

**LONDON BOROUGH OF TOWER HAMLETS  
COMMUNITY SAFETY PARTNERSHIP**

**DOMESTIC HOMICIDE REVIEW**

**OVERVIEW REPORT**

**'ZAHRA' AGED 25**

**KILLED IN TOWER HAMLETS IN OCTOBER 2018**

**REVIEW PANEL CHAIR AND REPORT AUTHOR  
BILL GRIFFITHS CBE BEM QPM  
FEBRUARY 2021**

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

**LIST OF CONTENTS**

	<b>Paragraph No</b>	<b>Page No</b>
<b>Introduction</b>	1 – 5	3
Timescales	6	3
Confidentiality	7 – 9	4
Terms of Reference	10	4
Methodology	11 – 13	4
Involvement of family, friends and others	14 – 16	5
Contributors to the review	17	5
Review panel members	18	6
Author of the overview report	19	6
Parallel reviews	20	7
Equality and diversity	21	7
Dissemination	22	7
<b>Background information (The Facts)</b>	23 – 73	8
Family Information	23 – 33	8
What was known to safeguarding agencies	34 – 62	10
The weekend of the fatal incident	63 – 73	15
<b>Analysis</b>	74 – 82	17
<b>Conclusions, good practice and lessons learned</b>	83 – 85	19
<b>Recommendations</b>	86 – 87	20
Glossary		21
Distribution List		22
<b>Appendices</b>		
Appendix 1 – Terms of Reference for review		23
Appendix 2 – Independence statements		26
Appendix 3 – Consolidated internal recommendations from agency IMR’s		27
Appendix 4 – Action Plan		30

# **Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP 'Zahra' aged 25, killed in Tower Hamlets in October 2018**

## **INTRODUCTION**

1. This report of a Domestic Homicide Review (DHR) examines agency responses and support given to 'Zahra'<sup>1</sup>, a resident of the London Borough of Tower Hamlets (LBTH) prior to the discovery in mid-October 2018 of her homicide at home at the hands of her estranged husband, 'Karan', for which he was convicted of murder in March 2019 and sentenced to Life Imprisonment, to serve a minimum of 26 years.
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.
3. The review will consider agencies contact/involvement with the family from January 2013 to the day of the homicide in October 2018. Any relevant fact from their earlier life will be included in background information.
4. The key purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person is killed because of domestic violence and abuse. 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 to reduce the risk of such tragedies happening in the future.
5. One of the operating principles for the review has been to be guided by humanity, compassion and empathy, with Zahra's 'voice' at the heart of the process. This was an appalling tragedy for Zahra's family and, through the Chair, the Panel have offered heartfelt condolences upon their loss.

## **TIMESCALES**

6. The day following the homicide, the Chair of Tower Hamlets Community Safety Partnership (CSP) wrote to partners seeking support for a DHR to be commissioned and to secure any records held. The Chair was appointed in November 2018 and there was a delay in meeting due to the mode of trial to be determined. The review began with a Panel meeting on 14 February 2019 when Terms of Reference were agreed, and Chronology reports commissioned from all identifiable public and voluntary bodies that may have had contact with the family. At the second meeting on 9 April, Chronologies were reviewed, and Individual Management Reviews (IMR) were commissioned. The third meeting on 25 June reviewed the IMRs received and agreed a process to secure the remainder. An initial draft of the overview report that set out the narrative was considered at the fourth meeting on 10 September and a second version with analysis was debated at the fifth on 14 October. A third version was considered and final inquiries initiated for the fourth version with recommendations to be agreed on 8 January. A fifth version was agreed by email. The

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<sup>1</sup> Not her real name. Hers and the other pseudonyms were suggested by family members

## **Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP 'Zahra' aged 25, killed in Tower Hamlets in October 2018**

final redacted version and Executive Summary was presented to the Community Safety Partnership on 12 March 2020, approved and submitted to the Home Office Quality Assurance Panel. Feedback was provided in September and responded to and additional feedback in December resulted in a final submission in February 2021.

### **CONFIDENTIALITY**

7. The chronologies and IMRs are confidential. Information is available only to participating officers/professionals and their line managers.
8. The Government Protective Marking Scheme (GPMS) was adopted throughout with a rating of 'Official-Sensitive' for shared material. Either secure networks were in place (gsi, pnn) and adopted (cjsm) or papers shared with password protection. An integrated chronology was provided to all Panel members for review and discussion.
9. For ease of reference, all terms suitable for acronym will appear once in full and also in a glossary at the end of the report. The deceased will be referred to herein as Zahra, with her children as Child A and Child B respectively. The perpetrator will be referred to as Karan. Zahra's first husband and father of Child A is Hasan.

### **TERMS OF REFERENCE**

10. Following discussion of a draft in the first Panel meeting, Terms of Reference (ToR) were issued on the same day (appendix 1) with a chronology template for completion by agencies reporting contact with the family.

### **METHODOLOGY**

11. Under s9 Domestic Violence, Crime and Victims Act 2004, a Domestic Homicide Review was commissioned by LB Tower Hamlets Community Safety Partnership and, in February 2019, Bill Griffiths CBE BEM QPM was appointed Independent Chair of the DHR Panel. Tony Hester supported him throughout in the role of Manager of the DHR process.
12. This review was commissioned under Home Office Guidance issued in December 2016. Close attention was paid to the cross-government definition of domestic violence and abuse and is included in the Terms of Reference (appendix 1). The following policies and initiatives have also been scrutinised and considered:
  - HM Government strategy for Ending Violence against Women and Girls 2016-2020
  - Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews published by the Home Office December 2016
  - Domestic Homicide Reviews: Key Findings from analysis of domestic homicide reviews published by Home Office December 2016
  - Tower Hamlets Council website:  
[https://www.towerhamlets.gov.uk/ignl/community\\_and\\_living/community\\_safety\\_\\_crime\\_preve/domestic\\_violence/domestic\\_abuse.aspx](https://www.towerhamlets.gov.uk/ignl/community_and_living/community_safety__crime_preve/domestic_violence/domestic_abuse.aspx) updated in April 2017

## **Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP 'Zahra' aged 25, killed in Tower Hamlets in October 2018**

13. There are eight prior DHR reports in the LB Tower Hamlets and the Chair has examined them for repeat lessons and trends. None were identified.

### **INVOLVEMENT OF FAMILY, FRIENDS, WORK COLLEAGUES, NEIGHBOURS AND WIDER COMMUNITY**

14. Following an introduction by the police family liaison officer, the Chair met privately with Zahra's mother, sister and uncle at the trial in March 2019. The Home Office family information leaflets were provided and attention drawn to the support available from Advocacy After Fatal Domestic Abuse and the National Homicide Service. The ToR were discussed and no additions were required. They kindly provided a photograph of Zahra to assist the Panel. A follow up meeting with those family members was held in Bethnal Green in August that provided helpful insights into Zahra's life and the circumstances prior to her murder. Sister Aleena has provided further insights by telephone with the Chair and was given the third (complete, save for recommendations and action plan) version of the overview that she then shared with the family for observations. There were none, save that she confirmed that they were content with the review.
15. Aleena also made enquiries with Zahra's School colleagues on behalf of the Chair<sup>2</sup> and it was established that Zahra did not have any close colleagues and did not disclose anything about domestic abuse. Zahra was close to her family and did not have close friends who could be contacted.
16. The Chair wrote to the Governor of the establishment where Karan is serving sentence with a request that he be interviewed and a response was not forthcoming.

### **CONTRIBUTORS TO THE REVIEW**

17. This overview report is an anthology of information and facts from the organisations represented on the Panel, many of which were potential support agencies for Zahra and her children:
- Local GP Practice for the family\*
  - Health Visiting and School Health Service (Tower Hamlets GP Care Group)\*
  - Barts Health NHS Trust\*
  - London Borough of Tower Hamlets (LBTH) Adult Social Care
  - LBTH Violence Against Women and Girls (VAWG) Team
  - LBTH Children's Social Care\*
  - LBTH Housing Options/Clarion Housing (Registered Providers of Social Housing – RPSH)\*
  - Metropolitan Police Service (MPS)+
- Independent specialist domestic abuse advice was provided by:  
Victim Support London, a charitable organisation that had not been involved with the family  
\*Agency that provided an Individual Management Review (IMR) and (+) the MPS provided a letter. The Panel were satisfied that the IMR/letter was undertaken by a senior manager not connected with the events being reported upon.

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<sup>2</sup> His attempt at telephone contact had not succeeded and circumstances did not allow for a visit

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

**THE REVIEW PANEL MEMBERS**

*18. Table 1 – Review Panel Members*

<b>Name</b>	<b>Agency/Role</b>
Menara Ahmed	LBTH Senior VAWG and Hate Crime Manager
Ruth Walters	GP Care Group CIC
Sarah Murphy	Joint Senior Strategic Safeguarding Adults Lead in the Local Authority and Clinical Commissioning Groups
Lisa Matthews	Service Manager, LBTH Adult Social Care
Geraldine O’Donnell	Service Manager of Safeguarding and Quality Assurance Service, LBTH Children and Culture Directorate
Samantha Spillane	Barts Health, Head of Safeguarding
Rafiqul Hoque	Head of Service, LBTH Housing Options Service (HOS)
Andrew Nowakowski	Tenancy Specialist Manager, Clarion Housing (RPSH)
Dina Sahmanovic	Victim Support, London East Operations Manager
John Macdonald	Review Officer, MPS Specialist Crime Review Group
Bill Griffiths	Independent Chair and report author
Tony Hester	Independent Manager and Panel Secretary

**AUTHOR OF THE OVERVIEW REPORT**

19. Bill Griffiths is the author of the overview report. He is a former police officer who has had no operational involvement in LB Tower Hamlets. He has been appointed as the independent Chair of the DHR Panel having had no involvement in policing since retirement from service in 2010. Set out for reference in appendix 2 are the full respective backgrounds and ‘independence statements’ for Bill Griffiths and Tony Hester who managed the review process and liaison with the CSP and Panel. Since 2013, they jointly have been involved in more than twenty DHRs.

## Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP 'Zahra' aged 25, killed in Tower Hamlets in October 2018

### PARALLEL REVIEWS

20. The Chair set up liaison with the Case Officer and attended one day of the trial for family liaison. There are no known misconduct investigations pending. In the light of the trial verdict, the Coroner has closed the Inquest that was opened when the murder was reported.

### EQUALITY AND DIVERSITY

21. Consideration has been given to the nine protected characteristics under the Equality Act in evaluating the various services provided:

Age – Zahra was 25 and Karan was 32 at the time of the homicide. Some research suggests that age difference can be seen to create a further power imbalance<sup>3</sup>

Disability – the Panel were not made aware of disability being a factor in the relationship

Gender reassignment – neither party had been, nor were known to be considering, gender reassignment

Marriage and civil partnership – this was Zahra's second marriage and she had separated from Karan in order to divorce him

Pregnancy and maternity – Zahra was mother to Child A by Hasan and to Child B by Karan. She was not pregnant at the time of the homicide

Race – Zahra was South Asian British with Bangladeshi heritage. Karan is a Bangladeshi national

Religion or belief – both were of Sunni Muslim faith

Sex – Zahra was female and Karan is male. Records show that the majority (74%) of victims of domestic homicide were female and that 80% of that number were killed by a partner or ex-partner<sup>4</sup>

Sexual orientation – the sexual orientation for each is believed to have been heterosexual. The Panel have discussed whether there is evidence of differential service or 'conscious/unconscious bias' from any public body for anyone subject of this report. There is nothing obvious, but stereotypical assumptions regarding Zahra's South Asian heritage cannot be ruled out. The intersectionality of the applicable protected characteristics will be explored in the context of the report.

### DISSEMINATION

22. The intended recipients of copies of this report, once approved by the Home Office Quality Assurance Panel, are listed at the end of the review after the glossary.

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<sup>3</sup> Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009). *Partner Exploitation and Violence in Teenage Intimate Relationships*. London: NSPCC

<sup>4</sup> Office for National Statistics, Homicide in England and Wales - year ending March 2018, [www.ons.gov.uk](http://www.ons.gov.uk)

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP**  
**‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

**BACKGROUND INFORMATION (THE FACTS)**

**Family information**

23. Zahra was of Bangladeshi heritage and Sunni Muslim faith and was born in the UK in 1993. She attended a local school and did well with her GCSEs, followed by a local 6<sup>th</sup> Form College where she took a course in childcare. She found employment in a nursery where she worked until taking maternity leave. About 2.5 years later she became a teaching assistant at a local Primary School in Bethnal Green and was so employed at the time of her murder.
24. She was aged 18 when she married Hasan and she gave birth to Child A soon afterwards. There was a family connection with Hasan and Zahra was keen to marry him. Her family were not impressed by him but felt it was her decision to marry a man of her choice and they set up home in Hayes. The family revealed to the chair that it transpired that Hasan held an older fashioned view of marriage and he began to ‘discipline’ her, including by beating. The marriage soon broke down due to persistent domestic abuse, including for part of her pregnancy, and Zahra returned to her parents’ home with Child A. On police advice she took out a Non-Molestation Order (NMO). The Family Court have granted Hasan weekly supervised access to Child A at a local Children’s Centre.
25. Zahra wanted to be married again to provide a father figure for Child A. Enquiries led to her being shown photographs of Karan and in December 2014 she chose to meet him. They got on and the original proposal was to date for two years and then decide about marriage. Karan is a Bangladeshi national and he disclosed he had “visa issues”<sup>5</sup> to be resolved so he wished to marry sooner. He urged her not to inform her family. The family were not aware of this pressure Zahra was under. To them, she seemed very excited about the prospect and adamant that they should marry as soon as possible, so the family gave approval.
26. They lived in a one-bedroom basement flat in Bow. Zahra’s second child, Child B, was born. Karan took on parental duties for Child A who called him ‘daddy’. However, signs of unhappiness in the marriage did not take long to emerge. Zahra returned to her family when pregnant and they could tell she was not happy. Karan worked in a restaurant and it was discovered he was sending most of his earnings home to Bangladesh. Karan would visit Zahra’s family home for meals, whereas Zahra was having to pay the household bills from her salary.
27. The family disclosed to the chair that Karan did not approve of Zahra’s local upbringing, but he did not physically punish or abuse her. It was emotional abuse in that he was critical of her less-traditional dress, her ‘westernised’ behaviour and he threatened that no-one would marry her for the third time. He told Zahra’s mother that she was “*possessed by black*

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<sup>5</sup> Home Office Immigration record that Karan entered the UK in June 2009 on a student visa and at this time was appealing against a decision not to extend his leave to remain

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP**  
**‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

*magic*”, however, an Imam who came to see her concluded that Zahra was suffering from post-natal depression after the birth of Child B.

28. Zahra’s sister Aleena described the relationship as “rocky” and they separated several times before parting finally in November 2017. It appears that this was Zahra’s decision. From February 2018, Zahra was in a regular relationship with a new partner, about which Karan was said to be “furious”, and she wanted to divorce Karan, which he refused to do.
29. Karan was provided with weekly access to Child B but Zahra did not want this to be at the flat, so it was arranged for him to visit her mother’s home, a two-story apartment. Zahra would stay upstairs or go out to avoid contact with him. Karan said he was living with his sister in Croydon but it is now known that he had rented a flat close to where Zahra lived<sup>6</sup>, sharing a room with a male friend.
30. On Zahra’s family reflection of him, this kind of deceit characterized Karan. He had two characters. He portrayed himself as unassuming and soft; a man who did not mind playing with the children. Yet he was “sinister” and, although not threatening, displayed “arrogance”. Karan had the keys to both Zahra’s flat and the family home where he visited to see the children. He would act like he had control of the space and was caught “rummaging around” on one occasion. Shortly after that, in February 2018, the family returned to the apartment to find it had not been double-locked as when they left it. They confronted Karan who refused to return the keys, so they called the Council and the locks were changed.
31. This prompted Zahra to ask for the return of her flat keys when they separated which Karan also refused. She contacted her housing provider for a lock change and was given a quote for the job of £150. She persisted with Karan and he eventually returned his set of keys to the flat. He must have made and retained a copy because he covertly gained access to the flat to perpetrate Zahra’s homicide. This set of keys was recovered from him by police on arrest. This issue was a significant line of enquiry for the Panel but it proved not possible to ascertain a reason for the absence of a record of her request and to whom it was made.
32. Karan continued to visit Zahra’s mother’s apartment to see the children, usually for 3-4 hours at weekends. Zahra found this distressing and Aleena, would take her out to avoid him. When Zahra complained, Karan responded with: “Only your mum can kick me out”.
33. In the weeks before the fatal incident, Zahra had been messaging friends regarding threatening emails from Karan. Her family were concerned that this did not emerge in evidence at the trial because the phone had not been recovered by police. The phone was recovered but the messages could not be retrieved because it was PIN locked and the Apple operating system meant that it could not be bypassed for examination.

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<sup>6</sup> Police enquiries established that this was from when they separated in November 2017

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

**What was known to safeguarding agencies**

2013

34. In mid-January 2013, Zahra gave birth to Child A in the Royal London Hospital Maternity Unit. A routine domestic screening was conducted on admission and nothing was disclosed. At a follow-up Health Visitor (HV) home visit near the end of the month, overcrowding was noted but Zahra was recovering well with family support and Child A was thriving. 'Routine Inquiry' by the HV in line with good practice did not reveal any domestic abuse.
35. In late March a phone call was received at the local GP Practice from a Breast Unit nurse, that Zahra had reported that she was experiencing domestic violence at the hands of her first husband, Hasan. She told the nurse he had hit her when she was pregnant. The VAWG (Violence Against Women and Girls) Team duty worker was contacted by the nurse and was advised that Zahra should be encouraged to contact the police. She was also signposted to Victim Support, Children's Social Care and Immigration. A 'DV1 Form' was sent by the nurse, but not copied to Victim Support which was an opportunity missed for her to engage with and be supported by an Independent Domestic Violence Adviser (IDVA). Seen by her GP two days later, Zahra given information regarding local domestic violence services and advised to attend A&E if in crisis. She was referred to social services and psychiatric services. When psychiatric services contacted Zahra in mid-April, she declined their input.
36. The GP letter was received by LBTH Adult Safeguarding in early April. The IMR author has identified that there was an inadequate response from the first response officer who dealt with the letter, Social Worker (SW)1. SW1 recorded that he had spoken to Zahra to:  
*"find out if there were any social care issues/health concerns apart from the domestic violence issue ... there were no health concerns or social care needs at present ... she has a domestic violence support worker from Newham ... supporting and advising her ... [numbers given to contact LBTH CSC regarding Child A and LBTH DV Team] No further required from FRT [First Response Team]"*
37. The purpose of the DV1 Form in Tower Hamlets is for Borough-wide DA reporting and referral and is accepted by all agencies. It served as an initial risk assessment and helps avoid duplication and repetition for the victim. The VAWG Team input into the LBTH DV Database for monitoring purposes only, which is made clear on the form, including that it is the responsibility of the referrer to ensure actual referral to the appropriate agency. There was a missed opportunity when referrers did not also send the DV1 to Victim Support as required in the policy. Consequently, as a result of this review, the use of Form DV1 was reviewed and there is now a 'One referral pathway for DV' policy to provide direct access to the IDVA Service that was implemented by all agencies in March 2019.
38. On the day after speaking to the nurse and the day before seeing her GP, when living with Hasan at the Hayes address, Zahra had reported a domestic incident that occurred at that address to the City of London Police on the way to Tower Hamlets to stay with her mother.

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

Hasan had slapped her face and thrown her onto the bed. She did not wish to provide a witness statement, however, Hasan was arrested and interviewed for common assault. He denied the assault but admitted there were problems in their marriage saying that Zahra was suffering from post-natal depression. There was no other evidence available, such as CCTV, and no further action was taken.

39. Three days later, Zahra made telephone contact to withdraw her allegation. She made two further phone calls to police in April seeking advice re text messages and a solicitor's letter regarding access to their child. She was by then living with her mother. Advice was provided (that may have led to the NMO against Hasan) and police involvement ceased. Automatic referral to Victim Support would have followed the initial report but it is not known if Zahra responded.
40. Once the investigators were aware that a child was involved a MERLIN<sup>7</sup> PAC (Pre-Assessment Checklist that serves as a risk assessment) should have been forwarded by the Borough Public Protection Desk to partner agencies, in this case the LB Hillingdon CSC who would have made contact with Zahra through Tower Hamlets. It is not known why this did not happen.

2014

41. In September 2014, while living with Child A at her mother's address, Zahra made a homeless application to the Housing Options service due to arguments with her stepfather over the last four months. Interview notes record that the stepfather had "tried to hit her in the past" but this allegation was not explored for specific detail. Having applied in July 2012, Zahra was high on the housing list and likely to be allocated permanent housing imminently so it was agreed with the housing officer that she and Child A would stay with her mother.

2015

42. In late February 2015, Zahra was allocated a permanent tenancy for herself and Child A at a property managed by Clarion (formerly Circle Housing Trust). Their records show that Karan moved in early April and that Zahra was pregnant with Child B.
43. In mid-July, Zahra was seen at the Royal London Hospital Maternity Unit when 12 weeks pregnant with Child B. In line with guidance she was asked about domestic abuse and her response was in the negative.
44. By September, Zahra had accumulated arrears of rent of about £400 and an agreement was reached that she could reduce the debt by additional monthly payments of £20. In November, she was served with a possession notice but the Housing Management Team (HMT) then agreed to extend her tenancy by six months. This could be a missed opportunity to explore the issue of financial abuse.

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<sup>7</sup> The police form for sharing with agencies. This incident pre-dates the MASH (Multi Agency Safeguarding Hub)

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

2016

45. In January 2016 the HMT conducted an unscheduled tenancy audit at which point Karan was formally recorded as a household member. Zahra was also heavily pregnant with Child B although that is not mentioned in the record. Nonetheless, Zahra's application for a two-bedroom property was assessed and she was placed in Band 2<sup>8</sup> for consideration on the transfer list.
46. When Zahra gave birth to Child B at the Royal London Hospital, the midwife discussed 'social history' and did not record any concerns. There were two community midwife home visits and Zahra was discharged from post-natal care in mid-February.
47. In early June, Clarion responded to a request to board up and make safe a bedroom window and to remedy a jammed window in the sitting room. Aleena has confirmed that the damage was caused by moving a large sofa through the window because it would not go through the door opening. Clarion provided safeguarding awareness training to all their contractors in 2016. Clarion conducted three other visits in 2016/17, each of which was to remedy leaking pipes. Clarion have no record of being requested by Zahra to change the lock to the flat.
48. In August, Zahra reported to her GP a low mood, and that she was feeling stressed and frustrated, was getting angry, and was feeling negative. She reported that she was the victim of domestic violence in her previous relationship, and that she felt she was carrying this into her current relationship. She reported that her sleep was poor and that she was undereating and feeling like she wanted to kill herself. She had suicide ideation and had made attempts in the past but her children were a protective factor. She was prescribed anti-depressant medication and referred to local talking therapy services, including Compass, a comprehensive psychological service offering a range of culturally sensitive options and Stepforward which is a counselling service for under 25s. She was advised to attend A&E if in crisis where she would be seen by psychological liaison services.
49. One factor that played out in August reveals another aspect of the coercive control Zahra was subjected to in the relationship. In April 2016, Karan had applied for leave to remain in the UK under a 'spouse visa' that was sponsored by Zahra. In a letter in July to the immigration service, she wrote that she no longer wanted to support the application. She asked for her documents to be returned to her provided housing address which was the same one provided by Karan to immigration. Another letter from Zahra in late August stated that she was: "still in a genuine and subsisting relationship with the applicant and that they continued to live together as a family unit". She added that she regretted sending the July letter which had been due to a state of frustration and stress and that she was on regular medication due to her depression. Karan was granted a visa in April 2017<sup>9</sup>.

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<sup>8</sup> Meaning a list of housing applicants who are: 'Homeless or Overcrowded'

<sup>9</sup> Notwithstanding that a high volume of 'Spouse Visa' applications are handled by the UK Visa and Immigration Service, the Panel recommend that a copy of this report be provided for learning about what may be behind a 'change of mind'

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

50. GP consultations in August and October noted improvement in mood and reduced suicide ideation. Child A was present on the second visit and Zahra was responsive to her and the child was "well kept and maintained eye contact".

2017

51. In mid-April 2017, Zahra reported to the GP she had ceased taking her anti-depressants two to three months earlier. Her mood was low and she was crying a lot but no suicidal ideas. She also reported she was not attracted to her husband and that she was staying with him for the sake of the children. She reported that the anti-depressants had reduced her libido and her husband had applied pressure to stop taking her medication to restore it. She denied any domestic violence. She was started on another type of anti-depressant and referred to psychology<sup>10</sup>. Zahra was seen again by the GP in April and June. Things had improved and she had spoken to her father about the marriage and he said he would talk to her husband
52. In early August, Zahra was reviewed by her GP, her mood was low and she had self-harmed with a knife. She reported a negative relationship with her partner who was recording her and threatening to take the children away from her because she had made clear her intention to leave him. She did not find her family supportive. She had not experienced any physical violence. She was attending the Children's Centre where Child A saw Hasan weekly. She was again given information regarding local domestic violence services and advised to attend A&E if in crisis. Her prescription dose was increased and she was advised to return for review in 4-6 weeks.
53. Two days later Zahra disclosed to a worker at Overland Children's Centre (OCC), ongoing psychological and emotional domestic abuse for the past six months from her "new husband" Karan. He had threatened to take the children from her, and she wanted to leave the marriage. She had experienced suicidal thoughts but would not act on them. Her GP had prescribed anti-depressant medication. MASH (Multi Agency Safeguarding Hub) enquiries were undertaken without any prior record found. Four days after that, Zahra was contacted by telephone by a MASH social worker and she was at her mother's because she had asked Karan to leave but he had refused. She agreed to referral to the Early Help service in order for domestic violence support to be offered.
54. The OCC lead for domestic violence referred this on to Children's Social Care (CSC) via an email with an attached Form DV1 including the information above. The CSC IMR author has considered that there was no allegation of physical abuse by Zahra, this was the first contact about allegations of domestic abuse from Karan, Zahra had visited her GP and the referral to children's social care indicated the Domestic Violence Lead was going to allocate a Family Support Worker to undertake an Early Help Assessment. However, Zahra did not respond to three contacts and the case was closed in mid-August as "other agencies were leading", presumed to be the social worker at OCC.

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<sup>10</sup> Believed to be provided within the practice - they reported on 24 April that Zahra had declined their input

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

55. Despite Zarah disclosing suicide ideation and her disclosure of DA to a number of professionals, the IMR author has assessed the MASH decision to signpost the case to Early Help service as proportionate and appropriate. Moreover, a copy of the Form DV1 was not received by the VAWG Team nor referred to Victim Support as it should have been within policy. This amounted to a missed opportunity.
56. In early August, Zahra also approached Housing Options for advice and assistance as she had been advised to do by a family support worker. Zahra said that she had suffered mental and emotional abuse from Karan and indicated that he had been violent toward her. Zahra did not articulate the detail of physical violence by Karan and there are no other reports of physical abuse. She was asked to produce proof of income and identity and she returned with these documents the next day. The Housing Options Officer (HSO) contacted Clarion Housing and explained that the tenant was suffering from mental/emotional abuse from her husband.
57. The Clarion contact centre called the duty Neighbourhood Officer (NO) with this disclosure, who checked Zahra's housing file. It was noted that the file needed updating anyway with Child B's information so it was agreed that the information would be passed to Zahra's local NO with a view to presenting the case at the Management Transfer Panel. The duty NO specified in the email that he was unsure if a 'triage' had been completed<sup>11</sup>.
58. Zahra had also been signposted to the One Stop Shop by Housing Options Team for legal advice on having her husband removed from her property. Zahra did not apply for emergency accommodation. The HSO emailed a DV1 Form to the Council VAWG Team but, once again, the policy for referrers to send also to Victim Support was not followed and the opportunity for IDVA support was missed. There is no further action recorded with respect to this referral. There is no record that Zahra approached the DV One Stop Shop.
59. Two days later, the duty NO and the local NO carried out a joint visit to pursue a management transfer application and, there being no answer, left a calling card. They had been advised that Zahra would attend the One Stop Shop for advice but this was not followed up. There was no further contact with Zahra because the DA concerns had not been correctly logged on Clarion's case management system, an omission, missed opportunity and learning point identified through this review.
60. In early September, the HSO called Zahra for an update and she said that Clarion had not been very helpful but had encouraged her go on Homefinder<sup>12</sup> if she wanted to move. It is noted that Zahra's father and uncle attended her home and told her husband to leave the property. The HSO then noted that no further action is needed.
61. Zahra was seen by a GP on five occasions between August 2017 and June 2018 (with one DNA (Did Not Attend) in December. These were routine medical matters and there is no further reference in the clinical notes to Zahra's domestic situation.

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<sup>11</sup> Internal risk assessment typically completed by the Customer Services Agent

<sup>12</sup> A National housing mobility scheme

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP**  
**‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

2018

62. During August 2018, Tower Hamlets CSC were conducting Section 47 inquiries following a disclosure by Child A regarding a matter unrelated to the review. Two home visits were conducted during the process of assessment. Karan was not present during these home visits, nor was he living in the home. There was no discussion with Zahra about her experience of domestic abuse and no connection was made to her disclosure at OCC twelve months earlier that was shared with CSC. This may be considered a missed opportunity for professional curiosity.

**The weekend of the fatal incident**

63. On his own admission at the trial, Karan let himself in to Zahra’s flat on a Saturday in mid-October 2018, using the keys that he had copied earlier. He discovered condoms, a pregnancy kit and men’s clothing. At 4am on the Sunday, Karan woke his flat-mate. He seemed very unwell. He was speaking strangely as if he could not breathe properly. He said that he was stressed about family life and he loved Child B. He was worried about Child B growing up without him. He was concerned about Zahra seeing another man, which was not allowed in their religion and he was also worried about Child B seeing Zahra with that other man.

64. Zahra and the children were staying at her mother’s apartment as they usually did at weekends. Karan had continued to visit to see the children and he did so at about 10:30 on that Sunday. He and Zahra had a conversation which was overheard by Aleena. Karan was heard to say that he would give Zahra a divorce; a change from his previous position. Aleena then heard Karan persistently asking Zahra if she was returning to her own home that evening. He left at about 11:30.

65. The police investigation discovered that he then travelled by bicycle to a store in Bethnal Green where he bought two knives, a hammer, screwdriver, ropes and cable ties. The cable ties were to be later used in the attack on Zahra. Meanwhile, Zahra had telephoned her new partner as she was pleased that Karan had agreed to the divorce she wanted.

66. Zahra returned to her flat with the children later that day and sent a video message to Aleena at about 20:15 while putting the children to bed. Unbeknown to her, Karan had again covertly entered her flat and was hiding in a cupboard by the kitchen. His defence case was that he had hoped to catch Zahra with her boyfriend and had brought the two knives in case they were violent to him. He also brought a scarf in case she screamed, but claimed he had no intention to kill at that time.

67. At just before 23:00 that evening, Zahra’s partner arrived at the flat. He knocked at the door, and then the windows of the flat, but there was no answer. This was out of character for Zahra and he called her telephone several times. Most of the calls were unanswered but some were picked up, however, when the telephone was answered, the person at the other end did not speak.

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

68. The prosecution case was that Zahra was by then probably under restraint, or possibly killed, by Karan who was inside and had control of her telephone. Zahra's partner left and went home. He then received a text message from Zahra's telephone: *I was asleep, I did not hear you knock, please come back*. He replied, saying it was too late and he was already at home. The response from her telephone was: *Fuck off*, which language is completely out of character for Zahra. It was followed by another request to return and he did so, arriving at about 00:15. There was then no reply to repeated knocking and he eventually left.
69. Just before 06:00 on the Monday, police received a call from Karan who was at Zahra's flat. He said that, after midnight that morning he had strangled his estranged wife, Zahra, with a scarf, causing her homicide. He had fallen sleep prior to making the call. On police arrival, Karan answered the door and asked the officers to be as quiet as possible as the children were asleep. Zahra's body was found under a blanket in the living room with blood staining around her head and multiple injuries. There were cable ties around her legs and ankles. She was cold to the touch and, despite CPR from the officers and the London Ambulance Service (LAS) paramedics, Zahra was beyond saving.
70. Zahra's two children were found asleep in the bedroom and they were taken into police protection. There has been no indication that they witnessed any of the assault that led to their mother's homicide, however they somehow knew that Karan had been at the flat because Child A said that 'daddy' had put them to bed<sup>13</sup>.
71. A Pathologist later confirmed that Zahra had been strangled following a significant period of neck compression lasting for at least 15-20 seconds. There was also bruising and fracture to the bridge of her nose as well as extensive bruising of the lips and chin into the upper part of the neck. She had rib fractures which suggested pressure had been applied to the upper front of her chest, perhaps by a knee.
72. Karan was arrested for murder and, in interview, he admitted responsibility and suggested he was driven by concern for the effect on the children of her having an affair. It was noted that he had scratch marks on his chest and neck. He admitted he had covertly entered the flat during the day and waited until the children and Zahra were in bed before he emerged from a kitchen cupboard to attack her.
73. At his trial, he advanced a defence to murder, while admitting manslaughter, based on 'loss of control' due to the discovery of Zahra's affair and the threat to take the children from him. When they separated, his own depression became worse, he lost weight, could not sleep and was working long hours. Psychiatrists instructed by both sides concluded that Karan was suffering from depression at the time. For the defence this was a 'major' condition; for the prosecution it was 'mild'. In any event, the Jury did not accept the diminished responsibility argument and convicted Karan of murder.

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<sup>13</sup> Karan later said that Zahra had put the children to bed and Child A may have woken in the night and seen him sleeping in the same room

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

**ANALYSIS**

74. Zahra was twice married and twice subjected to domestic abuse. These marriages were 'arranged' in the sense that there were family connections and introductions to both men, but Zahra exercised choice in taking on each relationship, therefore, not 'forced' marriages. With Hasan, she went against family disapproval of him and, the birth of Child A aside, she had good cause to regret the union. His view of marriage was highly controlling, including physical violence and it soon ended with a divorce, a NMO and supervised access to Child A.
75. Zahra wanted a father figure for Child A and she selected Karan for the second marriage. Family advice was to wait, but Karan exerted pressure for a prompt ceremony because of his immigration status, and Zahra accepted. He too was controlling. He appeared schizoid, with one soft and obliging character; the other hard and controlling in different manifestations.
76. There is clear evidence of financial control<sup>14</sup> whereby he sends his earnings from restaurant work back to Bangladesh, while Zahra was barely managing and running up rent arrears for the flat. Evidence of his sexual coercion can be gathered from Zahra's reports to her doctor, for example, being forced to give up anti-depressants to restore her libido.
77. Karan manipulated the visits to Child B by turning up at frequent and unannounced times, treating himself to family food and making Zahra feel so uncomfortable she had to go out with her sister. Lying about where he was really living, recording Zahra, being caught rummaging around her mother's apartment and retaining and copying the keys to Zahra's flat bear all the hallmarks of stalking and covert surveillance. Indeed, his plan for her homicide included the purchase of knives and cable ties and a covert entry to her home and place of safety. By covert searching he had also discovered evidence of her new relationship and had hoped to catch Zahra with her new partner at the flat.
78. The 26-year minimum sentence imposed by the trial Judge reflects that Karan's cruelty and callousness is at the top end of severity in the range of coercion, control and extreme violence seen in domestic homicide.
79. There is substantive research<sup>15</sup> available that relationship-based homicides are rarely spontaneous and the: 'He just snapped' explanation, which suggests an immediate proximal provocation, is not supported. In this specific homicide, Karan's defence of diminished responsibility due to 'loss of control' did not find traction with the Jury. Schlesinger describes 'catathymic homicides' as occurring when:
- There is a change in thinking whereby the offender comes to believe that he can resolve his inner conflict by committing an act of extreme violence against someone to whom he feels emotionally bonded*

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<sup>14</sup> The VAWG have noticed an increase in financial abuse and are working to increase awareness in DWP

<sup>15</sup> Schlesinger 2002, Adams 2007, Monckton Smith 2012

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

80. Karan had spent almost a year stalking and surveilling Zahra to the final weekend when he found the evidence of her sexual relationship that probably created the 'tipping point' that determined the finale to his particular journey to homicide, including a specific shopping trip to acquire the tools he needed for the job. A recent study, 'Exploring the relationship between stalking and homicide', identified 'The Homicide Triad'<sup>16</sup>, and the coincidence of three groups of characteristics, namely, the offender's emotional or psychological state, the presence of acknowledged high risk markers and the triggers which create escalation. This prompts further speculation that Karan:
1. Had become fixated<sup>17</sup> with Zahra and his sexual jealousy
  2. Had experienced an emotional response to rejection and humiliation by Zahra; his feeling of humiliation could be linked to perceived reputational damage or 'honour' as the justification for extreme punishment
  3. Which triggered the high risk markers of stalking and surveillance and the use of weapons and violence
81. Each of the IMR authors were invited to conduct analysis of their IMR findings. Limited or single encounters with Zahra were common and, *prima facie*, there is not an obvious 'trail of abuse'. However, a longitudinal and cross-discipline intersectional perspective does provide a more holistic window on Zahra's life and experience of domestic abuse.
82. Hindsight or outcome biases should be avoided. Without apportioning blame, there are possible missed opportunities identified in this review to be considered for learning points:
- March 2013 – the MPS to alert other agencies to domestic assault and presence of Child A
  - September 2015 – Registered Providers of Social Housing (in this case Clarion) have a duty of care to enquire why rent arrears have accumulated
  - April – August 2017 – the GP could have explored the pressure on Zahra to reduce anti-depressants to improve libido, along with threats to take her children away; apparent assumption that no physical violence meant the wider definition of DA not explored
  - August 2017 – disclosure to OCC was a trigger to refer to an IDVA, in line with policy; CSC could have been more robust in follow-up and exercise of professional curiosity
  - August 2017 – the Housing Team could have referred to Victim Support as clearly set out in the guidance within the DV referral form; Clarion should have flagged Zahra on their system and the triage system could have been utilised better
  - February 2018 – although there is no Clarion record that Zahra asked for a lock-change and was quoted £150 for the service following which Karan returned his keys to Zahra after making a copy for himself, there is an apparent failure in service that relates to a lack of DA awareness and absence of professional curiosity within Clarion staff that meant Karan was able to undertake his covert surveillance activity, this being a significant feature of his journey to homicide
  - August 2018 – unrelated s47 inquiry regarding Child A did not explore the bigger picture of Zahra's domestic situation

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<sup>16</sup> Monckton Smith, Szymanska, Haile 2017

<sup>17</sup> Cambridge dictionary: the state of being unable to stop thinking about something or someone, or an unusually strong interest in something or someone

## **Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP 'Zahra' aged 25, killed in Tower Hamlets in October 2018**

- The repeated omission for referring agencies to copy the DV1 form to Victim Support as required by the policy reveals a systemic failing; had any one of those referrals been made, there could have been a different outcome by Zahra having access to an IDVA<sup>18</sup>
- Endemic omission may be due to lack of training/awareness that, in turn, highlights that DV training for front-line staff should not be discretionary.

### **CONCLUSIONS AND LESSONS LEARNED**

83. Overall, it is felt that while any one of the missed opportunities, had they been taken, could have contributed to a different outcome for Zahra, there is no particular failure in service identified.
84. Nonetheless, the review has highlighted systemic learning, some of which has already been implemented. For example, the 'DV1 Form' approach has been replaced with a single referral pathway for all DA coming to notice forwarded direct to the IDVA Service. In addition, CSC now have the benefit of an OFSTED inspection of services in 2017 to improve social work practice. It was repeated in June 2019 and the assessment was improved from 'inadequate' to 'good'.
85. Additional strategic learning points have been identified by the Panel to form the basis of an Action Plan:
1. Domestic Abuse awareness (including the wider definition of coercion and control) and training for front-line staff should be made mandatory
  2. The concept of family group conferences should be promoted across agencies
  3. Registered Providers of Social Housing should be required to respond to rent arrears as a possible indicator of financial abuse and improve awareness of the support available, furthermore, to be more alert to examples of controlling behaviour, such as in this case the potential DA risk following a request for a lock change.

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<sup>18</sup> As a result of this review, a system improvement was implemented in March 2019

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

**RECOMMENDATIONS**

86. IMR authors were invited to make recommendations for improvements to their respective internal systems and these have been reviewed by the Panel. The ten recommendations that were for internal system improvement by Tower Hamlets General Practice Commissioning Group (THGPCG), Tower Hamlets Children's Social Care (THCSC) and Tower Hamlets Housing Options Service (THHOS) have been set out in appendix 3 and the Panel are satisfied that the recommendations from both reviews have and will be implemented as shown. There were no recommendations arising from the MPS or GP Surgery IMRs.
87. IMR authors were also invited to make wider recommendations for Panel consideration and those made by Tower Hamlets GP Care Group and Tower Hamlets CSC were reviewed and debated by the Panel along with the strategic Learning Points above to identify the following for implementation in an Action Plan set out in appendix 4 of the overview:
1. Review domestic abuse awareness and training for front-line staff (including the wider definition of coercion and control, also its impact on safeguarding children) and devise a programme to ensure it is a mandatory requirement for current and new front-line staff
  2. Review training programmes to ensure the concept of family group conferences is promoted across agencies
  3. In reference to rent arrears management, Registered Providers of Social Housing should consider the 'Whole Housing Toolkit' and Domestic Abuse Housing Alliance (DAHA) accreditation<sup>19</sup> to improve their responses to victims of domestic abuse, in particular to highlight possible indicators of financial/domestic abuse and improve awareness of the support available.

**Author**

Bill Griffiths CBE BEM QPM

18 February 2021

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<sup>19</sup> [www.Dahaalliance.org.uk](http://www.Dahaalliance.org.uk)

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

**Glossary**

ASC	Adult Social Care
CCG	Clinical Commissioning Group
CSC	Children's Social Care
cjsm	Criminal Justice Secure eMail
DA	Domestic Abuse
DAHA	Domestic Abuse Housing Alliance
DV	Domestic Violence
DHR	Domestic Homicide Review
GP	General Medical Practitioner
gsi	Government Secure Internet
HMT	Housing Management Team
HOS	Housing Options Service
HSO	Housing Options Officer
IMR	Individual Management Review
LBTH	London Borough of Tower Hamlets
MASH	Multi Agency Safeguarding Hub
MPS	Metropolitan Police Service
NHS	National Health Service
NMO	Non Molestation Order
OCC	Overland Children's Centre
PAC	Pre Assessment Checklist
pnn	Police National Network
SCR	Serious Case Review
THCSC	Tower Hamlets Children's Social Care
THGPCG	Tower Hamlets General Practice Commissioning Group
THHOS	Tower Hamlets Housing Options Service
ToR	Terms of Reference
VAWG	Violence Against Women and Girls

**Name references used**

Zahra (25)	Victim of homicide
Hasan (38)	Zahra's first husband
Karan (32)	Zahra's second husband and perpetrator of homicide
Child A	Zahra's child with Hasan
Child B	Zahra's child with Karan
Aleena (23)	Zahra's sister

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

**Distribution List**

<b>Name</b>	<b>Agency</b>	<b>Position/ Title</b>
Will Tuckley	LB Tower Hamlets	Chief Executive
Asma Begum	LB Tower Hamlets	Councillor for Community Safety; lead on domestic abuse
Charles Griggs	LB Tower Hamlets	Head of Community Safety Service
Menara Ahmed	LB Tower Hamlets	Senior VAWG and Hate Crime Manager
Rafiqul Hoque	LB Tower Hamlets	Service Manager, Housing Options
Lisa Matthews	LB Tower Hamlets	Safeguarding & MCA Coordinator, Adult Social Care
Keith Daley	LB Tower Hamlets	DAAT Coordinator
Ronke Martins-Taylor	LB Tower Hamlets	Head of Service, Youth & Community Learning
Richard Baldwin	LB Tower Hamlets	Director of Children Service
Dr Somen Banerjee	LB Tower Hamlets	Interim Director of Public Health
Samantha Spillane	Barts Health	Head of Adult Safeguarding
Chetan Vyas	Clinical Care Group	Director of Quality and Service
Karen Sobey Hudson	NHS England	Patient Safety Projects Manager (London Region)
Marcus Barnett	Metropolitan Police	East Central BCU Commander
Jonathan Macdonald	Metropolitan Police	Detective Sergeant Specialist Crime Review Group
Jo Elbourne	Metropolitan Police	Detective Chief Inspector for Safeguarding
Rachel Nicholas	Victim Support	Head of Domestic Abuse
Members of DHR Panel	Various appointees (listed in Table 1)	-
Quality Assurance Panel	Home Office	-
UK Visas and Immigration	Home Office	-
Cressida Dick	Metropolitan Police Service	Commissioner
Sophie Linden	Mayor's Office for Crime and Policing	Deputy Mayor
Baljit Ubhey	Crown Prosecution Service	London Chief Crown Prosecutor

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

**Appendix 1**

**Terms of Reference for Review**

1. To identify the best method for obtaining and analysing relevant information, and over what period prior to the homicide to understand the most important issues to address in this review and ensure the learning from this specific homicide and surrounding circumstances is understood and systemic changes implemented. Whilst checking records, any other significant events or individuals that may help the review by providing information will be identified. [Note: Period of review agreed by Panel on 13/02/19 is January 2013 to 22 October 2018]
2. To identify the agencies and professionals that should constitute this Panel and those that should submit chronologies and Individual Management Reviews (IMR) and agree a timescale for completion
3. To understand and comply with the requirements of the criminal investigation, any misconduct investigation and the Inquest processes and identify any disclosure issues and how they shall be addressed, including arising from the publication of a report from this Panel
4. To identify any relevant equality and diversity considerations arising from this case and, if so, what specialist advice or assistance may be required [Note: All parties are of South Asian heritage (Bangladeshi) and Sunni Muslim by faith]
5. To identify whether the victims or perpetrator were subject to a Multi-Agency Risk Assessment Conference (MARAC) and whether perpetrator was subject to Multi-Agency Public Protection Arrangements (MAPPA) or a Domestic Violence Perpetrator Programme (DVPP) and, if so, identify the terms of a Memorandum of Understanding with respect to disclosure of the minutes of meetings [ Note: Not known at MARAC/MAPPA]
6. To determine whether this case meets the criteria for a Serious Case Review, as defined in Working Together to Safeguard the Child 2015, if so, how it could be best managed within this review [Note: Reviewed by LCSP and decision that not required]
7. To determine whether this case meets the criteria for an Adult Case Review, within the provisions of s44 Care Act 2014, if so, how it could be best managed within this review and whether either victim or perpetrator(s) were 'an adult with care and support needs' [Note: Reviewed by Panel and agreed not applicable]
8. To establish whether family, friends or colleagues want to participate in the review. If so, ascertain whether they were aware of any abusive behaviour to the victim or the children she was looking after, prior to the homicide (any disclosure; not time limited). In relation to the family members, whether they were aware if any abuse and of any barriers experienced in reporting abuse, or best practice that facilitated reporting it
9. To identify how the review should take account of previous lessons learned in the LB Tower Hamlets and from relevant agencies and professionals working in other Local Authority areas
10. To identify how people in the LB of Tower Hamlets gain access to advice on sexual and domestic abuse whether themselves subject of abuse or known to be happening to a friend, relative or work colleague
11. To keep these terms of reference under review to take advantage of any, as yet unidentified, sources of information or relevant individuals or organisations

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

**Panel considerations**

1. Could improvement in any of the following have led to a different outcome for Zahra, considering:
  - a) Communication and information sharing between services with regard to the safeguarding of adults and children
  - b) Communication within services
  - c) Communication and publicity to the general public and non-specialist services about the nature and prevalence of domestic abuse, and available local specialist services
2. Whether the work undertaken by services in this case are consistent with each organisation's:
  - a) Professional standards
  - b) Domestic abuse policy, procedures and protocols
3. The response of the relevant agencies to any referrals from January 2013 relating to Zahra, Karan, Child A and Child B. It will seek to understand what decisions were taken and what actions were or were not carried out, or not, and establish the reasons. In particular, the following areas will be explored:
  - a) Identification of the key opportunities for assessment, decision making and effective intervention in this case from the point of any first contact onwards with Zahra, Karan, Child A and Child B
  - b) Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective.
  - c) Whether appropriate services were offered/provided, and/or relevant enquiries made in the light of any assessments made.
  - d) The quality of any risk assessments undertaken by each agency in respect of [insert names]
4. Whether organisational thresholds for levels of intervention were set appropriately and/or applied correctly, in this case.
5. Whether practices by all agencies were sensitive to the ethnic, cultural, linguistic and religious identity of the respective individuals and whether any specialist needs on the part of the subjects were explored, shared appropriately and recorded.
6. Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and completed in a timely manner.
7. Whether, any training or awareness raising requirements are identified to ensure a greater knowledge and understanding of domestic abuse processes and/or services.
8. Identify how the resulting information and report should be managed prior to publication with family and friends and after the publication in the media.

## **Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP 'Zahra' aged 25, killed in Tower Hamlets in October 2018**

### **Operating Principles**

- a. The aim of this review is to identify and learn lessons as well as identify good practice so that future safeguarding services improve their systems and practice for increased safety of potential and actual victims of domestic abuse (as defined by the Government in 2015 – see below)
- b. The aim is not to apportion blame to individuals or organisations, rather, it is to use the study of this case to provide a window on the system
- c. A forensic and non-judgmental appraisal of the system will aid understanding of what happened, the context and contributory factors and what lessons may be learned
- d. The review findings will be independent, objective, insightful and based on evidence while avoiding 'hindsight bias' and 'outcome bias' as influences
- e. The review will be guided by humanity, compassion and empathy with the victim's 'voice' at the heart of the process.
- f. It will take account of the protected characteristics listed in the Equality Act 2010
- g. All material will be handled within Government Security Classifications at 'Official - Sensitive' level

### **Definition of Domestic Abuse**

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
- financial
- 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: an 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.

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

**Appendix 2**

**Independence statements**

Chair of Panel

Bill Griffiths CBE BEM QPM was appointed by the London Borough of Tower Hamlets CSP as Independent Chair of a DHR Panel and is the author of the report. He is a former Metropolitan police officer with 38 years operational service and an additional five years as police staff in the role of Director of Leadership Development, retiring in March 2010. He served mainly as a detective in both specialist and generalist investigation roles at New Scotland Yard and in the Boroughs of Westminster, Greenwich, Southwark, Lambeth and Newham.

As a Deputy Assistant Commissioner, he implemented the Crime and Disorder Act for the MPS, leading to the Borough based policing model, and developed the critical incident response and homicide investigation changes arising from the Stephen Lawrence Inquiry. For the last five years of police service, as Director of Serious Crime Operations, he was responsible for the work of some 3000 operational detectives on all serious and specialist crime investigations and operations in London (except for terrorism) including homicide, armed robbery, kidnap, fraud and abuse.

Bill has since set up his own company to provide consultancy, coaching and speaking services specialising in critical incident management, leadership development and strategic advice/review within the public sector.

During and since his MPS service he has had no personal or operational involvement within the LB Tower Hamlets, nor direct management of any connected MPS employee.

Secretary to Panel

Tony Hester has over 30 year's Metropolitan police experience in both Uniform and CID roles that involved Borough policing and Specialist Crime investigation in addition to major crime and critical incidents as a Senior Investigating Officer (SIO). This period included the management of murder and serious crime investigation.

Upon retirement in 2007, Tony entered the commercial sector as Director of Training for a large recruitment company. He now owns and manages an Investigations and Training company.

His involvement in this DVHR has been one of administration and support to the Independent Chair, his remit being to record the minutes of meetings and circulate documents securely as well as to act as the review liaison point for the Chair.

Other than through this and two other reviews, Tony has no personal or business relationship or direct management of anyone else involved.

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

**Appendix 3**

**Consolidated internal recommendations from agency IMR’s**

<b>Rec No</b>	<b>Agency/Source</b>	<b>Action taken or to be taken within agency</b>	<b>Outcome of action, what has been achieved and date of completion</b>
1	Tower Hamlets GP Care Group	THGPCG to ensure that organisational domestic abuse policies provide clarity for staff as to expected practice including the need for assessments to detail the extent and nature of any domestic abuse since the last contact.	THGPCG have reviewed domestic abuse policies and clarity for staff provided. IRIS Project is operating in the borough which provides ongoing support within GP surgeries. Completed March 2020.
2		THGPCG to ensure where possible, continuity of care from the same health visitor for victims of domestic abuse.	Staff reminded of this at the 0-19 Forum within a DHR feedback session in December 2019. Further practice reminder will be cascaded post publication of this DHR
3		THGPCG to ensure that domestic abuse training for all staff includes in the learning from this review.	THGPCG domestic abuse training has been revised to incorporate the learning from this DHR’s. Future training currently being scheduled to start in April 2020

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

4		Practice reminder to be cascaded to all health visiting staff so they are reminded of best practice in managing cases of domestic abuse and on-going support to families.	Practice reminder cascaded in December 2019. Further practice reminder will be cascaded post publication of this DHR
5	LBTH Children’s Social Care	Inclusion of absent fathers in all assessments, even if they are reputed to be no longer in a relationship with the mother.	<p>A Lead Social Worker on “absent fathers” has been identified within Children’s Social Care. Completed June 2018.</p> <p>The lead SW for absent fathers has delivered presentations to SW team meetings, the CSC Managers Forum, the CSC Improvement Board about absent fathers. Completed December 2019.</p> <p>The Social Work Academy has reviewed and updated the audit tool to include absent fathers, have been considered as part of a child’s assessment and if they weren’t that a rationale is recorded about this. Completed August 2019.</p>
6	LBTH Housing Options Service	To devise and agree a Protocol for social tenants threatened or actually homeless.	Ongoing. CHR Forum with partners to was to take place 28 April 2020. However due to Covid, this has been postponed. CHR Forum to take place by January 2021.

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

7		<p>For wider and multi-agency to contribute as necessary to implement recommendation 1 to ensure protocol devised is fit for purpose; and to contribute, as appropriate, to ensure DAHA (Domestic Abuse Housing Alliance) accreditation is achieved by Housing Options.</p>	<p>Ongoing. LBTH Housing is undergoing the accreditation process. The Steering Group has been formed and 4 meetings held. Various leads have been nominated to look into preparing the service for the accreditation. Due to Covid, this has been delayed. Protocol will be explored at a meeting in January 2021.</p>
8		<p>[From Clarion RPSH IMR] Housing Options to review the information contained on nominations to Registered Providers of social housing that include reference to previous safeguarding concerns and/or interventions that can serve to inform and result in the provision of internal tenancy sustainment measures at the start of a tenancy.</p>	<p>Ongoing. CHR Forum with partners to take place 28 April 2020 to review information contained on nominations. However due to Covid, this has been postponed. CHR Forum to take place by January 2021.</p>

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

Appendix 4

**ACTION PLAN**

<b>Recommendation</b>	<b>Scope of recommendation on i.e. local or regional</b>	<b>Action to take</b>	<b>Lead Agency</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Target Date</b>	<b>Completion Date and Outcome</b>
Learning Point 1: Domestic Abuse awareness (including the wider definition of coercion and control) and training for front-line staff should be made mandatory						
<b>1</b> Review domestic abuse awareness and training for front-line staff (including the wider definition of coercion and control, also its impact on safeguarding children) and devise a programme to ensure it is a mandatory requirement for current and new front-line staff	LB Tower Hamlets	Review training materials delivered by VAWG Team for front line staff to ensure more of a focus on coercion and control	LBTH VAWG and Hate Crime Team/Community Safety Partnership	All training materials were reviewed and now provides additional information on financial abuse. Financial abuse sessions delivered to Department of Work and Pensions	April 2020	March 2020.  March 2020

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

		<p>Discuss with key partners recommendation of mandatory training including with Director Leadership Teams, East London Foundation Trust, Housing, Adult Social Care, Children Social Care, THGPCG and Learning and Development Teams.</p> <p>Ensure training is prioritised within VAWG Delivery Plan.</p>		<p>Discussed with key partners including CSP with recommendation of mandatory training. However, training is not mandatory for all partners due to individual agencies capacity and need for various other mandatory training such as children and adult safeguarding. Individual agencies explored resource and capacity. Offer of training from VAWG Team has been increased.</p> <p>Training is now mandatory for Housing, ELFT, Health Visitors. Training is a priority within the VAWG</p>	<p>April 2020</p>	
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**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
'Zahra' aged 25, killed in Tower Hamlets in October 2018**

				<p>Delivery Plan and funding for a VAWG Training and Awareness Officer has been extended to ensure ongoing training needs across the partnership are met.</p> <p>CSC reviewing and updating their training offer and programme via the Social Work Academy. A CSC DV Summit and staff conference took place to increase awareness. A DA Strategy is being produced.</p>		
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**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

Learning Point 2: The concept of family group conferences should be promoted across agencies						
<p><b>2</b> Review training programmes to ensure the concept of family group conferences is promoted across agencies</p> <p>“</p>	LB Tower Hamlets	<p>Training programmes to be reviewed to ensure Family Group Conferences are promoted in the relevant training programmes being delivered across Children’s Social Care.</p>	LBTH Children Social Care	<p>FGCs are now part of the Early Help Offer.</p> <p>The FGC Service now provides training to Early Help at regular intervals.</p> <p>The FGC Service now attends the Safeguarding and Child Protection training programmes, to promote FGCs, to the multi-agency partners.</p> <p>The FGC Service has now attended</p>	<p>March 2019</p> <p>September 2019</p> <p>December 2019</p> <p>December 2019</p>	<p>March 2019 Completed</p> <p>September 2019 Completed</p> <p>December 2019 Completed</p> <p>December 2019 Completed</p>

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

				<p>all SW team meetings and Child Protection Chairs team meetings.</p> <p>The FGC Service to host the London Network and FGC Partnership Conference for the FGC Community and CSC by October 2019</p> <p>The FGC Service to develop Life Long Links across CSC by September 2019</p>		<p>October 2019 Completed</p> <p>December 2019 Completed</p>
<p>Learning Point 3: Registered Providers of Social Housing should be required to respond to rent arrears as a possible indicator of financial abuse and improve awareness of the support available</p>						

**Domestic Violence Homicide Review Panel – LB Tower Hamlets CSP  
‘Zahra’ aged 25, killed in Tower Hamlets in October 2018**

<p><b>3</b> Registered Providers of Social Housing should consider the ‘Whole Housing Toolkit’ and Domestic Abuse Housing Alliance (DAHA) accreditation to improve their responses to victims of domestic abuse, in particular to highlight possible indicators of financial/domestic abuse and improve awareness of the support available</p>	<p>LB Tower Hamlets</p>	<p>To present recommendation to Tower Hamlets Housing Management and Executive Boards for RPSH to consider DAHA accreditation and Whole Housing Toolkit.</p>	<p>LBTH Housing/LBTH VAWG Team/Registered Providers of Social Housing</p>	<p>The Boards did not take place due to Covid but expected to be presented by February 2021. Many RPSH’s have been contacted with this recommendation to enable exploration. Some are unable to commit due to resource/capacity.</p>	<p>February 2021</p>	
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