

# Chiltern and South Bucks Community Safety Partnership

## Executive Summary

Domestic Homicide (Suicide) Review following the  
death of Shanti, who died in October 2016

Domestic Homicide Chair and Author: Gillian Stimpson, Lime  
Green Consultancy Services Ltd.

February 2019

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## 1. THE REVIEW PROCESS

This summary outlines the process undertaken by Chiltern and South Buckinghamshire Community Safety Partnership domestic homicide review panel in reviewing the suicide of Shanti, an Indian lady aged 30 years, and was a resident in their area.

The following pseudonyms have been used in this review for the victim and other parties to protect their identities and those of their family members:

Preeva – the elder sister of Shanti

Auntie and Uncle with whom Shanti was living whilst in the United Kingdom were distant relations. Shanti's maternal grandmother and her "Uncle's" mother were sisters.

Aasa, a very close friend of Shanti

Jai, a male friend of Shanti

A Coroner's Inquest was held in April 2018 for this case. The verdict was suicide and information that was revealed during the Inquest has been used to inform and guide this review.

The process began with an initial meeting of the Community Safety Partnership in October 2016 and the decision to hold a domestic homicide review was agreed. All agencies that potentially had contact with Shanti prior to the point of death were contacted and asked to confirm whether they were involved with her. The process was later put on hold after the first Panel meeting in January 2017, with the agreement of the Home Office as, initially the death was thought to be a homicide, but further information came to light which challenged that view. Following the Suicide verdict at the Coroners' Court and new information that the Panel was not aware of until after the Coroners' verdict, the Panel considered it appropriate to re-open the Review and undertake it as a suicide review.

5 of the 12 agencies contacted confirmed contact with the victim and were asked to secure their files.

## 2. CONTRIBUTORS TO THE REVIEW

The following agencies were the only ones who had had any links to Shanti;

Thames Valley Police (TVP) – Provided an IMR undertaken by an independent police officer who had no links to Shanti

Clinical Commissioning Group (CCG) – provided an IMR which was completed by a GP who had no engagement with the subject.

South Central Ambulance Service (SCAS) – provided an IMR which was completed by an independent member of the Safeguarding Team who has no connection to the incident

Buckinghamshire Healthcare Trust (BHT) – provided a short report on an engagement with the service prior to the period of the Review

UK Visas and Immigration (UKV&I) – provided a report and chronology of Shanti's engagement with the Service and information about her immigration status.

Victims First – Willow Project is a new Thames Valley-wide service to support adult victims of all forms of Exploitation and/or with other Complex Needs and provided guidance to the Panel in respect to modern slavery and debt bondage.

No one engaged with the Panel or the IMRs has had any direct link with Shanti or managed any staff who have been engaging with Shanti.

### 3. THE REVIEW PANEL MEMBERS

Independent Chair of Panel, Gillian Stimpson, Director, Lime Green Consultancy Service Ltd.  
Attended all meetings

Thames Valley Police, Yvette Hitch (Area Commander in 2016) attended the first Panel Meeting, Darren Cartwright attended all meetings. Tessa Snelgar (IMR Writer) attended 3 meetings, Chris Inness attended 1 meeting.

Buckinghamshire County Council, Julie Puddehatt/Murray, Head of Safeguarding Adults and Deprivation of Liberty Safeguards attended all the meetings.

Chiltern and South Bucks District Council, Katie Galvin, Community Safety Manager attended all the meetings. Martin Holt, Head of Healthy Communities, attended 3 meetings and Hayley Casey – Community Safety Support Officer, attended 3 meetings.

South Central Ambulance NHS Foundation Trust, Tony Heselton, Head of Safeguarding attended 3 meetings.

Women's Aid – Sara Britnell attended the first Panel Meeting – Liz Harvey attended 2 meetings.

Thames Valley Probation Service, Charlie Walls, Senior Probation Officer (1 Meeting), James Lynch, Senior Probation Officer attended 2 meetings. Debbie Johnson attended 1 meeting.

Aylesbury Clinical Commissioning Group, Victoria Gray (1 Meeting – Victoria moved to a new job after the first meeting) and Krista Brewer Safeguarding Adult Lead, Buckinghamshire Clinical Commissioning Group attended 2 meetings. During the period of the review the two Clinical Commissioning Groups in Buckinghamshire were merged into one Group for Buckinghamshire.

Willow Project – Nicola - Victims First - Willow Project has been engaged with the Panel and offered advice and support.

No one engaged with the Panel or the IMRs has had any direct link with Shanti or managed any staff who have been engaging with Shanti.

The Panel met on 4 occasions.

### 4. AUTHOR OF THE OVERVIEW REPORT

The Domestic Homicide Review has been chaired by Gillian Stimpson of Lime Green Consultancy Service Ltd. Gillian has been the Director of the Company since 2015 and has been undertaking Domestic Homicide Reviews and chaired two Serious Case Reviews, one for a baby death and one into child sexual exploitation.

Gillian has had previous experience as a Police Officer in the Metropolitan Police from 1978 to 1987 and as Community Safety Manager for Wycombe District Council, from 1993 to June 2015. Gillian currently has no connection to the Community Safety Partnership other than in the undertaking of the Domestic Homicide Review.

In 2013 Gillian successfully undertook the Domestic Homicide Chair Certificate, a Home Office funded 5-day training course delivered by AVA (Against Violence and Abuse) accredited by the Open College Network (OCN). Gillian continues to undertake professional development and attended a day's training on the new Domestic Homicide Review Guidance. In addition, Gillian has attended learning

events which have included key note speakers covering specialist support for families, modern day slavery and intimate partner homicide.

Gillian has undertaken 3 completed Reviews and is currently involved with 2 further Domestic Homicide Reviews as the Panel Chair.

## 5. TERMS OF REFERENCE FOR THE REVIEW

### Specific issues to address

- Was there evidence of a risk of serious harm to the victim that was not recognised or identified by the agencies in contact with the victim
- Family, Friends, neighbours and work colleagues
  - a) Whether family or friends want to participate in the review. If so, ascertain whether they were aware of any abusive behaviour to the victim, prior to the suicide.
  - b) Whether, in relation to the family, friends, work colleagues and neighbours there were any barriers experienced in reporting abuse.
- Could improvement in any of the following have led to a different outcome for Shanti considering:
  - a) Was information or were any opportunities available that might have identified that there was a serious risk of harm to either the victim, but that was not shared with other agencies?
  - b) Where information or opportunities were available and shared, were they acted upon in accordance with the agencies' recognised best professional practice?
  - c) Communication within services – was relevant information about the victim shared and acted upon appropriately within agencies?
  - d) Is suitable advice and information available and accessible, including the availability of specialist services, for those who may be at risk of experiencing domestic abuse, honour-based violence, forced marriages and modern-day slavery?
- Vulnerabilities, Immigration and nationality considerations
  - a) Are there vulnerabilities which may be experienced by a person with a time or employment limited immigration status? Can services be accessed with a time limited status, such as GP services,
  - b) What impact, if any, did the immigration status of those involved have in respect to accessing services and agencies; and were agencies aware of their status?
  - c) Were there any language or communication barriers which might have had an impact of the victim contacting agencies? Are agencies able to provide suitable translation services in a quick and effective way?
  - d) How are vulnerabilities identified; and where any vulnerability considerations are identified as being contributory to the suicide is it likely that it could have been identified early by any services or by the family?

- e) Do these services have appropriate and robust systems and policies in place when identifying those with vulnerabilities including domestic abuse, honour-based violence, forced marriages and modern-day slavery.

## 6. SUMMARY CHRONOLOGY

Shanti came to the UK in 2017 to stay with relatives. She came to the UK to study. She made numerous applications to UKV&I to extend her study visa. She had been studying at a college which went into liquidation. Shanti had to take an English language test before she was eligible to get a learning establishment to further sponsor her stay in the UK to conclude her studies. The test was due to take place shortly after her death.

Whilst at college Shanti became good friends with Aasa and she saw and spoke to her very regularly. Her elder sister Preeva was also in the UK and she saw her too, although transportation was difficult, and it involved several bus rides to get to her. She also met a male friend, with whom she established a firm friendship.

The family she was staying with were also trying to find her a suitor. She had some choice on who this could be. She'd been introduced to a couple of men, but these were not considered suitable. It is not believed she was being pressurised to find a suitor.

Whilst staying with her relatives, she had to undertake household duties and was restricted as to when and where she was able to go out to and who she saw. She didn't have any independent finances and whilst she was given money, she did not have her own account. There were arguments at home about money as the family she was staying with had paid for her stay and education costs, other than a small amount her parents had given at the start of her stay.

In the hour before her death, there was an argument between Shanti and her Uncle about the money. A brief recording was found on Shanti's phone of the conversation. It is not known if the recording was deliberate or accidental. It refers to the uncle having paid Shanti's university fees, not her mother who had only paid less than 2 lakhs (a lakh is 100,000 rupees – equivalent to about just over £1,000). Shanti seemed to be implying that she had done a lot for the family and that it would have cost a lot for a full time cleaner. The uncle suggested he would give her a bill for the hours she had worked and that he would prepare that for her.

It was following this recorded conversation that the ambulance service was called by the Uncle at the home address saying that someone was trying to commit suicide. The telephone line was bad, but the Uncle went outside to continue the call and said that he had gone down to the bottom of the garden where he found Shanti and that she had set fire to herself. He reports that she is burnt all over and not breathing. On arrival of the ambulance service, Shanti was pronounced as deceased at 5.10pm.

Nearby the fire was a lighter and the shed was open. Shanti's phone was found in there by the police.

Initially it could not be established what the cause or circumstances around her death were. She had been found by her Uncle who suggested she had set fire to herself and completed suicide. It was suspected that she may have been murdered as the first pathology report stated that there was no soot in her airways and so could have been dead before the fire. This was later counter-challenged by further pathology investigation and after a lengthy technical examination of her phone, and other reliable and key evidence was presented, it was established that she had completed suicide. A verdict of suicide was reached at the Coroner's Inquest. The Coroner recorded the death as asphyxiation caused by her position.

2007 - 2013

In 2007 Shanti had entry clearance to the UK refused as she did not satisfy the UKV&I about her ability to fund and maintain herself or provide evidence of accommodation.

In July 2008 an appeal against the refused entry was made by her uncle, who was now funding Shanti's studies. The appeal was upheld, and entry clearance given as a student, valid from August 2008 to October 2010. Shanti then entered the UK in August 2008.

Shanti applied for leave to remain as a Tier 4 (General) Student. In December 2010 this application was refused.

In April 2011 an appeal was heard and was satisfied about her funding and parentage and was granted leave to remain in May 2011 until March 2012.

In March 2012, Shanti applied for leave to remain as an academic visitor. This was refused in April 2012 as she did not have entry clearance as an academic visitor and so could not switch to that category. It appears that she had mistakenly thought this was the most appropriate category to apply for.

2013 - 2015

Following this refusal, in December 2013, The Institute of Administrative Management which was the academic service provider that Shanti had enrolled with, went into liquidation and ceased trading, therefore Shanti no longer had a place to sit the remainder of her exams. IAM was taken over by Industry Qualifications in January 2014.

In May 2014 a letter from Industry Qualifications sent to UKV&I, stated they would enrol Shanti as a student subject to her sitting an English language test and of confirmation from UKV&I of her right to study in the UK.

Shanti first registered with a GP in December 2014. The GP described her as happy 'traditional Indian girl' in the manner she discussed and expressed herself. On this occasion Shanti's record shows she had epigastric<sup>1</sup> pain. Medication was prescribed.

In April 2015 Shanti attended A&E with lower back pain, radiating down the leg and had pins and needles. It was reported that this was due to lifting a heavy lawnmower. An MRI scan<sup>2</sup> was arranged, and pain relief prescribed. The following day Shanti attended her GP and was given a hand-written sick note for her back.

In July 2015 she presented at the GP with eczema which was treated.

In September 2015 an Immigration judge remitted the case back to UKV&I to consider if she should have been given 60 days to find a new education sponsor and to resubmit her Tier 4 application.

2016

In June 2016 a letter was sent to Shanti and her legal representative allowing her 60 days to obtain the English language test and find a new sponsor.

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<sup>1</sup> The Epigastrium is the area of central abdomen lying below the sternum and above the umbilicus.

<sup>2</sup> MRI Scan Magnetic resonance imaging (MRI) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.

In August 2016 Shanti and her legal representative both wrote to Immigration to explain she could not sit the English test without her passport which was currently being held by the Service.

Also, in August 2016 Shanti had a severe flare up of her eczema and reported feeling weak to her GP. Blood tests were taken.

In early September 2016 the blood tests revealed that Shanti had a Vitamin D deficiency and was advised to buy 'over the counter' Vitamin D supplements.

In September 2016 UKV&I sent letters which permitted her to sit the English test and sent a certified copy of her passport and informed her she now had until November 16 to complete the test and find sponsor.

October 2016

The ambulance service was called to an address following a call from Shanti's uncle who said she had set fire to herself. The Ambulance service called Thames Valley Police.

Within two days UKV&I and the GP were aware of Shanti's death.

## 7. KEY ISSUES ARISING FROM THE REVIEW

Specific issues to address

- Was there evidence of a risk of serious harm to the victim or risk of suicide that was not recognised or identified by the agencies in contact with the victim. Was there any evidence which might have raised a suicide concern for the victim?

There was little engagement with services, with only the GP surgery having any significant and personal involvement with Shanti. The GPs did not have any information available to them that might have suggested that there was a risk of serious harm or a risk of suicide.

- Family, Friends, neighbours and work colleagues
  - a) Whether family or friends want to participate in the review. If so, ascertain whether they were aware of any circumstances which might have led to the victim taking her life, prior to the suicide.

The only member of Shanti's family who engaged in the process was her sister. The parents, although fully aware of the Review and having received information about the process, the Terms of Reference and information from the Home Office, all provided in Punjabi, they did not want to engage. The sister explained that it was nearly two years since the incident and that they were moving on and did not want to reflect on the past at this stage. The Chair will continue to provide the family with updates and the final report.

Neither her sister, Preeva nor her best friend, Aasa knew of any circumstance which might have led to a risk of suicide. Indeed, it was a shock to them.

- b) Whether, in relation to the family, friends, work colleagues and neighbours it is known that there were or could have been any barriers experienced in reporting abuse.

Both Preeva and Aasa said she didn't think that there would have been any issue in Shanti reporting any abuse or of seeking help had she required it. Her grasp of the English language was good, and she was a confident person and so would have sought help if she felt she needed it. They did not think the restrictions that she faced at home would have prevented her from seeking support or help. The Panel



can't tell if Shanti felt she could not seek help owing to her domestic situation and her vulnerability over her immigration status.

- c) Is there any evidence of controlling or coercive behaviour; or honour-based abuse being experienced by the victim?

The Review was satisfied that there was no honour-based abuse suffered by Shanti. However, there is evidence of controlling and coercive behaviour.

There is evidence of this behaviour used towards Shanti by her Auntie and Uncle. As part of the Police investigation, friends said that Shanti described feeling like she was in a jail. She felt pressured by her Auntie who was often not satisfied by the housework Shanti did and on at least one occasion there was violence from her.

The insistence of Shanti to have a sick note for back pain, when the legal requirements are that a sick note is not required until after 7 days of self-certificated sickness is evidence of the coercive control the auntie and uncle had over Shanti.

Evidence has been seen of Shanti's movements being restricted. Some of the items on the "contract" found were based on modesty (not to "change my clothes when I get to college", or "exchange bad messages with boys or girls", not to use "networking sites"). Other items appeared to relate to obedience within the home and are not so obviously honour-based.

Shanti was restricted from seeing her sister Preeva and that Preeva was never invited to the house. In her interview with police, her sister speculated that it was because the Auntie did not want her to see how hard Shanti was working and how she was treated. Friends said that the Auntie did not like Shanti going out because she would spend Uncle's money, or she was needed at home to prepare breakfast and evening meals. There is some evidence that Auntie resented Shanti's presence in the home and of supporting her financially, and so she was treated unfairly because of this.

Shanti did not have her own bank account but 'shared' one with either her cousin/uncle. (There is some confusion as to who the account this was shared with.) This brought in an element of control over finances and did not allow Shanti the freedom to have her own account. Whilst it is not reported that Shanti was ever without finance, it was still under a control.

The police investigation also revealed that Shanti had been assaulted at least once by her Auntie who allegedly pinned Shanti down on the floor and twisted her arms and sat on her. Shanti reported this to her mother telling her that her Auntie would threaten to send her back to India and that Shanti would say 'okay send me back'.

Shanti had a phone but may have been restricted in her use of it. She had a Facebook account which was disabled around 2014. There is no evidence of any other social media platforms in the last two years. She did use What'sApp (Messaging Service) and Skype, a video calling app. She used these to communicate with her family in India and her Auntie and Uncle. Her friends suggest that Shanti was not allowed to take calls at home if she was busy working or if she had no privacy. Shanti also told her family and friends that her Auntie and Uncle would sometimes 'borrow' her phone and she would not have access for a day or two. Whilst living at first house she stayed at, she lived in a self-contained annex and was able to make calls more freely, however when the family moved then to her final home, friends said it was difficult for her to make calls without her Auntie listening and often made calls from the bathroom for greater privacy.

The conversation recorded on Shanti's phone on the day of her death, appeared to suggest that money was a significant issue and a concern to both Shanti and her Uncle. Consideration has been given to the possibility that debt bondage might be present. Debt bondage is also known as debt slavery or bonded labour and is a person's pledge of labour or services as security for the repayment for a debt or other obligation. The services required to repay the debt may be undefined, and the services'

duration may be undefined. Debt bondage can be passed on from generation to generation. Shanti's mother appears to have paid about £2000 towards her coming to the UK and her education with her Uncle picking up the remaining cost, which was substantially more. £2000 in India is a substantial amount of money and with the mounting costs for Shanti remaining in the UK, she may have felt she was obligated to work unceasingly for the family to 'repay' the debt.

There is also the consideration of modern slavery. There are 17 types of modern slavery offences in the UK as part of the Modern Slavery Act 2015. Shanti could be considered as falling into the domestic servitude categories.

The apparent consent of a victim to be controlled and exploited is irrelevant when one or more of a number of situations has been used to obtain that consent. In this case the following might be relevant:

- The abuse of power or of a position of vulnerability (whether physical, psychological, emotional, family-related, social or economic. E.g. Illegality of the person's immigration status, economic dependence or fragile health.) A situation in which the person concerned has no real or acceptable alternative but to submit to the abuse involved
- Debt bondage or peonage<sup>3</sup> and depriving the individual of money - creating artificially high debts for travel or forcing someone to pay an excessive amount of money for substandard accommodation or making significant deductions from an individual's 'salary'.
- Physical confinement or restriction of movement. Or confinement through threats/control. Unable to leave with no money, nowhere to go and no one to turn to. Also fear of consequences.

Had Shanti's circumstances been recognised and reported to Police it might have been investigated as a Modern Slavery case. However, in this case with so little engagement with services and none of her friends or family recognising the signs and concerns about the circumstances that Shanti was living in, this was not pursued. The newly established Willow Project will accept referrals from any agency and indeed, will accept a self-referral too.

The Police identified to the Panel that for the extended family of Shanti, the definition of family for domestic abuse would not have extended as far as the family members that Shanti lived with. Had the Police been called to the incident of alleged assault on Shanti by the Auntie, this would not have been recorded as a domestic incident unless the officer reporting was particularly alert, as the relationship was very extended. However, the requirement to undertake a domestic homicide review extends to a member of the same household.<sup>4</sup> The Panel is recommending that this definition for domestic abuse is re-considered by HM Government to extend its coverage of 'family' to include any person in the same household. See **Recommendation - National 1**, which would then offer 'protection' for those brought to the UK and staying with extended or distant family relatives.

The Panel is aware that the draft Domestic Violence and Abuse Bill which proposes an introduction of a statutory definition to Domestic Abuse, which differs only slightly from the previous cross Government non-statutory definition. The paper also proposes new Domestic Abuse protection

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<sup>3</sup> Peonage is the practice of holding persons in servitude or partial slavery, as to work off a debt or to serve a penal sentence

<sup>4</sup> Under section 9(3) of the Domestic Violence, Crime and Victims Act (2004). 1 The act states:

(1) In this section —domestic homicide review|| means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—

(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or

(b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.

orders and notices, which could be linked to the new definition, making the inclusion of suitable associated people even more important. The suggested extension of definition would give added protection to potential victims of abuse.

- Could improvement in any of the following have led to a different outcome for Shanti considering:

Communication and information-sharing between services.

- e) Was information or were there any opportunities available which might have identified that there was a serious risk of harm or suicide to either the victim, but that was not shared with other agencies?

As there was no engagement with services other than the GP, and so there were no other opportunities available to have identified any risks or share information. There were missed opportunities with the GP, and it is possible that a conversation with Shanti might have elicited information which could have identified any risks that Shanti faced.

- f) In circumstances where information or opportunities were available and shared, were they acted upon in accordance with the agencies' recognised best professional practice?

No information or opportunities were available to share information.

- g) Communication within services – was relevant information about the victim shared and acted upon appropriately within agencies?

There were no opportunities for information to be shared and acted upon.

- h) Is suitable advice and information available and accessible, including the availability of specialist services, for those who may be at risk of experiencing domestic abuse, honour-based abuse, forced marriages and modern slavery?

Since the death of Shanti, there has been a wide range of information made available in different mediums that has helped to raise awareness of those experiencing domestic abuse; honour-based abuse; forced marriages and modern slavery. These are both national and local developments. The Home Office has developed a wide range of documents which contain advice, support and general information about modern slavery. Thames Valley Police have been, since 2017 promoting a Hidden Harm campaign with leaflets and posters being made widely available in key locations including shopping centres and bus stops across the Force and in education establishments.

Today, had Shanti or her friends gone to TVP's website for support, they would have seen a description of Honour-Based Abuse that she might have identified with. It talks about movements being excessively controlled, family dispute, forced marriage, depression and attempted suicide. It encourages victims and people they know to report abuse. It also provides a link to Karma Nirvana.<sup>5</sup> It also provides advice on how to hide visit to the website if there is a worry about someone finding out. Similarly, there are pages describing and advising on Modern Slavery.

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<sup>5</sup> Karma Nirvana is a charity providing help and support for victims of honour-based abuse.

The Thames Valley Partnership<sup>6</sup> has also just commissioned a service called Victims First – Willow Project. The Project will seek to identify and support those individuals who are assessed as having been victims of exploitation or who are deemed to be at risk of exploitation through:

**Sexual Exploitation** – those involved in prostitution or working in the commercial sex industry; those manipulated or coerced into sexual activities of any kind for another person’s gain; human trafficking for purpose of sexual exploitation; grooming;

**Modern Slavery** – forced labour; domestic servitude; organ harvesting; child trafficking for benefit fraud;

**Financial Exploitation** – debt bondage; finances controlled by others; financial scams

**Criminal Exploitation** – those manipulated or coerced or trafficked for the purpose of any illegal activity i.e., County Lines/drug trafficking, forced shoplifting, forced begging.

**Other Exploitation** – the taking over a person’s address for the purpose of any criminal activity i.e., for drug dealing/using (known as “cuckooing”), prostitution or storing stolen goods

As well as supporting victims of Modern Slavery, trafficking and exploitation the service will provide much-needed specialist support for victims of other forms of serious crime (excluding sexual and domestic abuse for whom specialist services already exist).

This Service is currently undertaking training across the statutory and voluntary organisations in Buckinghamshire to provide a half day training session on modern slavery which covers exploitation and the signs and indicators; the responsibilities of local authorities; what support is available and considering modern slavery from a victim’s perspective. This is commissioned by the Bucks Anti-Slavery and Exploitation Network (A-SEN) which is a network of statutory agencies leads for this area of work. These sub-groups make up the Thames Valley Anti-Slavery Network. In Buckinghamshire, the remit has been broadened out beyond Slavery to include all types of adult exploitation.

- i) How easily accessible is it to report honour-based abuse or modern-day slavery, including consideration of the appropriateness of terminology used

Reporting of honour-based abuse and modern slavery is now easily undertaken by calling Thames Valley Police. Media campaigns, such as the Hidden Harm campaign encourage victims and concerned third parties to contact police or Karma Nirvana. Officers, support staff, front counter staff and call-handlers have awareness training in the subjects of honour-based abuse and modern slavery, and so should identify potential victims who may use different terminology to describe their situation. A direct question about honour-based abuse has been introduced for call-handlers to ask in reported domestic abuse cases to help to increase the early identification of HBA.

A simple ‘google’<sup>7</sup> for slavery in Thames Valley brings up instantly a page with a good explanation and information on how to report concerns about modern slavery

The Home Office Guidance has clear and appropriate terminology in its guidance documents, again easily accessible with a few words searched on the internet.

In addition, a new service has been established in 2018 called Victims First – Willow Project. It is a new Thames Valley-wide service to support adult victims of all forms of Exploitation and/or with other Complex Needs.

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<sup>6</sup> The Thames Valley Partnership works in partnership with the statutory, private and voluntary sectors to provide long-term sustainable solutions to the problems of crime and social exclusion. They work to protect victims and reintegrate offenders.

<sup>7</sup> Google is a widely used internet search engine

As well as supporting victims of Modern Slavery, trafficking and other forms of exploitation, the service will provide much-needed specialist support for victims of other forms of serious crime (excluding sexual and domestic abuse for whom specialist services already exist).

The service will provide support to Thames Valley Police and other partner organisations including:

- training and awareness of exploitation and modern slavery
- strategic support in developing local procedures in response to exploitation
- assistance with operational activity

In addition, the Victims First – Willow Project will work directly with victims and their families to provide:

- crisis intervention,
- advocacy
- longer term practical and emotional support

Vulnerabilities, Immigration and nationality considerations

- f) Are there vulnerabilities which may be experienced by Shanti with a time or employment limited immigration status? Can services be accessed with a time limited status, such as GP services,

Shanti's vulnerabilities in respect to her time limited student visa can be attributed to the ongoing stress of having to keep applying for extensions of her visa. There was also the concern about the ongoing funding problem she experienced with her 'Uncle' appearing to pay these expenses. There may have been a cost in respect to how this was managed with Shanti's mother and the conversations that is recorded between Shanti and her Uncle about how much her mother has paid towards her education clearly had a significant impact on Shanti. This may be considered as a case of debt bondage.

There are published documents on the Home Office website which give detailed information about access to Public Funds<sup>8</sup> and Rights of Foreign Nationals in the UK<sup>9</sup> for those who enter the UK on time limited visas. The circumstances vary depending on the type of visa issued. Health care services can be accessed by there may be recourse to reclaim the costs through the NHS Visitor and Migrant Cost Recovery Programme<sup>10</sup> Shanti was registered with the GP.

Regardless of immigration status, Shanti would have been able to seek the support of the Police, if she felt threatened or sought advice, along with any of the local non-statutory agencies and service.

- g) What impact, if any, did the immigration status of those involved have in respect to accessing services and agencies; and were agencies aware of their status?

In this case, there did not appear to be any impact on Shanti accessing services, although she was on a time limited visa as a Tier 4 General student. She was registered with a GP and made several visits to the surgery to seek assistance with medical matters. It is not apparent that the GP surgery was aware of her immigration service.

- h) Were there any language or communication barriers which might have had an impact of the victim contacting agencies? Are agencies able to provide suitable translation services in a quick and effective way?

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<sup>8</sup> <https://www.gov.uk/government/publications/public-funds--2>

<sup>9</sup> <https://www.gov.uk/entering-staying-uk/rights-foreign-nationals-uk>

<sup>10</sup> <https://www.gov.uk/government/collections/nhs-visitor-and-migrant-cost-recovery-programme>

Shanti had a good grasp of English doing some translating for family members and so language would not have been a barrier to communication. Each of the main statutory agencies has access to translation services and these can be quickly accessed should there be a need arise.

For Thames Valley Police, where non-English speaking victims want to make contact, arrangements are in place for immediately-accessible third party telephone conference interpreting services. Where face-to-face interpretation or translation is required this is arranged by appointment through the same third-party linguistics service. The service currently used by TVP have been used since 1st April 2017. A similar provider was used previously. The current provider is also used by several other organisations including other police forces and the NHS. Special arrangements can be requested, such as female interpreters, using pseudonyms, or requesting interpreters from a different area.

SCAS use Language Line for dealing with callers and patients of the service. Should a caller contact the Ambulance Service, the controller has access to the Language Line service allowing for a three-way conversation to take place. The same applies if the patient does not speak English and there is no easily accessible person to translate.

- i) In respect to services which engaged with the victim, how are vulnerabilities identified; and where any vulnerability considerations are identified as being contributory to the suicide, is it likely that it could have been identified early by any services or by the family?

All the statutory agencies have access to completing Adult or Child Protection forms which are shared with agencies. Clear guidance is available on the Buckinghamshire Safeguarding Adults Board webpages,<sup>11</sup> and on the Children's Safeguarding Board website.<sup>12</sup>

Shanti didn't engage with any services, other than her GP surgery. Neither of the two GPs who saw Shanti identified that she had any vulnerabilities which might have led her to take her own life. The GPs would only have a limited time to have detailed conversations, but it was considered a missed opportunity when Shanti presented at the GP with back pain and required a sick note for her family and possibly also when she presented at the GP surgery earlier in the year with a health issue. Regardless of these missed opportunities, it is unlikely that they would have revealed a suicide intention. Her family and friends were shocked by the suicide and hadn't foreseen it.

- j) Do these services have appropriate and robust systems and policies in place when identifying those with vulnerabilities including domestic abuse, honour-based abuse, forced marriages and modern-day slavery.

Thames Valley Police has long standing policies in place in respect of identifying and responding to domestic abuse. These have been revised and updated to recognise honour-based abuse (including forced marriage) and modern-day slavery and the force also has separate comprehensive operational guidance in place in respect of these issues (the most recent versions dated February 2018 and March 2018 respectively).

Upon identification of a modern slavery case, investigators are signposted to support from the National Crime Agency and the Crime Prosecution Service and to make referrals to the National Referral Mechanism. In the case of HBA, the guidance emphasises to the call-takers and attending officers the need for discretion and careful consideration of how contact is made. It also highlights the "one chance rule"; that they may have only one opportunity to identify and respond to an HBA case. Attending officers are required to complete an HBA pack which includes detailed risk assessments and DNA and fingerprint samples from victims. The investigations are then allocated dependent on risk with High Risk cases going to Domestic Abuse Investigation Units and all other cases to Non-uniform

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<sup>11</sup> <http://www.buckinghamshirepartnership.co.uk/safeguarding-adults-board/>

<sup>12</sup> <http://www.bucks-lsrb.org.uk/child-protection/>

IHubs (Local CID) who are non-specialists. The Risk Management is owned by specialist teams in all cases (The Domestic Abuse Investigation Unit (DAIU) for over 18's and the Child Abuse Investigation Unit (CAIU) for under 18's).

GPs in Buckinghamshire have access to a site on the CCG's website which has guidance for referrals and signposting. The CCG's Domestic Abuse policy is currently being updated. In addition, the CCG uses the Royal College of General Practitioners for guidance on disclosures of abuse and appropriate responses; the General Medical Council for code of ethics and support; and the Local Medical Councils – support for NHS GP's and advice on legal and ethical issues.

The CCG safeguarding team promote up to date guidance for all practice safeguarding leads through their network training which is offered four times a year. The training covers both Children and Adult safeguarding. Together with this, all GP practices are issued with a contact list for support, advice and signposting for all safeguarding concerns.

Buckinghamshire CCG recognises that in this case the correct procedures relating to professional curiosity were not considered and that they will be taking this forward to their member practices for learning.

SCAS operational staff are trained to a Level 2 standard in safeguarding as directed in the Inter Collegiate Documents relating to both children and adults. Competence at this level is about individuals starting to report on the information which may indicate possible harm or abuse and knowing who to contact and seek advice from within the care team if they have concerns. There are appropriate safeguarding policies in place. The safeguarding team receive approximately 1,500 referrals a month. The Trust increases staff awareness of Safeguarding Children and Adults through the provision of information, education and training programmes

- Does the suicide appear to have any implications or reputational issues for any of the agencies or professionals?

There do not appear to be any implications or reputational issues relating for any of the services or professional engaged in this review.

- Does the suicide suggest that national or local procedures or protocols may need to be changed or are not adequately followed or understood?

Currently a County-wide Suicide Prevention Plan is being developed across agencies. This was not in existence at the time of the incident. The Plan will include ensuring frontline staff know how to recognise the warning signs of suicide and how to seek support and provide this basic advice to the families and friends of their clients where appropriate. Each agency will be required to provide a Champion for their organisation and training will be promoted including the introduction of basic suicide awareness training into existing safeguarding training; Identifying an individual in their organisation's training team to attend a train the trainer course on Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST) or Skills Training on Risk Management (STORM) suicide training, and commit to delivering training for their own organisations on an ongoing basis; and actively promote the existing range of mental health and suicide awareness training courses.

## 8. CONCLUSIONS

The Panel has concluded that this is a very sad case of a young woman taking her own life but having given no indication that this was to be the course of action she would take. The Panel has not been able to engage the family she lived with in this process and it may be that they could have provided more information about her state of mind at the time. Shanti had some issues in her life which may have been difficult to manage, including her ongoing immigration status being in limbo at the time of

her death. She lived under the roof of distant relatives whom, it is possible, were not making it easy for her to live a totally free life. Her parents didn't appear able to fund her education and stay in the UK and that this was undertaken by the Auntie and Uncle. There is evidence of this being used as a lever and possible threat on Shanti who seems to have been aware of the financial situation her family were in with the Auntie and Uncle.

She appears to have been used as the family worker, undertaking chores at home and on occasions being left in charge of the home whilst the family were away. There is evidence of her being restricted about what she could do and when she could go out and who she was able to see. The family were also trying to find her a suitor and whilst it seems they were willing to ensure the suitor was also suitable to Shanti, we can't tell if this was a concern to her, although her sister does not feel it was a problem. Shanti also had a male friend who she liked but her friend Aasa feels they wouldn't have been allowed to marry.

The Panel identified that Shanti's GP was the only engagement that she had with any services. She made several visits to the surgery as she suffered from eczema and was receiving treatment for this. She also sought advice about a bad back and for tiredness. These visits to the GP surgery missed opportunities to talk in more detail with Shanti about her circumstances. She was not asked about her living arrangements by the GPs. Had this happened she may have disclosed information about her living arrangements and have helped build a picture of her circumstances. This may have led to support being suggested or offered.

In addition one of the GPs, who was a locum at the surgery and no longer available was interviewed and asked if she had considered the risk of honour based violence, and replied that it had crossed her mind, however as "Shanti" was 30, and from the same cultural and religious background as the locum GP, who was also of a similar age, and as the GP's family would not consider honour based violence she did not feel it was a risk for Shanti, so did not ask any questions regarding this. **See CCG Recommendation 1 and 2**

The Police and Ambulance Services only had engagement with the family following her death. The Individual Management review highlighted for the police that their unexplained death procedures needed some additional sections included about when a death may be concealed as a suicide, and the need to reference honour-based abuse.

For the Ambulance Service the analysis shows that they dealt correctly with the situation, but the Individual Management Review highlighted a delay in the control room calling the police. This has been dealt with by way of individual learning and does not result in any further learning.

## 9. LESSONS TO BE LEARNT

As a point of learning TVP's unexplained death procedures already provides guidance to accommodate the possibility that family may attempt to conceal a murder as an act of suicide, referencing Honour Based Abuse a consideration. Self-immolation as a method of suicide is relatively rare in the UK, though its prevalence is more common amongst Southern Asian born females<sup>13</sup> and, and the apparent link between suicide and HBA cases<sup>14</sup>. This is not reflected in TVP guidance. Through the Suicide Prevention Operational Group, these links will be reinforced in TVP Operational Guidance through

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<sup>13</sup> Tuck, Bhui, Nanchahal & McKenzie 2011. Suicide by burning in South Asian origin population in England and Wales - a secondary analysis of a national data set

<sup>14</sup> Domestic Abuse and suicide: Exploring the links with Refuge's client base and work force (2018): Refuge and Warwick Law School



appropriate signposting to information and support for officers and staff in these rare, but high risk, cases.

Shanti was actively engaged with her GP surgery whom she visited on several occasions. This time spent with the GPs could've provided an opportunity for a relationship to have built in an environment that may have enabled conversations to taken when concerns could have been explored and more direct questions asked.

Buckinghamshire CCG recognises that in this case the correct procedures relating to professional curiosity were not considered in this case and that they will be taking this forward to their member practices for learning. The Service will be sharing the learning from this Review in respect to how GPs should be careful not to consider their own values and beliefs in relation to identification of risk.

#### **Panel Recommendation 1**

The Safeguarding Representative is to share this review with the Chairs of the Adult and Children's Safeguarding Boards.

This will ensure that the learning from this Review is considered for future safeguarding training and can inform future Serious Adult Case Reviews and Serious Children Case Reviews.

The family were provided with an Advocacy After Fatal Domestic Abuse AAFDA leaflet, but the Panel consider it was not appropriate as it makes no reference to suicide, although, after the Panel Chair communicating with the organisation, they said that they do support the family of suicide review victims. The Panel consider that the wording should be amended, or a new and appropriate leaflet is created for suicide. **See National Recommendation 2**

### 10. RECOMMENDATIONS

Recommendations should include, but not be limited to, those made in individual management reports and can include recommendations of national impact made for national level bodies or organisations.

Recommendations should be focused and specific, and capable of being implemented.

#### **CCG Recommendation 1**

To ensure GPs in Buckinghamshire have systems and processes in place to support the identification of individuals at risk of honour-based violence and exploitation.

#### **CCG Recommendation 2**

To share learning from this review in respect to how GPs should be careful not to consider their own values and beliefs in relation to identification of risk.

#### **Panel Recommendation 1**

The Safeguarding Representative is to share this review with the Chairs of the Adult and Children's Safeguarding Boards.

#### **National - Recommendation 1**

HM Government to review and consider extending the description of "family" domestic abuse in the Draft Domestic Abuse Bill 2018, to cover those living in the same household as per the requirements to undertake a domestic homicide review.

#### **National - Recommendation 2**

The Home Office’s preferred support agency for families of domestic homicides, Advocacy After Fatal Domestic Abuse (AAFDA) should be recommended by the Home Office Domestic Homicide Review Quality Assurance Panel, to amend their leaflet to cover suicide or to add an additional leaflet. The current leaflet only refers to homicide and, whilst the service say they will help with Suicide Reviews, the leaflets are not appropriate for this at present.

## 11. GLOSSARY OF TERMS

A&E	Accident and Emergency
AAFDA	Advocacy After Fatal Domestic Abuse
A-SEN	Anti-Slavery Exploitation Network
ASIST	Applied Suicide Intervention Skills Training
BHT	Buckinghamshire Healthcare NHS Trust
CCG	Clinical Commissioning Group
DAIU	Domestic Abuse Investigation Unit
DHR	Domestic Homicide Review
GP	General Practitioner
HBA	Honour-based abuse
IMR	Individual Management Review
MRI	Magnetic resonance imaging
NHS	National Health Service
OCN	Open College Network
SCAS	South Central Ambulance Service NHS Trust
STORM	Skills Training on Risk Management
TVP	Thames Valley Police
UK	United Kingdom
UKV&I	United Kingdom Visas and Immigration