

**LONDON BOROUGH OF NEWHAM
COMMUNITY SAFETY PARTNERSHIP**

DOMESTIC HOMICIDE REVIEW

OVERVIEW REPORT

'ANIL' AGED 76

KILLED IN NEWHAM IN SEPTEMBER 2018

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

**Domestic Violence Homicide Review Panel – LB Newham CSP
'Anil' aged 76, killed in Newham in September 2018**

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INTRODUCTION

1. This report of a Domestic Homicide Review (DHR) examines agency responses and support given to 'Anil'¹, a resident of the London Borough of Newham (LBN) prior to the discovery in September 2018 of his death at home at the hands of his wife, 'Bira', for which she was convicted of manslaughter and sentenced to serve two years and four months imprisonment in April 2019.
2. In addition to agency involvement the review will also examine the past to identify any relevant background or trail of abuse before the homicide, whether support was accessed within the community and whether there were any barriers to accessing support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer.
3. The review will consider agencies contact and involvement with the family from August 2015 to the day of the homicide in September 2018. Any relevant fact from their earlier life will be included in background information.
4. The key purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person is killed because of domestic violence and abuse. For these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change to reduce the risk of such tragedies happening in the future.
5. One of the operating principles for the review has been to be guided by humanity, compassion and empathy, with Anil and Bira's 'voices' at the heart of the process.
6. This homicide was a tragedy for the family and, through the Chair, the Panel have offered their heartfelt condolences upon the loss of Anil.

TIMESCALES

7. There was a delay in commencing the DHR due to the trial and co-ordination of meetings, however, immediate steps were taken with safeguarding agencies **and third sector organisations** to secure complete records of contact with the family. The review began with a Panel meeting **with relevant contributors** on 13 June 2019 when Terms of Reference were agreed, and Chronology reports commissioned from all identifiable public and voluntary bodies that may have had contact with the family. At the second meeting on 13 August, Chronologies were reviewed and further information commissioned. The third meeting on 15 October considered an initial draft of the overview report that sets out the narrative and decisions were taken to progress lines on inquiry. The fourth meeting in December considered a second version of the overview and discussed final lines of inquiry and emerging recommendations. The fifth meeting in January 2020 considered the third

¹ Not his real name and all other name references are pseudonyms

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version of the overview and developed the action plan. The third version was agreed by email in February for final presentation to the Community Safety Partnership in March.

CONFIDENTIALITY

8. Each contributor to the review listed in paragraph 16 below provided a chronology of contact with the family and the MPS provided a letter that revealed aspects of the criminal investigation that were helpful to the review. The chronologies and letter are confidential. Information is available only to participating officers/professionals and their line managers.

9. For ease of reference, all terms suitable for acronym will appear once in full and there is also a glossary at the end of the report. First names used for the deceased, his wife and family/friends that feature in the review are set out below and included in the glossary for reference:

Anil	the deceased, aged 76
Bira	his wife and the perpetrator, aged 73
Chandri	Anil's niece
Dasa	Chandri's husband
Esvari	Bira's friend

10. The Government Security Classification Scheme was adopted throughout with a rating of 'Official-Sensitive' for shared material. Either secure networks were in place (gsi, pnn) and adopted (cjsm) or papers shared with password protection. An integrated chronology was provided to all Panel members for review and discussion.

TERMS OF REFERENCE

11. Following discussion of a draft in the first Panel meeting, Terms of Reference (ToR) were issued on the same day (appendix 1) with a chronology template for completion by agencies reporting contact with the family. The ToR set out the methodology for the review, the operating principles and the wider Government definition of domestic abuse, including controlling and coercive behaviour and are set out in full in appendix 2. The main lines of Inquiry were:
 1. Scope of review agreed from August 2015 to date of homicide with any earlier event of significance to be included
 2. Identify relevant equality and diversity considerations, including Adult Safeguarding issues
 3. Establish whether family, friends or colleagues want to participate in the review. If so, to ascertain whether they were aware of any abusive behaviour to the victim prior to the homicide (any disclosure; not time limited). In relation to the family members, whether they were aware if any abuse and of any barriers experienced in reporting abuse, or best practice that facilitated reporting it
 4. Take account of previous lessons learned in LB Newham
 5. Identify how people in the LB of Newham gain access to advice on sexual and domestic abuse whether themselves subject of abuse or known to be happening to a friend, relative or work colleague.

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METHODOLOGY

12. Under s9 Domestic Violence, Crime and Victims Act 2004, a Domestic Homicide Review was commissioned by LB Newham Community Safety Partnership and, in May 2019, Bill Griffiths CBE BEM QPM was appointed Independent Chair of the DHR Panel. Tony Hester supported him throughout in the role of Secretary to the Panel.
13. This review was commissioned under Home Office Guidance issued in December 2016. Close attention was paid to the cross-government definition of domestic violence and abuse and is included in the Terms of Reference (appendix 1). The following policies and initiatives have also been scrutinised and considered:
 - HM Government strategy for Ending Violence against Women and Girls 2016-2020
 - Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews published by the Home Office December 2016
 - Domestic Homicide Reviews: Key Findings from analysis of domestic homicide reviews published by Home Office December 2016
 - Newham Council website: <https://www.newham.gov.uk/Pages/ServiceChild/Domestic-homicide-reviews.aspx>
14. There are seven prior DHR reports in the LB Newham and the Chair has examined them for repeat lessons and trends **and none were identified.**

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

15. With the assistance of the police family liaison officer, the Home Office leaflet for families was translated into Tamil. It was provided to Anil's sons who live in Sri Lanka, to Anil's niece and Bira's friend in London and to Bira where she is serving her sentence. The section on the advocacy service was highlighted. The various requests to contact the Chair were not responded to, save for Bira who, through her Offender Manager, has declined to be interviewed because: "*She becomes distressed and can't talk about what happened*". When Bira was released back to the community on licence in January, the Panel supported a second approach through her local Offender Manager with the offer to avoid referring to the fatal incident itself, but this also was not responded to.

CONTRIBUTORS TO THE REVIEW

16. This overview report is an anthology of information and facts from the organisations represented on the Panel, many of which were potential support agencies for Anil and Bira:
 - Metropolitan Police Service (MPS)
 - The local Newham CCG GP Practice for the family
 - East London NHS Foundation Trust (ELFT)
 - Barts Health NHS Trust
 - London Borough of Newham Adult Social Care (ASC)

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The Panel benefited from specialist domestic abuse advice from the Hestia Organisation but was not able to secure cultural advice support from the Tamil community.

THE REVIEW PANEL MEMBERS

17. Table 1 – Review Panel Members²

Name	Agency/Role
Rob Carrick	LBN Public Health Commissioner
Mohammed Shofiuazzaman	Lead Safeguarding Nurse, NHS WEL (Waltham Forest, Tower Hamlets and Newham) Clinical Commissioning Group
Alex Chidgey	LBN Adult Social Care Manager
Kate Gray	Barts Health Safeguarding Adult Coordinator
Julia Callus	ELFT Service Manager
Aneta Mularczyk	Hestia Domestic and Sexual Violence Services Manager
Emma Sharp	Detective Sergeant, MPS Specialist Crime Review Group
Bill Griffiths	Independent Chair and author of report
Tony Hester	Independent Manager and Panel Secretary

AUTHOR OF THE OVERVIEW REPORT

18. Bill Griffiths is the author of the overview report. He is a former police officer who has had no operational involvement in LB Newham since 1990. He has been appointed as the independent Chair of the DHR Panel having had no involvement in policing since retirement from service in 2010. Since 2013, he has been involved in more than twenty

² Panel members are all senior managers with no operational involvement with the family

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DHRs. Set out in appendix 2 are the respective background and full 'independence statements' for Bill Griffiths as Chair and author and Tony Hester who managed the review process and liaison with the CSP and Panel.

PARALLEL REVIEWS

19. The criminal trial concluded in April 2019. There are no known misconduct investigations pending. The Coroner closed the Inquest that was opened when the death was reported following the verdict at the trial.

EQUALITY AND DIVERSITY

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

Age – Anil was 76 and Bira was 73 at the time of the fatal incident. Their age does appear to have been a relevant factor (see paragraphs 80 and 81)

Disability – Anil was an adult with care and support needs and Bira may have had similar needs

Gender reassignment – neither party had been gender-reassigned

Marriage and civil partnership – they were married in 1983 (Anil's first marriage had resulted in three sons residing in Sri Lanka)

Pregnancy and maternity – they had not had children together

Race - all concerned are of South Asian (Tamil) heritage

Religion or belief – both had followed the Hindu faith at some point in their lives

Sex – Anil was male and Bira is female

Sexual orientation – the sexual orientation for each is believed to have been heterosexual

There is no evidence of differential service or 'unconscious bias' from any public body for anyone subject of this report.

DISSEMINATION

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

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BACKGROUND INFORMATION (THE FACTS)

The relationship between Anil and Bira

22. Anil was born in Sri Lanka in 1942 and aged 76 at the time of his death. His first language was Tamil and he spoke some English. Little is known about his life in Sri Lanka, save that he has three sons from a prior marriage who still reside there.
23. Bira was born in 1945 and was 73 at the time of the fatal incident. Her first language was also Tamil but she had dual German nationality and could speak German and English. She had two siblings and five nieces/nephews. Her mother died suddenly when she was 16. During her twenties, she worked for a co-operative hospital in Kayts where she lived in hospital quarters and returned to her family home to stay with her father at weekends and holidays.
24. Bira's father died when she was 35 and her uncle arranged a marriage to Anil. A dowry was paid. The marriage took place in August 1983 when Bira was 38 and Anil 41. Bira went to live at Anil's home village with his mother, younger brother and a live-in maid.
25. Bira and Anil did not have any children. Bira was unaware that he had been married before and had fathered three children. She only became aware of this fact when she returned to the UK in March 2018 having met her husband's niece, Chandri, also a near neighbour, for the first time when in Sri Lanka. Bira says she never discussed this newfound knowledge with Anil.
26. As a result of the Sri Lankan civil war in 1985, the couple fled to Germany, where they lived in a refugee camp for 2 years before settling. They found work in a factory and went on to buy a shop. In 2005, they visited Sri Lanka on holiday but Bira refused to return to Germany and they lived with her family for 2 years. In 2007, Anil and Bira moved to London. They rented a one-bedroom ground floor flat in Newham that became the scene for the fatal incident 11 years later.
27. In 2012, Anil and Bira returned to Sri Lanka; again Bira refused to leave, remaining with her family until returning to the UK in 2014. Bira left again for Sri Lanka in August 2015. On this occasion, she omitted to tell Anil who then reported her as 'missing' to the police.
28. Anil was in poor health and required the use of a wheel-chair and other mobility aids. He suffered from Type 2 Diabetes, Mellitus, High Blood Pressure and Chronic Lymphoid Leukaemia, diagnosed in 2001. He had developed complications with liver dysfunction in 2004. His health deteriorated when Bira was in Sri Lanka and he depended on his sister and carers to look after him. In March 2018, Chandri was travelling to Sri Lanka and Anil asked her to speak to Bira and encourage her to return to the UK, which she did.

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The fatal incident

29. About six months later, on a Friday morning in late September 2018, Anil's niece Chandri noted she had not received her daily phone call from him that day and decided to visit his flat at lunchtime. On arrival her key to the door would not work as it had been locked from the inside. She knocked on the door, Bira answered and showed her to the kitchen. She noticed that Anil was on a bed in the main bedroom. Bira asked Chandri to sit down and said: *“I have beaten him.”* Bira described an argument with Anil the night before and that, this morning, she had beaten him and he had died.
30. Chandri was shocked and frightened so left the flat. Due to language limitations, she did not feel confident in calling emergency services so called her husband and niece asking them to come home. While waiting for them, she saw Bira leave her flat. She asked her where she was going and Bira responded that she was going to South West London.
31. Chandri's husband, Dasa, called the London Ambulance Service (LAS) from the scene at 1408 hours. He entered the flat and found Anil lying on the bed in the main bedroom with visible injuries to his head and body. He began cardiopulmonary resuscitation (CPR) until the paramedics arrived at 1417. They contacted police at 1421 and pronounced life extinct at 1424.
32. The next day, investigators located Bira at a friend's address in South West London where she was arrested for murder and interviewed, during which she made no comment. A search of the crime scene recovered a long bloodstained wooden pole from an entrance hall cupboard. A post-mortem examination found the cause of death to be head and neck injuries. At the conclusion of a four-week trial, Bira was acquitted of Anil's murder.
33. She had earlier pleaded 'guilty' to the charge of manslaughter and acknowledged in her defence that she had beaten Anil to death with the wooden pole in a *“frenzied attack”*³. Bira's defence to the charge of murder was one of 'loss of control', accepted by the Jury. She was sentenced to serve 2 years and four months imprisonment.

Insights from the homicide investigation

34. Chandri was related through marriage to Anil and in 2017 moved with her family to a property about four houses away from him. She was referred to as his niece and she was asked by family in Sri Lanka to visit him which she agreed to do. She would go to the house daily and if she for some reason did not, Anil would call to ask her whereabouts. She had a key because of Anil's mobility problems, however, due to her own health problems, she did not feel she could look after him.
35. When Chandri enquired about Anil's wife, he told her that she was always fighting with him and that sometimes she would stay there and other times she would not. Anil then alleged that Bira had stolen £5000 from him (presumably when she left in 2015) and had not returned. **It has emerged that finance was a significant source of friction in the marriage.**

³ Source: Prosecuting Counsel

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36. Chandri planned to visit Sri Lanka in March 2018 and Anil gave her Bira’s Sri Lankan address and asked her to speak with her to persuade her to return to London. Bira did return with Chandri. She advised them both not to fight anymore. By this she did not mean physical abuse, more verbal. She felt that Anil was very abusive towards Bira. She could not bear to hear the abusive language that she could sometimes pick up from her home four doors away.
37. Bira complained to Chandri that Anil would not give her any money and they would argue daily over money. **This is evidence of economic abuse exercised by Anil.** Chandri advised her to ignore him. Bira and Anil each, individually and separately, assured Chandri that there was no physical violence between them.
38. Chandri is aware that two months prior to the fatal incident, Bira had talked of approaching the local authority to seek accommodation. She wanted to live on her own; she felt that she could not live with Anil anymore. Chandri understood that Bira had contacted a social worker whom she believed Bira would have opened up to. Bira also asked her to take her back to Sri Lanka but Chandri felt constrained because she was Anil’s relative.
39. There is no record of Bira speaking to social services, but police inquiries established that Bira had attended a Tamil Community Centre in neighbouring Borough on seven occasions between mid-July and mid-September. This was a weekly ‘pop-up’ centre, on a Wednesday, run from a Tamil charity based in West London. A production order was required for disclosure of confidential records. For the purpose of the trial, this was ‘hearsay evidence’ and it was not used, although open to the defence advocate to do so. For the purpose of this review, it can be noted that Bira disclosed to the support worker that she had an abusive and violent husband.
40. Two days prior to the fatal incident, Anil informed Chandri that that he had prepared a written letter that he wanted her to post on her imminent return to Sri Lanka, but he had not yet signed it. When she visited him at lunchtime that day, she spent about an hour with him and he seemed well. Anil gave her the letter which was addressed to the Sri Lankan Police. Anil had written that he had given about 60 sovereigns of gold and Rupees 50-60 lakhs (about Rupees 5-6 million) to Bira’s brother and wanted the police to recover these from him. When Anil gave Chandri the letter for posting, Bira was present. She snatched it away, read it and became very angry. Chandri privately reassured her that she would not be posting the letter. Chandri gained the impression that Bira was worried that her brother might be harmed if the letter was posted.
41. Anil had also asked Chandri to keep hold of his passport, other important documents and his bankcard. Chandri had his permission to withdraw money from the ATM for him. When she withdrew money for him it was with his instruction that she should not give any to Bira, as he feared that she would run away with it.
42. On the day of the homicide and the discovery of Anil’s death, Bira told Chandri that she could not bear it anymore, that Anil was arranging to ‘get’ her brother and recover the

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jewellery from him. Bira then added that she had hit her uncle, that he was in his room and he had died. She appeared normal; there was no panic or agitation detected in her voice.

43. Dasa knew very little about the relationship between Anil and Bira. On the occasions that Bira would visit, he would move to a different room to allow the two women to speak. Chandri had told him that there had been some issues in their relationship, which were down to money and the way they spoke to one another.
44. Esvari is a friend of Bira’s and the person she fled to after the incident. Their families had been neighbours in their village in Sri Lanka. When Esvari lost her husband in December 2017, Bira made contact with her. They began to speak to each other once or twice a month on the telephone and became closer friends.
45. Bira had always complained about her husband, but did not disclose his name, nor that he had children from a prior marriage. She did complain that her husband did not like her going out and would not give her enough money for her expenses. Whenever Bira visited she appeared fearful, in particular that Esvari might tell her mother in Sri Lanka about her and that this would be passed on to Bira’s family.
46. Esvari did ask Bira about domestic abuse and she responded that Anil had not hit her, but he had accused her of going with other men and had used insulting words. Bira told Esvari that she did not know what he will do at any time. Esvari specifically asked Bira if she thought her husband would kill⁴ her but she did not respond.
47. Esvari advised Bira not to run away without a plan and to contact the council about accommodation. Bira told Esvari that she had contacted Social Services and both the Council (presumably housing) and Social Services were willing to help. There is no record of Bira reaching out to housing or adult social care in LB Newham. It is possible that she was referring to the support she was receiving at the Ilford Tamil Community Centre. When Bira returned from Sri Lanka In March 2018, she gave Esvari Chandri’s telephone number and told her that it was in case she needed to speak to her urgently.
48. On the day of the homicide, Bira called Esvari and said that she was coming over. Bira gave no reason for the visit but Esvari suspected that she may have had an argument with her husband. Bira asked Esvari if she could stay at her house for 2 or 3 days. On arrival, Bira told Esvari that she had forgotten her diabetic medication but could not go back to the house to collect it. Esvari assumed that Bira was fearful of further argument if she returned home.
49. At about 0840 that day, a neighbour had seen Bira in her back garden. They conversed and no concerns were apparent. Enquiries with other neighbours did not reveal concerns about the relationship. Aside from Chandri, nobody in the neighbourhood recalled seeing or hearing domestic disturbances.

⁴ It has been confirmed that this was the word Esvari used

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What was known to safeguarding agencies

MPS

50. Anil was not known to police for any criminal convictions or cautions. Prior to the period covered by the terms of reference, there was minimal police contact with the family. In July 2009, Anil's convenience store was subject to a trading standards operation on sale of cigarettes to minors and he was given advice. In August 2010, he reported threats at his door in connection with a landlord/tenant dispute. In March 2014, when entering the UK at Heathrow, a can of pepper spray was confiscated.
51. In August 2015, Anil reported Bira, then aged 70, missing from home. A local risk assessment was completed that discovered she did not have access to a car or a mobile phone, no friends or family and no bank account; she was financially dependent on Anil. This did not suggest she had come to harm but can be viewed as indicative of controlling type domestic abuse, although this was not highlighted at the time. Nonetheless, an inspector confirmed a 'medium'⁵ risk assessment.
52. Anil suggested Bira may have gone to Sri Lanka and an enquiry was made of 'E-Borders', a database of persons entering/leaving the UK. The request was declined because it did not meet the authority threshold (national security and serious cases). Bira held German nationality and consideration should have been given to embassy contact. Interpol were eventually involved.
53. The matter was partially resolved when Anil let it be known that relatives had informed him that Bira was in Sri Lanka. The relatives were spoken to but denied knowledge of Bira. A request was sent to the British High Commission for a 'safe and well' visit to be made but this was also declined because the risk assessment remained at 'medium'. In November, an officer called on Anil and spoke to Bira on a telephone number supplied by Anil. She confirmed she was safe and well living in Sri Lanka and raised no welfare concerns. The MPS letter author has commented on the poor quality of record keeping for the investigation but the officer has since retired from service.
54. In March 2016, Anil reported a night-time burglary in which he saw the prowler and discovered a mobile phone had been taken. No suspects were identified and the investigation was closed. The officer noted that the victim lived alone and had limited mobility, therefore, was 'vulnerable' within the VAF (Vulnerability Assessment Framework). An ACN (Adult Coming to Notice) Merlin⁶ report should have been completed and shared but was not. The letter author has dealt with this by way of personal learning for the officer.
55. In April 2016, Anil reported a noise disturbance from his upstairs neighbours. He was provided with environmental health contact information. In a second call in June 2018 regarding the same problem, Anil said that the Council had done nothing to resolve his issue. He described his medical challenges and also mentioned his wife being sick. This

⁵ On a scale of Low/Medium/High

⁶ The police form for sharing information with partner agencies

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was referred to the Safer Neighbourhood Team (SNT) on the ‘Airspace’ system and assessed as ‘low’. A visit was due to take place but did not and the officer cannot now recall the reason, save an assumption that this would have been referred again to environmental health.

Local GP Practice

56. As was mentioned in the relationship section above, Anil was being treated for several chronic conditions. As a result, he was regularly reviewed by the GP practice. Typically, in a January 2016 ‘admission avoidance care plan’, positive factors such as continence, normal vision and hearing and absence of falls were noted, against the assistance he needed for cooking, shopping and housework. A depression questionnaire was completed with nothing of note. On that occasion, the solitary reference to Bira was a note of her as his ‘informal carer and wife’. In October that year, he was recorded as living alone with help available.
57. Reviews carried on routinely until a social worker noted in August 2017 that Anil had declined social care support and was paying privately for help in the home. In October that year, he was provided with a shower stool for bathing assistance. He was last reviewed in June 2018. There was telephone contact in August 2018 when he called the surgery to query an appointment with the Elderly Clinic that he had declined and it was explained to him that he needed treatment for low sodium levels from a blood test.
58. Bira was registered at the same practice and she was regularly reviewed by female health care professionals for her diabetes care plan. Her absence from the UK was noted as the reason for time gaps in the routine of review.
59. The last review was conducted in mid-August 2018 and a Patient Health Questionnaire (PHQ9), that included questions designed to elicit evidence of depression, such as feeling bad about yourself and thoughts of suicide or self-harm, was scored at 0/27. The PHQ was in line with NICE guidance, to be routinely administered in respect of elderly patients with diabetes. Research has confirmed that this task was undertaken by a Tamil-speaking female health clinician at the Practice and the Prosecution barrister at the trial made the point that Bira did not use this opportunity to raise concerns about abuse. **However, within professional practice, this may be considered a missed opportunity to raise open questions about how things were at home.**
60. It is known that Bira told Esvari and Chandri that Anil was verbally abusive but she did not disclose any physical abuse. She also informed Chandri that she was regularly visiting⁷ a Tamil Community Centre in Ilford, LB Redbridge, during this period but did not share the fact that she had disclosed domestic abuse to support workers. The police investigation identified the worker and the Centre manager but they declined to assist on the grounds of confidentiality. A Production Order was granted and revealed that Bira had disclosed physical and sexual abuse by her husband. The disclosure was not used by either Prosecution or Defence at Bira’s trial, so the detail is not available to this review.

⁷ Seven Wednesdays between mid-July and mid-September

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ELFT – Extended Primary Care Team

61. The first contact with Anil was in August 2016 when assessed by a 'Telehealth' nurse for support with diabetes care. He was living alone and self-caring. The referral was not suitable for Telehealth and he was discharged. In January 2017, Anil was assessed by a physiotherapist and prescription issued for a walking frame.
62. Between 2016 and 2018, there were numerous referrals from the GP and Newham University Hospital for blood samples to be taken. From January 2018, there were other visits for the administration of insulin. On the first occasion Anil told the nurse that he did not want any help as he: "*knew how to manage his diabetes*". In February 2018, a full assessment was completed and it was noted that Anil was not happy with his treatment in Newham University Hospital (NUH). A PALS (complaint) leaflet was provided. On occasions, relatives were present but stayed in another room for the assessment.
63. The last contact and only reference to Bira being present, was on in mid-August 2018. The visit was for a blood pressure check and Bira opened the door. Anil shouted from his room for the nurse to go away and Bira shut the door. As the nurse was leaving, Bira called her back and the blood pressure was taken but Anil would not permit the full assessment. **Again, this may be considered a missed opportunity for professional curiosity.**

Barts Health

64. Anil attended A&E and was admitted for observation of weakness and dizziness in May 2017. He was reported to be living alone and self-caring as his wife was in Sri Lanka. He was again admitted and monitored in mid-January 2018 for a cough and reduced eating/drinking. He was unable to wash/dress and there was an increased risk of self-neglect. **He had a private carer once a week.** He had declined a POC (Package of Care) after earlier social worker assessments, but this would now be arranged. He was discharged at the end of January with a POC and follow-up monitoring by the Elderly Clinic.
65. Bira attended Barts for routine blood tests, twice in April 2018 and once in August. Nothing else was reported in respect of her care.

Adult Social Care

66. In February 2017 Anil asked for help with washing dishes. He confirmed he was able to wash and dress himself. He was advised to use his Attendance Allowance to pay for domestic help. In May, the GP asked for a social care assessment screening for Anil who was suffering from diabetes and cancer. When contacted, Anil advised that he was currently paying privately for care and was happy with this arrangement.
67. In October 2017, Anil asked for a bathing assessment as he was struggling to get in and out of the bath. It was noted that he currently used a walking frame, had a raised toilet seat

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and had rails near the bath. A technician visited and a shower stool and a toilet frame were issued.

68. Anil's admission to hospital in January 2018 is noted and on discharge a referral was made to the Enablement Team for two visits a day. Anil told the hospital Social Worker that his wife was still in Sri Lanka and that she did not want to come to the UK. He said that he was being supported by friends with shopping and meal preparation. A male friend was present during the meeting. The record was closed in March because Anil had declined the service, saying he did not want assistance with personal care. It was noted that Anil did not have any cognitive impairment, and was treated as having mental capacity to make decisions.

CONCLUSIONS AND LESSONS LEARNED

69. The agency records in respect of Anil and Bira reveal a professional response that is consistent overall with extant policy and practice. So far as anyone in safeguarding was concerned, there is **little** recorded that could or should have raised concerns or professional curiosity about the relationship between Anil and Bira, **although two missed opportunities have been identified through the review.**
70. There is no information gathered in the review that is available directly from family and friends; they either declined, or did not respond to, requests to assist. None are compellable. As a result of the criminal investigation and trial concerning Anil's death, there is information known to the Panel through 'hearsay', including in the course of Bira's defence. There is a risk that these individual perspectives could be viewed, collectively, as 'victim blaming' with respect to the deceased, Anil. Furthermore, 'hindsight' and 'outcome' bias's as influences must be avoided. On balance, it is felt that, subject to these caveats, the inclusion of the indirect sources has been important to inform the learning from this review.
- 71. The paucity of information available to the review means that conclusions about the effect on Anil and Bira of the trauma from fleeing as refugees from the Sri Lankan civil war or how language impacted their ability for seeking help may be only speculated upon. However, there is one example that highlights the language issue whereby Chandri did not feel confident enough to contact the emergency services when Bira had confessed the assault on Anil and she called her husband instead.**
72. There is evidence of controlling behaviour on the part of Anil, including by his limiting access to finance, overtly placing his trust in Chandri instead of Bira, **thus driving economic abuse.** Then there is the abusive language that was overheard by his niece from some four houses away. When Bira returned to Sri Lanka in 2015, Anil reported her missing then, in April 2018, he asked Chandri who was visiting the country to persuade Bira to return which she did. It is not known what led to her change of mind, including whether there was pressure from her family or her community.

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73. By July, it is known that Bira was attending a Tamil Community Centre in a nearby Borough to seek support. A Production Order has confirmed that she did disclose to support workers that Anil had subjected her to physical and sexual abuse.
74. Things came to a head two days before the fatal incident when Bira discovered the letter that Anil had prepared for Chandri to deliver to the authorities in Sri Lanka regarding a perceived debt owed by Bira's brother at which she became distressed. This appeared still prominent in her mind when she disclosed her concerns to Chandri on the day of the homicide.
75. Bira's trial Jury concluded that she was suffering from 'diminished responsibility' at the time of the fatal assault on Anil, hence the verdict of manslaughter rather than murder on the indictment. The evidence for loss of control partly flowed from Bira's account of Anil exercising his coercion and control by refusing her access to food. The Defence barrister was able to compare her weight when routinely seen at the GP practice in mid-August 2018 and her weight upon entering custody after the fatal incident some five weeks later. She had lost more than one kilogramme from her diminutive frame.
76. The low-level sentence by the Judge reflects the perspective that resonates strongly with the seminal Court of Appeal judgement, albeit some two months later in the Sally Challen case, that Bira was probably suffering from an 'adjustment disorder - an abnormality of the mind that substantially impaired her mental responsibility for her acts'⁸.
77. The main strategic learning point from this review is the strong cultural and generational influence at play in the Tamil community that may have suppressed open discussion or reportage of the coercive and controlling nature of the relationship between Anil and Bira. This is despite, for example, Hestia information posters in five languages, including Tamil, about pathways to support when suffering domestic abuse being prominently displayed in GP surgeries.
78. To some extent, this hypothesis is confirmed by the reluctance to participate in the review by the Tamil community advice centre in the LB Newham, which has the same umbrella organisation as the one that Bira visited in neighbouring LB Redbridge. Invitations from the chair to join and advise the Panel on cultural issues were not responded to and it was agreed that the LB Newham lead commissioner for domestic and sexual violence would visit the centre.
79. At that meeting (with the male lead) the cultural resistance in the Tamil community to coming forward was acknowledged. Honour plays a part but there is also fear that the authorities would use their powers, for example, to remove children into care when abuse is disclosed. Consequently, there is resistance to partnership working. The fatal incident was known and spoken about within the community, but nobody had reported knowledge of domestic abuse in the relationship.

⁸ Source: <https://www.cps.gov.uk> › south-east › news › accepts-sally-challens-manslaughterplea

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80. The offer of support from Hestia and the 'Better Lives Forum' that is funded by the local authority was declined as was the offer for the same organisation to train Tamil volunteer support workers in domestic abuse issues. The one positive outcome from the meeting was that further meetings to discuss DA and community relationships would take place.
81. Secondly, there is the risk of a false assumption that the strength of emotions at the breakdown of a relationship somehow diminish with age or the time spent together without reported incident. 'Domestic Homicide of Older People (2010-2015), a comparative analysis of intimate-partner homicide (IPH) in the UK⁹, suggests that likelihood is higher within the age range 60 to 90 for both victim and perpetrator. Furthermore, one in four domestic homicides in the UK involves a victim aged over 60, whereas, their presence in the population is only 18%.
82. In addition, 'Domestic Violence and Older Women'¹⁰ research concludes that that there is a limited understanding of domestic and sexual violence amongst professionals working with older women and there is a presumption that older men are less threatening. Furthermore, there are barriers to effective identification of DA amongst older women, one of which is the belief that physical injuries may be a result of age frailty and not DA. Disclosures can be dismissed as mental health problems.
83. Research also shows that the long term effects of domestic abuse on older women are likely to be similar to those of younger women; however, the effects are expected to be more severe the longer the abuse lasted¹¹. The effects can include: permanent physical damage, chronic eating disorders, depression, anxiety, and sense of hopelessness. Older women also suffer disadvantages based around traditional gender roles, economic dependency on the partner, and general lack of sense of independence and enablement.

RECOMMENDATIONS

84. Following debate within the Panel, it was concluded that the strategic learning points from this review may be summarised:
1. Strong cultural and generational influences suppress reporting of domestic abuse in the Tamil community
 2. Misperception among professionals of the heightened risk of domestic abuse and false assumptions associated with age.
85. The LB Newham Domestic and Sexual Violence Partnership (DSVP) is developing a refreshed Violence Against Women and Girls (VAWG) Strategy for 2020-2023 and the strategic learning points from this review lead to the following recommendations that will be incorporated, as set out in the Action Plan at appendix 3:
1. Design, promote and assess the effect of a domestic and sexual abuse awareness campaign specific to the Tamil Community in LB Newham

⁹ Bows 2018

¹⁰ Carthy and Taylor 2015

¹¹ Scott, Marsha *Older Women and Domestic Violence in Scotland* 2008

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2. Design, promote and assess the effect of an age awareness campaign within front-line professional services that is integrated into the refreshed Violence Against Women and Girls (VAWG) Strategy for 2020-2023

Author

Bill Griffiths CBE BEM QPM

26 July 2021

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Glossary

ACN	Adult Coming to Notice
ASC	Adult Social Care
CCG	Clinical Commissioning Group
cjsm	Criminal Justice Secure eMail
CPR	Cardiopulmonary resuscitation
DA	Domestic Abuse
DHR	Domestic Homicide Review
DSVP	Domestic and Sexual Violence Partnership
DV	Domestic Violence
ELFT	East London NHS Foundation Trust
GP	General Medical Practitioner
gsi	Government Secure Internet
IMR	Individual Management Review
IPH	Intimate Partner Homicide
LAS	London Ambulance Service
LB	London Borough
LBN	London Borough of Newham
MPS	Metropolitan Police Service
NHS	National Health Service
NUH	Newham University Hospital
PHQ	Patient Health Questionnaire
POC	Package of Care
pnn	Police National Network
SAR	Safeguarding Adult Review
SNT	Safer Neighbourhood Team
ToR	Terms of Reference
VAF	Vulnerability Assessment Framework
VAWG	Violence Against Women and Girls

Name references used

Anil	The deceased aged 76
Bira	His wife and the perpetrator aged 73
Chandri	Anil's niece
Dasa	Chandri's husband
Esvari	Bira's friend

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Distribution List

Name	Agency	Position/ Title
Kim Bromley Derry	LB Newham	Chief Executive
Douglas Trainer	LB Newham	Assistant Chief Executive
Councillor Lakmini Shah	LB Newham	Councillor and Lead Portfolio Holder for Domestic Violence
Grainne Siggins	LB Newham	Director of Commissioning, LBN Adult Social Care
Robert Carrick	LB Newham	Domestic & Sexual Violence Commissioner
Matthew Hooper	LB Newham	Director of Commissioning, LBN Enforcement & Safety
Meradin Peachy	LB Newham	Director of Public Health
Fran Pearson	Independent Chair	Safeguarding Adults Board
Dr Navina Evans	East London Foundation Trust	Chief Executive
Janette Clark	East London Foundation Trust	Associate Director for Safeguarding Adults and Domestic Violence
Samantha Spillane	Barts Health	Head of Adult Safeguarding
Richard Tucker	Metropolitan Police	North East BCU Commander
Emma Sharp	Metropolitan Police	Detective Sergeant Specialist Crime Review Group
Steve Gilvin	Newham Clinical Commissioning Group	Chief Operating Officer
Mohammed Shofiuzzaman	Newham Clinical Commissioning Group	Associate Director of Quality
Karen Sobey Hudson	NHS England	Patient Safety Projects Manager (London Region)
Dina Sahmanovic	Victim Support	East Area Operations
DHR Panel members	Various – see Table 1	-
Quality Assurance Panel	Home Office	-
Cressida Dick	Metropolitan Police Service	Commissioner
Sophie Linden	Mayor’s Office for Crime and Policing	Deputy Mayor
Baljit Ubhey	Crown Prosecution Service	London Chief Crown Prosecutor

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Appendix 1

Terms of Reference for Review

1. To identify the best method for obtaining and analysing relevant information, and over what period prior to the homicide to understand the most important issues to address in this review and ensure the learning from this specific homicide and surrounding circumstances is understood and systemic changes implemented. Whilst checking records, any other significant events or individuals that may help the review by providing information will be identified [Note: agreed at first Panel meeting 13/06/19 that period of review is from 1 August 2015 to date of homicide]
2. To identify the agencies and professionals that should constitute this Panel and those that should submit chronologies and Individual Management Reviews (IMR) and agree a timescale for completion [Agreed to invite BARTS Health to join, also to seek specialist advice from a Tamil representative]
3. To understand and comply with the requirements of the criminal investigation, any misconduct investigation and the Inquest processes and identify any disclosure issues and how they shall be addressed, including arising from the publication of a report from this Panel [The criminal trial concluded in April 2019 and there are no known misconduct issues. The Inquest was closed by the Coroner after the trial verdict]
4. To identify any relevant equality and diversity considerations arising from this case and, if so, what specialist advice or assistance may be required [Both parties are of South Asian (Tamil) origin, have resided in Germany and follow Hindu faith. Anil was an adult with care and support needs and Bira could also be considered as such]
5. To identify whether the victims or perpetrator were subject to a Multi-Agency Risk Assessment Conference (MARAC) and whether perpetrator was subject to Multi-Agency Public Protection Arrangements (MAPPA) or a Domestic Violence Perpetrator Programme (DVPP) and, if so, identify the terms of a Memorandum of Understanding with respect to disclosure of the minutes of meetings [Nothing recorded]
6. To determine whether this case meets the criteria for a Serious Case Review, as defined in Working Together to Safeguard the Child 2015, if so, how it could be best managed within this review [No children involved]
7. To determine whether this case meets the criteria for an Safeguarding Adult Review, within the provisions of s44 Care Act 2014, if so, how it could be best managed within this review and whether either victim or perpetrator(s) were 'an adult with care and support needs' [Anil was an adult with care and support needs, with Bira also possibly in that category, and agreed that consideration would be given to a joint Safeguarding Adult Review]
8. To establish whether family, friends or colleagues want to participate in the review. If so, ascertain whether they were aware of any abusive behaviour to the victim prior to the homicide (any disclosure; not time limited). In relation to the family members, whether they were aware if any abuse and of any barriers experienced in reporting abuse, or best practice that facilitated

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reporting it [Anil has three sons from other marriages resident in Sri Lanka. Contact is via email. Anil has a niece who was a near neighbour and witness in the investigation. Bira fled the scene to a friend in South West London]

9. To identify how the review should take account of previous lessons learned in the LB Newham and from relevant agencies and professionals working in other Local Authority areas [links to be provided]
10. To identify how people in the LB of Newham gain access to advice on sexual and domestic abuse whether themselves subject of abuse or known to be happening to a friend, relative or work colleague [links to be provided]
11. To keep these terms of reference under review to take advantage of any, as yet unidentified, sources of information or relevant individuals or organisations

Panel considerations

1. Could improvement in any of the following have led to a different outcome for Anil, considering:
 - a) Communication and information sharing between services with regard to the safeguarding of adults and children
 - b) Communication within services
 - c) Communication and publicity to the general public and non-specialist services about the nature and prevalence of domestic abuse, and available local specialist services
2. Whether the work undertaken by services in this case are consistent with each organisation's:
 - a) Professional standards
 - b) Domestic abuse policy, procedures and protocols
3. The response of the relevant agencies to any referrals from 1 August 2005 relating to Anil and Bira. It will seek to understand what decisions were taken and what actions were or were not carried out, or not, and establish the reasons. In particular, the following areas will be explored:
 - a) Identification of the key opportunities for assessment, decision making and effective intervention in this case from the point of any first contact onwards with Anil and Bira
 - b) Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective.
 - c) Whether appropriate services were offered/provided, and/or relevant enquiries made in the light of any assessments made.
 - d) The quality of any risk assessments undertaken by each agency in respect of Anil and Bira
4. Whether organisational thresholds for levels of intervention were set appropriately and/or applied correctly, in this case.
5. Whether practices by all agencies were sensitive to the ethnic, cultural, linguistic and religious identity of the respective individuals and whether any specialist needs on the part of the subjects were explored, shared appropriately and recorded.

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6. Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and completed in a timely manner.
7. Whether, any training or awareness raising requirements are identified to ensure a greater knowledge and understanding of domestic abuse processes and/or services.
8. Identify how the resulting information and report should be managed prior to publication with family and friends and after the publication in the media.

Operating Principles

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

Definition of Domestic Abuse

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

- psychological
- physical
- sexual
- financial
- emotional

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

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

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Appendix 2

Independence statements

Chair of Panel

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

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

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

During and since his MPS service he has not had personal or operational involvement within the LB Newham since 1989, nor direct management of any MPS employee there since then.

Secretary to Panel

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

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

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

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

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Appendix 3

ACTION PLAN

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date	Completion Date and Outcome
Strategic Learning Point 1: Strong cultural and generational influences suppress reporting of domestic abuse in the Tamil community						
1 Design, promote and assess the effect of a domestic and sexual abuse awareness campaign specific to the Tamil Community in LB Newham	Local to the London Borough of Newham	Liaise with Tamil groups in the borough and encourage engagement with services around the provision of training, support, referral pathways and raising awareness of safeguarding issues	London Borough of Newham	Meet with Tamil community leaders Engage Tamil groups and representatives in training and awareness raising Attend drop in sessions for members of the Tamil Community and volunteers to evaluate training effectiveness	April 2020 May 2020 July 2020	By September 2020, a more DA aware and engaged Tamil community achieved
Strategic Learning Point 2: Misperception among professionals of the heightened risk of domestic abuse and false assumptions associated with age						

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<p>2 Design, promote and assess the effect of an age awareness campaign within front-line professional services that is integrated into the refreshed Violence Against Women and Girls (VAWG) Strategy for 2020-2023</p>	<p>Local to the London Borough of Newham</p>	<p>When developing the VAWG Strategy, the LA will engage with those with lived experience to ensure that their voices and experiences are reflected in the Strategy – this will include the alignment of the strategy with the all-age offer made to all community residents</p>	<p>London Borough of Newham</p>	<p>Engage with those with lived experience through a series of consultation meetings to ascertain their views for the Strategy</p> <p>The written draft to be presented to the LBN governance process for sign off</p> <p>Publication of the Strategy on the LBN website</p>	<p>April 2020</p> <p>May 2020</p> <p>July 2020</p>	<p>By September 2020 front-line awareness age integrated within LB Newham VAWG strategy 2020-2023</p>
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