



The Safer Rotherham
PARTNERSHIP

A DOMESTIC HOMICIDE REVIEW (DHR)

'LUKAS'

DHR5

NOVEMBER 2019

PETER MADDOCKS

INDEPENDENT AUTHOR AND CHAIR OF THE DHR

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Introduction

1. This report begins by expressing sincere condolences and sympathy to Lukas' family, friends and loved ones on behalf of the Safer Rotherham Partnership which commissioned this domestic homicide review (DHR) as well as the various people and organisations who contributed to the review. The DHR chair and author of this report had a copy of Lukas' photograph at meetings of the panel which could not be face-to-face due to Covid-19.
2. A DHR examines the response of organisations and the appropriateness of professional support given before a homicide. Apart from some police contact with 26-year-old Lukas that did not involve domestic abuse, he had no contact with local services. He died as a result of a single stab wound whilst in the rented home that he shared with his 29-year-old fiancée Greta and 32-year-old Tomas¹. Greta and Tomas had separate and unrelated contact with the regional ambulance service and the local hospital urgent and emergency care centre (UECC) but no other services until the homicide. All three were born and grew up in Lithuania before coming separately to the UK as adults. Greta and Tomas were convicted of murdering Lukas.
3. In addition to looking for recent agency involvement, the review also examines the past to identify any relevant background or trail of abuse or neglect before the death; 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.
4. The key purpose for undertaking a domestic homicide review is to enable lessons to be learnt from deaths where a person dies as a result of violence, abuse or neglect by a person related to the victim, being in an intimate relationship or member of the same household.
5. For lessons to be learned as widely and as 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.
6. The review considers the contact and involvement by different professionals and organisations with Lukas, Greta and Tomas from July 2019 when the three adults began living together until the date of Lukas' death in November 2019. The review sought information where it was known about all three adults before that date as relevant to the purpose of learning lessons.

¹ These are pseudonyms used for the DHR.

Timescales

7. The Chair of the Rotherham Safety Partnership originally commissioned the DHR in 2020 although the DHR was postponed until the criminal proceedings were completed by early 2021. Greta and Tomas pleaded not guilty to the charge of murder and provided several different accounts about the circumstances of Lukas' death including third-party involvement and Lukas self-harming. The circumstances of Lukas' death remain unexplained following the trial which established that the killing had not been premeditated and no trigger event was identified. No evidence of domestic abuse in the household was offered although there was a significant history of substance abuse on the part of Lukas and Tomas. Following the trial, the chair of the responsible body consulted with the Home Office about whether a multi-agency learning review guided by terms of reference and led by the independent reviewer would be a more proportionate approach to securing learning from the tragic circumstances of Lukas' death. Following written advice from the Home Office on the 30th March 2021, the commissioning of the DHR was confirmed. The findings of the DHR and overview report were approved by the Safer Rotherham Partnership Board in February 2022.

Confidentiality

8. The findings of a domestic homicide review are confidential as far as identifying the subjects, their families or professionals. Information is available only to officers/professionals and their line managers who participated in the DHR. Lukas, Greta and Tomas are all pseudonyms used in the report to protect their identity and provide privacy for the respective families. Greta had a child who died several years ago. There are no other children.

Involvement of family, friends, work colleagues, neighbours and the wider community

9. Lukas, Greta and Tomas were all born and grew up Lithuanian before coming separately to the UK as adults. Lukas is survived by his mother and two sisters who live in Lithuania; Lukas has a brother who lives in the UK. The family were contacted about the DHR which included a letter written in Lithuanian. None of them responded to the contacts. Lukas' sister provided a statement to the Crown Court Judge about the devastating impact of her brother's death on the family.
10. Greta and Tomas were contacted through the prisons where they are serving their respective sentences. Greta agreed to provide information for the DHR through a telephone discussion in June 2021 with the independent reviewer and the Domestic and Sexual Abuse Theme Lead, Community Safety Officer for the Safer Rotherham Partnership.

11. Greta described meeting Lukas through social media and their relationship developed through regular phone contact until Lukas asked Greta to come to the UK. She initially planned to come for a short stay. She had secure employment in Lithuania. They both visited the Greta's family in Lithuania and became engaged and were planning to return to Lithuania to live long term. Greta said that she thought Lukas had moved to the UK originally because of difficulties while growing up in Lithuania. He worked at the car wash because it paid a good level of wage compared to what he could earn in manual employment in Lithuania. Greta described feeling very unsafe in the local area where she said there was a lot of conflict and fighting and trading of drugs. Greta felt safe living in the house with Lukas and with Tomas. She said that there was no domestic abuse in the household.
12. Greta had been worried about Lukas' drinking and low moods. She tried to encourage him to stop drinking which he did for a while. Greta asked other Lithuanians for advice about where to go for help. Fellow Lithuanians did not believe Lukas had a problem and thought he was seeking attention. Greta described a culture of drinking large quantities of alcohol.

Methodology, scope and terms of reference

13. The circumstances of Lukas' death were reported to the chair of the Safer Rotherham Partnership (the community safety partnership who are the responsible authority for the DHR) shortly after Lukas' death and an early decision was made that the circumstances of his death were likely to come within the scope of a DHR although as described under timescales the DHR was postponed until April 2021. The formal scoping discussion was incorporated within the first meeting of the panel in April 2021.
14. The panel confirmed that the criteria for a domestic homicide were met given that Lukas died as a result of violence from a person he was related to by an intimate relationship (Greta) and from Tomas who also shared the same household. The purpose of the DHR is to identify the lessons to be learnt from Lukas' death².
15. The methodology of the review complies with national guidance. This includes identifying a suitably experienced and qualified independent person to chair and providing an overview report for publication.
16. The initial scoping panel agreed on the list of services who would be asked to provide information to the DHR and be represented on the panel. This included specialist organisations who are listed in the table in paragraph 22.

² The circumstances under which a domestic homicide review must be carried out are described in the legislation and national guidance described in Multi-agency statutory guidance for the conduct of domestic homicide reviews (December 2016).

17. The timeline for the DHR is from July 2019 (when Greta came to the UK at Lukas' invitation and set up a household with Tomas) until the date of Lukas' death in November 2019 taking account of relevant history where it is known.
18. Agencies contributing reports or information to the domestic homicide review used the terms of reference set out in national guidance with additional general areas arising from the particular circumstances of this DHR as described in the following scope of the review. This included;
 - a) Why was there so little contact with any local service?
 - b) Were there opportunities for contact?
 - c) What are the barriers that can prevent a victim who has arrived from outside of the UK from seeking advice and help with domestic abuse?
 - d) To what extent do local services identify individuals and communities and publicise and encourage contact?
 - e) What opportunities are provided to people from migrant communities or who have temporary rights of residency living in Rotherham to have information about how to access advice and help about domestic abuse.
 - f) What information is routinely collated about the numbers, needs and location of people or communities where domestic abuse may be a particular threat
 - g) Are there any particular factors locally that contribute to people from a migrant background being reluctant to seek help or advice?
 - h) To what extent was substance misuse an issue
 - i) What are the cultural issues that influenced what happened
 - j) Was the victim isolated
 - k) Examine any previous concerns incidents significant life events or indicators that might have signalled the risk of violence
 - l) Do agencies have policies and procedures in place
 - m) Involvement of family, friends, work colleagues, neighbours and the wider community.
19. As part of the DHR, a webinar involving almost 100 participants at the frontline and strategic levels from organisations across the borough discussed key findings from the DHR and what action needed to be taken. The webinar also included additional public health input about self-harm. BAME participants included individuals who have an East European heritage. The webinar identified significant additional information and learning. This included
 - a) The Lithuanian community is very reserved and closed and do not mingle with other communities; this reinforces and perpetuates cultural norms such as the use of alcohol, attitudes about sexual behaviour, masculinity and women;
 - b) They generally have little trust in public services given their experience of state organisations in eastern Europe and is an experience shared in communities; this was a point made more widely about people from

migrant communities some of whom have a deep-seated fear of authorities based on experiences in their own country; they also experience racism and discrimination; migrant communities are concentrated in areas of very high deprivation where private landlords have bought cheap houses to rent; there are tensions between different ethnic and cultural communities;

- c) Language is a significant influence on understanding risk in communities that sometimes do not have a vocabulary for domestic abuse, self-harm or mental health; risk assessments such as DASH can be adversely misdirected where interpreters are being used with non-English speaking victims and English speaking professionals; examples were given of a DASH being completed at standard/medium but when the DASH was reviewed by an assessor and victim sharing a common language the score being raised to high risk; in many communities reading is not widespread and therefore any written media has very limited utility in communicating public health messaging or information about services;
- d) High consumption of alcohol is endemic for many communities from eastern Europe and is a barrier if and when people want to access services such as mental health where there will be an expectation to stop drinking before offering any treatment or support; the availability of drugs as well as alcohol and their endemic use particularly in areas of high deprivation exacerbate the problems of a cultural disposition to substance misuse;
- e) Not enough is done to find out about new and emerging communities in the borough and there needs to be more and regular consultation rather than just promoting access; the borough used to host welcome to Rotherham events which had been discontinued as part of cost savings; schemes such as community navigators to help people access and use services had great potential but needed additional funding and was competing with other areas of under-investment;
- f) Need to think about building partnerships with other sectors such as business, employers and associated trade unions who have diverse workforces or customer bases; need to think about reaching out more proactively through places such as schools and pharmacies where through children there can be opportunities to build links and signpost into activities such language courses as well as to primary health care; opportunities such as routine correspondence from the council and local government to include messaging and links to social media and web-based information; linking up with regional bodies such as Migration Yorkshire who are working with migrant populations resettling into areas; expanding the strategic and business planning of the local partnerships that takes account not just of demographic data but more on socio-cultural factors that may be barriers or increase vulnerability;
- g) Investment in multi-agency awareness-raising and training had been cut as part of cost savings; the increasing use of web-based single agency

training had removed opportunities to bring different organisations and people together and to think about how to respond to the increasing complexities of communities in which people were working.

20. Information from the webinar is included in the analysis and summary of learning and is an integral part of the action plan submitted on behalf of the responsible body for the DHR.

Contributors to the review

21. Organisations in Rotherham and South Yorkshire³ were contacted as part of the scoping for the review, to inquire about any contact and knowledge they had about Lukas, Greta or Tomas. None declared any contact before the homicide apart from the police who had contact with Lukas on four occasions none of which related to domestic abuse involving an intimate partner. One of the incidents was an argument Lukas had with his sister and brother which developed into a physical confrontation between Lukas and his brother. No medical treatment was required. During the DHR the hospital identified having contact with Greta and Tomas on different occasions. This is described in the report. The hospital also reported that the ambulance service had contact with Greta and Tomas but the ambulance service was unable to provide information on those contacts.
22. The organisations represented on the panel in the following paragraph provided written information.

The review panel membership

23. The panel was chaired by the author of this report. The first meeting of the panel was in April 2021 and agreed on the scope of the DHR. There were two further panels.

Organisation	Job title or role
Change Grow Live (CGL) Drug and alcohol services	Gemma Hewitt Service Manager Hannah Powell
NHS England and NHS Procurement (NE and Yorkshire)	Mark Lagowski, Senior Nurse Manager
Rotherham Rise IDVA	Carey Mowbray Service Manager
Rotherham Borough Council (RMBC) Adult Care, Housing and Public Health	Lindsay Taylor-Ward Locality Manager
Rotherham Borough Council (RMBC) environmental health (ASB and private sector housing)	Craig Cornwall, Community Protection Manager

³ Lukas briefly lived with his sister in Doncaster in 2018. She has since returned to Lithuania.

Rotherham Borough Council (RMBC) Housing Options	Kim Firth, Homeless Team Co-Ordinator
Rotherham Clinical Commissioning Group (CCG)	Kirsty Leahy, Head of Quality
REMA (Rotherham Ethnic Minority Alliance)	Emma Sharp, Project Development Manager
Rotherham Doncaster and South Humber NHS Foundation Trust	Charlie Cottam, NHS Trust Lead Professional
Rotherham Jobcentre	Marie Shadwick, Partnership Assistant
The Rotherham NHS Foundation Trust	Jean Summerfield, Head of Safeguarding
South Yorkshire Police	Roberta Beasley, Detective Inspector
Specialist advisors	
Apna Haq ⁴	Zlakha Ahmed, Chief Executive
Community Safety Partnership	Mandy Raven, domestic and sexual abuse theme lead, community safety officer
Community Safety Partnership	Steve Parry, modern-day slavery and organised crime theme lead, community safety officer

[The author of the overview report and chair of the review panel and the statement of independence](#)

24. Peter Maddocks is the independent author of this report and chaired the panel. He has worked in social care services as a practitioner and senior manager in diverse local authorities as well as with national government services and the voluntary sector. He has a professional social work qualification and MA and is registered with Social Work England (the social work regulator). He has completed domestic homicide reviews with other community safety partnerships in England. He has undertaken agency reviews and provided overview reports to several safeguarding boards in England and Wales. In compliance with national guidance, he has used the online toolkit and online learning provided by the Home Office as well as participated in seminars and other training related to domestic violence. He has also participated in training about serious case reviews including the use of systems learning as developed by SCIE (Social Care Institute for Excellence) regarding serious case reviews and participated in masterclass training for independent reviewers. He has not worked for the organisations that have contributed to this review and nor has he held any elected position in Rotherham. He is not related to any individual who either works or holds an elected office in Rotherham.

⁴ Apna Haq supports women and girls from black and minority ethnic (BME) communities who are living in Rotherham to escape violence.

Parallel reviews

25. There were no parallel reviews. The criminal proceedings that convicted Greta and Tomas were completed by the time that the DHR began work in April 2021.

Equality and diversity

26. Rotherham is the 52nd most deprived of 326 English districts. Almost a third of the population (31.5 per cent) live in areas which are the most deprived 20 per cent in England and that deprivation has been increasing⁵. For health and disability, most of the borough's population (85 per cent) live in areas more deprived than the English average with a significant level of local inequality between the most affluent and the poorest districts of the borough which is where Lukas was living.
27. Everyone living in the UK is entitled to register and consult with a GP. However, people who are socially excluded like Lukas, Greta and Tomas are considerably less likely to do so. This leads to worse health outcomes among some of the most vulnerable population groups, which contributes considerably to health inequalities. This also leads to inappropriate and ineffective use of services, and some of these groups have high rates of A&E use, leading to increased costs for the NHS. It also removes an important opportunity for health care professionals to identify domestic abuse when patients for example are presenting with physical injuries, poor mental health, self-harm or substance misuse
28. Low rates of registration and service use are a result of multiple barriers, such as lack of understanding of the healthcare system, negative previous experiences, communication and language issues, and stigma and discrimination. Socially excluded people usually experience several of these barriers at once⁶.
29. The black and minority ethnic (BME) population in Rotherham is relatively small although has been growing and becoming increasingly diverse. Rotherham's BME population doubled between 2001 and 2011 increasing to 8.1 per cent which is well below the English average of 20.2 per cent. The majority of the BME population living in Rotherham were born outside the UK (55 per cent) and are more likely to lack English language skills than those born in the UK. 19 per cent of those born outside the UK cannot speak English well. The white minority population (almost all European) was 2368 in 2001 rising by 82 per cent to 4320 in 2011 mainly as a result of migration from Eastern Europe. Most minority populations tend to be younger⁷.

⁵ Index of multiple deprivation (IMD)

⁶ Mahmoud et al, Subjective reasons why immigrant patients attend the emergency department BMC Emergency Medicine (2015) 15:4 DOI 10.1186/s12873-015-0031-8

⁷Rotherham CCG Equality and Diversity Annual Report

30. Although domestic abuse was not identified as a factor in the murder of Lukas, a DHR is expected to explore factors that would prevent domestic abuse from being disclosed and the factors that make disclosure or detection of domestic abuse more likely.
31. Lukas was, and Greta and Tomas are, white Lithuanian nationals who were living in Rotherham at the time of Lukas' death. Lukas and Greta's families are Catholic. None of them spoke very much English⁸. An inability to speak and read English made all three adults unable to communicate easily with local health and other services such as the police. This was a significant issue for Greta who did not know where to go for help about Lukas' drinking and low mood. For victims in abusive relationships, it would represent a significant barrier to communication with the police or other agencies to seek protection. Although domestic abuse has not been evident in the information from this particular case, an important lesson from looking at such an isolated household is the importance of the entire community of local services thinking about they serve non-English speakers and play their part in helping detection or disclosure of domestic abuse. This is particularly important in a community such as Rotherham which has a higher number of English speaking households than the national average and where households with no English is lower than the national average.
32. The lives of migrant workers such as Lukas, Greta and Tomas are often characterised by poverty and social exclusion. There is growing evidence of migrant worker exploitation⁹ resulting in subsistence living in some of the poorest areas in predominantly low skilled and low wage settings such as a car wash that is outside of formal employment arrangements and legal protections. The panel explored whether there was any evidence of modern-day slavery or labour exploitation which has been an issue in some of the local business sectors and is why the local authority and partners are taking active measures to gather intelligence, monitor and where necessary take action. Although there is no evidence that any of the three adults were coerced into coming to the UK there are aspects of Lukas' and Tomas' employment that indicate a measure of exploitation as discussed in academic studies¹⁰. Their economic circumstances and limited language ability rendered them all as vulnerable.

⁸ In Rotherham at the time of the 2011 Census, 96.6% of people living in Rotherham spoke English, and the most common community languages were the following; 0.5% Urdu, 0.4% Punjabi, 0.4% Polish, 0.3% Slovak, 0.2% Arabic, 0.1% Pakistani Pahari, 0.1% Czech, 0.1% Lithuanian, 0.1% Persian/Farsi. The majority of the communities who either speak English as a second language, or don't speak English at all are concentrated in the town centre.

⁹ Anderson, B, and Rogaly, B, (2005) Forced Labour and Migration to the UK, Study prepared by COMPAS in collaboration with the Trades Union Congress available at <https://core.ac.uk/download/pdf/2711672.pdf> accessed 26th April 2021

¹⁰ Scott, S, Craig, G, Geddes, A (2012) Experiences of forced labour in the UK food industry. York: Joseph Rowntree Foundation. Available from <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/forced-labour-food-industry-full.pdf> accessed on 26th April 2021

Their status as low paid and in demanding work associated with insecurity would contribute to a culture of expendability. All three adults lived in a local Lithuanian community that is isolated from the wider community and had a history of transient tenancies; the house that they shared had multiple successive tenants; it was a community where arguments and disputes were not reported to the police or any other official service.

33. Intersectionality describes the interconnection of factors including race, class, and gender among an individual or group. It is often related to an experience of discrimination or a disadvantage. Not all victims experience domestic abuse in similar circumstances. Issues of culture, language and immigration status for example influence how individuals will seek advice and help and feel able to use services.
34. Lithuania was part of the Soviet Union until declaring independence in March 1990. Following independence, Lithuania struggled with widespread poverty, unemployment, and social unrest. This harmed family life and personal wellbeing¹¹. Suicide in Lithuania became a serious national problem¹². Lithuania also had the highest murder rate in the European Union which it joined in May 2004 along with nine other new member states¹³. Free movement of people, goods and services was a core part of EU membership which allowed nationals from the different member states to migrate to other countries in the EU. Much of the migration was done by people seeking better opportunities for themselves and their families. In the UK the issue of migration became a significant factor in the arguments made by opposing sides of the Brexit vote that culminated in the UK leaving the EU. Many of the migrants looking for new opportunities came to towns such as Rotherham in the Yorkshire and Humber region where there were some of the highest numbers of people who voted to leave the EU¹⁴. A household that was already isolated by culture, language and low social and employment opportunities would not have been immune from some of the increasingly hostile public debate that was taking place at the time.
35. Domestic abuse is found across the world. Lithuania, like the UK, has a problem with domestic abuse being perpetrated primarily by men on women and for much of it to be unreported. A Eurobarometer survey in 2016 found a significantly higher level of victim-blaming where respondents agreed that the victim's behaviour provoked the abuse¹⁵. The same survey also found a far higher proportion of people saying they knew women who were victims of

¹¹ Dirk J. Bezemer (2006). "Poverty in Transition Countries". Journal of Economics and Business. IX: 11/35.

¹² <https://worldpopulationreview.com/country-rankings/suicide-rate-by-country> accessed on 16th April 2021

¹³ Countries joining the European Union on 1 May 2004 were Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia

¹⁴ 67.9 per cent voted to leave in Rotherham compared to 51.89 per cent nationally.

¹⁵ 86 per cent of Lithuanian respondents agreed that the "provocative behaviour of women" was a cause of violence against women - the highest percentage of all countries surveyed, significantly higher than the European average of 52 per cent.

domestic abuse¹⁶. Lithuania has a tradition of patriarchal family structures reinforced by orthodox religious systems of belief. Lithuania also has a significant social problem of alcohol abuse that is higher than most of the rest of the EU¹⁷.

36. Gender is a significant risk factor for being a victim of domestic abuse; women are more likely than men to be subject to abuse. Poverty or lack of access to financial or social resources contributes to dependency on a violent partner as a risk factor. Women in exploited labour or seeking asylum are additionally at risk of abusive controlling relationships.
37. Women are around twice as likely to experience domestic abuse and men are far more likely to be perpetrators. The majority of domestic homicide victims are women, killed by men¹⁸. On average, two women are killed each week by their current or former partner in England and Wales, a figure that has changed relatively little in recent years¹⁹. It impacts women's health and independence, reduces their ability to work and creates a cycle of economic dependence. Women's inequality limits their ability to escape from abusive relationships; it can make it more difficult for them to enforce their rights and are more likely to experience sexual harassment and violence.
38. Gender equality in Lithuania as a basic principle of human rights to prevent and combat domestic abuse and gender-based violence has been highlighted by the commissioner for human rights of the Council of Europe. A report following a visit in 2016 described violence against women 'as rooted in entrenched societal inequalities between men and women that continue to be reproduced through stereotypes, outdated education policies, and the lack of broader awareness about the scale and negative impact of violence against women on families and society as a whole²⁰'.
39. Interpersonal violence such as domestic abuse, sexual assault and stalking is both widely dispersed and is concentrated. It is widely dispersed in that some experience of domestic violence (abuse, threats or force), sexual victimisation or stalking is reported by over one third (36 per cent) of people²¹. In Lithuania,

¹⁶ 48 per cent of Lithuanian respondents said that they knew women among their circle of friends and family who had been victims of domestic abuse; again the highest percentage of all countries surveyed (European average 25 per cent).

¹⁷ Sumskaite, L. July 2017 The Social Policy of Combating Domestic Violence in Georgia and Lithuania *Socialinė Teorija Empirija Politika ir Praktika* 15(15):56
DOI:10.15388/STEPP.2017.15.10809

¹⁸ Office for National Statistics. 'Domestic Abuse in England and Wales'. 2018. Crown Prosecution Service 'Violence against women and girls report.' 2018.

¹⁹ Office for National Statistics 'Crime Statistics, Focus on Violent Crime and Sexual Offences, Year ending March 2016, Chapter 2: Homicide'. 2016

²⁰ Council of Europe Report by the Commissioner for Human Rights following his visit to Lithuania' April 2017 p1

²¹ Walby, S. and Allen, J. (2004). Domestic violence, sexual assault and stalking: findings from the British Crime Survey. London: Home Office.

it is estimated that 31 per cent of women have experienced violence which is close to the EU average. The 2014 European Union Agency for Fundamental Rights survey data results showed that since the age of fifteen 31 per cent of women in Lithuania had experienced physical and/or sexual violence; 8 per cent of women in Lithuania have been stalked; 35 per cent of women in Lithuania have experienced sexual harassment²².

40. According to the 2016 Eurobarometer survey, within the EU area, Lithuanians are most likely to justify sexual and psychological violence in intimate partnerships. More than a quarter of the Lithuanian population believes that forcing a partner to have sex should not be prohibited by law. Only 57 per cent of respondents in Lithuania believe that sexual violence against a partner is or should be prohibited by law, while the EU average is 87 per cent. Equally low proportions of Lithuanian respondents (58 per cent) believe that controlling behaviour towards a partner of an emotional and/or economic nature (restricting contacts with family and friends, confiscating mobile telephones and/or personal documents) is or should be considered a crime (EU average 78 per cent)²³.
41. Women who report that they are in poor health have suffered more than twice the rate of domestic abuse and of stalking than women who report that they are in good health. Women who sustained injuries in their worst incident of domestic violence were asked if they used medical services on that occasion. Only 30 per cent of women reported injuries sustained in domestic violence²⁴.
42. Domestic abuse is a very significant although all too often unrecognised issue for mental health care services. Some research studies put the number of women mental health patients being subjected to domestic abuse as high as 69 per cent²⁵. None of the three adults was registered with a GP. Greta had a history of self-harm some years previously when her only child died and before she came to the UK. Greta presented at the hospital UECC following an overdose three days after arriving in Rotherham although denied that it was a deliberate overdose when speaking to the author of this report.
43. Depression and self-harm/suicide are significant health problems, particularly for women. Notably, in studies, the experience of domestic abuse is strongly

²² European Union Agency for Fundamental Rights (2014). Violence against women: an EU-wide survey — Main results, Publications Office of the European Union, Luxembourg. Accessed from <https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report>

²³ Special Eurobarometer 449: Gender-based violence; Lithuania Factsheet (accessed at https://data.europa.eu/euodp/en/data/dataset/S2115_85_3_449_ENG) <http://ec.europa.eu/COMMFrontOffice/publicopinion/index.cfm/Survey/getSurveyDetail/instruments/PECIAL/surveyKy/2115>

²⁴ Walby, S. and Allen, J. (2004). Domestic violence, sexual assault and stalking: findings from the British Crime Survey. London: Home Office.

²⁵ Khalifeh, H, Moran, P, Borschmann R, Dean. K. (2014) Domestic and sexual violence against patients with severe mental illness, Psychological Medicine, Volume 45, Issue 4 March 2015 , pp. 875-886

and consistently associated with both depressive disorders and suicide. In 2013 researchers published a systematic review of longitudinal studies to explore intimate partner violence (IPV), incident depressive symptoms and attempted suicide²⁶. They identified 16 longitudinal studies involving a total of 36,163 participants. All the studies included women, but only four also included men. All of the studies were undertaken in high and middle-income countries. For women, 11 studies showed a statistically significant association (an association unlikely to have occurred by chance) between intimate partner violence (IPV) and subsequent depressive symptoms. In a meta-analysis of six studies, the experience of IPV nearly doubled the risk of women subsequently reporting depressive symptoms. Also, there was evidence of an association in the reverse direction. In a meta-analysis of four studies, depressive symptoms nearly doubled the risk of women subsequently experiencing IPV. IPV was also associated with subsequent suicide attempts among women. For men, there was some evidence from two studies that IPV was associated with depressive symptoms but no evidence for an association between IPV and subsequent suicide attempts or between depressive symptoms and subsequent IPV.

44. These findings suggest that women who are exposed to IPV are at increased risk of subsequent depression and that women who are depressed are more likely to be at risk of IPV. They also provide evidence of an association between IPV and subsequent suicide attempts for women. The findings suggest that clinicians such as primary health care and mental health professionals should pay careful attention to past experiences of violence and the risk of future violence when treating women who present with symptoms of depression.
45. Lithuania has a high level of alcohol use with an associated level of alcohol-attributable mortality and disease. Alcohol attributable mortality in Lithuania was amongst the highest in 2016 globally with an estimated 24.2 per cent of all deaths attributable to alcohol²⁷. The Lithuanian government has been implementing policies to reduce the level of problematic drinking²⁸.

Dissemination

²⁶ Devries KM, Mak JY, Bacchus LJ, Child JC, Falder G, Petzold M, et al. (2013) Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A Systematic Review of Longitudinal Studies. *PLoS Med* 10(5): e1001439. <https://doi.org/10.1371/journal.pmed.1001439>

²⁷ Shield, K.; Manthey, J.; Rylett, M.; Probst, C.; Wettlaufer, A.; Parry, C.D.H.; Rehm, J. National, regional, and global burdens of disease from 2000 to 2016 attributable to alcohol use: A comparative risk assessment study. *Lancet Public Health* 2020, 5, e51–e61.

²⁸ Rehm, J.; Štelem'ekas, M.; Ferreira-Borges, C.; Jiang, H.; Lange, S.; Neufeld, M.; Room, R.; Casswell, S.; Tran, A.; Manthey, J. Classifying Alcohol Control Policies with Respect to Expected Changes in Consumption and Alcohol-Attributable Harm: The Example of Lithuania, 2000–2019. *Int. J. Environ. Res. Public Health* 2021, 18, 2419. <https://doi.org/10.3390/ijerph18052419>

46. All the organisations and people who participated in the review will receive a copy of the published report. The report will also be shared with the Safer Rotherham Partnership, the Rotherham Domestic and Sexual Abuse Priority Group, Rotherham Health and Wellbeing Board, Rotherham Together Partnership, Rotherham Integrated Care Partnership, Rotherham Safeguarding Adults Board and the Rotherham Safeguarding Children Partnership.

Background information and chronology

47. The Crown Court Judge in sentencing Greta and Tomas commented that there was no evidence of any struggle and there was no explanation by the defendants for why Lukas was killed from a single stab wound. The judge could not be certain that either of them intended to kill Lukas because it was not possible to be certain which of them had inflicted the injury which occurred as a result of 'moderate force'. There was no evidence that the murder was premeditated. Greta had no relevant previous convictions and Tomas had not been previously convicted of violence.
48. Lukas originally came to the UK in 2014 and lived in the south of England for about three years. His sister came to the UK in 2014 and moved to South Yorkshire where she set up a home with her partner. Lukas moved in with them in 2018 for about six months before moving to Rotherham although went back to his sister's home in January 2019 for about two months before moving temporarily to Doncaster before arriving back in Rotherham in June 2019 and eventually moving into a house where Tomas was living.
49. Lukas and Greta met via social media and Lukas bought Greta an airline ticket to come to the UK in June 2019 moving into the property with Lukas and Tomas and was where Lukas was killed later in the year. Three days after arriving in Rotherham Greta sought treatment at the hospital UECC following an overdose. It was recorded by the hospital that she had just arrived in the UK and was not registered with a GP. Three weeks later in mid-July 2019, Greta attended the UECC for treatment of a finger which she said had been sustained when cleaning the kitchen. Lukas and Greta were engaged to be married and Tomas was a friend of Lukas'.
50. Tomas was treated at the UECC in June 2019 following a grand-mal seizure thought to be related to alcohol consumption. It was noted he had arrived in the UK two days before the presentation and he was not registered with a GP.
51. Lukas and Tomas were employed at the same business in low skilled manual work. Lukas' family provided a background statement as part of the criminal proceedings. In that information, Lukas' family say that Lukas' death has had a devastating impact on his family.

Overview

52. The circumstances under which Lukas was fatally stabbed remain unexplained. During the criminal trial, Tomas was described as a friend of Lukas and Greta was his fiancé. There was no evidence of a struggle. Tomas and Lukas had been drinking and Tomas was described as intoxicated at the time of the stabbing. Neither the criminal investigation nor the DHR identified any significant friendships with other people in Rotherham.
53. Lukas and Tomas worked at a car wash where other Lithuanians worked; Greta said that she helped Lukas at the car wash, but not as an employee. Although the police and local authority are targeting businesses where coerced labour or organised crime may be factors there is no evidence that any of the three adults were coerced labour (or involved in organised crime).
54. Although there had been some contact between Lukas and the police there were never reports of domestic abuse in the household.
55. The criminal trial was told that Lukas and Tomas drank excessive amounts of alcohol and Tomas was treated at the UECC for a seizure associated with this in late June 2019 whilst at work. There is a significant drinking culture amongst the Lithuanian community that is also reflected in other Eastern European communities. High alcohol use has implications for public health as well as being associated with demands on criminal justice and mental health services. Alcohol and drug misuse also can exacerbate domestic abuse. A referral to the local alcohol liaison team did not progress to a referral to the local substance misuse service.
56. Greta's three attendances at the UECC for treatment following an overdose, a finger injury and then following a fall down a stairway were potential indicators of abuse although Greta told the reviewer that she had not been in an abusive relationship. She said that the record of an overdose is wrong and was the result of falling asleep having taken medication on an empty stomach and Lukas becoming alarmed. She said that the other two instances were accidents.
57. Greta had very little English and had recently arrived from Lithuania where there are significant differences in cultural and social attitudes. In the UK she was living in a migrant community known to be isolated from other groups and was potentially vulnerable to labour exploitation.

Analysis

58. The earlier section on equality and diversity in this report summarises the different cultural, economic and social conditions in Lithuania and the UK respectively and the high incidence of substance abuse that represents

complex intersectionality for detecting and responding to domestic abuse in this isolated community.

59. Hand and finger injuries are the most common upper extremity injuries in patients with intimate partner violence (IPV), with fingers being the most common site and medial hand the most common region of fracture²⁹. Repeated injuries involving the same site and a combination of medial hand and head or face injuries could indicate IPV. Greta presented at the UECC on two occasions just after arriving in the UK; on the first occasion following an overdose and the second occasion was for a finger injury. Given the association of self-harm and a hand injury with domestic abuse, it should be expected practice to be making enquiries with a patient and looking for other indicators of abuse. Greta as a non-English speaking EU national recently arrived was an additional area of potential vulnerability. On her first presentation at UECC in late June 2019 she was brought by ambulance accompanied by Lukas arriving at 23.38. having taken an overdose of Bromazepam³⁰. Greta was alert and responsive and said that she had been upset that Lukas had been out drinking with friends. She had no signs of injury. There is no record of inquiry about domestic abuse or where the Bromazepam had been acquired. The ambulance service has not been able to provide any information on this contact with their service.
60. Greta's second presentation at UECC was less than three weeks later in mid-July 2019 when she arrived by car accompanied by Lukas. Greta had an injury to her right hand 'ring finger' which was noted to be swollen but not bruised. Greta said that she had hit a wall causing the injury. An X-ray confirmed no fracture. Her finger was strapped. There is no record of exploring why she had hit a wall or that routine enquiry was made about domestic abuse. It is not clear whether Greta was allowed to speak with health staff on her own during treatment although the X-ray would have required Greta to be unaccompanied for that procedure.
61. Greta's third presentation to the UECC was in early September 2019 when she was brought by ambulance with a history of falling downstairs. She said that she had been drinking alcohol. It was noted that she completed three positive pregnancy tests three days before. It was noted that she had a slight head injury and Greta was reporting tenderness to her lower abdomen. Greta provided a history of the previous pregnancy eight months before that had ended in stillbirth and had lost a two-year-old child in a road traffic accident ten years before. Greta denied any use of illicit drugs but confirmed she smoked and drank alcohol although no specific amounts are recorded. It was also disclosed that Greta was diabetic but had not been using insulin for more than three months. She had run out of insulin in Lithuania and said that she did not trust

²⁹ Thomas, R., Dyer, G.S.M., Tornetta III, P. et al. Upper extremity injuries in the victims of intimate partner violence. *Eur Radiol* (2021). <https://doi.org/10.1007/s00330-020-07672-1>

³⁰ A benzodiazepine similar to Diazepam which is only available through prescription in the UK.

doctors in the UK. There is no more history about why Greta did not trust doctors. There is no record of whether Greta was accompanied to the UECC. There is no record of consultation about the pregnancy, neglecting her diabetes and having sustained an injury whilst using alcohol. There were also two recent presentations at UECC that involved the use of substances. Greta confirmed that hospital staff asked if she knew how to register with a GP and Greta had said that she did not want to do this because she was not planning to remain in the UK other than for a short visit. The ambulance service did not provide information about this contact.

62. Registering with a GP for primary health care would have opened opportunities for potential advice and help with substance misuse. There are GP practices in the borough including one close to where Lukas lived that provide health services to complex and diverse communities. This practice provides a link on their website to a range of languages spoken in the borough including Lithuanian. The main NHS website by contrast does not³¹. Although Rotherham has a predominantly white population it is a borough that has multiple ethnic groups and languages. National studies identify multiple barriers that contribute to low registration which include GP practice reluctant or refusing to register patients or providing inconsistent responses, lack of paperwork or photo ID or only allowing temporary registration³².
63. Being registered with a GP practice is a fundamental right of living in the UK and is an important part of ongoing health care. Many GP practices will provide a health screening as part of a new registration with a GP practice and is an opportunity to identify potential factors such as poor mental health or substance misuse. It should also explore emotional health and provide an opportunity to enquire about the safety risk. If any of the three adults had been registered with a GP this would have been enquired into as part of the DHR as to whether there had been opportunities to explore any of this. If any of the adults had consulted the GP about their use of alcohol or there had been concerns about any low mood there would have been an exploration of the GP's knowledge about the correlation with domestic abuse for example. A GP would have been told about attendances at the UECC.
64. The DHR does not know why Lukas nor Tomas registered with a GP. It suggests that there is a level of non-registration with primary health care services in the Lithuanian community that is probably reflected in other groups living in the borough given the national evidence³³.

³¹ <https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/> accessed on 8th June 2021

³² https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/Reg_Refused_2017_final.pdf accessed on 16th June 2021

³³ <https://www.england.nhs.uk/ltphimenu/improving-access/improving-gp-registration-among-socially-excluded-groups/>

65. Several international studies have suggested that immigrants, particularly those from non-English speaking backgrounds might use urgent and emergency care centres (UECC) rather than consult a primary care service such as GP. These studies identified several potential barriers confronting immigrants when accessing health care. These obstacles were suggested to include the ease of access to emergency services, language and cultural barriers, unawareness of service availability, and a lack of knowledge about other health care services in the new country. It is argued that UECC presentations for non-urgent conditions adversely affects people presenting at the same time with more urgent conditions through the prolonged length of stay and increased waiting times. The use of UECC rather than visiting a GP also reduces the opportunity for more preventative care that can include issues such as poor mental health, substance misuse and domestic abuse³⁴.
66. An informal practice in parts of Lithuania of making payments to doctors before and after consultation and treatment is very different to the NHS system in the UK³⁵. If the culture is that payment for health care is expected this immediately presents a barrier to people who have low incomes and have a low expectation of health care and other public services. Greta said that she had never paid for medical treatment in Lithuania and this was not a barrier for her. She had chosen not to register because she thought she would only be in the UK for a short time.
67. Although the hospital had information that the ambulance service had contact with all three adults the ambulance service was only able to locate information relating to their attendance when Lukas was fatally injured. It has therefore been impossible to have followed up about what information was sought by ambulance response crews when called to the respective incidents; Tomas in late June 2019 at his workplace when he suffered seizures associated with alcohol misuse, Greta in late June 2019 at a local park following an overdose and again in early September 2019 at a private address following a fall downstairs. On the second contact, Greta had recently had a pregnancy confirmed and the accident occurred whilst Greta had been drinking alcohol. There is no information provided about any screening and consideration of domestic abuse or the risk factors for Greta or her unborn child³⁶.

³⁴ Mahmoud, I., Eley, R. & Hou, XY. Subjective reasons why immigrant patients attend the emergency department. BMC Emerg Med 15, 4 (2015). <https://doi.org/10.1186/s12873-015-0031-8>

³⁵ Steprko, T, et al 2015 Informal payments for health care services: The case of Lithuania, Poland and Ukraine Research Article <https://doi.org/10.1016/j.euras.2014.11.002>
Praspaliauskiene, P, Stepurko, T, 2016 Enveloped Lives: Practicing Health and Care in Lithuania Medical Anthropology Quarterly Volume 30, Issue 4 p. 582-598

³⁶ Greta subsequently suffered a miscarriage.

68. Research published in the British Journal of Nursing in July 2020³⁷ identified potential barriers preventing health professionals from screening women for domestic abuse and concluded “lack of training and education” were the most prevalent. Additional findings were that health professionals felt that they were not able to access guidelines and policies and support with managing emotional difficulties in what are often highly emotive and challenging circumstances.
69. It’s been suggested that clinicians are unwilling to engage in conversations about domestic abuse if they feel a responsibility to “fix” it and require clear referral pathways to specialist support. Written evidence on the Domestic Abuse Bill 2019-20, from the Inter-Collegiate and Agency Domestic Violence Abuse Forum, asserted that further training for healthcare professionals is required alongside funding for referral routes³⁸.
70. Although there is no evidence that Lukas, Greta or Tomas were coerced migrant labour there is evidence of exploitation and forced labour in sectors within the UK that includes businesses such as car washes where Lukas and Tomas worked. The international labour organisation defines and describes forced labour as involving a threat or actual harm to workers, restriction of movements, debt bondage, withholding of wages or excessive deductions, the retention of passport or other ID documentation and the threat of denunciation to the authorities (particularly where residency status is not confirmed through failure to register where required)³⁹. Women in particular face additional forms of coercion such as sexual abuse. People arriving in the UK seeking asylum are at particular risk of such practices although the circumstances under which Lukas, Greta and Tomas were living in Rotherham represented a level of precarious living⁴⁰ represented by short-term employment, fewer social protections through for example isolation from local services and society, an experience of discrimination and economic insecurity.
71. Understanding and speaking English while living and working in the UK is a skill that is recognised as a generalised means to achieving better work and education and preventing harm from abusive relationships. Their limited English rendered Greta and Tomas in particular very dependent on other Lithuanians. Social networks amongst migrant communities mean that migrants even with the right of residency depend on a closed social network to find jobs and housing. Migrant communities that live, socialise and work together with

³⁷ What barriers prevent health professionals screening women for domestic abuse? A literature review Leah Kirk. L and Bezzant. K British Journal of Nursing 2020 29:13, 754-760
<https://www.magonlinelibrary.com/doi/full/10.12968/bjon.2020.29.13.754> accessed on 12th July 2021

³⁸ <https://commonslibrary.parliament.uk/research-briefings/cbp-9233/>

³⁹ ILO (2005) Human Trafficking and Forced Labour Exploitation: Guidance for Legislation and Law Enforcement. Geneva: ILO pp 20-21

⁴⁰ Waite, LJ, Lewis, H, Hodkinson, S et al. (1 more author) (2013) Precarious lives: Experiences of forced labour among refugees and asylum seekers in England. Research Report. University of Leeds

other migrants from the same culture, ethnicity and country reduce the chances or perceived value of interacting with UK residents or mainstream services. Language is one example of how migrant communities might unwittingly perpetuate exploitative and harmful relationships in the community as well as domestically.

72. Communication, when English is not the first or any language, is an immediate and significant barrier to anybody escaping domestic abuse or 'so-called honour-based abuse'⁴¹. Language barriers represent more than needing a translator. Services and practitioners who are steeped in their terminology may not understand the difficulty faced by a victim who does not have English as a first language and who since early childhood has been brought up within a culture of different expectations and control will make it very difficult to define or describe the abuse particularly if it does not involve physical assault for example.
73. Colleges in Rotherham provide ESOL⁴² courses across the borough. Although Lukas, Greta nor Tomas ever applied to access an ESOL course it provides an opportunity to provide information to people who may be living precarious lives and signposting to local services and support.
74. The property in which Lukas, Greta and Tomas lived is in an area of higher deprivation with a high concentration of older privately rented property. The local authority has designated the area along with four others across the borough for selective licensing under the Housing Act 2004 Housing Health and Safety Rating System. Although primarily focussed on ensuring that the property that landlords are providing to tenants meets a minimum level of safety the scheme offers discretionary powers to the local authority to meet additional local requirements. Under the scheme, landlords have to register the properties being rented and provide details to the local authority about tenancies starting and ending. The borough is already developing an advice pack to send out to all households and the selective licensing system offers the potential for more targeted messaging to households about how to access local services and support. Greta thought a leaflet targeting households in their language signposting them to sources of advice and help would have been helpful to her.
75. The police are a service who are likely to come into contact with people who are experiencing abuse and exploitation or are at risk from it. The neighbourhood police team has sought contact with community groups including an informal Lithuanian community group that also use social media. Discussion at the panel suggested that the level of engagement with the police

⁴¹ The term honour-based abuse is problematic with the inherent suggestion that the violence is the product of behaviour that has offended codes of ethics or moral standards; it implies that it is the responsibility of the victim to behave differently or more respectfully to those who are being offended. It is why many people and organisations will always preface any reference to HBA with 'so-called' honour-based abuse

⁴² English for speakers of other languages (ESOL)

remains low partly reflecting a cultural experience of policing in Eastern Europe where there has been a relatively recent history of a militia system of policing rather than a more flexible and discretionary democratic model of police service⁴³. Groups working with the local black and minority ethnic communities reported that contact tended to be about investigating crime or incidents rather than a reflection of more consistent contact and the development of relationships with different communities.

76. There was discussion at the panel about what happens if the police have contact with households from the Lithuanian and other minority communities where there is evidence of substance misuse and the opportunity for signposting and encouraging registration with medical services. There was also discussion about what happens if a person is arrested or detained under the Mental Health Act powers and where there is cause to call for a health care professional's assessment in custody which routinely requests information about a person's GP. The contract for the provision of health care professional's services to people in police custody is not provided through the Rotherham Doncaster and South Humberside NHS Foundation Trust who were party to the DHR.
77. The local authority and partners have commissioned services to work with the black and minority ethnic communities in the borough. This includes REMA a member organisation working to increase equality and opportunity for people and communities. Through their work REMA has knowledge and contact with different nationals from Eastern Europe. Rotherham Rise is the provider of the domestic abuse service to the black and minority ethnic communities in the borough and has well-developed links with REMA and with services providing ESOL classes.

Conclusions

78. Domestic abuse is pervasive across all communities and is largely hidden. Creating the conditions in which signs and symptoms of domestic abuse might be detected or disclosed have to take account of the interplay of different factors that make it more likely that a victim or perpetrator seeks help to end the abuse.
79. The DHR is an opportunity to identify that there are specific barriers to knowing about domestic abuse in the Lithuanian community in Rotherham, that it is highly likely that there will be domestic abuse in intimate and household relationships and there are significant public health issues relating to substance misuse, poverty and social isolation. This was reflected in the issue highlighted at the webinar described in paragraph 19.

⁴³ Mike King, Arianit Koci, Antanas Bukauskas, Policing Social Transition: Public Order Policing Change in Lithuania, Policing: A Journal of Policy and Practice, Volume 1, Issue 4, 2007, Pages 428–437, <https://doi.org/10.1093/police/pam055>

80. Before the DHR, none of the services identified specific strategies for encouraging engagement with their services or having a level of understanding about the cultural and social influences for a migrant from Lithuania or a non-English-speaking background. Some but not all of the learning will apply to other Eastern European and non-English speaking nationals.
81. Developing a response to the learning from the DHR has to reflect the level of complexity or intersectionality. At a strategic level, it requires what might be called a public health approach to improving engagement with the Lithuanian community, raising awareness about domestic abuse; it also requires smarter signposting to services that promote health as well as responding to domestic abuse; it requires services to give their staff enough training and development opportunities to have enough insight about why culture and language will influence the behaviour and interaction with victims and perpetrators.
82. A public health approach is about more than simply developing different behaviour or reactions such as drafting new policies or increasing access to translation services for example.
83. The uptake of healthcare among migrants is a complex and controversial topic; there are multiple recognised barriers to accessing primary care. Delays in a presentation to healthcare services may result in a greater burden on costly emergency care, as well as increased public health risks. A study explored some of the factors influencing the registration of new entrants with general practitioners (GPs). Migrant groups with the lowest proportion registered are likely to be those with the highest health needs. The UK would benefit from a targeted approach to identify the migrants least likely to register for healthcare and to promote access among both users and service providers⁴⁴.
84. In the context of this DHR, it means taking a population approach that seeks to understand the needs of a distinct population to better target resources aimed at improving disclosure of domestic abuse and improving access to health and wider community participation.
85. It means understanding the level of substance misuse and interpersonal violence within a community.
86. It means having partnership arrangements that can respond with a good enough level of communication and understanding. A victim attempting to leave a controlling and abusive relationship within a small and isolated community that has a deep distrust of statutory agencies will have particular vulnerabilities and barriers to deal with.

⁴⁴ Stagg HR, Jones J, Bickler G, et al. Poor uptake of primary healthcare registration among recent entrants to the UK: a retrospective cohort study. *BMJ Open* 2012;2:e001453. doi:10.1136/bmjopen-2012-001453

Lessons to be learnt

87. The factors that make a difference include;

- a) Recognising that self-harm, injuries to fingers or hands⁴⁵ and substance misuse are potential indicators of domestic abuse and professionals need to show purposeful curiosity in how they seek information particularly about a woman's safety from abuse and know what to do to provide effective advice and help;
- b) Factors including race, class, and gender especially when related to an isolated community that has an individual and collective experience of discrimination or a disadvantage will influence how people interact with services however well-intentioned individual professionals might be. Not all victims experience domestic abuse in similar circumstances. Issues of culture, language and immigration status for example influence how individuals will seek advice and help and feel able to use services especially if their personal and cultural experience of public services is about control; this has potential implications for professional practice if and when for example completing a DASH assessment when required;
- c) Encouraging increased registration with a GP amongst migrant and other higher-risk groups is important for preventative mental and physical health and creates an opportunity for routine enquiries about domestic abuse; the GP is notified about UECC treatments and can follow up; physical injury, low mood or self-harm and substance misuse may be opportunities to encourage disclosure about domestic abuse; all services should encourage and explain the benefits of free access to health care at GP practices;
- d) Organisations working with migrant and other socially isolated groups have an important role in promoting access to health and other services and allow awareness-raising and information to be given;
- e) Emergency care and minor treatment centres are often visited by migrant or isolated populations; they have an important role in being vigilant to identifying and where necessary reporting

⁴⁵ These injuries are not the only indicators; for example bruising or marking around the eyes, face or throat, ankle or foot injuries.

safeguarding concerns and for signposting to advice and local services;

- f) Word of mouth and the views of peers are more powerful and influential than public health messaging; building relationships through places where services are used such as language courses, nurseries or schools if households have children can be part of a public health strategy; expanding initiatives such as the community navigators was an example highlighted at the webinar;
- g) Knowledge about the needs and vulnerability of particular communities is a public health issue that also involves services such as the police;
- h) Language can represent a significant barrier to getting advice and help from domestic abuse as well as being able to participate in wider community activities and employment; encouraging the take up of ESOL training is something that can be encouraged through places where there is contact with services;
- i) The selective licencing scheme is an opportunity to work with private landlords in the most deprived districts of the borough where there are concentrations of migrant communities; encouraging landlords to give a list of essential local services including registering for a GP and domestic abuse; the local authority is also provided with details of tenancies in these areas which could provide the basis of targetted information and messaging subject to data protection compliance;
- j) Local health and well-being boards are a forum for key leaders from the local health and care systems to improve the health and well-being of their local population; they have a role in developing local strategic policy such as drawing attention to the unmet needs of hidden vulnerable populations.

88. A learning brief that summarises learning from the DHR produced locally would widen the learning beyond the more limited readership of this report.

Recommendations

1. The chair of the Safer Rotherham Partnership should provide a copy of this report together with a briefing to the Rotherham Health and Well-being Board.

2. The Safer Rotherham Partnership should include a written response to the report with an action plan that includes the issues highlighted at the webinar.
3. Information in the community about essential local services should be freely available in the main spoken languages in the borough and downloadable from social media and information websites hosted by local statutory services. The selective licensing scheme under the Housing Act 2004 Housing Health and Safety Rating System should be used to send the information to households covered by the scheme.
4. The Safer Rotherham Partnership should ensure that the local strategy for support to victims of domestic abuse includes specific measures for victims who do not speak English⁴⁶.
5. The Yorkshire Ambulance Service should provide a written response to the potential learning identified in the DHR. This includes the recording of contact with patients and the capacity of responders recognising, following up and making referrals about domestic abuse.

Issues for national policy

1. Many of the government hosted websites provide no facility for translation into a language other than English.
2. Issue of non-registration with primary health care services from within migrant communities is not confined to Rotherham.

Individual agency review recommendations

South Yorkshire Police

1. SYP to outreach to hard to engage communities by the use of pamphlet drops, community “drop-ins” in targeted areas that are frequented by the minority group identified
2. SYP to engage more with local non-profit organisations (eg REMA) who will assist to try and facilitate engagement with minority groups who do not normally reach out to the police

REMA

1. Collation of community intelligence and feedback to the community safety partnership team.

⁴⁶ Part 4 of the Domestic Abuse Act 2021 gives a new duty to local authorities in England not yet in force in July 2021 to assess support needs and publish strategies.

