Wokingham Community Safety Partnership

Domestic Homicide Review

Overview Report

'A' (December 2018)

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14 October 2021 (amended June 2022)

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1. INTRODUCTION

This domestic homicide review was commissioned by Wokingham Community Safety Partnership following the murder of A. The key purpose of undertaking domestic homicide reviews (DHR) is to identify the lessons to be learnt from homicides in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by

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

*(b) a member of the same household as himse*lf

In order for lessons to be learnt as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each case, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future.

This report examined the contact and involvement that agencies had with A, her husband and their child between August 2017 and the time of A's murder in December 2018. In addition to the agency involvement, this report also examined any relevant past history of abuse and incorporated the views and thoughts raised by A's family.

The panel wishes to express their condolences to A's family and friends following her death. The panel would also like to thank all those who have contributed to this review.

1.1. Timescales

Wokingham Community Safety Partnership was notified of A's death on 27 December 2018. The domestic homicide review team reviewed the circumstances against the criteria set out in the Multi Agency Statutory Guidance for the conduct of Domestic Homicide Reviews (2016) and recommended to the chair of Wokingham Community Safety Partnership that a domestic homicide review should be undertaken. The chair ratified the decision to commission a domestic homicide review in January 2019 and the Home Office was notified in January 2019. An independent chair was commissioned in January 2019 to undertake the domestic homicide review. Following three panel meetings, the chair stepped down in January 2020 and another chair was commissioned in March 2020 to complete the review.

The family was given a draft of the report in August 2020 and they responded in February 2021 asking for some additional information to be included. A final version of the report was completed in April 2021. There were however further delays to signing off the report as some local senior managers (not part of the review process) requested further clarification.

1.2. Confidentiality

The findings of this review remained confidential and were only available to participating professionals, their line managers and members of the domestic homicide review panel until after the report was approved by the Home Office Quality Assurance Panel.

To protect the identity of the family members, the following anonymised terms and pseudonyms have been used throughout this review:

A – deceased aged 41 years (Age at the time of A's death)
Perpetrator – husband aged 47 years (Age at the time of A's death)
Child – under 5 years old (Age at the time of A's death)

2. THE REVIEW PROCESS (METHODOLOGY) & TERMS OF REFERENCE

The review was conducted in accordance with the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016) under s.9 (3) Domestic Violence, Crime and Victims Act (2004).

2.1. Time period

The panel decided that the review should focus on the contact that agencies had with A, her husband and their child between August 2017 and the time of A's murder in December 2018. This included the time when the family returned to live in England (from the Netherlands). The panel agreed, however, if any agency had relevant information outside of this period, this information should be included within the agency's individual management review or information report.

2.2. Family engagement

A's family welcomed the opportunity to contribute towards the review. They attended a panel meeting and met with the original chair and the panel members. Unfortunately, the second chair was unable to meet with the family because of social distancing due to Covid19. The second chair spoke to both A's father and her eldest sister by telephone. A's family was initially supported through the domestic homicide process by Advocacy After Fatal Domestic Abuse (AAFDA) and then a homicide case worker from the Victim Support Homicide Service, but ultimately neither organisation was able to assist and all correspondence was via their solicitor. Following the completion of a first draft, a hard copy of the report was given to the family. The family replied in writing outlining some areas where they wanted further exploration. Where possible, these issues have been addressed in the report. A's family asked for her initial to be used in the report and they asked for their personal victim impact statements to be included within the report.

2.3. Agencies and other contributors to the review

Individual management reviews and chronologies were requested (and received) from:

- Berkshire Healthcare NHS Foundation Trust
- Berkshire West Clinical Commissioning Group (GPs)
- Pre-school
- Thames Valley Police
- Wokingham Children's Social Care

All the authors of the individual management reviews were independent of the case i.e. they were not involved in the case and had no direct management responsibility for any of

the professionals involved. All agencies were asked to include any relevant information about A, her husband and their child.

2.4. Key lines of enquiry

The original chair and panel members set out the terms of reference with the following issues identified in this particular case:

- Examine the events leading up to the incident, including a chronology of the events in question
- Review the interventions, care and treatment and or support provided. Consider whether the work undertaken by services in this case was consistent with each organisation's professional standards and domestic abuse policy, procedures and protocols
- Review the communication between agencies, services, friends and family including the transfer of relevant information to inform risk assessment and management and the care and service delivery of all the agencies involved
- Identify any care or service delivery issues, alongside factors that might have contributed to the incident
- Examine how organisations adhered to their own local policies and procedures and ensure adherence to national good practice. In particular the review will consider areas of practice in relation to:
    - Notification and management of police reports for domestic abuse and information sharing
    - Identify any internal indicator system and how long this remains on a record
    - Child protection threshold and the process for child protection medical assessment
- Review documentation and recording of key information, including assessments, risk assessments, care plans and management plans
- Examine whether services and agencies ensured the welfare of any children, vulnerable adults/adults at risk, whether services took account of the wishes and views of members of the family in decision making and how this was done and if thresholds for intervention were appropriately set and correctly applied in this case
- Whether practices by all agencies were sensitive to the sex, age, disability, ethnic, cultural, linguistic and religious identity of both the individuals who are subjects of the review and whether any additional needs on the part of either were explored, shared appropriately and recorded
- Whether organisations were subject to organisational change and if so, did it have any impact over the period covered by the DHR. Had organisational change been communicated

well enough between partners and whether that impacted in any way on partnership agencies' ability to respond effectively

- Examination of factual record keeping, highlighting any language, terminology and professional opinion supported or unsupported in relation to interpretation and response to presentation by A
- The application of knowledge and training relating to domestic abuse in regards to the staff and the degree to which theory has been put into practice in the response to, and the management of, risk.

2.5. Review panel

The review panel met eight times (five times via MS Teams). All the members were independent of the case i.e. they were not involved in the case and had no direct line management responsibility for any of the professionals involved in the case. The review panel comprised:

- Eleanor Stobart Independent Chair and Author (second Chair)
- Adam Davis, Assistant Director Children's Social Care and Early Help Wokingham[1]
- Emily Evans, Detective Chief Inspector Thames Valley Police
- Jane Fowler, Head of Safeguarding, Berkshire Healthcare NHS Foundation Trust
- Kathy Kelly, Designated Head of Safeguarding Adults, Clinical Commissioning Group
- Liz McAuley, Service Manager QA and Safeguarding Team, Children's Services
- Narinder Brar, Wokingham Community Safety Partnership Manager
- Rachel Murray, Service Development Manager Berkshire Women's Aid
- Rachel Oakley, Assistant Director Children's Service, Quality Assurance
- Rosie Lewis, Head of Policy, Imkaan
- Rowena Perry, Business Support Officer, Community Safety Team

2.6. Author of the overview report

The chair and author of this review has been a freelance consultant for 21 years. She specialises in violence against women and girls, safeguarding children and vulnerable adults with a particular focus on domestic abuse. She has undertaken research on domestic abuse for Community Safety Partnerships and conducted audits and practice reviews for Local Safeguarding Children Boards. She has chaired and authored over 25 serious case reviews/domestic homicide reviews. She has a Master of Business and Administration (MBA) from Bradford University School of Management (2000) and a Master of Laws (LLM) in Child Law from Northumbria University (2011). She is independent of, and has no

[1] The Assistant Director was not in post at the time of A's murder but was subsequently appointed as Assistant Director for Children's Social Care. He is therefore currently responsible for the team involved in the case.

connection with, any agency in Wokingham. She has not undertaken any previous domestic homicide reviews in Wokingham.

2.7. Parallel reviews

There were no parallel reviews undertaken.

2.8. Equality and diversity

A was British Indian and the perpetrator is White Dutch. All aspects of equality and diversity were considered during the review process including race, sex, class and religion. Where relevant, these are discussed throughout the review. Surviving Economic Abuse (SEA) provided information about economic abuse and bank accounts. Advice was also sought from 'Imkaan'. Imkaan is a national Black feminist second-tier women's organisation dedicated to addressing violence against Black and minoritised women and girls i.e. women and girls who are defined in policy terms as Black and 'Minority Ethnic' (BME). To ensure the review process considered issues around domestic abuse the panel also included representatives specialising in domestic abuse. Their thoughts and views and those of Imkaan are reflected throughout the report.

2.9. Dissemination

In addition to the organisations contributing to this review (listed in paragraph 2.3), the following will receive copies of the learning from this report:

- Wokingham Community Safety Partnership
- Thames Valley Police and Crime Commissioner
- Health and Wellbeing Board
- Wokingham Adults and Children's Safeguarding Board

3. THE THOUGHTS AND VIEWS OF A'S FAMILY

A was the youngest of three sisters. She was born in the United Kingdom and was privately educated at a convent school. A was highly intelligent. She had a BSc (Hons) Psychology, an MA Criminology and Criminal Justice and an MSc Information Technology. A was described as " *bright, confident, happy, vivacious and outgoing*". She was also creative – she could master anything she put her mind to – piano, sewing, knitting. Yet, her demeanour changed – she became "*frightened, jumpy, nervous and scared*".

A returned to live with her parents at the beginning of December 2018. It was then that she started to disclose the abuse she suffered. She was scared that her husband would take everything from her. He also made threats "*You'll see what I'll do to you*". Her sister said A was embarrassed and ashamed. Her eldest sister described A as "*impressionable*" because she believed everything the perpetrator told her – for example, that she was "*worthless*". He controlled what she could wear – he would check her clothes. He controlled the finances in the household and she would have to give him every receipt. At the time of her death, she was working in a department store and trying to earn some extra money by working as a beautician. Her sister described how (the week before A died), she took A shopping. A

bought a jacket but regretted it immediately saying "*I'm going to get into so much trouble*". She wanted to return it, but her sister insisted she keep it.

The perpetrator prevented A from seeing her family. Her father used to have to visit her at the department store when she was working. There were occasions when A would take her child to visit her eldest sister at work. A even put in writing that if anything happened to her, she wanted her sister to look after her child. A kept a lot hidden, but when she was away from the perpetrator, she became herself again. She became more positive and her self-esteem improved. Following A's disclosures, her eldest sister encouraged her to contact the police.

The family asked for a number of issues to be explored as part of the domestic homicide review including:

- Why did the social worker tell A to return home to the perpetrator?
- Why the nursery did not raise concerns about domestic abuse?
- Why the police did not notice that A had bandages on her arms?

Where possible, these questions have been answered within the review. There was, however, no evidence or information available to indicate that A had bandages on her arms when she attended the police station.

4. THE FACTS

Just after 5:40am on a morning in late-December 2018, the perpetrator called Thames Valley Police and said that he had killed his wife by stabbing her. Officers went to the couple's home and found A dead in a first-floor bedroom. She had been stabbed 59 times. Their young child was found watching an iPad in the kitchen.

The perpetrator was arrested. He was subsequently convicted of A's murder. In May 2019 he was sentenced to a minimum of 16 years and eight months' imprisonment.

5. BACKGROUND

A met the perpetrator when she worked as an IT consultant in the Netherlands. She hired him to be part of her team for a contract in South Africa. Their relationship developed quickly and they were married within a year (2006). Their child was born in December 2016 following a course of IVF (in vitro fertilisation). After their child was born, A wanted to move back to the United Kingdom to be near her family. The perpetrator found work and so they moved to the United Kingdom in August 2017. Initially, they lived with A's parents but then (with financial help from A's parents) the couple bought a house in Wokingham.

Neither the perpetrator nor A were known on the Police National Computer (PNC) or the Police National Database (PND). The perpetrator was not known to the police in the Netherlands.

6. CHRONOLOGY OF SIGNIFICANT EVENTS

On 29 November 2018 A called Thames Valley Police to report "*on-going issues with her husband*". Her call was classified as a crime/domestic violence incident. After being seen at the police station, she was assessed as being at standard risk of harm, a referral was made to the multi-agency safeguarding hub (MASH) and the report was filed. A and her child went to stay with A's parents.

At 2pm the following day (30 November 2018), A spoke to a social worker and disclosed an incident when the perpetrator had "*shaken*" their child and sworn at their child. At 4pm the social worker called the police to ask if A had disclosed the assault on her child to the police. The police stated that she had not.

At 6.30 that evening, the perpetrator called the police to report "*relationship issues*" and A making him "*feel like crap and making him nuts*". The perpetrator was risk assessed by telephone on 2 December 2018 as at standard risk of harm. The report was filed.

Wokingham Children's Social Care commenced a 'children and families' assessment. A was seen on 5 December 2018. The perpetrator was seen on 18 December 2018.

A and her child returned to the family home on a day in late 2018 and the perpetrator killed her in the early hours of the following morning.

7. AGENCY INVOLVEMENT AND ANALYSIS

7.1. Thames Valley Police

At just after 8.15am on 29 November 2018, A called Thames Valley Police to report that she was having ongoing issues with her husband. Records stated that A was "*in tears*" because she felt bad about calling the police but she was "*too scared to do anything*".

The male call taker created a unique reference number (URN) on the Command and Control Database. The call was classified as a crime/domestic violence incident and given a response grading of 'urgent attendance'.[2] The call taker established that there had been no previous incidents at A's address and that neither A nor her husband were known to the police. The first entry on the log stated "*Caller having ongoing issues with her husband, coercive control*". A said she had never called the police before, but now she felt strong enough. She went on to explain that over the past eight years her husband had demeaned her, been disrespectful and controlled her. He read her emails, accessed her phone, and checked with whom she was in contact or telephoning. He had demanded that she went back to work but when she did, he made her quit. He called her names saying that she only thought of food and was fat. He told her she was a bad mother. He wrongfully accused her of having an affair and told other people about it. He monitored everything she did and did not allow her any time for herself. A described how the previous night she had turned over in bed to check the time on her phone to find him staring at her. He asked her what she was doing and this scared her.

[2] This requires attendance at the earliest opportunity, but no later than 60 minutes.

She said that she had transferred £10,000 out of their joint account to her personal account "*as security*" because she did not trust her husband. When he found out, he "*berated*" her saying "*you're putting the f***ing money in that, back in the account*". She was also concerned about a planned trip to the Netherlands, as she was scared about his real intent. She had tried to raise money in the past to file for divorce, but he discovered this and then accused her of adultery. A also reported that about a month earlier, her husband had punched her. A agreed to go to the police station after she had dropped her child at nursery school.

The call taker decided not to text the unique reference number to A in case her husband discovered it (normally an individual would be given a unique reference number to quote at the police station). The Contact Management Unit informed the sergeant in the local police area, who stated that an officer would be available to see A when she arrived. A was seen 75 minutes after her original call which was outside the parameters for an urgent attendance but took into account the fact that she wanted to take her child to nursery school first.

A was seen by a male police constable (incident and crime response officer) who completed a risk assessment (DOM5).[3] The risk assessment included details of the assault the previous month and some examples of the perpetrator's controlling behaviour. It included a limited amount of safety planning and noted that A's child was not present and was therefore not seen. A was given a safety advice leaflet which contained the contact details for the National Centre for Domestic Violence[4] as well as other support agencies. A was assessed as being at standard risk of harm. The officer described A physically shaking but then being able to compose herself. The officer recorded that A was composed when she left the police station.

The male police sergeant (incident and crime response officer) who was supervising the police constable documented that they discussed the case. He noted some of A's disclosures and commented that "*there was more to the money issue than had been disclosed*". The sergeant assessed that no offences had been disclosed, he agreed with the risk grading and completed a risk assessment (THOR[5]) within which no risks were identified. The report was filed.

The multi-agency safeguarding hub (MASH) was asked to view and assess the report. The multi-agency safeguarding hub (MASH) supervisor made a referral to children's social care and health because the case involved a child under five years old.

At approximately 6.30pm the following day, A's husband contacted Thames Valley Police to report "*relationship issues with wife……they are having several issues and some verbal*

[3] The DOM5 risk assessment form is used by police for every case of domestic abuse, including honour-based abuse and stalking. It includes a "DASH"–type questionnaire for victims, based on that developed by "SafeLives".

[4] The National Centre for Domestic Violence (NCDV) provides a free, fast emergency injunction service to survivors of domestic violence regardless of their financial circumstances, race, gender or sexual orientation. For further information see https://www.ncdv.org.uk/ - accessed online 10 June 2020

[5] Threat, harm, opportunity, risk (THOR) is the standard risk assessment model used by Thames Valley Police

arguments. Making caller feel like absolute crap and making him nuts". In March 2021, the panel was given access to the full transcript of his call with a female call taker. He stated that A had taken their child to her parents' house without his permission. He talked a lot about money and how A should not be allowed to take her jewellery with her if she left to stay with her parents. He appeared to consider that A's jewellery was shared property. He described both him and A moving money out of their shared account. He said he wanted them to visit his family in the Netherlands but A refused because she was worried that he would keep their child there and not return. The perpetrator said he had confronted A about a possible affair. The call clearly showed that he had access to her social media and was monitoring her communications. He referred to non-physical threats being made by her father and stated he was not happy about how A treated their child. He did not allege emotional or physical abuse but claimed she did not know how to "*handle*" their child. The perpetrator indicated that A had previously accused him of shaking their child and he thought she had reported this to the police. The call taker explained that it was not possible to tell him whether or not such a report had been made. Throughout the almost two-hour call with the call taker, the perpetrator portrayed himself as the injured party in the relationship – a relationship where he made all the sacrifices in order to please his demanding wife.

"*Yeah I mean, I mean, and nothing I do is good but I give her everything, I mean, I mean the only thing I can get back for it is like more more more and demands demands demands and yeah.*"

The call was classified as a crime/domestic violence incident and given a response grading of 'by appointment'. Another referral was made to the multi-agency safeguarding hub (MASH) and the supervisor (MASH) again completed a child protection referral to children's social care and health.

The officer allocated to deal with the perpetrator's call was a police constable in the 'Investigation Hub' (not the same officer who spoke to A the previous day). The officer would not have had access to a transcript of the perpetrator's call. The officer would only have the information in the referral i.e. "*relationship issues with wife…..they are having several issues and some verbal arguments. Making caller feel like absolute crap and making him nuts*"). On 2 December 2018 the officer had a telephone conversation with the perpetrator which lasted approximately 30 minutes. The perpetrator said that he had called the police because A had called the police the day before. He was concerned about what she had said to the police and also wanted to know his rights in relation to seeing his child. He indicated that his wife was staying at her parents, he thought their relationship was over but his wife was not communicating with him. The perpetrator gave the impression that as A was showing no signs of resolving their issues, he was planning to leave the United Kingdom without A or their child. The officer was clear that anything A had reported was confidential and could not be disclosed to the perpetrator. No offences were disclosed by the perpetrator and the majority of the conversation involved providing civil advice. Based on this, the officer concluded that police attendance was not required. The perpetrator answered 'no' to most of the questions within the risk assessment (DOM5) leading to the

risk being grading as standard. The officer noted that there was no previous history of domestic abuse other than the call from A. The officer provided the perpetrator with the Victim's First website[6] address after which she had no further contact with him. A sergeant (incident and crime response officer) reviewed the risk assessment, agreed with the grading and submitted it for filing.

Analysis of Thames Valley Police involvement

Imkaan explained that reporting directly to the police is the last resort for many South Asian women. This is because of the many institutional barriers and discrimination faced by Black and minoritised women and their families, peer-groups and community (both historically and currently). This means that women's choices and decisions are influenced not only by individual factors, but also by collective experiences of discrimination and violence. These issues can act as a strong deterrent to reporting to the police. Therefore, in many cases South Asian women only report to the police when they feel their life is under threat (or their child's) and when all other avenues known, and available to them have been exhausted.

When A called the police, the call taker in the Contact Management Unit showed great empathy towards her. A gave a clear account of being a victim of domestic abuse and provided obvious examples of the pattern of her husband's abusive behaviour. The call taker displayed good consideration of safeguarding issues and provided a good starting point for Local Police Area staff to assist A. Nevertheless, the original report following A's call should have been classified as a substantive crime of coercive control rather than as a domestic incident.

'Coercive Control' is a term and concept developed by Professor Evan Stark. It seeks to explain the range of tactics used by perpetrators and the impact of those on victims. It highlights the continuing nature of the behaviour and the extent to which the actions of the perpetrator control the victim through isolation, intimidation, degradation and micro-regulation of everyday life.

The offence of '*Controlling or coercive behaviour in an intimate or family relationship*' was introduced by s.76 Serious Crimes Act (2015).

For the purposes of this offence, behaviour must be engaged in 'repeatedly' or 'continuously'. Another, separate, element of the offence is that it must have a 'serious effect' on someone and one way of proving this is that it causes someone to fear, on at least two occasions, that violence will be used against them. There is no specific requirement in the Act that the activity should be of the same nature. The prosecution should be able to show that there was intent to control or coerce someone.

[6] The Victims First Hub was launched on 26 March 2018. The Hub is managed by the Office of the Police and Crime Commissioner and provides a single point of contact for victims, witnesses and family members

Had A's original report been classified as a crime it may have acted as a significant flag to the officers who subsequently dealt with A. The month-old assault should have been created as a separate crime report.

In the original call to police, A stated she was very frightened of her husband because of his level of control. He would not allow her any time alone, he monitored her phone, her emails and her shopping. There was clear evidence of coercive control recorded, yet this information was not transferred into the risk assessment (DOM5). The risk assessment should have highlighted A's vulnerability but it proved to be limited, as the police missed the obvious signs and indicators of domestic abuse. Imkaan assert that the current standardised risk assessments used by agencies do not adequately capture the needs of, and risk to, Black and minoritised women. Given the level of control alleged by A, the incident should have been graded medium risk. This may have led the 'Medium Risk Safety Planner', a member of Berkshire Women's Aid staff based in the Domestic Abuse Investigation Unit (DAIU), to contact A concerning safety planning and onward referrals to specialist agencies (although at the time the person appointed to undertake this role was still undergoing the Thames Valley Police vetting procedures).

In addition to the limited risk assessment, there was no indication that either of the officers who spoke to A noticed that the call taker entered the words "*coercive control*" within the first entry nor had the officers read the information in the original 'unique reference number'. This information amounted to an allegation of coercive control. This did not comply with operational guidance which states:

> "*Commence the initial DOM5 risk assessment in Niche (the DOM5: Part A – Victim input) based on all the information gathered, not just on what the victim directly discloses. Consider the result of any PNC checks*".

When interviewed, both officers described A's demeanour in some detail. The police constable remarked that A was able to instantly compose herself after shaking and she did this a couple of times. The officer found this an unusual presentation because he had never seen anyone do this before. It appeared to influence his approach and led him not to follow operational guidance which states:

> "*Listen to and believe your victim. Look beyond the obvious and understand that some victims may be reluctant to speak. Consider if they are minimising the abuse*".

The over-emphasis on A's demeanour led to A not being believed. Her physical presentation (shaking, trying to cry but being unable to and hyperventilating) suggested panic, distress and trauma which is commonly seen in victims of domestic abuse. Yet the police sergeant described her using a gender stereotype – "*hysterical*". The sergeant recalled having to ask A a number of times what she was reporting. She did not repeat everything she had told the call taker but did tell the sergeant about the transfer of money. He therefore inappropriately assessed it as a civil matter and gave her advice about the trip to the Netherlands. Many women are unable to fully describe the abuse they are suffering and the responsibility should not be on the victim to identify offences such as coercive control. The onus should be on the police to identify abusive behaviour and any associated offences.

When spoken to for this review, both the sergeant and police constable stated that nothing A described amounted to coercive control. They had based this assessment on limited information and on the premise that A had access to finance, she had been able to withdraw money and she was able to have contact with her parents. A did not disclose to the sergeant that her husband was controlling her i.e. telling her what she could wear or when she could go out. In relation to his comment about there being more to the money issue, the sergeant explained that he felt he was not being told the full nature of the incident. The sergeant explained that his risk assessment identified no risk and A did not disclose any ongoing threat.

A made an allegation of assault (being punched) which should have been recorded and investigated. The police appeared to view this as a one-off incident without considering it as part of a pattern of abusive behaviour where women may be subjected to a number of abuses. Indeed, it is not unusual for women not to report all assaults to which they are subjected or to be unable to articulate the complexities of the perpetrator's coercive and controlling behaviour.

The police constable discussed the implication of pursuing the month-old assault with A. He explained that she would need to make a statement and her husband would be interviewed. Nevertheless, as A apparently had not wanted to pursue the assault, it was not recorded. Both the sergeant and the police constable acknowledged that a separate report (for assault) should have been created. The police constable assessed that A's main concern appeared to be the forthcoming trip to the Netherlands.

The records gave the impression that the police constable and sergeant thought that A had not been completely honest (although it did not say so in so many words). The sergeant received a call from a social worker to ask whether A had disclosed an assault on her child by the perpetrator. The sergeant and the police constable informed the social worker that A had not disclosed an assault on her child to the police (although A was adamant that she had and the perpetrator thought she had too). The sergeant admitted that he may have told the social worker that he did not believe A. The sergeant thought that A would have disclosed such a serious incident if it was true. Clearly the sergeant’s scepticism about the veracity of the assault allegation was flawed, as there are many reasons a person might not disclose certain information to one agency but go on to disclose it to another. In fact, the transcript of A's call to the police showed that she had indeed told the call-taker about the perpetrator shaking her child – "*He even shook [our child] and blamed it on me because I brought the milk bottle into the bedroom*".

A's disclosure to children's social care of an assault on her child should have resulted in a further crime report and triggered a further referral to the multi-agency safeguarding hub (MASH). A crime occurrence should have been created when the social worker told the officers about the assault. It is however unusual for a social worker to directly contact the 'officer in the case'. Children's social care is usually expected to liaise with the multi-agency safeguarding hub (MASH). Incident and Crime Response officers are not specialist officers, and although they have some child protection training, they would not necessarily pick up the subtleties that this incident presented. Had the information been via the multi-agency

safeguarding hub (MASH), it would have triggered a risk assessment and enabled the consideration of a strategy meeting and involvement of a police officer from the Child Abuse Investigation Unit.

The perpetrator was contacted via telephone by a police constable from the 'Investigation Hub'. The perpetrator agreed to complete the risk assessment (DOM5) process over the phone. This approach is often used by officers assigned to 'CHARM'[7] appointments due to resourcing issues. Nevertheless, completing risk assessment (DOM5) forms over the telephone poses a potential risk and is not considered good practice. It reduces the opportunities to use professional curiosity and prevents face-to-face assessment of the victim, children and the perpetrator as well as the opportunity to view the home environment.

The perpetrator clearly stated that he had only called the police because A had called them the day before. He clearly wanted to know what she had reported and to take control of the situation. The officer did not identify the context of the perpetrator's call i.e. that it was another example of his coercive controlling behaviour. A call which he also used to manipulate the call-taker by discrediting and belittling A as a mother and as a wife. He implied she was feckless with money, claimed she spent her time on social media rather than caring for their child and described her simply focussing on being popular – "*I can honestly tell you it irritates the f*** out of me*". When challenged, he stopped short of describing her as being abusive towards either him or their child. He made a number of statements about his emotional state including, "*In all honesty I can't control myself anymore*" and "*I do feel that I actually been like put to the test and been pushed to the limit*".

Ideally, A's risk assessment should have been reviewed following his call. Even if this report had been considered alongside the original report from A, the response to the perpetrator would not have changed – but perhaps the response to A may have altered.

It is impossible to say what the outcome would have been had the allegation of assault, the coercive control and assault on the child had been recorded and investigated. According to the sergeant and police constable, A did not want to pursue the assault and it is unlikely that a prosecution would have been possible without her support, as it would have to rely on other corroborating evidence. It is not possible to predict what A may have wished to do had the offence of coercive control been explained to her. Officers failed to recognise and record offences for which positive action could have been taken. These were missed opportunities.

Undoubtedly, had A been believed, it is likely that she would have been afforded a very different response from the police. Had she been believed; she may have felt confident enough to disclose other examples of the perpetrator's abusive behaviour. This in turn may have led to a better-informed risk assessment and positive action being taken on the part of the police to help and protect her from the perpetrator and to refer her to specialist

[7] CHARM is part of the call handling system. It tracks telephone calls by telephone number and records the police response

agencies. This may also have enabled the police to work with A to build her case against the perpetrator.

Thames Valley Police has made a number of improvements since A's death in 2018. For example, the information and advice provided to victims of domestic abuse has improved. The risk assessment (DOM5) template is now integrated in NICHE[8]. This replaces the old paper form and means that officers can record a risk assessment digitally. There has been a review of domestic incidents (DOM5 forms) in order to identify any 'hidden' or 'missed' offences. There is now increased supervision of domestic abuse occurrences and the associated risk assessments (DOM5). Prompts have been added to the 'domestic incident' template to ensure that relevant referrals are made by frontline officers to the multi-agency safeguarding hub (MASH) and Domestic Abuse Units. A 'remain policy' has been developed. This means that when a domestic abuse victim is assessed as high or medium risk, they retain that risk level for a set period of time regardless of whether lower risk incidents occur in the meantime.

A progress report on the police response to domestic abuse published in 2017 by Her Majesty's Inspectorate of Constabulary identified that "*Despite the investment in training, some officers still do not understand the dynamics of domestic abuse and coercive control, and underestimate how manipulative perpetrators can be".*[9] To address these weaknesses in risk assessment, the College of Policing, working with Women's Aid and SafeLives[10] developed a domestic abuse change programme, 'Domestic Abuse Matters'. The programme aims to improve officers' knowledge and understanding of coercive control and their wider attitudes to responding to domestic abuse. The training has been implemented in a number of forces and the evaluation showed that in the pilot forces the training improved officers' knowledge of coercive control, and supported their understanding of the reasons why victims do not leave an abusive partner. It also suggested that more interactive and self-reflective learning would help the programme improve officers' understanding of the potential risk factors beyond physical violence, and of why victims might not cooperate with the police.

Following A's murder (and a number of other deaths), to improve officers' understanding of coercive control and attitudes to domestic abuse Thames Valley Police has introduced the 'Domestic Abuse Matters' programme. The training commenced in early 2020 and has been on-going through 2020 and 2021.

A number of recommendations have been identified from this review which have been accepted by the Thames Valley Police Governance and Service Improvement

[8] NICHE is a system that holds information about people, places and crimes. NICHE has taken over as the main system for Thames Valley Police and existing CEDAR, intelligence, missing persons and custody databases have been combined and are all accessed via NICHE.

[9] HMIC 2017, 'A Progress Report on The Police Response to Domestic Abuse' https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/progress-report-on-the-police-response-to-domestic-abuse.pdf - accessed online 18 February 2021

[10] SafeLives is a UK-wide charity dedicated to ending domestic abuse, for everyone and for good. For further information see https://safelives.org.uk/ - accessed online 18 June 2020

recommendations panel. The recommendations have been allocated ownership and are being progressed.

RECOMMENDATIONS

i. Thames Valley Police to review its processes for assessing risk in domestic abuse including the importance of secondary risk assessing

ii. Contact Management staff are already subject to ongoing CDI (Crime Data Integrity) training. It is recommended that this case is used as a case study in that training and through other communication channels

iii. Thames Valley Police has commissioned the Safe Lives charity to deliver its 'Domestic Abuse Matters' training to all front-line officers from January 2020

iv. Thames Valley Police to review how it ensures that all frontline officers have completed mandatory training

v. Thames Valley Police to set clear expectations on the use of Operational Guidance and to test whether these expectations are met

vi. Thames Valley Police to deliver CDI (Crime Data Integrity) training from January 2020 in the context of domestic abuse

vii. Thames Valley Police to clarify if and when it is acceptable to respond to a domestic incident and complete a risk assessment over the phone.

7.2. Wokingham Children's Social Care

On 30 November 2018, the Duty Triage and Assessment team received a Thames Valley Police report (DOM5). The report noted that A had called the police on 29 November 2018. The summary stated "*caller having ongoing DV (domestic violence) with her husband, coercive control*". It stated that A had been seen and was reported to be physically shaking. She said that earlier that week she had transferred £10,000 from her and her husband's joint account to her personal account. She said this was because her husband was placing pressure on her to accompany him to the Netherlands for a weekend. The report stated that A also told police that in the early hours of 29 November 2018 she had been in bed with her husband. She said she had looked at her mobile and then saw her husband awake and looking at her. This scared her. The report stated that the police had given A the contact details of the National Centre for Domestic Violence (NCDV) and other support agencies. The police officer had advised her that if she did not wish to accompany her husband to the Netherlands then that was her choice and she could not be physically forced. The report stated that A was composed when she left the police station. It was graded as a standard risk by the police.

The initial contact was reviewed by the Duty Triage and Assessment team and a decision was made that there was "*no need for MASH checks at this time*". Normally, these checks are undertaken when there is a lack of clarity about the threshold. These checks involve contacting police, health and Berkshire Women's Aid (BWA). In this case the police had already shared information and so the checks were not deemed necessary. Nevertheless, the duty social worker did undertake checks with the health visitor and established that A's child was known to the health visitor team but no reports had ever been made to children's social care.

At 11.15am on 30 November 2018, the social worker (1) telephoned A. A was with her father in a car. A said her parents knew about her relationship issues and were aware that she had been to the police station to report domestic abuse. She said her parents were helping her to obtain an injunction against her husband. She asked the social worker to call her back later.

At 2pm on 30 November 2018, A called the Duty Triage and Assessment team and spoke to the social worker (1). She said that on 20 November 2018 she witnessed her husband shake their 2-year-old child. She explained that they had a bedtime routine whereby she prepared the milk and her husband did "*the clothes and nappy change*". She went to get the milk and when she returned, she saw that her child was "*going limp*" to make it hard for her husband to remove the child's clothes. She saw her husband hold the child by the arms and shake the child for more than a couple of seconds – the child's "*head was not rattling but the shake was not gentle*". A stated that her husband was shouting and swearing at their child saying "*f**king stop it, this is so f**king stupid, just stop it*". The child was crying. A said the child then let her husband change the child's clothes. She said that afterwards her husband blamed her for the incident saying that it would not have happened if she had not entered the room with the warm milk. A told the social worker that her child did not appear hurt, the child had no bruises and A did not feel she needed to seek medical advice. She said she told a friend about it but no one else until she told the police the day before. She was adamant that she had told the police about it, however this information was not recorded on the police referral. A said that she was trying to get an injunction against her husband to stop him taking their child to the Netherlands.

The social worker (1) ended the call to seek management advice and called A back ten minutes later. A said she was leaving her child at her parents' home whilst she went to collect their belongings from the family home. She said that she was going to stay at her parents this weekend with her child. She was due to work the following day, so her parents would care for her child.

At 4pm on 30 November 2018, the social worker (1) called A again. A was driving to the family home (her child was at the maternal grandparents' home). A said she was scared, as she intended to tell her husband she was leaving. The social worker advised A not to go if she was scared, or to have someone with her. A said she had to do it now. A was advised to have her phone to hand and to call police if she was scared or an incident occurred.

At 4.05pm on 30 November 2018, the social worker (1) spoke to a police officer to discuss the police report. The police officer said that his "*feeling*" was that that A was using agencies to build evidence against her husband. He said that A did not mention anything about her child being shaken by the perpetrator when she spoke to officers at the police station. The officer confirmed that A was shaking when she was at the police station. She was wiping her eyes but there were no tears to wipe. The officer felt her presentation was "*weird*".

On 3 December 2018, children's social care received another referral. This related to a contact the police had with A's husband on 30 November 2018. He had reported "*relationship issues*" with his wife. He said they have been having several issues and some verbal arguments. He said that A has taken their child to her parents' house without his permission. He had confronted her a couple of weeks before about a possible affair but they had "*moved on from that*" but continued to argue. The perpetrator said that "*he is not happy how A is treating* [their child]". The perpetrator reported "[their child] *cries a lot,* [A] *does not spend enough time with* [the child] *and calls* [their child] *a monster on social media*". He said A had accused him of shaking their child a few weeks back but he said that this was not true. The perpetrator said he called the police because he knew A had called the day before and he was concerned about what she had said to them. The police report was graded by police as standard risk.

On 3 December 2018, the duty manager (1) reviewed the initial contact. This included the information gathered by the social worker (1). The duty manager's view was that "*based on the description A provided about* [her child] *does not suggest significant harm at this moment in time*". The duty manager (1) then had an informal discussion with the multi-agency safeguarding hub (MASH) health professional and they concluded that her child did not require a child protection medical. Instead, the multi-agency safeguarding hub (MASH) health professional suggested A should be advised to take her child to the GP for a review.

The duty manager's (1) decision was not to progress the case to a strategy meeting as it was not felt at this point that the threshold for a strategy discussion had been met. The recommendation was therefore to undertake a 'children and families (C&F) assessment.[11] The timescale set for the assessment was 25 days e.g. to be completed shortly after Christmas. It was noted that her child has been witness to significant parental "*acrimony*" and A had made serious allegations (about the perpetrator shaking their child and A being punched a month before). An assessment would be required to explore her child's safety and wellbeing, and to complete a safety plan with both parents. The management oversight noted that in the police report that the perpetrator had denied the incident and the police had not taken any action.

[11] Each child who has been referred into local authority children's social care should have an individual assessment to identify their needs and to understand the impact of any parental behaviour on them as an individual. Local authorities have to give due regard to a child's age and understanding when determining what (if any) services to provide under s.17 Children Act (1989), and before making decisions about action to be taken to protect individual children under s.47 Children Act (1989). Assessments must be based on good analysis, timeliness and transparency and be proportionate to the needs of the child and their family.

Once the social worker (1) had made the recommendation to the duty manager on 3 December 2018, the case was transferred to another social worker (2). The same day the social worker (2) telephoned A to arrange a meeting for 5 December 2018. On 5 December 2018, the social worker (2) visited A and her child at the maternal grandparents' home. A safety plan was made around contact i.e. contact between the child and the perpetrator would be supervised by A at her parents' home, with her parents present. The contact would take place on Sundays when neither the perpetrator nor A worked.

The social worker (2) visited the perpetrator on 18 December 2018. The perpetrator denied the allegation of shaking their child – he blamed A for shaking their child – yet, he admitted to being controlling. During the visit he said that A wanted to return to the family home and was thinking of returning home either just before or just after Christmas.

The social worker (2) called A the following day (19 December) to check what the perpetrator had said about her plans to return home. A stated that she was thinking about this as she was finding the driving difficult between where her parents lived and her work location. She stated that the contact between her husband and their child was good. A said that she was taking things "*slowly, slowly*" and would play it by ear. She was worried about her child's routine. At the end of the telephone call, the social worker (2) said she would be in touch after the holidays.

A and the child returned to the family home in late December 2018.

Analysis of Wokingham Children's Social Care involvement

As part of the review, interviews were held with a number of staff involved in the case as well as a manager (2) who had no direct involvement with the case. The interview with manager (2) focussed on decision making points, thresholds and the system used to process referrals. Manager (2) reviewed the case and concluded that formal multi-agency safeguarding hub (MASH) checks might have been useful, as they would have better informed the decision whether or not to hold a strategy meeting.

A's account of her husband shouting and swearing at, and shaking their 2-year-old child, along with the details of her feeling frightened and being punched would indicate their child had experienced both emotional and physical harm in the past. It could also indicate the likelihood of such harm continuing, if the child remained in that environment. Nevertheless, children's social care considered there was information to suggest that A was taking steps to provide safety for her child:

- She was leaving the perpetrator, taking the child with her and seeking an injunction to prevent her husband from taking their child to the Netherlands
- A's extended family provided a safety network
- A was maintaining the child's routine (yet the child was not going to nursery)
- The child's passport had been left at the solicitor's office
- A appeared confident about her plans and presented well.

There were other factors that may also have had a bearing on social care professionals minimising (or not even recognising) the risk in this case. The police had graded A's risk assessment as standard. Although A had reported being punched by her husband, Thames Valley Police was taking no further action. The incident of her child being shaken by her husband had occurred 10 days earlier and her child appeared to be uninjured. The police indicated that A's report may have been false. These factors appeared to lead to social care professionals not believing A's account of events.

Furthermore, there was also information following an Ofsted visit in November 2018 that too many cases were progressing to strategy meetings. This may also may have influenced practice.

The review concluded that the information known at this point could have met the threshold for a strategy meeting. This in turn would have led to a decision about the need to make enquiries under s.47[12], the need for further police involvement and the need for a child protection medical in a more formal process within a child protection framework. The decision not to hold a strategy discussion had a bearing on whether full consideration was given to the need for a medical.

The decision not to progress to a child protection medical was made by duty manager (1) in consultation with the multi-agency safeguarding hub (MASH) health professional. The decision appeared to have been influenced by the fact that the shaking incident had allegedly happened almost two weeks before and A did not raise any concerns about her child having injuries or a change in behaviour, and she had not sought medical attention. Instead, the multi-agency safeguarding hub (MASH) health professional suggested that A should be advised to take her child to the GP for a review. It appeared that this did not happen, as there was no communication made from children's social care to the GP Practice nor any communication with A to see if she had taken her child to the GP. Whatever the case, child protection medicals should be undertaken by a paediatrician in the hospital in accordance with the Berkshire Child Protection Procedures.

If a strategy discussion had taken place, it would have facilitated a formal discussion. Of course, the outcome of the strategy discussion may still have been not to progress to s.47 enquires, but there would have been a more robust process of information sharing and managing difficult decisions. When the case did not go to a strategy discussion it meant there was no multi-agency meeting and the social worker appeared to be working on her own with the family (including visiting the perpetrator alone).

Clearly, a DASH (domestic abuse, stalking and honour-based violence) risk assessment would have provided some useful information. Furthermore, given A's disclosure of domestic abuse, a risk assessment should have been undertaken at the earliest opportunity.

[12] A s.47 enquiry means that children's social care must carry out an investigation when they have 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'. The enquiry will involve an assessment of the child's needs and the ability of those caring for the child to meet them. For further information see for example https://www.scie.org.uk/publications/introductionto/childrenssocialcare/childprotection.asp#:~:text=A%20Section%2047%20enquiry%20means,suffer%2C%20significant%20harm'1. – accessed online 10 June 2020

The social worker (2) confirmed that she had intended to do one during a subsequent visit, once she had established a relationship with the parents. Given that A had called the police for help as a victim of domestic abuse and that this approach is often a 'last resort' for South Asian women, the social worker should have explored A's situation more urgently.

Nevertheless, there was no evidence to show that a discussion took place about domestic abuse. Social worker (1) did not address this because A "*appeared confident to seek support and was already in conversation with a solicitor about an injunction*". It appeared the social worker (2) did not recognise that the injunction was to prevent A's husband taking their child abroad, rather than one that would have protected A. Social worker (2) did not discuss a referral to an organisation specialising in supporting victims of domestic abuse because the police had provided A with a leaflet with the contact details of National Centre for Domestic Abuse. Children's social care was aware that A's husband had phoned the police to find out what A had told them. This was controlling behaviour and a deliberate tactic to discredit A's version of events, but the purpose of his call was not recognised by social care professionals.

A gave an account of being frightened of her husband and him punching her in the past. She also said that she was concerned that he would abduct their child. All these indicated she was a victim of domestic abuse and that the abuse had continued over a period of time. Yet like the police, children's social care did not recognise the perpetrator' behaviour as a pattern of abusive behaviour.

There was evidence of safety planning when A was leaving, but the situation appeared to change when the perpetrator had contact at the grandparents' home. A indicated on 19 December 2018, that she was thinking of returning to the family home for practical reasons. It was not clear from the records whether there was any safety planning or discussion about how her child would be safeguarded following their return home.

In addition, there was no suggestion that the social worker (2) consulted with a manager when she discovered that A was planning to return to her husband. Good practice would have been to seek management advice and to ask A some more in-depth questions about safety planning. Nonetheless, the social worker could not have prevented A from returning home. Although had the case been within the child protection process, there may have been a greater focus on safety planning and multi-agency monitoring. It is, however, also important to have safety plans when someone flees domestic abuse, particularly where there is coercive and controlling behaviour.

A's family asked that this review consider why the social worker (2) had encouraged A to return to her husband. The social worker (2) was interviewed and asked if she had provided any advice to A about going home. She said that the perpetrator had been to see a solicitor. He had been asking about his rights and who had rights to be in the family home. She recalled that both the perpetrator and A had discussed this issue and that both had been in touch with each other. Although both parties had rights to the family home, the social worker (2) was clear that she did not advise A to return to the family home.

The social worker (2) was asked about her final telephone conversation with A on 19 December 2018. The social worker (2) said there was nothing that raised "*alarm bells*". She felt that although the perpetrator had said A was going to return just before or just after Christmas; A had indicated that she was going to take it "*slowly, slowly*" and that she had no clear plan to return home. Nevertheless, had the social worker displayed greater professional curiosity from the start and questioned the police response to A, she may have believed A and recognised the risk she faced. This should have led to a discussion around domestic abuse resulting in an informed risk assessment. The social worker would then have given greater consideration to arranging for the perpetrator to have access to A and her child. Instead, by enabling the perpetrator to visit his child under A's supervision, the social worker provided the perpetrator with the opportunity to manipulate A to return home. Arranging this contact must have sent a strong message to A that professionals believed the perpetrator and not her.

Following A's murder, a number of recommendations were identified from this review and have been accepted and implemented in full by children's social care, in line with the agreed domestic homicide review action plan. Alongside identified actions, children's social care has taken the opportunity to undertake a thorough review of the systems and training which are in place to support social workers and managers in their responses to domestic abuse. These actions included a deep dive of cases by an independent experienced social worker in 2020 to ensure that learning from A's tragic death had been embedded and further potential opportunities to improve responses and outcomes for families identified.

RECOMMENDATIONS

i. A review should be undertaken of the criteria for making multi-agency safeguarding hub (MASH) checks

ii. Children's social care should review how the threshold for holding a strategy meeting is applied. Any change to the threshold should:

    a. Be in conjunction with the leadership team within children's social care, so resource implications are considered

    b. Be communicated to all managers across the service

iii. A review should be undertaken of the domestic abuse training provided to social workers to ensure:

    a. It adequately addresses the complexity of the issue including coercive control, economic abuse, cultural aspects of abuse and the danger of separation

    b. Professionals recognise that DASH (domestic abuse, stalking and honour-based violence) risk assessments should be undertaken at the earliest opportunity

    c. It meets the needs of workers

iv. A review should be undertaken of how, when and by whom referrals should be made to the local specialist domestic abuse services

v. Detailed information should be provided verbally and in writing to everyone referred to children's social care following a domestic abuse incident even when the person appears to have decided to leave an abusive relationship.

vi. Ensure that professional curiosity and the need to fully explore disclosures is embedded in practice.

vii. Ensure a risk-based approach coupled with ongoing assessments frequently monitors cases where domestic abuse is a factor and that appropriate contact arrangements are put in place which take account the safety of the alleged victim. This includes minimising opportunities for the alleged perpetrator to use visits to control or coerce the victim. Arrangements should continue to be frequently reviewed alongside any changes in information to assist with contact management.

viii. Ensure that allegations of controlling behaviour / financial abuse are taken seriously.

7.3. Berkshire Healthcare NHS Foundation Trust

A made contact with the local health visiting team in August 2017 when she moved into the area from the Netherlands with her child and her husband. The family temporarily lived with A's parents. A routine 'transfer-in' home visit and assessment were carried out and no risks were identified. Although, as both parents were present at the visit, no enquiry was made about domestic abuse. It is normal practice not to make domestic abuse enquiries when both parents are present. The health visitor would usually enquire at the next appointment. In this case, the health visiting services subsequently transferred from Berkshire Healthcare NHS Foundation Trust to Solutions 4 Health. Solutions 4 Health confirmed that the child received a routine 9-month health assessment and no risks were identified.

The next recorded contact with Berkshire Healthcare NHS Foundation Trust was when the family moved into the Wokingham area when A's child was 15-months-old. In March 2018, a health visitor completed a home transfer-in visit which had been requested by A. Both A and her child were present. Again, no risks were identified and the family was assessed as requiring universal services, as the child had no unmet health needs. There was no record that A was asked about domestic abuse. In July 2018, A contacted the health visitor duty line because she was concerned about her child's speech. She was directed to the speech and language drop-in service. The child was seen at the drop-in later in July 2018 and was invited to attend a group for speech and language therapy.

On the 3 December 2018, there was a multi-agency safeguarding hub (MASH) discussion. A had alleged that her husband had shaken their child "*gently*" (Note: the original children's social care report stated that the shake was not gentle). The health visiting service was made aware that children's social care was going to complete an assessment. The same day,

the health visiting service received two domestic abuse incident reports. In the domestic abuse report dated 29 November 2018, A was listed as the aggrieved and had disclosed financial abuse and controlling behaviour. The incident was graded as standard risk. The second domestic abuse incident report had her husband listed as the aggrieved (and her as the suspect). The perpetrator stated that his wife was making him feel like "*absolute crap*" and "*making him nuts*". She had left with their child and gone to stay at her parents' house.

The health visitor left a message for children's social care asking for the social worker to contact her to discuss the case. A message was also left for A, asking her to contact the health visiting team to arrange her child's two-year review (although there was no mention of domestic abuse, as this would not have been safe).

On the 4 December 2018, the health worker in the multi-agency safeguarding hub (MASH) made a request via the health visitor administration support for A's child to receive a targeted two-year health review. On the 5 December 2018 an invitation was sent to the family for her child's routine two-year health review. This was not sent in response to the request for a targeted health visitor review but was an already scheduled invitation for a routine two-year development review with a community nursery nurse. There was no recorded response to this invitation but A was at this time living with her parents in a different local authority area.

Analysis of Berkshire Healthcare NHS Foundation Trust involvement

Following receipt of the domestic incident form from police, a vulnerable child marker was placed on A's child's records. Yet it appeared that that the request for her child to receive a targeted two-year health review was not progressed. A targeted review is completed with the health visitor usually at the family home. This type of review would have provided the opportunity for a health visitor to:

- Explore A's relationship with her husband
- Identify whether she required support around domestic abuse
- Explore whether domestic abuse was having an impact on her child
- Find out whether A and her child intended to stay with A's parents

Instead, her child remained on the list for a routine developmental review. This type of review is completed by a community nursery nurse (possibly) in a group setting at a children's centre. As her child was not yet two-years-old, there would have been no follow-up with the family for not replying to the invitation until after the child's second birthday (late December).

The information on the second domestic abuse incident form where her husband stated that A and their child had gone to stay with her parents in a different local authority area was not followed up by the Wokingham health visiting service. The health visitor could have explored whether A and her child intended to stay with A's parents and if so, passed the case back to Solutions 4 Health to request a targeted two-year review.

During the health visitor contacts there was only one occasion in March 2018 when A was seen alone without her husband. There was no evidence a domestic abuse enquiry was made at this opportunity. Asking A about domestic abuse would have been good practice, as it may have given her an earlier opportunity to talk about her relationship and the abuse she was suffering because of her husband's controlling behaviour. The health visiting service was ideally placed to garner her trust and explore the issue further.

Following the notification from children's social care of their assessment, there was no record of any follow up after the initial phone call and message left to children's social care. The records stated that the plan was to await children's social care response. When children's social care did not respond, further attempts should have been made to enquire about the status of their assessment. At the time, health visiting staffing levels were running at a 19.3% vacancy. Potentially, the increased pressure may have reduced the health visitor's capacity to undertake any follow up.

Domestic abuse training is mandatory for health visitors. It provides information about DASH (domestic abuse, stalking and honour-based violence) risk assessments and Multi Agency Risk Assessment Conferences (MARAC)[13]. The training also covers 'how to ask the question' about domestic abuse and includes information about how to create opportunities to discuss domestic abuse. Health visitors have regular child safeguarding supervision and access to the safeguarding team which includes the specialist practitioner for domestic abuse. Since a local serious case review in 2018, health visitors now receive further training about how to support parents who are affected by domestic abuse specifically when there is coercive control.

RECOMMENDATIONS

i. An audit should be undertaken to ensure that the processes that are in place for transferring children from universal services to targeted services are being followed in a timely manner.

ii. The process for transferring vulnerable children out of area should be updated to include temporary moves. This should ensure that the health visiting service in the new area is contacted, information is shared and actions for health visiting teams are clearly communicated.

7.4. Berkshire West Clinical Commissioning Group (GPs)

The family registered at the GP Practice in February 2018. The perpetrator was seen four times, all for general medical conditions. There were six contacts concerning their child. Two because their child was slow to speak and one for a cough. In November 2018 the out of hours service was contacted three times about their child. First for abdominal pain, second

[13] A MARAC (multi-agency risk assessment conference) is a meeting where information is shared about high-risk victims of domestic abuse. It is shared between representatives of local police, health, child protection, housing practitioners, independent domestic violence advisor (IDVA), probation and other specialists from the statutory and voluntary sectors. The aim is to increase the victim's safety and develop a co-ordinated action plan.

for an ear infection and third, re pneumonia[14]. Antibiotics were prescribed and the parents reassured. A was not seen at this GP Practice although she was seen on four occasions at her previous GP Practice in a different local authority area. These appointments occurred before January 2018, just after the family returned from the Netherlands. The appointments were all routine for general medical conditions.

On 3 December 2018, the GP Practice received two police domestic abuse notifications dated 29 and 30 November 2018. Both were graded at standard risk.

Analysis of West Berkshire Clinical Commissioning Group involvement

All the GPs at the Practice signed to confirm that they had seen the police domestic abuse notification. However, domestic abuse was not 'flagged' on either A's or her husband's records – it was recorded in their child's record. Thus, when the GP saw the perpetrator on 18 December 2018 concerning his eczema/rash there was nothing on his records to indicate that a domestic incident had taken place. Had their child been seen at the GP, the record of the domestic incident would have been seen in the last entry of their child's records. Nevertheless, there was no evidence that children's social care contacted the GP Practice following the domestic abuse notification. The GP Practice was therefore unaware that children's social care was working with the family.

In the Wokingham area, in accordance with good practice and national guidance, all GP Practices are expected to flag domestic abuse for all family members. In this case, the failure to do this meant that there was potentially a missed opportunity to prompt the GP to enquire about family life, consider any risk or to offer support to the family. The GP Practice does recognise that it would have been good practice to flag each family member's records. Nevertheless, the GP Practice considered that this was not a missed opportunity because of the nature of the perpetrator's clinical presentation i.e. the GP would not enquire about domestic abuse as the perpetrator presented with eczema/rash.

GP Practices can receive multiple domestic abuse reports and therefore some may focus on the higher risk cases. This review identified that there is significant variation in the way in which GP Practices and IT systems flag and assign domestic abuse notifications. There is also significant inconsistency in approach and practice across GP Practices concerning how to respond to the domestic abuse reports. This includes what information is recorded and what is scanned into records.

Additionally, there appears to be some uncertainty as to the purpose of the GP Practice being sent domestic abuse notifications. A number of questions arose, for example:

- What actions are expected of GPs?
- Should GPs discuss the domestic abuse notification with the perpetrator?
- Are individuals aware that these reports are recorded in their medical records?

[14] A told the police call-taker that the perpetrator had blamed her for her child being poorly – "*I'm not kidding you, he blames me for our child being sick and we've had to take him to A&E*".

- What is the exact purpose of the domestic abuse notification?
- Are the notifications for information only?
- Whether all family members should be asked about domestic abuse notifications?

Currently, domestic abuse notifications remain on a person's record indefinitely. The flag can be recoded or moved to an 'inactive problem' on the GPs system. There is however no system in place to enable the police or the MARAC (multi-agency risk assessment conference) to inform the GP Practice when a code is no longer active or of any concern. Thus, it remains on the records as a clinical entry (in most cases) indefinitely.

The flagging of a patient's records clearly provides a prompt for GPs and other GP Practice staff to be professionally curious. It enables them to explore risk and ask more probing questions about life in the family home. Nevertheless, there is no doubt that GP Practices require some additional support and guidance around domestic abuse notifications. To ensure GP Practices have a good understanding of their role concerning domestic abuse notifications, the process requires reviewing.

The GPs at the Practice received safeguarding training earlier in 2018 which included various aspects of domestic abuse. This training is recorded as part of the GP annual appraisal system.

GP Practices and health visitors provide important opportunities for intervention in cases of domestic abuse. Analysis of 84 domestic homicide reviews[15] found that a third of the agency recommendations were targeted at health professionals identifying missed opportunities for earlier disclosure, thereby highlighting the critical importance of health settings. However, these opportunities for disclosure must be accompanied by appropriate referrals to organisations specialising in domestic abuse and 'violence against women and girls'.

> *"Where an individual's needs are not identified and supported in a holistic way, this often contributes to them staying in a relationship with an abuser for longer periods of time, with negative implications for their safety and physical and mental health. For example, Black and minority ethnic women are likely to stay in a relationship with an abuser longer than White women and disabled women are twice as likely to experience domestic abuse than nondisabled women*
>
> *Unfortunately, survivors often find that domestic abuse services and health services do not work together, leading to individuals with protected characteristics being at risk of falling through the gaps and being further marginalized".* [16]

[15] https://www.standingtogether.org.uk/blog-3/london-dhr-case-analysis-and-review-launch-2020 - accessed online 23 June 2022

[16] Standing Together, SafeLives, Imkaan, AVA & IRISi (2020) Pathfinder Toolkit, Enhancing the Response to Domestic Abuse Across Health Settings, London – https://safelives.org.uk/health-pathfinder - accessed online 23 June 2022

RECOMMENDATIONS

i. Primary care should review the procedure around receiving domestic abuse notifications. This should include:
    a. What is expected of GP staff on receipt of a notification
    b. How the information should be recorded or flagged
    c. How long such information should be kept
ii. GP Practice staff should receive training on how to respond sensitively (but in a professionally curious manner) to patients following a notification (irrespective of the risk grading).

7.5. Pre-school

A's child attended the pre-school from the beginning of September 2018 to the end of November 2018. The child stopped attending when A and her child went to live with A's parents. A's parents' house was too far away from the pre-school for her child to travel there each day.

During the three months, typically A would take her child to the pre-school and her husband would pick their child up. There were no notable changes to this pattern and their child's attendance was very good. Both parents reportedly engaged positively with the pre-school and would openly engage with all the staff members. A was described by staff as being more "*bubbly and chatty*" than her husband, who was described "*calmer and a bit more serious*". A talked more openly about the family's home-life, whereas the perpetrator tended to be more reserved. The pre-school recorded no concerns about the perpetrator. He generally arrived 10 minutes early to collect their child and he would sit and play with their child until the session finished. The perpetrator presented as a quiet and calm individual who cared for his child. On one occasion, he told staff that he was worried about his own father and said he would need to return to the Netherlands to see him.

A's child was described as clean, tidy and well-dressed. Her child was considered to be a confident little child, who would happily approach staff to ask for support and help if the child needed it. The staff felt that her child had positive relationships with all of them. A's child was remembered as being a generally compliant, content and happy little child. The child was happiest playing alone. This is consistent with characteristics of children that age, who tend to prefer solitary or parallel play over cooperative play. Towards the end of the child's time at the pre-school, records showed that her child had started to engage in co-operative play, which again is consistent with expected developmental norms. There were no concerns about her child's behaviour or presentation.

Developmentally, A's child was within expected ranges for almost all areas of learning – and was above expected levels in some areas. It was noted that her child's speech was slightly delayed, but not such that her child met the threshold for external intervention.

Around October 2018, A made some comments to staff about the strained relationship between her and her husband. A told the pre-school manager that "*all she wanted to do was find someone who loved her*". Her child's presentation and behaviour did not give a reason to believe that the difficulties between the child's parents were adversely affecting the child. Whilst A would often speak about on-going tensions between her and the perpetrator, these tensions appeared to centre around financial disagreements and verbal exchanges. A did not disclose any acts of physical violence. Staff provided an informal "*listening ear*" if A was upset during drop-off times. These incidents were infrequent and A often reassured staff that she had the necessary support.

On 29 November 2018, A sent a text message to the manager saying she was on her way to the police station to report her husband because he had "*threatened* her" and he was trying to force her to go back to the Netherlands to visit his sick Father. A sent another text message confirming that she was still happy for the perpetrator to collect their child adding "*she knew he would never lay a finger on* [their child]". The perpetrator collected their child that day as usual. There was nothing notable in the perpetrator' presentation or appearance. Their child did not return to the pre-school after that day. A told staff that she had moved out of the family home and that she and her child were now living with A's parents.

There was nothing notable in A's child's presentation or development to suggest her child was living in a home with, or affected by, domestic abuse or violence. Her child was always pleased to see both parents and both parents appeared to be emotionally warm towards their child.

Analysis of Pre-school involvement

A told staff about some of her upset and anxiety around her relationship with the perpetrator. This suggests that there were opportunities to talk to her about how this might be affecting their child. There were opportunities to ask A further questions about to what degree the relationship was deteriorating. Nevertheless, A told staff that she and her husband were going for counselling with a view to working through their differences and maintaining their marriage. From A's description of the situation, staff felt this was a reasonable, positive and appropriate step. The pre-school did not appear to consider a referral to Early Help or other support services, as A's child's behaviour and development were not of concern, so it was unclear if A would have engaged. The staff did not discuss the concerns A raised with her husband, nor did they formally record A's disclosures.

Education-based safeguarding training covers identifying children’s behaviour and how this can alert staff to potential concerns around the child’s home. It was apparent from consistent reports by staff that A's child’s behaviour did not portray a child who was living with domestic abuse. Sometimes children may present as angry, acting out what they have seen in the home, imitating the use of weapons, replicating language heard at home. A's child showed no such behaviour.

The pre-school first opened in 2017. In November 2018, an unannounced Ofsted inspection found the setting to be 'inadequate' in all inspected areas. This included safeguarding

practices. In April 2019 Ofsted confirmed that the setting had improved and it was awarded a grade outcome of 'good'. The conclusion by Ofsted that the setting was 'inadequate' around this time is a cause of concern. Nevertheless, on scrutiny it was apparent that whilst some areas of practice were not adequate at that time, these centred around paperwork practices and attention to health and safety, rather than day-to-day understanding of signs of abuse and neglect in young children.

All staff have received safeguarding and child protection training in line with the requirements of the Early Years Foundation Stage Statutory Guidance (2017). The setting has an adequate safeguarding and child protection policy.

Currently, there is no formal requirement for pre-schools to attend specific training on domestic abuse. Despite this, A's death had a huge impact on the staff and the pre-school school is now considering how to raise awareness of domestic abuse. This should help staff recognise the signs and symptoms of domestic abuse. It should also help them to keep records, provide information about support services and make referrals.

RECOMMENDATION

i. Information to be available to early years settings to raise awareness of domestic abuse and how to respond to suspicions or disclosures by children or parents

8. LESSONS LEARNT AND EMERGING THEMES

8.1. Last resort and the institutional context for South Asian women

8.2. Failure to recognise domestic abuse

Although A had not made any previous call-outs to police, research shows that on average, female victims are subjected to 35 incidents of domestic abuse before they involve the police.[17] A told the police that her husband had punched her. She was also very clear that he was controlling (a fact that he confirmed to the social worker). She said she had suffered this abuse for eight years. Research[18] shows that coercive control is much more effective than physical violence as a predictor of a domestic homicide. The same research also concluded that "*coercive control is the 'golden thread' running through risk identification and assessment for domestic violence and that risk assessment tools structured around coercive control can help police officers move beyond an 'incident-by-incident' response and toward identifying the dangerous patterns of behaviour that precede domestic homicide*". Therefore, when undertaking risk assessments for domestic abuse, coercive control should be considered a significant risk factor. Many domestic homicides take place in the context of "*male dominance and control which is manifested in possessiveness, extreme jealousy,*

[17] See for example https://www.refuge.org.uk – accessed online on 10 June 2020

[18] See for example, Andy Myhill and Katrin Hohl "The Golden Thread": Coercive Control and Risk Assessment for Domestic Violence, Journal of Interpersonal Violence 34(4) November 2016 – accessed online 10 June 2020 https://www.researchgate.net/publication/309656752_The_Golden_Thread_Coercive_Control_and_Risk_Assessment_for_Domestic_Violence

attempts to isolate the women, threats of suicide, and threats to kill that are often triggered by loss of control due to impending separation or real or imagined infidelity".[19]

Women's Aid [20] provides some common examples of coercive behaviour which include:

- Isolating you from friends and family
- Monitoring your time
- Monitoring you via online communication tools or spyware
- Taking control over aspects of your everyday life, such as where you can go, who you can see, what you can wear and when you can sleep
- Depriving you access to support services, such as medical services
- Repeatedly putting you down, such as saying you are worthless
- Humiliating, degrading or dehumanising you
- Controlling your finances
- Making threats or intimidating you

It was evident from A's call to the police and from speaking with her family that she was subjected to a number of the examples of coercive controlling behaviour listed above. She had been isolated from her family and they described having to go to her workplace in order to see her. Despite her qualifications, she worked at a department store and she told the pre-school manager that her money went into his account. She told the Thames Valley Police call handler that the perpetrator read her emails, checked her phone, he monitored everything she did and would not allow her time to herself. A's sister described how the perpetrator dictated what A could wear. Yet A's disclosures to the police did not lead to them considering the offence of coercive control. Equally her disclosures did not lead the social worker to consider undertaking a further risk assessment at the earliest opportunity.

In fact, the domestic abuse context was missed in A's case. Domestic abuse is rarely a one-off incident. It is pattern of abuse that has a cumulative harmful impact over an extended period of time. Women are subject to 'poly-victimisation' including physical abuse, rape, financial abuse, coercive control, emotional abuse and other forms including so called honour-based violence, forced marriage and female genital mutilation. In this case, there was a prior domestic assault that was not sufficiently considered. There was significant coercive control and A exhibited the symptoms of physical and emotional trauma when she approached the police. Also, the fact that she reported to the police was not a typical route for a South Asian woman.

[19] See for example, Johnson H *et al*, Intimate femicide: The role of coercive control, Feminist Criminology (2017) http://discovery.ucl.ac.uk/1547775/1/Wortley_Final%20revisions%20manuscript%20IPH%20and%20coercive%20control.pdf – accessed online 10 June 2020

[20] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/ - accessed online 10 June 2020

The trip the perpetrator was planning to the Netherlands was another indicator of domestic abuse. It appeared that he was not only trying to remove A from a place where she had connections to further isolate her, but there was also a suggestion that he might abduct her child (as a further punishment). This showed an escalation in his coercive controlling behaviour.

Both police and children's social care failed to recognise the perpetrator's call to the police as part of his pattern of abusive controlling behaviour. The Respect toolkit [21] highlights a number of reasons why a perpetrator may present to the police and other professionals as a victim of domestic abuse. One of these reasons is to discredit or undermine the account of the primary victim.

The toolkit also highlights some of the dangers of misidentifying the perpetrator as the primary victim. For instance, it undermines the credibility of the victim from then onwards; thus, the victim may not be believed by police or other agencies; this further isolates the victim as they may not be afforded opportunities to engage with appropriate services because they have been inappropriately assessed as not requiring services.

In this case, the perpetrator contacted the police to find out what A had told them the previous day. From the transcript of his call, it was not obvious whether he had called to make an allegation against A but the effect of his call was to completely discredit her allegations. His call should have been viewed as part of a pattern of coercive control. In 2008, Nottinghamshire Domestic Violence Forum developed a screening tool to help professionals who were supporting men who were experiencing domestic abuse. The screening tool adapted below sets out the features that are likely to be apparent in a genuine survivor of abuse and those likely to be present if they are actually a predominant abuser.

[21] https://www.respect.uk.net/resources/19-respect-toolkit-for-work-with-male-victims-of-domestic-abuse

GENUINE SURVIVOR OF ABUSE	PREDOMINANT ABUSER
Fearful of his partner	Does not express or demonstrate fear of his partner
Fearful of the abuse	Does not express or demonstrate fear of the abuse
Confused about what is happening	Presents himself confidently
Has tried to leave (unsuccessfully) or tried to repair the relationship	His partner has recently left him or is in the process of leaving him
Feels empathy for his partner's current problems or childhood experiences	Little or no empathy with his partner and focussing solely on himself
Minimises the severity of the abuse, but is able to provide details in a chronological order, given time	Is good at focussing on one incident but is vague about incidents or events when you enquire further
Feels ashamed of the abuse, and of being a victim	Assertively claims the victim status and does not find fault in himself
Feels remorse or guilt for having retaliated	Feels aggrieved and in the right
Excuses the actions or expectations of his partner and carries the responsibility for the problems in the relationship	Blames his partner for the abuse, presenting his partner for example as an unreasonable or unstable character
Worries about how it is affecting the children	Does not consider the children's experiences or feelings
Feels a sense of obligation to protect the abusive partner	Negative or unreasonable attitudes and statements about his partner

The perpetrator's call was in fact a text book example of a perpetrator of domestic abuse portraying himself as a victim. The content of the call demonstrated that he was not in fear of A. The only time he mentioned fear was when he talked about the police involvement and the implications it would have for him. During the call, he showed no empathy towards A or their child. He placed himself in the role of 'saviour' (a common tactic used by perpetrators to gain favour) and spoke about how he had to earn all the money, provided financial support for the family, how he had gone to counselling as well as how he looked after their child but still his wife demanded more. He used the opportunity to present A as unreasonable and unstable. His focus was very much on himself. He did not take any responsibility for the situation but rather blamed A for multiple issues e.g. for taking her child away, transferring money, taking her jewellery. He asked repeatedly about the report she had made the previous day. He clearly wanted to prepare himself for any potential

contact with the police and used the call to boost his credibility and undermine A's. He openly talked about monitoring A's communications and checking her social media and his attitude showed that he felt he had every right to be doing this. He was not able to give a detailed account of incidents or a chronology of events.

In contrast, A's conversation with the call taker showed that she was afraid – "*I don't know how I'm going to lie to him and tell him. What am I going to tell him (crying). He's going to find out. (crying louder)*". She provided a clear chronology of events ("*It started 8 years ago*") with specific incidents *("….even today, this morning, he was watching me sleep and then I woke up and I just went to turn my phone on to check it in the night, to see what time it was and he looked at me and I was just like "oh my god". You know when you get that scared feeling like what are you, what are you going to do to me* (crying loud)") and described how he isolated her from the support around her ("*he's been telling me that I can't do certain things, I can't talk to my family, I can't have my parents look after* [our child]"). She talked about trying to leave the relationship. She described being monitored by the perpetrator "*It's the only time I, I was able, I was able to call you because he, he listens into all my calls, he monitors everything*".

Certainly, if the aim of the perpetrator's call was to throw doubt on A's disclosures to the police the previous day, it was effective. The outcome was from that point onwards professionals (both police and social care) incorrectly viewed it as an acrimonious separation in which both parties were making 'tit for tat' allegations as opposed to viewing it as significant coercive control.

8.3. Failure to recognise economic abuse

It is not clear whether A really understood the concept of either coercive control or economic abuse. Although the Government definition of domestic abuse[22] incorporates economic abuse, often victims may have little understanding of what this means. Economic abuse is described as when "*someone interferes (through control, exploitation or sabotage) with their partner's ability to acquire, use and/or maintain economic resources. Economic resources include: money, housing, transportation, utilities such as heating or items such as food or clothing*".[23]

Sharp's research[24] concludes that economic abuse is complex. This is displayed in this case by the fact that A and her husband had a joint bank account and records showed that there was a large amount of money in the account. This appeared to confirm to professionals that A had access to money. Yet, she openly discussed not having equal access to the household income. It can be hard for professionals to comprehend that having a joint account does not necessarily mean having equal access to those funds. Most high street banks offer a 'notification' service on bank accounts to the other account holder on a joint account. This means that a notification may be sent if there is a large unexpected transaction.

[22] See for example https://www.gov.uk/government/news/new-definition-of-domestic-violence - accessed 10 June 2020

[23] https://survivingeconomicabuse.org/economic-abuse/what-is-economic-abuse/ - accessed online 10 June 2020

[24] See for example: Dr Nicola Sharp-Jeffs "Supporting Survivors of Financial Abuse: Learning for the UK, 2016

'Challenger'[25] banks send a notification for each transaction into and out of the account to the other account holder. This provides perpetrators of economic abuse the opportunity to monitor a victim's spending even when it appears there is equal access to an account.

Research[26] by the co-operative bank and Refuge indicates that women and men understand and experience financial abuse differently, therefore a clear distinction needs to be made between:

a. Relationships where financial abuse operates within a context of power and control
b. Relationships in which there is an unequal, but not abusive, financial relationship.

Economic abuse is not linked to household income. Indeed, the same research showed that 25% of respondents came from households with an annual household income of over £50,000. We know that perpetrators may demand to know how money is spent and make a victim continually ask for money. A reported having to provide the perpetrator with receipts for everything she bought. The transcript of her conversation with the police call taker showed that she had to ask if she wanted anything – "*And then it's like if I put something like, even tampons on, on a, on a shopping list, 'well is it needed?' So, 'its above 15 euros, do we need it? Why are we buying this? Why are we getting this'… Yet he would buy whatever he wanted, he would do whatever he wants yeah."*

It is common to see financial sabotage i.e. not letting the partner work. In this case, no agency questioned why A was working in a store when she was so highly qualified. Inevitably, lack of finances and economic abuse contributes to making the victim more dependent on the perpetrator. Studies show that women are three and a half times more likely to suffer domestic abuse if they cannot find £100 at short notice.[27] It was clear from A's conversation with the police that she had tried to leave and file for divorce before, but she had been unable to raise the money.

Professionals often assume that a victim can (or would) ask their family for money but this is often not the case. A's family had already provided her and the perpetrator with money towards their house and car. A may have felt embarrassed or ashamed to have to rely on them again.

8.4. Danger of separation

The perpetrator's coercive controlling behaviour and the economic abuse that A suffered made her more vulnerable, especially when she decided to leave the relationship.

[25] The term challenger bank is used to describe any bank that is looking to challenge the big four in Britain: Barclays, Lloyds Banking Group, HSBC and RBS – for further information see https://www.which.co.uk/money/banking/bank-accounts/challenger-and-mobile-banks-aj0mj7w688r5#headline_1 - Which? – accessed online 10 June 2020

[26] Nicola Sharp-Jeffs Money Matters, Research into the extent and nature of financial abuse within intimate relationships in the UK, the Co-operative bank and Refuge

[27] Walby, S. and Allen, J. (2004) Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey London: Home Office Research Study 276 cited in Sharp-Jeffs, N (2016) "Supporting Survivors of Financial Abuse: Learning for the UK

Separation is a particularly vulnerable time for women in abusive relationships. [28] Many victims, their families and indeed professionals continue to believe that once a victim has separated from their abusive partner, the abuse will stop. However, post-separation violence and abuse is an issue for a significant number of victims of domestic abuse (and their children). One research study[29] showed that 76% of women who had separated suffered further abuse and harassment from their former partner, with child contact being a particular point of vulnerability. An Australian study[30] showed that almost half of the homicides in the research occurred within the first three months of the relationship ending. Similar figures appear in research in England and Wales. The Femicide Census 2020[31] showed that women are at significant risk of deadly violence when they separate from an abusive partner – "*Of the cases where women had separated, or made attempts to separate, the vast majority (338, 89%) were killed within the first year and 142 (38%) were killed within the first month of separation, or when the victim first took steps to separate even if she had not actually left the perpetrator*". Indeed, work by Jane Monckton-Smith also identifies separation as a trigger event for domestic homicide.[32]

During the call to Thames Valley Police, the perpetrator stated that he had killed A and that she has been "*driving me crazy for some time already and she was going to leave me …*". Professionals need to be aware that the risk of harm to a victim increases when a relationship ends. The police officers who spoke with A knew she was separating from her husband. They were living apart and she intended to divorce him. This should have drawn the officers' attention to the increased risk of harm that A faced.

Equally, children's social care was aware that the marriage had broken down. During this period, children's social care was undertaking a 'children and families' assessment. This assessment appeared to focus on A's child to the exclusion of the impact that the perpetrator' abusive behaviour might have on the family and the potential risk he posed to A.

There was nothing recorded in children's social care records as to why A returned to the perpetrator at their family home. Consideration should have been given to the possibility that the perpetrator may have persuaded, manipulated or threatened her when he had contact with their child.

8.5. Victim-blaming and minimising risk

The panel discussed a number of issues that may have led professionals to minimise the risk that A was facing. These included whether the fact that she was well-educated meant that

[28] See for example https://www.refuge.org.uk/our-work/forms-of-violence-and-abuse/domestic-violence/barriers-to-leaving/ ; www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200020001&itemid=1126 and www.femicidecensus.org.uk The Femicide Census; 2018 Findings – accessed online 10 June 2020

[29] Humphreys, C and Thiara R, Neither justice nor protection: women's experiences of post-separation violence, Journal of Social Welfare and Family Law, Volume25, Issue 3, 2003 – accessed online 18 June 2020

[30] Australian Domestic and Family Violence: Death Review Network, 2018 – accessed online 10 June 2020

[31] Femicide Census see https://www.femicidecensus.org/

[32] Monckton-Smith, Jane (2019) *Homicide Timeline - The 8 Stages.* http://eprints.glos.ac.uk/7797/ - accessed online 17 February 2021

professionals may have over-estimated her ability to understand how to protect herself. This seems unlikely because there was nothing recorded in the records to suggest any professional explored her class, educational background or identified why she was working in a store. From discussions during panel meetings, it appeared that children's social care considered that A's presentation had a huge influence in reassuring them that A was 'acting protectively' and taking the necessary steps to protect herself and her child. Yet A had only been seen by a social worker once and no discussion had taken place to understand the risk she faced. Therefore, children's social care had no meaningful insight into what risks the perpetrator posed and whether A had taken the necessary steps to mitigate those risks. Thus, A's ability to manage the situation was simply taken at face value.

Making victims responsible for the risk they face from abusers, feeds into a wider discourse around perpetrators' behaviour in the context of children's social care interventions and who is responsible for managing the risks posed by abusers. This responsibility is often placed on the shoulders of the victim to 'act protectively' with the perpetrator often invisible in the process and therefore taking no accountability for their abusive behaviour.

A's ability to move money from the joint account created a false impression with agencies that she could live independently of the perpetrator and that this aspect of her life was not controlled. We know that this was not the case from her call to the police when she disclosed that she had to account for everything she spent. There appeared to be a lack of curiosity as professionals did not look beyond A's seemingly readily available access to shared money. Agencies failed to understand that moving money when there was financial control in the relationship could have acted as a trigger to an escalation in the abuse.

There was also suggestion that professionals might have thought that her family could protect her, particularly as the child's passport was with a solicitor and her father was a solicitor – and he was helping her to seek an injunction to prevent the perpetrator taking A's child overseas. Nonetheless, in the past the family had very limited contact with statutory agencies and they had had no contact with police or children's social. Therefore, their knowledge of the system was basic and they had limited knowledge of domestic abuse or how to access the appropriate services for A.

What was apparent was that health and children's social care relied heavily on the initial police assessment of the risk A was facing. This assessment was flawed and had not taken into account either the coercive control, the assault the previous month nor the incident of A's child being shaken. This over reliance by agencies on the police risk assessment is concerning because response officers are not necessarily experts in safeguarding, domestic abuse, or child protection. It would have been good practice for professionals in both health and children social care to undertake their own assessment of the risk A faced. There was no doubt that the social worker appeared to be swayed by the police who questioned the veracity of A's allegations and then further influenced by the perpetrator's counter allegation. As agencies did not undertake independent assessments, the overall victim-blaming narrative about A remained unchallenged and there remained doubt about the veracity of her allegations. This showed a lack of professional curiosity and meant that her abuse was minimised. Instead of being viewed as a victim, she was seen as a manipulative

woman who was trying to build a case against her husband for the subsequent divorce proceedings.

No agency appeared to understand how coercive control, economic abuse, the danger of separation and institutional bias[33] all influenced the risk that A and her child faced. In this case, the bias can be seen when:

a. A disclosed three offences none of which were recorded or investigated

b. The perpetrator's call to police (in which nothing was disclosed) was recorded as a crime/domestic incident with A as the suspect and the perpetrator as the aggrieved

c. Agencies accepted the initial police risk assessment instead of exploring A's allegations

d. Children's social care accepted the police view that the shaking incident was false

e. The perpetrator admitted to being controlling but this was not explored

f. Police and children's social care viewed A as a manipulative woman who was trying to build a case against her husband.

It would have been good practice to refer her to a women's organisation that specialised in supporting South Asian women fleeing domestic violence and abuse. Such an organisation would have been better placed to understand and meet her needs as a South Asian woman.

8.6. Making referrals to specialist organisations

In this case A felt comfortable and safe enough to share some personal aspects of her life with staff at the pre-school. What she disclosed was indicative of domestic abuse. According to Imkaan, women are more likely to disclose domestic abuse in spaces that they can access safely and independently which are community-based and importantly without the perpetrator's knowledge. These are also important spaces for discreetly linking women into Black and minority ethnic 'violence against women and girls' specialist support. Yet as no agency recognised that she was being subjected to domestic abuse, they failed to access the correct pathways for her support.

The specialist led "*by and for*" ending 'violence against women and girls' pathway is critical for providing life-saving support to women, especially those from Black and minoritised communities. A needed support to address domestic abuse. Specialist Black and minority ethnic organisations often pick up on issues when indicators of abuse are frequently missed by mainstream agencies.[34] In addition to safe refuge accommodation, these organisations

[33] The Oxford Reference states that institutional bias is a "*tendency for the procedures and practices of particular institutions to operate in ways which result in certain social groups being advantaged or favoured and others being disadvantaged or devalued. This need not be the result of any conscious prejudice or discrimination but rather of the majority simply following existing rules or norms. Institutional racism and institutional sexism are the most common examples*" see https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100005347 - accessed online 16 August 2021

[34] Imkaan (2015) State of the Sector: Contextualising the Current Experiences of BME Ending

provide advocacy, legal advice, counselling and therapeutic support and they operate in local areas. Had A been referred to such a specialist organisation, it would have led to a more in-depth understanding and vital holistic picture of A's safety needs. Black and minoritised survivors are more likely to engage with statutory services if they have accessed support for domestic and sexual violence from a Black and minority ethnic-led "*by and for*" 'violence against women and girls' organisation.[35]

9. CONCLUSION

Whilst it is not possible to say exactly what the outcome would have been had A's allegations been robustly and thoroughly investigated and in turn believed, it is possible to say what may have been. Had A been believed, it is likely that she would have been afforded a very different response from both the police and children's social care. Had she been believed; she may have felt confident to disclose further incidences of the perpetrator's abusive behaviour; this may have led to a better-informed risk assessment and positive action being taken on the part of the police to help and protect her; it may have enabled the police to work with A to build her case against the perpetrator; it may have given her the strength to seek further advice about her legal options or seek support from a specialist domestic abuse agency. Similar to the "One Chance Rule"[36], the 29 November 2018 may have been the window of opportunity which could have led to an entirely different outcome.

10. RECOMMENDATIONS

In addition to the 17 single agency recommendations in this review, Wokingham Community Safety Partnership together with local agencies should consider how to provide multi-agency training using case studies (such as this one) to help professionals handle cases of domestic abuse.[37] A woman reporting domestic violence must always be respected, believed, understood, supported and treated with fairness and decency. Sessions should focus on demystifying intersectional stereotypes, myths and assumptions that lead to victim-blaming and bias which cause harm to women.

Violence Against Women and Girls Organisations https://www.imkaan.org.uk/resources - accessed online 9 July 2020

[35] Imkaan and University of Warwick (2020) Reclaiming Voice: Minoritised Women and Sexual Violence - Key Findings. London https://829ef90d-0745-49b2-b404-cbea85f15fda.filesusr.com/ugd/f98049_a0f11db6395a48fbbac0e40da899dcb8.pdf - accessed online 9 July 2020

[36] All professionals working with suspected or actual victims of forced marriage and honour-based violence need to be aware of the “one chance” rule. That is, they may only have one opportunity to speak to a victim or potential victim and may possibly only have one chance to save a life. As a result, all professionals working within statutory agencies need to be aware of their responsibilities and obligations when they are faced with forced marriage cases. If the victim is allowed to leave without the appropriate support and advice being offered, that one chance might be wasted. Multi-agency practice guidelines: Handling cases of Forced Marriage, HM Government 2014

[37] See Article 15 (1&2) Council of Europe Convention on preventing and combating violence against women and domestic violence, Istanbul, 11.V.2011 - https://rm.coe.int/168008482e - accessed online 17 August 2021

1. This training should be capable of highlighting issues such as:
    - Domestic abuse as a pattern of behaviour
    - Diverse communities and unconscious bias
    - Coercive control and economic abuse
    - The danger of exiting an abusive relationship
2. Wokingham Community Safety Partnership should invite Imkaan to meet with senior management from all agencies involved in this review. This will enable discussion to take place about the learning identified in this case
3. Wokingham Community Safety Partnership should review the available commissioned and non-commissioned specialist 'violence against women and girls' support pathways for Black and minoritised women/girls. This should ensure that agencies can seek expert advice, support and information [38]
4. Future domestic homicide reviews in Wokingham involving Black and minoritised women should always have appropriate representatives from the 'violence against women and girls' sector as well as a specialist Black and minority ethnic organisation
5. The Home Office should consider updating the Statutory Guidance on the Conduct of Domestic Homicide Reviews to make it compulsory to have representation from a specialist Black and minority ethnic organisation on the panel in cases involving Black and minoritised women
6. The Home Office should consult with Imkaan, Women's Aid and Safelives to review the effectiveness of the DASH (domestic abuse, stalking and honour-based violence) risk assessment for Black and minoritised women experiencing domestic violence and abuse.

[38] See Violence Against Women and Girls Services, Supporting Local Commissioning, Home Office Dec 2016 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf - accessed online 17 August 2021

11. APPENDIX: PERSONAL VICTIM IMPACT STATEMENTS

11.1. Personal victim impact statement of A's parents

I am writing this Victim Personal Statement on behalf of myself, my wife, my belated A and her child who are not able to represent themselves in person in the court.

A was our youngest daughter. Her life was tragically cut short by the wilful actions of a cruel husband and he murdered our beloved daughter, an innocent girl who happened to be there on a fateful night. He is an evil man who committed such an act of despicable cruelty, violating defenceless A on that night. He not only killed her, but he brutally murdered her.

He has not only killed her, but also have taken away a mother from her child, depriving her child of all the love, affection, and the warmth which A would have given to her child.

When he married her, he vowed to love and cherish, respect, protect, support and look after her throughout her life. We always treated him like our own son and therefore always welcomed him as a trusted family member. We always looked after his numerous needs provided him expensive gifts; never forgot to surprise him with something appropriate for his birthday, Christmas Day, etc.,

He lived with us for seven months when A, their child and their dog a Jack Russell, moved from Rotterdam in July 2017. My wife cooked for him, washed and ironed his clothes; even loaned her own car for his exclusive use for nine months. He did not care and he did not have the words of thanks for all that help. He assumed that all this was his right. All this was done for the welfare of our daughter and grandchild, but in return, he broke all vows and completely destroyed our feelings of trust and rather repaid all that by mercilessly killing our daughter and giving us recurring nightmares of the horror that A suffered. We severely suffer from anxiety, stress and sleeplessness nights.

When my daughter, the perpetrator and their family decided to purchase their own house and move away from us we helped them to purchase their house by loaning them a sum of £200,000. This was the property they wanted to purchase as their “Dream House”. We did not know that our daughter was to succumb to her death by a brutal murder here.

A was a highly educated girl. She was a gentle and peace-loving, who never was able to cope with raised voices, conflict, and certainly any threat of violence. She would have been frozen with fear, unable to run and fight.

She was loveable girl, who was eager to please, extraordinarily kind and always polite, helpful and respectful. She was a fun, popular, and a compassionate child. We cherished every moment we spent with her. We have so many happy memories.

We are now of the confirmed belief that he did not know the real A. It is only a few months before her death, we noticed that she had really a changed, the reason being, that he inflicted her with enormous pain, suffering, killed her spirit and undermined her self-

confidence by his aggressive and controlling nature and torturing her consciously and continuously for eight years before her tragic death. He made her to believe that she was worthless and failure in life. He took full advantage of A's weakness. He took full control of all her finances; keeping tight control of her salary, savings, and any money she received. He manipulated her finances in such a way that he could easily swindle her of all the money she earned. He sold her own personal moveable and immovable assets and swallowed all the proceeds for his own benefit.

Two weeks before her tragic death, when she was with us we tried our level best to raise her self-confidence and on that December night, she went home with her child. She was to return with her child the next day as she was going to work as she did not feel her child would be safe with the perpetrator and needed someone to look after her child whilst at work. On the morning in December when we were waiting for her; rather instead we found two police officers knocking at our door to tell us that A died. She went her own home and she was butchered by a manipulating, calculating and callous murderer. He brutally killed a wife cold-blooded in such a horrible way that is beyond our comprehension. She was defenceless and vulnerable, but her only concern was to protect her child from that murderer. With one act he has destroyed so many happy lives, killed a mother to a two-year-old child, a loving daughter, sister, aunt and sister-in-law.

We were also informed that A's body remained in the house till late in the evening on that day. Our repeated requests to be with her in her last hours were not allowed. Words cannot express how sad we are that we even could not say her goodbye to her. In the mortuary, we were only allowed to see her face as we were forbidden to touch her, as she was still a subject of evidence! My wife looked at her daughter helplessly. She cried repeatedly and remains very disturbed from the tragic loss.

Together with A, we celebrated her child's second birthday in December 2018, and made plans to spend her holidays with her sister and her family in USA. These plans will never come to fruition, nor will so many other plans.

The grief and pain will never leave us. We have started the counselling process as the pain is too much. We have been prescribed a post-traumatic stress medication to allow us to sleep for short periods before the relentless images overwhelm us again and again. We have regular nightmares of the images of our daughter lying helplessly in her home. Anxiety, stress, sleeplessness nights, and fear have made our hearts heavier. Our family life has changed beyond repair. A should be here to look after her child. Parents should never outlive their children; we are filled with guilt and despair.

We feel physically and emotionally drained of. He has dominated our thoughts and our lives. He has wrecked not only our family but also innocent family members. Our lives have been shattered by his relentless lies, deceit, and calculated and systematic manipulation. His contempt for human life is just beyond comprehension.

This evil man has committed such an act of despicable cruelty, violating defenceless A on that night. ***SHE WAS A PROVERBIAL LAMB TO THE SLAUGHTER.*** How much pain and suffering she would have experienced and felt, the thoughts of that make us shiver, creating

traumatic feelings, we feel completely helpless and cannot stop crying. She was a highly educated girl. She had the whole world ahead of her. We both are very heartbroken; we suffer from depression; our heart is ripped out of our family. We as a family will never come to terms with the magnitude of this loss. She is always in our heart, no matter how broken and heavy they may be.

No sentence imposed will ever reflect the heartache and the pain he has inflicted upon our family and us.

Our daily routine is revolving around this little child, while my daughter and her husband both have joined us and have taken the burden of sharing the responsibility of supporting the family and welfare of A's child. My daughter and her husband in the USA have also joined all of us in doing everything possible to share the burden. She has made five trips and sixth trip will be during the first week of May. She continues to bring love, knowledge and her expertise for raising children today to us all. Our grandchildren shower them with love and gifts. He is loved unconditionally.

We do not feel like going out, having any holidays, watching any TV programme and visiting family of friends. Before A's death, we started feeling that we are relieved from our duty as parents and started feeling relaxed, but it is all changed now. We now think of everything in terms of A's childs' future. We have to think like parents and care for a 2-year-old. Whatever savings we have, we have decided to use them for the welfare and education of this child. The child deserves everything A dreamed of.

My wife sits and cries, the pain and sadness are visible on her face. She has lost interest in everything she once enjoyed. When she thinks of A, she begins to imagine the pain and heartache her dear youngest daughter was subjected too. How could he have watched A suffer like that? How could he have watched their child grow inside his wife… be born, healthy and wonderful and to tear it all apart? How could he want to destroy that happiness and celebrate how lucky he was to have such a beautiful loving wife and child? He had everything and threw that all away for his own selfish motives.

My wife and I were so happy to become grandparents, to see our baby girl have a baby. But then, to have it stripped away! Now the same pictures of A that used to make happy make us cry with great sadness that words her husband, instead of providing love, affection, warmth, protection and making provision for the future of the child, he instead chose to inflict abuse on my daughter and their child by shaking him abundantly.

Instead of providing love, affection, warmth, protection and making provision for the future of the child, he instead chose to inflict abuse on my daughter and their child. Instead of helping A in sharing the responsibilities of raising a child he wiped his hands of any responsibility and selflessly controlled every penny spent by A on the house and child. Just in one night for the child, the child lost both parents. During the night the child gets up, at times A's child wakes up at odd hours crying inconsolably, loudly for hours and calling “mama, mama”. It becomes difficult to control and calm the child.

A's child was at home when she was murdered. We still do not know what horror the child was exposed to and what impact this has had, time will only tell. The child was found in the kitchen with the child's clothes covered in blood.

A acquired a dog a Jack Russell Pedigree about eight years ago when he was just a puppy. She named him “Bailey”. Whenever she visited us, she used to bring Bailey along with her. Bailey lived with us for seven months when they moved from Rotterdam in July/August 2017. He was very familiar with all of us. Bailey was very dear and loyal to A.

The Police delivered Bailey to us on the evening A was murdered. He was very sad and needed to be in an environment where he could be loved and taken care of unconditionally, he too was suffering from the loss of his owner. By writing this about Bailey, we wanted to bring to the knowledge of Hon’ble Court that the selfish acts of the perpetrator have impacted not only humans but also her dog.

We are not only suffering emotionally, mentally and physically, but we are also very overwhelmed by the magnitude of court appearances, meetings, and documentation we have to go through. His plea for guilty has prevented the world from hearing how brutally her husband murdered our daughter. He has promised my daughter to change and become a better husband, those were lies. He should be given the maximum sentence without the possibility of parole. He should live the rest of his life in fear like he imposed upon our innocent daughter.

According to us, the defendant has shown no remorse. The principal reason he wanted to commit this heinous crime, was to demoralize and control of our daughter’s future and assets. All we seek is an order for the perpetrator to serve the longest custodial sentence that Her Majesty’s Court can impose. We also seek an order that his assets (which contain a part of A's earnings and savings) to be seized and applied for the upbringing of her child. This contention is also supported in the recommendations laid before the House of Commons in November 2018 by the Rt. Sajid Javid MP, Home Secretary, depriving the offender to make a gain from his crime.

11.2. Victim Personal Statement of A's sister

I give this victim impact statement on behalf of myself, my husband, A and her child, who is unable to represent himself.

A was my baby sister. Together with my family, I always protected her because she was the baby of the family and we loved her dearly.
Her husband has taken away our world. With one act he has broken our entire family, the family chain, hearts, and paths.

A would always put her own interests last. She would do anything for anybody. Her child was her dream and the centre of her universe. Throughout her marriage, her husband undermined her self-confidence, made her feel worthless and killed her spirit by his aggressive and controlling behaviour.

Around December 2018, she had become stronger and determined to live her own life. She was determined that he should not control her anymore. She went back to her home to claim her right to her matrimonial home and was butchered by a cold, manipulative, callous and calculating killer, in a manner so horrific that we cannot believe one human being could do that to another, let alone a husband to his wife. A was vulnerable and defenceless. Her only concern was to protect her child from her husband's brutality. With one act so many innocent lives have become irreparably destroyed. The ripple effects of his act continue to shape our lives.

We had no chance to say goodbye to A. That really hurts me. If she had been terminally ill we could have prepared ourselves for her demise but it is hard to cope with the fact that she was suddenly taken away from us. We spent the previous day with her, planning her future only to find that the next day that there was no future for her. Her body was left in the house. I wanted at least to sit outside her house so that she was not alone but I was not allowed to do this.. I next saw her in the mortuary. Her body was so cold I tried to cover her with my coat, but that was not allowed either. I wanted to hold her hand, but her body was so badly damaged by him that we were only allowed to see her face. He had turned a beautiful living soul into something so horrifically battered that no human being should ever have to witness it.

That day, I had arranged to look after her child during the afternoon. My husband and I were at a shopping centre early in the morning when my parents telephoned me with the awful news. I collapsed screaming on the floor in Marks and Spencer and vomited from the shock. My husband had to pick me up and carry me back to the car.
The trauma continues for me. I lie awake at night thinking that this is all a nightmare and that A will come bouncing through the door to tell me about her child's latest adventure. Sadly, she doesn't. I look after her child and wonder what should I feed the child? I want to phone her, but she is not there to answer my call. Then I remember that I'm not just looking after her child for a couple of hours anymore. I have to look after her child for life. I scream in the night and ask her why? How did this happen? A does not answer and I don't know where to look for her and how to contact her. I cannot believe she has gone. He took her away without cause or reason. The sister I knew and talked to for 41 years doesn't answer me anymore. There is just a void where she should be. The silence is killing me.

It feels like I have lost my right arm and I am working on auto-pilot. I function but at half speed. The life and light have gone out of me, leaving an empty shell.

As a teacher of a secondary school, I have the responsibility of working with community groups to bring awareness to students about gangs, knives, and substance abuse. I sadly can no longer carry out this part of my job because it is so painful for me. I tear up and cannot emotionally sit through any of these sessions without getting a panic attack. My positive and carefree world view has been replaced by suspicion and isolation. I feel as if I am living in a bubble.

A's child's future has become uncertain and insecure and I have to fight to protect her child. Life has become a continual sequence of meetings with social services, the police, solicitors and a whole myriad of bureaucracy and paperwork that I am attempting to navigate. At the

same time I have to ensure that her child's life is as normal as possible and that the child goes to nursery school and play groups. I have to keep up with all the other demands of looking after an active child. I no longer have time for my own needs, no time for shopping or to attend doctor's appointments. I feel emotionally drained and physically exhausted. There seems to be no end in sight and I have had no time to grieve. I dread the future and moments when we should be celebrating like birthdays and Christmas. Christmas should bring joy but we will never feel that way again. I will always feel sadness knowing that my dear sister suffered around that time.

How can you trust the world when someone you considered a member of your own family betrays you like this? I'm scared to go out, meet people, and live the life that I once lived. I turn on the news and cannot bear to hear it because A's story seems all too common. Nobody can understand the full depth of what this means unless you actually experience it. I feel really isolated because I don't think anyone truly understands what I have been going through. My whole perception of life has been tarnished. Every film, every TV programme seems to glorify violence. My friends walk on eggshells around me. I feel as if we are in a prison being punished for someone else's crime. All of life's pleasures have gone.

My husband has borne the brunt of supporting the whole family and has taken on so much responsibility that the strain on him is also showing. We were married in 2017. At a time in our marriage when we should still be enjoying an extended 'honeymoon' period, he has had to face the most horrendous emotional environment one can imagine. And to step up to the role of fatherhood with no warning and no time to prepare is a great achievement. A repeatedly asked me to look after her child if anything happened to her. My husband and I are will keep our promise whatever the cost. But this means that my plans for my future have radically changed. The opportunities and flexibility I had in applying for promotions have gone and it is likely that my retirement will be postponed. The holidays and trips we had planned as a couple are now on hold as we need to plan financially for the child's future. A's child is greatly loved and will grow up knowing that s/he is loved, but the lifestyle choices that my husband and I thought we had are now going to be limited and we will now have to tread a very different journey altogether, all because of the cowardly and selfish act of A's husband.

A father should provide security, love, warmth, and protection to his children. Instead, A's husband has inflicted abuse, violence and deprivation on her child. When her child screams inconsolably for hours in the night, I wonder is it because of a dream or a memory of the violence that her child may have witnessed? How can we ever explain to the child what the father did? I fear that the child will still be a minor when the perpetrator who butchered his mother is released? I wonder how that would affect her child? I worry about how to protect her child. How old does a child need to be in order to cope with the emotional turmoil of knowing what has been done by the person who should have been willing to die to protect the child? These are questions that we will have to address as we raise A's child.

I don't understand how this man can go on living unaffected after what he did to A. A piece of me died in December 2018. A's pain has gone now but ours will last forever. He might just as well have stuck a knife through the rest of us as well. If I could trade places with A, to give

her child its mother back, I would gladly do so without any hesitation. Whatever sentence her killer is given will only be a fraction of the life sentences he has imposed on us.

A could reasonably have expected to live another 50 years. She could have expected to see her child grow up. Now, she will miss the first day at school, the sports' matches, the graduation, the first date, and the wedding day. She should have lived to see her grandchildren come into the world. This has all been taken away from her. The most important person in her child's life has become just a photograph of someone the child will now only know through our memories and not their own. How do I keep her alive for her child when the child will not even have a clear memory of the mother who made her/him?

I want to watch her child grow up with the positive and optimistic worldview A and I once shared. I want her child to understand and appreciate that even if someone acts to make the world an unjust, unfair and even cruel place, there will inevitably be consequences to restore the balance of justice.

11.3. Personal victim impact statement of A's Sister

On a morning in late December 2018, I was abruptly awakened by a phone call from my dad. It was very early in the morning (3:30 am to be precise). I was soundly sleeping, but will never forget my dads' horrifying words – "A has died, he killed her, he killed her!" The perpetrator was my sister's husband. He had been my sister's husband for the past twelve years but in the early hours, he murdered my sister. The police were at my parent's home but they could not get the words out of their mouth and so the police took the phone from them to talk to me.

My first thought was that it was some kind of mistake. I could not believe what I was hearing. I was in shock. But it was true! It was still early and all I could think about was that I needed to get to London to be with my family. I frantically called my other sister and her husband, to get more details. I was hoping and praying that they would tell me that it was not true and that A was in hospital and alive. Sadly this was not the case. She was dead. She was a victim of Domestic Abuse.

A tragically died due to the actions of her selfish, violent and brutal husband.

I am still trying to understand what happened and why my sister was taken away from us. I cannot bear the pain of knowing that she died in the most brutal and horrific way possible. I cannot bear the pain of knowing the details of how the perpetrator took my sister's life that morning. The thought of her last night of her life will be with me always. I think about how she must have been afraid and how she must have screamed for help, knowing she was entirely alone and helpless. The fear she must have had of seeing the knives that he was holding, of seeing his angry and evil eyes, knowing that she was going to be cut up and stabbed multiple times. I think of how she must have known that she was breathing her last breath and that she would soon stop living.

I think about the horror and betrayal she must have felt when she realised that the person she trusted and loved and who was supposed to protect her, was actually brutally murdering her. I often wonder if she could feel her heart breaking when she thought about

leaving her young child forever. The overwhelming sense of helplessness she must have felt knowing she was going to die. She did not deserve to be brutally stabbed and murdered in a place where she should have been safe – her home.

The perpetrator left deep scars and wounds on my sister's body and her mind, even before the murder. He has also deeply scarred my family and me. His wounds will haunt our family forever.

My sister A was strong throughout her life; she was determined and never gave up even when she struggled with her weight. She put herself through personal training courses and made it her mission to become a healthier person both in body and mind. Her transformation was remarkable and such a huge achievement, that she went on to become a life coach for many who similarly struggled with their weight and feelings of inadequacy. She had this gift of making people smile, feeling welcomed and loved. She had a huge heart and there was a place in it for all her family and friends. She always saw the positive in everyone and was always ready to help others.

A had put up with the perpetrator's controlling behaviour for a long time. Even in her darkest moments, she never shared her pain with anyone. But eventually she summoned the courage to go for a divorce. In 2018, for the first time in years, she chose to speak up about the abuse, control, manipulation and physical violence that he had subjected her to. Throughout her marriage, she had put up with his countless threats and promises to change but he only got worse and worse. She lived in fear that he would kill her one-day. She sought help from others and tried to remain cautious. She never felt secure with him and was always afraid for her life. All she wanted to do was live in peace and get on with her life with her child. A simple wish but the perpetrator denied her and her child that freedom. He took her life! He took his own child's mother away, and he took my sister away from our family.

He took away A's dreams, her future and the lifetime of memories that were waiting to be made. My sister always wanted children and desperately longed to be a mother. When she had her first and only child in 2016, her child became her pride and joy. She did everything for her child, and when the violence and abuse continued and threatened to affect her child, she did something that we as a family are so proud of, she stood up for herself and her child and walked away.

Knowing that the perpetrator is locked up and won't be terrorizing anyone else is my only consolation. I hope that in prison, he is haunted by what he did to A. That he sees her face before him every moment of his existence; when he sleeps, when he dreams and when he wakes up. I pray that during the last minutes of his life, he is clearly able to see the enormity of what he did to A, her child and our family. He took A's future away from her and I hope that the memory of what he did blights his own future.

Since this tragic event unfolded my life has been turned upside down. I have been to London several times to support my family in every way possible. I continue to fly back and forth, sometimes at really short notice to consult with police, lawyers, social workers, caseworkers, domestic violence and homicide agencies. My family and I are trying to

navigate the aftermath of this brutal killing. The physical and mental demands on us are overwhelming. I am missing many precious moments with my own children and my husband. Every time I leave the house to go to London, my children look at me with such sad eyes. They have a sense that something is wrong. They always give me a big hug as if to say: 'we are here for you mummy.'

I too am a wife, mother, aunt, sister, and friend. I have lost interest in my everyday routine, in the simple pleasures of life; of spending time outside of the home. I feel empty and very scared about the future. My children have lost faith, trust, and confidence. Each one grieves and has to deal with the trauma that the perpetrator has caused upon them differently. They ask me repeatedly "why?" I truly do not have an answer for them, not even a word; just tears.

My relationship with my maternal family; husband, and children have and continue to been tested through these difficult times. We are all walking on eggshells and waiting for that time bomb to go off. Our unity as a happy family has been severely affected. We are all under tremendous grief, pain and trauma. From nightmares, mood swings, tension, to uncomfortable conversations, it has made family time in my home dramatically different. How I wish I could turn back the clocks and rescue A and her child from this evil human being.

A's voice was silenced. She is no more. I will never hug or kiss her again, or tell her that she is going to make it through her difficult marriage and that she is a survivor. She will never be able to see the day her child becomes an adult. She will never get to hold her child or comfort her child in her/his hour of need or see her child get married, or become a grandmother. She will never celebrate another birthday, holiday, or attend another family gathering or grow old with me. The laughter, hugs, guidance, advice, and all those opportunities to say, "I love you" are forever gone.

My beautiful sister would have turned 42 in March. Instead of celebrating another year of her life, my family and I gathered in Windsor, to scatter my sister's ashes, and to say our final goodbyes. My father carried a container no bigger than 12 inches by 5 inches, which was labeled with my sister's full name. Was this truly all that was left of a beautiful young woman who had so much to live for and who had so many people who loved her dearly?

I am still all over the place emotionally. I have yet to grieve for my sister and fear that I am heading for some kind of a breakdown. I have been told that I am still in deep "shock". My focus at the moment is on ensuring that none of my children feel neglected and on maintaining some kind of normalcy while I am traveling back and forth to London and supporting my family through these very difficult times. Every morning I wake up early to check for emails/ texts, worrying about what has transpired. Every day there is something new and every day the "news" is never good news because there is still so much to sort out! I am not sure how to deal with the cycle of never-ending news and things to sort out because of her death. I am truly scared and often feel powerless because of the utter incomprehensibility of the justice system and how it works. We are constantly trying to understand all the steps we need to take and be involved in. There seems to be a serious imbalance and inequality of rights between victims and perpetrators, which only serve to

make this journey tougher for my family who just want to see justice done and to be at peace.

I want to tell the perpetrator that his brothers' insensitive posts on social media are evidence of how he and his family truly feel about the loss of A. My family, friends and I continue to grieve and are very hurt at the insensitivity that he and his family have continued to display following the murder of my sister.

No matter how long he spends in jail, it will never be enough for taking the life of my beautiful sister A. His actions will never be forgiven or forgotten.