Tameside Community Safety Partnership

Domestic Homicide Review – Overview Report

Victim – Abulele, who was murdered in July 2021

Independent Author – David Mellor BA QPM

Report completed on 6 October 2023

Final amendments following DHR QA Panel feedback on 23 October 2024

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1.0 Introduction

1.1 This report of a Domestic Homicide Review (DHR) examines agency responses and support given to Abulele (a pseudonym); a resident of Tameside in Greater Manchester prior her murder which took place in early July 2021.

1.2 In addition to agency involvement the review will also examine the past to identify any relevant background or trail of abuse before the homicide, whether support was accessed within the community and whether there were any barriers to accessing support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer.

1.3 The victim Abulele and her husband Modise (also a pseudonym) had become estranged and in February 2021 they separated, with Abulele leaving the family home and moving into a privately rented property in a neighbouring town. It is understood that their two children spent time in both properties and on the night on which the murder took place their younger child was staying with the victim Abulele and their elder child was staying with the perpetrator Modise. Despite being estranged, Abulele and Modise owned and managed a domiciliary care service and so Modise was aware that Abulele and a colleague were scheduled to provide care to a client until late on the evening before the murder took place and that Abulele would not return home until the early hours of the following morning. Modise secreted himself in Abulele's address to await her return home and after she had fallen asleep entered her bedroom and hit her with a metal exercise bar and stabbed her six times in the left side of her chest. The perpetrator Modise then left Abulele's address. The ambulance service was called by Abulele's colleague, who had stayed at Abulele's address after they had completed their domiciliary care call and was awoken by Abulele's screams. Abulele was taken to hospital but pronounced deceased shortly afterwards. Modise contacted the police after taking an overdose of medication and was arrested. He was later charged and convicted of the murder of Abulele and sentenced to life imprisonment and must serve a minimum term of 23 years before being eligible to apply for parole.

1.4 On 28th July 2021 representatives of Tameside Community Safety Partnership decided to commission a Domestic Homicide Review (DHR) in respect of the then alleged murder of Abulele following a referral from Greater Manchester Police.

1.5 The DHR has considered agency contact/involvement with Abulele, her estranged husband Modise and their children from November 2017, when Modise disclosed to his GP that he could present a risk of harm to others until Abulele's murder on 7th July 2021. Any significant events which took place prior to, or after this time period, were also included. Given the fairly limited involvement of agencies with Abulele and her family,

determining a suitable start date for the focus on agency contact was not a straightforward decision.

1.6 The key purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person is murdered as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able 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.

DHR Timescales

1.7 Greater Manchester Police referred the case to Tameside Community Safety Partnership on 7th July 2021, and the partnership decided that the criteria for conducting a DHR had been met on 28th July 2021 and commissioned an independent chair and author. The DHR commenced on 20th October 2021 and was completed on 13th March 2023. The completion of the DHR has been substantially delayed as a result in difficulties in obtaining information in respect of the perpetrator from the Royal Navy.

Confidentiality

1.8 The findings of each DHR are confidential. Information is available only to participating officers/professionals and their line managers. Pseudonyms are to be agreed with Abulele's family and used in the report to protect the identity of the individuals involved. At the time of the murder, the victim Abulele was 43 years old and the perpetrator Modise was 46. Both the victim and the perpetrator were born in South Africa before later settling in the United Kingdom.

1.9 All Domestic Homicide Reviews involve the loss of a cherished life leaving devastation in its wake. In this case Abulele leaves two children, who are now living in a long-term foster placement in the UK and two half-sisters and an extended family in her native South Africa. In her contribution to the DHR, one of the victim's half-sisters said that Abulele's murder had also deprived her family in South Africa of a generous 'breadwinner' who regularly sent money home and brought gifts with her when she visited. Tameside Community Safety Partnership therefore wishes to express sincere condolences to the family and friends of Abulele.

2.0 Terms of Reference

2.1 The general terms of reference are as follows:

1. Establish what lessons are to be learned from the Domestic Homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

2. 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;

3. Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;

4. 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;

5. Contribute to a better understanding of the nature of domestic violence and abuse;

6. Highlight good practice.

2.2 The case specific terms of reference are as follows:

a. How effectively were any disclosures by, or indications of domestic abuse to, the victim addressed by the agencies in contact with her?

b. How effectively were the risks to the victim presented by the perpetrator assessed and managed?

c. Initial information provided to this DHR indicated that no incident of domestic abuse was reported to any agency prior to the murder of victim. During the course of the DHR one prior incident of domestic abuse which had been incorrectly recorded was found. Therefore, any barriers to the victim accessing services will be explored, including any indications of coercion or control by the perpetrator.

d. How effective was the support offered or provided to the perpetrator in respect of his mental health needs including low mood and suicidal ideation?

e. How effective was the support offered or provided to the elder child of the victim in respect of self-harming behaviour.

f. Explore arrangements for child contact after the victim and perpetrator separated. Was there any indication of domestic abuse arising from child contact arrangements?

g. Consider any communities of which the victim or perpetrator were members.

h. How effective was multi-agency working in this case?

i. Did the agencies in contact with the victim, the perpetrator or their children communicate and share information effectively with each other?

j. Were there any specific considerations around equality and diversity issues in respect of the victim such as age, disability (including learning disabilities), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation that may require special consideration?

k. The victim and the perpetrator were South African citizens who subsequently settled in the UK. The victim and perpetrator were members of different ethnic groups in South Africa. Did religious or cultural beliefs associated with their ethnic origins have any effect on this case?

l. Did the restrictions imposed as a result of the Covid-19 pandemic adversely affect the victim or impact upon the support provided or offered to her by agencies?

3.0 Methodology

3.1 As stated Tameside Community Safety Partnership decided to commission a DHR on 28th July 2021 following a referral from Greater Manchester Police on 7th July 2021.

3.2 The DHR was conducted in accordance with the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (December 2016). Individual Management Review (IMR) reports were requested from all agencies who had had relevant contact with the victim, the perpetrator and their children. Several agencies also provided summary IMRs. The authors of the IMRs had the discretion to interview members of staff if this was required.

3.3 The IMRs were scrutinised by the DHR Panel and further information was requested where necessary.

Contributors to the DHR

3.4 The following agencies provided Individual Management Reviews to inform the review:

- Greater Manchester Police
- NHS Tameside and Glossop Clinical Commissioning Group (Greater Manchester Integrated Care (Tameside) since 1.7.2022) on behalf of the family's GP practice.
- Pennine Care NHS Foundation Trust
- Tameside and Glossop Integrated Care NHS Foundation Trust

The following agencies provided summary Individual Management Reviews to inform the review:

- North West Ambulance Service

3.5 The authors of each IMR were independent in that they had had no prior involvement in the case.

The DHR Panel Members

3.6 The DHR Panel consisted of:

Name	Organisation
Suzanne Antrobus	Head of Legal services, Tameside MBC
Emma Booth	Business Support Officer, Tameside MBC
Ciara Dillon	Team Manager, Tameside Children's Services
Suzanne Fawcett	Detective Constable GMP Serious Case Review Unit
Luke Godfrey	Operations Manager, Victim Support
John Gregory	Head of Community Safety and Homelessness, Tameside MBC
Karen Holden	Head of Nursing for Integrated Safeguarding, Tameside and Glossop Integrated Care NHS Foundation Trust.
Caroline Horne	Independent Domestic Violence Advocate, Jigsaw Support
Tracey Hurst	Designated Nurse Adult Safeguarding, Greater Manchester Integrated Care (Tameside).
Anna Jenkins	Principal Social Worker (Adults), Safeguarding, Quality and Practice Team
Darren Lawton-Edge	Named Professional Safeguarding Adults, Pennine Care NHS Foundation Trust
David Mellor	Independent Chair and Author
Vanessa Rothwell	Partnership Manager, Tameside MBC
Faith Scott	Senior Probation Officer, National Probation Service
Dave Smith	Partnership Manager, Tameside MBC

3.7 DHR Panel members were independent of the line management of any staff involved in the case. The Panel met on four occasions; on 20th October 2021, 17th May 2022, 14th July 2022 and 14th September 2022.

3.8 On the advice of Tameside Children's Services, who had significant involvement with Abulele's children following her murder, it was decided not to invite Abulele's elder child to contribute to the DHR. Abulele has two half-sisters living in her native South Africa and one of them agreed to contribute to the DHR on behalf of the victim's family in South Africa, speaking to the independent author by telephone. She was asked if she wished to suggest a pseudonym for her sister but indicated that a pseudonym could be chosen by the independent author. A close friend of Abulele agreed to contribute to the DHR and spoke to the independent author by telephone. At the conclusion of the DHR Abulele's half-sister in South Africa was offered the opportunity to read and comment on the final report but did not respond.

Author of the overview report

3.9 David Mellor was appointed as the independent author and chair of the DHR Panel established to oversee the review. David is a retired police chief officer who has ten years' experience as an independent author of DHRs and other statutory reviews.

Statement of independence

3.10 The independent chair and author was a police officer in Derbyshire Constabulary, Greater Manchester Police and Fife Constabulary between 1975 and 2005. He retired as a Deputy Chief Constable.

3.11 Since 2006 he has been an independent consultant. He was independent chair of Cheshire East Local Safeguarding Children Board (2009-2011), Stockport Local Safeguarding Children Board (2010-2016) and Stockport Safeguarding Adults Board (2011-2015). Since 2012 he has been an independent chair/author/lead reviewer of a number of Serious Case Reviews, Local Child Safeguarding Practice Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews.

3.12 Whilst a member of Greater Manchester Police he served in Tameside from 1990 until 1992 but has no current connection to services in Tameside.

Parallel reviews

3.13 After considering the DHR report, the coroner decided not to hold an inquest.

Equality and diversity

Sex

3.14 Domestic abuse research has found the difference between men and women to be stark, with men significantly more likely to be repeat perpetrators and men significantly more likely than women to use physical violence, threats and harassment (1). Agencies had one opportunity to view Abulele as a victim of domestic abuse – during the May 2018 incident – and appear to have focussed on the mental health needs of Modise and Abulele's needs as a victim of domestic abuse were lost sight of for a time.

Marriage and Civil Partnership

3.15 Abulele's marriage, and how her marriage was perceived, seemed to be important to her. For example, although she separated from Modise and may have been contemplating divorce, she appeared reluctant to disclose this to her family in South Africa. The independent author had the opportunity to discuss this DHR with the Head of Community Empowerment and Advocacy at the Caribbean and African Health Network (CAHN) which is based in Greater Manchester. She advised that Abulele may have been reluctant to disclose the fact that she and Modise had separated to her family in South Africa as they may well have encouraged her to stay with Modise for the 'good of their children'. The CAHN Head of Community Empowerment said that in South Africa the woman is expected to 'carry the family on her shoulders'.

Race

3.16 Abulele was a Black South African. The DHR has been advised of no indication that she experienced discrimination as a result although it is possible that she may have done. Recent research conducted by Refuge found that Black women were 14% less likely to be referred to Refuge for support by the police than white survivors of domestic abuse (2). Modise reported two race related incidents to the police - a racist incident in 2014 and a racially aggravated assault in 2017. In her contribution to the DHR Abulele's sister dismissed any suggestion that the different South African ethnic groups to which Abulele and Modise belonged could have been a factor in the domestic abuse or homicide, although Modise, in his contribution to the DHR, took a different view although his discussion of their different ethnicity played into his presentation of himself as Abulele's financial provider.

3.17 The CAHN Head of Community Empowerment felt that Modise's perception that his South African ethnic group was superior to that of Abulele could be significant. She felt that his perception of the superiority of his ethnic group may have diminished his appreciation of Abulele's financial contribution to the family and he may have harboured some resentment of her role as joint financial provider and the part that she played in facilitating his entry into the UK. CAHN also advised that Abulele may have needed to exercise care in how she presented her contribution to family finances in order to avoid arousing resentment in Modise.

Religion and Belief

The victim and the perpetrator were South African citizens who subsequently settled in the UK. The victim and perpetrator were members of different ethnic groups in South Africa. Did religious or cultural beliefs associated with their ethnic origins have any effect on this case?

3.18 Abulele appears to have had a strong religious belief. This may have been a factor in her efforts to maintain her marriage to Modise and her reluctance to inform her family in South Africa that they had separated. Had her family been aware that she and Modise had separated they may have enquired how the separation was affecting her.

3.19 It is unclear how attitudes to domestic abuse in their native South Africa may have influenced Abulele and Modise. In 2013 the United Nations Committee on the Elimination of Discrimination against Women received information from several organisations in South Africa alleging that the failure of South Africa to prevent and protect women and girls from domestic violence constituted grave and systematic violations of their rights. This led to an Inquiry by the above United Nations Committee which reported in April 2021. Relevant findings to be highlighted including the need to address patriarchal attitudes and social norms that legitimise domestic violence and to destigmatise victims (3). CAHN advised the DHR that in South Africa, there would be considerable societal pressures on female victims of domestic abuse to stay with the abusive male partner and 'be patient with him'. CAHN also advised that female victims of domestic abuse often stayed with their abusive male partners because they lacked the financial means to afford alternative accommodation. CAHN felt that the fact that Abulele was able to afford to rent alternative accommodation when she and Modise separated may have been perceived by Modise as emasculating him.

Dissemination

3.20 In additional to the DHR Panel members, the report will also be sent to:

- The family
- Royal Navy
- Police & Crime Commissioner - Greater Manchester Combined Authority
- Domestic Abuse Commissioner for England & Wales
- Tameside Community Safety Partnership
- Tameside Domestic Abuse Steering Group
- Tameside Safeguarding Children Partnership
- Tameside Adult Safeguarding Board

4.0 Involvement of the family and friends of the victim Abulele

4.1 On the advice of Tameside Children's Services, who had significant involvement with Abulele's children following her murder, it was decided not to invite the elder child to contribute to the DHR.

4.2 Abulele has two half-sisters living in her native South Africa and one of them agreed to contribute to the DHR on behalf of the victim's family in South Africa, speaking to the independent author by telephone.

4.3 Abulele's sister said that the family in South Africa were utterly shocked by the murder as they were unaware that Abulele had 'marital problems' or that she and Modise had separated. Abulele's sister added that she last spoke to Abulele by telephone two days before the murder and that she gave her no indication that anything was wrong. She went on to say that both Abulele and Modise were private people who never spoke of any conflict in their relationship. She added that she felt that Abulele tended to portray her marriage as 'perfect'. Her sister went on to say that the family had been very fond of Modise, who had been with Abulele for a very long time and that he had never previously shown himself to be violent.

4.4 Abulele's sister said that Abulele and Modise last visited South Africa together in 2019 when there appeared to be no problems in their relationship. She added that Abulele had later visited South Africa on her own to visit her mother's grave as she died during the Covid-19 restrictions and Abulele was unable to travel to the country until the restrictions had eased. Abulele's sister recalled that they had prayed together during daily phone calls when their mother was dying.

4.5 Abulele's sister said that Abulele was brought up an impoverished area of Cape Town. She went on to say that after she moved to the UK and began to establish herself there, she funded the renovation and equipping of her mother's home in Cape Town, sent her money every month and when she visited, she would bring a suitcase full of new clothes for her nieces and nephews. She said that Abulele 'never forgot her roots'.

4.6 Abulele's sister said that Abulele initially came to the UK alone, although her sister was living in the UK on a student visa herself at that time and so she was able to support Abulele for a time - until she (her sister) returned to South Africa. Abulele's sister recalled Abulele working 'day and night' to be able to bring Modise, who she had earlier married in South Africa, over to the UK.

4.7 Abulele's sister dismissed any suggestion that the different ethnic groups to which Abulele and Modise belonged could have been a factor in the conflict which preceded the homicide. (See CAHN's comments on this issue in Paragraph 3.17)

4.8 Abulele's sister described her as a very bubbly, sociable person who loved people and filled the room with 'so much laughter'. She said that Abulele loved her children. She added that she was an adventurous person who enjoyed travelling. Abulele's sister said that she was very hard-working and that she (her sister) was so proud of her educational achievements and also that she had managed to start her own business as a black woman trying to make a success of her life in the UK. Abulele's sister was asked if she would like to suggest a pseudonym for her. She indicated that she was content for the independent author to choose a pseudonym and so pseudonyms for both the victim and perpetrator have been chosen to be consistent with their South African heritage.

4.9 A close friend of Abulele agreed to contribute to the DHR and spoke to the independent author by telephone. She said that she had known Abulele for nearly ten years and that they had been close friends since 2016. She said that they went to the gym together regularly after finishing work. She described Abulele as a very bubbly person whose likeable personality encouraged people to relate to her.

4.10 Abulele's friend said that she was an extremely hard-working person whose ambition had been to become a lawyer. She said that Abulele graduated in law from the University of Bolton and obtained a master's degree in law from Salford University in 2017 or 2018.

4.11 After gaining experience as a support worker, her friend said that Abulele decided to start her own care agency which her friend understood to be progressing well despite the challenges of delivering personal care during the pandemic. Abulele's friend said that Abulele loved the work, adding that she delivered much of the care herself, a role to which her friend felt that Abulele was particularly suited as a person who genuinely cared about others.

4.12 Abulele's friend described her as a very loving and caring mother for whom her children always came first. She said that Abulele asked her to speak to her elder child when she found out that they had been self-harming. Her friend described how she visited Abulele's house and spoke to the elder child in an attempt to encourage them to 'open up' but when she asked the child about what made them feel sad, the child replied that they didn't know.

4.13 Abulele's friend said that her marriage to Modise appeared 'fine' for many years, although she said that Abulele was quite private about her relationship with Modise but began 'opening up' to her about it more recently. Her friend added that their personalities were quite different, in that Modise was quiet with hardly any friends,

whilst Abulele was just the opposite. She confirmed that neither Abulele nor Modise had any relatives living in the UK.

4.14 Abulele's friend was aware of the May 2018 incident but said that she didn't know the details. She said that she was aware that Abulele had been very scared of Modise at that time, had reported the incident to the police and then stayed with a friend for a day or two.

4.15 Abulele's friend said that when Abulele and her husband separated things seemed fine at first. Their children were allowed to stay at whichever house they wished to. But after a while, her friend said that Modise struggled to cope with the separation. Initially Abulele responded sympathetically and encouraged Modise to access therapy, but she later told her friend that Modise was 'not letting her breathe' adding that she was worried that she was going to 'end up going back to this man' and being unhappy.

4.16 Abulele's friend said that Modise began to threaten Abulele and send her texts in which he tried to make her feel guilty by saying that he had previously 'taken care of her'. Her friend recalled Modise telephoning her (the friend) and trying to enlist her help in getting them back together again.

4.17 Abulele's friend said that Abulele became increasingly worried and texted Modise's mother (in South Africa) at one stage to say that she was worried that Modise was going to kill her.

4.18 Abulele's friend said that things escalated very quickly. She said that there was an argument the day before the murder whilst Abulele was driving, and Modise was her passenger. Her friend said that Modise told Abulele that he wanted to use her phone, but Abulele was worried that he wanted her phone only to go through it to check who she had been in contact with. When she refused to let him use her phone, her friend said that Modise began hitting Abulele whilst she was driving and so Abulele stopped the car and ran away from him.

4.19 Abulele's friend went on to say that Abulele rang her to talk about this incident on the same evening and they spoke for around two hours. She said that Abulele appeared very scared and said that she felt that Modise didn't want to let her go. Her friend said that she encouraged Abulele to go to the police and Abulele replied that she intended to do so, but not until the following morning because she was busy that evening providing support to clients in their own home. She said that Abulele talked of obtaining a 'Restraining Order'.

4.20 Her friend said that Abulele texted her when she arrived home in the early hours of the morning on which she was murdered and that this was the last time she heard from her.

Involvement of the perpetrator Modise

4.21 The perpetrator Modise was invited to contribute to the DHR in accordance with the Home Office guidance. It is important to point out that perpetrators who decide to contribute to DHRs are invariably interviewed at a very early stage in what is usually a life sentence of imprisonment and before any work has been done with them to help them come to terms with their offence and the impact of the offence on the victim and others. Therefore, it is important to treat a perpetrator's contribution to a DHR with caution.

4.22 In his conversation with the independent author, which was conducted via video link from the prison in which he is serving his sentence, the perpetrator showed no remorse, sought to justify his actions and largely blamed the victim. To try and reduce the distress his account may cause Abulele's family and friends should they read this report, what follows is a substantially edited account of what he said.

4.23 The perpetrator placed strong emphasis on the fact that he and the victim were from different ethnic groups in South Africa and portrayed his ethnic group as superior to hers (Please see CAHN's observations about Modise's perception that his ethnic group was superior to that of Abulele in Paragraph 3.17).

4.24 The perpetrator also repeatedly drew attention to his alleged role as the financial provider in the relationship, claiming for example that he funded the victim's move to the UK and financed their domiciliary care business whereas the victim's family and friends have stressed that the victim was a very hard worker who made a substantial contribution to the finances of her family in the UK and by sending money to her family in South Africa.

4.25 The perpetrator was invited to reflect on his contact with services, particularly health services. He recalled visiting his GP in 2017 and being prescribed mirtazapine, which he said he found too strong and so the dosage was lowered. He remembered his contact with Healthy Minds and said that he had attended two of three planned sessions. He said that he cancelled the third session, adding that he found the support he received from Healthy Minds 'very helpful'.

4.26 He said that he also accessed telephone counselling from his employers which 'went OK'. He said he accessed no further support in respect of his mental health after

the early part of 2018. He also recalled attending hospital with chest pains in the months prior to the murder and said that he felt that these pains were related to stress as there was ‘a lot happening in his life’, particularly his ‘marriage issues’ and his responsibilities with the domiciliary care agency.

4.27 He said that he became aware of his eldest child self-harming but ‘didn’t think much of it at the time’.

4.28 The perpetrator was asked about the May 2018 incident when Abulele called the police. He said that he took Abulele’s bank card to a cash machine and said that he was ‘baffled’ to find that the account contained £4000. He said that he hadn’t expected Abulele to ‘have money’. In response, he went to the supermarket to buy a bottle of whisky and went home to confront Abulele but said that this (the act of confrontation) was ‘very difficult’ for him. He said that he felt that he could no longer trust her. He said that he began sharpening the knives in the family home, a task he said he usually carried out every two months. He said that he didn’t intend this act to be threatening.

4.29 The perpetrator said that he and Abulele separated just as their domiciliary care business was picking up. He described this situation as ‘unbearable’ for him as they were living apart but seeing each other every day. He said that Abulele appeared to have ‘moved on’ and said he found the fact that the person he used to sleep with treated him as her co-worker to be very difficult. He said that there was conflict between them following their separation but that they kept this hidden during working hours and that any ill-feeling was usually expressed ‘over the phone at night’.

4.30 He confirmed that on the day before the murder, he ‘lost it’ and ‘slapped’ Abulele whilst they were in her car. He added that Abulele was driving at the time and that after he assaulted her, she ‘jumped out’ and ran away. He said that he went after her to apologise but said that she ‘didn’t want to hear anything’ from him. The perpetrator said he was upset with himself and initially decided to drive Abulele’s car to a place where he could end his own life. However, he said that he decided against taking his life at that time. He went on to say that he attempted to ring Abulele again but said that she ‘didn’t want to talk to him’. He said that at this stage he feared that he had ’lost everything’ and again decided to take his own life but not until he had taken his children out for one final meal together that evening. After the meal he said he thought of Abulele laughing at him after he had taken his own life and so he decided to ‘do something’ to her. (The account of events leading up to the murder provided by the perpetrator is contradicted by the findings of the DHR).

4.31 When asked about support for the family in the UK, the perpetrator replied that Abulele had 'loads of support' adding that she was 'very popular', whilst he had only one friend, who, he added, was someone he had met through Abulele.

5.0 Chronology/Overview

Background information

5.1 Abulele was a Black South African woman whose main spoken language was recorded as English. Her first language was recorded as Xhosa. She was born in South Africa and moved to the UK to study. It is not known precisely when Abulele came to the UK but she and her husband Modise – also born in South Africa – were residing in Manchester when their first child was born in 2005. Their second child was born in 2010. The family settled in the Tameside area of Greater Manchester. Abulele was granted indefinite leave to remain in the UK in 2014, having initially entered the UK on a student visa. Abulele obtained a Batchelor and later a master's degree in law from Universities in Greater Manchester before she and Modise established a domiciliary care agency in October 2019 which they continued to jointly manage – and personally provide much of the care the agency was contracted to deliver – up to the time of Abulele's murder. Abulele was a runner who went to the gym regularly. She was a non-smoker and reported consuming very little alcohol. She experienced only minor health issues although she had reported anxiety and stress during a period in which Modise appears to have been living in South Africa and she and the children were resident in the UK. Following her murder, her remains were repatriated to South Africa for burial. One of Abulele's half-sisters and a close friend have contributed to this DHR, and both described Abulele as a bubbly, sociable person who related warmly to others, although she appeared reluctant to talk to others about her marriage to Modise. She was described as a very hard-working person, who always put her children first. Whilst she had made a successful life for herself in the UK, her sister said that Abulele 'never forgot her roots' and sent money and gifts back to her family in her native South Africa. Abulele was a Christian although she is not thought to have been a regular churchgoer in the UK.

5.2 Modise is a Black South African man who was three years older than Abulele. His main spoken language is recorded as English, but his first language is recorded as Tswana. He was also born in South Africa. He served in the South African Navy for eight years and he and Abulele were married or engaged whilst living in South Africa. Abulele initially moved to the UK without him, but he subsequently joined her and later served in the Royal Navy for a time before being discharged on medical grounds in 2011. Following his discharge Modise worked as a hotel concierge and a fire sensor engineer.

As stated above, he and Abulele established a domiciliary care agency in October 2019. He presented with stress and anxiety to his GP during 2017 which appeared to be primarily related to an incident in which he reported being assaulted and racially abused during the course of his employment. He also reported chest pain in 2017 and in 2021. Apart from an arrest for being absent without leave from the Navy, Modise was known to the UK police only for driving his vehicle without insurance on several occasions in 2013 when it was established that his motor insurance policy had been voided due to non-payment.

2017

5.3 As referred to above, Modise began visiting the family GP in 2017 and presenting with anxiety and stress. The first such visit to the GP took place in February 2017 when Modise felt he needed time of work following an assault by a ‘service user’ which was aggravated by racial abuse. Modise disclosed that the incident had affected his confidence. The GP documented that Modise presented with no suicidal ideation or psychosis and reported ‘no issues at home’ where he lived with his wife and children. The GP provided advice about talking to his employer and reporting the incident to the police. Modise had in fact reported the incident to the police and made a witness statement. He would have been offered victim support, but it is not known if he accessed this. No suspect was identified. This was the second incident with a racist element which Modise had reported to the police. In 2014 he reported racist abuse to the police, provided a statement but later retracted his complaint. The GP also discussed a referral or self-referral to Healthy Minds – which is a mental health service which offers a range of talking therapies to support a person’s mental health. The GP provided Modise with a fitness to work statement and arranged to review Modise in two weeks although Modise was advised to return to the GP earlier if he felt he needed medication.

5.4 It appears that Modise self-referred to Healthy Minds but did not attend any of the Welcome and Choice information sessions – the aim of which would have been to assist him in choosing the right treatment option to suit his needs - offered to him on dates in March and April 2017. His GP practice was advised.

5.5 The GP saw Modise again in early March 2017 when he reported still suffering from stress and trauma following the incident and that he had left the employment in which the incident had taken place and ‘was attending counselling’. He also reported chest tightness and so the GP referred him to the Hospital 1 Cardiology Department, which later advised the GP that an echocardiogram[1] had disclosed nothing of concern. The GP

[1] An echocardiogram is a type of ultrasound scan used to look at the heart and nearby blood vessels.

prescribed Mirtazapine 15mgs at night. Mirtazapine is prescribed for depression and anxiety. Modise was advised to return to the GP for review in two to four weeks or sooner if required.

5.6 The GP referred Modise to Healthy Minds, but he did not attend his first treatment appointment which was scheduled for 31st July 2017. Healthy Minds wrote to the GP to advise that they had discharged Modise back to primary care in accordance with their DNA/Cancellation policy, explaining that 'due to the considerable demand on their services' anyone who fails to attend their initial treatment appointment was so discharged.

5.7 Modise self-referred to the Tameside and Glossop Access Team on 13th November 2017. The Access Team noted a 'degree of risk' in the referral and passed it to Healthy Minds. A letter advising this action was sent to the incorrect GP practice. The Access Team also wrote to Modise to advise of services which were available for him to contact in an emergency.

5.8 On 14th November 2017 Modise visited his GP who documented that he complained of 'suffering psychologically' as a result of the earlier assault and reported a 'violent dream' he had had two weeks previously which had upset him. He said he had no thoughts of self-harm or suicide but 'sometimes feels he may be violent'. Modise said that his previous engagement with Healthy Minds 'did not go well' but that he had re-referred himself to the service. He said that he had tried medication, but this had not worked and that he preferred not to take medication. (It is assumed that Modise was referring to the Mirtazapine which it is understood he took for only a short period). The GP assessed Modise and clarified that he was not at risk of suicide or self-harm and was given advice in respect of 'crisis management' should he experience feelings of violence towards himself or others. He was advised to attend hospital ED if such circumstances arose. Modise told the GP that he had self-referred to the Access Team the previous day. The GP discussed his lifestyle, the need for exercise and signposted him to 'self-help' and MIND and advised to return if his mental health deteriorated.

5.9 Also on 14th November 2017 Healthy Minds wrote to Modise to invite him to a Welcome and Treatment Choice Group Information Session scheduled for 5th December 2017. Modise attended and during the session he completed the Patient Health Questionnaire-9 (PHQ-9)[2]. In response to the question 'Thoughts that you would be better off dead or of hurting yourself in some way', Modise had given a score of '3' which equated to 'being bothered' by these thoughts 'nearly every day' over the past

[2] The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.

two weeks. As a result, a mental health nurse spoke to Modise who said that he had thought about drowning himself in a nearby reservoir, but he had not gone to the reservoir. Protective factors were rated as his children, and he reported that these were currently the only thing preventing him from acting on these thoughts. Crisis numbers were discussed with Modise including the Sanctuary and he said that he had used the Sanctuary[3] in the past and felt able to do so again. The Sanctuary has advised the DHR that they have no record of Modise contacting them. Modise stated that he would 'try his very best' to remain safe whilst on the Healthy Minds waiting list.

5.10 On 6th December 2017 Healthy Minds wrote to Modise's correct GP practice to advise of the contents of the conversation between Modise and the mental health nurse the previous day. The letter advised that Healthy Minds were contacting the GP because Modise was currently waiting for a further appointment with Healthy Minds and so they would be grateful if the GP practice could continue to support and advise Modise. Modise's GP practice has advised this DHR that they have no record of receiving the Healthy Minds letter. Healthy Minds also wrote to Modise on the same date to confirm that he had expressed suicidal thoughts at a recent appointment and advising him to contact the Duty Team before 15th December 2017. It is not known whether Modise contacted the Healthy Minds Duty Team or not. The Duty Team contacted Modise by telephone on 7th December 2017. He again talked of taking his life by drowning and mentioned a different location he could visit for this purpose. The practitioner who spoke to Modise on this occasion assessed his intent to take his own life as low and again documented his children to be a protective factor.

2018

5.11 On 5th March 2018 Healthy Minds wrote to Modise to offer him the first in a possible series of regular appointments, inviting him to attend a telephone appointment on 23rd March 2018 which he cancelled on the grounds that he 'was doing a lot better now'.

5.12 On 23rd March 2018 Healthy Minds wrote to Modise's GP advising of the above and that Modise had been discharged from the service. Modise had no further contact with his GP prior to the murder, apart from his first Covid-19 vaccination on 25th May 2021.

5.13 On 30th May 2018 Abulele called the police via 999 and asked them to 'come quickly. My husband' and whispered her address to the operator. The police attended and found Abulele to be crying and 'in a complete state of distress.' Abulele explained that she was concerned about Modise's mental state as he had been silent for the past

[3] The Sanctuary was a 24-hour mental health support telephone line.

few days and had not been responding to her or their children and had returned home from work that day and locked the doors before sharpening the kitchen knives. The officers spoke to Modise on his own and he said that he had found a bank card in Abulele's name and the account to which the bank card related contained £4,500. He added that he did not know where this money had come from. Modise added that he was working all hours that he could to support the family financially and was annoyed that Abulele may be 'living the high life'. Modise said that he had not spoken to Abulele about the bank card and that she was unaware that he had found it and he had been finding menial tasks in the house to keep him occupied rather than confront Abulele. A 'family friend' then arrived and Modise said that he would rather discuss the matter with the friend than the officers. It was documented that the 'family friend' knew both Modise and Abulele and therefore may be able to mediate. Modise later left the family home to stay with the family friend. Modise disclosed to the officers that he had previously 'had contact' with the RAID team. It is presumed that Modise, or the officer's documenting the conversation were referring to the hospital mental health team when RAID was discussed. However, the DHR has been advised that Modise was not known to RAID. This may have been a misunderstanding and Modise may have been referring to Healthy Minds. The police documented that Abulele was concerned that Modise might harm himself or the children, that no 'altercation' had taken place, or threats been made and so the police took no further immediate action.

5.14 A public protection investigation document (PPI) was created and submitted on the grounds that there were adult welfare concerns. This was assessed by the Triage – also referred to as the Safeguarding Hub - and it was decided that the case would be discussed at the Integrated Neighbourhood Services (INS) multi-agency meeting at which cases assessed as 'standard' and 'medium' risk were discussed. It is worthy of note that no DASH risk assessment had been completed by the police. Checks were completed which disclosed that the family were not known to social care, but which highlighted that during the past twelve months Modise had twice self-referred to Healthy Minds but had then disengaged. There is no indication that information was requested from Modise's GP. The INS meeting decided that further contact should be made with Abulele to confirm that she was 'OK' and ensure that there were no 'domestic issues' or further help required. The option of a joint visit to Abulele away from the family home by Bridges (Tameside domestic abuse service) and mental health services was under consideration. The police made a follow up phone call to Abulele who stated that 'she had resolved everything with her husband', that there were no further concerns, and she did not require any additional support although she did ask the officer to send her a letter to confirm the police officer's details should she require any further help in the future - which was sent. The officer who made the call to Abulele was advised by a supervisor that there was no need to inform her that Modise had found her bank card.

2019

5.15 As previously stated in October 2019 Abulele and Modise established a domiciliary care service. The service was registered with the Care Quality Commission (CQC) the same month and Abulele was documented to be the Registered Manager and Modise a Nominated Individual. Tameside Council initially commissioned the service to provide a single package of care but from January 2020 the service began delivering a number of care packages, including some night services. (By the time of the murder in July 2021, the service was commissioned by Tameside Council to deliver 273 hours of care per week to 16 service users.

2020

5.16 On 23rd March 2020 the first England lockdown commenced in response to the Covid-19 pandemic. This was a very challenging time in which to manage and deliver domiciliary care for services such as those provided by Abulele and Modise.

2021

5.17 The police murder investigation established that Abulele moved out of the family home (address 1) into a rented property (address 2) in a neighbouring town in February 2021. Both properties were privately rented. It appears that the children spent time in both properties with each parent. Abulele and Modise continued to work together after the separation as directors of the domiciliary care agency.

5.18 On 12th May 2021 Modise attended Hospital 1 ED and presented with 'dull' chest pain which he had experienced for the past three days, and which was not related to exercise. He also reported pain in his left shoulder and neck. Examination and tests disclosed nothing abnormal and Modise was treated for musculoskeletal pain. No reports of stress or mental health were documented or disclosed (In his contribution to this DHR, the perpetrator Modise stated that his chest pain was related to stress arising from his separation from Abulele and pressures arising from running their domiciliary care service (Paragraph 4.26). It appears that he chose not to disclose this to ED practitioners).

5.19 On 27th May 2021 Abulele and Modise's elder child (aged 15 at that time) disclosed to the child's school that they had been self-harming 'on and off' over the past year. They said that they had initially started cutting their arms but more recently had begun cutting their legs so that the marks would not be seen. They said that the marks on their legs were worse than those on their arms. They said that they really struggled with

regularly feeling tired and they were going to bed after school and sometimes slept through until morning which meant that they were missing meals. They disclosed that cutting themselves ‘turned mental pain into physical pain’ which they felt was easier to deal with. They also reported feeling teary or crying most nights but ‘did not believe that they had any reason to feel that way’ as potential stresses and triggers were explored during their conversation with school. They reported ‘barely eating during Years 8 and 9 – the preceding two school years - but did not know why. They were described as being ‘petite’ in build. The school was aware that they were primarily living with Abulele who the child described as ‘not being very understanding’ of the child’s situation. The child was described by school as presenting as ‘very sad’ and it was documented that they ‘found it very difficult to talk’ and appeared guarded about what they shared.

5.20 The school contacted Abulele on the same date. Abulele said that she had noticed self-harm marks a year earlier but had had no further concern until two weeks earlier when she saw marks on the child’s arm. Abulele said that she had asked the child why they self-harmed and when they replied that they didn’t know, Abulele had become upset. It was agreed that Abulele would contact the GP practice to inform them that her elder child had been self-harming and that the school would be making a referral. Abulele would ask the GP to arrange for blood tests in an effort to identify the cause of the child’s tiredness.

5.21 The school noted that there was no family/support network as family members lived in South Africa and the child’s parents had their own business and appeared to work long hours. Abulele and Modise were documented to be ‘getting on’ despite being separated, and the elder child was able to spend time with both parents. The child was to receive regular pastoral support following their disclosures and had been signposted to kooth.com (provider of online mental health support).

5.22 On 4th June 2021 Abulele had a telephone consultation with the GP, relating the conversation she had had with her elder child’s school about self-harming. She said that the school had advised her to refer the child to Healthy Young Minds (re-named Child and Adolescent Mental Health Services (CAMHS) in October 2021), but the latter service had advised her that any such referral needed to be made by the GP. (If the school advised Abulele to refer her elder child to Healthy Young Minds, this was incorrect advice as the service did not and currently does not accept self-referrals or referrals from the child’s parent or guardian) During the GP consultation triggers for self-harm were thought to be to relieve stress although no specific stressors were identified. The GP referred Abulele’s elder child to Healthy Young Minds on 14th June 2021. There is no indication that the GP spoke to the child – which would have been expected practice - and it is unclear whether there was any consideration of whether any medical intervention was required for what Abulele described as ‘deep cuts’ to her

child's legs. *Tameside & Glossop Policy and Procedure in relation to Self-Harm* is guidance intended for anyone working with children and young people in Tameside and Glossop. [tameside_self_harm.pdf (proceduresonline.com)] Included in the guidance is a requirement to complete a risk assessment/checklist and safety plan which should accompany a Healthy Young Minds referral. There is no indication that the GP completed this risk assessment/checklist and safety plan.

5.23 The Healthy Young Minds practitioner allocated to triage referrals attempted to make telephone contact on 24th June and 2nd July 2021 but did not receive a reply. A message was left advising of the attempted contact adding that a practitioner would call again after 5th July 2021. The DHR has been advised that no contact had been made by the Healthy Young Minds practitioner with Abulele or her child prior to the murder.

5.24 During June 2021 Tameside Adult Social Care had two virtual meetings with Abulele in respect of a safeguarding concern which related to a service user of her domiciliary care service. She showed no signs of distress during the calls which did not involve Modise who was not one of the allocated care workers to the particular service user.

5.25 There appears to be no doubt that on 6th July 2021 Modise physically assaulted Abulele whilst she was driving her car in which he was a passenger. It is also understood that Abulele then got out of the car and left the scene on foot. In her contribution to this DHR, Abulele's close friend said that this incident left Abulele feeling 'very scared' (Paragraph 4.19) and that she intended to report the matter to the police and apply for an injunction against Modise once she had fulfilled planned care visits later the same day and first thing the following morning.

5.26 At around 1.30am the following morning Abulele returned to her home address with a colleague having completed their care visits for the evening. They planned to get some sleep at Abulele's address before starting work again at 6am the same day. Abulele went to bed and her colleague slept on the settee downstairs. Unknown to either woman, Modise had let himself into Abulele's address prior to their return having had a copy of her house key cut after previously borrowing Abulele's car. He secreted himself in the bedroom of the younger child. As previously stated, the elder child was staying at Modise's address that night. He set his alarm for a time by which he anticipated that Abulele and her colleague would be sound asleep and went to sleep himself. Woken by his alarm around 3.30am, Modise went to Abulele's bedroom intending to suffocate her although he had armed himself with a metal exercise bar with which he struck her several times. He began to leave the address but returned to stab Abulele several times after hearing her moving. Modise then left the address. Woken by the sound of the disturbance, Abulele's colleague rang for an ambulance which

attended, and the crew commenced advanced resuscitation and conveyed Abulele to Hospital 2, where she was pronounced deceased shortly thereafter.

5.27 After leaving Abulele's address, Modise phoned the police and confessed to stabbing Abulele multiple times. He provided his location which the police attended and arrested him. He told the officers that he had drunk three quarters of a bottle of whisky and taken an overdose of paracetamol and tramadol tablets and was transported to the Hospital 1 ED. Whilst en-route to the hospital, Modise told the officers that he had argued with Abulele 'the day before' and had hit her which he apologised for.

5.28 When assessed in the Hospital 1 ED, Modise said he did not regret taking the overdose and still wanted to die. He said he had tried to kill Abulele because 'she was messing around with him'. It was documented that he had made multiple previous attempts to take his own life which had been 'driven by stress caused by Abulele'. He specifically mentioned an attempt to drown himself in a canal but said he 'messed it up' as he was 'drunk'. He was admitted to hospital and referred for assessment by the hospital mental health liaison team. During his two-day admission, he was seen by the hospital mental health liaison team on two occasions, and their impression was that Modise was presenting with chronic low mood in the context of 'marriage difficulties' and experiencing ongoing thoughts of suicide with no clear plan or means. He was later discharged into the custody of the police who had arrested him on suspicion of murder during his hospital admission. The mental health liaison team alerted the police to the risk of suicide. During his period of assessment in Hospital 1 Modise disclosed an incident 'the year before' in which Abulele called the police as he had a knife and had been drinking. The police attended only one incident involving Abulele and Modise which took place in May 2018. It is assumed that this is the incident to which Modise referred during the assessment and estimated the date on which it took place incorrectly.

6.0 Analysis

6.1 In this section of the report each of the case specific terms of reference questions will be considered in turn.

How effectively were any disclosures by, or indications of domestic abuse to, the victim addressed by the agencies in contact with her?

6.2 With the benefit of hindsight, the May 2018 incident (Paragraph 5.13) - in which Abulele phoned the police via 999 in a distressed state after Modise returned home from work under the influence of alcohol, locked the doors to the house and began

sharpening kitchen knives - appears to have been a significant event, albeit the incident took place over three years prior to the murder of Abulele. Abulele told the police that she was concerned about Modise's mental state as he had been silent for several days and had not been responding to her or her children. The police initially perceived the incident as relating to domestic abuse but after speaking to both Abulele and Modise, concluded that the knife sharpening represented the completion of a menial task rather than any kind of direct or implied threat to Abulele and/or her children despite the fact that this was an aspect of Modise's behaviour which appeared to have contributed to Abulele's distress. No DASH risk assessment was completed, nor was any referral to children's social care considered and the incident was finalised as a concern for Modise's welfare. As the incident was not finalised as a domestic abuse incident it was initially 'hidden' from view and was not considered at the time the decision was made to commission this DHR.

6.3 The event which precipitated the conflict between Modise and Abulele in May 2018 was his discovery that his wife had a separate bank account in which she had saved £4500. Apparently unknown to Abulele, Modise had found or guessed the PIN and taken her bank card to a cash machine and discovered the substantial balance. The DHR Panel felt that the existence of Abulele's private bank account could have merited greater professional curiosity. For example, it may have been an indication that all was not well in the marriage and that Abulele *may* have been putting initial arrangements in place to facilitate an exit from the relationship with Modise at some point in the future. Having said that, there are other plausible explanations for the bank account such as Abulele's focus on providing financial support to her extended family in South Africa. In addition, there could have been a stronger professional focus on indications of controlling behaviour by Modise at that time.

6.5 After reporting the May 2018 incident to the police, there is no record of Abulele making any disclosures of domestic abuse to any professionals prior to her murder over three years later. The Head of Community Empowerment and Advocacy at CAHN has advised the DHR that Abulele may have been reluctant to report any further incidents of domestic abuse to the police as this could be perceived as 'turning on her own kind' and because of the risk that Modise, as a man of Black African descent, may not be treated fairly by the police.

6.6 There appears to be no doubt that Modise physically assaulted Abulele during the day prior to the murder. This assault was not reported at the time but was disclosed by Modise to the police officers who arrested him following the murder of Abulele (Paragraph 5.27) and in his contribution to this DHR (Paragraph 4.30). From the account provided to the DHR by Abulele's close friend, this assault appears to have represented a turning point for Abulele who the friend said had decided to report the matter to the

police and possibly seek an injunction. When Abulele's elder child was interviewed by the police as part of the murder investigation, the child disclosed that her mother disclosed the assault to her during a telephone call on the evening before the murder took place. The elder child stated that their mother was crying as she disclosed this, which was something the child had hardly ever known their mother to do. Tragically, it appears that Abulele decided to delay taking this action until she had completed care calls to patients.

6.7 Both address 1 and 2 were privately rented properties. The DHR has received no indication that any domestic abuse came to the notice of the private landlords.

How effectively were the risks to the victim presented by the perpetrator assessed and managed?

6.8 There was a strong professional focus on the risks which the perpetrator Modise may present to himself, whilst the risk he could present to Abulele, and their children was overlooked. When he visited his GP on 14th November 2017 (Paragraph 5.7) Modise reported a 'violent dream' he had had two weeks previously and said that he 'sometimes feels he may be violent'. The GP clarified that Modise was not at risk of suicide or self-harm but the 'crisis management' advice given by the GP was on risk to self and others although there is no indication that the risk which Modise could present to his wife Abulele and their children, was considered. No safeguarding referral appeared to be considered in respect of the children nor is there any indication that advice was sought from the GP practice safeguarding lead. No DASH risk assessment was considered although it is accepted that there are practical difficulties in completing a DASH risk assessment for GPs who see each patient for a relatively short period of time.

6.9 On the day prior to this November 2017 GP appointment, Modise self-referred to the Tameside and Glossop Access Team which noted an (unspecified) 'degree of risk' in the referral. The Access team decide to alert Modise's GP to this 'degree of risk' but unfortunately sent a letter to the wrong GP practice.

6.10 The Access Team referred Modise to Healthy Minds who offered him a fairly prompt Welcome and Treatment Choice Group Information Session appointment (Paragraph 5.9) at which he disclosed regular thoughts of feeling that he would be better off dead and specifically that he had contemplated drowning himself in a nearby reservoir. There was an appropriate focus on providing Modise with support to address his risk to self but there appeared to be no exploration of his relationship with Abulele. Indeed it was documented that Modise reported that his children were currently the 'only thing' preventing him from acting on his suicidal thoughts, which he reiterated

when later telephoned by the Duty Team (Paragraph 5.10) It is not known what Modise might have disclosed if his relationship with Abulele been had been explored but it is striking that he said that his children were the 'only thing' preventing him from acting on his suicidal thoughts and apparently made no mention of his wife in this regard. The fact that he described his two children as the 'only factor' preventing him from acting on his suicidal thoughts begged the question of why he did not perceive the mother of their children as a factor preventing him from taking his own life. At that time there was no record of Modise having been a perpetrator of domestic abuse. Had there been any indication of domestic abuse or had Modise disclosed any domestic abuse towards Abulele, then Modise's suicidal ideation could have been seen as also presenting a risk to Abulele as suicidal ideation in a perpetrator of domestic abuse is recognised as heralding a much-increased risk of homicide to the victim.

6.11 A further opportunity to consider the risks Modise may present to Abulele arose from the multi-agency response to the May 2018 incident (Paragraphs 5.13 and 5.14) As previously stated over the course of the initial police response the evidence of domestic abuse appears to have been lost sight of to a degree and the focus appears to have shifted to concerns for Modise's welfare. However, the case was then subject to multi-agency discussion at the Integrated Neighbourhood Services (INS) multi-agency meeting at which cases assessed as 'standard' and 'medium' risk were discussed (Paragraph 5.14). This allowed information to be obtained from partner agencies which disclosed Modise's contacts with mental health services in 2017 and 2018 which indicated that he had been assessed as presenting a risk to self for a time. Crucially, information was not sought from Modise's GP, which was, and remains, the usual practice (i.e., not to seek information from GP practices). His GP appeared to be the only service to which Modise made disclosures which indicates that he could present a risk of violence to others – in November 2017 (Paragraph 5.8). Just prior to this GP appointment, Modise had self-referred to mental health services (Paragraph 5.7) and so the initial opportunity for the GP to share Modise's disclosures which indicated he may present a risk of harm to others was inadvertently lost. This appears to have left the GP practice as the only agency holding this information and as stated, the information held by the GP was not sought by the INS multi-agency meeting.

6.12 Whilst it is not known what difference the information the GP practice held about Modise's potential risk to others would have made to the INS deliberations, this is an example of the important information held by GP practices which could be of importance to multi-agency discussions around risk. The DHR Panel was advised that the INS no longer exists in the form that it did in 2018 and that there is now a weekly meeting at which cases involving adults who are considered to be at risk are discussed. It is understood that this weekly meeting is likely to evolve further and that the need to find a way of involving primary care is an issue under consideration. DHR Panel

members felt that the extent to which information held by primary care informs multi-agency conversations is a weakness in Tameside which also applies to other multi-agency fora including the MARAC and the MASH. Given the importance the Tameside Domestic Abuse Strategy ascribes to GP practices as places where victims-survivors of domestic abuse may seek help and perpetrators may seek support around their behaviour (4) the question of how to ensure primary care information is shared within key multi-agency fora is deserving of high priority.

6.13 Notwithstanding the absence of GP information about Modise's risk to others, the INS multi-agency meeting demonstrated the value of multi-agency working as the meeting shifted the focus back onto domestic abuse in deciding that further contact should be made with Abulele in the form of a joint visit by Bridges and mental health services although, when contacted by the police, Abulele declined further support. Abulele was not informed that Modise had found out about her personal bank account. The independent author takes the view that it would have been better if the police had informed Abulele that Modise had become aware of her personal bank account and the funds it contained. She may have been able to work this out for herself, but it would have given Abulele a clearer appreciation of how things stood in her relationship with Modise to have been so informed. Additionally, the potential significance of Abulele's request to the officer who contacted her following the INS meeting to send her a letter to confirm the officer's details should she require any further help in the future, could have triggered greater professional curiosity.

6.14 Modise sought no further help with his mental health from his GP or Healthy Minds after 23rd March 2018. However, he did attend Hospital I ED on 12th May 2021 (Paragraph 5.18) which was just under two months prior to the murder. His report of pain in his chest, shoulder and neck appears to have been explored primarily as a physical problem. There is no indication that Modise's earlier mental health history was considered when he presented at ED. In his contribution to the DHR, Modise stated that his chest pain was related to stress arising from his separation from Abulele and pressures involved in running their domiciliary care business (Paragraph 4.26). This appears to have been a missed opportunity to more fully explore non-physical causes of Modise's symptoms which may have provided an opportunity to make routine enquiry about domestic abuse if Modise had been prepared to discuss stressors with the ED staff.

6.15 It is regarded as good practice to make 'routine enquiry' in respect of domestic abuse during patient interactions such as antenatal and post-natal checks, contraceptive review, treatment of sexually transmitted infections, unplanned pregnancies and when the person presents with medical symptoms which cannot be explained. It has been noted in other DHRs that the majority of points when 'routine

enquiry' takes place relate to the earlier years of a female's life. There do not appear to be the same number of recognised opportunities or awareness of the need to apply 'routine enquiry' to males or older people.

6.16 Having served for eight years in the South African Navy, Modise later served in the Royal Navy before being medically discharged in March 2011. After protracted discussions with the Royal Navy, details of Modise's medical discharge were shared with the DHR as the review was nearing completion. Modise first sought support from the Royal Navy in September 2010 when he was documented to be 'expressing thoughts and plans for self-harm'. He was referred to a consultant psychiatrist who saw him later the same month. Modise disclosed significant financial problems arising from his ownership of four properties – the Manchester home he and his family resided in and three properties in South Africa which he rented out. The tenants had recently moved out of one of the South African properties which had added to his financial worries. He added that his property in Manchester was in 'negative equity'. He said that both he and his wife had substantial credit card debt. Additionally, his eldest child had recently returned to live with Abulele and their youngest child (then an infant) in Manchester after living with grandparents in South Africa for two years and Modise disclosed some stress arising from this change in family circumstances. The consultant psychiatrist concluded that although Modise had had thoughts of self-harm, he had no plans to harm-himself due to the effect this could have on his family. The consultant psychiatrist was requested to consider whether Modise was 'temperamentally unsuitable' to continue his service in the Royal Navy and concluded that Modise did not fulfil the criteria for 'temperamental unsuitability' at that time and that he would benefit from help with his 'complex family, social and financial' circumstances.

6.17 The Royal Navy has disclosed that Modise was then absent without leave (AWOL) for 100 days (8th November 2010 until 16th February 2011). On his return Modise was interviewed and disclosed that he had been staying in South Africa after Abulele and their children left Manchester to return there. During the interview on his return to the Royal Navy, Modise said that he had become increasingly depressed whilst in South Africa as he had been unable to find employment and the financial pressures he was experiencing had increased. He said that he had been feeling guilty about being unable to provide for his family. He went on to say that he had thought about taking his own life on a number of occasions whilst staying in South Africa, but it was documented that he had made no attempts to do so. However, later in the note of the interview it was stated that Modise had walked out in front of fast-moving traffic at an unlit level crossing causing traffic to stop or swerve round him. He had also considered swimming out in the sea to the point at which he was unable to swim back but on visiting a beach he had decided against this as he said that there were too many people around and he felt he was likely to be rescued. He said that he had decided to return to the Royal Navy in the

UK because he realised, he needed to seek help and also felt guilty about leaving the Navy 'in the lurch'. He presented as tearful and said that he had not taken his own life whilst in South Africa 'because of his children' although he went on to disclose that he had considered killing his children on a couple of occasions whilst in South Africa and then taking his own life in order to prevent them (his children) going through the pain he was in. He went on to say that he had now decided that he was going to die and 'welcomed death' and disclosed that on the previous evening he had considered possible ways in which he could hang himself but 'couldn't work out a way'. He completed a PHQ-9 questionnaire resulting in a score of 25 out of 27. Scores between 20 and 27 indicate 'severe depression'.

6.18 The Royal Navy made an emergency referral for Modise's risk of deliberate self-harm and suicide to be assessed, and he was seen by a consultant psychiatrist later the same day. The psychiatrist documented that Modise had a 'mountain' of debt arising from poor financial investments in four properties which had put a 'heavy burden' on him and affected his performance in the Royal Navy and his relationship with his wife. However, the psychiatrist noted that his mood lifted when practical measures to attempt to resolve the debts were discussed with him. The psychiatrist concluded that Modise no longer had plans to harm himself and his risk to self and others was therefore 'presently remote'. On this occasion he was considered to fulfil the criteria for 'temperamental unsuitability', and it was decided to medically discharge him from the Royal Navy, which took effect on 4th March 2011. No further action was taken in respect of his period of AWOL.

6.19 The Royal Navy completed a 'medical history on release from HM forces' form (Form F MED 133), a copy of which would have been given to Modise and which he was instructed to share with his NHS GP as soon as possible. The form is quite brief and under 'details of significant past illnesses (including dates and treatment given)' the information '2011 – Depressive episode. Suicidal thoughts. Seen by Consultant Psychiatrist' is noted. The form was completed on the date of Modise's medical discharge. The DHR has been advised that Modise did not share the From F MED 133 with his GP.

6.20 Annually, thousands of UK Service personnel leave the military. Public concern has been expressed about the extent to which UK Service veterans experience unemployment, alcohol and substance misuse and self-harm and suicide after leaving the armed forces. However, research has found that veterans are at no greater risk of suicide than the general population (5) and that levels of unemployment, alcohol and drug misuse and self-harm were found to be similar to patients who had not served in the Armed Forces (6). However, leaving the military can be difficult for some veterans who may wonder what their place in society is or may be distrustful of civilian societal

norms (7). The Veterans' Transition Review (2014) concluded that 'there is no substitute for planning and preparation, not just in the weeks and months before leaving the Forces but over the long term. Those who start to think about their next job or home, how they will budget and other practicalities only weeks before their departure are not surprisingly more likely to have problems' (8). It is noted that Modise's transition from military to civilian life was preceded by a period during which he was AWOL for three months and experiencing significant stress in his personal life which had led to an attempt to take his own life and during which he had contemplated murdering his children before taking his own life. His medical discharge from the Royal Navy took place two weeks after returning from his lengthy period of AWOL. Research into veterans and domestic abuse indicates that exposure to combat and post-deployment mental health problems are risk factors for violence both inside and outside the family environment and should be considered in violence reduction programmes for military personnel (9). The Ministry of Defence has shared their *Whole Force Policy on Domestic Abuse* (May 2024) with this DHR (10).

https://assets.publishing.service.gov.uk/media/664f58f18f4cb8fef9f64f2e/JSP_913_Whole_Force_Policy_on_Domestic_Abuse_-_Part_2_Guidance.pdf

Modise sought help in respect of his mental health six years after leaving the Royal Navy and a further three to four years prior to the domestic homicide.

6.21 Tameside's Domestic Abuse Strategy states that the Respect 'Make a Change' programme[4] found that the most common places for perpetrators to try and access information and support around their behaviour was friends and families but also their GP when asking for mental health support. When Modise was seeking mental health support from his GP and mental health services in 2017, the possibility that he *may* be seeking help with domestic abuse perpetrator behaviour does not appear to have been considered. The primary focus on risk to self as opposed to risk to others appears to have been a particular barrier to considering whether Modise may have been seeking help as a perpetrator of domestic abuse. Having said that, Modise's lack of remorse following the murder of Abulele, a stance he maintained in his contribution to the DHR, suggests he may not have perceived himself as a perpetrator or potential perpetrator of domestic abuse.

[4] Make a Change is a community-wide, early response to people who are concerned that they are using abuse in their intimate and/or previously intimate relationships. The Make a Change model was developed by Respect, in partnership with Women's Aid Federation of England (WAFE).

Initial information provided to this DHR indicated that no incident of domestic abuse was reported to any agency prior to the murder of victim. During the course of the DHR one prior incident of domestic abuse which had been incorrectly recorded was found. Therefore, any barriers to the victim accessing services will be explored, including any indications of coercion or control by the perpetrator.

6.22 These terms of reference question were agreed before the DHR was aware of the May 2018 incident.

6.23 After contacting the police in a distressed state in order to report the May 2018 incident, Abulele subsequently appeared reluctant to accept support at that time although she requested a letter from the officer who contacted her following consideration of the case at the INS meeting. It appears that Abulele requested the letter should she require any help in the future.

6.24 Although Abulele had an open and friendly personality, both her sister and her close friend commented on how reluctant Abulele was to discuss her relationship with Modise. Her sister informed the DHR that Abulele had not disclosed that she and Modise had separated to her family in South Africa. Her close friend observed that Abulele gradually became more open to discussing the difficulties in her relationship with Modise, particularly after they separated.

6.25 Both Abulele and Modise appeared to be quite heavily invested in their marriage having been together for almost all of their adult life. They had moved to the UK and created a new and outwardly successful life for themselves and were perceived by their family in South Africa as providers of financial support to the wider family. Abulele's sister has advised this DHR that she felt that Abulele tended to portray her marriage to Modise as 'perfect'. Additionally, Abulele held religious beliefs which may have been a factor in her attempts to preserve the marriage through the difficulties which arose. Additionally, as previously stated, cultural pressures may have had a profound impact on Abulele and, as a result, she may have felt extremely constrained in what she felt able to disclose about her separation from Modise and his behaviour towards her before and after the separation. However, Abulele appeared to have resolved not to return to Modise following their separation although she seemed to fear that he would pressurise her into doing this.

6.26 Turning to the possibility that coercion and control may have been a barrier to Abulele seeking help, there is evidence from comments made by Modise to professionals after the murder, and in his contribution to this DHR that he appeared to resent his wife's independence from him, the ease with which she made friends and may have felt a loss of control over his wife who he felt was moving on from their

relationship and had, he felt, begun to treat him merely as a co-worker in the domiciliary care service they ran together.

6.27 There are clear challenges in attempting to apply the eight-stage homicide timeline developed by Jane Monckton Smith (11) to the relationship between Abulele and Modise because, apart from the help Modise sought in respect of his mental health in 2017/2028 and the incident reported to the police in May 2018, the conflict within their relationship went unobserved by professionals until the murder. However, there may be learning from applying the homicide timeline to the little that was known at the time and what has been established since Abulele's murder.

6.28 There is insufficient information available to say much about Stage 1 ('pre-relationship'), Stage 2 ('early relationship') and Stage 3 ('the relationship'), although in his contribution to this DHR, Modise portrayed himself as the person responsible for rescuing Abulele from poverty and funding her subsequent success which appeared to feed his resentment after they separated. As previously stated Abulele's family have advised the DHR that she made a significant personal and financial contribution to establishing the family in the UK.

6.29 Turning to stage 4 – 'triggers'. Monckton-Smith found the reasons given by men for killing their partners overwhelmingly revolved around withdrawal of commitment or separation (12). In his contribution to this DHR, Modise described the situation of living apart whilst seeing each other every day through their work as 'unbearable'. This might be perceived as the sense of loss which people may experience when a relationship ends but Modise appeared to resent the fact that Abulele had 'moved on' and said that he experienced difficulty in coming to terms with the fact that 'the person he used to sleep with treated him as her co-worker' (Paragraph 4.29) which suggested a degree of resentment at his loss of control, including sexual control. Stage 5 ('escalation') is an increase in the frequency, severity or variety of abuse, control or stalking which Abulele's appeared to be describing when she told her close friend that Modise was 'not letting her breathe' adding that she was worried that she was going to 'end up going back to this man' and being unhappy (Paragraph 4.15). A recent study of risk factors in domestic homicides found that 40% of victims had separated from their partner in the previous two months or were about to (13).

6.30 Monckton Smith states that progression from stage 5 to stage 6 ('a change in thinking/decision') is not inevitable and interventions at this stage may be particularly effective in reducing feelings of entitlement to act (14). Tragically, Abulele appears to have delayed contacting the police after the assault by Modise because she had care to deliver to clients. This was a reflection of her care for, and commitment to, her clients but may also have been a reflection that, although shocked by Modise's physical

violence the day before her murder, she may not have had grounds for fearing serious or fatal violence at that stage. However, her close friend has advised the DHR that Abulele texted Modise's mother (in South Africa) at one stage to say that she was worried that Modise was going to kill her (Paragraph 4.17). Monkton-Smith, quoting the words of Professors Russell and Rebecca Dobash, sums up stage 6 of the Homicide Timeline as the point at which the perpetrator's strategy changes from attempting to keep a partner in the relationship to destroying them for leaving it (15). Modise's physical assault on Abulele may have been the point when a line was crossed for both the perpetrator and the victim. For the perpetrator he appears to have shifted from trying to pressurise the victim into resuming the relationship to taking her life, whilst for the victim, she appears to have resolved to contact the police and seek an injunction.

6.31 Stage 7 of the Homicide Timeline is 'planning'. In his contribution to the DHR Modise states that he only decided to kill or seriously harm Abulele after visualising her laughing at him if he took his own life - as he said he planned to do after assaulting her on the day before the murder. However, Modise's account is significantly undermined by the extent of preparation and planning which went into the murder including borrowing Abulele's car and using this opportunity to cut a duplicate key to her address, what he described as his final meal with their children on the evening prior the murder and the use of his knowledge of her working hours to carefully plan his attack on her when she would be deeply asleep and very unlikely to be able to defend herself. Stage 8 of the timeline is the homicide.

6.32 After murdering Abulele, Modise appears to have taken steps towards ending his life. When he rang the police to confess to killing his wife, he said that he had taken an overdose of paracetamol and drunk three quarters of a bottle of whiskey and after being transported to hospital he continued to express suicidal thoughts. In his contribution to this DHR, Modise said he had planned to take his own life. The study of risk factors in intimate partner homicide referred to earlier indicated that 12% of perpetrators had 'threatened' of suicide or demonstrated suicidal thoughts in the two months before the domestic homicide (16).

6.33 Applying the homicide timeline to this case suggests that risk of homicide can escalate quickly and that if a victim reaches out for support which Abulele planned to do following the assault by Modise, agencies may need to act quickly and decisively to intervene. It is worthy of note that many (so-called) Honour Based Violence (HBV) and forced marriage policies refer to the 'one chance rule' which highlights the fact that a professional may have just 'one chance' to speak to a potential victim and 'one chance' to save a life. If the victim is not offered support following disclosure that 'one chance' opportunity may be lost. The essence of the 'one chance' rule is that professionals are primed to act decisively and urgently when a disclosure of forced marriage/HBV is

made to them. Given the speed with which the violence in this case escalated from the physical assault on Abulele in her car to her murder less than 24 hours later, anyone she reached out to may only have had ‘one chance’ to safeguard Abulele. This and other cases suggest the potential benefit of adopting a ‘one chance’ mentality when a person discloses domestic abuse.

6.34 Indeed, the murder of Abulele could, with the benefit of hindsight, be seen as honour based to an extent in that Modise, in his contribution to this DHR, highlighted the superiority of his South African ethnic group over that of Abulele, emphasised his financial contribution to the family whilst minimising the financial contribution of Abulele, expressed considerable resentment that she was moving on in her life and treating him like a co-worker and has continued to express no remorse for murdering her. Research has found that unlike Abulele, who was a Christian of Black South African descent, that victims of Honour Based Violence (HBV) in the UK are most likely to be of South Asian descent and, where religion is known, victims are most commonly Muslim (17).

6.35 Additionally, there would be merit in promoting greater public knowledge of the homicide timeline in particular the heightened risk faced by victims of domestic abuse attempting to leave a controlling relationship so that people to whom the victim make disclosures such as Abulele’s close friend have the opportunity to contextualise what they are being told such as the ‘not letting her breathe’ comment which may have been an indication that risks were escalating. In making these observations, the independent author is most definitely not blaming the victim or her close friend for not contacting the police or any agency prior to the murder.

How effective was the support offered or provided to the perpetrator in respect of his mental health needs including low mood and suicidal ideation?

6.36 Modise saw his GP on three occasions in 2017 to report anxiety, stress and trauma which he said had been triggered by an assault aggravated by racist abuse. Following each of these GP consultations he self-referred (two occasions) or was referred by his GP (one occasion) to mental health services.

6.37 Following his first self-referral to Healthy Minds, Modise was discharged after he did not attend any of the three Welcome and Choice information sessions offered by letter (Paragraph 5.4). Following his second referral to Healthy Minds (GP referral) Modise was discharged after he did not attend his first treatment appointment (Paragraph 5.6). His third and final referral to mental health services was a self-referral (Paragraph 5.7) which contained information which the Access Team judged to indicate a ‘degree of risk’ and so passed the self-referral to Healthy Minds. The Access Team

decided to notify Modise's GP of this 'degree of risk' but sent the letter to the wrong GP practice. It is assumed that this was an administrative error which impacted upon the likelihood of any GP follow up at that time.

6.38 When Modise attended the Healthy Minds Welcome and Treatment Choice Group Information Session, his response to one of the questions in the PHQ-9 raised concerns about the suicidal thoughts he was regularly experiencing, including his contemplation of drowning himself in a reservoir not far from his home (Paragraph 5.9). The consequent safety plan consisted of advising Modise of sources of support and action to take if his mental health deteriorated, notifying his GP (although Modise's GP practice has advised the DHR that they have no record of receiving the letter sent by Healthy Minds) and encouraging Modise to telephone the Healthy Minds Duty Team just before Christmas 2017. The Duty Team made telephone contact with him during the weeks before Christmas when he again talked of taking his life by drowning and mentioned a different location he could visit for this purpose. The practitioner who spoke to Modise on this occasion assessed his intent to take his own life as low and again documented his children to be a protective factor. Thereafter there appears to have been no contact with Modise until he was offered, and declined, an appointment with Healthy Minds in March 2018. When Modise's GP practice was advised that healthy Minds had discharged him (Paragraph 5.12) there was no follow up, which the DHR has been advised was expected practice 'given the absence of any red flags and vulnerabilities' and his self-report of 'feeling better'. Modise had no further contact with primary or mental health services prior to the murder more than three years later.

6.39 It is unclear how Modise self-managed his mental health and wellbeing thereafter and how this may have affected his relationships with Abulele and their children. In his contribution to the DHR, Modise said that he found the support he received from Healthy Minds to be 'very helpful' and said that he also accessed telephone counselling support from his employers.

6.40 Reflecting on the support Modise received for his mental health needs in 2017/18 he was referred or self-referred to Healthy Minds on three occasions but did not attend any of the Welcome and Choice information sessions in respect of the first referral, did not attend his first treatment appointment in respect of the second referral and cancelled the first of a possible series of appointments which were to be offered to him following the third referral. Modise's personal engagement with Healthy Minds was therefore limited to his attendance at the Welcome and Treatment Choice group information session in November 2017. Pennine Care, as the provider of Healthy Minds, has advised the DHR that they are in the process of developing a 'Disengaging Patients' policy which will entail a greater emphasis on outreach to patients such as Modise by backing up letters offering appointments with telephone calls and working more closely

with GP practices to encourage engagement with Healthy Minds. (It is noted that two Healthy Minds letters to Modise's GP practice in 2017 do not appear to have been received by the GP practice).

How effective was the support offered or provided to the elder child of the victim in respect of self-harming behaviour.

6.41 Abulele and Modise's elder child disclosed self-harming behaviours to their school in the weeks prior to the murder. Potential stressors were explored by the child's school. The child disclosed self-harming by cutting over the past year in order to 'turn mental pain into physical pain'. They presented as 'very sad' but were documented to find it 'very difficult to talk' and appeared guarded about what they shared. It is not known whether the elder child's sadness and self-harming was related to their parent's separation or what has subsequently been learned about Modise's controlling behaviour towards Abulele. It is known that exposure to intimate partner violence in adolescence is a well-documented risk factor for subsequent mental health outcomes such as depression and anxiety (18). The child's secondary school was aware that Abulele and Modise had separated because of the resultant change to the child's address. Given the parental separation and the child's self-harming, the school could have considered 'routine enquiry' about domestic abuse when they subsequently spoke to Abulele about their child self-harming.

6.42 There appears to have been some confusion over how to refer Abulele's elder child to Healthy Young Minds. Abulele told the GP that she had tried, on the advice of the school, to refer the child to Healthy Young Minds but had been correctly advised by the latter service that they did not accept self-referrals or referrals from parents or carers. There may be some learning for the elder child's school although it is possible that Abulele may have misunderstood the referral route to Healthy Young Minds.

6.43 The GP referred the elder child to Healthy Young Minds without speaking to the child. The Healthy Young Minds referral form contains a 'Child and Family Views' section which was not completed by the GP practice. It is not known how common it is for the child subject of the referral not to be spoken to by the GP. The risk assessment/checklist and safety plan which Tameside & Glossop's guidance on self-harm by children and young people requires practitioners to complete was not completed by the GP on this occasion (Paragraph 5.22). On the basis of the learning from this DHR, it seems important to ensure that GP practices are fully informed and supported to follow the Tameside & Glossop self-harm guidance.

6.44 Healthy Young Minds had been unable to contact Abulele and/or the elder child prior to the murder. There is no indication that Healthy Young Minds sought the support of the school to contact the elder child.

Explore arrangements for child contact after the victim and perpetrator separated. Was there any indication of domestic abuse arising from child contact arrangements?

6.45 No evidence of domestic abuse arising from child contact arrangements has been shared with this DHR.

Consider any communities of which the victim or perpetrator were members.

6.46 The DHR has benefitted from contributions from Abulele's sister in South Africa and a close friend of Abulele's in the UK. The perpetrator has also contributed to the DHR. Abulele and Modise lacked family support in the UK although Abulele appears to have been in regular telephone contact with her family in South Africa. Abulele had friends she could call upon for support although she appears to have been generally reluctant to share any concerns, she had about her relationship with Modise until shortly before her murder. Modise appears to have been quite isolated.

How effective was multi-agency working in this case?
Did the agencies in contact with the victim, the perpetrator or their children communicate and share information effectively with each other?

6.47 The key opportunity for multi-agency working arose following the May 2018 incident. It was appropriate for the case to be discussed at the multi-agency INS meeting at which it is clear that there were professional concerns for Abulele's safety and a joint visit from domestic abuse services and mental health services away from the family home was offered to Abulele which was declined. What appeared to be missing from the INS consideration of the case was a 'report back' or feedback loop on the outcome of the actions proposed at the INS meeting. Had there been a 'report back', the INS would have been aware that Abulele had declined further support but had requested a letter from the police officer should she require further help in the future. Additionally, there could have been greater professional curiosity about why Abulele had a private bank account with a substantial balance and a greater focus on indications of controlling behaviour by Modise.

6.48 The interaction between primary and mental health care in respect of Modise's mental health issues has been commented on earlier in the analysis.

Did the restrictions imposed as a result of the Covid-19 pandemic adversely affect the victim or impact upon the support provided or offered to her by agencies?

6.49 Abulele and Modise appear to have had little contact with services during the first year of the pandemic. It is assumed that providing domiciliary care would have been very challenging particularly during the first phase of the pandemic when they would have been supporting people in their own homes – some of whom are likely to have been at higher risk from Covid-19 – and whilst lacking adequate PPE.

6.50 Abulele separated from Modise and moved out of the family home during the third Covid-19 lockdown from January to April 2021.

6.51 Modise had no contact with his GP from November 2017 onwards. It is not known whether restricted access to primary care due to the pandemic may have been a factor in his visit to Hospital 1 ED in May 2021 rather than going to his GP.

Good Practice

6.52 The limited contact between Abulele and Modise and professionals has not allowed the identification of any good practice in this case.

7.0 Conclusion

7.1 The perpetrator Modise brutally murdered his wife Abulele whilst she slept in the address to which she had moved following their separation several months earlier. There had been one prior incident of domestic abuse reported to the police by Abulele over three years earlier. The perpetrator was not known to the UK police other than for minor matters. Partner agencies were unaware of the risks to Abulele from her estranged husband Modise which, from subsequent enquiry, appeared to escalate rapidly over the last few days of her life.

7.2 However, notwithstanding partner agencies lack of contact with the victim and perpetrator and their family, there is learning from this DHR from the manner in which professionals responded to the perpetrator's contact with primary care, talking therapies and on one occasion acute care in respect of mental health concerns including suicidal ideation. Opportunities to explore the risk he may have presented to others including the victim were not explored during those interactions with the perpetrator. Additionally, the response to the one reported incident of domestic abuse over three years prior to the murder downplayed the indications of domestic abuse and focussed more prominently on concerns about the perpetrator's mental health and wellbeing. There is also learning about the cultural factors which may have constrained

Abulele from seeking help earlier and the presence of so-called Honour Based Violence (HBV) in many different cultures and communities – in this case people of Black South African descent who adhered to the Christian faith.

8.0 Recommendations and lessons to be learned

Sharing information held by GPs in multi-agency fora

8.1 The victim Abulele reported one prior incident of domestic abuse to the police over three years before the domestic homicide took place. Given that this May 2018 incident was the only direct evidence of domestic abuse reported, there has been considerable focus on the professional response to it. There is much learning from that response, in particular the subtle shift in focus away from domestic abuse towards the mental health needs of Modise, the lack of professional curiosity about Abulele's private bank account and the decision not to alert Abulele to the fact that her husband had found out about her private bank account and the substantial finds it contained.

8.2 However, the learning from the professional response to the May 2018 incident which necessitates a recommendation is that the subsequent discussion of the incident at the Integrated Neighbourhood Services (INS) meeting was not informed by information held by primary care to which was the only agency with which Modise had shared information which indicated that he could present a risk of violence to others. Whilst it is not known what difference the information the GP practice held about Modise's potential risk to others would have made, this case is an example of the important information held by GP practices which could make a difference to multi-agency discussions around risk. The DHR has been advised that the INS no longer exists in the form that it did in 2018 and that there was now a weekly meeting at which cases involving adults who are considered to be at risk are discussed. It is understood that this weekly meeting has yet to find a way of accessing primary care information.

Recommendation 1

That Tameside Community Safety Partnership advises Tameside Adults Safeguarding Partnership Board (TASPB) that relevant information held by primary care is not shared with the Integrated Neighbourhood Services (INS) multi-agency meeting. TASPB may wish to work with the NHS Tameside Strategic Partnership Board to put in place a system to ensure that information held by GP practices is shared with the Integrated Neighbourhood Services (INS) multi-agency meeting.

8.3 DHR Panel members felt that the extent to which information held by primary care informs multi-agency conversations is a more general weakness in Tameside which

also applies to other multi-agency fora including the MARAC. Given the importance the Tameside Domestic Abuse Strategy ascribes to GP practices as places where victims-survivors of domestic abuse may seek help and perpetrators may seek support around their behaviour, the question of how to ensure primary care information is shared within key multi-agency fora is also deserving of attention. Tameside Community Safety Partnership is requested to note the observation of the DHR Panel that the extent to which information held by primary care informs other multi-agency fora is a weakness in Tameside.

Routine enquiry about domestic abuse

8.4 The only relevant contacts professionals had with the victim or perpetrator in the three years between the May 2018 incident and the domestic homicide were Modise's hospital attendance in May 2021 and the concerns which arose in respect of Abulele and Modise's elder child self-harming later the same month. Modise's attendance at Hospital 1 ED appears to have been a missed opportunity to more fully explore any non-physical causes of his symptoms which could have provided an opportunity to make routine enquiry about domestic abuse if Modise had been prepared to discuss stressors with the ED staff. There is no indication that Modise's earlier mental health history was considered when he presented at ED. When the elder child disclosed self-harming to their secondary school the focus of the school was understandably on offering support to the child, but the school was aware that Abulele and Modise had separated because of the resultant change to the child's address. Given the parental separation and the child's self-harming, the school could have considered 'routine enquiry' about domestic abuse when they spoke to Abulele about her child self-harming.

8.5 There were earlier opportunities for routine enquiry when Modise began presenting to his GP and being referred or self-referring to Healthy Minds with mental health issues and suicidal ideation in 2017/18. As previously stated, it is regarded as good practice to make 'routine enquiry' in respect of domestic abuse during patient interactions (Paragraph 6.15) although the majority of points when 'routine enquiry' takes place relate to the earlier years of a female's life. There do not appear to be the same number of recognised opportunities or awareness of the need to apply 'routine enquiry' to males or older people.

8.6 It is therefore recommended that Tameside Community Safety Partnership obtains assurance that routine enquiry is embedded in the policy and practice of all relevant partner agencies and that routine enquiry is applied to all potential victims and perpetrators of domestic abuse including males.

Recommendation 2

That Tameside Community Safety Partnership obtains assurance that routine enquiry is embedded in the policy and practice of all relevant partner agencies, and that routine enquiry is applied to all potential victims and perpetrators of domestic abuse including males.

Responding to potential help seeking behaviour by perpetrators

8.7 Tameside's Domestic Abuse Strategy states that the Respect 'Make a Change' programme found that the most common places for perpetrators to try and access information and support around their behaviour was friends and families but also their GP when asking for mental health support. When Modise was seeking mental health support from his GP and Healthy Minds in 2017, the possibility that he *may* have been seeking help with domestic abuse perpetrator behaviour does not appear to have been considered.

8.8 It is therefore recommended that when the learning from this DHR is disseminated, Tameside Community Safety Partnership highlight the need for professionals to be alert for help seeking from perpetrators of domestic abuse, particularly when this help seeking behaviour is indirect.

Recommendation 3

That when the learning from this DHR is disseminated, Tameside Community Safety Partnership highlight the need for professionals to be alert for help seeking from perpetrators of domestic abuse, particularly when this help seeking behaviour is indirect.

Assessing 'risk of harm to others'

8.9 The DHR has been advised that GPs do not use a specific tool to assess risk of self-harm, suicide or potential harm to others and that this is achieved through asking a series of questions and applying clinical judgement. In this case there is no evidence that the GP to whom Modise disclosed dreams and thoughts which indicated he could present a risk to others considered Modise's risk to his family and the focus of the questions and risk assessment appears to be aimed at risk to self.

8.10 It is therefore recommended that Tameside Community Safety Partnership seeks assurance from Greater Manchester Integrated Care (Tameside) that GP's are equipped

with the awareness and skills to assess the risk of harm a patient may present to others.

Recommendation 4

That Tameside Community Safety Partnership seeks assurance from Greater Manchester Integrated Care (Tameside) that GP's are equipped with the awareness and skills necessary to assess the risk of harm a patient may present to others.

Recognising and acting upon escalation of risk

8.11 Unknown to agencies the risk to Abulele from Modise was escalating and appears to have rapidly escalated over the final 24 hours of Abulele's life during which Modise assaulted her then implemented his plans to murder her which he may have begun considering for some time earlier. As the application of Professor Monckton-Smith's Homicide Timeline to this case demonstrates, victims of domestic abuse face a much-heightened risk from a controlling partner when they are leaving or attempting to leave the relationship. Additionally, suicidal ideation by the perpetrator can also herald an increased risk of harm to the victim. As stated, professionals were unaware of the escalating risk to Abulele in the period prior to her murder but professionals who came into contact with Modise in 2017 when he was expressing suicidal thoughts do not appear to have considered the risk he might also present to his wife at that time. It is therefore recommended that when the learning from this DHR is disseminated, Tameside Community Safety Partnerships highlights the Homicide Timeline and what the learning that the application of the Homicide Timeline reveals. Additionally, the elevated risk of harm to the victims of domestic abuse when the perpetrator is expressing suicidal thoughts should also be highlighted.

Recommendation 5

That when the learning from this DHR is disseminated to relevant professionals, Tameside Community Safety Partnerships highlights the Homicide Timeline and what the learning that the application of the Homicide Timeline reveals. Additionally, the elevated risk of harm to the victims of domestic abuse when the perpetrator is expressing suicidal thoughts should also be highlighted.

Public awareness of the escalation of risk to victims of domestic abuse

8.12 There would also be merit in promoting greater public knowledge of the homicide timeline - including the heightened risk which victims of coercive and controlling behaviour face when leaving or attempting to leave the relationship - so that victims and people to whom the victim make disclosures such as Abulele's close friend have

the opportunity to put the abuse in context and are better able to appreciate the level of risk involved.

Recommendation 6

That Tameside Community Safety Partnership use the learning from this DHR to raise public awareness about coercion and controlling behaviour and signs of escalating risk to the victim, particularly when leaving or attempting to leave the relationship.

So-called Honour Based Violence (HBV)

8.13 As previously stated, the murder of Abulele could, with the benefit of hindsight, be seen as honour based to an extent (Paragraph 6.34). Research indicates that victims of HBV in the UK are most likely to be of South Asian descent and, where religion is known, victims are most commonly Muslim. This research finding seems likely to correspond with the experience of professionals who have dealt with HBV. In this case Abulele was a Christian of Black South African descent. Whilst Tameside's guidance makes it clear that HBV 'cuts across all cultures and communities such as Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European' …and can 'be found in strict Orthodox Jewish communities or the travelling community', it would be of value to reinforce this local guidance when the learning from this DHR is disseminated.

8.14 The limited contact partner agencies had with the victim and the perpetrator meant that it is only with the benefit of hindsight that it has been possible to consider the extent to which cultural pressures may have constrained Abulele from seeking help earlier (Paragraphs 3.15, 3.19 and 6.25).

Recommendation 7

That when the learning from this DHR is disseminated to relevant professionals, Tameside Community Safety Partnerships takes the opportunity to reinforce local guidance that Honour Based Violence cuts across all cultures and communities and to highlight the cultural barriers which may have prevented Abulele seeking help from agencies and from family and friends.

'One Chance' approach

8.14 Many HBV and forced marriage policies refer to the 'one chance rule' which highlights the fact that a professional may have just 'one chance' to speak to a potential victim and 'one chance' to save a life. The essence of the 'one chance' rule is that professionals are primed to act decisively and urgently when a disclosure of forced marriage/HBV is made to them. Given the speed with which the violence in this case

escalated from the physical assault on Abulele in her car to her murder less than 24 hours later, any professional she reached out to may only have had 'one chance' to safeguard Abulele. Whilst it is not suggested that policy and practice developed to address HBV should be applied generally to domestic abuse, this and other cases suggest the potential benefit of adopting a 'one chance' *mindset* when a person discloses domestic abuse.

8.15 It is therefore recommended that when the learning from this DHR is disseminated, that Tameside Community Safety Partnership takes the opportunity to highlight the potential applicability of the 'one chance rule' *mindset* to all forms of domestic abuse.

Recommendation 8

That when the learning from this DHR is disseminated, Tameside Community Safety Partnership takes the opportunity to highlight the potential applicability of the 'one chance rule' mindset to all forms of domestic abuse.

Self-harm pathway for children and young people

8.16 The GP referred the elder child to Healthy Young Minds without speaking to the child. The Healthy Young Minds referral form contains a 'Child and Family Views' section which was not completed by the GP practice. It is not known how common it is for the child subject of the referral not to be spoken to by the GP. The risk assessment/checklist and safety plan which Tameside & Glossop's guidance on self-harm by children and young people requires practitioners to complete was not completed by the GP on this occasion.

8.17 It is therefore recommended that Tameside Community Safety Partnership obtain assurance that GPs speak to the child concerned prior to making a referral to Healthy Young Minds and complete the relevant risk assessment/checklist and safety plan in respect of children and young people who have self-harmed.

Recommendation 9

That Tameside Community Safety Partnership obtain assurance that GPs speak to the child concerned prior to making a referral to Healthy Young Minds and complete the relevant risk assessment/checklist and safety plan in respect of children and young people who have self-harmed.

Disengaging Patients Policy

8.18 Pennine Care, as the provider of the Healthy Minds service, has advised the DHR that they are in the process of developing a 'Disengaging Patients' policy which will entail a greater emphasis on outreach to patients such as Modise by backing up letters offering appointments with telephone calls and working more closely with GP practices to encourage engagement with Healthy Minds. Tameside Community Safety Partnership may wish to note the policy when completed.

The discharge of the perpetrator from the Royal Navy

8.19 Modise was medically discharged from the Royal Navy over a decade prior to his murder of Abulele although the suicidal ideation he disclosed to his employers just prior to his discharge was apparent when he sought help from his GP and talking therapies services four to five years prior to the murder. It is not known how or whether the dire financial circumstances which appeared to be affecting his mental health in the months prior to his discharge from the Royal Navy were resolved.

8.20 However, the circumstances of Modise's discharge from the Royal Navy raise concerns. Firstly, the discharge took place very speedily at a time when Modise had been experiencing suicidal ideation and not long after his disclosure that he made a serious attempt to take his own life whilst AWOL in South Africa. The judgement that the risk he presented to himself, and others was 'presently remote' appeared to be strongly influenced by his positive responses to suggested approaches to managing his debt, rather than disclosures earlier the same day in which he said that he had thought about killing his children before taking his own life. This latter disclosure could have been more fully explored for any indication that taking his life and those of his children was in any way connected to domestic abuse.

8.21 The information shared with his GP following Modise's medical discharge from the Royal Navy was extremely brief and wholly dependent upon Modise taking the relevant document to his GP, which he did not do.

8.22 Modise's medical discharge from the Royal Navy took place in 2011 and systems and processes may have changed. However, given the concerns about the impact of the speed of his discharge on transition from military to civilian life, the concerns about his risk to self and others – specifically his young children – and the method by which very limited information was intended to be shared with his GP, it is recommended that the learning from this DHR is shared with the Royal Navy and they are asked to

comment on the concerns in relation to Modise's medical discharge and advise the Community Safety Partnership of any changes they may have made to discharge arrangements in the succeeding years and any changes they intend to make as a result of the learning from this DHR.

Recommendation 10

That Tameside Community Safety Partnership shares the learning from this DHR with the Royal Navy, who are asked to comment on the concerns in relation to Modise's 2011 medical discharge and advise the Community Safety Partnership of any changes they may have made to discharge arrangements in the succeeding years and any changes they intend to make as a result of the learning from this DHR.

Sentence planning for the perpetrator

8.23 The Probation Service were represented on the DHR Panel and have requested that a copy of the DHR report is shared with the Probation Service to assist with sentence planning for the perpetrator.

8.24 When this report was considered by the Home Office Quality Assurance Panel, they questioned why there was no recommendation for GMP in relation to the missed opportunity to complete a DASH risk assessment when officers attended the May 2018 incident (Paragraph 6.2). The DHR report notes that there is much learning from the multi-agency response to the May 2018 incident, but it was not considered necessary to make a specific recommendation in relation to the missed opportunity to complete a DASH as this decision flowed from the judgement made by officers that Modise's knife sharpening represented a menial task rather than any direct or implied threat to Abulele.

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Appendix A

Single Agency Recommendations

Greater Manchester Police

- No recommendations

NHS Tameside and Glossop Clinical Commissioning Group (Greater Manchester Integrated Care (Tameside) since 1.7.2022)

- GPs to exert professional curiosity and ask routinely if Domestic Abuse is a Factor when patients present with mental health issues.

- GPs to consider ethnicity and culture and its potential barrier to a person accessing Mental Health Services.

- GP's should speak directly to children and young people who display indicators of emotional distress or abuse to ascertain level of risk to the child.

Pennine Care NHS Foundation Trust

- No recommendations

Tameside and Glossop Integrated Care NHS Foundation Trust

- No recommendations

Glossary

Domestic violence and abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- economic
- emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Multi-Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. A victim/survivor should be referred to the relevant MARAC if they are an adult (16+) who resides in the area and are at high risk of domestic violence from their adult (16+) partner, ex-partner or family member, regardless of gender or sexuality.

DASH (Domestic Abuse, Stalking and 'Honour' Based Violence) is a commonly accepted tool which was designed to help front line practitioners identify high risk cases of domestic abuse, stalking and Honour Based Violence and to decide which cases should be referred to the Multi-Agency Risk Assessment Conference (MARAC) and what other support might be required.

Tameside Community Safety Partnership

Domestic Homicide Review Executive Summary

Victim – Abulele, who was murdered in July 2021

Independent Author – David Mellor BA QPM

Report completed on 6th October 2023

Final amendments following DHR QA Panel feedback on 23 October 2024

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1.0 Introduction

1.1 This is an Executive Summary of a Domestic Homicide Review (DHR) undertaken by Tameside Community Safety Partnership following the murder of Abulele (a pseudonym).

1.2 The victim Abulele and her husband Modise (also a pseudonym) had become estranged and in February 2021 they separated, with Abulele leaving the family home and moving into a privately rented property in a neighbouring town. It is understood that their two children spent time in both properties and on the night on which the murder took place their younger child was staying with the victim Abulele and their elder child was staying with the perpetrator Modise. Despite being estranged, Abulele and Modise owned and managed a domiciliary care service and so Modise was aware that Abulele and a colleague were scheduled to provide care to a client until late on the evening before the murder took place and that Abulele would not return home until the early hours of the following morning. Modise secreted himself in Abulele's address to await her return home and after she had fallen asleep entered her bedroom and hit her with a metal exercise bar and stabbed her six times in the left side of her chest. The perpetrator Modise then left Abulele's address. The ambulance service was called by Abulele's colleague, who had stayed at Abulele's address after they had completed their domiciliary care call and was awoken by Abulele's screams. Abulele was taken to hospital but pronounced deceased shortly afterwards. Modise contacted the police after taking an overdose of medication and was arrested. He was later charged and convicted of the murder of Abulele and sentenced to life imprisonment and must serve a minimum term of 23 years before being eligible to apply for parole.

1.3 The DHR process began with an initial meeting of representatives of Tameside Community Safety Partnership on 28th July 2021 when the decision to hold a DHR was unanimously agreed. All agencies that potentially had contact with the victim and/or perpetrator prior to the murder were contacted and asked to confirm whether they had involvement with them. The agencies which confirmed contact with the victims and/or perpetrator and were asked to secure their files.

1.4 The following agencies provided Individual Management Reviews to inform the review:

- Greater Manchester Police
- NHS Tameside and Glossop Clinical Commissioning Group (Greater Manchester Integrated Care (Tameside) since 1.7.2022) on behalf of the family's GP practice.
- Pennine Care NHS Foundation Trust
- Tameside and Glossop Integrated Care NHS Foundation Trust

The following agencies provided summary Individual Management Reviews to inform the review:

- North West Ambulance Service

1.5 The authors of each IMR were independent in that they had had no prior involvement in the case.

1.6 Abulele's half-sister who lives in South Africa and a close friend in the UK contributed to the DHR.

The DHR Panel Members

1.7 The DHR Panel consisted of:

Name	Organisation
Suzanne Antrobus	Head of Legal services, Tameside MBC.
Emma Booth	Business Support Officer, Tameside MBC
Ciara Dillon	Team Manager, Tameside Children's Services
Suzanne Fawcett	Detective Constable GMP Serious Case Review Unit
Luke Godfrey	Operations Manager, Victim Support
John Gregory	Head of Community Safety and Homelessness, Tameside MBC
Karen Holden	Head of Nursing for Integrated Safeguarding, Tameside and Glossop Integrated Care NHS Foundation Trust.
Caroline Home	Independent Domestic Violence Advocate, Jigsaw Support.
Tracey Hurst	Designated Nurse Adult Safeguarding, Greater Manchester Integrated Care (Tameside).
Anna Jenkins	Principal Social Worker (Adults), Safeguarding, Quality and Practice Team
Darren Lawton-Edge	Named Professional Safeguarding Adults, Pennine Care NHS Foundation Trust
David Mellor	Independent Chair and Author
Vanessa Rothwell	Partnership Manager, Tameside MBC
Faith Scott	Senior Probation Officer, National Probation Service
Dave Smith	Partnership Manager, Tameside MBC

1.8 DHR Panel members were independent of the line management of any staff involved in the case. The Panel met on four occasions; on 20th October 2021, 17th May 2022, 14th July 2022 and 14th September 2022.

Author of the overview report

1.9 David Mellor was appointed as the independent author and chair of the DHR Panel established to oversee the review. David is a retired police chief officer who has ten years' experience as an independent author of DHRs and other statutory reviews.

Statement of independence

1.10 The independent chair and author was a police officer in Derbyshire Constabulary, Greater Manchester Police and Fife Constabulary between 1975 and 2005. He retired as a Deputy Chief Constable.

1.11 Since 2006 he has been an independent consultant. He was independent chair of Cheshire East Local Safeguarding Children Board (2009-2011), Stockport Local Safeguarding Children Board (2010-2016) and Stockport Safeguarding Adults Board (2011-2015). Since 2012 he has been an independent chair/author/lead reviewer of a number of Serious Case Reviews, Local Child Safeguarding Practice Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews.

1.12 Whilst a member of Greater Manchester Police he served in Tameside from 1990 until 1992 but has no current connection to services in Tameside.

2.0 Terms of Reference

2.1 The general terms of reference are as follows:

7. Establish what lessons are to be learned from the Domestic Homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

8. 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;

9. Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;

10. 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;

11. Contribute to a better understanding of the nature of domestic violence and abuse;

12. Highlight good practice.

2.2 The case specific terms of reference are as follows:

m. How effectively were any disclosures by, or indications of domestic abuse to, the victim addressed by the agencies in contact with her?

n. How effectively were the risks to the victim presented by the perpetrator assessed and managed?

o. Initial information provided to this DHR indicated that no incident of domestic abuse was reported to any agency prior to the murder of victim. During the course of the DHR one prior incident of domestic abuse which had been incorrectly recorded was found. Therefore any barriers to the victim accessing services will be explored, including any indications of coercion or control by the perpetrator.

p. How effective was the support offered or provided to the perpetrator in respect of his mental health needs including low mood and suicidal ideation?

q. How effective was the support offered or provided to the elder child of the victim in respect of self-harming behaviour.

r. Explore arrangements for child contact after the victim and perpetrator separated. Was there any indication of domestic abuse arising from child contact arrangements?

s. Consider any communities of which the victim or perpetrator were members.

t. How effective was multi-agency working in this case?

u. Did the agencies in contact with the victim, the perpetrator or their children communicate and share information effectively with each other?

v. Were there any specific considerations around equality and diversity issues in respect of the victim such as age, disability (including learning disabilities), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation that may require special consideration?

w. The victim and the perpetrator were South African citizens who subsequently settled in the UK. The victim and perpetrator were members of different ethnic groups in South Africa. Did religious or cultural beliefs associated with their ethnic origins have any effect on this case?

x. Did the restrictions imposed as a result of the Covid-19 pandemic adversely affect the victim or impact upon the support provided or offered to her by agencies?

3.0 Summary Chronology

Background information

3.1 Abulele was a Black South African woman whose main spoken language was recorded as English. Her first language was recorded as Xhosa. She was born in South Africa and

moved to the UK to study. It is not known precisely when Abulele came to the UK but she and her husband Modise – also born in South Africa – were residing in Manchester when their first child was born in 2005. Their second child was born in 2010. The family settled in the Tameside area of Greater Manchester. Abulele was granted indefinite leave to remain in the UK in 2014, having initially entered the UK on a student visa. Abulele obtained a Batchelor and later a master's degree in law from Universities in Greater Manchester before she and Modise established a domiciliary care agency in October 2019 which they continued to jointly manage – and personally provide much of the care the agency was contracted to deliver – up to the time of Abulele's murder. Abulele was a runner who went to the gym regularly. She was a non-smoker and reported consuming very little alcohol. She experienced only minor health issues although she had reported anxiety and stress during a period in which Modise appears to have been living in South Africa and she and the children were resident in the UK. Following her murder her remains were repatriated to South Africa for burial. One of Abulele's half-sisters and a close friend have contributed to this DHR and both described Abulele as a bubbly, sociable person who related warmly to others, although she appeared reluctant to talk to others about her marriage to Modise. She was described as a very hard working person, who always put her children first. Whilst she had made a successful life for herself in the UK, her sister said that Abulele 'never forgot her roots' and sent money and gifts back to her family in her native South Africa. Abulele was a Christian although she is not thought to have been a regular churchgoer in the UK.

3.2 Modise is a Black South African man who was three years older than Abulele. His main spoken language is recorded as English, but his first language is recorded as Tswana. He was also born in South Africa. He served in the South African Navy for eight years and he and Abulele were married or engaged whilst living in South Africa. Abulele initially moved to the UK without him, but he subsequently joined her and later served in the Royal Navy for a time before being discharged on medical grounds in 2011. Following his discharge Modise worked as a hotel concierge and a fire sensor engineer. As stated above, he and Abulele established a domiciliary care agency in October 2019. He presented with stress and anxiety to his GP during 2017 which appeared to be primarily related to an incident in which he reported being assaulted and racially abused during the course of his employment. He also reported chest pain in 2017 and in 2021. Apart from an arrest for being absent without leave from the Navy, Modise was known to the UK police only for driving his vehicle without insurance on several occasions in 2013 when it was established that his motor insurance policy had been voided due to non-payment.

3.3 Modise began visiting the family GP in 2017 and presenting with anxiety and stress. The first such visit to the GP took place in February 2017 when Modise felt he needed time of work following an assault by a 'service user' which was aggravated by racial abuse. The GP provided advice about talking to his employer and reporting the incident to the police. Modise had in fact reported the incident to the police and made a witness statement. He would have been offered victim support, but it is not known if he accessed this. No suspect was identified. This was the second incident with a racist element which Modise had reported to the police. In 2014 he reported racist abuse to the police, provided a statement but later retracted his complaint. The GP also discussed a referral or self-referral to Healthy

Minds – which is a mental health service which offers a range of talking therapies to support a person's mental health.

3.4 It appears that Modise self-referred to Healthy Minds but did not attend any of the Welcome and Choice information sessions – the aim of which would have been to assist him in choosing the right treatment option to suit his needs – and his GP practice was advised.

3.5 The GP saw Modise again in early March 2017 when he reported still suffering from stress and trauma following the incident and that he had left the employment in which the incident had taken place and 'was attending counselling'. He also reported chest tightness and so the GP referred him to the Hospital 1 Cardiology Department, which later advised the GP that an echocardiogram[5] had disclosed nothing of concern. The GP prescribed Mirtazapine[6] 15mgs at night and also referred Modise to Healthy Minds, but he did not attend his first treatment appointment and was discharged.

3.6 Modise self-referred to the Tameside and Glossop Access Team on 13th November 2017. The Access Team noted a 'degree of risk' in the referral and passed it to Healthy Minds. A letter advising this action was sent to the incorrect GP practice. The Access Team also wrote to Modise to advise of services which were available for him to contact in an emergency.

3.7 On 14th November 2017 Modise visited his GP who documented that he complained of 'suffering psychologically' as a result of the earlier assault and reported a 'violent dream' he had had two weeks previously which had upset him. He said he had no thoughts of self-harm or suicide but 'sometimes feels he may be violent'. Modise said that his previous engagement with Healthy Minds 'did not go well' but that he had re-referred himself to the service. He said that he had tried medication, but this had not worked and that he preferred not to take medication. (It is assumed that Modise was referring to the Mirtazapine which it is understood he took for only a short period). The GP assessed Modise and clarified that he was not at risk of suicide or self-harm and was given advice in respect of 'crisis management' should he experience feelings of violence towards himself or others. He was advised to attend hospital ED if such circumstances arose.

3.8 On 5th December 2017 Modise attended a Healthy Minds Group Information Session and completed the Patient Health Questionnaire-9 (PHQ-9)[7]. In response to the question 'Thoughts that you would be better off dead or of hurting yourself in some way', Modise had given a score of '3' which equated to 'being bothered' by these thoughts 'nearly every day' over the past two weeks. As a result a mental health nurse spoke to Modise who said that he had thought about drowning himself in a nearby reservoir, but he had not gone to the reservoir. Protective factors were rated as his children and he reported that these were currently the only thing preventing him from acting on these thoughts. Crisis numbers were

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[5] An echocardiogram is a type of ultrasound scan used to look at the heart and nearby blood vessels.
[6] Mirtazapine is prescribed for depression and anxiety.
[7] The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.

discussed with Modise including the Sanctuary and he said that he had used the Sanctuary[8] in the past and felt able to do so again. The Sanctuary has advised the DHR that they have no record of Modise contacting them. Modise stated that he would 'try his very best' to remain safe whilst on the Healthy Minds waiting list.

3.9 On 6th December 2017 Healthy Minds wrote to Modise's correct GP practice to advise of the contents of the conversation between Modise and the mental health nurse the previous day. The letter advised that Healthy Minds were contacting the GP because Modise was currently waiting for a further appointment with Healthy Minds and so they would be grateful if the GP practice could continue to support and advise Modise. Modise's GP practice has advised this DHR that they have no record of receiving the Healthy Minds letter. The Healthy Minds Duty Team contacted Modise by telephone on 7th December 2017 when he again talked of taking his life by drowning and mentioned a different location he could visit for this purpose. The practitioner who spoke to Modise on this occasion assessed his intent to take his own life as low and again documented his children to be a protective factor.

3.10 On 5th March 2018 Healthy Minds wrote to Modise to offer him the first in a possible series of regular appointments which he declined on the grounds that he 'was doing a lot better now'. Healthy Minds wrote to Modise's GP to advise them of this. He had no further contact with his GP prior to the murder.

3.11 On 30th May 2018 Abulele called the police via 999 and asked them to 'come quickly. My husband' and whispered her address to the operator. The police attended and found Abulele to be crying and 'in a complete state of distress.' Abulele explained that she was concerned about Modise's mental state as he had been silent for the past few days and had not been responding to her or their children and had returned home from work that day and locked the doors before sharpening the kitchen knives. The officers spoke to Modise on his own and he said that he had found a bank card in Abulele's name and the account to which the bank card related contained £4,500. He added that he did not know where this money had come from. Modise added that he was working all hours that he could to support the family financially and was annoyed that Abulele may be 'living the high life'. Modise said that he had not spoken to Abulele about the bank card and that she was unaware that he had found it and he had been finding menial tasks in the house to keep him occupied rather than confront Abulele. A 'family friend' then arrived and Modise said that he would rather discuss the matter with the friend than the officers. It was documented that the 'family friend' knew both Modise and Abulele and therefore may be able to mediate. Modise later left the family home to stay with the family friend. Modise disclosed to the officers that he had previously 'had contact' with the RAID team. It is presumed that Modise, or the officer's documenting the conversation were referring to the hospital mental health team when RAID was discussed. However, the DHR has been advised that Modise was not known to RAID. This may have been a misunderstanding and Modise may have been referring to Healthy Minds. The police documented that Abulele was concerned that Modise might harm himself or the children, that no 'altercation' had taken place, or threats been made and so the police took no further immediate action.

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[8] The Sanctuary was a 24 hour mental health support telephone line.

3.12 A public protection investigation document (PPI) was created and submitted on the grounds that there were adult welfare concerns. This was assessed by the Triage – also referred to as the Safeguarding Hub - and it was decided that the case would be discussed at the Integrated Neighbourhood Services (INS) multi-agency meeting at which cases assessed as 'standard' and 'medium' risk were discussed. It is worthy of note that no DASH risk assessment had been completed by the police. Checks were completed which disclosed that the family were not known to social care but which highlighted that during the past twelve months Modise had twice self-referred to Healthy Minds but had then disengaged. There is no indication that information was requested from Modise's GP. The INS meeting decided that further contact should be made with Abulele to confirm that she was 'OK' and ensure that there were no 'domestic issues' or further help required. The option of a joint visit to Abulele away from the family home by Bridges (Tameside domestic abuse service) and mental health services was under consideration. The police made a follow up phone call to Abulele who stated that 'she had resolved everything with her husband', that there were no further concerns and she did not require any additional support although she did ask the officer to send her a letter to confirm the police officer's details should she require any further help in the future - which was sent. The officer who made the call to Abulele was advised by a supervisor that there was no need to inform her that Modise had found her bank card.

3.13 In October 2019 Abulele and Modise established a domiciliary care service which was registered with the Care Quality Commission (CQC). Tameside Council commissioned the service to provide a number of care packages.

3.14 The police murder investigation established that Abulele moved out of the family home (address 1) into a rented property (address 2) in a neighbouring town in February 2021. Both properties were privately rented. It appears that the children spent time in both properties with each parent. Abulele and Modise continued to work together after the separation as directors of the domiciliary care agency.

3.15 On 12th May 2021 Modise attended Hospital 1 ED and presented with 'dull' chest pain which he had experienced for the past three days that was not related to exercise. He also reported pain in his left shoulder and neck. Examination and tests disclosed nothing abnormal and Modise was treated for musculoskeletal pain. No reports of stress or mental health were documented or disclosed (In his contribution to this DHR, Modise stated that his chest pain was related to stress arising from his separation from Abulele and pressures arising from running their domiciliary care service but did not disclose this to ED practitioners).

3.16 On 27th May 2021 Abulele and Modise's elder child (aged 15 at that time) disclosed to the child's school that they had been self-harming 'on and off' over the past year. The school contacted Abulele and it was agreed that she would contact the GP practice, which she did on 4th June 2021. Abulele said that the school had advised her to refer the child to Healthy Young Minds (re-named Child and Adolescent Mental Health Services (CAMHS) in October 2021) but the latter service had advised her that any such referral needed to be

made by the GP. The GP referred Abulele's elder child to Healthy Young Minds on 14th June 2021. There is no indication that the GP spoke to the child – which would have been expected practice - and it is unclear whether there was any consideration of whether any medical intervention was required for what Abulele described as 'deep cuts' to her child's legs. *Tameside & Glossop Policy and Procedure in relation to Self-Harm* is guidance intended for anyone working with children and young people in Tameside and Glossop. tameside_self_harm.pdf (proceduresonline.com) Included in the guidance is a requirement to complete a risk assessment/checklist and safety plan which should accompany a Healthy Young Minds referral. There is no indication that the GP completed this risk assessment/checklist and safety plan. The DHR has been advised that no contact had been made by Healthy Young Minds with Abulele or her child prior to the murder.

3.17 There appears to be no doubt that on 6th July 2021 Modise physically assaulted Abulele whilst she was driving her car in which he was a passenger. It is also understood that Abulele then got out of the car and left the scene on foot. In her contribution to this DHR, Abulele's close friend said that this incident left Abulele feeling 'very scared' and that she intended to report the matter to the police and apply for an injunction against Modise once she had fulfilled planned care visits later the same day and first thing the following morning.

3.18 At around 1.30am the following morning Abulele returned to her home address with a colleague having completed their care visits for the evening. They planned to get some sleep at Abulele's address before starting work again at 6am the same day. Abulele went to bed and her colleague slept on the settee downstairs. Unknown to either woman, Modise had let himself into Abulele's address prior to their return having had a copy of her house key cut after previously borrowing Abulele's car. He secreted himself in the bedroom of the younger child. The elder child was staying at Modise's address that night. Modise set his alarm for a time by which he anticipated that Abulele and her colleague would be sound asleep. Woken by his alarm around 3.30am, Modise went to Abulele's bedroom intending to suffocate her although he had armed himself with a metal exercise bar with which he struck her several times. He began to leave the address but returned to stab Abulele several times after hearing her moving. Modise then left the address. Woken by the sound of the disturbance, Abulele's colleague rang for an ambulance which attended, and the crew commenced advanced resuscitation and conveyed Abulele to Hospital 2, where she was pronounced deceased shortly thereafter.

3.19 After leaving Abulele's address, Modise phoned the police and confessed to stabbing Abulele multiple times. He provided his location which the police attended and arrested him. He told the officers that he had drunk three quarters of a bottle of whisky and taken an overdose of paracetamol and tramadol tablets and was transported to the Hospital 1 ED. Whilst en-route to the hospital, Modise told the officers that he had argued with Abulele 'the day before' and had hit her which he apologised for. When assessed in the Hospital 1 ED, Modise said he did not regret taking the overdose and still wanted to die. He said he had tried to kill Abulele because 'she was messing around with him'. It was documented that he had made multiple previous attempts to take his own life which had been 'driven by stress

caused by Abulele'. He specifically mentioned an attempt to drown himself in a canal but said he 'messed it up' as he was 'drunk'. He was admitted to hospital and referred for assessment by the hospital mental health liaison team. During his two day admission, he was seen by the hospital mental health liaison team on two occasions and their impression was that Modise was presenting with chronic low mood in the context of 'marriage difficulties' and experiencing ongoing thoughts of suicide with no clear plan or means. He was later discharged into the custody of the police who had arrested him on suspicion of murder during his hospital admission.

4.0 Key issues arising from the review.

Sharing information held by GPs in multi-agency fora.

4.1 The victim Abulele reported one prior incident of domestic abuse to the police over three years before the domestic homicide took place. Given that this May 2018 incident was the only direct evidence of domestic abuse reported, there has been considerable focus on the professional response to it. There is much learning from that response, in particular the subtle shift in focus away from domestic abuse towards the mental health needs of Modise, the lack of professional curiosity about Abulele's private bank account and the decision not to alert Abulele to the fact that her husband had found out about her private bank account and the substantial finds it contained.

4.2 However, the learning from the professional response to the May 2018 incident which necessitates a recommendation is that the subsequent discussion of the incident at the Integrated Neighbourhood Services (INS) meeting was not informed by information held by primary care to which was the only agency with which Modise had shared information which indicated that he could present a risk of violence to others. Whilst it is not known what difference the information the GP practice held about Modise's potential risk to others would have made, this case is an example of the important information held by GP practices which could make a difference to multi-agency discussions around risk. The DHR has been advised that the INS no longer exists in the form that it did in 2018 and that there is now a weekly meeting at which cases involving adults who are considered to be at risk are discussed. It is understood that this weekly meeting has yet to find a way of accessing primary care information.

Recommendation 1

That Tameside Community Safety Partnership advises Tameside Adults Safeguarding Partnership Board (TASPB) that relevant information held by primary care is not shared with the Integrated Neighbourhood Services (INS) multi-agency meeting. TASPB may wish to work with the NHS Tameside Strategic Partnership Board to put in place a system to ensure that information held by GP practices is shared with the Integrated Neighbourhood Services (INS) multi-agency meeting.

4.3 DHR Panel members felt that the extent to which information held by primary care informs multi-agency conversations is a more general weakness in Tameside which also applies to other multi-agency fora including the MARAC. Given the importance the Tameside Domestic Abuse Strategy ascribes to GP practices as places where victims-survivors of domestic abuse may seek help and perpetrators may seek support around their behaviour (1), the question of how to ensure primary care information is shared within key multi-agency fora is also deserving of attention. Tameside Community Safety Partnership is requested to note the observation of the DHR Panel that the extent to which information held by primary care informs other multi-agency fora is a weakness in Tameside.

Routine enquiry about domestic abuse

4.4 The only relevant contacts professionals had with the victim or perpetrator in the three years between the May 2018 incident and the domestic homicide were Modise's hospital attendance in May 2021 and the concerns which arose in respect of Abulele and Modise's elder child self-harming later the same month. Modise's attendance at Hospital 1 ED appears to have been a missed opportunity to more fully explore any non-physical causes of his symptoms which could have provided an opportunity to make routine enquiry about domestic abuse if Modise had been prepared to discuss stressors with the ED staff. There is no indication that Modise's earlier mental health history was considered when he presented at ED. When the elder child disclosed self-harming to their secondary school the focus of the school was understandably on offering support to the child, but the school was aware that Abulele and Modise had separated because of the resultant change to the child's address. Given the parental separation and the child's self-harming, the school could have considered 'routine enquiry' about domestic abuse when they spoke to Abulele about her child self-harming.

4.5 There were earlier opportunities for routine enquiry when Modise began presenting to his GP and being referred or self-referring to Healthy Minds with mental health issues and suicidal ideation in 2017/18. It is regarded as good practice to make 'routine enquiry' in respect of domestic abuse during patient interactions such as antenatal and post-natal checks, contraceptive review, treatment of sexually transmitted infections, unplanned pregnancies and when the person presents with medical symptoms which cannot be explained. It has been noted in other DHRs that the majority of points when 'routine enquiry' takes place relate to the earlier years of a female's life. There do not appear to be the same number of recognised opportunities or awareness of the need to apply 'routine enquiry' to males or older people.

4.6 It is therefore recommended that Tameside Community Safety Partnership obtains assurance that routine enquiry is embedded in the policy and practice of all relevant partner agencies and that routine enquiry is applied to all potential victims and perpetrators of domestic abuse including males.

Recommendation 2

That Tameside Community Safety Partnership obtains assurance that routine enquiry is embedded in the policy and practice of all relevant partner agencies and that routine enquiry is applied to all potential victims and perpetrators of domestic abuse including males.

Responding to potential help seeking behaviour by perpetrators

4.7 Tameside's Domestic Abuse Strategy states that the Respect 'Make a Change' programme found that the most common places for perpetrators to try and access information and support around their behaviour was friends and families but also their GP when asking for mental health support. When Modise was seeking mental health support from his GP and Healthy Minds in 2017, the possibility that he *may* have been seeking help with domestic abuse perpetrator behaviour does not appear to have been considered.

4.8 It is therefore recommended that when the learning from this DHR is disseminated, Tameside Community Safety Partnership highlight the need for professionals to be alert for help seeking from perpetrators of domestic abuse, particularly when this help seeking behaviour is indirect.

Recommendation 3

That when the learning from this DHR is disseminated, Tameside Community Safety Partnership highlight the need for professionals to be alert for help seeking from perpetrators of domestic abuse, particularly when this help seeking behaviour is indirect.

Assessing 'risk of harm to others'

4.9 The DHR has been advised that GPs do not use a specific tool to assess risk of self-harm, suicide or potential harm to others and that this is achieved through asking a series of questions and applying clinical judgement. In this case there is no evidence that the GP to whom Modise disclosed dreams and thoughts which indicated he could present a risk to others considered Modise's risk to his family and the focus of the questions and risk assessment appears to be aimed at risk to self.

4.10 It is therefore recommended that Tameside Community Safety Partnership seeks assurance from Greater Manchester Integrated Care (Tameside) that GP's are equipped with the awareness and skills to assess the risk of harm a patient may present to others.

Recommendation 4

That Tameside Community Safety Partnership seeks assurance from Greater Manchester Integrated Care (Tameside) that GP's are equipped with the awareness and skills necessary to assess the risk of harm a patient may present to others.

Recognising and acting upon escalation of risk

4.11 Unknown to agencies the risk to Abulele from Modise was escalating and appears to have rapidly escalated over the final 24 hours of Abulele's life during which Modise assaulted her then implemented his plans to murder her which he may have begun considering for some time earlier. There are challenges in attempting to apply the eight stage homicide timeline developed by Jane Monckton Smith (2) to the relationship between Abulele and Modise because, apart from the help Modise sought in respect of his mental health in 2017/2028 and the incident reported to the police in May 2018, the conflict within their relationship went unobserved by professionals until the murder. There is insufficient information available to say much about Stage 1 ('pre-relationship') of the Homicide Timeline, Stage 2 ('early relationship') and Stage 3 ('the relationship'), although in his contribution to this DHR, Modise portrayed himself as the person responsible for 'rescuing' Abulele from poverty and funding her subsequent success which appeared to feed his resentment after they separated. However, Abulele's family have advised the DHR that she made a significant personal and financial contribution to establishing the family in the UK.

4.12 Turning to stage 4 – 'triggers'. Monckton-Smith found the reasons given by men for killing their partners overwhelmingly revolved around withdrawal of commitment or separation (3). In his contribution to this DHR, Modise described the situation of living apart whilst seeing each other every day through their work as 'unbearable'. This might be perceived as the sense of loss which people may experience when a relationship ends but Modise appeared to resent the fact that Abulele had 'moved on' and said that he experienced difficulty in coming to terms with the fact that 'the person he used to sleep with treated him as her co-worker' which suggested a degree of resentment at his loss of control, including sexual control. Stage 5 ('escalation') is an increase in the frequency, severity or variety of abuse, control or stalking which Abulele's appeared to be describing when she told her close friend that Modise was 'not letting her breathe' adding that she was worried that she was going to 'end up going back to this man' and being unhappy. A recent study of risk factors in domestic homicides found that 40% of victims had separated from their partner in the previous two months or were about to (4).

4.13 Monckton Smith states that progression from stage 5 to stage 6 ('a change in thinking/decision') is not inevitable and interventions at this stage may be particularly effective in reducing feelings of entitlement to act (5). Tragically, Abulele appears to have delayed contacting the police after the assault by Modise because she had care to deliver to clients. This was a reflection of her care for, and commitment to, her clients but may also have been a reflection that, although shocked by Modise's physical violence the day before her murder, she may not have had grounds for fearing serious or fatal violence at that stage. However, her close friend has advised the DHR that Abulele texted Modise's mother (in South Africa) at one stage to say that she was worried that Modise was going to kill her. Monkton-Smith, quoting the words of Professors Russell and Rebecca Dobash, sums up stage 6 of the Homicide Timeline as the point at which the perpetrator's strategy changes from attempting to keep a partner in the relationship to destroying them for leaving it (6). Modise's physical assault on Abulele may have been the point when a line was crossed for both the perpetrator and the victim. For the perpetrator he appears to have shifted from

trying to pressurise the victim into resuming the relationship to taking her life, whilst for the victim, she appears to have resolved to contact the police and seek an injunction.

4.14 Stage 7 of the Homicide Timeline is 'planning'. In his contribution to the DHR Modise states that he only decided to kill or seriously harm Abulele after visualising her laughing at him if he took his own life - as he said he planned to do after assaulting her on the day before the murder. However, Modise's account is significantly undermined by the extent of preparation and planning which went into the murder including borrowing Abulele's car and using this opportunity to cut a duplicate key to her address, what he described as his final meal with their children on the evening prior the murder and the use of his knowledge of her working hours to carefully plan his attack on her when she would be deeply asleep and very unlikely to be able to defend herself. Stage 8 of the timeline is the homicide.

4.15 Suicidal ideation by the perpetrator can also herald an increased risk of harm to the victim. Professionals were unaware of the escalating risk to Abulele in the period prior to her murder but professionals who came into contact with Modise in 2017 when he was expressing suicidal thoughts do not appear to have considered the risk he might also present to his wife at that time. It is therefore recommended that when the learning from this DHR is disseminated, Tameside Community Safety Partnerships highlights the Homicide Timeline and what the learning that the application of the Homicide Timeline reveals. Additionally, the elevated risk of harm to the victims of domestic abuse when the perpetrator is expressing suicidal thoughts should also be highlighted.

Recommendation 5

That when the learning from this DHR is disseminated to relevant professionals, Tameside Community Safety Partnerships highlights the Homicide Timeline and what the learning that the application of the Homicide Timeline reveals. Additionally, the elevated risk of harm to the victims of domestic abuse when the perpetrator is expressing suicidal thoughts should also be highlighted.

Public awareness of the escalation of risk to victims of domestic abuse

4.16 There would also be merit in promoting greater public knowledge of the homicide timeline - including the heightened risk which victims of coercive and controlling behaviour face when leaving or attempting to leave the relationship - so that victims and people to whom the victim make disclosures such as Abulele's close friend have the opportunity to put the abuse in context and are better able to appreciate the level of risk involved.

Recommendation 6

That Tameside Community Safety Partnership use the learning from this DHR to raise public awareness about coercion and controlling behaviour and signs of escalating risk to the victim, particularly when leaving or attempting to leave the relationship.

So-called Honour Based Violence (HBV)

4.17 As previously stated, the murder of Abulele could, with the benefit of hindsight, be seen as honour based to an extent (Paragraph 6.34). Research indicates that victims of HBV in the UK are most likely to be of South Asian descent and, where religion is known, victims are most commonly Muslim. This research finding seems likely to correspond with the experience of professionals who have dealt with HBV. In this case Abulele was a Christian of Black South African descent. Whilst Tameside's guidance makes it clear that HBV 'cuts across all cultures and communities such as Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European' …and can 'be found in strict Orthodox Jewish communities or the travelling community', it would be of value to reinforce this local guidance when the learning from this DHR is disseminated.

4.18 The limited contact partner agencies had with the victim and the perpetrator meant that it is only with the benefit of hindsight that it has been possible to consider the extent to which cultural pressures may have constrained Abulele from seeking help earlier (Paragraphs 3.15, 3.19 and 6.25).

Recommendation 7

That when the learning from this DHR is disseminated to relevant professionals, Tameside Community Safety Partnerships takes the opportunity to reinforce local guidance that Honour Based Violence cuts across all cultures and communities and to highlight the cultural barriers which may have prevented Abulele seeking help from agencies and from family and friends.

'One Chance' approach

4.19 Many (so-called) honour based violence (HBV) and forced marriage policies refer to the 'one chance rule' which highlights the fact that a professional may have just 'one chance' to speak to a potential victim and 'one chance' to save a life. The essence of the 'one chance' rule is that professionals are primed to act decisively and urgently when a disclosure of forced marriage/HBV is made to them. Given the speed with which the violence in this case escalated from the physical assault on Abulele in her car to her murder less than 24 hours later, any professional she reached out to may only have had 'one chance' to safeguard Abulele. Whilst it is not suggested that policy and practice developed to address HBV should be applied generally to domestic abuse, this and other cases suggest the potential benefit of adopting a 'one chance' *mindset* when a person discloses domestic abuse.

4.20 It is therefore recommended that when the learning from this DHR is disseminated, that Tameside Community Safety Partnership takes the opportunity to highlight the potential applicability of the 'one chance rule' *mindset* to all forms of domestic abuse.

Recommendation 8

That when the learning from this DHR is disseminated, Tameside Community Safety Partnership takes the opportunity to highlight the potential applicability of the 'one chance rule' mindset to all forms of domestic abuse.

Self-harm pathway for children and young people

4.21 The GP referred the elder child to Healthy Young Minds without speaking to the child. The Healthy Young Minds referral form contains a 'Child and Family Views' section which was not completed by the GP practice. It is not known how common it is for the child subject of the referral not to be spoken to by the GP. The risk assessment/checklist and safety plan which Tameside & Glossop's guidance on self-harm by children and young people requires practitioners to complete was not completed by the GP on this occasion.

4.22 It is therefore recommended that Tameside Community Safety Partnership obtain assurance that GPs speak to the child concerned prior to making a referral to Healthy Young Minds and complete the relevant risk assessment/checklist and safety plan in respect of children and young people who have self-harmed.

Recommendation 9

That Tameside Community Safety Partnership obtain assurance that GPs speak to the child concerned prior to making a referral to Healthy Young Minds and complete the relevant risk assessment/checklist and safety plan in respect of children and young people who have self-harmed.

Disengaging Patients Policy

4.23 Pennine Care, as the provider of the Healthy Minds service, has advised the DHR that they are in the process of developing a 'Disengaging Patients' policy which will entail a greater emphasis on outreach to patients such as Modise by backing up letters offering appointments with telephone calls and working more closely with GP practices to encourage engagement with Healthy Minds. Tameside Community Safety Partnership may wish to note the policy when completed.

The discharge of the perpetrator from the Royal Navy

4.24 Modise was medically discharged from the Royal Navy over a decade prior to his murder of Abulele although the suicidal ideation he disclosed to his employers just prior to his discharge was apparent when he sought help from his GP and talking therapies services four to five years prior to the murder. It is not known how or whether the dire financial circumstances which appeared to be affecting his mental health in the months prior to his discharge from the Royal Navy were resolved.

4.25 However, the circumstances of Modise's discharge from the Royal Navy raise concerns. Firstly, the discharge took place very speedily at a time when Modise had been experiencing suicidal ideation and not long after his disclosure that he made a serious attempt to take his own life whilst AWOL in South Africa. The judgement that the risk he presented to himself and others was 'presently remote' appeared to be strongly influenced by his positive responses to suggested approaches to managing his debt, rather than disclosures earlier the same day in which he said that he had thought about killing his children before taking his own life. This latter disclosure could have been more fully explored for any indication that taking his life and those of his children was in any way connected to domestic abuse.

4.26 The information shared with his GP following Modise's medical discharge from the Royal Navy was extremely brief and wholly dependent upon Modise taking the relevant document to his GP, which he did not do.

4.27 Modise's medical discharge from the Royal Navy took place in 2011 and systems and processes may have changed. However, given the concerns about the impact of the speed of his discharge on transition from military to civilian life, the concerns about his risk to self and others – specifically his young children – and the method by which very limited information was intended to be shared with his GP, it is recommended that the learning from this DHR is shared with the Royal Navy and they are asked to comment on the concerns in relation to Modise's medical discharge and advise the Community Safety Partnership of any changes they may have made to discharge arrangements in the succeeding years and any changes they intend to make as a result of the learning from this DHR.

Recommendation 10

That Tameside Community Safety Partnership shares the learning from this DHR with the Royal Navy, who are asked to comment on the concerns in relation to Modise's 2011 medical discharge and advise the Community Safety Partnership of any changes they may have made to discharge arrangements in the succeeding years and any changes they intend to make as a result of the learning from this DHR.

Sentence planning for the perpetrator

4.28 The Probation Service were represented on the DHR Panel and have requested that a copy of the DHR report is shared with the Probation Service to assist with sentence planning for the perpetrator.

Good Practice

4.29 The limited contact between Abulele and Modise and professionals has not allowed the identification of any good practice in this case.

5.0 Conclusion

5.1 The perpetrator Modise brutally murdered his wife Abulele whilst she slept in the address to which she had moved following their separation several months earlier. There had been one prior incident of domestic abuse reported to the police by Abulele over three years earlier. The perpetrator was not known to the UK police other than for minor matters. Partner agencies were unaware of the risks to Abulele from her estranged husband Modise which, from subsequent enquiry, appeared to escalate rapidly over the last few days of her life.

5.2 However, notwithstanding partner agencies lack of contact with the victim and perpetrator and their family, there is learning from this DHR from the manner in which professionals responded to the perpetrator's contact with primary care, talking therapies and on one occasion acute care in respect of mental health concerns including suicidal ideation. Opportunities to explore the risk he may have presented to others including the victim were not explored during those interactions with the perpetrator. Additionally the response to the one reported incident of domestic abuse over three years prior to the murder downplayed the indications of domestic abuse and focussed more prominently on concerns about the perpetrator's mental health and wellbeing. There is also learning about the cultural factors which may have constrained Abulele from seeking help earlier and the presence of so-called Honour Based Violence (HBV) in many different cultures and communities – in this case people of Black South African descent who adhered to the Christian faith.

6.0 Lessons to be learned and recommendations.

Sharing information held by GPs in multi-agency fora.

Recommendation 1

That Tameside Community Safety Partnership advises Tameside Adults Safeguarding Partnership Board (TASPB) that relevant information held by primary care is not shared with the Integrated Neighbourhood Services (INS) multi-agency meeting. TASPB may wish to work with the NHS Tameside Strategic Partnership Board to put in place a system to ensure that information held by GP practices is shared with the Integrated Neighbourhood Services (INS) multi-agency meeting.

Routine enquiry about domestic abuse

Recommendation 2

That Tameside Community Safety Partnership obtains assurance that routine enquiry is embedded in the policy and practice of all relevant partner agencies and that routine enquiry is applied to all potential victims and perpetrators of domestic abuse including males.

Responding to potential help seeking behaviour by perpetrators

Recommendation 3

That when the learning from this DHR is disseminated, Tameside Community Safety Partnership highlight the need for professionals to be alert for help seeking from perpetrators of domestic abuse, particularly when this help seeking behaviour is indirect.

Assessing 'risk of harm to others'

Recommendation 4

That Tameside Community Safety Partnership seeks assurance from Greater Manchester Integrated Care (Tameside) that GP's are equipped with the awareness and skills necessary to assess the risk of harm a patient may present to others.

Recognising and acting upon escalation of risk

Recommendation 5

That when the learning from this DHR is disseminated to relevant professionals, Tameside Community Safety Partnerships highlights the Homicide Timeline and what the learning that the application of the Homicide Timeline reveals. Additionally, the elevated risk of harm to the victims of domestic abuse when the perpetrator is expressing suicidal thoughts should also be highlighted.

Public awareness of the escalation of risk to victims of domestic abuse

Recommendation 6

That Tameside Community Safety Partnership use the learning from this DHR to raise public awareness about coercion and controlling behaviour and signs of escalating risk to the victim, particularly when leaving or attempting to leave the relationship.

So-called Honour Based Violence

Recommendation 7

That when the learning from this DHR is disseminated to relevant professionals, Tameside Community Safety Partnerships takes the opportunity to reinforce local guidance that Honour Based Violence cuts across all cultures and communities and to highlight the cultural barriers which may have prevented Abulele seeking help from agencies and from family and friends.

'One Chance' approach

Recommendation 8

That when the learning from this DHR is disseminated, Tameside Community Safety Partnership takes the opportunity to highlight the potential applicability of the 'one chance rule' mindset to all forms of domestic abuse.

Self-harm pathway for children and young people

Recommendation 9

That Tameside Community Safety Partnership obtain assurance that GPs speak to the child concerned prior to making a referral to Healthy Young Minds and complete the relevant risk assessment/checklist and safety plan in respect of children and young people who have self-harmed.

The discharge of the perpetrator from the Royal Navy

Recommendation 10

That Tameside Community Safety Partnership shares the learning from this DHR with the Royal Navy, who are asked to comment on the concerns in relation to Modise's 2011 medical discharge and advise the Community Safety Partnership of any changes they may have made to discharge arrangements in the succeeding years and any changes they intend to make as a result of the learning from this DHR.

References

(1) Retrieved from https://www.tameside.gov.uk/TamesideMBC/media/adultservices/J003824-Domestic-Abuse-Strategy-FINAL.pdf

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(3) Retrieved from https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.13753

(4) Retrieved from http://eprints.glos.ac.uk/6896/1/6896%20Monckton-Smith%20%282019%29%20Intimate%20Partner%20Femicide%20using%20Foucauldian......pdf

(5) ibid
(6) ibid

DHR Abulele – Multi Agency Action Plan

The DHR Panel Recommendations							
No	**Recommendation**	**Scope local or national**	**Action to take**	**Lead Agency**	**Key milestones achieved in enacting recommendation**	**Target Date Completion**	**Completion Date and Outcome**
1	That Tameside Community Safety Partnership advises Tameside Adults Safeguarding Partnership Board (TASPB) that relevant information held by primary care is not shared with the Integrated Neighbourhood Services (INS) multi-agency meeting. TASPB may wish to work with the NHS Tameside Strategic Partnership Board to	Local	1. Work with GM ICB to develop information sharing processes with GPs in relation to domestic abuse.	CSP	1. Adult Social Care to confirm that Primary Care information is being shared with the INS multi-agency meeting. 2. IRIS project has been commissioned locally which is a specialist	March 2024	1. The report notes that the INS meeting no longer meets in the same format and was replaced by weekly meeting. Adult Social Care has confirmed that primary care information is now being received at this meeting. 2. IRIS is a three-project running up to 31 March 2026. To date 16 Surgeries have been fully trained

The DHR Panel Recommendations							
No	Recommendation	Scope local or national	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
	put in place a system to ensure that information held by GP practices is shared with the Integrated Neighbourhood Services (INS) multi-agency meeting.				project supporting GPs in relation to domestic abuse. 3. Meeting held with Associate Director of Nursing and Safeguarding for GM ICB to raise the issue of MARAC and information sharing with GPs. Dedicated		and this has resulted in 102 referrals from GPs compared to only 2 referrals prior to the training. All 31 GP practices are booked in to be trained by 31 March 2026. 3. Ongoing discussions underway at GM level regarding MARAC information sharing agreement.

The DHR Panel Recommendations							
No	**Recommendation**	**Scope local or national**	**Action to take**	**Lead Agency**	**Key milestones achieved in enacting recommendation**	**Target Date Completion**	**Completion Date and Outcome**
					workgroup being established to progress across a GM footprint. 4. Information Sharing process to be agreed between MARAC and GPs.		4. Information sharing process has been agreed between GPs and MARAC in Tameside.
2	That Tameside Community Safety Partnership obtains assurance that routine enquiry is embedded in the policy and practice of all relevant partner	Local	DA Steering Group to work with partner agencies to develop a shared approach to routine enquiry, including clear policies and pathways for recording and	DA Steering Group	1. PCFT have level 3 Safeguarding families Training which covers people who experience domestic abuse and what action to take. We have	March 2024	1. Health providers confirm that routine enquiry is part of safeguarding training for practitioners. ICFT are developing domestic abuse training for

The DHR Panel Recommendations							
No	Recommendation	Scope local or national	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
	agencies, and that routine enquiry is applied to all potential victims and perpetrators of domestic abuse including males.		sharing of information		a separate domestic abuse package.		hospital staff, and it is a key feature of the training. Ongoing QA work will identify how well this is embedded in practice. Prompt cards have been developed in conjunction with ICFT and distributed to ICFT staff, Adults and Children's social care staff to prompt routine questions and professional curiosity with those accessing services. More

The DHR Panel Recommendations							
No	**Recommendation**	**Scope local or national**	**Action to take**	**Lead Agency**	**Key milestones achieved in enacting recommendation**	**Target Date Completion**	**Completion Date and Outcome**
					2. GPs - Briefings and Podcasts newsletter items and comms via safeguarding Facebook page re professional curiosity.		cards are being distributed via IRIS training to GP surgeries and to wider partnership organisations. 2. Lead GP confirmed communications have been distributed regarding professional curiosity. This is also covered in IRIS training.
3	That when the learning from this DHR is disseminated, Tameside	Local	Training to be provided to partner agencies on how to engage perpetrators.	DA Steering Group	1. Engaging with perpetrators is due to be commissioned for delivery	December 2023	1. Engaging with perpetrators training has been delivered across the Partnership to 60 professionals

The DHR Panel Recommendations							
No	**Recommendation**	**Scope local or national**	**Action to take**	**Lead Agency**	**Key milestones achieved in enacting recommendation**	**Target Date Completion**	**Completion Date and Outcome**
	Community Safety Partnership highlight the need for professionals to be alert for help seeking from perpetrators of domestic abuse, particularly when this help seeking behaviour is indirect.		Clear pathways of support for perpetrators to be developed and shared widely across partner agencies and the community		across partner with a train the train model included to enable sustainability. 2. Programmes for perpetrators are being commissioned to support behaviour change. 3. DATAC is being established to identify and		to support identification and engagement with those causing harm. 2. As part of the Bridges Partnership there is now a behaviour change offer for the Borough, which is available to adults and children using harm, across all risk levels. 3. DATAC (Domestic Abuse Tasking and Co-ordination) has

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					support repeat perpetrators		been established in Tameside and is well attended by partners, sharing information to support risk management of repeat perpetrators. To date 76 cases have been discussed and multi-agency plans agreed. DATAC is supported by Operation Marpole which sees officers conducting visits to perpetrators, enforcing orders

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					4. Wider pathways of support are being mapped including substance misuse, mental health and homelessness		and reassuring victims. 4. The pathways of support have been mapped and shared with partner agencies to support effective referrals at the earliest stage. Three pilot programmes are underway including Caring Dads, Domestic Abuse & Homeless perpetrators and Advance substance use and domestic abuse perpetrators.

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					5. Develop a campaign of public awareness raising to promote access to perpetrator interventions.		5. A specific perpetrator campaign was launched in January 2025 “Breaking the Cycle” which was aimed at those using harm and highlighting the specialist support available.
4	That Tameside Community Safety Partnership seeks assurance from Greater Manchester Integrated Care (Tameside) that GP’s are equipped with	Local	GM ICB	CSP	1. IRIS is being rolled out across Tameside providing specialist DA training to GPs. This will be evaluated in	Ongoing activity - first 12-month evaluation is due in November 2023. Monthly steering groups are in place to	1. First 12-month review of the IRIS project indicated 8 surgeries has been trained in year 1 resulting in 58 referrals. This is a significant increase

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	the awareness and skills necessary to assess the risk of harm a patient may present to others.				terms of impact and reported back to CSP 2. ICB to attain assurance through Safeguarding Assurance Audits that GP's are equipped with the awareness and skills necessary to assess the risk of harm a patient may present to others and to	monitor roll out.	compared to pre-IRIS when only 2 referrals were received from GPs within in a 12-month period. 2. Update from ICB as part of assurance activities.

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					report back to CSP.		
5	That when the learning from this DHR is disseminated to relevant professionals, Tameside Community Safety Partnerships highlights the Homicide Timeline and what the learning that the application of the Homicide Timeline reveals. Additionally, the elevated risk of harm to the victims of domestic abuse	local	1. Identify opportunities to secure places on Homicide Timeline training for multi-agency partners. 2. Resources relating to the Homicide Timeline to be disseminated to professionals across the Partnership to	CSP	1. Enquiry made with Homicide Timeline training regarding costs which have now been provided. Business case being developed for CSP 2. PCFT have regard for the domestic homicide timeline is our level 3 training.	December 2023	1. December 2023 – 100 licences for Homicide Timeline training commissioned and currently being distributed across key leads within partner agencies. 2. Resources being collated for dissemination across Partnership alongside 7 min briefing.

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	when the perpetrator is expressing suicidal thoughts should also be highlighted.		support learning				
6	That Tameside Community Safety Partnership use the learning from this DHR to raise public awareness about coercion and controlling behaviour and signs of escalating risk to the victim, particularly when leaving or attempting to leave the relationship.	Local	Deliver targeted communications campaign relating to coercive and controlling behaviours and risk factors associated with domestic abuse	DA Steering Group	1. Awareness raising campaign “Sitting right with you” delivered in March 2023 focusing on emotional abuse and controlling behaviours.	March 2024	1. Awareness raising campaign “Sitting right with you” delivered in March 2023 focusing on emotional abuse and controlling behaviours. Evaluation indicated an increase of 33% of calls to DA support service during the campaign and visits to the

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					2. New draft domestic abuse communication strategy has been developed which highlighted coercive and controlling behaviours as a key area of focus for awareness raising and engagement activity.		website almost trebled from 191 to 549. 2. Domestic abuse communications strategy signed off at ODG in March 2023 with agreement for an annual communications plan in conjunction with Trust Lived Experience group.

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No	**Recommendation**	**Scope local or national**	**Action to take**	**Lead Agency**	**Key milestones achieved in enacting recommendation**	**Target Date Completion**	**Completion Date and Outcome**
7	That when the learning from this DHR is disseminated to relevant professionals, Tameside Community Safety Partnerships takes the opportunity to reinforce local guidance that Honour Based Violence and Abuse (HBVA) cuts across all cultures and communities and to highlight the cultural barriers which may have prevented Abulele seeking help	Local	1. Training on So Called Honour Based Violence and Abuse to be delivered to Partnership 2. 7-minute briefing to be developed on HBA	DA Steering Group		March 2024	1. Session on HBA delivered during children's services practice week in October 2024. 3 sessions of DA in south Asian communities which covers HBVA delivered across the partnership. HBVA session delivered to DA Champions across partnership. Discussions underway with Sistah Space regarding Cultural Competency

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	from agencies and from family and friends.						training highlighted as part of Valerie's Law. 2. 7-minute briefing developed on HBVA.
8	That when the learning from this DHR is disseminated, Tameside Community Safety Partnership takes the opportunity to highlight the potential applicability of the 'one chance rule'	Local	One chance rule to be embedded into DA awareness raising training.	DA Steering Group	Training pool due to meet in November at which this recommendation will be discussed.	March 2024	1. Highlighted as part of Understanding risk and response training which is delivered 6-8 times per year across the partnership.

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	mindset to all forms of domestic abuse.						
9	That Tameside Community Safety Partnership obtain assurance that GPs speak to the child concerned prior to making a referral to Healthy Young Minds and complete the relevant risk assessment/checklist and safety plan in respect of children and young people who have self-harmed.	Local	ICB to provide assurances and evidence that this recommendation has been actioned.	ICB	1. Learning shared with ICB leads. 2. Following learning confirmed (from outcome update) the ICB can provide	November 2023	1. Update from Named Safeguarding GP confirmed that the learning from the review has been shared with GPS via Snippet/Target Session in April 23 and Self-Harm Pathway shared with Primary Care. 2. Update from ICB as part of assurance activities.

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					assurance that the recommendations have been actioned.		
10	That Tameside Community Safety Partnership shares the learning from this DHR with the Royal Navy, who are asked to comment on the concerns in relation to Modise's 2011 medical discharge and advise the Community Safety Partnership of any changes they may have made to	Local	Letter to be drafted by chairs of CSP to accompany DHR report and offer of briefing session to be provided to Royal Navy in relation to the specifics of the recommendation.	CSP	1. Letter drafted to Royal Navy and copied to Safeguarding Lead – Armed Forces MoD.	November 2023	Independent Reviewer met with safeguarding lead from Armed Forces MOD to share the report and discuss learning from the report in September 2024. MOD has recently published its action plan "No Defence for Abuse: an action plan to tackle domestic abuse in the defence community".

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	discharge arrangements in the succeeding years and any changes they intend to make as a result of the learning from this DHR.						

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11th April 2024

Dear Dave,

Thank you for submitting the Domestic Homicide Review (DHR) report (Abulele) for Tameside Community Safety Partnership (CSP) to the Home Office Quality Assurance (QA) Panel. The report was considered at the QA Panel meeting on 21st February 2024. I apologise for the delay in responding to you.

The QA Panel felt this was a well written and sensitive review with a good background which enables Abulele's character to be felt by the reader. It was positive to see culturally appropriate pseudonyms chosen. There is positive engagement with Abulele's family, and the pen picture from her sister provides insight into Abulele as a hardworking, intelligent woman who put her children first. Good practice was shown through an interview with the perpetrator to obtain his account.

The QA Panel felt that there are some aspects of the report which may benefit from further revision, but the Home Office is content that on completion of these changes, the DHR may be published.

Areas for final development:

- The panel may have benefitted from specialism in supporting Black African women, particularly given that the perpetrator told the review his actions were in part due to his and the victim's different ethnic groups and how his was 'superior' (4.23). This may have also been helpful when considering the economic abuse, as he also told the review that he was the financial provider, despite evidence saying otherwise.

- It would have been beneficial to have a representative from the Royal Navy, especially given there is a recommendation for them.

- The review would have benefited analysing the potential impact of the children living in homes where domestic abuse and mental health are prevalent. Whilst it is understood why the eldest child was not included within the review, the voice of the child is lost.

- There was no safeguarding referral made for the children by the GP when they were told by the perpetrator, that they (the perpetrator) had thoughts to harm others.

- There was also a missed opportunity highlighted for the GP to speak with the eldest child about their experiences of self-harm and to complete a risk assessment/safety plan with them.

- The potential for 'honor'-based abuse (HBA) is raised briefly but would benefit from being explored in more depth.

- 6.27 applies the homicide timeline to the case, despite saying there were 'clear challenges' in doing so. The timeline does not really fit with what is known about this case, so the QA panel are unsure how helpful it is to try and apply it regardless.

- There was a lack of muti-agency safeguarding processes to fully explore needs or safeguard the family as identified in 6.2, 6.8 and 6.11. No referral was made by police to children's social care.

- There is no specific equality and diversity section as per the statutory guidance and the discussion on this could be developed further to explore how specific protected characteristics could have been a barrier to access or engage with services.

- The report does not fully highlight all economic abuse (e.g. 6.3 Modise using Abulele's bank card) and would benefit from further exploration around how economic abuse was present in their relationship.

- There is no recommendation for Greater Manchester Police (GMP) despite 4.28 mentioning a missed opportunity for a DASH being completed. It would be useful to know if GMP follow the DASH or DARA tool, and whether any steps have been taken to improve training around considering economic and financial abuse.

- The CSP should ensure that overview reports and executive summaries contain all the headers required by the statutory guidance.

- The organisation for the IDVA on the panel is missing.

- There are some instances where confidentiality is breached. For example identifying details in 1.5, 1.7,3.1 5.25-6. The age and sex of the eldest child is also revealed in places e.g. 4.12, 6.40.

- The report requires a good proofread.

Once completed the Home Office would be grateful if you could provide us with a digital copy of the revised final version of the report with all finalised attachments and appendices and the weblink to the site where the report will be published. Please ensure this letter is published alongside the report.

Please send the digital copy and weblink to DHREnquiries@homeoffice.gov.uk. This is for our own records for future analysis to go towards highlighting best practice and to inform public policy.

The DHR report including the executive summary and action plan should be converted to a PDF document and be smaller than 20 MB in size; this final Home Office QA Panel feedback letter should be attached to the end of the report as an annex; and the DHR Action Plan should be added to the report as an annex. This should include all implementation updates and note that the action plan is a live document and subject to change as outcomes are delivered.

Please also send a digital copy to the Domestic Abuse Commissioner at DHR@domesticabusecommissioner.independent.gov.uk

On behalf of the QA Panel, I would like to thank you, the report chair and author, and other colleagues for the considerable work that you have put into this review.

Yours sincerely,

Home Office DHR Quality Assurance Panel