Learning Brief

HASSAN

Hassan (pseudonym) was aged [redacted] at the time of his death. He was of Somalian origins and came to the UK via Holland. He lived with Omar (pseudonym), who was aged [redacted] at the time of Hassan's death, as a lodger in a two bedroomed flat. Omar had lived in the UK for over twenty years.

Following a call to police from Omar's cousin stating that Omar had killed someone, police attended and located Omar, forced entry to their address and found Hassan deceased, having suffered multiple stab wounds.

The partnership commissioned this review following the homicide of Hassan in January 2019.

A methodology was used that fulfilled the statutory obligations of a DHR. The purpose of a DHR is to identify the lessons learnt for future improvements to practice.

Find out more about the requirements of DHRs on the KBSP website.

11 different agencies contributed to the review process which was led by a reviewer independent from services in Bristol.

The Facts – an overview

The flat where they lived is in one of 34 wards in Bristol and the local ward profile shows a number of challenges such as; higher levels of deprivation than other wards; the third highest crime rate; highest rate of overcrowded households; highest percentage of population belonging to a Black or Ethnic Minority group and with a higher rate of people having been born outside the UK, of which the Somalian community is over three times higher than others. In addition, English is not the first language of 30% of this local population.

Regrettably, little is known about Hassan, but he worked as a cab driver.

Omar had previous convictions for acts of violence, and he was known to his GP and specialist mental health care professionals.

There had been recent contact with the authorities in the months leading up to the homicide.

- In January 2019, Omar was involved in a dispute with a male he claimed owed him money. It was suggested by the victim that Omar had mental health problems. The victim chose not to substantiate the allegation.
- In December 2018, Omar came to the notice of police suffering a mental health issue, whereby he was self-harming in the street with a knife. The matter was dealt with as a medical issue and the ambulance service attended.
- In May 2018, Omar was referred to AWP in respect of PTSD associated with his experience of war, a recent incident where he was a victim of crime, and an ongoing medical issue.
- Prior to this period, Omar had been in contact with his GP, and there had been unsubstantiated domestic incidents with a girlfriend.

In the judge's summing up when sentencing, reference is made to a conviction history including serious violence, and a history of mental illness. It was further noted that Omar had failed to take his medication, lived with the side effects of medication he was taking, and was losing insight leading up to the homicide.

Learning Points

The intersection of mental Illness, a capability of violence, and medication compliance are three important markers in understanding this homicide. They provide an opportunity to understand why such events take place in the longer term and how to minimise the reoccurrence of similar events.

There is an opportunity to strengthen the overall approach to risk management by ensuring that factors such as medicine compliance and fluctuating insight are considered, particularly for patients who have shown the capability of extreme violence previously, and that working together risk assessments are scheduled in accordance with best practice.

The lack of engagement with agencies outside primary and secondary care, showed an opportunity to close the feedback loop between those agencies and primary care.

On calling the police and ambulance service, there were multiple risk factors present of 'self-harm, weapons and mental health' that merited closer consideration for police attendance.

There is an opportunity to improve accessing police intelligence and medical information to inform decisions to deploy and take action in emergency call handling.

There were opportunities for improved professional curiosity in respect of Omar's mental health.

The overlaying of a number of social characteristics risked intersectionality, that is that various social characteristics contribute to systemic discrimination, and there remains a need to strengthen the links between the community, grass-roots organisations and mainstream services. Conversations with community groups and a review of local research, suggest there remains multiple barriers facing the Somali community in respect of mental illness.

RECOMMENDATIONS

1. Take steps to ensure that **Nilaari and ROADS**, with appropriate consent **provide updates about patient referrals to primary care (GP) and referrer** (if not GP).
2. **Improve the protocols for risk assessment and management**, ensuring that (a) medicine compliance is considered for patients with a history of violence, (b) that post transition assessments are scheduled/conducted for this cohort, (c) fluctuations in patient insight are considered and (d) that this is explicitly documented in the handover between AWP and GP.
3. **Improve the understanding of the specific needs of the local Somalian Community (SC) in respect of Mental Health** that includes - what enables/hinders the SC accessing support and that clearly identifies the gaps in provision.
4. That the **learning from this review is shared through mandatory safeguarding training** to encourage increased professional curiosity when presented with potential client welfare concerns.
5. Seek to **ensure that staff are aware of how to access medical information out of hours**.
6. Avon and Somerset Police to **review call handling policy where there are multiple apparent risk factors** and implement a systemic approach that mandates these calls being supervised.
7. Avon and Somerset Police **to review their systems of call handling to ensure that intelligence checks are carried out and recorded** within the call handling system.

RESOURCES

Domestic Abuse

Information about where you can access support if you are experiencing domestic abuse Support for Bristol Residents - Domestic Abuse

Next Link Plus

The Next Link Plus service offers specialist domestic abuse support for women, men and children and young people from all communities (including LGBTQ+ and black and minority ethnic). They will support with any additional needs (for example substance misuse, mental health, hearing difficulties, learning disabilities, etc.).

Men's Advice Line UK & ManKind Initiative

Offer support for men and boys who are victims of domestic abuse.

Mental Health

There is a variety of support around mental health for people in Bristol and the surrounding areas. Information about where you can access support if you are struggling with your mental health Mental Health - Information, advice and support for Bristol residents

For Professionals - Best Practice Managing Risk (publishing.service.gov.uk)

Training

The KBSP offer a wide range of training courses including Domestic Abuse and Safeguarding Training and Mental Capacity Act (MCA) Training.

Further information can be found here: KBSP Training

Community Support Services

Nilaari Agency – Promoting Self Worth and Value

Nilaari is a black-led charity how is dedicated to providing mental health assistance, particularly to adults from Black, Asian, and Minoritized Communities.

Bristol Somali Resource Centre | BSRC | Help & Advice (somalicentre.org.uk)

BSRC is a community-based organisation which supports people who are socially and economically disadvantaged but not limited to people of Somali origin and heritage living and/or working within Bristol.

SEND US FEEDBACK

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