Norfolk County Community Safety Partnership

DOMESTIC VIOLENCE HOMICIDE REVIEW

OVERVIEW REPORT

into the death of

Fatou age 35 years

in October 2014

Report produced by:

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Preface

The Norfolk County Community Safety Partnership Domestic Homicide Review Panel would like to express their sincere condolences to the family members affected by the deaths of the two people which brought about this Review. Although their families live many thousands of miles away and did not see the couple regularly, their loss will still be keenly felt. The victim's death leaves a family without a much loved daughter, sister, and aunt who despite the oceans which separated them kept in touch and who was a support to her elders.

The independent chair and author of the Review would also like to express her appreciation for the time, commitment, and valuable contributions of the Review Panel members and contributory report author.

This report of a Domestic Homicide Review has examined agency contact with the victim and perpetrator, who were residents of Great Yarmouth prior to their death in October 2014. The Review will consider agencies contact and involvement with them from 2003 up to the date of the fatal incident.

The key purpose for undertaking a Domestic Homicide Review (DHR) is to enable lessons to be learnt from homicides where a person is killed as a result of domestic violence. In order for these lessons to be learnt as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future. The victim's death met the criteria for conducting a Domestic Homicide Review under Section 9 (3)(a) of the Domestic Violence, Crime, and Victims Act 2004, namely the homicide appeared to be by a person to whom the victim was related, or with whom they had, or had been in an intimate relationship. The Home Office defines domestic violence as:

> *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, and 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*

The term domestic abuse will be used throughout this Review as it reflects the range of behaviours encapsulated within the above definition, and avoids the inclination to view domestic abuse in terms of physical assault only.

1 Introduction:

1.1 The circumstances which lead to this Review are that in October 2014 a member of the public called Norfolk Fire & Rescue Service to report that smoke was billowing from a house in Great Yarmouth. The fire crew had to force entry to the property and the seat of the fire was identified to be in an upstairs bedroom where a body was found. A search of the house revealed the body of the victim in the downstairs living room. The premises were secured and the Police called.

1.2 The Police investigation found that the victim had sustained stab wounds. The body in the upstairs bedroom was identified as the victim's husband; an insulin injector pen and a can of petrol were discovered next to his body. The Coroner was informed.

Timescales:

1.3 The Norfolk Community Safety Partnership Chair was informed by the Police of the deaths the day after the incident. Agencies were formally written to on 22 October 2014 informing them of the requirement to check and secure their records and to send a representative to attend a Gold Partnership meeting. This Partnership meeting chaired by the Community Safety Partnership Chair took place on 10 November 2014 where it was agreed that the criteria for holding a DHR were met. The Home Office was notified on 15 December 2014. The Review was concluded on 15 July 2015. The process was not able to be completed in the 6 months required by the statutory guidance due to difficulties in contacting family members abroad, and the wish to include the findings of the Coroner's inquest in the Review.

Confidentiality:

1.4 The findings of this report are confidential until the Review has been approved for publication by the Home Office Quality Assurance Panel. Information is available only to participating officers/practitioners and their line managers until this time.

1.5 To protect the identity of the victim, the perpetrator, and family members the following pseudonyms have been agreed with a family member of the victim to be used throughout this Review:

The victim: Fatou, age 35 years at the time of her death.
The perpetrator: Ebou, age 56 years at the time of the offence.

Both the victim and perpetrator were of Gambian ethnicity. Fatou had acquired United Kingdom citizenship and Ebou had Dutch citizenship.

Dissemination:

1.6 The following recipients will receive copies of this report:

Chair and Members of the Norfolk Community Safety Partnership
Police & Crime Commissioner for Norfolk
Chief Constable, Norfolk Constabulary
Chief Officer, Great Yarmouth & Waveney Clinical Commissioning Group
Chief Officer, Norfolk and Suffolk NHS Foundation Trust
Chief Executive, James Paget University Hospital NHS Trust
Community Services Manager, Leeway Domestic Violence & Abuse Service

The Partners of the couple's GP Practice
Independent Chair of the Norfolk Safeguarding Adults Board
The Director of Public Health, Norfolk
NHS England

Terms of reference of the review:

1.7 Statutory Guidance (Section 2) states the purpose of the Review is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;

- Apply these lessons to service responses including changes to policies and procedures as appropriate; and

- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

1.8 **Specific Terms of Reference for this Review:**

1. The Review will examine the background to the couple's relationship between 2003 and the date of the victim's death in October 2014. Any agency with information prior to this date to provide a summary of their contact to assist with context to the events leading up to the victim's death.

2. To establish whether there is evidence of any actions or behaviours that suggest there was abuse or coercive control within the couple's relationship, either disclosed to services, family, friends, or colleagues.

3. Services who have had involvement with the victim or perpetrator to confirm whether they have a policy and pathway for dealing with domestic abuse, and whether the practitioners who had contact with them had received training in identifying symptoms of domestic abuse, its effects, and understood behaviours which constituted high risk.

4. To review the couple's use of services and whether there were indications of any other risk factors.

5. If evidence of domestic abuse is found, examine whether the victim or the perpetrator was given or accessed advice and support, and if not why not.

6. Explore whether cultural practices or religious beliefs impacted on the couple's relationship or events leading up to the homicide.

7. The chair/author of the Review will be responsible for consulting family members and for facilitating the contributions of family, friends and colleagues. This will be undertaken through liaison with the Police Family Liaison Officer and the Victim Support Homicide Team.

Methodology

1.8 This Review has followed the statutory guidance for Domestic Homicide Reviews issued following the implementation of Section 9 of the Domestic Violence Crime and Victims Act 2004 and revised in August 2013. On notification of the homicide agencies were asked to check for their involvement with any of the parties concerned and to secure their records. A total of 15 agencies were contacted to check for involvement with the parties concerned with this Review; 3 agencies had contact with the couple, 12 agencies returned a nil contact. Of the agencies confirming contact the couple's GP practice was asked to submit an Individual Management Review. The Police had one contact only in 2005 and information concerning their intervention was provided although this was limited due to the time which had elapsed. During the time under Review the couple had seen 6 different consultants at 3 different hospitals and given the length of time covered by this DHR a pragmatic decision was taken to contact the consultant who saw them last at an appointment in April 2014.

1.9 The IMR provided on behalf of the GP Practice by an independent author was comprehensive and of a very high standard. The IMR author conducted interviews with 4 GPs, 2 practice nurses, a phlebotomist and a receptionist, and the clinical records of Fatou and Ebou were used to compile full chronologies from 2003 to October 2014. Relevant policies and procedures were reviewed and analysed as were training records that were available.

1.10 Following liaison with the Police family liaison officer and with the Victim Support Homicide Team support worker the author met with Fatou's brother in London before he returned to his home abroad after finalising the couple's affairs. The author is grateful for the help of the Victim Support Homicide Team worker who was supporting Fatou's brother in London for facilitating their meeting and for providing an independent venue. During the meeting the DHR processes and the terms of reference were explained and the offer of a copy of the final report was made. The terms of reference were judged to be satisfactory by Fatou's brother. Since this meeting the author has kept him up to date via email, but no further correspondence or contact has been received from him.

1.11 Attempts were made to contact a sister of Fatou and a sister of Ebou who live abroad via email attaching a family Home Office leaflet, but no reply was received. Following the advice of Fatou's brother their elderly mother was not contacted. Two friends of the couple were sent letters including the Home Office leaflet and these were followed up with phone calls, but no response was achieved. The author has since learnt that one of the friends has returned to the Gambia for a lengthy visit. Contact with Fatou's place of work was not successful; Police statements during the investigation confirmed that her work colleagues found her to be a very private person and nothing was known of her personal life.

1.12 The author has received advice and guidance on cultural issues from the Executive Coordinator at Bridge Plus a Norfolk based Black/Asian and Minority (BAME) organisation aimed at improving community cohesion through community work. The Executive Coordinator also knew the couple as they had attended local events, and this was declared at Panel. The Norfolk Police equality and diversity manager has also provided helpful advice and aided the Panel's discussions.

1.13 A letter was sent to the hospital consultant who last saw the couple in April 2014 to see if they could recall anything about them which may be relevant to this review.

1.14 The author wrote to the Imam of the Great Yarmouth mosque enclosing a Home Office DHR leaflet in Arabic and English, and this was followed by a phone call. The Imam had no knowledge of the couple, and it would appear that they were not actively practising their faith in so far as they did not attend the mosque.

1.15 The Immigration Service was contacted to verify Fatou's immigration status and the timing of the process from her arrival in the UK up to her being naturalised as a British citizen.

1.16 The author wrote to the Norfolk Coroner at the beginning of the DHR process to inform her that the Review was taking place. The author then attended the Coroner's inquest and information from the hearing has been included in this Review.

Contributors to the Review

1.17 The following agencies and their contributions to this Review are:

- Norfolk Constabulary - information
- The couple's GP Medical Practice – chronology and Individual Management Review
- Bridge Plus (BAME Community Organisation) - Information
- Norfolk and Norwich Hospital Trust - chronology

1.18 **The Review Panel members are:**

- Superintendent Julie Wvendth, Norfolk Constabulary
- Michael Lozano, Patient Safety & Complaints Lead, Norfolk and Suffolk NHS Foundation Trust
- Margaret Hill, Community Services Manager, Leeway Domestic Violence & Abuse Service[1]
- Alison Thorpe, Head of Service, Temporary Support Housing, Orwell Housing (1st Panel only)
- Walter Lloyd Smith, Safeguarding Adults Lead, East Coast Community Healthcare (1st Panel only)
- Robert Read, Director of Housing & Neighbourhoods, Great Yarmouth Borough Council (1st Panel only)
- Howard Stanley, Senior Nurse Adult Safeguarding, North Norfolk Clinical Commissioning Group
- Ian Sturgess, Domestic Abuse & Sexual Violence Coordinator, Police & Crime Commissioner's Office Norfolk
- Pa Musa Jobarteh, Executive Coordinator, The Bridge Plus[2]
- Abraham Eshetu, Equality & Diversity Manager, Norfolk Constabulary
- Jon Shalom, Community Safety, Norfolk County Council
- Gaynor Mears, Independent Chair & Overview Report Writer
- Dawn Jessett, Minutes & Administration for the DHR

[1] Leeway Domestic Violence & Abuse Service is a specialist voluntary sector organisation providing services including Independent Domestic Violence Advocacy, Refuge, and outreach support.

[2] The Bridge Plus+ is a Norfolk based black/Asian and minority ethnic (BME) organisation aimed at improving community cohesion through innovative community engagement activities and service delivery to promote race equality and community cohesion. It is a not for profit, non partisan voluntary community group set up for charitable purposes.

Author of the overview report:

1.1 The author of this DHR Overview Report is independent consultant Gaynor Mears OBE. The author holds a Masters Degree in Professional Child Care Practice (Child Protection); her MA dissertation focussed on the coordination of domestic abuse services; she also holds an Advanced Award in Social Work in addition to a Diploma in Social Work qualification. The author has extensive experience of working in the domestic abuse field both in practice and strategically, including roles at county and regional levels. Gaynor Mears has undertaken previous Domestic Homicide Reviews, and research and evaluations into domestic violence services and best practice. She has experience of working in crime reduction in a management role, with Community Safety Partnerships, and across a wide variety of agencies and partnerships. Gaynor Mears is independent of, and has had no connection with, any agencies in Great Yarmouth or Norfolk in the past or currently.

Parallel Reviews:

1.19 A Coroner's Inquest was opened in October 2013 and adjourned. The inquest took place in March 2015 when a verdict of unlawful killing was recorded with regard to Fatou. A verdict of suicide was recorded for Etou.

2 The Facts:

2.1 At the time of her death Fatou, the victim, lived with her husband Ebou in the Great Yarmouth Borough Council area in Norfolk. The couple lived alone in property which they had rented for 7 years. The murder was discovered when a member of the public driving past the property saw smoke coming from the house and called the Fire & Rescue Service. On forcing entry to the building the seat of the fire was discovered to be in an upstairs bedroom where the burnt body of Ebou was found. A petrol can and an insulin injector pen were found nearby. The downstairs rooms were searched and Fatou's body was found; she appeared to have been stabbed. The Police were called and the scene secured.

2.2 A post mortem examination confirmed that Fatou had sustained multiple stab wounds. The pathologist determined that cause of death was due to a stab wound to the cerotic artery and blood loss. Some wounds were judged to be defensive.

2.3 The toxicology report for Ebou's post mortem revealed an alcohol level of 116mg of alcohol per 100mg of blood which would result in a mild to moderate level of intoxication. Tests were negative for drugs. There was no evidence of an insulin overdose, but this could not be confirmed for technical reasons. Cause of death was recorded as inhalation of fire fumes. The Coroner's verdict has been stated above at paragraph 1.19.

2.4 Neither Fatou nor Ebou could be considered to be 'vulnerable adults' as defined by the Department of Health 'No Secrets' guidance, nor were they considered an 'adult at risk' the term which has replace 'vulnerable adult' under Section 14 of the Care Act 2014. As a consequence they did not require and were not eligible for community services to which a person who is aged 18 years or over may be entitled by reason of mental health or other disability, age or illness, and who is or may be unable to take care of him or herself or unable to protect him or herself from harm or exploitation.

3 Chronology:

3.1 Information submitted to the Coroner's inquest suggests that Ebou left the Gambia in 1975 and went to live in Holland. He is thought to have had a son and a daughter by different partners, but his daughter was reported to have died due to an accident possibly in 1993. Ebou had a sister living in America and he visited her twice, in 1993 and 1998 which was the last time he saw her, although they kept in touch by phone.

3.2 Ebou met Fatou during a visit home to the Gambia. Fatou was the eldest of seven children. She was born in the Gambia where she lived until her marriage to Ebou in 2003. Fatou applied for a UK Residency Document on 2 September 2003 which was issued on 4 January 2004 and was valid until 10 September 2008. The application was sponsored by Ebou as were all future applications to the Immigration Service. According to Fatou's brother the couple met through Ebou's sister. At the time Fatou had a very good job as an immigration officer. At first she was not interested in Ebou, but he persisted and after Fatou's family made enquiries about Ebou and his family the couple eventually married. It was a small ceremony. The family knew Ebou had lived in Holland for a number of years and he claimed to be an immigration lawyer and to own various properties. His own family believed he was wealthy. Fatou's brother described Ebou as a very intelligent man who appears to have had the ability to make everyone believe untrue stories about his employment and his life.

3.3 Ebou was unemployed for some years and Fatou's brother described how his sister worked for a laundry company in Great Yarmouth for 9 years, and she would send money to Ebou's family in Gambia to 'save face'. She also sent money home to her mother; Fatou had a great sense of personal responsibility as the eldest child in the family, even though her brother tried to impress on her that this was not necessary. Fatou also paid for an annual holiday the couple took to Dubia, and in the last few years she had also funded a trip back to Gambia to see her parents.

3.4 Fatou first registered with a Great Yarmouth GP practice in 2003. Ebou first registered in 2000 when he came to the United Kingdom from the Netherlands. They were both patients at the same surgery. Ebou had a history of lower back problems and he was also diabetic. In 2003 he was on oral medication for this condition. Ebou appears to have returned on occasions to the Netherlands where he also received medical treatment.

3.5 During 2003 Ebou suffered from recurrent lung problems for which he was referred for further tests. In a letter to his GP Ebou is presented as working as a TV producer who travels widely. He is recorded as becoming unwell during a holiday to the Gambia. In 2003 Ebou also suffered back problems, and he went to the Netherlands for examination and had referrals to hospital. He had medical certificates issued on 6 occasions which signed him off work for between 2 and 4 weeks at a time. One request for a medical certificate was noted as not needed on his record.

3.6 At her new patient appointment in December 2003 it was confirmed that Fatou was pregnant. Fatou had 2 appointments with a midwife in January 2004, but in February 2004 she had a miscarriage. This was her second miscarriage. The first must have been before registering at the surgery in the UK as there is no record of this. On 3 March 2004 Fatou and Ebou were seen at the James Paget Hospital when the cause of her miscarriage was explained to them. Fatou had a third miscarriage on 7 June 2004 and she was referred to the gynaecology clinic at the James Paget Hospital where she was advised to make contact with the Early Pregnancy Assessment Unit.

3.7 In July 2004 Fatou had an appointment with the midwife as she believed she was pregnant once more, but a test was negative. A positive pregnancy test followed in November, but this ended in miscarriage. Fatou was referred to St Mary's Hospital in London for investigations.

3.8 Ebou's back problems continued during 2004 for which he received treatment via his GP and the James Paget Hospital. At one point Ebou reported that pain relief medication prescribed worked well, but that he was suffering disagreeable side effects, one of which was mood changes. How these mood changes affected him is not known. A letter from a diabetic nurse specialist at the James Paget Hospital to his GP reported that Ebou had adopted an irrational regime for his medication, meaning that he had only been taking part of the required daily dosage. It was reported that his ethnic origin would suggest a high risk of insulin resistance. His medication regime was changed and the plan was to continue to review him until the optimum management plan was determined. However, Ebou appeared to resist efforts to improve management of his diabetes; he missed three clinic appointments. A letter from the James Paget Hospital to his GP indicated that his diabetic control put him at significant risk of a cardiovascular event and it was considered that insulin therapy was required.

3.9 On 25 October 2004 Ebou reported to his GP that he had had surgery in Holland on 4 October and that he needed to continue with physiotherapy; he said he would get a letter from his surgeon in Holland. (A copy of this letter has not been found in his medical records. Ebou also requested a copy of a letter from what was then the Department for Social Security (DSS) regarding his incapacity benefit. During 2004 Ebou had 7 medical certificates 4 of 4 weeks duration and 3 of 8 weeks.

3.10 In 2005 Ebou's back pain continued unabated. His attendance at arranged physiotherapy sessions was spasmodic. The Clinical Specialist reported that the 'most notable aspect' of his assessment was Ebou's apparent low mood and his adoption of almost continuous rest as a coping strategy 'indicative of moderate to severe anxiety and depression'. However, GP notes record that Ebou did not think he was depressed. Ebou continued to miss physiotherapy and clinic appointments and was therefore discharged from the service due to lack of contact.

3.11 On 18 January 2005 Fatou had her fifth pregnancy confirmed and she was referred to the Early Pregnancy Advice Unit. An ultra-sound scan was arranged at the hospital when a query about early pregnancy was raised and Fatou was found to have a large cyst on one of her ovaries. On 5 February a fifth miscarriage was confirmed by the hospital. Letters from St Mary's Hospital in London received on 19 April and 18 August 2005 noted that a small fibroid[3] was seen and confirmed the existence of a cyst previously reported.

3.12 In August 2005 a letter was received from the Consultant Orthopaedic Surgeon at the Norfolk and Norwich University Hospital concerning Ebou's back problem. The surgeon referred to Ebou as a Dutch national who was working in the UK in a security company. In December Ebou saw his GP when an incapacity for work form was completed.

3.13 During 2005 the Police had their only involvement with the couple apart from the murder investigation when they attended a domestic incident in which it was alleged

[3] A subserosal fibroid is a non-cancerous tumour that develops outside the wall of the uterus into the pelvis. Fibroids are common with more than 40% of women developing them at some point in their life and are thought to develop more frequently in women of African Caribbean origin. In rare cases fibroids can cause significant complications such as infertility and problems during pregnancy. www.nhs.uk.

that Ebou attempted to strangle Fatou. Ebou was arrested, but the Crown Prosecution Service took no further action due to lack of evidence. The date and detail of this incident is not available due to the amount of time which has elapsed i.e. over the 7 years up to which records are kept (this begs the question: should incidents of domestic abuse records be kept longer?). Fatou's brother reported that he was aware that there had been problems in the marriage some years ago and his sister had moved out into a hotel for a while, but culturally it was difficult for her to leave the marriage and she had returned to her husband.

3.14 On 22 August 2005 a copy of a letter was received from St Mary's Hospital in London advising that Fatou had not attended a follow up appointment and that she had requested the results in writing. On 24 August she saw her GP when the contents of the letter were discussed. Fatou was given advice concerning the management of any future pregnancy.

3.15 Fatou missed an appointment with her GP on 20 June 2006, but no reason was given; she had an appointment next day when she requested a further referral to the James Paget Hospital for discussions about her fertility problems and this was done. The hospital requested that her GP refer her to the Norwich Fertility Centre and this was followed by a referral letter to St Bartholomew's Hospital in London.

3.16 Between June and December 2006 Ebou had ten appointments with a GP, phlebotomist or nurse. During this time he presented with a chronic cough, and headache for which no cause was evident.

3.17 On 30 January 2007 Fatou's GP received confirmation from the hospital that there were indications that Fatou had a possible viable pregnancy of 5 weeks gestation. She and Ebou had been seen at St Bartholomew's clinic in Norwich and further investigations were planned at the London hospital. Before this could take place Fatou suffered her sixth miscarriage in late February.

3.18 In March 2007 a letter was received from the neurology department at the James Paget Hospital stating that Ebou had been seen in clinic. It noted that he was not working because of low back pain and that he was previously employed as a media consultant. Ebou had also given a two-year history of headaches, which he was unable to describe in much detail. The conclusion was a query chronic tension headache and it was agreed to review him in neurology outpatients.

3.19 Fatou's GP received a letter from St Bartholomew's Hospital on 3 May 2007 stating that Fatou and Ebou had attended for fertility investigations. It was noted that the couple had been together for 5 years and had been unable to conceive since the last miscarriage 2 years ago. It was also noted that Ebou had two children before; one was reported to have died in 1980 and the other was 7 years old. On the 4 July 2007 Fatou commenced IVF treatment.

3.20 Fatou receive treatment for an 'unspecified hand injury' at A & E on 11 July 2007. The report to her GP indicated that Fatou had injured her hand on a machine at work. The report noted that it was very painful and Fatou was crying when seen.

3.21 Between March and December 2007 Ebou was seen by a GP on 11 occasions for a cough and back pain. During this period he did not attend the booked appointment with the nurse, but did attend the appointment with the phlebotomist for his bloods to be taken. During this year he was also seen at the hospital for whiplash injury following

a car accident, and in December a referral was made to the diabetic specialist at the James Paget Hospital as Ebou had poor control of his diabetes.

3.22 On 22 August 2007 Fatou attended an appointment with the nurse to learn how to use the puregon pen used to inject hormones as part of the treatment for female fertility problems.

3.23 In February 2008 a letter was sent to Ebou by the diabetes nurse specialist at the James Paget Hospital, which was copied to the practice. It was noted that he had not responded to a previous letter sent in December requesting sight of his home glucose monitoring levels. The letter went on to say that 'having explained the significance of his blood glucose and 'the potential impact this might have upon your (Ebou's) health and specifically, your cardiovascular risk potential, I will assume that you do not wish to address the matter of your diabetic control'. In addition to diabetic management issues Ebou attended the surgery 6 times for headache and other ailments during 2008.

3.24 In February 2008 Fatou's GP received the outcome of fertility investigations from St Bartholomew's Hospital and a provisional IVF schedule for the next 2 months. A further letter of 9 June 2008 stated that the treatment had failed. Fatou and Ebou saw their GP on 28 July 2008 to discuss the recent failed IVF. Records indicate that they were told they would now have to 'go private' and they were very upset about this. In September they were told by their GP that from April 2009 they would be able to refer them directly to the James Paget Hospital for fertility treatment and the couple were happy to wait until then. This referral took place on 2 April 2009 and tests began in June.

3.25 On 21 May 2009 Ebou was admitted to Accident and Emergency at the James Paget Hospital suffering from a stroke. The attendance report from the hospital indicates that staff were unable to contact Fatou either at work or on her mobile. Ebou was transferred to Addenbrooke's University Hospitals Trust in Cambridge on 24 May.

3.26 Following his stroke Ebou saw his GP and was deemed fit for work after completing his medication; however he continued visiting the GP with a range of complaints after this. The report from Addenbrooke's Hospital follow up clinic reported that Ebou had gone back to his full level of activities including his job as Managing Director of a securities company. Ebou had told the clinician that he had informed the DVLA about his stroke and that he was allowed to drive. There is a note on the copy letter that he had a European Driving Licence issued from Holland and that the DVLA had not been notified.

3.27 On 22 October 2009 Fatou was issued with a further Residence Card from the Immigration Service valid until 22 October 2014. An alternative application could have been for Indefinite Leave to Remain. It is not know why this option was not taken; however, given Ebou's stroke and ongoing health problems this route may have been overlooked.

3.28 In March 2010 investigations were completed into Ebou's headaches and the conclusion was reached that they were benign. On 21 May Ebou had a TIA[4] and was admitted to the James Paget Hospital; he was discharged on the same day and referred to the stroke clinic.

[4] A transient ischemic attack (TIA) or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain.

3.29 In February 2010 the records show that the couple were having fertility treatment at the Bourne Hall Clinic. However, in August 2010 a further letter indicated that the treatment had been unsuccessful. At the beginning of September Fatou saw her GP complaining of low mood; she said she 'doesn't sleep and keeps on thinking about her failure to conceive'. She hoped to try again in January.

3.30 In March 2011 Fatou and Ebou commenced their third IVF treatment, but this too was unsuccessful. It left Fatou feeling very low and tearful. She was prescribed the anti-depressant Citalopram which appeared to help and she asked to continue with the medication. This was agreed for a period of 3 months.

3.31 On 13 April 2011 the GP signed a form for naturalisation as a British citizen for Fatou. The Immigration Service received the application in August 2011, but the application was rejected due to Insufficient Evidence of Treaty Rights. This may have been because Ebou, her sponsor, was not working and therefore unable to evidence that he could support her.

3.32 During 2011 Ebou was seen by the GP 8 times for a headache and a range of minor ailments. In July his GP wrote to 'whom it may concern' to certify that Ebou had been certified as unfit for work from 29 October 2003 to 16 September 2004 [actually 11 November 2004], with the final certificate being issued on 16 September 2004 for 8 weeks, and that a letter had been received on 4 October 2004 from the Job Centre stating that Ebou met the threshold of incapacity under the personal capability assessment and that the surgery did not need to continue to issue sick certificates. This information confirms the impression held by Fatou's brother that Ebou was unemployed despite purporting to have various high-level jobs.

3.33 In 2012 it is notable that Ebou continued to miss diabetic appointments. He also failed to attend an eye clinic appointment. Fatou continued to experience gynaecological problems and trying to conceive which resulted in further referral to the James Paget Hospital from September 2012 and into 2013. During this time Fatou requested to see a particular consultant which she did in April 2013 when she was reported to be very upset, she was crying continuously, and was very stressed about her sub-fertility issues. Fatou had reported that the fertility problems were a very major concern to her and her culture. The consultant asked that a formal referral be done to his clinic. She was also to request fertility counselling.

3.34 On 9 January 2013 Fatou became Naturalised as a British citizen.

3.35 Fatou and Ebou next saw the consultant at James Paget Hospital on 28 August 2013. The couple's case was to be discussed at a multi-disciplinary meeting and they would be seen again in 6 to 8 weeks time for review.

3.36 During 2013 Ebou maintained his high attendance rate at the GP surgery, and to miss eye clinic appointments. On 16 March the out of hours service recorded that Ebou had fallen down the stairs and had suspected broken bones, however attendance at the Accident and Emergency Department at the James Paget Hospital confirmed his pain as sciatica; there were no fractures, and Ebou was discharged home on the same day. He had a further fall and injured his right leg on 16 September 2013 and attended the Accident and Emergency Department. X-rays were taken which confirmed no broken bones but noted 'calcification of arteries (patient is diabetic)'. A diagnosis of sprains was confirmed and Ebou was again discharged home on the same day.

3.37 Due to the poor control of his diabetes which Ebou admitted, he was referred by his GP to the hospital diabetic nurse specialist on 25 October 2013 and he was now on a twice daily insulin treatment plan with advice that he increase the frequency of blood glucose monitoring whilst he was stabilised.

3.38 On 7 November 2013 Fatou saw a practice GP and was very tearful. Her appointment with the hospital consultant had been cancelled for the third time. The GP agreed to write to the consultant asking for 'full disclosure' to be given to the patient as Fatou felt she needed some answers. The letter was sent on 8 November and a reply was received on 29 November indicating that another consultant was overseeing Fatou's care and that the appointments for 30 October and 7 November had been cancelled, but a further appointment had been booked for 5 December. This appointment took place and the consultant advised Fatou's GP that she was keen to try a different procedure.

3.39 Ebou attended the hospital Accident and Emergency Department on 30 December 2013 complaining of headache, numbness and tingling in his left hand and leg. A CT scan was arranged and he was discharged home the same day.

3.40 Letters were received by the GP surgery in January 2014 from the James Paget Hospital concerning Ebou's attendance at two departments. One regarding his attendance at the TIA clinic after review at the end of December in which it was noted that he complained of tiredness, sleepiness, and general malaise since staring on insulin, and the results of his CT scan results which indicated the need for an MRI scan to study two areas of concern. The second was a report from the diabetic nurse specialist indicating that his glucose control had greatly improved since commencing insulin, and due to this stability Ebou was to be discharged from the specialist nurse caseload.

3.41 On the 12 February 2014 Ebou was seen at the hospital concerning his long standing persistent headaches. At this time Ebou had reported that he worked as a security and legal consultant and that he had no stress at home. He also reported a strong family history of stroke. Ebou was given advice. Further tests revealed no significant problems.

3.42 During April 2014 Fatou's brother came to England to visit her. He was shocked by the amount of weight she had lost. He also felt there was a strained atmosphere between the couple.

3.43 On 22 April 2014 Fatou's GP received a letter from the consultant at the hospital fertility clinic stating that the couple had been seen together on 10 April to hear the results of an investigation. Fatou's fallopian tubes were both blocked. As they had already had three NHS funded IVF treatments they were not eligible for further NHS IVF. Private IVF had been discussed and information given to Fatou and Ebou, but it was reported that 'the couple are not keen on that'; the consultant would be discharging them from his clinic.

3.44 Ebou was referred to the James Paget Hospital on 8 May 2014 for a persistent problem with his ring finger. This was later diagnosed as trigger finger for which he received treatment. In hospital letters Ebou occupation at this time is stated as security analyser.

3.45 On the 9 May 2014 the GP surgery received a fax from James Paget Hospital with the results of an ultra-scan which indicated a 'pregnancy of indeterminate viability'. This

was followed on 22 May with the report of a further ultra-scan which indicated embryonic demise. On 2 June a report was received from the Accident and Emergency Department where Fatou had presented on 31 May complaining of abdominal pain at 8 weeks of pregnancy. A further report on 5 June stated that Fatou had suffered a complete miscarriage.

3.46 In early October 2014 Fatou's brother spoke to his sister for the last time at around 22:00 hours. She sounded normal and they spoke of their sister in America. Fatou then passed the phone to Ebou. He too sounded as usual.

3.47 The bodies of Fatou and Ebou were found on 5 October 2014 after a member of the public noticed smoke coming from the building and called the Fire & Rescue Service. The Service then secured the site and called the Police who attended.

3.48 During the Police enquiries which followed CCTV footage showed Ebou buying petrol, vodka and orange juice before the murder would have taken place, his demeanour appeared normal. A note was found blaming Fatou for deliberately causing the failed pregnancies. There was also a letter to her mother complaining that Fatou was disrespectful to him. Enquires revealed that the couple had debts.

4 Overview:

4.1 Fatou and Ebou were intensely private people. Fatou's brother describes her as a very private person who was very seriously minded. She worried about other family members and she 'took the weight of the family on her shoulders'. She always wanted to do everything to make the family happy.

4.2 Fatou's brother came to England to visit Fatou in April 2014 and was very surprised to see the type of house she and Ebou were living in considering that Ebou had said he owned properties and was an immigration lawyer. The house was rented; it was small and had a very steep staircase to the first floor, and although Fatou kept it clean it was not in particularly good condition. Fatou's brother reported that he bought Fatou a laptop computer for her use and so that they could keep in touch via Skype, but her husband used it. Fatou's brother described how communication for his visa to visit in April was all done through Ebou rather than his sister. He said Ebou was controlling. When he visited in April 2014 Fatou's brother noticed that his sister had lost a lot of weight. He tried to speak to her alone in the kitchen to find out why they were living in the house in such conditions, but he did not get anywhere. He described his sister as a very private person who would not divulge any problems she was having.

4.3 Fatou's brother said he was aware that there had been problems in the marriage a few years ago and his sister had moved out into a hotel for a while, but it was culturally difficult for her to leave the marriage and she had returned to her husband. Fatou was a practising Muslim; Ebou was also Muslim but did not practise his faith. Fatou's brother reported that she would go to pray and Ebou would sit in the car outside waiting for her. However, the Imam at their local mosque has been unable to confirm Fatou's attendance there. Fatou's brother was aware that Ebou had told neighbours that if he died he would want to be burned; this was not in line with Muslim traditions of burial. Fatou's brother stated that he was unaware that his sister had had miscarriages, but he knew Ebou was desperate to have children. He confirmed that he may not have been told anything by his sister as culturally women would not speak about such matters to male members of the family. Attempts to contact Fatou's sister in America for the Review have not been successful.

4.4 Another contributor who knew the couple personally also confirms that Fatou was a very private person who did not talk much when out visiting, whether this was because she was shy or not expected to talk when out with her husband is difficult to know. Culturally it is usual when at social gatherings that women talk to other women when they are married and not to men. Outwardly there was nothing to indicate they were not a happy couple. Ebou told people that he had his own security company and that he had a law degree. Everyone believed this to be the case and their lifestyle of holidays to Dubai and the Gambia reinforced the image of a moderately affluent couple. Fatou was always elegant and well dressed.

4.5 As an older man Ebou was shown respect within the local Gambian community and as such he would be notified of events taking place early in their planning. He was known to help others in the community with advice and people were very disappointed when they heard of his actions.

4.6 Ebou was supposed to be attending an event to celebrate Eid on the 4 October 2014, the day before the fatal incident, but he did not turn up. People thought he may have had difficulty in finding the event. At around 9pm there was a missed call from him, and when one of the group phoned him back next morning there was no answer.

4.7 Ebou said he had 2 children and that one studied law. Having children that are successful is important in Gambian culture as it reflects well on the parents, and the success of his son would be mentioned on occasions, but little more is known. However, given that his son is said to have been 7 years old in 2007 it is likely that Ebou's story of a son who has studied law may be a fiction as he would not have been university age at that time. However, a contributor to the Review has explained that culturally one does not pry and it is polite to only accept as much as a person is willing to share in conversation; information must be volunteered. Ebou's mention of children also gives the impression that he had fathered children before even if he and Fatou did not have children, thus the lack of children would be seen as Fatou's problem. However, there is no actual proof that Ebou had children as no one has ever been aware of his son visiting from the Netherlands over the years he lived in the area, although this absence does not prove that a child does not exist.

4.8 It would appear that Ebou was capable of taking offence if he perceived other's actions as offending him. A contributor described how his phone calls were ignored for almost year, to the extent that he sent Ebou a card asking if he had received them. The contributor later found out that Ebou was ignoring him because he took offence at the disapproval shown by the contributor for the way Ebou was using a social occasion he had organised to make a business contact.

4.9 Outwardly there were no signs, and those that knew them did not have any reason to suspect that the couple were not happy. When members of the community first heard that the deaths were due to a fire they were perplexed; Ebou was thought to be too careful for a fire to have occurred, and a Sunday, the day of the fire, was known to be Fatou's day for cleaning and cooking. They appeared to have a good lifestyle with regular holidays in Dubai and a few visits to family in Gambia, but unbeknown to friends these were all paid for by Fatou's earnings.

Summary of information known to the agencies and professionals involved

4.10 The information known to agencies comes almost entirely from the couple's GP and their various hospital visits, especially those associated with the couple's failed

pregnancies. Practically all information concerning Fatou comes from her GP records. Interviews with staff for the practice IMR confirm that she was seen with and without her husband.

4.11 The GPs were aware of her seven miscarriages and the details of her 3 unsuccessful attempts at IVF. However, in the IMR they concede that there are unanswered questions about how Fatou conceived her final pregnancy after tests revealed the great difficulty she would have had to achieve this. The GP practice was not aware of this last pregnancy until they received the report from the hospital on 9 May 2014.

4.12 Her GP was aware of the toll her fertility problems were having on Fatou as she was prescribed anti-depressants to help with her low mood brought on by the continual failures to maintain a pregnancy.

4.13 The GP practice was also well aware of Ebou's many and persistent health problems. He had type 2 diabetes which needed managing and from 2013 he commenced insulin treatment which he was known to manage badly until towards the end of 2013.

4.14 Ebou also suffered from long-term back problems for which he had treatment in the UK and on occasion he returned to the Netherlands for treatments. He also had a considerable time off work between 17 December 2002 to 20 April 2003, and from 31 October 2003 to 11 November 2004 to the extent that he reached the incapacity threshold set by the Job Centre.

4.15 The practice had no clear idea what Ebou did for a living as his job titles appear to have changed over a period of time in practice records or those of the hospital:

February 2003 – 'television producer'
January 2004 - 'producer'
October 2004 – 'security analyser'
August 2005 – 'in a security company'
March 2007 – 'previously worked as a media consultant'
April 2007 – 'currently working as a media consultant'
September 2009 – 'Managing Director of a securities company'
October 2014 - 'security analyser'.

4.16 After his stroke in 2009 when Ebou was treated at Addenbrooke's Hospital in Cambridge the practice was aware that he told the hospital that he had resumed full duties as a managing director and had told DVLA about his stroke and was allowed to drive. There was a handwritten note on his records that he held a European driving licence issued in the Netherlands, not a UK licence, and DVLA had not been told. This demonstrates a degree of deceit and willingness to take risks on Ebou's part. It is not known if he informed the necessary agency in the Netherlands or whether he needed to do so.

4.17 The couple's GP was made aware that Ebou had two previous children from information provided by St Bartholomew's Hospital following an assessment there. Prior to that time Ebou had not mentioned this. There was no further discussion about the location or contact with the child that was said to be alive.

Early Learning:

4.18 Based on the learning from this DHR and other Reviews in the county the Police and Crime Commissioner and the Clinical Commissioning Group (CCG) commissioned

domestic abuse training for GP practice staff and practices continue to be encourage to take this up. Following the receipt of the GP IMR a request was made by the Clinical Commissioning Group Adult Safeguarding representative on the DHR Panel to NHS England for all GP practices to be sent details reminding them of this training and urging them to book a session for their practice. This was done via email in February 2015.

Equality and Diversity Issues:

4.19 There is no indication that Fatou or Ebou had any difficulty in accessing appropriate services for their needs. Their GP practice had the advantage of having a female doctor who was from West Africa and able to give useful insight into the differences in culture between West Africa and Britain. In the GP practice IMR the doctor explained that in West African culture women are generally considered the property of their husbands, where men are considered more important than women, and this is exaggerated when there is a large age gap in a relationship. There is often an age gap of 10-20 years and this gives the husband a significant degree of control. There were 21 years between Fatou and Ebou. The Panel's cultural advisor confirmed that West Africa is still a very male dominated society.

4.20 The doctor went on to explain that Fatou probably wanted children so keenly as their presence is considered important in cementing the wife's place in the marital relationship, particularly if the husband has already fathered children. Fatou's many miscarriages would have put a particular strain on the marital relationship as in West African culture it is considered an insult to a husband if the wife cannot have children.

4.21 There is a culture of keeping problems in the family which has been mentioned by other contributors, and indeed Fatou is spoken of as being a very private person. The fact that she was so far from her family members, especially her sisters may have put an even greater strain on her.

4.22 In the GP IMR the doctor demonstrated a good knowledge of when an inappropriate power base may be at play in a relationship such as the husband not allowing the wife to attend appointments by herself and sometimes not allowing her to respond to questions during a consultation (although this can happen in all cultures). We know that Fatou did attend a number of appointments by herself, including an appointment for cervical screening and the doctor indicated that this would be a positive indicator in her case.

4.23 The doctor also emphasised, as a previous contributor did, how West African cultures do not like to be asked direct questions about personal issues. Thus any screening or questions concerning domestic abuse would have to be done subtly and by using indirect questions. The doctor gave an example using the scenario of asking a patient whether she was using contraception: The patient would be asked how many children she had, and whether her husband was happy with that number. However, even with this sensitive approach it is conceded that a woman may still be reluctant to discuss personal issues.

4.24 The practice provides equality and diversity training which is updated annually. The couple did not require interpreters, their English was good.

5 Analysis:

This analysis will examine the information available to the Panel under the terms of reference for the Review:

Term of Reference 1. The Review will examine the background to the couple's relationship between 2003 and the date of the victim's death in October 2014. Any agency with information prior to this date to provide a summary of their contact to assist with context to the events leading up to the victim's death.

5.1 This term of reference has been addressed in the Chronology section of this Review.

Term of Reference 2. To establish whether there is evidence of any actions or behaviours that suggest there was abuse or coercive control within the couple's relationship in the past, either disclosed to services, family, friends, or colleagues.

5.2 The only evidence of past domestic abuse disclosed to an agency was to the Police in 2005 when they attended an incident in which it was alleged that Ebou tried to strangle Fatou. She left the relationship for a short time before returning. Fatou's brother was also aware of this incident and he thought his mother may have been. Her brother offered help, but Fatou decided to resume her marriage. No further calls were made to the Police and no other agencies had any knowledge of abuse or controlling behaviour, nor did Fatou disclose abuse to any agency. Due to the amount of time which has past the details of the 2005 incident are not available, and so it is not known whether Fatou herself called the Police or whether a third party made the report.

5.3 Interviews undertaken by the author of the GP practice IMR found members of staff were genuinely shocked by what had happened and have been unable to identify signs of potential abuse, even with the benefit of hindsight; there were no warning signs.

5.4 From the information provided for the IMR by one of the GPs who had experience of West African culture it would appear that Fatou was fortunate in attending a practice that had a GP with the necessary knowledge of her cultural background, and what to look for concerning signs of control which might indicate domestic abuse. Unfortunately, the fact that Fatou did not disclose any abuse or controlling behaviour by Ebou or unhappiness in her marriage in such an environment, only goes to show how challenging it is for victims of abuse to report what is happening to them; presuming that they recognise their experience as abuse. There is a wealth of research which reveals the barriers victims of domestic abuse may face which makes it difficult for them to disclose their experiences. This ranges from shame, fear they will not be believed, and fear of the consequences if they are, and women from Black and Minority Ethnic groups may face the additional difficulty of fear of bringing dishonour on their family.[5] Fatou's brother hinted that their mother had expected her to remain in the marriage when she left in 2005 for a short time. All these barriers, plus the culture of keeping personal problems private bring extra pressure not to disclose abuse.

5.5 The last consultant to see the couple with regard to fertility treatment at the hospital confirms that there was nothing to alert him or raise concerns about Fatou and Ebou. It was at this appointment that the couple were told that they were ineligible for further

[5] Parmar A, Sampson A, Diamond A. Tackling Domestic Violence: Providing Advocacy and Support to Survivors of Black and Other Minority Ethnic Communities Home Office Development and Practice Report 35. Crown; 2005.

NHS treatment, and they were given information about options open to them within the private sector.

Term of Reference 3. Services who have had involvement with the victim or perpetrator to confirm whether they have a policy and pathway for dealing with domestic abuse, and whether the practitioners who had contact with them had received training in identifying symptoms of domestic abuse, its effects, and understood behaviours which constituted high risk

5.6 There is no specific policy in place for domestic abuse awareness training within the couple's GP practice. Safeguarding children and adults training takes place in a single session and is included in induction. The Norfolk 'Multi-Agency Safeguarding Hub (MASH)[6] – A guide for professionals' leaflet is accessible and displayed alongside information about Designated Professional for Safeguarding and Child Protection Guidelines for Independent Practitioners. In 2014 (before the homicide took place) the practice commissioned domestic abuse training from Leeway Domestic Violence and Abuse Services, a Norfolk based voluntary sector organisation. This training took place on 2 June 2014 and was attended by medical staff only; 13 of the 16 doctors and a practice nurse attended. Since the homicide, Leeway have provided further training for non-clinical staff. The commissioning and delivery of this training is to be commended. The IMR author noted however, that training records did not always reflect who attended training and records were not always up to date. A recommendation was made by the IMR author concerning this.

5.7 Safeguarding procedures exist within the practice and are displayed, however the IMR author found there was no information about what action to take if staff thought an adult was being abused. A clear pathway of actions to take and referral options to statutory and local specialist voluntary sector agencies would assist staff.

5.8 The last consultant to see the couple at the James Paget Hospital confirms that he and his team have undertaken the hospital's domestic abuse training which is mandatory for all staff.

Term of Reference 4. To review the couple's use of services and whether there were indications of any other risk factors.

5.9 Ebou was a frequent user of medical services. The review of his medical records undertaken for the IMR suggests that there was a pattern of a lack of responsibility for managing his own health. This was demonstrated by his lack of engagement with some clinical staff and his avoidance of all activities in an attempt to improve his back condition. He also failed to keep eye-clinic appointments which are crucial for those suffering from diabetes. Conversely he may have been in denial about his diabetes and his failure to manage his treatment for many years could have been a symptom of this. This attitude to his health increased his risk of future problems and deteriorating health. His periods of unemployment due to his health problems meant that Fatou was the main wage earner.

5.10 Fatou only accessed medical services as far as the Review process could ascertain predominantly with regard to her pregnancy difficulties. She appeared to be increasingly distressed at the recurrent miscarriages and then failure to conceive. This

[6] The Norfolk Multi Agency Safeguarding Hub (MASH) brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children, young people and adults more effectively.

presented risks to her mental wellbeing and for a short period she was prescribed medication to help her through this difficult time. All members of the GP practice staff interviewed for the IMR were asked their views both at the time, and with the benefit of hindsight, about Fatou's level of distress and all felt that it was 'to be expected' given the situation. Members of staff were also asked whether they ever had any concerns about her wellbeing more generally and all said that they had not. The practice nurse said that she remembered seeing Fatou for the first time and thinking how attractive she was and she noted how much younger than Ebou she was.

5.11 Fatou used the services of the Immigration Service when she arrived in the UK and up until she was Naturalised as a British citizen. The Panel examined the hypothesis that Ebou may have used his power as a sponsor of Fatou's right to remain in the UK as a means of controlling her ability to leave the relationship and the possible risks this may represent. However, Immigration Service records do not support this. Ebou sponsored her applications and there is nothing in the timing of the process that raises concerns or suspicions.

The following terms of reference will be addressed together as they are intrinsically linked in this case.

Term of Reference 5. If evidence of domestic abuse is found, examine whether the victim or the perpetrator was given or accessed advice and support, and if not why not.

Term of Reference 6. Explore whether cultural practices or religious beliefs impacted on the couple's relationship or events leading up to the homicide.

5.12 Although evidence of a domestic abuse incident in 2005 was found in background searches, no further calls to the Police were made and no evidence has emerged from agency records or during the review process that indicates domestic abuse was taking place. Therefore there was never an opportunity to give advice and support or referral to specialist agencies.

5.13 As highlighted in paragraph 4.18 of this report the contributors to this Review who have expertise in West African culture have highlighted the importance that is given to having children in Fatou and Ebou's society, particularly where a man is known, or thought to have already fathered children. Although we only have Ebou's word for the existence of his previous children.it is reasonable to suggest from what we know of Ebou, that his standing and position in the community appeared to be important to him, and it is therefore equally reasonable to suggest that Fatou's inability to have children put a strain on their relationship. This is indicated in the note mentioned in the Coroner's inquest which was found in the house which complained that she deliberately caused the failure of her pregnancies. In addition the note found to her mother stated that she was disrespectful to him (paragraph 3.51).

5.14 During the Review process there were rumours that Fatou was thinking of leaving Ebou, but this cannot be substantiated. If it was true the Panel discussed a number of additional hypotheses for Ebou's actions that this would raise. Firstly, if she left she would take with her his secrets about his real employment status and that she was in fact the provider for the couple through her employment. Knowledge of this would have damaged his standing in their community. Secondly, his health conditions meant his health could in time deteriorate and he would lose his carer and the additional financial security Fatou provided by working, and the couple already had debts. However, these suggestions can be no more than speculation.

Term of Reference 7. The chair/author of the Review will be responsible for consulting family members and for facilitating the contributions of family, friends and colleagues. This will be undertaken through liaison with the Police Family Liaison Officer and the Victim Support Homicide Team.

5.15 The chair and author of this Review has fulfilled this requirement, however, only the brother of the victim responded to requests for interview or correspondence via email. The author is grateful to the family liaison officer for their assistance with contact details, and to the London office of the Victim Support Homicide Team and the Norfolk Victim Support Homicide Team member for facilitating the meeting with Fatou's brother.

Examples of best practice:

5.16 The couple's GP practice appears to have been particularly responsive to the needs of Fatou and Ebou. Referrals were made in a timely manner and in the case of the cancelled consultant's appointments which caused Fatou such distress; this was followed up promptly on her behalf.

5.17 Although the West African cultural group is not the only culture that is different from the indigenous British culture, the insight provided by the GP with knowledge of this culture was considered to be a significant asset to the practice and a valuable resource for all staff.

5.18 The GP practice commissioned the delivery of domestic abuse training for its entire staff from a specialist domestic abuse service. This is commendable and an example to all practices.

6. Conclusions:

6.1 A primary purpose of the Domestic Homicide Review in addition to identifying actions taken and lessons to be learnt is to determine whether the homicide was predictable and preventable.

6.2 There are strong indications that Ebou was a 'Walter Mitty' character who made up job titles and background stories to give himself a greater position in the community and to his and Fatou's family in Gambia. He was not the wealthy lawyer with property that she and her family thought she was marrying in 2003. She left a good job as an immigration officer and her family to come to the UK to live in a small rented property and work in a laundry. With Ebou's ill health from the start of their marriage and long periods off work her earnings must have been important to the household, and according to her brother she paid for the holidays abroad as well as sending money to family in Gambia. And yet it would appear that her difficulty in having children may have been the catalyst for the ultimate affront to her husband's standing in their community as he perceived it. There was also a note to Fatou's mother found after the fatal incident which accused Fatou of being disrespectful to him (paragraph 3.51). Because he already had children it was thought, members of the community had sympathy for her not having children.

6.3 In this case there were no outward signs of recent domestic abuse or behaviours which might indicate coercive control. Fatou's brother, a local contributor who knew the couple, and the practice staff who saw them frequently over the years were all shocked at the terrible events which were revealed in October 2014. Although her brother

made one comment about Ebou being controlling no one else saw anything to make it predictable that Ebou would kill Fatou.

6.4 The fact that Fatou was a very private person and culturally it is unacceptable to talk about problems outside of the family, suggests it is unlikely that she would accept help locally, let alone seek it from an 'outsider' if she needed to. Ebou too was a private person and only revealed what he wanted to reveal, and no one imagined he would carry out such a crime. This makes it especially difficult to imagine how an agency or professional could have intervened to stop the actions which took place. Challenging a cultural norm of male privilege would also not be easily overcome had an intervention been possible. Therefore the conclusion must be reached that Fatou's murder was not preventable by any agencies in the area or with whom she had contact.

Lessons to be Learnt:

6.5 This case highlights the importance of understanding cultural norms and expectations and how these can impact on risk in respect of domestic abuse. The information in the Equality and Diversity section of this report brings to the fore the additional pressures and risks which result from cultural and societal expectations in some communities. Many are now aware of the risks associated with forced marriage, FGM[7], and forms of so called honour based violence. This sad story raises the issue of a less well known risk factor; that of a woman not being able to have children in a relationship where the lack of children is perceived as disrespectful and an insult to the husband. This highlights the need to be open and vigilant to a variety of cultural and societal norms which can increase risk to a victim.

6.6 Many victims experiencing domestic abuse and coercive control can face barriers to seeking help and advice, be that practical difficulties of knowing where to obtain help, physically getting to where help is, or psychological barriers due to fear of disclosing and the consequences which follow. Members of the BAME community often face additional barriers not just of language and understanding what is considered to be domestic abuse, but as Fatou's case suggests due to cultural and societal expectations. The Panel is aware that engagement and community information is ongoing in the county through various campaigns and publications such as B-Me Voices Magazine,[8] but ways need to be found to break down barriers and reach those who do not assimilate information through the written word. The Panel was alerted to the fact that many members of the BAME community may speak fluent English, but may not be able to read it well.

6.7 As domestic abuse was not in evidence during Ebou and Fatou's contact with sectors of Health there were no opportunities to challenge his culture of male entitlement. He did not attend all Fatou's appointments, but where they were seen together there was no indication of control by him. In 2005 he was not charged in connection with the assault on Fatou therefore as would be expected no intervention with him took place. This is another area where ways need to be found to challenge the culture and some male expectations of dominance and entitlement, and this applies to *all* sections of society.

[7] Female Genital Mutilation

[8] B-Me Voices produced by Bridge Plus - Issue 2 Summer 2014 page 30 article on Norfolk Police Diversity Team on Hate Crime and Domestic Violence.

Recommendations:

6.8 The Panel wishes to acknowledge the considerable work taking place in Norfolk as a result of previous Domestic Homicide Review recommendations. Remedies to address aspects of the lessons learnt in this Review which would have generated a recommendation are already underway via the Norfolk Domestic Abuse Change Programme. An outline of the Change Programme can be found in Appendix B. Therefore where recommendations coincide with changes already underway this will be highlighted.

6.9 The Review Panel would reiterate that while the review process has not identified any systemic failures by any agencies which could be considered to have contributed to this tragic event, the Panel did acknowledge the need for a continued focus on, and the importance of, training and development of staff supported by domestic abuse policies, best practice and learning from DHRs.

County Level Recommendation:

6.10 The Panel notes the significant work being undertaken to raise public awareness of domestic abuse via surveys already undertaken and the development of a county-wide communications strategy. As this is already underway the Panel would recommend that the findings of this Review are taken into account in relation to engaging with BAME communities and groups, to agree methods of communication and awareness raising which best suit the community's needs, and which will break down the barriers to early reporting and early intervention.

6.11 Agencies need to be aware of the origins of their populations in order to understand different cultural factors that may impact on assessments, in particular on the impact on domestic abuse risk assessments. This has therefore been included as a recommendation for inclusion in the Norfolk Change Programme Work Capabilities Project devoted to cultural change among staff and improved awareness of domestic abuse.

6.12 An action plan at Appendix A outlines the actions to be taken and timescales in place for the achievement of the recommendations.

6.13 *Recommendation 1:*

That the Domestic Abuse Change Programme Board takes into account the findings of this DHR and include in the Change Programme Plan the following:

(a) A process of engagement and consultation with BAME communities and groups to develop and deliver a method of raising awareness of domestic abuse, behaviour which increases risk, and sources of support with the aim of increasing opportunities for early reporting and intervention.

(b) A campaign which challenges abusive behaviours and beliefs in male entitlement by perpetrators across all cultures and populations with the aim of increasing reporting and holding perpetrators to account.

(c) Agencies should be aware of and engaged with the communities they serve and ensure that appropriate expertise is accessed to inform them of cultural issues and practices which may suggest an increase in risk when undertaking risk assessments in relation to domestic abuse.

6.14 The Panel is aware of the actions already taking place in the county to improve GP practices awareness of domestic abuse and actions to take. A previous DHR recommendation to NHS England requested that a domestic abuse training requirement should be included in the National Contract for Primary Care, but this was not felt to be achievable. However, the Panel notes the work being done jointly by the Norfolk Police and Crime Commissioner's Office, Norfolk CCGs, and Leeway Domestic Violence and Abuse Services in addressing this gap with their programme of free training for clinical and non-clinical staff in practices in the county over the past year (2014-15). We would therefore commend these organisations for this training strategy, and given how well placed GP practice staff are for identifying and intervening early in cases of domestic abuse, we would urge that this training continues in order to avoid future gaps in training provision for the Primary Healthcare sector. Again this issue is being addressed by the Norfolk Change Programme through their Workforce Capabilities Project; therefore no further recommendation will be made concerning this issue.

GP Practice

6.15 The following recommendations were contained in the Individual Management Review for the GP practice. These recommendations do not indicate that the practice could have done anything differently in this case, but that training and administrative processes around that training need to be strengthened. The practice has already taken action on these recommendations therefore they are not included in the DHR action plan with the exception of clarification of actions taken on recommendation 4. The recommendations and a brief explanation of the actions taken are included here for information and transparency.

Recommendation 1:

It is recommended that an audit of training records is undertaken and that any gaps in mandatory training are identified and rectified.

Action: Training records are continually reviewed and monitored therefore the practice feels an audit is not required at this time - they have recently received a guide of mandatory training requirements from their Local Medical Committee (LMC) and have consequently purchased an E-Learning package which covers all mandatory training for clinicians and non-clinicians.

Recommendation 2:

It is recommended that the safeguarding element of the induction-training programme be strengthened to ensure that all members of staff receive the mandatory element of training required at the start of their employment.

Action: Safeguarding training is a yearly mandatory requirement as per LMC guidance - this element of training is included in the E-Learning package which will be completed by all members of staff.

Recommendation 3:

It is recommended that a domestic abuse awareness element is included in the induction-training programme to ensure that all members of staff receive a basic awareness at the start of their employment.

Action: Domestic abuse awareness is not part of mandatory training, however, the practice has included it as part of their induction programme as per the recommendation.

Recommendation 4:

It is recommended that a domestic abuse awareness policy is developed that provides clear information about domestic abuse and the type and frequency of training that members of staff are expected to undertake.

Action: The practice report that a Domestic Abuse Awareness policy is now accessible to all staff. The practice has been asked confirm that the policy is not just accessible, but that staff are aware that it exists and aware of its content. They have also been asked whether the practice has followed the Royal College of General Practitioner's guidance in the formation of this policy. To avoid further delay in the completion of this Review this outstanding confirmation has been added to the Review Action Plan for follow up.

Recommendation 5:

It is recommended that domestic abuse awareness training is made available to all members of staff who did not attend the training in 2014, and that a rolling programme of training is implemented.

Action: Domestic abuse awareness training was delivered by Leeway Domestic Violence & Abuse Service to the practice receptionists during a half day training event on 11/2/15. The practice has contacted Leeway to provide training for the Nursing Team during the autumn of 2015.

Recommendation 6:

The practice should review the ethnic origins of the patient population in order to understand different cultural factors that may impact on the communication of key information between the clinician and patient.

Action: The practice code includes the ethnicity of every patient; however, under the Equality Act they work on a process that anyone can be at risk regardless of ethnic background. All patients have access to an interpreter; the practice has a large number of Portuguese within their patient population and has therefore recently employed a receptionist who speaks fluent Portuguese. (*it has been emphasised to the practice that the findings from this DHR have highlighted the need to be aware of how cultural factors and practises can affect risk in relation to domestic abuse).*

Recommendation 7:

It is recommended that a system is implemented to ensure that all members of staff are always up to date with basic equality and diversity training.

Action: This training is mandatory and is covered every year by all members of staff.

APPENDIX A

GREAT YARMOUTH DHR - ACTION PLAN							
RECOMMENDATION	Scope of recommendation	Action to be taken	Lead Agency	Key milestones to enact recommendation	Target Date	Progress Indicator	Date of completion and Outcome
What is the over-arching recommendation? .	National, regiona or local level	How is this recommendation to happen? What actions are needed				Green Amber Red	
Recommendation 1: That the Domestic Abuse Change Programme Board take into account the findings of this DHR and include in the Change Programme Plan the following: **(a)** A process of engagement and consultation with BAME communities and groups to develop and deliver a method of raising awareness of domestic abuse, behaviour which increases risk, and sources of support, with the aim of increasing opportunities for early reporting and intervention.	Local Level	The Domestic abuse change programme seeks to find ways in which to encourage early disclosure and support professionals to ask safely. As such Domestic Abuse Change coordinators have been recruited to train and support Domestic Abuse champions across the county. Domestic Abuse Change coordinators will each consider and develop engagement structures for specific groups, in order to properly support champions. One area will be groups with protected characteristics as described in the Equalities Act (2010) including BAME communities.	Norfolk County Community Safety Partnership Domestic Abuse Change Programme Board	Recruitment of domestic abuse change coordinators. Development of engagement and consultation structures for diverse groups. Consultation process implemented, groups held, and findings used to inform awareness raising methods and materials.	May 2015 December 2015 March 2016	Green (on target to meet date) Green (on target to meet date)	Outcome: Wider awareness and recognition of domestic abuse leading to increased reporting and accessing of support. Date completed:

GREAT YARMOUTH DHR - ACTION PLAN							
RECOMMENDATION	Scope of recommendation	Action to be taken	Lead Agency	Key milestones to enact recommendation	Target Date	Progress Indicator	Date of completion and Outcome
What is the over-arching recommendation?	National, regional c local level	How is this recommendation to happen? What actions are needed				Green Amber Red	
Recommendation 1 continued Change Programme Plan to include.... **(b)** A campaign which challenges abusive behaviours and beliefs in male entitlement by perpetrators across all cultures and populations with the aim of increasing reporting and holding perpetrators to account.	Local Level	Review of 'Norfolk men say no' in light of market research findings. Review of engagement with diverse communities and targeting messages accordingly.	Norfolk County Community Safety Partnership Domestic Abuse Change Programme Board	Norfolk says no campaign brought to diverse communities Domestic Abuse Change champions trained and active in diverse communities. Evaluation of campaign reported to CSP Board	November 2015 June 2016 November 2016	Green (on track to meet target) Green (on track to meet target date)	Outcome: Perpetrators abusive behaviours challenged, cultural expectations and public perceptions changed, leading to increase in holding perpetrators to account.

GREAT YARMOUTH DHR - ACTION PLAN							
RECOMMENDATION	Scope of recommendation	Action to be taken	Lead Agency	Key milestones to enact recommendation	Target Date	Progress Indicator	Date of completion and Outcome
What is the over-arching recommendation?	National, regional o local level	How is this recommendation to happen? What actions are needed				Green Amber Red	
Recommendation 1 continued Change Programme Plan to include.... **(c)** Agencies should be aware of and engaged with the communities they serve, and ensure that appropriate expertise is accessed to inform them of cultural issues and practices which may suggest an increase in risk when undertaking risk assessments in relation to domestic abuse.	Local Level	Current training includes barriers to disclosure such as cultural beliefs and sensitivities. Training to include information on cultural norms of the BAME populations in the county to highlight additional issues which heighten risk. DASH risk assessment tool training to highlight need to complete 'For consideration by professional' section with BAME victims taking in relevant additional risk factors affected by cultural norms and practices Domestic abuse change coordinators will be developing resources for champions, which takes into account cultural difference and working with diverse communities. Most partners have engagement structures in place which can be accessed to promote new campaigns. .	Norfolk County Community Safety Partnership And Domestic Abuse Change Programme Board	Train members of communities to be domestic abuse change champions. Review content of domestic abuse and DASH training re: risk associated with cultural issues. Develop appropriate engagement structures and targeted campaigns. Complete handbook for champions which includes detailed, practical guidance on encouraging disclosure, working with victims and perpetrators, barriers to disclosure, recognising signs of abuse and signposting to appropriate agencies for victims.	June 2016 December 2015 November 2015 September 2015	Green Green (on track to meet target date) Green (on track to meet target date)	Outcome: Services more aware of cultural issues which may affect risk assessments and able to provide safe inclusive support service to victims which increases confidence and reporting. Date completed:

GREAT YARMOUTH DHR - ACTION PLAN							
RECOMMENDATION	Scope of recommendation	Action to be taken	Lead Agency	Key milestones to enact recommendation	Target Date	Progress Indicator	Date of completion and Outcome
What is the over-arching recommendation?	National, regional o local level	How is this recommendation to happen? What actions are needed				Green Amber Red	
GP Practice IMR Recommendations **Recommendation 4** The practice to confirm that their domestic abuse policy is not just accessible to staff, but that staff are aware that it exists and aware of its content, and whether the policy follows Royal College of General Practitioners (RCGP)guidance.	Local Level	GP Practice Manager to confirm the information requested.	GP Practice	Community Safety Partnership Board receive confirmation that staff knowledgeable about content of policy and whether RCGP guidance has been followed.	September 2015	Red	Outcome: Staff have knowledge of practice domestic abuse policy and are confident in supporting and referring those affected domestic abuse.

APPENDIX B

Norfolk Domestic Abuse Change Programme

Led by the Norfolk Community Safety Partnership, the key principle of the Change Programme is to develop cultural change within the county's organisations in respect of domestic abuse in order to facilitate early help and intervention with a focus on encouraging early disclosure. In time the county has aspirations to consider the matter of perpetrator programmes, working with communities to develop resilience, and the joint commissioning of services.

- A Change Programme board has been set up and a change manager appointed.

- 4 work strands underpin the programme:

    - Workforce Capabilities Project
    - Service Delivery Project
    - Communications and Campaigning Project
    - Strategy and Service Redesign Project Sponsor

Actions taken to date as of June 2015

- Training has been successfully rolled out for GP practices across the county
- 3 domestic abuse coordinators within Norfolk county council children's services have been appointed – part funded by the PCC. They will be recruiting, training and supporting champions across the sectors so that professionals in universal services have an enhanced knowledge and confidence in asking about domestic abuse.
- A pilot training course for champions is taking place in June/July 2015
- Coordinators will look at developing services according to need through service user input and consultation with each taking a specialist area. One will lead on engaging with diverse groups such as ethnic minorities.
- A market research survey is taking place on perceptions of domestic abuse in order to target messages more appropriately to different cohorts in the county – a multi-agency communications and campaigns strategy will be implemented based on the outcomes of the survey.
- A Norfolk wide domestic abuse strategy which includes an outcomes framework is being developed.
- A commissioning framework for Domestic abuse is also in development, providing guidance for the procurement of services where contact with the public requires safeguarding awareness.

Information provided by the Change Programme Manager - June 2015

APPENDIX C

Home Office

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Dawn Jassett
Community Safety Assistant
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Wymondham
NR18 0WW

1 December 2015

Dear Ms Jassett,

Thank you for submitting the Domestic Homicide Review report for Great Yarmouth to the Home Office Quality Assurance (QA) Panel. The report was considered at the Quality Assurance Panel meeting on 21 October 2015.

The QA Panel would like to thank you for conducting this review and for providing them with the final report. The Panel found this to be good report with a good representation of conclusions from contributors. The result was an open, honest and transparent report. The Panel particularly commended the Chair for the attempts made to include family and friends, some of whom lived abroad.

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

- Please proof-read for typing errors. For example, in paragraph 4.16 "stoke" should be "stroke";
- Please consider rewording the final sentence of paragraph 4.8 as the Panel found it confusing;
- There are no timescales for implementation of recommendations set out in the executive summary.

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

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

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

Yours sincerely

Christian Papaleontiou
Chair of the Home Office DHR Quality Assurance Panel