



DOMESTIC HOMICIDE REVIEW

**London Borough of Newham
Case of Adult AA**

Author: Mark Yexley

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1. Introduction

1.1 Details of the incident

1.1.1 In the afternoon, late on in January 2014 the ambulance service called the police to a flat in Newham. In the flat they found AA seriously injured suffering from stab wounds and being tended to by members of the public. At the flat the police found AA's husband, BA. BA admitted responsibility for stabbing his wife, stating it was self-defence. AA was taken to hospital and she died in the operating theatre later that day. BA was arrested and police commenced a homicide investigation. BA was interviewed and stated that his actions were in self-defence. He was charged with the murder of his wife. He appeared before the Central Criminal Court where he was later found guilty of murdering AA and sentenced to life imprisonment.

1.2 The review

1.2.1 These events led to the commencement of this Domestic Homicide Review (DHR) at the instigation of the London Borough of Newham Community Safety Partnership (CSP). The initial meeting was held on 13th March 2014, and there have been two subsequent meetings of the DHR panel to consider the circumstances of this death.

1.2.2 The review process took nearly two years to complete. The main delay in the process was waiting for the criminal trial to be completed. BA was convicted some eighteen months after the homicide. The chair took the view that the panel should wait for the court case to be completed before attempting to interview the perpetrator. The second delay was caused through lack of engagement from the immigration services. Despite a number of attempts to gain information on the subjects' dealing with immigration services, the evidence required by the panel was only supplied after the overview report was drafted. This new information resulted in the report being re-written.

1.2.3 The DHR was established under Section 9(3), Domestic Violence, Crime and Victims Act 2004.

1.2.4 The purpose of the review is to:

- a. 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;

- b. Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- c. Apply those lessons to service responses including changes to policies and procedures as appropriate;
- d. Prevent domestic homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

1.2.5 This review process does not take the place of the criminal or coroners courts proceedings nor does it take the form of any disciplinary process.

1.3 Terms of Reference

1.3.1 The full terms of reference are included in Appendix 1. The essence of this review is to establish how well the agencies worked both independently and together and to examine what lessons can be learnt for the future. Agencies were asked to review all contact with AA and/or BA between 1st April 2011 and the end of January 2014 and to summarise contact before those dates. Those agencies who had contact were required to complete chronologies and Individual Management Reviews (IMRs) for submission to the panel.

1.4 Parallel and related processes

1.4.1 There were no parallel review processes.

1.5 Panel membership

1.5.1 The Panel consisted of representatives from the following agencies:

- a. Barts Health NHS Trust
- b. East London Foundation Trust (ELFT) – Mental Health Services
- c. Homerton University Hospital Foundation Trust – Open Doors
- d. London Borough of Newham Domestic and Sexual Violence Commissioner
- e. London Borough of Newham – Safeguarding Adults
- f. London Borough of Newham – Mental Health Strategic Commissioner
- g. London Probation Trust
- h. Metropolitan Police Service (MPS) – Critical Incident Advisory Team (CIAT)

- i. Metropolitan Police Service (MPS) – Newham Borough
- j. Metropolitan Police Service (MPS) – Specialist Crime Review Group (SCRG)
- k. National Probation Service
- l. Newham Action Against Domestic Violence (NAADV)
- m. Newham Clinical Commissioning Group (NCCG)
- n. Standing Together Against Domestic Violence – Independent Chair and Minutes

Full details of the panel members are recorded in Appendix 2.

1.6 Independent chair

- 1.6.1 The independent Chair of the DHR is Mark Yexley, a former Detective Chief Inspector in the Metropolitan Police Service with 32 years' experience of dealing with sexual violence and domestic abuse. Mark was the head of service-wide strategic and tactical intelligence units combating domestic violence offenders, head of cold case rape investigation unit and partnership head for sexual violence in London. He was also a member of the Metropolitan Police Authority Domestic and Sexual Violence Board and Mayor for London Violence Against Women Group. Mark was a member of the Department of Health National Support Team and London lead on National ACPO and HMIC Reference Groups. Since retiring from the police service he has been employed as a lay chair for NHS Health Education Services in London, Kent, Surrey and Sussex. This work involves independent review of NHS services for foundation doctors, specialty grades and pharmacy services. He currently lectures at Middlesex University on the Forensic Psychology MSc course.
- 1.6.2 Mark has no connection with the London Borough of Newham. Mark retired from the MPS in January 2011. Although he worked in the department investigating sexual violence there have been structural changes to the MPS since he left the service and Mark has no connection with the teams involved in this case. Mark was previously involved in commissioning and supporting the role of Independent Sexual Violence Advisor (ISVA) for Open Doors, Sexual Health Service. Open Doors were represented on the panel in an advisory role, they had no contact with the parties in this case. There was no conflict of interest affecting the role of chair.

1.7 Methodology

- 1.7.1 The approach adopted was to seek Individual Management Reviews (IMRs) from all organisations and agencies that had contact with AA or BA. It was also considered helpful to involve those agencies that could have had a bearing on the circumstances of this case, even if they had not been previously aware of the individuals involved. Details of those agencies providing IMRs or summaries of information held are outlined in the terms of reference (see Appendix 1).
- 1.7.2 Once the IMRs had been provided, panel members were invited to review them all individually and debate the contents at subsequent panel meetings. This became an iterative process where further questions and issues were then explored.

1.8 Contact with family and friends

- 1.8.1 The family of AA are not resident in the UK. The panel considered the involvement of the family as a key element of the DHR process. Communication was facilitated through the police family liaison officer (FLO) enabling the panel chair to meet with AA's sister and father. The chair has maintained contact through AA's sister, acting as a representative of the family. This contact has been essential for this review and is particularly relevant given the lack of statutory agency contact with either AA or BA. The panel wish to thank AA's family for their support for this process and offer condolences for the sad loss of their, daughter, sister and mother.
- 1.8.2 AA was known to have lived with a Bulgarian female friend when she first came to the UK. Her family also believe that she stayed with that friend when she separated from BA at the end of 2013. The family have lost contact with the friend and the police have been unable to provide any details of other close friends in the UK. AA did have a very close relationship with her sister, who supported this review. Her sister resides in Germany, but was in contact with AA on a daily basis.

1.9 Equalities

- 1.9.1 The nine protected characteristics as defined by the Equality Act of 2010 have all been considered within this review. They are as follows: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The victim in this case was female and was married to the perpetrator in an Islamic wedding. The marital status is

pertinent in this review as it is suggested that the marriage only took place to facilitate AA's husband obtaining legal status to remain in the UK. It is not known what AA's religion was before she was married.

- 1.9.2 The immigration status of the perpetrator is a significant factor in this review. He was a Pakistani National and at the time of the death was seeking to gain the support of his wife to secure his residence in the UK.
- 1.9.3 Consideration is also given to the fact that AA may have been working within the sex industry. Whilst there is not substantial evidence to support this, the panel were aware of the particular vulnerabilities that can be associated with women working in this area. In some police force areas crimes against sex workers are considered as 'Hate Crimes'. The recognition of the further risk to sex workers from their intimate partners is supported by ISVA services in some areas. As a result of concerns that AA may have been connected to the sex industry, the panel invited experts from relevant local statutory services to be involved in the panel from the outset of the process.
- 1.9.4 The victim in this case is a Bulgarian National and her family do not reside in the UK. The panel have made use of interpretation and translation services to ensure that the family are fully engaged with the DHR process. The chair has ensured that meetings have been face to face, supported by translated documents and transcripts verified by family interviews. The panel were not able to identify a specific local service that could provide a link to the Bulgarian community. Neither the police nor family could provide details of AA's associates within the UK Bulgarian community. It should be noted that the representation from Open Doors staff brought experience of supporting migrant women in isolated communities

2. The Facts

2.1 AA's death

- 2.1.1 The victim was born in Bulgaria in 1986. She had a son, aged eight to nine years, from a previous relationship who still resides with his maternal grandparents in Bulgaria. It is believed that AA entered the United Kingdom as a European Union citizen on 21st May 2012. AA worked as a self-employed cleaner.
- 2.1.2 When AA first arrived in the UK she stayed with people within the Bulgarian community. She stayed temporarily with people she had met through social networking sites and 'sofa surfed'. There was one confirmed address for AA during this period and that was in Fulham, London. It was established that AA was not well known to the owners of the address and she merely kept her passport there. AA's family believed that she was living with a female friend.
- 2.1.3 In September 2013, AA was known to be working in a massage parlour in London. At the time of her death, AA was working as a self employed cleaner.
- 2.1.4 It is not known how or when AA met her future husband, BA. BA was a Pakistani national who entered the UK in 2011. They were known to have rented a room together and signed the tenancy agreement on 5th October 2012. The room was within a multi-occupancy dwelling in the London Borough of Newham. The couple were married in the local Mosque and the marriage was solemnized at the Newham registry office on 22nd December 2012. Police have been able to trace one of the witnesses to the marriage and they did not know BA or AA. Subsequent police enquiries with AA's family have shown that they were aware that the marriage was motivated by her husband's desire to change his immigration status in the UK.
- 2.1.5 AA would keep in touch with her mother through conversations on the Internet using Skype. In September 2013, AA's mother noticed that she had facial injuries. AA said that these had been caused by BA. AA visited her family at home during Christmas 2013. She said that she was having problems with her relationship with BA and they were living separately. It was believed that AA had separated from BA around September 2013. AA described BA to her family as a jealous man and said she regretted her relationship with him.
- 2.1.6 BA had made an application to seek residence in the UK. This application was based on the grounds that he was married to an EU citizen. The application was

refused on 9th December 2013. The grounds for refusal included lack of supportive material such as joint tenancy, utility bills, and joint bank accounts. The documentary evidence was required by 12th February 2014 to support an appeal hearing due on 31st July 2014.

- 2.1.7 On 26th January 2014, AA told her mother that BA wanted to open a joint bank account. AA said that she was reluctant to open the account and that she was being blackmailed by BA.
- 2.1.8 On the date of the homicide, BA had a scheduled appointment at a bank concerning a joint account at 2.30pm. The appointment was cancelled and BA later told police it was cancelled because his wife was in a bad mood. It appears that AA was not willing to open a joint bank account with BA. BA was seen inside a local supermarket with AA at 2.20pm.
- 2.1.9 Shortly before 3.00pm BA ran from the couple's room, approached a woman passing by and told her that he had stabbed his wife. The woman was too afraid to enter the flat alone and gained help from a passer-by. BA told them that his wife had pulled a knife on him during an argument and he had not meant to stab her. The two people gave first aid and called for an ambulance.
- 2.1.10 When the London Ambulance Service arrived with the police they identified three stab wounds in AA's chest, arm and torso. AA was taken to the Royal London Hospital, Whitechapel.
- 2.1.11 Police officers found BA in a room at the rear of the building. He said "I am her husband, I did it. It was self-defence". BA was arrested and was taken to Forest Gate Police Station.
- 2.1.12 AA died in the operating theatre at 8.22pm despite all attempts to save her life. A post mortem later revealed fourteen separate injuries on AA's body caused by a sharp object. She had been fatally stabbed in the heart.
- 2.1.13 A homicide investigation was undertaken by the Specialist Crimes and Operations, Homicide Command. BA was interviewed and maintained that he had acted in self-defence. He said that he had been stabbed in the hand by his wife previously. He said he had told his immigration lawyer and a work colleague about the attack. Both were interviewed and denied that BA had ever mentioned the attack. BA was medically examined whilst in police detention. He had no recent injuries and no scarring to support his claim to have been previously stabbed.

2.1.14 BA also claimed that his wife was a regular user of cocaine and this was often the cause of domestic arguments. A toxicology examination of AA's hair was conducted. There were traces of cocaine found in her hair, but the scientist could not exclude that this had come from recent contamination. There were no other traces of drugs found. The scientist concluded "These findings do not suggest regular use of opiates, cannabinoids or amphetamines type drugs prior to her death".

2.1.15 BA was charged with the murder of his wife and remanded in custody.

2.2 BA trial

2.2.1 BA appeared before the Central Criminal Court, The Old Bailey and pleaded not guilty to AA's murder. He was found guilty of murder and sentenced to life imprisonment on 17th July 2015. It was recommended that BA serve a minimum of twenty years in prison before being considered for parole.

2.3 The perpetrator

2.3.1 The perpetrator was born in Pakistan in 1985. He is not known to have had any previous relationships or children. He entered the UK in April 2011 on a student visa and he did not declare that he had any other family in the UK. Although he entered the country as a student, there was no record of him being registered in educational establishments.

2.3.2 When he was arrested, BA told police that he was working in the construction industry as a contractor for a large building company at a site in Kensington, London. It appears that BA earned money by waiting with other workers on street corners and waiting to be picked up in a van to carry out short-term work. There was no documentation to support this claim. The panel were informed by police representatives that persons on a student visa were allowed to work up to twenty hours a week to support living and tuition costs.

2.3.3 The Chair of the Panel wrote to BA in prison in order to interview him as part of the DHR process. The prison governor confirmed that the request letter has been given to BA.

2.3.4 A formal approach was then made by the prison authorities on behalf of the chair and BA declined to be interviewed or support this review.

2.4 Police

- 2.4.1 A check was made of the Police National Database and London wide police reporting and intelligence systems. Neither party were known to have any criminal record, to have been arrested or cautioned by the police. There were no records of any domestic abuse incidents being recorded in relation to either party.
- 2.4.2 On 14th September 2013 a joint police, immigration and local authority visit was carried out at a licenced massage parlour in Camden. The visit was conducted as part of a planned police operation to visit all known massage parlours in the London Borough of Camden. The main aim of the operation was to consider the welfare of any workers present. The visit was jointly conducted with staff from the MPS, Camden Social Services and Health and Safety.
- 2.4.3 AA was found to be working at the premises. Her identity was verified by AA providing her passport and a provisional driving licence. The police record of the visit does not show the capacity in which AA was working. AA was found with a large quantity of condoms but denied that she was offering any sexual services. She said she was earning £100 a week. The police established that she was not at the premises against her will. There was no evidence that any criminal offences were being committed at the parlour.
- 2.4.4 Police members of the DHR panel were unable to confirm whether any information was provided to workers in the parlour on sexual health or violence against women.

2.5 Health Services

- 2.5.1 A check was made of NHS Mental Health Trust Services for the East London area and neither party was known to them.
- 2.5.2 Health representatives established that London's Sexual Assault Referral Centres (SARCs) had not received any referrals in relation to the parties in this report. It is acknowledged that these services can be accessed confidentially and clients may not have provided their real names to the SARC.
- 2.5.3 The panel included representatives from the Homerton Hospital Foundation NHS Trust's Open Doors service. Open Doors are located at Homerton Hospital and provide a free and confidential advice service in East London for people working in the sex industry. The service has experience of supporting women who work in off street sex work and also provides healthcare and Independent Sexual Violence

Advisor (ISVA) support. There was no record of AA using the service, based on the name provided for the review.

2.6 General Practice (GP)

- 2.6.1 Examination of GP records shows that there was very little contact with either party. BA first registered with a practice in central London in October 2011. In October 2012, both AA and BA registered with a GP practice in Newham.
- 2.6.2 In his year with his first GP, BA saw his doctor on two occasions for minor skin complaints. He also had an enhanced sexual health consultation in November 2011. An interview with the GP established that the doctor offering the enhanced service was a locum and the rationale for the offer is not known.
- 2.6.3 With both names provided, AA and BA registered with the same GP on the same day in October 2012. AA had an initial health assessment. This assessment did not cover the subjects of domestic abuse or sexual health.
- 2.6.4 On 28th November 2012, AA was supplied with a letter addressed 'To whom it may concern' confirming that she was registered with a GP practice.
- 2.6.5 On 11th December 2012, AA attended the Royal London Hospital for a cervical smear test. There were no concerns recorded. A check of the records shows that no questions about AA's sexual partners or domestic abuse were asked.
- 2.6.6 BA was seen by his GP on three occasions in March, June and November 2013.
- 2.6.7 There were no other visits or concerns recorded by the GP. When interviewed, the Doctors at the practice could not remember either BA or AA. It was established that they were often seen by locums.
- 2.6.8 The GP practice had established safeguarding policies and protocols in place. All staff had received safeguarding adult and children training. There were no domestic violence leaflets or other related information material available in the surgery.

2.7 United Kingdom Border Agency (UKBA) / UK Immigration and Visas

- 2.7.1 During this process, the panel decided that it would be useful for the United Kingdom Border Agency (UKBA)/UK Immigration and Visas to be involved in the process. An approach was made to the original Immigration service police contact who then informed the panel that UKBA could not assist the review and would only deal with the police. The panel then contacted the Appeals Litigation

Directorate at Lunar House Croydon and was informed that contact could only be made through the police. The chair then wrote to the Chief Officer of the UKBA at Lunar House requesting assistance with the DHR process. There was no response to this letter.

- 2.7.2 The lack of cooperation from the UKBA/UK Immigration and Visas was raised with the Home Office DHR team. They advised that the local office in East London should be approached for assistance. At the final panel meeting it was suggested that the Newham CSP may have a contact with the Immigration Service in East London. This was taken up by the chair and a record of contact between BA and the Home Office Immigration service was supplied. Dates of entry to the UK for both parties were originally provided from GP records.
- 2.7.3 BA entered the UK on a student visa on 17th April 2011. There was no information on the Immigration file to show where BA was planning to live or study when he arrived in the UK. It was believed that all of his family were in Pakistan.
- 2.7.4 On 17th January 2012, the Home Office were informed by the British Institute of Technology and E-Commerce (BRIT) that BA had failed to enrol for a course. On 15th May 2012, BA's leave to remain in the UK was curtailed. His leave to remain was reinstated when BA provided evidence that he had commenced studying at BRIT. The permission to stay was extended to 28th February 2013. During this time, he was allowed to work up to twenty hours a week; there was no requirement to provide details of employment.
- 2.7.5 On 25th February 2013, BA submitted an application to vary his leave to remain in the UK on the grounds of his marriage to AA. A marriage certificate for 22nd December 2012 was provided; AA's occupation was recorded as a cleaner. The application was made on the basis of Human Rights Article 8 – Rights to a Family Life.
- 2.7.6 On 16th May 2013, BA submitted an application for residency on the grounds that he was a non-European Economic Area (EEA) family member of an EEA National.
- 2.7.7 On 17th May 2013, BA's application under the Human Rights Article 8 was refused. BA initially lodged an appeal against the decision and then later withdrew his appeal on 15th November 2013 in order to pursue his EEA family member application.
- 2.7.8 On 17th October 2013, the Home Office wrote to BA through his solicitors, to request additional information to consider his application for an EEA family

member permit. There had been no background information provided on BA's relationship with AA. The Home Office requested AA's passport details, employment details, bank details and details of National Insurance contributions. There was no evidence required from the GP.

2.7.9 The additional information requested from BA and AA was not supplied and, as a result, the Home Office refused BA's application for a residency card on 9 December 2013. On 19th December 2013, BA lodged an appeal on this decision. This appeal was later dismissed on 19th August 2014 when police advised that BA was in prison charged with AA's murder.

2.7.10 The decision to refuse BA's application for residency was based purely on a paper application. The Immigration authorities did not interview BA or AA.

2.8 London Probation Trust

2.8.1 The Probation Services had no contact with either party before the arrest of BA.

2.9 Independent Domestic Violence Advisor (IDVA)

2.9.1 The London Borough of Newham provides IDVA services that are co-located with partner agencies across the Borough. A check was made of those services provided during this review period and there was no trace of any dealings with either party.

2.10 Local Authority Services

2.10.1 A check was made of all services within the London Borough of Newham's portfolio and there was nothing known on BA or AA. A check was made of commissioned Substance Misuse Services with a negative result.

2.10.2 The only known statutory contact with AA came through a joint visit to a known massage parlour in Camden. The panel made contact with the London Borough of Camden's CSP and requested that any information on parties known to local services was disclosed. The request was supported by Camden CSP; no further information was forthcoming.

2.11 Contact/Relationship with family/friends

2.11.1 The family of AA provided valuable assistance to the review. The chair met with AA's sister and father when they came to the UK from Bulgaria. They were interviewed together and in the presence of a police officer interpreter. The family were happy to work with the police interpreter in whom they had confidence. The

interview was transcribed and translated into Bulgarian and emailed to AA's family for approval. They were asked how they would like AA to be referred to in this report. The use of a pseudonym was explained. The only names that the family considered were nicknames and were too close to her real name. They felt that if AA's real name could not be used they would prefer the use of anonymous initials.

- 2.11.2 AA was described as a happy, lively person, who loved life. They felt that the best part of her character was that she provided for her child at home whilst working in the UK. She was described as having a normal life, but would always tell her family she was fine even when she had problems. AA would speak to her sister twice a day, by telephone or Skype.
- 2.11.3 When AA came to the UK she initially cleaned houses. She tried other jobs but later returned to cleaning houses.
- 2.11.4 Her family knew that she had a boyfriend but were completely surprised when she told them she had got married. A short while after she got married, AA had problems with her husband's jealousy and constant arguments.
- 2.11.5 AA had told her partner that she wanted to leave and she did eventually split up with him. BA then started to send messages to AA's sister and parents through Facebook. He told them that if AA did not help him and sign documents then 'bad things would happen'. AA's sister spoke with her. AA said that she was alright and did not expect or fear BA hurting her. When AA was away from home, BA would send messages to her friends and family enquiring where she was. AA's sister believed that BA saw AA as his property.
- 2.11.6 AA told her family that BA wanted to apply for a large financial loan; she told them that she had refused to sign any papers relating to this.
- 2.11.7 The family's view of the relationship was that BA married AA to enable him to stay in the country. They said that AA was very beautiful and BA fell in love with her and developed a jealousy. BA would follow AA to work. AA described her feelings to her family. She said that 'His jealousy was suffocating me', describing it as an illness. AA left BA and went to live with a Bulgarian friend. The family did not have any contact details for the friend.
- 2.11.8 During the interview, AA's sister and father said they were not aware of any physical abuse, but stated that she would not have told her family about this anyway.

2.11.9 AA's family were asked to consider what support could have been offered to her.

They felt that if AA had contacted the police or immigration and reported the abuse, then her death could have been avoided. They did believe that AA was not the type to complain and she had dismissed the threatening messages sent to her family by BA. The family felt that contact with authorities could have prevented AA's death, they said 'we believe in the system'.

2.11.10 The family were asked if they wanted to provide any further statement for this review and they said 'In order to avoid anything like this happening we would advise people to contact the relevant government bodies at the earliest opportunity, to contact police and immigration. For families going through loss of a child – we can say be strong and the life continues. We would never be able to explain in words how this affected us.' AA's sister said 'we want her to be remembered not as a victim but as a fighter, very happy and loving. A small person with a very big heart'.

3. Analysis

3.1 Relationship between victim and perpetrator

- 3.1.1 The following analysis examines the limited information available in this case. It is very clear that AA's life was taken in an act of extreme violence and nothing in her life could justify her death.
- 3.1.2 Neither AA nor BA had any previous convictions and there had been no reported incidents of domestic abuse. Contact with NHS services had been through routine healthcare appointments. There is no suggestion that either party had any mental health problems, neither was this mentioned in the criminal proceedings. The analysis is based on limited information provided by health services, police and put into context through family with the assistance of AA's sister and father.
- 3.1.3 There was never any substantive evidence supplied by BA to the immigration service to show that he was in a stable married relationship with AA. This was despite his applications for appeal. It appears that both parties entered into a marriage of convenience or 'sham' marriage. The couple registered at the same GP practice in October 2012 and married in December 2012. AA's family suggest that they had separated by September 2013.
- 3.1.4 September 2013 was a key period for AA and BA. AA's family noticed injuries on her which she said were caused by BA. This is also the month that police found AA working at a massage parlour. It is not known whether BA was aware that AA was working in a massage parlour and whether this would be a cause of jealousy. It is known that AA told her family that she felt that her husband was jealous and the relationship was 'suffocating'. It does appear that AA had the strength to distance herself from her husband and separate. At this point BA was still awaiting the outcome of his application for residence in the UK.
- 3.1.5 Whilst there would have been benefits to BA in securing a right to residence in the United Kingdom, it is not known if AA drew any benefit from the relationship. The family view was that the marriage was set up to keep BA in the country. It would have later become apparent that her husband expected more from AA than taking part in a marriage. AA was required to actively support her husband's claim to remain in the UK. In October 2013, the Immigration Service required that BA supplied details of his wife's passport and detailed records of employment and bank details.

3.1.6 AA's family suggest that, shortly before her death, AA was subject to pressure on financial matters by her estranged husband.

3.1.7 At the time of separation from his wife, BA was seeking evidence for an immigration appeal. This would include evidence that he was still living with AA. It appears that his estranged wife was not willing to go along with the pretence that they were co-habiting. She was not about to enter willingly into a new financial partnership. AA did not attend the bank appointment to open a joint account and on that day she was killed.

3.2 What might have helped?

3.2.1 During the key period of September 2013, the only contact AA had with a statutory agency was at the massage parlour when police, local authority and immigration staff conducted the visit there. The visit did not detect that any criminal offences had taken place. Visits to licenced massage parlours provide an opportunity for police and local authority staff to supply information to women on services available to support victims of gender based violence. Police representatives on the panel stated that women at parlours would be asked questions about exploitation and trafficking. It has been a common perception that women working in the sex industry may have been victims of trafficking; the more common areas of sexual and domestic violence should also have been considered. Whilst it cannot be expected that women would disclose fears to authority figures on the day, the provision of information could facilitate later disclosures.

3.2.2 The panel explored that if AA did later consider reporting the domestic abuse perpetrated by BA, that she may have had concerns over her previous contact with the police. Her only dealings with the police had been recorded through a visit to a licenced parlour and she may have feared that this could be used to discredit her.

3.2.3 AA was in contact with her sister on a daily basis. AA was not disclosing physical abuse but she did disclose to her sister how she found the relationship with BA 'suffocating'. Her sister felt that if AA could have disclosed her concerns to the police or immigration officers at the time that this may have prevented her death. It is not known whether UKBA had any contact with AA to discuss the status of her relationship with BA. It is likely that the onus was on BA to provide evidence of his relationship with AA.

- 3.2.4 The contact with NHS services provided the greatest opportunity for AA to discuss her relationship with statutory partners. In October 2012, AA and BA registered with the same GP practice on the same day. Whilst the records of both parties record the date that they entered the UK, there is no reference to discussions on relationships. The new registration with a GP provides a valuable opportunity for primary care providers to construct a picture of a patient's healthcare needs. Domestic abuse will present a threat to a person's health and emotional well-being. If questions had been asked of AA at this time, it may have provided information as to the motivation and pressures behind her new relationship.
- 3.2.5 All staff at the GP practice had received appropriate safeguarding training. The GP interviewed in relation to this review expressed concerns that if patients were asked questions on domestic violence, GPs had no clear referral pathways to specialist support services.
- 3.2.6 There was no domestic abuse information or advice material available at the GP practice. The provision of information in the waiting area may provide the prompt to a patient to talk to her GP about domestic abuse or to approach specialist support services later. The display of material would also send a message that the practice did consider domestic abuse to be important.
- 3.2.7 In December 2012, AA attended the Royal London Hospital for a cervical smear test. There were no questions asked of AA concerning her relationships or sexual partners. This was another occasion when healthcare staff could have provided an opportunity for the disclosure of domestic abuse.

3.3 Communication and protocols

- 3.3.1 The review has not identified any contact or disclosures to NHS or police staff that should have resulted in communication with other statutory partners. There were no disclosures that would have suggested that domestic abuse protocols should have been followed.
- 3.3.2 The Home Office Guidance for DHRs asks that panels consider whether a person's immigration status affected how services responded to their needs, and yet there is no statutory requirement for the UKBA / UK Immigration and Visas to support the DHR process. The panel were not able to examine what protocols UKBA have in place for managing suspicion or disclosure of domestic abuse. It was established at a late stage in the review that AA was never interviewed by the Immigration Services concerning her marriage to BA. It is accepted that the

application made by BA was made in writing only and he failed to supply any information to lead the Immigration Services to interview AA.

3.4 Good practice

- 3.4.1 There is a limited amount of good practice identified in this review. One area of note is the provision of the ISVA service for sex workers provided by Open Doors. Unfortunately, this service is not in operation across all boroughs and there is no similar service available in the borough where AA came to the attention of police on a massage parlour licencing visit.
- 3.4.2 The Open Doors team support and promote the National Ugly Mugs Scheme. This initiative provides greater access to justice and protection for sex workers. Dangerous individuals often target sex workers and they can be reluctant to report incidents to the police. The Ugly Mugs team share with the police any intelligence reported by sex workers and also support them in reporting. Whilst this service is focussed on perpetrators assaulting sex workers in the course of their work, sex workers are also vulnerable to violence and exploitation from intimate partners. In some areas, ISVAs provide support to sex workers experiencing domestic violence. The Ugly Mugs scheme has had great success in gaining confidence from sex workers and this pathway could be considered as a way of promoting access to domestic abuse services.

4. Conclusions and Recommendations

4.1 Preventability

- 4.1.1 The information examined by the panel has not shown that this death was preventable. There were no previously reported incidents of domestic abuse and there were no incidents coming to the attention of statutory agencies that would indicate the presence of abuse. The responsibility for the loss of AA's life lies solely with BA.
- 4.1.2 This case has allowed examination of current statutory systems and processes in relation to domestic abuse. There are no apparent breaches of protocols or policies by the agencies involved in this review. However, the process has revealed that there are areas where the issue of domestic abuse and intimate relationships can be better incorporated into NHS and Police processes. There were opportunities when questions could routinely be asked concerning relationships and abuse; these included registration with a new GP, appointments at hospital and police visits to a massage parlour.
- 4.1.3 This review was unable to engage the Immigration and Visa Service for the main part of this the process. It appears that the requirements of the UK resident visa process, in particular the appeal, brought accountability upon BA to evidence his relationship with AA. This ultimately resulted in BA attempting to coerce AA to support him. The fatal attack on AA immediately followed her non-engagement with BA's attempt to open a joint bank account in order to support his visa application appeal. AA's family had the expectation that she would have disclosed her fears to the immigration service or the police, had she had the opportunity. The review has found areas where the service for victims of domestic abuse can be improved. It is felt that the current processes within a number of agencies could include the opportunity of asking routine questions about intimate relationships and identify the potential for domestic abuse. There is also a need to raise awareness in some agencies. It is hoped that improving these areas will result in a more positive outcome for more people in hard to reach groups. For these reasons it is important to review the processes of the agencies working individually and together to satisfy the partnership that the issue of domestic abuse is being promoted and included in standard procedures. The recommendations are designed to achieve this outcome.

4.2 General Recommendations

- 4.2.1 The recommendations below are, in the main, for the community safety partnership as a whole but many organisations have internal recommendations that mirror these. It is suggested that the single agency action plans should be subject of review via the action plan, hence the first recommendation.
- 4.2.2 Recommendation 1: All agencies report progress on their internal action plans generated by this Review to the CSP
- 4.2.3 Recommendation 2: Newham CCG and Barts Health should ensure that all G.P.s, Sexual Health Services and gynaecology services are routinely enquiring about domestic and sexual violence. This is of particular importance when registering new patients. There should be clear pathways for referral to domestic abuse services and MARAC. This should be monitored by regular audit and reporting performance on MARAC and Domestic and Sexual Violence referrals to the Newham Domestic and Sexual Violence Board
- 4.2.4 Recommendation 3: The London Borough of Newham and Newham CCG provide publicity and information leaflets for public facing health services on domestic abuse. This should be targeted at immigrant women to ensure they know their rights and that services believe victims of domestic and sexual violence. This will extend to the Open Doors Service at Homerton Hospital.
- 4.2.5 Recommendation 4: The Metropolitan Police Service review protocols and training for visits to licenced premises where sex workers are present. They should ensure that all staff are appropriately trained to deliver information and support on sexual and domestic violence. This training should ensure an awareness of sexual and domestic violence protocols and the provision of Health Services.
- 4.2.6 Recommendation 5: The Ugly Mugs website is seen as a valuable service that has the confidence of sex workers in reporting attacks by strangers and clients. National Ugly Mugs Scheme should be asked to review how links can be made to domestic abuse services and encourage reporting on the national website. This could provide a pathway to local domestic and sexual violence services for this hard to reach group.
- 4.2.7 Recommendation 6: The London Borough of Newham and Newham CCG to review how the issue of domestic abuse and relationships can be incorporated

into the process of registration and review with GPs, Sexual Health and Genitourinary Services.

4.2.8 Recommendation 7: The Home office and NHS England can jointly consider how good practice developed at Open Doors can be implemented in other areas. This would include the development of ISVA services specifically for sex workers and reporting protocols with police services.

4.2.9 Recommendation 8: The London Borough of Newham Community Safety Partnership develop a strategy to engage with immigrant women to ensure that they understand legal rights in the UK and understand the law and reporting processes in the area of domestic and sexual violence.

4.2.10 Recommendation 9: The Home Office consider advising that each Community Safety Partnership consider inviting the Immigration Service as associate members to local boards.

Appendix 1: Domestic Homicide Review

Terms of Reference for AA

This Domestic Homicide Review is being completed to consider agency involvement with **AA**, and *her partner*, **BA**, following *her* death in January 2014. The Domestic Homicide Review is being conducted in accordance with Section 9(3) of the Domestic Violence Crime and Victims Act 2004.

Purpose

1. Domestic Homicide Reviews (DHR) place a statutory responsibility on organisations to share information. Information shared for the purpose of the DHR will remain confidential to the panel, until the panel agree what information should be shared in the final report when published.
2. To review the involvement of each individual agency, statutory and non-statutory, with **AA** and **BA** during the relevant period of time: **01/04/2011 – end of January 2014**.
3. To summarise agency involvement prior to **01/04/2011**.
4. To establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to identify and respond to disclosures of domestic abuse.
5. To identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result and as a consequence.
6. To improve inter-agency working and better safeguard adults experiencing domestic abuse and not to seek to apportion blame to individuals or agencies.
7. To commission a suitably experienced and independent person to:
 - a. Chair the Domestic Homicide Review Panel;
 - b. Co-ordinate the review process;

- c. Quality assure the approach and challenge agencies where necessary; and
 - d. Produce the Overview Report and Executive Summary by critically analysing each agency involvement in the context of the established terms of reference.
8. To conduct the process as swiftly as possible, to comply with any disclosure requirements, and on completion, present the full report to the **Newham Community Safety Partnership**.

Membership

9. The following agencies are to be involved:
- a. Barts Health
 - b. East London Foundation Trust (ELFT) – Mental Health Services
 - c. Homerton University Hospital Foundation Trust – Open Doors
 - d. London Borough of Newham Domestic and Sexual Violence Commissioner
 - e. London Borough of Newham - Safeguarding Adults
 - f. London Borough of Newham – Mental Health Strategic Commissioner
 - g. London Probation Trust Newham National Probation Services
 - h. Metropolitan Police Service (MPS) – Critical Incident Advisory Team (CIAT)
 - i. Metropolitan Police Service (MPS) Newham Borough
 - j. Metropolitan Police Service (MPS) – Specialist Crime Review Group (SCRG)
 - k. Newham Action Against Domestic Violence (NAADV)
 - l. Newham Clinical Commissioning Group (NCCG)
 - m. Standing Together Against Domestic Violence (Independent Chair and minutes)
10. Where the need for an independent expert arises, for example, a representative from a specialist BME women’s organisation, the chair will liaise with and if appropriate ask the organisation to join the panel.
11. If there are other investigations or inquests into the death, the panel will agree to either:
- a. Run the review in parallel to the other investigations, or
 - b. Conduct a coordinated or jointly commissioned review – where a separate investigation will result in a duplication of activities.

Collating evidence

12. Each agency to search all their records outside the identified time periods to ensure no relevant information was omitted, and secure all relevant records.
13. Each agency must provide a chronology of their involvement with the **AA** and **BA** during the relevant time period.
14. Each agency is to prepare an Individual Management Review (IMR), which:
 - a. Sets out the facts of their involvement with **AA** and/or **BA**
 - b. Critically analyses the service they provided in line with the specific terms of reference;
 - c. Identifies any recommendations for practice or policy in relation to their agency, and
 - d. Considers issues of agency activity in other boroughs and reviews the impact in this specific case.
15. Agencies that have had no contact should attempt to develop an understanding of why this is the case and how procedures could be changed within the partnership which could have brought **AA** or **BA** in contact with their agency.

Analysis of findings

16. In order to critically analyse the incident and the agencies' responses to the family, this review should specifically consider the following six points:
 - a. Analyse the communication, procedures and discussions, which took place between agencies.
 - b. Analyse the co-operation between different agencies involved with the victim, alleged perpetrator, and wider family.
 - c. Analyse the opportunity for agencies to identify and assess domestic abuse risk.
 - d. Analyse agency responses to any identification of domestic abuse issues.
 - e. Analyse organisations access to specialist domestic abuse agencies.
 - f. Analyse the training available to the agencies involved on domestic abuse issues.

Liaison with the victim's and alleged perpetrator's family

17. Sensitively involve the family of **AA** in the review, if it is appropriate to do so in the context of on-going criminal proceedings. Also to explore the possibility of contact with any of the alleged perpetrator's family who may be able to add value to this process. The chair will lead on family engagement with the support of the senior investigating officer and the family liaison officer.
18. Coordinate with any other review process concerned with the child/ren of the victim and/or alleged perpetrator.

Development of an action plan

19. Establish a clear action plan for individual agency implementation as a consequence of any recommendations.
20. Establish a multi-agency action plan as a consequence of any issues arising out of the Overview Report.

Media handling

21. Any enquiries from the media and family should be forwarded to the chair who will liaise with the CSP. Panel members are asked not to comment if requested. The chair will make no comment apart from stating that a review is underway and will report in due course.
22. The CSP is responsible for the final publication of the report and for all feedback to staff, family members and the media.

Confidentiality

23. All information discussed is strictly confidential and must not be disclosed to third parties without the agreement of the responsible agency's representative. That is, no material that states or discusses activity relating to specific agencies can be disclosed without the prior consent of those agencies.
24. All agency representatives are personally responsible for the safe keeping of all documentation that they possess in relation to this DHR and for the secure retention and disposal of that information in a confidential manner.

25. It is recommended that all members of the Review Panel set up a secure email system, e.g. registering for criminal justice secure mail, nhs.net, gsi.gov.uk, pnn or GCSX. Confidential information must not be sent through any other email system. Documents can be password protected.

Appendix 2: Members of the DHR Panel

Agency represented	Panel members
Barts Health	Mark Elliott
East London Foundation Trust (ELFT) – Mental Health Services	Agnes Adenton Christian Bolger
Homerton University Hospital Foundation Trust – Open Doors	Georgina Perry Jacqueline Vennard
London Borough of Newham Domestic and Sexual Violence Commissioner	Allison Buchanan Kelly Simmons
London Borough of Newham - Safeguarding Adults	Mandy Oliver
London Borough of Newham – Mental Health Strategic Commissioner	Susan Miller
London Probation Trust Newham National Probation Services	Carina Heckroot
Metropolitan Police Service (MPS) – Critical Incident Advisory Team (CIAT)	DS Angie Barton
Metropolitan Police Service (MPS) Newham Borough	Alan Moore Duncan Platt
Metropolitan Police Service (MPS) – Specialist Crime Review Group (SCRG)	Jack Spratt
Newham Action Against Domestic Violence (NAADV)	Jane Ishmael
Newham Clinical Commissioning Group (NCCG)	Pat Hobson Roger Cornish
Standing Together Against Domestic Violence (Independent Chair and minutes)	Mark Yexley

Kelly Simmons
Domestic & Sexual Violence Commissioner
Strategic Commissioning & Community
London Borough of Newham
Newham Dockside
1000 Dockside Road
London
E16 2QU

27 July 2016

Dear Ms Simmons,

Thank you for submitting the Domestic Homicide Review report for Newham MK to the Home Office Quality Assurance (QA) Panel. The report was considered at the Quality Assurance Panel meeting on 22 June 2016.

The QA Panel would like to thank you for conducting this review and for providing them with the final report. The Panel found this to be a sensitively-written report which has identified robust lessons and recommendations and recognised the links between sex workers and domestic abuse.

There were some aspects of the report which the Panel felt could be revised, which you will wish to consider before you publish the final report:

- The Panel questioned why there was no specific action plan and simply a list of recommendations. They suggested the addition of a fuller action plan would be helpful and enable easier monitoring of the fulfilment of recommendations;

- The Panel felt the Terms of Reference were quite generic and could be more specific;
- There was concern that paragraph 3.1.5 included quite a lot of unhelpful supposition and the Panel felt this could be reworded to be less definitive;
- The executive summary would be improved by the inclusion of an explanation as to why the review took over 2 years to be completed;
- The Panel felt that healthcare opportunities to spot signs of domestic abuse were missed and would have liked to have seen this addressed in a recommendation.
- Removing the date of death would increase the victim's anonymity. In addition on page 6 pseudonyms and acronyms have been switched.

The Panel does not need to see another version of the report, but I would be grateful if you could include our letter as an appendix to the report.

I would be grateful if you could email us at DHREnquiries@homeoffice.gsi.gov.uk and provide us with the URL to the report when it is published.

The QA Panel felt it would be helpful to routinely sight Police and Crime Commissioners on DHRs in their local area. I am, accordingly, copying this letter to the PCC for information.

Yours sincerely

Christian Papaleontiou
Chair of the Home Office DHR Quality Assurance Panel

Appendix 3: Action Plan

	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
	<i>What is the over-arching recommendation?</i>	<i>Should this recommendation be enacted at a local or regional level (N.B national learning will be identified by the Home Office Quality Assurance Group, however the review panel can suggest recommendations for the national level)</i>	<i>How exactly is the relevant agency going to make this recommendation happen? What actions need to occur?</i>	<i>Which agency is responsible for monitoring progress of the actions and ensuring enactment of the recommendation?</i>	<i>Have there been key steps that have allowed the recommendation to be enacted?</i>	<i>When should this recommendation be completed by?</i>	<i>When is the recommendation and actually completed? What does the outcome look like?</i>
1	All agencies report progress on their internal action plans generated by this Review to the CSP.						
2	Newham CCG should ensure that all GPs, Sexual Health Services and gynaecology services discuss domestic and sexual violence when registering new patients and have clear pathways for referral to domestic abuse services and MARAC.						

	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
3	The London Borough of Newham and Newham CCG provide publicity and information leaflets for public facing health services on domestic abuse. This should be targeted at immigrant women to ensure they know their rights and that services believe victims of domestic and sexual violence. This will extend to the Open Doors Service at Homerton Hospital.						
4	The Metropolitan Police Service review protocols and training for visits to licenced premises where sex workers are present. They should ensure that all staff are appropriately trained to deliver information and support on sexual and domestic violence. This training should ensure an awareness of sexual and domestic violence protocols and the provision of Health Services.						
5	The Ugly Mugs website is seen as a valuable service that has the confidence of sex workers in reporting attacks by strangers and						

	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
	clients. National Ugly Mugs Scheme should be asked to review how links can be made to domestic abuse services and encourage reporting on the national website. This could provide a pathway to local domestic and sexual violence services for this hard to reach group.						
6	London Borough of Newham and Newham CCG to review how the issue of domestic abuse and relationships can be incorporated into the process of registration and review with GPs, Sexual Health and Genitourinary Services.						
7	The Home office and NHS England can jointly consider how good practice developed at Open Doors can be implemented in other areas. This would include the development of ISVA services specifically for sex workers and reporting protocols with police services.						

	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
8	The London Borough of Newham Community Safety Partnership develop a strategy to engage with immigrant women to ensure that they understand legal rights in the UK and understand the law and reporting processes in the area of domestic and sexual violence.						
9	The Home Office consider advising that each Community Safety Partnership consider inviting the Immigration Service as associate members to local boards.						