Domestic Homicide Review

“Alex” who died in November 2021

LDHR25 Overview Report October 2023

Chair and Author: Dan Bettison

Contents

1 Introduction

1.1 This report of a Domestic Homicide Review (DHR) examines agency responses and support given to Alex[1], a resident of Liverpool, prior to her death in November 2021. The panel would like to offer its condolences to Alex's family on their tragic loss.

1.2 Neither Alex's friends nor any agency who engaged her or her husband, Morgan[2], had any knowledge of domestic abuse within their relationship.

1.3 Whilst this DHR has been conducted in accordance with the principles contained within the Home Office Statutory Guidance[3], the format of this report has been amended to acknowledge the minimal involvement of any agency with either Alex or Morgan.

The Terms of Reference are limited in respect of agency involvement with Alex and Morgan. However, they are intentionally wider than exploring domestic abuse alone. The panel felt that it was important to try to understand whether religion and culture may have presented Alex with challenges in accessing support.

1.4 Very little history is known about Alex and Morgan, until Alex moved to the United Kingdom. Alex's friends believed that she had been married to Morgan for over 15 years, and that Morgan had been married previously and had children from that relationship.

[1] A pseudonym assigned by the DHR panel.

[2] A pseudonym assigned by the DHR panel.

[3] https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews

1.5 Alex was born in Iran and lived there until March 2018, when she arrived in the United Kingdom with her son. At the time, her son was of secondary school age. Alex claimed asylum in the United Kingdom, following her conversion from Islam to Christianity. Alex's friends believed that her son's father was Morgan.

1.6 Alex and her son were moved to the Liverpool area by the Home Office Asylum Support Team. The team provided financial support during a period of assessment until she was granted refugee status in October 2018: she then moved under the jurisdiction of the local authority, who provided accommodation for her.

1.7 In June 2019, Alex and her son were joined in the United Kingdom by Morgan.

1.8 Alex was 47 years old when she was murdered at home by Morgan.

1.9 Alex attended a local college most days, where she studied English. She also worked part-time as a beauty therapist.

1.10 Alex's friends were all aware that although she remained married to Morgan and they lived in the same house, she no longer loved him, and she had formed a relationship with another man [throughout this report, referred to as her partner]. Morgan and their son continued to practice the Islamic faith, and the circumstances of Alex's relationship with another man were in conflict with Islamic culture.

1.11 On a date in November 2021, Alex's partner was unable to make contact with her. After he made enquiries with several of Alex's friends, along with Morgan and Alex and Morgan's son, he attended Alex's house and found her with several injuries. Paramedics attended the scene; however, Alex died from her injuries.

1.12 Merseyside Police attended and initiated a murder investigation. Morgan, their son, and Alex's partner were all arrested on suspicion of murder.

1.13 A Home Office post-mortem was conducted on 26 November 2021. The cause of death was determined as blunt force trauma to the head.

1.14 In December 2021, Morgan was charged with Alex's murder. Alex and Morgan's son was later released without charge, as was her partner.

1.15 In April 2023, Morgan was convicted of murder and sentenced to life imprisonment: with a minimum term of 15 years and 299 days.

1.16 The intention of this review is to ensure agencies are responding appropriately to victims of domestic abuse by offering and putting in place appropriate support mechanisms, procedures, resources, and interventions, with the aim of avoiding future incidents of domestic homicide, violence, and abuse. Reviews should assess whether agencies have sufficient and robust procedures and protocols in place, and that they are understood and adhered to by their employees.

1.17 **Note:**

It is not the purpose of this DHR to enquire into how Alex died: that is a matter that has already been investigated by the police and coroner.

2 Timescales

2.1 This review began on 22 February 2023 and was concluded on 10 October 2023.

More detailed information on timescales and decision-making is shown at paragraph 5.2.

3 Confidentiality

3.1 The findings of each review are confidential until publication. Information is available only to participating officers, professionals, their line managers and the family (including any advocacy support), during the review process.

3.2 Pseudonyms were agreed by the panel to protect the identity of all involved.

4 Terms of Reference

4.1 'The purpose of a DHR is to:

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

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

Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate.

Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity.

Contribute to a better understanding of the nature of domestic violence and abuse; and

Highlight good practice'.

(Multi-Agency Statutory guidance for the conduct of Domestic Homicide Reviews 2016 section 2 paragraph 7)

4.2 Timeframe Under Review

The DHR covers the period from 18 March 2018 to 25 November 2021.

4.3 Case Specific Terms

Subjects of the DHR

Victim: Alex, aged 47 years

Perpetrator: Morgan, 57 years (Alex's husband)

Specific Terms

1. How does your agency proactively engage with people seeking asylum and refugees?

2. How does your agency overcome language and cultural challenges to assess whether seeking asylum and refugee cases may involve domestic abuse or other culturally specific abuse?

3. How does your agency evaluate the effectiveness of procedures and protocols in place, to encourage engagement in services by community members who may find it difficult to access provision?

4. How did your agency take account of any racial, cultural, linguistic, faith, or other culturally specific issues, when completing assessments and providing services to Alex?

5. What knowledge did family, friends, and employers have that Alex was in an abusive relationship, and did they know what to do with that knowledge?

6. Does the learning in this case feature in any previous DHRs commissioned by Liverpool Community Safety Partnership?

5 Methodology

5.1 On 15 February 2022, Liverpool Community Safety Partnership held a meeting to consider multi-agency information held in relation to Alex and Morgan. They agreed that the circumstances of the case met the criteria for a Domestic Homicide Review [paragraph 13 Statutory Home Office Guidance][4] but agreed that further information was needed prior to making a decision whether or not to commence one. Several further meetings took place with Community Safety Partnership members, and a decision was made not to conduct a Domestic Homicide Review.

5.2 The Home Office was informed of the decision but wrote to the Community Safety Partnership on 10 January 2023, raising several points made by the DHR Quality Assurance Panel. In response to those points, Liverpool Community Safety Partnership recommended that a Domestic Homicide Review should be conducted.

The Home Office was informed on 30 January 2023.

5.3 The first meeting of the DHR panel took place on 22 February 2023, via Microsoft Teams video conferencing. Subsequent meetings also took place using Microsoft Teams. The panel met four times. Outside of meetings, issues were resolved by email and the exchange of documents. The final panel meeting took place on 6 September 2023, after which, amendments were made to the overview report that were agreed by the panel.

[4] Under section 9(1) of the 2004 Act, “domestic homicide review” means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—

(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or (b) a member of the same household as himself,

held with a view to identifying the lessons to be learnt from the death. Where the definition set out in this paragraph has been met, then a Domestic Homicide Review should be undertaken.

5.4 The report could not be shared with any of Alex's family.

6 Involvement of Family, Friends, Work Colleagues, and Wider Community

6.1 Family

6.1.1 The DHR Chair wrote to Alex's son, inviting him to contribute to the review. The letter included the Home Office domestic homicide leaflet for families and the Advocacy After Fatal Domestic Abuse (AAFDA)[5] leaflet. He did not respond. Through Alex's friends, the Chair also attempted to identify contact details for her family in Iran. This was unsuccessful.

6.2 The Perpetrator

6.2.1 The Chair wrote to Morgan and asked if he was prepared to contribute to the review. He did not respond.

6.3 Friends

6.3.1 The panel learned that following Alex's death, her friends were shocked and upset by what had happened. Some of Alex's friends attended Asylum Link and had informed staff of their sadness to lose Alex.

The panel recognised the importance of speaking with Alex's friends but were also mindful of the cultural challenges this may present and the potential for risk of harm to any friends who contributed. The risks to panel members who met with Alex's friends, were also considered, and advice was sought from Savera UK. It was agreed that the DHR Chair would write an open letter to service users of Asylum Link, offering an opportunity for them to contribute to the review, individually and in confidence.

[5] Advocacy After Fatal Domestic Abuse (AAFDA) www.aafda.org.uk

6.3.2 The Chair was able to speak with several of Alex's friends confidentially and in a controlled environment, thereby minimising the risk of potential harm. Their contributions are refenced within the report.

6.3.3 Following Alex's death, Merseyside Police provided access to statements obtained from Alex's friends and other witnesses. These provided valuable background information about Alex and her relationship with both Morgan and her partner.

6.4 **Alex's Partner**

6.4.1 The panel was keen to learn more about Alex and the circumstances leading to her death, and the panel considered whether the Chair should make contact with Alex's employer or with the male with whom she had been in a relationship.

It was not possible to effectively assess risks associated with approaches to either, and the panel felt that in the circumstances, it could create tension within the Iranian community, increasing risks to Alex's friends, family, and her partner. The panel agreed that no contact would be made with either; however, records of interviews and statements obtained from the police were considered.

7 Contributors to the Review / Agencies Submitting IMRs[6]

7.1.1

Agency	Contribution
Asylum Link Merseyside	IMR
Liverpool City Council Adult Social Care	IMR
Liverpool University NHS Foundation Trust (LUFHT)	IMR

[6] Individual Management Reviews (IMRs) are detailed written reports from agencies on their involvement with the subjects of the review.

Agency	Contribution
NHS Cheshire & Merseyside Integrated Care Board (C&MICB) Liverpool Place Primary Care	IMR
Torus Housing	IMR
Home Office	Short Report
Serco	Short Report
Merseyside Police	Short Report

7.1.2 These agencies were asked to provide details of their interaction with the subjects of the review by means of an IMR and a chronology, including what decisions were made and what actions were taken. The IMRs considered the specific Terms of Reference (TOR) in full, whether internal procedures had been followed, and whether, on reflection, they had been adequate. The IMR authors were asked to arrive at a conclusion about what had happened from their own agency's perspective and to make recommendations where appropriate. Each IMR author had no previous knowledge of the subjects of the review, nor had any involvement in the provision of services to them.

7.1.3 The IMR should include a comprehensive chronology that charts the involvement of the agency with the victim and perpetrator over the period of time set out in the Terms of Reference for the review. It should summarise: the events that occurred; intelligence and information known to the agency; the decisions reached; the services offered and provided to the DHR subjects; and any other action taken.

7.1.4 It should also provide: an analysis of events that occurred; the decisions made; and the actions taken or not taken. Where judgements were made or actions taken that indicate that practice or management could be improved, the review should consider not only what happened, but why.

7.1.5 The IMRs in this case focussed on the issues facing Alex and Morgan. Further elaboration by IMR authors during panel meetings was invaluable. They were quality assured by the original author, the respective agency, and by the panel Chair. Where challenges were made, they were responded to in a spirit of openness and co-operation.

7.1.6 The Asylum and Human Rights Operations department of the Home Office and the Justice and Immigration department of SERCO were not familiar with the DHR process and did not provide IMRs using the template included within the Home Office Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (December 2016). Some information was provided, but this was in the form of emailed responses to questions asked by the DHR Chair.

7.1.7 SERCO established a safeguarding team in 2018, and although represented on the DHR panel, was unable to provide any case-specific information regarding Alex.

Current SERCO records do not cover the dates in 2018 when they provided accommodation for Alex and her son, and despite requests to locate historical records, they were unable to do so.

7.1.8 The panel agreed that in addition to those agencies who were asked to provide an IMR and chronology, due to the nature of this review and the potential impact of honour-based abuse, the scope should be widened.

As such, a request was made to 26 agencies (forming the Liverpool Community Safety Partnership group) for them to reply to specific terms 1 – 3. The panel hoped that by seeking this wider information, it may provide a more credible assessment of the effectiveness of current procedures and practices

to identify and support victims of domestic abuse: where honour-based abuse could also be a contributory factor.

58% of agencies submitted a return. Whilst the panel thought that this was a low ratio, they did acknowledge that some of the agencies did not work directly with service users, and as such, may not have been able to answer each term fully.

7.2 Information About Agencies Contributing to the Review

7.2.1 Asylum Link Merseyside

ALM supports people within the asylum process, navigating life in the UK, i.e., linking with GPs, schools, etc. They also support people when they have problems with their asylum support and link in with relevant services when there are additional needs.

7.2.2 Liverpool City Council Adult Social Care

Adult Social Care is about supporting those with presenting social care needs, to live the best life that they can, independently and for as long as possible, and utilising the strengths within their community to support their health and wellbeing. Adult Social Care services also undertakes safeguarding duties and provides care and support services to people who are eligible and where this is required.

7.2.3 Liverpool University NHS Foundation Trust (LUFHT)

The Trust was created on 1st October 2019, following the merger of two adult acute Trusts: Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. The merging of the two organisations was integral to regional NHS plans to deliver improved quality of care and to make changes in existing care models. The merger provided an opportunity to reconfigure services in a way that provides the best healthcare services to the city and improves the quality of care and health outcomes that patients experience. The Trust runs Aintree University Hospital,

Broadgreen Hospital, Liverpool University Dental Hospital, and the Royal Liverpool University Hospital. It serves a core population of around 630,000 people across Merseyside, as well as providing a range of highly specialist services to a catchment area of more than two million people in the North-West region and beyond.

7.2.4 NHS Cheshire & Merseyside Integrated Care Board (C&MICB) Liverpool Place Primary Care

From the 1st of July 2022, Liverpool Clinical Commissioning Group (CCG), along with the other nine CCGs across the Cheshire and Merseyside region, ceased to exist and was replaced by the NHS Cheshire and Merseyside Integrated Care Board (C&MICB). The C&MICB is a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. All Integrated Care Boards (ICBs) have a statutory responsibility to ensure that all providers, from whom they commission services, have comprehensive safeguarding arrangements in place, in accordance with legislative requirements.

NHS Cheshire and Merseyside Integrated Care Board recognises that safeguarding children, young people, and adults at risk, is a shared responsibility, with the need for effective joint working between agencies and professionals who have different roles and expertise – to protect these vulnerable groups in society from harm.

7.2.5 Torus Housing

Torus Housing is an ambitious and established housing group with deep roots in Liverpool, St Helens, and Warrington – and a total footprint encompassing 11 local authority areas. As one of the North West's largest landlords, they have 1,500 staff, manage 40,000 homes, and serve 75,000 customers. The group mission of 'growing stronger communities' drives their four entities to work together and deliver homes and services for those who need them most.

Their landlord function sits at the heart of Torus and works to provide quality affordable homes and housing services that support people to live securely

and independently. Their development company, Torus Developments, has a target to build 1,000 new homes a year – with a strong focus on affordable homes for rent and homeownership.

Their commercial arm, HMS, is an award-winning building and maintenance contractor. Profits generated are used to fund initiatives that make a positive difference to communities and the lives of the people who live in them.

Torus' charitable arm, Torus Foundation, invests profits generated by Torus Developments and HMS into meaningful community projects that improve wellbeing, skills, and quality of life, to break down barriers and unlock potential. The true value of the Torus model is unlocked when all four entities work together to make communities and places better.

7.2.6 **Home Office**

Asylum and protection are part of the Home Office. The Home Office is the lead government department for immigration and passports, drugs policy, crime, fire, counterterrorism, and police. Asylum and protection are responsible for registering, deciding, and concluding asylum protection claims made by claimants in the United Kingdom. It also provides accommodation and financial support to those who need it.

7.2.7 **SERCO**

Serco is contracted by the Home Office to provide NASS (National Asylum Support Service) accommodation under the AIRE Contract, to eligible asylum seekers who would otherwise be destitute. Serco is committed to providing safe and habitable accommodation for asylum seekers whilst also ensuring that they are accessing appropriate services that will allow them to live independently in both initial and dispersed accommodation. This will include safeguarding vulnerable service users and ensuring that they are referred to the appropriate external partners for further support. To deliver this strategy, Serco will continue to develop and retain relationships with external partners through their partnership function and safeguarding team. These will include

Police, Health, the Strategic Migration Partnerships, and Non-Government Organisations (NGOs).

7.2.8 **Merseyside Police**

Merseyside Police is the territorial police force responsible for law enforcement across the boroughs of Merseyside: Wirral, Sefton, Knowsley, St Helens, and the city of Liverpool. It serves a population of around 1.5 million people, covering an area of 647 square kilometres. Each area has a combination of community policing teams, response teams, and criminal investigation units.

7.3 **Agencies who Submitted a Response to Specific Terms 1 – 3**

- Northwest Ambulance Service
- Mersey Care Safeguarding
- Liverpool City Council ASB
- Merseyside Police
- Safeguarding Children, Young People and Adults
- Liverpool IDVA Service
- Liverpool Domestic Abuse Service
- Liverpool Women’s Hospital Safeguarding
- National Probation Service
- Liverpool City Council Children’s Centre Strategic Lead
- Liverpool Targeted Services for Young People
- NSPCC

- Women's Turnaround Centre / Ruby Project
- Our Liverpool
- RASA Merseyside
- Liverpool City Council Adult Social Care

8 The Review Panel Members

Name	Position
Dan Bettison	Independent Chair and Author
Michelle Hulse	Team Leader, Safer & Stronger Communities Team, Liverpool City Council
Kari Rude	Risk Assessment Co-ordinator, Safer & Stronger Communities Team, Liverpool City Council
Leanne Hobin	Detective Chief Inspector, Merseyside Police
Philippa Thapa Magar	Casework Co-ordinator, Asylum Link Merseyside
Carmel Hale	Designated Safeguarding Adult Nurse, NHS Cheshire & Merseyside Integrated Care Board (C&MICB) Liverpool Place Primary Care
Sandy Williams	Safeguarding Practice Lead, Adult Social Care Liverpool City Council
Kerry Dowling	IDVA, Local Solutions
Sheila Meakin	Service Manager within Assessment and MASH Team, Children's Social Care Liverpool City Council

Name	Position
Afrah Qassim	CEO, Savera UK (charity supporting victims and those at risk of 'honour-based abuse')
Claire Mumford	Registered General Nurse, Safeguarding Lead Practitioner at Liverpool University Hospital Trust (LUFHT)
Danielle Whitwell	Head of North Liverpool PDU, Probation Service

8.1 The DHR Chair was satisfied that the members were independent and did not have any operational or management involvement with the events under scrutiny.

9 Author and Chair of the Overview Report

9.1 Sections 36 to 39 of the Home Office Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews December 2016 sets out the requirements for review Chairs and Authors. In this case, the Chair and Author were the same person.

9.2 Dan Bettison was chosen as the independent Chair and Author of the review. Following a career in policing (not Merseyside), he is now an independent practitioner who consults within mental health services, education, and Children's Social Care. He is an Associate Trainer for the College of Policing and an Associate Inspector for His Majesty's Inspectorate of Constabulary and Fire and Rescue Services. He has completed accredited training for DHR Chairs, provided by AAFDA, and has chaired and written previous DHRs.

10 Parallel Reviews

10.1 Following Morgan being sentenced to life imprisonment for the offence of murder, the senior coroner permanently suspended the coronial investigation into Alex's death.

11 Equality and Diversity

11.1 **Section 4 of the Equality Act 2010 defines protected characteristics as:**

Age (for example an age group would include "over fifties" or twenty-one-year-olds. A person aged twenty-one does not share the same characteristic of age with "people in their forties". However, a person aged twenty-one and people in their forties can share the characteristic of being in the "under fifty" age range).

Disability (for example a man works in a warehouse, loading and unloading heavy stock. He develops a long-term heart condition and no longer has the ability to lift or move heavy items of stock at work. Lifting and moving such heavy items is not a normal day-to-day activity. However, he is also unable to lift, carry or move moderately heavy everyday objects such as chairs, at work or around the home. This is an adverse effect on a normal day-to-day activity. He is likely to be considered a disabled person for the purposes of the Act).

Gender reassignment (for example a person who was born physically female decides to spend the rest of her life as a man. He starts and continues to live as a man. He decides not to seek medical advice as he successfully 'passes' as a man without the need for any medical intervention. He would have the protected characteristic of gender reassignment for the purposes of the Act).

Marriage and civil partnership (for example a person who is engaged to be married is not married and therefore does not have this protected characteristic. A divorcee or a person whose civil partnership has been dissolved is not married or in a civil partnership and therefore does not have this protected characteristic).

Pregnancy and maternity

Race (for example colour includes being black or white. Nationality includes being a British, Australian, or Swiss citizen. Ethnic or national origins include being from a Roma background or of Chinese heritage. A racial group could be “black Britons” which would encompass those people who are both black and who are British citizens).

Religion or belief (for example the Baha’i faith, Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Rastafarianism, Sikhism and Zoroastrianism are all religions for the purposes of this provision. Beliefs such as humanism and atheism would be beliefs for the purposes of this provision but adherence to a particular football team would not be).

Sex

Sexual orientation (for example a man who experiences sexual attraction towards both men and women is “bisexual” in terms of sexual orientation even if he has only had relationships with women. A man and a woman who are both attracted only to people of the opposite sex from them share a sexual orientation. A man who is attracted only to other men is a gay man. A woman who is attracted only to other women is a lesbian. So, a gay man and a lesbian share a sexual orientation).

Section 6 of the Act defines ‘disability’ as:

A person (P) has a disability if:

(a) P has a physical or mental impairment, and

(b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

11.2 Whilst there is no evidence of domestic abuse prior to the event leading to Alex's death, the panel considered recent research. Domestic homicide and domestic abuse predominantly affect women – with women by far making up the majority of victims, and by far the vast majority of perpetrators being male. A detailed breakdown of homicides reveals substantial gender differences. Female victims tend to be killed by partners or ex-partners. For example, in 2023, the Office of National Statistics Domestic Homicide data revealed:

'…for the year ending March 2020 to the year ending March 2022 show that 67.3% of the victims of domestic homicide were female. This contrasts with non-domestic homicides where the majority of victims over the same time period were male (87.8%).

Of the 249 female domestic homicide victims, the suspect was male in the majority of cases (241). In the majority of female domestic homicides, the suspect was a male partner or ex-partner (74.7%), whereas in the majority of male domestic homicides, the suspect was a male family member (66.1%).'

11.3 Both subjects of the review were Iranian and lived in an area of Liverpool that was predominantly white British demographic.

11.4 At sections 14.4.13 and 14.4.14, this report outlines that Alex received poor service delivery from Adult Social Care due to staff not using interpreters for contacts with her.

The panel felt that although Adult Social Care could have provided a better service to Alex, the lack of interpreter use resulted from staff lacking knowledge of organisational policy, rather than Alex being disadvantaged due to her race, religion, or belief. The panel felt that the lack of an interpreter did disadvantage Alex and may have prevented her from discussing her situation more fully, which may have subsequently explored potential domestic or honour-based abuse.

11.5 This review predominantly considers domestic abuse, and the circumstances of Alex's death meet the criteria of the definition within the Domestic Abuse Act 2021[7], which defines domestic abuse as:

'(2) Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—

(a)A and B are each aged 16 or over and are personally connected to each other, and

(b)the behaviour is abusive.

(3) Behaviour is "abusive" if it consists of any of the following—

(a)physical or sexual abuse.

(b)violent or threatening behaviour.

(c)controlling or coercive behaviour.

(d)economic abuse (see subsection (4)).

(e)psychological, emotional, or other abuse.

and it does not matter whether the behaviour consists of a single incident or a course of conduct'.

11.6 The panel also considered comments made by Morgan during his criminal trial, where he stated that had Alex returned to Iran, she would have been 'stoned to death', as she had 'done something shameful'.

[7] https://www.legislation.gov.uk/ukpga/2021/17/section/1/enacted

11.7 There is currently no statutory definition of honour-based abuse in England and Wales, but Karma Nirvana[8] suggests that a common definition has been adopted across government and criminal justice agencies:

'A crime or incident which has, or may have been, committed to protect or defend the honour of the family and / or community'.

The Crown Prosecution Service[9] uses the following definition:

'…an incident or crime involving violence, threats of violence, intimidation coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community's code of behaviour'.

11.8 Whilst it is not clear whether Morgan's comments related to Alex's conversion to Christianity, or her relationship with another man, the panel felt that the circumstances surrounding her death, may meet both definitions.

11.9 Although Alex reported anxiety relating to management of shoulder pain, the panel did not feel that her day-to-day activities were affected to the extent that she was disabled within the meaning of the Equality Act.

12 Dissemination

12.1 Home Office

Liverpool Community Safety Partnership

Merseyside Police and Crime Commissioner

Domestic Abuse Commissioner

[8] A specialist charity for victims and survivors or honour-based abuse in the UK.

[9] The Crown Prosecution Service (CPS) prosecutes criminal cases that have been investigated by the police and other investigative organisations in England and Wales.

All agencies contributing to this review.

13 Background, Overview and Chronology

This section of the report combines the Background, Overview and Chronology sections of the Home Office DHR Guidance overview report template. This was done to avoid duplication of information. The information is drawn from documents provided by agencies, discussions with Alex's friends, and material gathered by the police during their investigation following Alex's death.

The information is presented in this section without comment. Analysis appears at section 14 of the report.

13.1 Relevant History

13.1.1 No agency had any information regarding Alex, Morgan, or their son, prior to the timeframe of the review.

13.1.2 Alex's friends informed the Chair that although she remained married to Morgan, she had not loved him for many years. Their relationship had not been intimate for at least 10 years. Alex told friends that when she still lived in Iran, Morgan neglected her and their son and spent most of his time with his parents, who were older and in poor health. She wanted to divorce him, but Morgan loved Alex and would not agree to a separation.

13.1.3 Alex was described as a very loving person who cared for her friends and son greatly. In the United Kingdom, she had a small circle of friends who would meet almost weekly for coffee or food, often prepared by Alex. She was the organiser of the group, and friends looked forward to her daily messages on WhatsApp, which were always warm, friendly, and positive.

13.1.4 Alex adored her son and despite knowing that her relationship with Morgan was over, she still supported Morgan's wishes to join her in the United Kingdom so that her son could be with his father.

13.1.5 In addition to attending college to learn English, Alex also carried out part-time work as a beauty therapist: hoping to learn new skills and eventually gain employment. Although she kept this part of her life private, Alex did tell her friends that she had met her partner through this work, and that she had fallen in love with him.

13.2 Events within the Timeframe of the Review

13.2.1 The following paragraphs summarise issues affecting Alex within the timeframe of review, which the panel felt were most relevant.

13.2.2 On 18 March 2018, Alex arrived in the UK and claimed asylum after converting her religion from Islam to Christianity. Home Office staff conducted an asylum screening interview. Alex's son was a dependant on the asylum claim.

13.2.3 On 19 March 2018, Alex was accepted into the non-detained asylum process, which meant that she was not held in immigration detention whilst her asylum claim was considered and was allocated to the Liverpool Asylum Intake Team. Arrangements were made for her to travel (on 21 March 2018) to an address in Liverpool, which was managed by SERCO on behalf of the Home Office Asylum Support Team.

13.2.4 On 28 March 2018, Alex moved to a different asylum support address in Liverpool.

13.2.5 On 3 April 2018, the Home Office Asylum Support Section 95 Team made a decision to grant Alex access support under s55(1) Nationality, Immigration and Asylum Act 2002 – justified by the fact that she claimed asylum as soon as reasonably practicable after arrival in the UK.

13.2.6 On 10 April 2018, Alex attended an appointment with Primary Care 24 (PC24), which is an NHS medical service for people in temporary accommodation who are receiving asylum support. A nurse conducted an initial health assessment and noted that Alex was coping well with the asylum process and did not report any mental health concerns.

13.2.7 On 13 April 2018, Alex attended an appointment with PC24 and reported a rash on her legs. She did not report any further concerns.

13.2.8 On 13 June 2018, the Home Office Asylum Support Team received an email from an Intensive Support Co-ordinator at the SERCO managed accommodation where Alex was housed.

SERCO reported that Alex had raised concerns about the length of time that they had been in initial accommodation. Home Office staff requested that SERCO investigate Alex's concerns further. An additional email was received from an Intensive Support Co-ordinator stating that there had been a miscommunication, and Alex did not have any such concerns.

13.2.9 On 18 June 2018, Alex attended an appointment with PC24 and reported feeling anxious and depressed. She stated that she had trouble sleeping, lived alone with her son, and had no friends close by. Alex also stated that she felt that living in temporary accommodation was contributing to her poor mental health, and the GP agreed that it would be beneficial for her to be moved to dispersed accommodation to access a more stable community.

Alex was referred for counselling and prescribed antidepressant medication.

13.2.10 On 26 June 2018, Alex and her son were moved to alternative housing managed by SERCO, on behalf of the Home Office Asylum Support Team.

13.2.11 On 5 July 2018, PC24 received a document from the Home Office informing them that Alex had raised concerns that her son had disclosed suicidal thoughts and that this had expedited them being moved to dispersal accommodation.

13.2.12 On 9 July 2018, The Home Office Asylum Support team sent a letter to Alex in respect of the payment of benefits. She was entitled to, and received, £75.50 per week.

13.2.13 On 1 August 2018, the Home Office Liverpool Asylum Team conducted an asylum interview with Alex. The member of staff conducting the interview was Executive Officer Grade and was able to make the decision to either accept or refuse her asylum application.

13.2.14 On 13 August 2018, decision papers were sent to Alex and her legal representatives. The Home Office's decision was to refuse asylum. Alex was granted a right of appeal against this decision.

13.2.15 On 15 August 2018, Alex contacted Asylum Link to request a healthcare certificate to exempt her from NHS charges.

13.2.16 On 24 August 2018, Alex exercised her right to appeal against the decision to refuse her asylum. On 10 October 2018, the Independent Immigration and Asylum Chamber (the appeals tribunal) allowed Alex's appeal on asylum grounds.

13.2.17 On 13 November 2018, a s95 discontinuance letter was sent to Alex, which advised her that she was no longer eligible for asylum support. This was due to Alex being granted asylum and becoming eligible for mainstream benefits, which included housing.

13.2.18 On 14 November 2018, Alex attended at Asylum Link regarding problems with her cash card. Money had been withdrawn from her account, and she stated that this had not been done by her. She explained that although her son had access to the card and knew the PIN, it would not have been him.

13.2.19 On 15 November 2018, Home Office staff reported that the telephone number held for Alex didn't work. A letter was sent to establish if Alex required assistance arranging an appointment with Department for Work and Pensions (DWP).

13.2.20 On 27 November 2018, Torus Housing (previously commissioned as Liverpool Mutual Homes) received a housing application for Alex and her son.

13.2.21 On 2 January 2019, Torus Housing completed a pre-tenancy interview with Alex. This included an affordability assessment, and staff confirmed that Alex was not vulnerable or disabled and received support from her son, who was also named on the housing application. Interpretation services were used during the interview, and Alex stated that her marital status was single. She was provided with accommodation for and her son, and the tenancy started on 7 January 2019.

13.2.22 On 8 April 2019, Alex made an application for a refugee travel document[10] for herself and her son. Alex stated that she did not know which countries she intended to travel to.

13.2.23 On 9 April 2019, Alex registered as a new patient with her local GP. The appointment was with a healthcare assistant, and an interpreter was present. She provided her son's details as next of kin.

13.2.24 On 17 April 2019, a family reunion application was submitted by Morgan.

The application paperwork included evidence of Alex's ongoing contact with Morgan, following her leaving Iran. There was no reference to a fear of Morgan within Alex's asylum application. The application was granted on 20 May 2019.

[10] A refugee travel document (also called a 1951 Convention travel document or Geneva passport) is a travel document issued to a refugee by the state in which she or he normally resides, allowing him or her to travel outside that state and to return there.

13.2.25 On 24 April 2019, Alex was seen by her GP and reported shoulder pain, which she had experienced for more than a year, but she did not describe the route cause. Hydrotherapy and a medication plan were agreed.

Alex was also concerned that she was excessively fatigued and was losing her hair.

13.2.26 On 9 May 2019, the Home Office received an ECO (Entry Clearance Officer) enquiry from Abu Dhabi. This was in relation to Morgan's family reunion application, which may have been submitted at the British Embassy in Abu Dhabi. His application was made as the spouse of a recognised refugee, in accordance with Immigration Rule 352A. The application was granted: allowing him to join Alex and their son in the United Kingdom.

13.2.27 On 23 May 2019, Alex had an appointment with her GP and reported a facial rash, headaches, and low mood. She was signposted to Asylum Link and referred to Talk Liverpool Services[11] by her GP, who recorded that Alex had more problems to discuss but was asked to make another appointment due to time restrictions for each appointment.

13.2.28 On 31 May 2019, Alex failed to attend an appointment with her GP.

13.2.29 On 17 June 2019, Morgan arrived in the United Kingdom.

13.2.30 On 17 June 2019, Torus Housing received a letter from Alex, requesting that her husband be added to the tenancy agreement. Torus agreed, but the tenancy remained in Alex's name only.

[11] Free NHS service offering psychological therapies to adults in Liverpool who are feeling depressed or anxious.

13.2.31 On 26 June 2019, Alex attended an appointment with the GP. She described gynaecological issues following sexual intercourse with Morgan, who had now arrived in the UK. The GP explored whether Alex had any concerns regarding sexual abuse, coercion, or domestic violence and discussed relationship counselling and future psychosexual counselling.

The GP also explored Alex's feelings towards Morgan, and she explained that she did not have feelings for him and had no interest in having sex with him. Alex stated that Morgan put no pressure on her to have sex, was not intimidating or threatening, and she did not feel unsafe with him. Alex informed the GP that she had discussed matters with Morgan, who knew how she felt.

13.2.32 On 9 August 2019, Morgan registered with his GP practice. Although the GP notes do not record his language, they do state that an interpreter was required.

13.2.33 On 14 August 2019, Morgan attended a screening appointment with a health care assistant at the GP practice. An interpreter was present. Morgan stated that, in Iran, he had been diagnosed with a heart condition.

13.2.34 On 15 August 2019, Alex attended an appointment with the GP and reported gynaecological issues: these were treated with medication.

13.2.35 On 18 August 2019, Alex again attended an appointment with the GP and reported the same gynaecological symptoms. Further medication was issued to treat the symptoms.

13.2.36 On 30 August 2019, Morgan attended a GP appointment in relation to his heart condition. An interpreter and Alex were both present. Morgan was referred to a cardiology specialist for further investigation.

13.2.37 On 8 October 2019, Alex attended an appointment with the GP and was diagnosed with a sexually transmitted disease. Alex agreed that she would self-refer to Genito-Urinary Medicine.

13.2.38 On 21 October 2019, Alex attended a sexual health clinic at hospital and was prescribed medication. In response to questions asked by staff, Alex stated that her only sexual partner was Morgan.

13.2.39 On 3 February 2020, Morgan attended an appointment with his GP in relation to his heart condition. He also reported feeling anxious and low, stating that he had moved to the UK from Iran nine months earlier, where he was a university teacher. Morgan informed the GP that he rarely left the house due to being worried about his heart, and he described his family as being protective. The GP signposted him to Talk Liverpool.

13.2.40 On 7 February 2020, Alex attended an appointment with the GP and reported upper back, neck and head pain, fatigue, and low mood. A not fit for work note was issued.

13.2.41 On 28 April 2020, Alex had a telephone consultation with her GP, and she was issued another not fit for work note.

13.2.42 On 29 July 2020, Alex had a telephone consultation with her GP and reported continuing symptoms of neck and shoulder pain. Physiotherapists had suggested that there may be a neuropathic element to the pain, so she was prescribed further medication. A not fit for work note was issued.

13.2.43 On 28 September 2020, Alex had a telephone consultation with the GP. Morgan was also present. A not fit for work note was issued.

13.2.44 On 26 October 2020, Adult Social Care received a referral from Alex's son for occupational therapy support for her. Alex's son requested a shower seat and stated that her physiotherapist had suggested that she needed this to help with her bathing and showering. Her son reported that Alex had difficulty with personal care and that her breathing was laboured when she was tired. At this time, Alex was living in rented accommodation managed by Torus Housing.

Alex's son reported that her English was limited and, with her consent, requested that contact be made through him.

13.2.45 On 4 November 2020, Alex had a telephone consultation with her GP. During the consultation, Alex complained that she felt that the GP had not previously taken her seriously and her pain was so severe that she wanted to kill herself.

The GP noted that discussion took place around mental health, and Alex was signposted to Talk Liverpool, NHS Mood, Zone, yoga, and meditation. A not fit for work note was issued.

13.2.46 On 6 November 2020, an occupational therapist made contact with Alex by telephone. Alex requested that they call back with a Farsi interpreter.

13.2.47 On 16 November 2020, an occupational therapist made contact with Alex by telephone. She passed the phone to her child, who requested that they call back with a Farsi interpreter. They did this and, over the telephone, conducted an occupational therapy assessment.

13.2.48 On 18 February 2021, Alex had a telephone appointment with her GP and reported irregular periods over the last 6 – 8 months. Alex asked the GP if stress could be a contributory factor, which they agreed it could. Alex declined any further medication to treat her low mood.

13.2.49 On 5 March 2021, an occupational therapist contacted Alex by telephone. Alex requested an interpreter. The occupational therapist initially contacted Alex's child to ask them to translate; however, they then made arrangements to be supported by an interpreter. The therapist recommended 'grab rails' be installed at the address to assist Alex with mobility challenges when using the bath.

13.2.50 On 16 March 2021, an occupational therapy assessment was conducted at Alex's home address. An interpreter was present.

13.2.51 On 27 April 2021, an occupational therapist called Alex's son to review the recommended works. They had not been carried out but were installed less than a week later, and Alex was notified by email.

13.2.52 On 5 May 2021, Alex had a telephone consultation with her GP and requested an extension of her not fit for work note for three months, due to her shoulder pain. This was issued by the GP.

13.2.53 On 14 July 2021, Alex had a telephone consultation with her GP and was issued another not fit for work note. She informed her GP that she had applied for a Personal Independence Payment (PIP).

13.2.54 On 3 November 2021, Alex had a telephone consultation with her GP to request a renewed not fit for work note, which was issued.

13.2.55 On 5 November 2021, Alex's GP tried to telephone Alex to review medication, but there was no answer.

13.2.56 On a day in November 2021, North West Ambulance Service received a call requesting their attendance at Alex's address. On arrival, Alex was found with several injuries, which proved to be fatal.

13.2.57 Merseyside Police attended the address and initiated a murder investigation. After making initial enquiries at the scene, they arrested Morgan, their son, and Alex's partner on suspicion of murder.

13.2.58 In December 2021, Morgan was charged with Alex's murder. Alex and Morgan's son was later released without charge, as was Alex's partner.

13.2.59 In April 2023, Morgan was convicted of murder and sentenced to life imprisonment: with a minimum term of 15 years and 299 days.

14 Analysis

14.1 **How does your agency proactively engage with people seeking asylum and refugees?**

14.1.1 Asylum Link provides general support to asylum seekers in Liverpool but does not generally provide support to refugees. Once someone has refugee status, they refer them onto Merseyside Refugee Support Network.

The panel was informed that Asylum Link actively promotes engagement with asylum seekers through the availability of leaflets and flyers in the Home Office building in Liverpool and in Home Office initial accommodation centres. It also promotes services in multi-agency meetings and forums.

The panel learned that Asylum Link actively encourages referrals into its service via referral forms on its website (with translation into main languages available) and operates services for asylum seekers on a 'drop-in' basis or via telephone and social media.

14.1.2 Adult Social Care informed the panel that if safeguarding issues are identified for a service user, it works with an established network of support agencies for referrals or advice. Proactive work has taken place in 2023 to develop relationships with voluntary sector partners, whereby Adult Social Care services are highlighted to people seeking asylum and refugees, as they engage with other support services.

14.1.3 Within SERCO managed initial accommodation, there are housing officers physically on site who can signpost service users for low level support for various matters. There is also an allocated housing officer to oversee several properties within the area. That officer attends each address once per month to complete inspections of the property. SERCO staff have received training to identify signs of abuse, particularly domestic abuse, exploitation, and harmful cultural practices, such as forced marriage and honour-based abuse.

During those visits, unless in response to a specific incident, there is no discussion or further screening completed by staff in relation to potential domestic or honour- based abuse. Housing officers are unique in that they have an opportunity to engage with people seeking asylum and refugees on at least a monthly basis: more than any other agency.

The panel felt that this was a missed opportunity for SERCO to identify potential abuse and re-enforce options for additional services from other agencies. This is a learning point that leads to panel recommendation 2.

14.1.4 Upon arrival in initial accommodation, all service users receive a full induction with an explanation of local area information, how to access NHS services, and advice about the AIRE provision (migrant help). Service users are also provided with literature from Women's Aid, with specific reference to support that is in place for anyone who may be at risk of domestic or honour-based abuse. The literature is available in several languages.

Due to SERCO not having access to records from when Alex's accommodation was managed by them, it is not known if she had access to any similar support.

14.1.5 LUHFT has arrangements in place to ensure that patients who may be seeking asylum or are refugees, are supported on discharge from their care. It considers referrals to the local authority homeless team, Home Office and Asylum Link.

LUHFT has identified that in the absence of any obvious concerns around domestic or honour-based abuse, the direct question 'do you feel safe at

home?' may still be appropriate to ask all patients during assessments and discharge and have included this within their single agency action plan.

14.1.6 GP practices within the ICB, conduct health check questionnaires for all new patients. If there is evidence of a requirement for interpretation services, an alert is placed on a patient's record to make staff aware. There was evidence of this being the case for both Alex and Morgan, with both benefiting from the use of interpreters for GP appointments.

14.1.7 Torus has agreements with the local authority to house those seeking asylum or refugees. At the point of sign-up, tenants complete a pre-tenancy interview to identify what, if any, support is required, check affordability of the property, and identify if the tenant requires additional support to manage their home. All tenants are able to access support from the tenancy sustainment service, should a need for this be identified during the sign-up or management process.

14.1.8 Torus informed the panel that it is committed to improving its response to domestic abuse, and since December 2021, has been working towards achieving accreditation with the Domestic Abuse Housing Alliance accreditation (DAHA).

As it seeks accreditation, Torus has improved its understanding of the barriers that some tenants may face when accessing services. Examples of its proactive work include:

- Promoting the availability of Language Line interpretation services
- Investing in safeguarding and domestic abuse training. In October 2023, domestic abuse training will be rolled out across all housing teams, with modules including barriers that individuals and communities may face when seeking support in relation to domestic abuse and harmful practices.
- Arranging face-to-face home visits with every general need's property, to better understand the needs of tenants.
- Sharing learning from local MARACs in relation to the demographics of victims of domestic abuse, to better identify and support potential victims

- Developing promotional leaflets and posters with diverse imagery to reflect that domestic abuse can happen to people of all ages, genders, and ethnic backgrounds.
- Hosting a series of networking events, bringing professionals together to share information.
- Recruiting an Inclusion Lead who has joined the Domestic Abuse Steering Group and who leads the implementation of the Diversity and Inclusion Strategy.

14.1.9 The panel felt that the efforts being made by Torus were positive and also felt that an update of their progress and findings should be shared with the Community Safety Partnership to ensure that good practice is recognised and replicated by other agencies where appropriate.

14.1.10 The panel felt that it was important to scope widely to establish a more holistic picture of what domestic abuse provision looked like across Liverpool when also considering honour-based abuse: rather than concentrating only on those agencies who had directly engaged with Alex and Morgan.

14.1.11 Liverpool City Council has a service called ‘Our Liverpool’, which facilitates signposting to services such as asylum advice, education, health, and wellbeing. It co-ordinates safeguarding meetings between SERCO, the Home Office, Liverpool City Council safeguarding leads, and voluntary sector partners, to support people seeking asylum.

Through that process, a number of sub-group meetings are held, which cover thematic areas to support an overarching strategy called: ‘people seeking asylum, refugees, and vulnerable migrants’, known as the ’ASRVM Strategy’. The sub-group meetings do not have a defined frequency, although those chaired by Our Liverpool take place approximately every three months.

Amongst those themes are an Asylum Seeker and Refugee Group, Communities Culture and Social Connections, Needs of People Seeking Asylum, and a Migrant Group, which consists of people who have lived experience of the asylum process or refugee resettlement.

14.1.12 The ASRVM strategy is in the process of being refreshed. The panel has been provided with a copy of the latest draft version (June 2023) and have considered the content in a domestic abuse context.

14.1.13 **The panel was reassured that efforts were being made to formalise governance around support for people seeking asylum and refugees.**

The strategy vision is described as follows:

'To make Liverpool a welcoming city and Liverpool City Council a migrant-friendly organisation, where people seeking sanctuary and vulnerable migrants can rebuild their lives from the day they arrive. It outlines some of the achievements of the 2019 to 2022 strategy and sets out detailed thematic action plans to address the challenges ahead.'

The panel felt that Our Liverpool was the most appropriate route to supporting people seeking asylum and refugees who may also be at risk of domestic abuse. This leads to recommendation 4.

14.1.14 The panel was also informed of the newly formed Merseyside Harmful Practices group. This is a multi-agency group of practitioners who work under the Strategic Policing and Partnership Board, to advance the work of the Violence Against Women and Girls strategy, with specific reference to workstreams related to harmful practices – forced marriage, honour-based abuse, FGM, and emerging practices such as breast ironing and virginity testing. The panel was informed that one responsibility of the group is dissemination of best practice and, as such, would be well placed to support Our Liverpool.

14.1.15 The panel saw evidence of proactive work being carried out by some agencies, to engage with people seeking asylum or refugees. A good example was Mersey Care, who identify areas with a high number of residents seeking asylum and send clinical teams into interim SERCO accommodation to discuss pathways for support, such as mental health assessments.

14.1.16 Another good example was Merseyside Police, who have a team of Community Engagement Officers who attend interim accommodation and meet with people seeking asylum and refugees – to build trust and offer advice. There were examples of them providing advice to service users, explaining various types of crime, and recording incidents for service users, in order to make the process of reporting crime more accessible for them.

14.1.17 C&MICB has established Local Quality Improvement Schemes in Primary Care: one of these being for people seeking asylum and refugees.

The scheme was amended in November 2022 to take account of an increasing number of refugees and asylum seekers being placed in temporary hotel accommodation – with little or no advance notice to the local authority / NHS – and remaining there for a considerable length of time. The increasing number impacts on general practices within the area, and the scheme sets clear objectives for staff to deliver appropriate healthcare provision for users in temporary accommodation.

14.1.18 C&MICB has also commissioned services to PC24 for the provision of initial medical assessment and care for those in initial accommodation.

14.1.19 Liverpool Domestic Abuse Service (LDAS) works in partnership with Refugee Action and Asylum Link, to ensure a two-way trusted referral pathway is in place. LDAS provides information in the main community languages so as to proactively raise awareness of domestic abuse with people seeking asylum and refugees.

14.2 **How does your agency overcome language and cultural challenges to assess whether seeking asylum and refugee cases may involve domestic abuse or other culturally specific abuse?**

14.2.1 Adult Social Care offers a contact centre for social care enquiries, adult referrals, and homeless families. This is known as 'Careline', and this service was used by Alex and her son.

The IMR author identified that during appointments between Alex and occupational therapists, interpreters were not always used, despite her requesting this on several occasions. Due to this, communication often proved difficult, with the occupational therapists suggesting using Alex's son to translate. The panel felt that if Alex had been experiencing abuse, this approach may have prevented her from disclosing her concerns during meetings.

Adult Social Care has identified that training could be improved in relation to equality, diversity, and inclusion, and it has also identified a need to reinforce organisational expectations and processes for accessing interpreter services. This is included as a single agency action plan.

14.2.2 Adult Social Care and LUHFT utilise interpreter services (Language Line) to effectively communicate with people where appropriate, including people seeking asylum and refugees. Staff can request face-to-face, video, or telephone interpretation. If those services are not available, Adult Social Care and LUHFT also have access to mobile interpreter machines.

14.2.3 Asylum Link makes use of community interpreting services to assess needs, including those relating to potential domestic abuse. The panel felt that this practice was not appropriate. By using members of a local community to interpret, it may deter someone from disclosing domestic abuse during assessments and may also increase risks to them, in terms of honour-based abuse, from within that same community.

14.2.4 Asylum Link informed the panel that where issues around housing or relationship breakdown are raised by its users, cases are flagged for further assessment by the complex needs team. Asylum Link seeks to speak separately with potential victims, and they are asked if they feel safe at home. If domestic or honour-based abuse is suspected to be present, staff complete a MeRIT[12] risk assessment and ask questions about potential honour-based abuse. If honour-based abuse is suspected to be present, Asylum Link refers people to Savera UK.

14.2.5 Where there are indicators of abuse present, Asylum Link speaks to partners and spouses separately. The panel felt that this should be standard practice, regardless of indicators of abuse. If a victim's partner is present, they are unlikely to disclose abuse in the first place, regardless of any additional risk factors associated with honour-based abuse.

14.2.6 SERCO uses independent interpreting services for conversations with service users.

14.2.7 SERCO informed the panel that asylum seekers also have an initial screening interview where they are able to disclose any safeguarding or medical-related issues. The panel was keen to explore this area further to establish what assessment took place during the initial stages of an individual's relocation to temporary accommodation. SERCO did not provide any further information to the panel, and this area is considered within recommendation 2.

[12] The Merseyside Risk Identification Tool (MeRIT) is used to establish the level of risk faced by the victim.

14.2.8 Torus Housing provides all new tenants with information regarding anti-social behaviour and domestic abuse, including what support is available. Interpretation services were used during initial contacts with Alex, which did not identify a requirement for any further support.

14.2.9 In June 2019, Alex notified Torus Housing that her husband had moved into her home. She did this by letter, and Torus Housing responded in the same manner. As this request did not result in an issue of overcrowding, Morgan was added to the household without any further discussion with Alex. The panel felt that this was a missed opportunity to ask Alex how she felt about being joined by Morgan and to make appropriate assessments of any change in risk, including any potential domestic or honour-based abuse. Torus has included this area within their single agency action plan.

14.2.10 When providing services to Alex, Torus did not explore or identify any issues relating to race, culture, or faith. The panel was informed that Torus is currently developing a 'Vulnerability Policy' that will encourage staff to identify potential tenant vulnerability, including risks presented by domestic and honour-based abuse. This is also included within a single agency action plan.

14.2.11 The DAHA accreditation requires Torus to evidence over 400 standards of work within eight priority standard areas in relation to domestic abuse. These include:

1. Policy and procedure
2. Staff development and support
3. Partnerships and Collaboration
4. Safety led Support
5. Case Management
6. Perpetrator accountability
7. Intersectionality and Anti racist practice
8. Publicity and Awareness raising

As part of the approach to raising awareness of domestic abuse amongst tenants, at the point of sign-up information, tenants are now provided with

information regarding domestic abuse. This includes information on what domestic abuse is, how support can be accessed from local specialist support services, what support is available from Torus, and what action to take in an emergency.

Torus has also invested in a new domestic abuse service that sits within its Safer Estates team. The team includes a risk identification officer and two domestic abuse housing officers. All cases of domestic abuse, noise, and harassment are screened by the team, and where domestic abuse is identified, the tenant is supported to access specialist support services. The domestic abuse housing officers also represent the agency at Liverpool MARAC.

14.2.12 Through Our Liverpool, Liverpool City Council strives to ensure that support services are accessible to people seeking asylum and refugees, including support for those suffering domestic or honour-based abuse.

Our Liverpool offers training to other agencies on refugee issues and cultural awareness and provides advice and encouragement to work with specific partners who have expertise in supporting people from a migrant background and knowledge of immigration processes.

Our Liverpool has advised other agencies to be more accessible by producing resources in other languages and linking in with trusted community partners to bridge the trust gap between them and service users.

14.2.13 The panel saw evidence from many agencies, which showed there were effective processes in place to manage communication challenges. A good example was North West Ambulance Service, who provides front line staff with several options for interpreter services – through several providers – and also software and physical documents that are accessible to all staff. There were other examples of good practice.

14.2.14 The panel learned that Children's Services in Liverpool offer an Initial Health Assessment to all unaccompanied asylum seeker children, to establish health and care needs and ensure appropriate referrals and support is arranged. Policy is in place to prevent staff from using family or friends to interpret for a child. The panel thought that this was positive and may serve to encourage those at risk of abuse, to report matters to healthcare professionals confidentially, without increasing the risk due to family members being aware. The panel felt that if a similar policy could be adopted across all agencies, and to include all individuals (not just children), then it may encourage individuals to report domestic or honour-based abuse.

This is a learning point that leads to panel recommendation 1.

14.2.15 Despite some agencies providing good examples of managing interpretation challenges, the panel did not see evidence that communication was used to effectively assess risks around culturally specific issues, including where domestic abuse was a factor. The panel felt that although Alex and Morgan's interaction with agencies was minimal and focussed predominantly on health and housing matters, there had been a lack of professional curiosity by some agencies when engaging with them both.

14.2.16 The panel was made aware of research[13] published by Mohammed Mazher Idriss of Manchester Law School, Manchester Metropolitan University, which concludes that whilst there is a clear overlap between domestic abuse and honour-based abuse, the two are different. Often, circumstances fit within both areas, and a professional's sound knowledge of each, is essential if effective assessments are to be conducted to identify potential victims.

[13] Mohammad Mazher Idriss (2017) Not domestic violence or cultural tradition: is honour-based violence distinct from domestic violence?, Journal of Social Welfare and Family Law, 39:1, 3-21

14.2.17 Although several agencies stated that their staff receive mandatory domestic abuse training (and some also included elements of honour-based abuse), the panel was not provided with evidence of how well attended that training was for all agencies or what learning outcomes it sought to achieve.

The panel was informed that some agencies within the Community Safety Partnership group, offered advice and training around honour-based abuse, specifically involving people seeking asylum and refugees. The panel did not think that training was consistent across agencies and could more effectively deliver awareness of the links between domestic abuse honour-based abuse.

This is a learning point that leads to panel recommendation 3.

14.3 **How does your agency evaluate the effectiveness of procedures and protocols in place, to encourage engagement in services by community members who may find it difficult to access provision?**

14.3.1 GP practices speak with others within the ICB and share general good practice. The GP practice where Alex and Morgan were registered, had recently took part in a survey with eight other practices to assess the effectiveness of new patient heath checks. It was established that practices were including screening questions around asylum status and domestic abuse, and from that questionnaire, recommendations were shared, to improve that process.

14.3.2 Adult Social Care provided the panel with evidence of its efforts to encourage community members to access its services. This included attendance at multi-agency events for members of the community whose first language wasn't English, and also its representation at Our Liverpool co-ordinated meetings – to ensure its services are made available to agencies involved in the support of those seeking asylum.

14.3.3 SERCO informed the panel that it conducts a customer insight survey that is sent out to all service users, analyses incident reports, and has regular meetings to discuss emerging issues.

14.3.4 Asylum Link has never formally evaluated how effective engagement is and justifies this by the volume of users remaining high.

14.3.5 SERCO and LUFHT did not provide the panel with further detail around this work, including how often evaluation activity takes place or how the findings are used.

14.3.6 The panel learned that Torus Housing proactively seeks to evaluate how effectively it engages with communities who may find it difficult to access its services. Torus has established a Tenant Scrutiny Panel, which comprises tenants from within its own properties who carry out ‘deep dives’ into its services and make recommendations for improvement.

A Diversity and Inclusion Panel has also been established that supports the review of policies, procedures, practices, and equality impact assessments. An example of positive change in this area, is improved website functionality – allowing tenants to choose the font, colour, and language of the information displayed on the website.

Torus is also in the process of launching a tenant census to gather information from tenants that will help them to provide appropriate support more effectively to diverse communities.

14.3.7 Our Liverpool engages with voluntary and community sector partners to gauge feedback from service users and identify areas that require further support to design bespoke solutions.

14.3.8 Our Liverpool explained that through its Asylum Accommodation Safeguarding meetings, it has made improvements to practices in an effort to support vulnerable individuals moving out of SERCO accommodation. Furthermore, it has improved the relationship between SERCO and voluntary and community service partners to support vulnerable individuals.

14.3.9 The panel again considered the strategic work being conducted by Our Liverpool and agreed that increased involvement by domestic abuse specialists could positively influence that strategy and make domestic abuse services more readily available to people seeking asylum and refugees.

This is a learning point that leads to panel recommendation 4.

14.3.10 The panel also felt that the work undertaken individually by all agencies to evaluate the effectiveness of community engagement, was not being shared between agencies. The panel felt that the strategic role of Our Liverpool made it best placed to oversee evaluation and co-ordinate results to provide support for all agencies when considering not only individual cases but also wider service provision.

This is also a learning point that leads to panel recommendation 4.

14.4 **How did your agency take account of any racial, cultural, linguistic, faith, or other culturally specific issues, when completing assessments and providing services to Alex?**

14.4.1 The Home Office informed the panel that when it conducted an asylum interview with Alex on 1 August 2018, the main focus was Alex's eligibility for asylum in the United Kingdom due to her conversion to Christianity. The interview lasted for more than six hours and focussed on evidence to support or disprove her claim that to return to Iran would place her at significant risk.

The interview questions and answers were considered by the panel, who noted that despite there being no direct questions around historic, current, or potential domestic or honour-based abuse, there was extensive discussion around Alex's relationship with her family in Iran, including her husband, and

that discussion was sufficient to elicit information about abuse, if it had been a concern for Alex.

14.4.2 During that interview, Alex stated that her family and husband did not know of her conversion to Christianity until she fled her village, without warning, after learning that her home had been raided by Iranian police. She described that following the house search, her husband was taken into custody and interrogated to establish what he knew of Alex's conversion and disappearance. Alex also stated that other members of her family were visited by Iranian police and asked questions about her.

Alex informed the interviewer that after she fled her village, she was able to make contact with her husband, who was supportive of her actions (including her conversion to Christianity) and provided her and their son with financial support to escape from Iran through a series of third-party contacts – using false travel documents. She stated that she was keen for her family to be reunited.

14.4.3 The panel sought advice from the independent advisor for honour-based abuse, as to whether or not Alex's actions may have increased the risk of her becoming a victim of honour-based abuse. It was informed that although Alex made it clear that her husband was supportive of her conversion and attempts to leave Iran, her actions could have resulted in him, and her family, being dishonoured. Morgan has not agreed to meet with the DHR Chair, so there has been no opportunity to discuss whether or not he felt dishonoured by Alex's actions.

14.4.4 The panel was also mindful that during the asylum interview, Alex may have been reluctant to answer all questions truthfully. She had been through an illegal and highly stressful process to flea Iran, and when interviewed, did not know what her future may hold, or if she would be returned to Iran. If she felt that she was at risk of being a victim of domestic or honour-based abuse in the future, she may have felt unable to disclose this.

14.4.5 The panel also considered Alex's answers alongside similar answers provided to her GP: during which she stated that she did not feel at risk of domestic abuse from Morgan after he later joined her in the United Kingdom. The panel agreed that there had been several opportunities for Alex to disclose any concerns around domestic abuse, but she had not done so, suggesting this was not a concern for her.

14.4.6 The panel was also informed by the independent advisor that later, when Morgan was likely aware that Alex was in a relationship with another man, the accumulative effect of this and her earlier conversion to Christianity, may have increased the risk of her being a victim of honour-based abuse. Both are acts that Morgan may have felt dishonoured him and his family and may have resulted in him deciding that he needed to take action.

The panel agreed that because agencies were not aware that Alex was in that relationship, they could not have anticipated future tragic events.

14.4.7 The Home Office assessment of Morgan's family reunion application, considered all information relating to Alex's asylum claim, including the screening and substantive interview transcripts and the appeal determination that had already been submitted for review. The Home Office assessment was that Alex and Morgan's relationship was genuine and there were no risks identified in terms of domestic or honour-based abuse. The family reunion visa was granted, as Morgan satisfied the Immigration Rule criteria.

14.4.8 When Alex first arrived in Liverpool and lived in interim accommodation, she was provided with healthcare services by PC24, prior to being registered with a local GP. The panel learned that when Alex was supported by them in 2018, PC24 used structured screening questions to establish whether patients had experienced violence prior to seeking asylum in the United Kingdom. Alex received medical attention through PC24 three times whilst in interim accommodation and discussed her conversion to Christianity, family dynamic, and mental health. She did not state that she had witnessed or been fearful of violence in Iran or that she had been at risk of domestic or honour-based abuse.

The panel felt that although the question set used by PC24 at the time did not directly ask patients about domestic abuse, it did include violence and provided an opportunity for Alex to disclose abuse, if she had experienced this.

14.4.9 The panel was also informed that the screening questions now used by PC24 are more focussed around domestic abuse, violence within family environments, female genital mutilation, and mental health. Patients are asked the questions when the patient is alone and use an interpreter where appropriate. The panel agreed that this was good practice.

14.4.10 PC24 records are not transferred to a patient's GP practice when they move from interim accommodation and register with a new practice locally. The panel agreed that this was a gap and an area that should be addressed by means of a single agency action plan for C&MICB.

14.4.11 Asylum Link Merseyside offers a ‘drop-in service’, which service users are able to access. They deliver the service from a shared office, where there are as many as four service users being seen at any one time: all of whom are able to hear discussions between others and staff. The majority of people present in that building are usually men. The panel felt that if Alex needed support in terms of abuse, then this may have been a barrier to her disclosing concerns during appointments.

The panel was informed that the ‘drop-in service’ has now changed to a telephone and appointment system, thus providing service users with more privacy.

14.4.12 Alex accessed Asylum Link support on two occasions, but there is no record of whether or not an interpreter was used for her. No assessment of risks to Alex was made on either occasion. The panel learned that the ‘drop-in service’ at Asylum Link was designed to address immediate and ad-hoc needs of service users, rather than being a holistic service that offered broader support for issues such as domestic abuse. However, should a case worker identify issues that required further exploration, then a service user would be referred internally to their complex needs team for further assessment. This did not happen in Alex’s case.

The panel felt that if no interpreter was used by Asylum Link when meeting with Alex, this may have been a missed opportunity for her to raise any concerns that she may have had regarding domestic or honour-based abuse.

14.4.13 Prior to a referral in October 2020 from her son, Adult Social Care had no knowledge of Alex. That referral was through its Careline service for occupational therapy, due to Alex struggling with mobility and personal care, caused by shoulder pain.

An occupational therapist attempted to contact Alex on numerous occasions but did not use an interpreter to facilitate the calls and telephone assessments, despite recording her request for a Farsi interpreter in future

contacts with them. This resulted in a delay of five months until a face-to-face meeting took place, with an interpreter present.

14.4.14 The assessment by the occupational therapist was task focussed, with only a brief assessment of social circumstance and needs. Adult Social Care did not explore the circumstances leading to Alex having shoulder pain and did not consider domestic or honour-based abuse. The assessment established that Alex lived with her son, but not her husband.

The panel felt that the assessments could have been more professionally curious, to establish the root cause of Alex's injury, and that by not using interpretation services for all contacts, Alex's cultural and linguistic needs were not appropriately considered.

14.4.15 Alex attended hospital outpatient and physiotherapy appointments regularly between 2019 and 2021: for assessment and treatment of shoulder pain. Hospital staff recorded the use of an interpreter for face-to-face appointments and Language Line to interpret conversations during follow-up telephone appointments.

14.4.16 Alex's GP records included an alert to ensure that an interpreter was used for consultations. Records show that almost all appointments and consultations were facilitated by interpretation services.

14.4.17 When Alex registered with the GP practice as a new patient in 2019, she was asked a series of questions to establish her medical requirements and also her background regarding her family and communication needs.

The assessment did not include any questions around any history of domestic abuse or honour-based abuse, despite Alex saying that she had left Iran after converting to Christianity and still having family in the country. The panel felt that the initial discussion could have explored potential risks to Alex due to her conversion to Christianity and subsequently seeking asylum in the United Kingdom.

14.4.18 The panel was provided with a copy of the 'New Patient Questionnaire' used by GPs during initial registration. This was introduced around May 2023 and includes questions to establish if the patient is a refugee or person seeking asylum and also includes a note to the patient that the surgery is a safe space for them if suffering from 'physical or emotional domestic abuse.'

The panel felt that although this was a good example of primary care exploring domestic abuse and providing potential victims with an opportunity to receive support, the questionnaire should also include honour-based abuse. This is a learning point that leads to recommendation 2.

14.4.19 When Alex attended an appointment with her GP in May 2019, she reported low mood and presented with symptoms of stress and anxiety. Even though she was signposted to Asylum Link and referred to Talk Liverpool Services by her GP, she stated that she had more problems to discuss; however, she was asked to make another appointment due to time restrictions for each appointment.

The panel was mindful that this was a key time for Alex, as Morgan arrived in the United Kingdom on 17 June 2019. Alex's medical condition may have been linked to this event; therefore, it may have been an opportunity to explore this with her.

GP appointments are managed carefully to ensure delays are minimised, and the practice of asking patients to make additional appointments for other matters is routine. GP records do not include what the additional matters were; therefore, the panel was not able to arrive at any conclusion as to whether or not they were connected to Morgan's arrival in the United Kingdom.

14.4.20 When Alex attended the GP in June 2019 to report gynaecological issues, the GP was inquisitive and established that Morgan had now moved to the United Kingdom, which led to them exploring whether Alex may be a victim of domestic abuse. Alex stated that she was not a victim of domestic abuse and explained that both her and Morgan realised that their relationship was over. This did not prompt the GP to explore potential honour-based abuse, and the panel felt that this should have taken place. The panel agreed that the fact that this was not discussed with her, may suggest that staff are not aware of culturally specific issues and that staff may benefit from training in this area.

14.4.21 The panel discussed this area at length. It was acknowledged that throughout Liverpool, most service providers do not consider honour-based abuse to the same extent they do domestic abuse and agreed that this was likely due to a lack of practical experience of working with victims of honour-based abuse and also a lack of strategic direction.

14.4.22 It was also acknowledged that when again considering the research published by Manchester Law School, it was important to appreciate that although there are overlaps between honour-based abuse and domestic abuse, the two exist as separate entities and this should be considered by practitioners when working with potential victims.

14.4.23 The panel agreed that if practitioners had a better understanding of the indicators of honour-based abuse and culturally what may be a trigger, they might have greater confidence to explore risk more widely, especially in circumstances such as Alex's – where she disclosed the breakdown of her marriage against a backdrop of potential honour-based abuse due to her religious conversion.

This is a learning point that leads to panel recommendation 3.

14.4.24 In October 2019, when Alex attended a sexual health clinic at hospital, she informed staff that her only sexual partner was Morgan. LUFHT informed the panel that no further questions were asked in respect of potential domestic or honour- based abuse. Morgan had recently joined Alex in the United Kingdom, and the panel felt that greater professional curiosity may have established more detail around their personal, emotional, and sexual relationship: potentially enabling a more effective assessment to be made of the risk of abuse.

This was a missed opportunity and is included within a single agency action plan.

14.4.25 In February 2020, Morgan reported anxiety and low mood to his GP and described rarely leaving the house due to his heart condition and his family being protective of him. The panel considered whether this situation could have presented cultural challenges for Morgan and Alex and sought advice from Savera UK. Within Iranian culture, mental health support can sometimes be stigmatised, and some families may be uncomfortable with a male family member being reliant on a female.

The panel did not see evidence that Morgan's health issues created conflict within the household or increased risk to Alex in terms of domestic or honour-based abuse.

14.4.26 The Home Office explained that asylum seekers are asked if they have any medical or safeguarding needs at their screening and substantive asylum interviews. Appropriate follow-up questions are asked if concerns are raised. Claimants are also asked about their reasons for claiming asylum. If domestic abuse or honour-based violence is raised, it is investigated by caseworkers, and appropriate referrals are made.

14.4.27 Asylum Operations met with Alex twice to discuss her asylum claim. Her substantive asylum interview was comprehensive, lasting more than six hours. During interviews, there was no suggestion that Alex was at risk of domestic or honour-based abuse.

In addition to her interviews, Alex also had an appeal hearing before an independent tribunal judge. The appeal determination specifically references Alex being in contact with Morgan whilst she was in the UK, with comments on her 'settled way of living with her husband' in Iran and turning to Morgan for support when the authorities discovered her conversion to Christianity. Alex stated that she was not in fear of Morgan.

14.4.28 SERCO did not establish a safeguarding team until 2018, and existing staff are unable to locate any record of contacts with Alex. The panel was therefore unable to make any credible observations around their own assessments of Alex whist managing accommodation used by her at that time. Neither was the panel able to establish what information was provided to them from the Home Office in respect of their assessment of any potential risk of domestic or honour-based abuse.

14.4.29 Both the Home Office and SERCO informed the panel that current practices are that SERCO receive all information provided to the Home Office during interviews with people seeking asylum. This enables SERCO to arrange local support for victims of abuse.

The panel agreed that the Home Office and SERCO have an essential role in identifying abuse as soon as someone arrives in the United Kingdom. If there is not an effective process to assess and identify potential victims on arrival, opportunities to intervene with local support may be missed. Although the panel agreed that, throughout the asylum assessment process, there was no indication that Alex was a victim of domestic or honour-based abuse, this was still a learning point that is included within recommendation 4. There needs to be localised strategic oversight of domestic and honour-based service provision.

14.4.30 When Torus Housing conducted a pre-tenancy interview with Alex in January 2019, staff did not carry out an assessment in respect of domestic abuse or identify any issues related to race, culture, or faith. Torus records state that Alex gave her marital status as single. However, when Alex wrote to Torus in June 2019 to inform them that her husband had moved in with her, this was not explored further, and he was added to the tenancy without question. The panel felt that this was a missed opportunity to discuss the relationship with Alex and assess risks to her.

The panel was reassured by the progress Torus has made in this area, as outlined in section 14.1.8.

14.4.31 The panel did, however, feel that during assessments by Alex's GP, Adult Social Care, Asylum Link, and LUFHT, consideration was not given to potential honour- based abuse, which in turn may have prompted exploration around potential domestic abuse.

This is a learning point that leads to panel recommendation 2.

14.5 **What knowledge did family, friends and employers have that Alex was in an abusive relationship, and did they know what to do with that knowledge?**

14.5.1 Alex's friends explained that her relationship with another man was not viewed favourably by the local Iranian community. Several friends explained that they had spoken with Alex about the relationship and made it clear that they did not approve.

14.5.2 The panel again considered guidance published by Karma Nirvana, particularly around the impact of honour within an abusive context:

'For some communities, the concept of 'honour' is prized above the safety and wellbeing of individuals. To compromise a family's 'honour' is to bring dishonour and shame – which can have severe consequences.

This is sometimes used to justify emotional abuse, physical abuse, disownment and in some cases even murder.'

14.5.3 Alex's friends described how her relationship with another man was known to many within the local area and how other Iranian women had been vociferous in their criticism of her. Alex's friends felt that it was highly likely that Morgan would have been aware of the criticism of her, and this would have been shameful for him and his family, forcing him to take action to protect his family's honour.

The panel considered the research conducted by Manchester University:

'If an incident can be kept private, families will often try to keep it hidden in order to minimise attention on the family. If the issue is not public, the chances are that HBV will not be inflicted in order to "keep a lid on the issue:"'

'It may become an issue when the behaviour of a woman becomes public knowledge. Where other members of the community come to know of the shaming behaviour HBV may be inflicted because families are then forced to react.'

The panel agreed that by converting to Christianity and forming a relationship with another man, Alex may have been seen to be challenging cultural beliefs, and this may have contributed to Morgan reacting in such an extreme manner.

Lengthy discussion took place around this area, and the panel was mindful that although this research suggests that Morgan may have been 'forced to react', it does not justify what he did. Alex was a victim of domestic violence and was in no way to blame for her death, regardless of the views of any person, community, or cultural group.

14.5.4 Alex told friends that even though she wished to be separated from Morgan, she knew that she was not able to divorce him: for fear of what her family may do to her. Alex did not describe any direct threats or instances where she had been pressurised by family to remain married to Morgan, but she did make it clear that they would not approve of a divorce. Her marriage to Morgan had been arranged by her family, so to end the relationship would have brought dishonour to her family, who hold strong Islamic beliefs.

14.5.5 Despite this, none of Alex's friends ever suspected that she was a victim of domestic or honour-based abuse.

14.5.6 Through Alex's friends, the Chair attempted to make contact with staff who worked at the college where she studied English. There was no response from them.

14.5.7 The panel was keen to learn more about Alex and the circumstances leading to her death, and the panel considered whether the Chair should make contact with Alex's employer or with the male with whom she had been in a relationship.

It was not possible to effectively assess risks associated with approaches to either, and the panel felt that in the circumstances, it could create tension within the Iranian community, increasing risks to Alex's friends, family, and her partner. The panel agreed that no contact would be made with either; however, records of interviews and statements obtained from the police were considered.

14.6 **Does the learning in this case feature in any previous DHRs commissioned by Liverpool Community Safety Partnership?**

14.6.1 Liverpool Community Safety Partnership has reviewed all previous Domestic Homicide Review cases, including those that are both in progress and awaiting assessment by the Home Office Quality Assurance Panel.

The specific learning in this review has not featured in any previous review, nor have any key features of this particular case, i.e., victims who did not

speak English, culturally specific issues, honour-based abuse, or victims who were seeking asylum or refugees.

14.6.2 The panel was informed that one previous Domestic Homicide Review (LDHR22), which has yet to be published, did, however, experience difficulties in establishing panel membership and the release of information from the Home Office Immigration Team. That review involved a murder case, in which the perpetrator was seeking asylum in the United Kingdom.

14.6.3 As outlined in section 15.6, this review has experienced similar difficulties, and this has delayed the completion of the final overview report. This is a learning point that leads to panel recommendation 5.

15 Conclusions

15.1 Although no agency held any information that suggested that Alex was a victim of abuse from Morgan, the panel felt that this review presented an opportunity to assess local effectiveness in terms of identifying domestic abuse within the lives of people seeking asylum and refugees.

The Terms of Reference for this review were therefore intentionally widened to encompass the potential impact of honour-based abuse. Even though 58% of agencies responded to the request for information and answered Terms of Reference questions 1 to 3, the responses were generally vague and did not provide the panel with assurance that, collectively, agencies are well prepared to identify honour-based abuse.

15.2 Despite there being some good examples of professionals exploring potential domestic abuse through routine screening during medical appointments, the panel saw no evidence that Alex was asked about potential honour-based abuse. The fact that Alex had fled Iran and converted to Christianity should have been an indication that she may have been at risk of honour-based abuse, especially after Morgan joined her in the UK. The panel agreed that most agencies may have a gap in staff knowledge, and in addition to domestic abuse, honour-based abuse should be considered when providing services.

The panel also agreed that there should be an appetite to change, and all agencies have a shared responsibility to understand the differences and overlaps between the two.

15.3 It is still not clear whether culture or religion contributed to Morgan's actions, but on balance, the panel felt that the accumulative effect of Alex's religious conversion and her relationship with another man, may have resulted in Morgan feeling dishonoured or shamed.

What is clear is that Morgan subjected Alex to extreme violence, resulting in her death.

15.4 No agency was aware of any domestic abuse between Alex and Morgan prior to the fatal incident. The panel felt that although some agencies missed opportunities to discuss potential domestic abuse with Alex, she was still directly asked by professionals if her marriage breakdown increased the risk to her: she said it did not.

The panel felt that Alex had several opportunities to disclose domestic abuse and did not do so. Even when discussing Morgan with close friends, Alex never suggested that she had been subjected to previous domestic abuse by him. The panel agreed that it could be the case that Morgan did not subject Alex to any domestic abuse until the fatal incident leading to her death.

15.5 There is an inconsistent approach to the use of interpretation services across all agencies. The panel agreed that the use of community-based interpreters was not appropriate and could present a significant barrier to victims reporting domestic abuse. Voluntary organisations may not be in a financial position to commission professional, vetted staff; however, they could be more creative and consider using interpreters from other areas of the country rather than the community in which their service users live.

15.6 When Alex first arrived in the United Kingdom, the first agencies to meet her and conduct assessments of her situation were the Home Office and SERCO. Neither agency was familiar with the Domestic Homicide Review process, and the Chair experienced challenges and delays when seeking to identify staff representation on the panel and information about Alex and Morgan.

The Home Office was initially reluctant to share information with the panel but did eventually agree to share some of the contents of Alex's asylum interviews and tribunal hearing. The panel felt that Home Office representation and investment in Domestic Homicide Review processes should be better.

15.7 During asylum interviews by the Home Office, the initial assessment was comprehensive and did consider risks presented to Alex from Morgan. Alex made it clear that Morgan respected her decision to leave Iran and that he supported her financially to do so. Despite this, the panel felt that Alex's religious conversion may have still presented a risk of honour-based abuse in the future; therefore, her circumstances should have been shared with local service providers in Liverpool.

SERCO was unable to provide any information about their involvement with Alex throughout her time in temporary accommodation, thus it is not known whether domestic or honour-based abuse were ever considered by them when supporting Alex.

The Home Office and SERCO now both attend Our Liverpool strategic meetings, and the panel was assured that this presents an opportunity for both

agencies to effectively share information with other agencies who support victims of domestic and honour-based abuse.

15.8 The panel was grateful for the input of the independent advisor on honour-based abuse. They were able to provide valuable advice and context to panel members throughout discussions and were instrumental in identifying opportunities to effect change.

The panel felt that the recurring theme throughout this review was a lack of understanding, and thereby professional curiosity, around culturally specific issues, and the subsequent impact on potential domestic abuse. The advisor was asked to provide a succinct set of questions that could be used by all agencies when considering an individual's safety.

The following questions were proposed by the advisor, and the panel recommends that through the strategic work by Our Liverpool and Liverpool Community Safety Partnership, consideration is given to implementing their use widely:

- What are your family circumstances?
- What understanding do you have of abusive behaviour?
- Would certain behaviours be considered shameful by your family?
- Who are the main decision-makers in your family?
- What are the worst consequences if you behave in a way that is not accepted within your family, extended family, and community?

16 Learning

This multi-agency learning arises following debate within the DHR panel.

16.1 **Narrative**

Agencies did not always demonstrate effective procedures for managing communication with service users who did not speak English.

Learning

Effective and consistent arrangements for interpreter services will enable professionals to conduct thorough assessments to identify potential domestic or honour-based abuse.

Panel recommendation 1 applies.

16.2 **Narrative**

Agencies did not explore the relationship between Alex and Morgan; therefore, they did not consider that culturally specific issues may have existed within their relationship.

Learning

Although honour-based abuse may not always be obvious, if there is a potential for it to exist in a relationship, it may increase the likelihood of domestic abuse taking place.

Panel recommendation 2 applies.

16.3 **Narrative**

On some occasions, agencies identified background information that should have prompted them to recognise potential culturally specific issues, which may have identified a risk of domestic abuse.

Learning

Knowledge of culturally specific issues and honour-based abuse will result in more effective assessments around the risk of potential domestic abuse.

Panel recommendation 3 applies.

16.4 **Narrative**

It is not clear how accessible domestic abuse support services are for people seeking asylum or refugees.

Learning

An evaluation of current accessibility of support services will enable agencies to encourage access by people seeking asylum and refugees.

Panel recommendation 4 applies.

16.5 **Narrative**

Despite there being some arrangements in place for agencies to share information about people seeking asylum and refugees, the governance is unclear, leading to some agencies not being involved and information not being shared effectively.

Learning

Improved governance around the central strategy to support people seeking asylum, refugees, and vulnerable migrants (known as the 'ASRVM Strategy'), would more effectively support service users who are also at risk of domestic abuse.

Panel recommendation 4 applies.

16.6 **Narrative**

DHR Chairs experience difficulties in accessing information from the Home Office, which is essential for an effective review to take place.

Learning

A single point of access within the Home Office – for all immigration and asylum enquiries arising from DHRs – would facilitate Home Office representation on DHR panels, would expedite the exchange of information more effectively, and would enable a more comprehensive review to take place.

National recommendation 1 applies.

17 Recommendations

17.1 DHR Panel

17.1.1 All agencies should provide the Domestic Abuse Board with assurance that effective arrangements for interpreter services are in place and that staff will not rely on family or community members to interpret for each other.

17.1.2 All agencies involved in the review should provide the Domestic Abuse Board with assurance that screening questioning and risk assessments of service users include considerations around culturally specific issues and domestic abuse.

17.1.3 All agencies involved in the review should provide the Domestic Abuse Board with evidence that training has been provided to staff on culturally specific issues, honour-based abuse, and the links with domestic abuse.

17.1.4 Safer and Stronger Communities should support Our Liverpool in establishing effective governance around the central strategy to support people seeking asylum, refugees, and vulnerable migrants (known as the 'ASRVM Strategy'). Specialist domestic abuse services should be attendees to multi-agency meetings, to identify intervention opportunities to support those at risk of domestic abuse.

17.2 National

17.2.1 The Home Office should disseminate to all local authorities, the details of a single point of access for all immigration and asylum enquiries arising from DHRs.

17.3 Single Agency Recommendations

17.3.1 All single agency recommendations are shown in the Action Plan.

End of Overview Report 'Alex'