# COMMUNITY SAFETY PARTNERSHIP DOMESTIC HOMICIDE REVIEW OVERVIEW REPORT

## Report into the death of Kajri.

## March 2021

**Independent Chair and Author: Mark Wolski**

**Date of Completion: May 2023**

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# 1. INTRODUCTION

1.1 Domestic Homicide Reviews (DHRs) were established under Section 9(3), Domestic Violence, Crime and Victims Act 2004.

1.2 This report of the DHR (hereafter 'the review') examines agency responses and support given to Kajri, a resident of Leicester prior to the point of her homicide in March 2021.

1.3 Following a call to the police service, Kajri was found lying on the pavement in a street in Leicester. Her husband Deepak was arrested and charged with murder. In October 2021, he was sentenced at Leicester Crown Court to life imprisonment with a minimum tariff of a minimum of 20 years and 6 months.

1.4 This review was commissioned by the Community Safety Partnership to consider agencies contact/involvement with Kajri and Deepak. The DHR panel determined that they would review the period from **March 2018 to March 2021**, as it allowed for an in-depth consideration of their relationship, after Deepak arrived in the UK in late 2017, and at the point when agency contact with the couple was first noted. In addition to agency involvement, the review will also examine the past to identify any relevant background or trail of abuse before the homicide, whether support was accessed within the community and whether there were any barriers to accessing support.

1.5 The primary purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person died as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change to reduce the risk of such tragedies happening in the future.

1.6 This review process does not take the place of the criminal or coroner's courts, nor does it take the form of a disciplinary process.

1.7 The report also reflects the views and thoughts of some of Kajri's friends who contributed to this review. The Panel wishes to express their sincere condolences to Kajri's family and friends.

# 2. TIMESCALES

2.1 Community Safety Partnership (CSP) commissioned this review in accordance with 'Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews'. The CSP DHR sub-group reviewed the circumstances against the criteria set out in the Multi-Agency Statutory Guidance for the conduct of Domestic Homicide Reviews and recommended to the Chair of the CSP that a DHR should be undertaken. The Chair ratified the decision, and the Home Office was notified on 16th April 2021.

2.2 The initial review panel meeting took place on 22nd July 2021 where the terms of reference were discussed and matters of information sharing were set out and a confidentiality agreement signed by all stakeholders.

2.3 The brief circumstances were outlined by the police and partnership at that first panel meeting. It was apparent there had been limited agency contact, but that the family provided relevant information for criminal proceedings. On learning that the trial was due to commence on the 18th of October, the chair took the decision to defer further work in relation to the DHR. The rationale for this delay being based upon a number of factors including; that the family were witnesses in the case and a desire not to interfere or otherwise with criminal justice processes; not to generate additional third-party material for the police; not to burden the family with additional concerns regarding a parallel process; and because it appeared a short delay was justifiable as information to inform learning was likely to come from the family and friends.

2.4 Further delays related to delays in engaging with family friends, researching lines of enquiry as they arose such as with the Human Fertilisation & Embryology Authority, and organising a bespoke 'cultural insight panel' to consider the findings. This final panel agreed that further family contact should wait until a final draft had been prepared.

## 3. CONFIDENTIALITY

3.1 Details of confidentiality, disclosure and dissemination were discussed and were agreed between Panel Member Agencies at the first panel meeting.

3.2 All information discussed was agreed as strictly confidential and was not disclosed to third parties without the agreement of the responsible Agency's Representative.

3.3 All Agency Representatives agreed to be personally responsible for the safe keeping of all documentation that they possess in relation to this DHR and for the secure retention and disposal of that information in a confidential manner.

3.4 Leicester City community safety service provided a secure information platform for the purposes of sharing information that was supported by a comprehensive information sharing protocol. The chair cites the use of the information sharing platform and protocol as best practice.

3.5 To protect the identity of family members, with the agreement of family members, the following anonymised terms and pseudonyms have been used throughout this review. Ages are at the time of Kajri's death.

**Table 1**

| Pseudonym | Relationship to Victim | Age at the time of the incident | Ethnicity |
|---|---|---|---|
| Kajri | Victim | 29 | South Asian Indian |
| Deepak | Perpetrator | 28 | South Asian Indian |
| Aarav | Brother | n/k | South Asian Indian |

## 4. TERMS OF REFERENCE

4.1 The full terms of reference are set out at **Appendix A**. This review aims to identify the learning from the homicide, and for action to be taken in response to that learning with a view to preventing homicide and ensuring that individuals and families are better supported.

4.2 The Review Panel comprised of agencies from the Leicester City area, as the victim and perpetrator were living in that area at the time of the homicide. Agencies were contacted as soon as possible after the decision had been taken to undertake a review, to inform them, request participation and advise them of the need to secure their records.

4.3 The timeframe for this DHR was agreed as from March 2018 to March 2021, but where appropriate, information outside of this period is included to provide context and to explore noteworthy events prior to the relevant period.

4.4 Key lines of enquiry and examination within the terms of reference were agreed as.

***Line of Enquiry 1 - Inter-agency working***

4.4.1 Analyse the communication, procedures, and discussions, which took place within and between agencies.

4.4.2 Analyse the co-operation between different agencies involved with any of the above named.

***Line of Enquiry 2 - Risk Assessment and Response***

4.4.3 Analyse the opportunity for agencies to identify and assess domestic abuse risk of homicide or serious injury.

4.4.4 Analyse agency responses to any identification of domestic abuse issues.

4.4.5 Analyse organisations' access to specialist domestic abuse agencies.

***Line of Enquiry 3 - Domestic Abuse Policies, Procedures and Training***

4.4.6 Analyse the policies, procedures, and training available to the agencies involved on domestic abuse issues.

***Line of Enquiry 4 - Accessing help and Support***

4.4.7 Analyse any evidence of help seeking, as well as considering what might have helped or hindered access to help and support.

4.4.8 Consider to what extent language needs may have impacted on engagement and service provision.

***Line of Enquiry 5 - Impact of Covid***

4.4.9 Consider whether and how Covid 19 may have impacted on the ways in which services were available, were offered, or were delivered to Kajri and Deepak

***Line of Enquiry 6 - Family and Friends***

4.4.10 Analyse the role of the family in enabling or hindering Kajri's ability to secure help or support.

4.4.11 Analyse the role of friends in enabling or hindering Kajri's ability to secure help or support.

***Line of Enquiry 7 – Equalities***

4.4.12 The Panel will consider all protected characteristics (as defined by the Equality Act 2010) of the above-named individuals (age, disability (including learning disabilities), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation) and will also identify any additional vulnerabilities as necessary.

4.4.13 Analyse the extent to which Faith played a part in Kajri s ability to identify and secure support.

4.4.14 Analyse the extent to which the couple's arranged marriage was a factor that may have contributed to any domestic abuse risk factors.

# 5. METHODOLOGY - REVIEW PROCESS

5.1 The Review has been conducted in accordance with Statutory Guidance under S9(3) Domestic Violence, Crime and Victims Act (2004) and the expectation of the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews December 2016.

5.2 There were an initial delay in commencing this review for the reasons outlined at 2.3 and further delays as lines of enquiry opened with other agencies.

5.3 This review has followed the statutory guidance. On notification of the homicide, agencies were asked to check for their involvement with any of the parties concerned and secure their records. The approach adopted was to seek Individual Management Reviews (IMRs) or short reports for all the organisations and agencies that had contact with Kajri and Deepak during the relevant time. An initial scoping showed that there had been very little contact with any agency prior to the relevant period. This lack of contact limited the scope of agency involvement in the DHR process.

5.4 Agencies who had contact were:

**Table 2**

| Agency | Trace of Kajri | Trace of Deepak |
|---|---|---|
| Integrated Care Board/GP | Yes | Yes |
| DHU Health Care | Yes | Yes |
| East Midlands Ambulance Service | Yes | Yes |
| Leicester City Council (LCC) revenues and Customer Support (Council Tax) | Yes | Yes |
| Leicester Partnership Trust (post death) | No | Yes |
| Leicestershire Police | Yes | Yes |
| Nuffield Health | Yes | Yes |
| Spire Health Care | Yes | Yes |
| UK Visas & immigration (Home Office) | Yes | Yes |
| University Hospitals Leicester | Yes | Yes |
| DeMontfort University | No | Yes |
| Splendental Care | Yes | No |

5.5 The Review Panel comprised of agencies from Leicester, as the victim and perpetrator were living in that area at the time of the homicide.

5.6 The first panel meeting took place on 22nd July 2021, when the circumstances of the homicide were considered. Whilst a draft Terms of Reference were drafted, a decision was taken that these would not be ratified until after the criminal trial had concluded.

5.7 The terms of reference were ratified at the second panel meeting on 17th November 2021. These were kept under review at subsequent meetings that took place on 16th March 2022 and 22nd September.

5.8 Comprehensive chronologies, factual reports or IMRs were received from all parties apart from Spendental and Demontfort University who each provided sufficient information for the panel to determine whether a more detailed report was required. The panel agreed it was not proportionate to request reports or IMRs from these agencies.

5.9 Where necessary, the chair met with stakeholders from agencies including Spire Healthcare, the Integrated Care Board (formerly Clinical Commissioning Group) and DHU Healthcare.

5.10 The fifth panel meeting (22nd September) was devoted to the subject of exploring the lived experience of South Asian Indian women living in relationships that are abusive. To assist with this, three new panel members were identified and co-opted onto the panel. The rationale for this included the fact that the chair had been unable to engage with close family members, and the desire to test the thinking of the chair and panel to that point. A local Black and Minority ethnic domestic abuse provider (Panahghar) was a panel member throughout the review.

Documents Reviewed

5.11 In addition to the IMRs, documents reviewed during the review process have included:

- Community Safety Partnership Plan
- Leicester City Domestic Abuse offer
- Leicester City sexual and domestic violence data information sheet
- Leicester census findings diversity and migration
- CSP Learning and Improvement framework.
- Leicester City Joint Strategic Needs Assessment
- DVSA under-reporting of abuse by British Asian women in Leicester
- DHR Hanita
- Domestic and Sexual Violence Needs Assessment 2017
- Local Ward Profile (2013)

- Leicester City Council Corporate Equality and Diversity Strategy 2018 – 2022
- Domestic Abuse Needs Assessment for Leicester 2021

5.12 The Author wrote to Deepak in prison In December 2021 and attempted engagement with him via the prison service through January and February 2022. No response was received.

5.13 The Author expresses his thanks to all Agencies who completed IMR or factual reports.

## 6. FAMILY & FRIENDS INVOLVEMENT

6.1 At the start of the Review Process, the criminal case was ongoing, and the Trial had not started. The panel was informed that the police were engaged with Kajri's parents and brother Aarav. It was also made clear that the family wanted Aarav to be the lead family contact during the criminal justice process and subsequently.

6.2 In May 2021, the Community Safety Partnership (CSP) wrote to Kajri's immediate family that a Domestic Homicide Review had been commissioned, with letters being hand delivered by the police family liaison officer. The chair similarly wrote to all family members in July 2021 to introduce himself and informed them that he would make further contact after the trial had concluded. The police family liaison officers personally delivered these letters. With the assistance of the CSP, these letters were also translated into Hindi for the benefit of Kajri's parents. He wrote to the family after the trial and managed to speak briefly to the brother in November 2021. He said it was not convenient and asked not to be contacted until the New Year, 2022. Later in 2021, the family liaison officer explained the family wanted to wait until after Christmas before engaging with the chair. Sadly, further communication after Christmas 2021 has remained unanswered with the chair maintaining regular contact via letter and email.

6.3 All correspondence with the family included information about AAFDA. The chair also enquired as to whether the homicide support service was supporting the family. The police had offered this service, but the family had declined this.

6.4 A schedule of contact with family members is shown at Appendix B.

6.5 At the fourth panel meeting, the panel discussed ongoing attempts to engage the family, and it was concluded that no further contact should be made until the final version for submission to the Home Office had been agreed.

## 7. DISSEMINATION

7.1 Once finalised by the Review Panel, the Executive Summary and Overview Report will be presented to the Community Safety Partnership DHR sub-group and the chair of the Executive for approval and thereafter will be sent to the Home Office for quality assurance.

7.2 Once agreed by the Home Office, the Community Safety Partnership will ensure the learning is shared, by individual agencies or at multi-agency events. This includes DHR workshops.

7.3 The Executive Summary and Overview Report will also be shared with the Police and Crime Commissioner for Leicestershire and published reports are also shared with the relevant sub-regional Domestic Violence and Domestic Abuse Commissioner.

7.4 The action plan will be monitored by Community Safety Partnership DHR sub-group. The Safeguarding Board Office will be responsible for monitoring the recommendations and reporting on progress".

## 8. CONTRIBUTORS

8.1 Individual Management Reviews or Factual Reports were completed from the following Agencies, all of whom were invited to form the Panel:

**Table 3**

| Agency | Nature of the contribution |
|---|---|
| GP – presented by Integrated Care Board | IMR |
| Nuffield Health | Short Report |
| Spire Health Centre | IMR |
| University Hospital Leicester | IMR |
| NHS 111 | IMR |
| East Midlands Ambulance Service | Factual Report |
| Leicestershire Police | Factual Report |
| Revenues and Customer Support – Leicester City Council | Short Report |

8.2 Factual reports were completed by the police and ambulance service owing to the limited nature of contact with those agencies.

8.3 Authors of reports were independent from the case, having not had contact or professional involvement with the subjects of this review.

# 9. REVIEW PANEL

9.1 The Review Panel consisted of:

**Table 4**

| Agency | Name | Job Title |
|---|---|---|
| Leicester City Council | Stephanie | Domestic and Sexual violence Team Manager |
| Foundry Risk Management | Mark | Independent Chair |
| Foundry Risk Management | Peter | Co-chair |
| Leicestershire Police | Chris | Serious Case Review Partnership Manager |
| University Hospitals of Leicester (UHL) | Michael | Head of Safeguarding |
| University Hospitals of Leicester (UHL) | Sarah | Matron – Adult Safeguarding |
| Panahghar / Safehouse Ltd | Sandra | Acting Chief Executive |
| DHU Health Care (111 and GP out of hours service) | Julie | Lead for Adult Safeguarding |
| DHU Health Care (111 and GP out of hours service) | Kimberley | Deputy Director of Clinical Services |
| Nuffield Health | Caroline<br>Karen | Safeguarding Lead<br>Ward Manager |
| East Midlands Ambulance Service | Emma | Adults Safeguarding Lead |
| Spire Healthcare | Mary | Director Of Clinical Services |
| Spire Healthcare | Kimberley | Deputy Director of Clinical Services |
| Leicester City Council, Revenue and Benefits | James | Quality and Performance Manager |
| Integrated Care Board | Carol | Deputy Designated Nurse Adult Safeguarding |
| Shama Women's Centre | Sultana | Deputy Chief Executive |

| | | |
|---|---|---|
| Imkaan | Rahni | Senior Sustainability Coordinator |
| Living Without Abuse | Debbie | Chief Executive |

9.4 Agency representatives were of appropriate level of expertise and were independent of the case. Panaghar were invited as Black and Minority Ethnic domestic abuse specialist providers in the area. They are accredited by Imkaan.

9.5 The chair of the review wishes to thank everyone who contributed their time, patience, and cooperation to this review.

## 10. AUTHOR AND INDEPENDENT CHAIR

10.1 The Chair of the Review was Mark Wolski. Mark has completed his Home Office approved training and has attended subsequent training by Advocacy After Fatal Domestic Abuse.

10.2 Mark is a former Metropolitan police officer with 30 years operational service, retiring in February 2016. He served mainly as a uniformed officer, holding the role as Deputy Borough Commander across several London Boroughs. He has subsequently held several roles in relation to community safety and violence against women and girls across community safety partnerships.

10.3 During and since his MPS service Mark has had no personal or operational involvement with Leicester Community Safety Partnership.

## 11. EQUALITIES AND DIVERSITY

11.1 The nine protected characteristics as defined by the Equality Act 2010 are all considered; they are age, disability, sex, sexual orientation, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief and sexual orientation. It is incumbent on this review to consider the duty on public authorities to; remove or reduce disadvantages suffered by people because of a protected characteristic, meet the needs of people with protected characteristics, encourage people with protected characteristics to participate in public life and other activities[1]

11.2 Kajri was born in 1992 in India. She was born into the Hindu faith and her religion formed a key part of her lifestyle.

11.3 Deepak was also born in India and was a practising Hindu.

11.4 There were several protected characteristics that the panel agree are pertinent to this review. These include examining the circumstances through the lenses of, disability, sex, marriage, race, and religion.

**Disability**

11.5 Whilst not formerly declared as disabled, information learned during the review gives rise to the possibility that Kajri lived with a learning disability. This is pertinent locally in Leicester, as a local Leicester Domestic Abuse Needs Assessment reported that in 2020/21, around 43% of those referred to services had a disability, and that of those adults, 14% lived with a learning disability. Moreover, this local information tends to support national commentary such as in 2015, a report by Public Health England 'Disability and Domestic Abuse' that summarised', '*Disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people. They may also experience domestic abuse in wider contexts and by greater numbers of*

[1] Source: https://www.citizensadvice.org.uk/law-and-courts/discrimination/public-sector-equality-duty/what-s-the-public-sector-equality-duty/ (Accessed December 2019)

*significant others, including intimate partners, family members, personal care assistants and health care professionals. Disabled people also encounter differing dynamics of domestic abuse, which may include more severe coercion, control, or abuse from carers.*[2] This same report continues, "*when domestic abuse does happen disabled people may be less likely to understand boundaries, recognise abuse, know their rights and how to report it".*

**Sex**

11.6 Kajri was female, and Deepak was male. The gendered nature of domestic abuse is reflected in several reports and by specialist organisations. An analysis of DHRs reveals gendered victimisation across both intimate partner and familial homicides with females representing the majority of victims and males representing the majority of perpetrators.[3] Women's aid report, "There are important differences between male violence against women and female violence against men, namely the amount, severity, and impact. Women experience higher rates of repeated victimisation and are much more likely to be seriously hurt (Walby & Towers, 2017; Walby & Allen, 2004) or killed than male victims of domestic abuse (ONS, 2020A; ONS, 2020B)".[4]

**Race and Religion**

11.7 The extent to which race, and religion is a factor regarding domestic abuse may be considered from a number of perspectives including whether the prevalence of abuse within the South Asian Indian community is fully understood considering the barriers to seeking support.

11.8 In relation to prevalence of domestic abuse, Safelives in responding to the Race Report concluded, "there is clear evidence that Black and Asian women are disproportionately at risk of being killed by a domestic abuser." [5] This is supported in recent research "Identifying predictors of harm within Black, Asian, and other racially minoritised communities" that '*The proportions of Black, Asian, and racially minoritised communities within the population is a statistically significant predictor of the domestic count and rate at the LSOA level along with other structural and community cohesion variables, suggesting that ethnicity matters*'.[6]

11.9 Women's Aid note, "Whatever their experiences, women from Black, Asian or minority ethnic communities are likely to face additional barriers to receiving the help that they need." [7] The same internet article directed at survivors suggests "It may be particularly hard for you to admit to having problems with your marriage, and you may experience additional pressure from your extended family to stay with your partner. You may even have been forced or persuaded into marrying him in the first place. If your marriage fails, it may be seen as your fault, and you may be blamed for damaging the family honour; and you may be afraid that, if you leave your husband, you will be treated as an outcast within your community."

11.10 It has also been suggested in a handbook 'Asian Women, Domestic Violence and Mental Health – A Toolkit for Health professionals' that the "Experiences of domestic violence within ethnic minority groups in the UK are not well researched. Asian women are under-represented because questionnaires are typically only available in English, despite increasing recognition that migrant women are more vulnerable to abuse because of their isolation.[8] Arguably this observation is also reflected to a freedom of information request made to the ONS, that responded "The year ending March 2018 CSEW found that 6.9% of all women aged 16 to 74 were a victim of domestic abuse once or more in the last year. It also found that 3.4% of women aged 16 to 74 who were born in

[2] Source: Microsoft Word - Disability and domestic abuse topic overview FINAL.docx (publishing.service.gov.uk) (Accessed May 2022)

[3] Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf (Accessed October 2021)

[4] Source: Domestic abuse is a gendered crime - Womens Aid (Accessed October 2021)

[5] Source: SafeLives' detailed response to the Race Report | Safelives (Accessed October 2021)

[6] Source: FINAL Predictors of Harm UOS report.pdf (Accessed May 2022)

[7] Source: Women from BME communities - Womens Aid (Accessed October 2021)

[8] Source: Asian-women-Domestic-Violence-and-Mental-Health.pdf (equation.org.uk) (Accessed October 2021)

any of the selected South Asian countries were a victim of domestic abuse". [9] The same handbook goes on to provide a list of barriers to disclosing domestic abuse under the titles of nature of abuse, cultural norms, cultural pressures, and lack of support.

11.12 It is against the background of concerns raised in such reports, that the review will consider the circumstances of Kajri's homicide.

**Religion**

11.13 Whilst race and religion are often together, there are areas of work that consider the implications of faith on survivors, such as the Faith & Communities Programme by Standing Together in London, that summarises some of the challenges confronting victims, "Many survivors with a faith feel that some specialist services and society, in general, are unable to understand their experiences of abuse, and their barriers to accessing support due to their religious identity, their faith community and any spiritual abuse that they may experience at the hands of their perpetrator".[10]

11.14 This is supported by various studies, including 'A Qualitative Systematic Review of Published Work on Disclosure and Help seeking for Domestic Violence and Abuse among Women from Ethnic Minority Populations in the UK' that drew a number of relevant conclusions including: - community influences are significant barriers to disclosure; - the cultural community influenced the disclosure and help-seeking practices of women with lived experience of domestic violence and abuse. The implication of this is that many women will seek help from within their immediate community, either through faith-based organisations or social groups.[11]

11.15 The panel also considered a previous DHR Hanita (2017) where a local Hindu priest had been spoken whose perceptions include, "The priest believes domestic abuse is low in their community" and "The priest is aware of 2 or 3 cases of domestic abuse in a year".

**Marriage**

11.16 The information and analysis will show that Kajri and Deepak had an arranged marriage, that is a marriage where the family takes the lead to find a marriage partner for their son or daughter, and where both parties are free to choose whether they enter that marriage.

11.17 This review will consider whether their union could be considered a forced marriage, by virtue of Kajri's intellectual capacity and/or by virtue of the marriage becoming forced owing to Kajri and/or Deepak being forced to remain in the marriage. In this regard, the panel kept in mind the UK definition of a forced marriage as 'where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. It is recognised in the UK as a form of domestic or child abuse and a serious abuse of human rights'[12]

**Pregnancy**

11.18 The information will show that the couple were trying to conceive, seeking medical support via the NHS and private healthcare. Whilst she did not become pregnant, it is recognised that pregnancy can be a trigger for domestic abuse[13] and the extent to which those undergoing fertility treatment was deemed a matter requiring consideration in this review.

[9] Source: Domestic violence on South Asian women - Office for National Statistics
[10] Source: Faith & Communities Programme — Standing Together (Accessed May 2022)
[11] Source: A qualitative systematic review of published work on disclosure and help-seeking for domestic violence and abuse among women from ethnic minority populations in the UK (whiterose.ac.uk) (Accessed May 2022)
[12] Source: Forced marriage - GOV.UK (www.gov.uk) (Accessed June 2022)
[13] Source: Domestic abuse in pregnancy - NHS (www.nhs.uk) (Accessed March 2023)

## 12. PARALLEL REVIEWS AND RELATED PROCESSES

12.1 At the start of the DHR process a criminal prosecution was pending, Deepak having been charged with murder. The review was paused pending the outcome of the trial. (See 13.5)

12.2 On the 25th October 2021, the coroner's office notified the chair that an Inquest would not take place.

## 13. BACKGROUND INFORMATION - THE FACTS

### 13.1 Family Make Up

13.1.1 Kajri was born in 1992 in India, moving to the UK in 2006, and becoming a naturalised British citizen in July 2011. One of two children, she leaves a surviving brother and parents who still live in the Leicester area.

13.1.2 Kajri married Deepak in India in December 2016. It was an arranged marriage. She returned to England after the wedding and honeymoon. Deepak joined Kajri in England in the summer of 2017.

13.1.3 It has not been possible to speak to Kajri's family, and therefore this report is informed by the summing up from Judge Spencer that is a matter of public record to provide a background summary.

*"She was close to her family, her parents and brother who live here in Leicester. Her family run a business here in this city and many members of the family, including her, worked in that business.* [redacted]

*"He describes her as innocent, kind and gentle, which chimes with the assessment of that other witness I have mentioned".*

*"On the surface, all was well. You were both in employment. You had a very well-appointed house in a very pleasant area of this city. But there were clearly tensions in this marriage. There were no children of the marriage and Kajri was to confide in her mother that sexual relations between the two of you were rare.*

*At one point, she indicated she did not want the marriage to continue but the pair of you were encouraged to work on the marriage and stay together. I do not take the view that there was any significant violence in the marriage, but she did confide to a friend on one occasion that you had raised a hand to her and on one occasion you had kicked at her. I am satisfied that she was a dutiful wife who wanted this marriage to work. It is clear to me that she had a deep trust in you, a trust which you betrayed."*

13.1.4 Further information and perspective is provided at point 14 below.

### 13.2 The Events of Kajri's death

13.2.1 In March 2021, Kajri's brother (Aarav) became aware that Deepak had phoned his mother and asked if Kajri was at the house, as he could not find her. She was not there, and Aarav reported his sister missing. In the early hours the following day, two members of the public found Kajri body lying on the pavement. The police were notified and attended the scene, at which point an investigation was commenced.

### 13.3 Post-mortem

13.3.1 Following a post-mortem examination, it was concluded that she had died from multiple stab wounds.

### 13.4 The Investigation and Outcome

13.4.1 Leicestershire Police (EMSOU – East Midlands Murder Investigation Team), conducted a comprehensive investigation into the circumstances of the homicide resulting in Deepak being arrested within eight hours. Whilst he denied killing Kajri, the detailed forensic investigation into the circumstances enabled the CPS to authorise him being charged with murder.

13.4.2 Over the course of the criminal trial, Deepak initially accepted responsibility for Kajri's death, and then subsequently put forward an alternative explanation, that an intruder had broken into the family home and killed her. He claimed that he panicked, and cleaned up and disposed of her body because he feared that he would be blamed for the murder.

### 13.5 Court Outcome

13.5.1 In October 2021 Deepak was found guilty of murder and sentenced to a minimum of 20 years and 6 months.

### 13.6 Location Background

13.7.1 Leicester is the 25th most deprived area of 324 Local Authority areas and life expectancy for men and women is lower than the England average. The ward where Kajri and Deepak lived has higher levels of deprivation than the Leicester average.

13.7.2 Census data in 2011 showed that Hindu was the 4th highest declared religion, after Christian, no religion and Muslim.

## 14. CHRONOLOGY

### 14.1 Background History of Family

14.1.1 The chair has sought the views of Kajri's brother and parents. It is regrettable that immediate family members have not felt able to contribute to this review.

**Friends**

14.1.2 The chair was able to separately speak to friends of Kajri who were able to provide a pen picture of Kajri and the circumstances of her marriage to Deepak.

14.1.3 [redacted]

14.1.4 [redacted]

14.1.5 Friends described difficulty in the marriage early on, with frustration and verbal abuse, though neither of the friends witnessed any physical abuse against Kajri. They had frequently argued, with a 'verbal argument' taking place within days of being married, and with Deepak being abusive to Kajri's father. One friend described this in hindsight as being like a 'red flag'. It was unclear what the arguments were about, though it was suggested that Deepak wanted greater independence from the family, and some of the arguments that took place were inappropriate and embarrassing. When arguments did take place, an older member of the community would go and act as a peacemaker, and the couple would listen to her because they respected her.

[14] Note: This is the word used by friends.

14.1.6 The friends the chair spoke to, said that Deepak wanted to leave Kajri, returning to India at least twice to speak to his mother, telling her the marriage wasn't right. One of the friends suggested that he had travelled back to India two or three times in a year, which was described as most unusual within their culture.

14.1.7 Asked whether Kajri would have recognised herself as being a victim of abuse, one friend without hesitation said that she would have.

14.1.8 On asking why events had occurred, there was a sense there was pressure from the family(parents) and community to make the marriage work, as opposed to agreeing to separate.

**14.2 Narrative Chronology – Key Contacts with Agencies**

| **2018** |
|---|

14.2.1 **DHU Healthcare (NHS111 and out of hours GP)**: From March to November, Kajri had contact with DHU on four occasions. Three were contacts with NHS111 and she attended the walk-in clinic on one occasion, as detailed below.

14.2.2 **Spire Healthcare**: Kajri also attended Spire Healthcare, a private medical service on six occasions during February, March, and April regarding fertility treatment. The notes reflect that Deepak was present on at least 2 of the occasions. [redacted].

14.2.3 **DHU Healthcare**: Deepak called NHS111 on five occasions for a variety of physical ailments, none of which may be described as trauma related. Not all are summarized below.

14.2.4 **NHS111**: On the 7th March 2018, Kajri had felt dizzy and called NHS111 and an ambulance was despatched. She mentioned that her husband was sleeping, and the operator noted that there were language difficulties. There is no record of subsequent attendance at the emergency department.

14.2.5 **NHS111 and UHL**: On the 11th March, Deepak called NHS111 and Kajri could be heard vomiting in the background. He spoke to Kajri and a conversation took place in a language that was foreign to the call handler. As a result of this call, and ambulance was despatched, and she attended the emergency department. [redacted]

14.2.6 **NHS111 and UHL**: Deepak called NHS111 on the 20th April and 21st April. On the first call, he was advised to attend the emergency department at hospital which he did and was discharged. On the second occasion he called wanting to arrange a GP appointment.

14.2.7 **DHU Healthcare**: [redacted]

14.2.8 **UHL:** On 12th July, both attended the infertility clinic following referral from the GP where a variety of tests were completed [redacted] the results of tests were shown to be normal. On both occasions, a letter was sent to the GP.

14.2.9 **NHS111**: Between 15th and 23rd July, Deepak made contact on three occasions for a variety of matters each time being advised to see his GP. He attended the treatment centre on 13th November and was treated for an unrelated matter.

14.2.10 **NHS111**: On 8th October, Kajri calls about a shoulder pain. Deepak can be heard in the background helping Kajri to answer questions as the operator advises them to call their own GP.

14.2.11 **Revenues and customer services (Leicester City Council):** On 29th October, Kajri called to state that Deepak was a student at the local University, asking what information was required for a student exemption. Information was provided.

**2019**

14.2.12 **DHU Healthcare (NHS111 and out of hours GP**): During the year Deepak contacted NHS 111 number thirty-two times, about a variety of matters. The majority of these related to two complaints, the first related to urology and the second to a sore throat. He also called regarding other unremarkable ailments.

14.2.13 Of the thirty-two contacts, eighteen were phone contacts and fourteen were 'walk in' attendances at the out of hours GP. On many occasions he was referred to primary care (his GP), and otherwise referred /advised to attend the hospital. Each contact was notified to the GP by SystemOne[15], an electronic messaging service.

14.2.14 **SplenDental:** Kajri received dental treatment on two occasions in 2019, on 22nd January and 24th October. The practice notes do not record whether she was accompanied.

14.2.15 **UHL**: On 31st January, they were seen together at the infertility clinic. [redacted].

14.2.16 **UHL**: On 22nd and 25th February 2019, Deepak attended the emergency department regarding an ongoing urology problem. [redacted] he was asked about whether he had unprotected sex outside his relationship with his partner. He said that he had not. [redacted] He commented that he was 'just fed up with it'.

14.2.17 **Spire**: Deepak attended Spire Healthcare on eleven occasions during 2019. Three appointments were with a urology specialist, and eight with an ear nose and throat specialist. [redacted] On 6th November reference was made to mild stress and it was noted that Kajri had attended with him. On 10th December she attended with him again, and the notes record that 'suspect symptoms exacerbated by stress and anxiety' and that his wife was concerned. It was noted that she only attended appointments regarding his throat symptoms.

**2020**

14.2.18 **DHU Healthcare (NHS111 and out of hours GP):** During this period Kajri contacted NHS111 on ten occasions. The majority of these calls and associated visits to DHU out of hours urgent care related to a diagnosis of Bels Palsy[16], whilst others related to other more routine matters such as a cough. Deepak contacted NHS111 on four occasions regarding general health concerns of a minor nature and attended the emergency department on one occasion following a road traffic collision.

14.2.19 **Spire Healthcare**: Deepak had contact with the hospital on nine occasions, six of which related to ongoing concerns around his throat, and a further three appointments were with a gastro specialist. Of these appointments, two were conducted via phone or video owing to covid

[15] SystmOne is a centrally hosted clinical computer system. It is used by healthcare professionals in the UK predominantly in primary care. The system is being deployed as one of the accredited systems in the government's programme of modernising IT in the NHS. SystmOne - Wikipedia

[16] Bell's palsy is a type of facial paralysis that results in a temporary inability to control the facial muscles on the affected side of the face. Source: Bell's palsy - Wikipedia

restrictions. The other appointments included diagnostic exploration and provision of medication, though no clear diagnosis was arrived at.

14.2.20 **Spire Healthcare**: Kajri had contact on ten occasions, five with ear nose and throat specialists, and five with a neurology specialist. On eight of these occasions, her husband was shown as being in attendance. [redacted].

14.2.21 **Revenues and customer services (Leicester City Council):** On 5th April, Kajri called to notify the council of reduced income owing to Covid and requested instalments reset. This was agreed.

14.2.22 **NHS111, EMAS and UHL**: On the 18th June, Deepak contacted NHS111 about Kajri's symptoms of a 'face drop on one side'. He explained she had seen the GP the previous day due to a rash over her neck and upper back. Deepak assisted with a full assessment, and it was noted he was calm speaking to Kajri in her own language. An ambulance was called, and she was taken to the emergency department (ED) of UHL. She was seen alone in ED and following assessment was discharged with a ten-day course of medication and a letter was sent to the GP.

14.2.23 Over the following two days, a similar pattern followed. On the 19th June, NHS111 were contacted that resulted in advice to attend the ED. Deepak was described as completing the assessment with 111, as Kajri couldn't speak properly. On the 20th June they attended the ED at UHL when she was briefly admitted but discharged following a CT scan.

14.2.24 **UHL:** On 22nd June Kajri attended he TIA (Transient ischemic attack[17]) clinic and was discharged when they ruled out a stroke.

14.2.25 **DHU Healthcare**: On the 4th July Kajri attended the treatment centre regarding her Bels Palsy symptoms and was assessed and reassured.

14.2.26 **NHS111 / DHU Healthcare**: On the 13th July, NHS111 were called regarding Kajri's Bels Palsy, and she attended the treatment centre. Deepak assisted in explaining some of the wording and she was discharged without medication and advised to see her GP.

14.2.27 **NHS111 / DHU Healthcare and EMAS**: They were contacted on the 18th July owing to a sudden change in facial droop and a headache, and the following day (19th July) owing to dizziness. On the first day, Deepak assisted with a full assessment and an ambulance was called owing to a possible stroke. On arrival of the ambulance, they discussed her condition with a GP and were advised that attendance at the hospital was not needed. The same events were replicated on the following day.

14.2.28 **Spire Healthcare**: On 20th July, Kajri attended the first of this year's consultations at Spire, regarding her on going facial palsy. She underwent an urgent MRI scan [redacted] Deepak was in attendance.

14.2.29 **NHS111 / DHU Healthcare**: On the 16th August Kajri contacted NHS 111 due to 'L sided facial weakness and explained she had recently finished medication and that she had had an MRI. Deepak was heard talking in the background and he took the phone off patient to add history of Bell's palsy. Clinician asked why he is speaking on her behalf, and he said he could explain the history better. He explained Kajri was under neurologist and had an appointment the following day to review symptoms. Clinician asked to speak to patient again and Deepak was happy to hand the phone back to patient. When back on the phone patient asks for help from husband to answer questions (when did I finish my steroids?). Due to difficulties answering the question the phone is put on speaker phone so that the husband can help. Clinician advised her to see her own GP/neurologist in 2 hours for review.

[17] TIA: A transient ischaemic attack (TIA) or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain. Source: Transient ischaemic attack (TIA) - NHS (www.nhs.uk) (Accessed March 2022)

14.2.30 **Spire Healthcare**: On 17th August, Kajri I attended a consultation with Deepak following the MRI scan. She was given advice and informed that a full recovery may take 18 months. An 'open appointment' was made available.

14.2.31 **NHS111 and EMAS:** [redacted]

14.2.32 **GP Practice and UHL**: On 5th November, Kajri attended her GP with Deepak regarding left sided facial weakness. [redacted]

14.2.33 **Spire Healthcare / Nuffield**: On 5th November, having attended UHL, Kajri attended Nuffield with Deepak. Thereafter she went to the Spire Healthcare again with Deepak on the 7th, 8th ,9th, 10th,16th, and Nuffield on the 24th regarding her ongoing facial symptoms. At one point on the 8th, it was noted that Kajri was unable to speak, and an initial diagnosis of functional disorder was made that is often associated with patient with stress, depression, and anxiety.

14.2.34 During this series of consultations, several tests were undertaken, and medication was provided. On the 16th, an observation is made regarding an 'underlying anxiety', though this is not expanded upon.

14.2.35 **GP Practice**: On 20th November, Kajri attended her GP regarding her facial weakness [redacted]

14.2.36 **UHL and Spire Healthcare**: [redacted] It was noted that she attended Spire with her husband.

14.2.37 **GP Practice:** On the 7th December, Deepak attended the GP regarding blood pressure monitoring and blood tests. [redacted]

**2021**

14.2.38 **GP Practice**: Kajri made three contacts with the practice on 10th,12th, and 25th February [redacted]

14.2.39 **NHS111 and EMAS**: On the 25th February contact was made with the 111 service as she felt unwell and dizzy. An ambulance was dispatched. Kajri was home alone, and it was noted that she was eating and drinking normally. She was assessed a clinically well and advised to see her GP. The crew noted that she does live with a partner.

14.2.40 **Police**: On the evening of the 3rd March, Kajri's brother became aware that Deepak had called his mother and asked if Kajri was at the house and had said that he could not find her. Kajri was not at her parent's house and sometime later, her brother reported her missing to Leicestershire Police. During the early hours of the 4th, two members of the public found her body lying on the

pavement in a street nearby. The police were notified and attended the scene, at which point an investigation was commenced. It was noted in the subsequent investigation and trial, that he had booked a flight to India for the 5th March, but with a return journey on the 3rd April.

# 15. OVERVIEW

## 15.1 DHU / NHS 111

15.1.1 DHU Health Care provides the NHS 111 service across the East Midlands and provides out-of-hours urgent care across Leicester, Leicestershire & Rutland.

15.1.2 Kajri had fourteen contacts during the relevant period, including one face to face contact with the out of hours GP service. These contacts related to a variety of complaints including sickness, breast pain, shoulder pain and multiple contacts that related to her diagnosis of Bell's Palsy. On occasion, Deepak who was present in most contacts helped with communication and description of symptoms.

15.1.3 Deepak had twenty-seven contacts with the NHS111 service, the majority of which resulted in him being referred back to his GP. The calls related to a breadth of medical ailments, including a number around various pains in different parts of the body, several regarding his throat and some related to urology. There were also a number that would more usually be made to primary care such as requesting to make a GP appointment and asking for a flu jab.

## 15.2 University Hospital Leicester

15.2.1 University Hospitals of Leicester NHS Trust (UHL) is a large multi-sited acute care organisation with three teaching hospitals and a number of specialty satellite units. It is one of the largest and busiest NHS Trusts in the country, providing secondary acute and emergency health care.

15.2.2 The couple attended the Trust's infertility clinic that resulted in an appropriate treatment plan to assist Kajri in becoming pregnant.

15.2.3 Kajri attended the hospital's emergency department and attended the hospital on several occasions regarding her diagnosis of Bels Palsy, undergoing CT scans and seeing a consultant neurologist. No indications or disclosures of domestic abuse were made on any occasion.

15.2.4 Deepak attended the emergency department (ED) on several occasions for a variety of unremarkable matters.

## 15.3 Integrated Care Board (ICB) – GP

15.3.1 Kajri and Deepak were registered at the same local practices during the relevant period.

15.3.2 Both were seen by clinicians regarding their plans for pregnancy and referred to specialists at UHL.

15.3.3 Kajri's attendances specifically related to fertility and a neurological condition of Bels Palsy.

15.3.4 Deepak's attendances related to a urology complaint and a number of routine medical issues.

## 15.4 Spire Health Centre

15.4.1 Spire provides private hospital treatments for patients across the East Midlands area that includes access to healthcare, including consultations, advanced diagnostics, personalised treatment, complex surgery, and aftercare.

15.4.2 Kajri attended the hospital with regard to two matters, first relating to fertility and efforts to become pregnant and the second related to her diagnosis of Bell's Palsy. The chronology show that Deepak attended at least one of the gynae consultations, but that he attended at least five of the seven consultations regarding her neurological condition. It was noted that Kajri did have an underlying anxiety and it was also noted that Deepak did all the talking because she was unable to speak, with a potential explanation of a functional disorder that is often associated with a patient with stress, depression, or anxiety. No indications or disclosures of domestic abuse were made on any occasion.

15.4.3 Deepak also attended the hospital regarding two matters, the first relating to urology and the second related to an irritation of his throat. The chronology shows that Kajri attended three of the nine appointments that related to his throat irritation but is not clear about whether she attended any of the other appointments.

### 15.5 Nuffield Health

15.5.1 Kajri had two contacts with different consultants in November 2020 regarding facial weakness and then a possible neurological issue. She also saw these consultants at the Spire Health Centre.

15.5.2 The panel learned that for self-funding patients such as Kajri and Deepak, could see the same consultants at either Spire or Nuffield depending on appointment availability, hence seeing the same consultants at both Spire and Nuffield.

### 15.6 East Midlands Ambulance Service

15.6.1 EMAS provided emergency care for Kajri five times between 18/06/2020 and 25/02/2021. All these contacts were for medical concerns. Three of the calls related directly to her neurological condition, one of which resulted in her being taken to the emergency department of UHL. The following calls related to an itching/burning sensation on her face and the last relating to feelings of dizziness. No indications or disclosures of domestic abuse were made on any occasion.

15.6.2 They had one contact with Deepak following an unrelated matter, when he was taken to hospital.

### 15.7 Leicester City Council – Revenues and Customer Support

15.7.1 This department had contact with Kajri and Deepak regarding their liability for council tax and other unrelated matters. No in-person contact was made.

### 15.8 Leicester Police

15.8.1 The police had three contacts with Kajri and Deepak during the relevant period, two neighbour disputes that are not relevant to this review, and another related to a road traffic collision.

### 15.9 Spendental

15.9.1 As the review progressed, the panel learned that Kajri had two contacts for dental treatment. Neither related to trauma. There are no records as to whether she attended alone or with Deepak.

## 16. ANALYSIS

The analysis of this Domestic Homicide Review explores the reasons why events occurred, how and whether information was shared and, subsequently, whether the sharing informed decisions and actions taken. On considering the interaction of agencies, matters of 'consideration' are highlighted for ease of reference.

### 16.1 Domestic Abuse Definition

16.1.1 This review is undertaken in accordance with Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews

16.1.2 The Government definition of Domestic Abuse is: - Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited, to the following types of abuse: psychological, physical, sexual, financial, emotional.

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

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

16.1.5 In April 2021, the Domestic Abuse Act received Royal assent and provided a statutory definition of domestic abuse that is summarised as*: - Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive. 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, (e)psychological, emotional, or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.*

16.1.6 Kajri died as a result of multiple stab wounds that indicated a sustained attack. During the trial, there was evidence of injuries to her hands that suggest that Kajri fought to save her own life.

16.1.7 In order to try and understand why this tragic event took place, the review panel considered events from a number of perspectives summarised below including (a) Kajri's perspective; (b) the broader community context; and finally (c) the journey to homicide.

***Kajri perspective***

16.1.9 Regrettably, it has not been possible to build a comprehensive picture from Kajri's perspective of the surrounding circumstances. The panel has been entirely reliant on information made available from the police investigation, the IMR's, contact with agencies, the accounts of friends and the judges summing up.

16.1.10 [redacted]

16.1.11 [redacted]

[18] Source: Another face of violence against women: Infertility - PMC (nih.gov) (Accessed May 2022)

16.1.12 Notwithstanding this possibility, an alternative is that Kajri did not view her experience as domestic abuse. The local domestic homicide review 'Hanita' explored this and wrote as a particular lesson," It is highly likely that Hanita, whilst being subjected to on-going coercive control, did not identify as a victim of domestic abuse" and continued "Lack of identification and understanding of associated risks is a barrier that may prevent victims of domestic abuse accessing protective services"[19] However in this review a friend who knew her well said that she would have recognized abusive behaviour. Whilst not entirely discounting the possibility that she did not view the behaviour to her as abusive, one is then led to consider further alternatives that includes cultural barriers to disclosing abuse.

***Community Context***

16.1.13 Kajri was a South Asian Indian woman who came to the England as a child aged 12 and lived with her parents and brother in a practicing Hindu family.

16.1.14 Her marriage to Deepak was arranged in a traditional manner, in keeping with cultural norms of her family and community.

16.1.15 This background was considered important by the panel in respect of cultural barriers to disclosing abuse in the South Asian Indian population.

16.1.16 Whilst in summing up, the judge acknowledged there had been one occasion Deepak had raised a hand to Kajri, the panel on considering agency interactions with Kajri kept in mind wider and well-established barriers to disclosing abuse that may go beyond violence. The panel were able to consider international, national, and local commentary that is pertinent in this context, that builds upon observations made under the Equalities section above. An international report interestingly summarized," The concepts of shame and the responsibility for maintaining the family honour are often used as a form of control to keep women from seeking further help when they experience abuse (Gill, 2004). Thus, fear of dishonouring the family may also hinder many abused women from seeking help or from leaving an abusive relationship."[20] In the UK, a publication "Asian Women, Domestic Violence and Mental health" in the section on Asian women's experience of domestic violence quotes "The accomplishments of an Asian family are judged in terms of the family as a whole, so privacy or independence is seen as undesirable. Gender stereotypes are highly conventional and since women are held responsible for maintaining family honour, known as izzat, and avoiding sharam (shame) the family may justify women being guarded and considered not as individuals but as property"[21]. This stark summary is further recognised by national providers such as Refuge who specifically note barriers to leaving as "Religious/community beliefs**:** she is under pressure not to break up the family".[22] The issue of religious belief is considered important in this case, by virtue of marriage having been arranged and the desire to preserve this marriage to maintain the family honour in a community where according to friends, the family and Kajri were well known in the temple.

16.1.17 In June 2021, a local report "DVSA under-reporting of abuse by British Asian Indian women in Leicester" [23] was published that shines a light on the experience of local South Asian women. In its summary key findings it stated, "Although some stakeholders felt that the way the British Asian Indian community/culture views women had improved recently it was still cited as the number one reason why women were not reporting abuse." Within this report, a number of survey questions

[19] Source: *hanita-overview-report-dhr-5-may-2020-2.pdf (leicester.gov.uk) (Accessed August 2022)

[20] Source: Understanding the role of patriarchal ideology in intimate partner violence among South Asian women in Hong Kong - Jenny C Tonsing, Kareen N Tonsing, 2019 (sagepub.com) (Accessed March 2022)

[21] Source: *Asian-women-Domestic-Violence-and-Mental-Health.pdf (equation.org.uk) (Accessed August 2022)

[22] Source: Barriers to leaving - Refuge Charity - Domestic Violence Help (Accessed March 2022)

[23] Source: DVSA under-reporting of abuse by British Asian Indian women in Leicester, Zinthiya Ganeshpanchan 9th June 2021

were asked, the answers to which are informative, such as: In relation to barriers faced to disclosure, 58% said "I can't reveal the abuse for fear of shaming or disappointing my family" The commissioning of this report is identified as good practice.

16.1.18 The evidence of Kajri's friends (14.1.2 -14.1.8) adds credence to the cultural influence on the couple to sustain the marriage, there having been arguments in front of the family, an older member of the community acting as peacemaker, and with Deepak openly expressing his desire to end the marriage and returning home to speak to his mother in India.

**Learning Opportunity/Reflection (LO1):** That there were family & community influences/pressures to remain in an unhappy marriage.

***Journey to Homicide***

16.1.19 On considering the journey to homicide, the review has sought to understand whether, the homicide was the culmination of a pattern of controlling, coercive pattern of behaviour that culminates with a homicide as part of a predictable process involving domestic abuse or whether; the events were spontaneous in that they occurred in response to a trigger event.

16.1.20 Once again the judges summing up is helpful, concluding that "*I am quite satisfied, and I have set out the reasons why, that this is a case of significant planning. It matters not precisely how long this killing had been planned; it was a planned killing.*"

16.1.21 However, the panel on analysing agency interaction and friend's testimony, considered other theories in relation to homicide including the eight stages to homicide timeline [24]. Resisting the temptation to make the facts fit a theory, it is apparent that there is evidence that fits some of the eight stages of the homicide timeline.

Stage 4: Potential homicide triggers:

- Separation: In the judge's summing up, "she indicated she did not want the marriage to continue but the pair of you were encouraged to work on the marriage and stay together mindful. This is corroborated by friend's comments.
- Financial ruin: It is apparent from the testimony of friends, that Deepak came from a poor family and was dependent upon Kajri's family.
- Physical health deterioration: the analysis below will show that both he and Kajri lived with various ailments.

Stage 7: Planning

- Deepak bought air tickets to fly to India on 5th March. Whilst there was a return leg on 3rd April, the judge in summing up said that at some point the purpose of the journey became the provision of his escape, with the booking representing a one-way trip.
- On the evening of the murder, Kajri had parked her car, with the front facing the garage. Evidence heard at court describes Deepak on returning home from work, turning the car round with the boot facing the garage. It was concluded at the trial; this was part of the pre-planning to help with removing Kajri from the scene. I.e. preparatory acts immediately before the homicide.

Stage 8: Homicide:

- Stages a missing person.

16.1.22 There are also less clear-cut elements of the model that may be present but have unfortunately not been determined as it has not been possible to get the depth of insight required as to the last few weeks or days of Kajri's life. Stage 6 for example relies on events that cause a change in the perpetrators thinking such as, status irretrievably diminished or financial/reputation ruin is imminent or irreversible.

[24] Source: Homicide Timeline - The 8 Stages - Research Repository (glos.ac.uk) (Accessed May 2022)

***Equalities***

16.1.23 Whilst Equalities is a Line of Enquiry for this review, the panel's attention was drawn to recently revised guidance, "The Essential Guide to the Public Sector Equality Duty", published in March 2022[25] that describes the duty and considerations that includes, "Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people". After all, Kajri was a woman, of South Asian Indian origins, she was of the Hindu faith, and she was attempting to become pregnant. The intersection of these characteristics requires consideration in this review and the analysis of those agencies involved in providing infertility treatment will explore the associated links of fertility/pregnancy/maternity with domestic abuse.

16.1.24 It is against the background of these deliberations that the analysis of agency interactions was considered. To ensure a comprehensive analysis, each agency section is structured to follow the 'Lines of Enquiry.'

## 16.2 NHS111 / DHU healthcare

**Line of Enquiry (LoE1) - Inter-agency working**

16.2.1 The panel learned that communications were via the automatic and electronic secure systems in place following contact with Kajri and Deepak. This ensures electronic messaging informed their GP of contact with DHU Healthcare with NHS 111 or the Urgent Care Division. As such this communication is one way, with a patient contacting DHU services and passing this on to primary care or the ambulance service if the case is deemed to be sufficiently urgent such as on 18th June 2020 when Kajri had woken with slurred speech and facial swelling. This does not provide the opportunity for greater inter-agency working, though contact can be made between agencies, it is not evident that this was required.

**Line of Enquiry (LoE2) - Risk Assessment and Response**

16.2.2 This may be considered in terms of both Kajri and Deepak, in respect of individual contact for Kajri considering opportunities to consider whether domestic abuse was apparent that required enhanced professional curiosity, and the volume of calls in respect of Deepak as to whether they may have prompted additional curiosity and consideration as to an underlying concern.

Kajri - Individual Calls

16.2.3 Kajri had contact with NHS111 for a variety of symptoms, [redacted].

16.2.4 The episodes of dizziness have been examined and are either associated with sickness/nausea or in close proximity to other calls related to her diagnosis of Bell's Palsy. The cough was proximate to the start of the covid pandemic when there was a significant uplift in associated demands.

16.2.5 On considering the response to each contact, the panel learned that NHS111 works through an algorithm of questions when a patient calls. Known as "NHS Pathways telephone triage system." It is a clinical decision support system (CDSS) supporting the remote assessment of callers to urgent and emergency services. [26] The pathways assessment rules out a life-threatening emergency, then moves on to assess the main concern for the patient. Resulting in a disposition

[25] Source: guidance-essential-public-sector-equality-duty-england_0.docx (live.com) (Accessed August 2022)

[26] Source: NHS Pathways - NHS Digital (Accessed May 2022)

ranging from ambulance to home management. The NHS Pathways system is broadly divided into two modules and a directory of services with the system taking a symptom-based approach, rather than a diagnostic one. In practice this means, the symptoms described will determine the questions that are posed.

16.2.6 The panel also learned that the module-based approach is split into three phases of assessment, module 0, 1 & 2. Modules 0 & 1 are conducted by health advisors and module 2 is a revalidation of the assessment, conducted by a clinician with enhanced training. Kajri was assessed on five occasions by a clinician, in other words being spoken to by a health advisor and then a clinician. This additional assessment by a clinician takes place 'when a call becomes too complex for a non-clinical Health Advisor to safely triage. This is an essential risk management too.'[27] However, this assessment is for the purposes of clinical assessment, not diagnosis, cause or otherwise.

16.2.7 The panel did explore the opportunity of 'routine screening' in respect of domestic abuse but reflected on the purpose of the service being to deal with the patient's main concern promptly. Notwithstanding this formulaic approach of the "NHS Pathways telephone triage system," there is evidence of skilled professional curiosity, such as on 16th August 2020 (14.2.26), the clinician asking why Deepak was speaking on behalf of Kajri, asking to speak to her again and in part conducting the conversation on speakerphone. This is recognised as proportionate and professional. Furthermore, the panel representative noted that staff are trained to ask patients if they are alone if there are any indications of not being safe. In this case, there is good evidence of identifying and recording the husband's presence and facilitating communication, not because of language difficulty, but rather because she had difficulty talking with her symptoms of Bels Palsy. For example, - On 19th June 2020, that 'husband completed the assessment due to patient not speaking properly'; - on 13th July 2020 it was noted 'Patient doesn't understand wording of 'bright lights' hurt her eyes. Husband then takes over and helps with understanding of question;' - On 8th October 2018, the health advisor notes "Husband can be heard in the background. Helping Kajri to answer questions." Upon exploration with the panel representative, as to why he had taken over the calls, Deepak being helpful to describe symptoms, as opposed to any particular difficulty in communication, lacing confidence or deferring to him.

16.2.8 Additionally, the panel notes that the chronology showed that Kajri saw a medical professional within 24 hours of each NHS111 for the majority of contacts, either by an ambulance being sent or by heeding the advice to return to re-attend the emergency department, see her own GP or attend the urgent care out of hours centre. It is therefore not suggested that any routine screening by NHS111 would have been beneficial as she went on to see health professionals in person, who would arguably be in a better position to identify concerns of abuse and ask questions.

16.2.09 Kajri was seen alone on the two face-to-face contacts (07/06/18, 04/07/20). On neither occasion or telephone assessments was there any evidence of trauma, or indicators of possible domestic violence or abuse[28] as described within NICE guidelines. Had there been, professionals would have been expected to exercise professional curiosity if safe to do so.

Deepak - Call Volume

16.2.10 In the period 10th April 2018, through to 25th November 2020 (32 months), Deepak had a total of thirty-five (35) contacts with DHU, twenty-seven contacts (27) with the NHS111 service and eight (8) face-to-face appointments with the out of hours GP. The panel considered whether the volume of contacts was unusual, on the one hand averaging just over one per month, but also noting that there were clusters of contacts, before tailing off before the homicide.

**Table 5: High monthly contact volume**

| Month | Number |
|---|---|
| February 2019 | 4 NHS111 + 2 Face to face = 6 |

[27] IBID

[28] Source: Quality statement 1: Asking about domestic violence and abuse | Domestic violence and abuse | Quality standards | NICE (Accessed May 2022)

| | |
|---|---|
| September 2019 | 2 NHS111 + 2 Face to face = 4 |
| October 2019 | 5 NHS111 + 2 Face to face = 7 |
| November 2019 | 3 NHS111 + 2 Face to face = 5 |

16.2.11 The table above shows that four high demand months account for twenty- two of the (over 50%) of the demands, and that the period September to November 2019 account for sixteen (nearly 50%) of overall demands.

16.2.12 During panel discussions, the panel representative noted that Deepak was flagged as a 'high user', which occurs when there are five or more contacts per month in consecutive months. Deepak did not reach that threshold that would have triggered a multi-agency approach. Had he breached this threshold, DHU would also have written to the GP practice, requesting 'special patient notes' to be added to his file. In other words, flagging him for the practice. It was confirmed that the GP is alerted at every contact. The multi-agency approach referred to is reserved for example for patients who have multiple contacts per day. Deepak did not approach this threshold and in discussion with the panel representative, it is acknowledged there was significant anxiety in relation to Covid during the period and a small number of contacts did occur after March 2020, during the pandemic.

16.2.13 Considering the period of high demand against the context of contact with other agencies, it is noted that these contacts coincided with contact with UHL and consultations with Spire Healthcare for similar healthcare concerns. The matter of potential health anxiety is the subject of discourse within the analysis section for Spire Healthcare.

16.2.14 Notwithstanding any commentary about demands by Deepak during the relevant period, there was no contact with DHU in the months leading up to the homicide.

**Line of Enquiry (LoE3) - Domestic Abuse Policies, Procedures and Training**

16.2.15 Whilst the panel agreed there were no signs of domestic abuse apparent in contact with DHU services, the panel representative reported that the safeguarding training strategy incorporates domestic abuse. This is further explained on the DHU website that states ""Statutory guidelines state that there should be a minimum of 16 hours of training over a three-year period. Due to such a wide range of subjects, a rolling annual training package has been designed for DHU. This includes a hot topic, perhaps an area of safeguarding where there is an identified knowledge gap or a highlighted issue, which changes each year whilst enabling us to refresh the basics on a more regular basis to keep it fresh."[29] Domestic abuse frequently features as a hot topic.

**Line of Enquiry (LoE4) - Accessing help and Support**

16.2.16 The level of contact with DHU is evidence of accessibility to services.

16.2.17 DHU implement all guidance dictated by the Accessible Information standards that are 'The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss'.[30]

16.2.18 The NHS 111 service has interpreter services that are easily accessed by staff should they be required. However, the panel representative has ensured a review of all the contacts made into the service the need for an interpreter wasn't deemed necessary. The only difficulties arose in relation to understanding of medical terminology. When this arose the DHU staff members used the provided system supporting information in order to verbally clarify details. The system support information is designed at a national level to provide a consistent and evidence-based approach for NHS 111 staff. It was also reported by the panel representative, that Deepak's familiarity with

[29] Source: Learning at Work Week - Safeguarding and Mandatory Training :: DHU Healthcare (Accessed May 2022)

[30] Source: NHS England » Accessible Information Standard (Accessed May 2022)

the system and medical language demonstrably improved over the relevant period and this is assisted in explaining medical terminology.

16.2.19 There was no apparent need to signpost to other support services.

**Line of Enquiry (LoE5) - Impact of Covid**

16.2.20 There was no impact on the efficacy of service delivery with Kajri or Deepak.

**Line of Enquiry (LoE6) - Family and Friends**

16.2.21 There was no cause to engage with other family members. Deepak assisted NHS111 operators in assisting communications with Kajri as needed owing to her symptoms of Bels Palsy

**Line of Enquiry (LoE7) - Equalities**

16.2.22 There is no indication that any of the protected characteristics impacted upon the delivery of care. The panel considered whether there were any language difficulties. There was not, rather Kajri on occasion appeared to have difficulty understanding or communicating owing to her diagnosis of Bels Palsy. No other matters related to protected characteristics apparent are relevant to DHU Healthcare's dealing with Kajri and Deepak. The intersection of those factors at 16.1.25 is not applicable.

## 16.3 UHL

16.3.1 Kajri attended the hospital on six occasions during the relevant period, which included two to the hospital's emergency department (ED), two to the infertility clinic and two at the Transient ischemic attack (TIA) clinic. The latter attendances and one at ED related to her diagnosis of Bels Palsy. No indications or disclosures of domestic abuse were made on any occasion.

16.3.2 Deepak attended the hospital's ED on seven occasions, [redacted].

**Line of Enquiry (LoE1) - Inter-agency working**

16.3.3 There is evidence that Kajri and Deepak's GPs were informed about any attendance at UHL. This includes detailed letters to the GP regarding the couple's involvement with the infertility service. The panel were informed that letters sent by UHL to primary care are standardised and were completed in line with those standards.

16.3.4 However, patient involvement with other health agencies such as NHS111 and a private healthcare provider were not known, with no automated system in place. There was no other cause for working with other agencies.

**Line of Enquiry (LoE2) - Risk Assessment and Response**

16.3.5 Kajri was seen alone when attending ED (20.06.20) regarding facial weakness and diagnosed with Bell's Palsy and also seen alone at follow ups (22.6.20 and 25.11.20). Conversely, she was seen together with Deepak when attending the infertility clinic and there was no evidence of any disharmony between the couple during these appointments.

16.3.6 Upon exploration of routine enquiry, the panel learned that the trust has a domestic abuse policy, and an emergency department specific domestic abuse standard operating procedure. There is not an expectation to make routine enquiry in any area save Maternity services. The chair was

provided with a copy of the trusts policy that on examination reflects NICE guidelines. Two matters arise herein, the first being the approach to routine screening for all clients/patients, the second regarding the approach to screening within specialist units such as fertility services.

16.3.7 Considering the most recent NICE guidelines in respect of domestic violence and abuse from 2016 (Quality standard 116), it provides a framework of quality statements (QS). QS116 references 'People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion' and provides a useful list of symptoms or conditions of abuse.[31] None of these would have been immediately apparent in Kajri's circumstances, though it is noted that Recommendation 6- Ensure trained staff ask people about domestic violence and abuse, specifically cites ensuring that staff working in the fields of reproductive care ask whether they have experienced domestic violence and abuse and should be a routine part of clinical practice, even where there no indicators of such violence and abuse.[32] Routine enquiry is not the current policy within fertility services, though acknowledged does not mean it is not asked about in consultations. In Kajri's case, there is nothing to suggest she was asked.

16.3.8 In order to understand, NICE guidelines rationale for including routine enquiry for those who work in reproductive care, the panel's attention was drawn to the conclusions from a number of articles such as; -In one 'Infertility/subfertility is associated with an increased risk of experiencing IPV in low and middle income countries'[33]; - Another international study concluded 'In this study there was a relationship between infertility and physical, sexual and psychological violence and infertile women were more likely to encounter domestic violence. Screening for domestic violence is necessary for infertile couples'[34]; - A further international study wrote 'A high prevalence of IPV against infertile women is evident despite heterogeneity across studies. IPV screening, counselling, and structural interventions should be tailored to address this urgent issue at multiple levels of society'[35] Whilst these studies demonstrate a heightened risk of abuse, they do not necessarily describe why this may be the case, though the panel agree infertility and treatment will likely be an anxious and stressful period for a couple. This is supported by a number of accessible articles such as one that notes, "Women with infertility report elevated levels of anxiety and depression, so it is clear that infertility causes stress"[36]. Therefore, the panel agrees that there is a case to be made to take steps to identify, recognize and respond to potential abuse via routine screening in specialist units where there is a heightened risk of patients experiencing abuse.

**Learning Opportunity (LO2)**: Recognising that women undergoing fertility treatment are at increased risk of experiencing domestic abuse, that such women are more likely to be anxious that is recognised by NICE as an indicator of abuse, and therefore that routine screening for abuse will identify victims of abuse.
**Recommendation 1:** Seek to improve the ability of clinicians to identify domestic abuse for patients undergoing fertility treatment.

16.3.9 Whilst recognizing the limitations of enquiring about safety when a partner is present, Kajri was seen alone on occasion. The panel's attention was drawn to a report by Safelives entitled "We only do bones here," that examined the domestic abuse response within health settings in London. This report found that "Survivors have experienced a lack of understanding, awareness and support from the health system, perpetuating the impact on their physical and mental health".

[31] Source: Quality statement 1: Asking about domestic violence and abuse | Domestic violence and abuse | Quality standards | NICE (Accessed May 2022)
[32] Source: 1 Recommendations | Domestic violence and abuse: multi-agency working | Guidance | NICE (Accessed May 2022)
[33] Source: A systematic review and narrative report of the relationship between infertility, subfertility, and intimate partner violence - ScienceDirect (Accessed May 2022)
[34] Source: WHO EMRO | Relationship between domestic violence and infertility | Volume 25, issue 8 | EMHJ volume 25, 2019
[35] Source: Prevalence of intimate partner violence against infertile women in low-income and middle-income countries: a systematic review and meta-analysis - The Lancet Global Health (Accessed May 2022)
[36] Source: The relationship between stress and infertility - PMC (nih.gov) (Accessed May 2022)

[37]. It is clear the trust recognises the opportunity to address domestic abuse within its own environment through the provision of two IDVAs, and this is recognised as good practice.

**Line of Enquiry (LoE3) - Domestic Abuse Policies, Procedures and Training**

16.3.9 The panel representative provided the chair a copy of the UHL policy on Domestic Abuse and Violence. It is comprehensive and whilst currently under review, is detailed, reflects NICE guidance, and provides comprehensive guidance to professionals in terms of enquiring about abuse and responding to perpetrators.

16.3.10 The panel were informed that all staff receive safeguarding training that includes domestic abuse. Clinical Matrons, Heads (HoN),Deputy Heads of Nursing (DHoN), and Duty Managers (DM) are attending mandatory level 3 safeguarding adults training that is more detailed. Training compliance is measured, currently sitting at 85%.

16.3.11 The level 3 child safeguarding training is also held every 3 years and is blended, face to face and online. Maternity staff attend this, and it includes domestic abuse.

16.3.12 Emergency department (ED) and maternity services have enhanced training regarding domestic abuse, with the ED having their own face to face full training day for safeguarding, which includes child and adult safeguarding and domestic abuse. This has previously been delivered by the IDVA service and is noted as good practice.

16.3.13 Following the final panel meeting, the chair's attention was drawn to existence of a codes of practice that governs licensed fertility centers in the UK such as UHL, as it was suggested this may provide an opportunity to inform practice in dealing with patients seeking fertility treatment. This codes-of-practice is written by the Human Fertilisation & Embryology Authority who is "the UK's independent regulator of fertility treatment and research using human embryos".[38] In subsequent conversations with the HFEA on the subject of enquiry about domestic abuse, the chairs attention was drawn to section 8 of the codes of Practice entitled 'welfare of the child'. Within this section, it talks about factors (para 8.14)[39] to be considered that are likely to cause significant harm or neglect to any child who may be born or to any existing child of the family. One such factor listed is violence or serious discord in the family environment.

16.3.14 In discourse with HFEA, they put forward that the terminology *'violence or serious discord'* is sufficient. The Domestic Abuse Act 2021 clearly states, "Any reference in this Act to a victim of domestic abuse includes a reference to a child who – (a) sees or hears, or experiences the effect of, the abuse (continues)[40]. The panel agrees that adapting the language of the codes of practice would bring the language used up to date and in accordance with the Domestic Abuse Act.

**Learning Opportunity (LO3)**: For the Human Fertilisation & Embryology Authority codes of practice section on 'welfare of the child' to use the terminology of domestic abuse in accordance with the Domestic Abuse Act.
**Recommendation 2:** Home Office to encourage the Human Fertilisation & Embryology Authority to amend the Codes of Practice to refer to domestic abuse specifically when considering the welfare of unborn children.

**Line of Enquiry (LoE4) - Accessing help and Support**

16.3.15 The hospital is a 24/7 operation, accessible to Kajri and Deepak. Whilst it was noted that both spoke English, UHL does have access to language and interpreter services if required.

16.3.16 The panel were informed that UHL in 2016, the trust introduced hospital based independent domestic abuse advocates, that mainly supports the ED. Whilst during the relevant period of this review, there have been vacancies, there are now two grant-funded IDVAs employed by

[37] Source: 'We Only Do Bones Here' - Why London needs a whole-health approach to domestic abuse_0.pdf (safelives.org.uk) (Accessed May 2022)
[38] Source: About | HFEA (Accessed January 2023)
[39] Source: Code of Practice 9th edition – revised October 2021 (hfea.gov.uk) (Accessed January 2023)
[40] Source: Domestic Abuse Statutory Guidance (publishing.service.gov.uk) (Accessed January 2023)

Women's Aid in post and a pregnancy/maternity domestic abuse specialist funded by the Police and Crime Commissioner.

**Line of Enquiry (LoE7) – Equalities**

16.3.17 At 16.1.23, an intersection of protected characteristics was described. Evidence has been described of additional barriers that South Asian Indian women have disclosing abuse, and we also know that those undergoing fertility treatment are more likely to be at risk of abuse. It is arguable therefore that there is an obligation on public authorities who are named in the Equality Act," to take steps to meet the needs of people with certain protected characteristics, where these are different from the needs of other people".[41] This point applies to UHL, Spire healthcare and the GP each of whom were to some extent involved in the provision of fertility duty. The implications of this point, therefore, reinforce the learning opportunity noted above.

**Further lines of enquiry**

16.3.18 There is no further relevant information or comment required in respect of the following lines of enquiry; (LoE5) – Impact of Covid, (LoE6) – Family & Friends.

**Good Practice**

16.3.19 IDVA provision at hospitals is recognised as good practice and welcomed.

## 16.4 GP

16.4.1 Kajri and Deepak were registered at two GP practices during the relevant period and the IMR author has reflected on contact with both practices. Both practices were last assessed by the CQC outside the relevant period and were rated as 'Good' across all areas.

**Line of Enquiry (LoE1) - Inter-agency working**

16.4.2 Interagency working for both cases was exclusively with secondary care. These communications, procedures and discussions met the required standards with referrals to specialists within secondary care at UHL, but also receiving letters from UHL and Spire the private healthcare provider. In addition, the practices were informed of all NHS111 calls via the use of a common communications/information system, known as System One. There was no inter-agency working on a safeguarding issue, as none were identified at this time.

**Line of Enquiry (LoE2) - Risk Assessment and Response**

Kajri

16.4.3 Kajri had seen the first GP practice in relation to her attempts to become pregnant in May 2018. At this stage they had been trying for two years and she was referred to the fertility clinic at UHL During these consultations, the practice learned that 'they' had seen a doctor in India who had diagnosed that Kajri had polycystic ovaries, which is understood to be a relatively common condition.

16.4.4 The remaining consultations with the second practice related to her diagnosis of Bell's Palsy, for which she was advised to attend the ED and/or the practice consulted with secondary mental healthcare for advice. In none of the incidents was there any evidence of trauma, or signs of domestic abuse, though it is noted that some of the consultations were done via a triage system before a face-to-face appointment owing to Covid. (e.g. 5/11/20)

[41] Source; The Essential Guide to the Public Sector Equality Duty | Equality and Human Rights Commission (equalityhumanrights.com) (Accessed August 2022)

16.4.5 An examination of the chronology notes that the records do record when husband was present, and the presumption is that when not noted, he was not present, in other words providing Kajri with the opportunity to talk about any concerns she may have had regarding her own safety. (20.11.20)

16.4.6 The panel considered whether there is a policy in place for 'routine enquiry' as discussed under the UHL analysis and learned that there was not. On the one hand, it was acknowledged there had been studies as to the benefits of routine enquiry, such as the Cochrane Report that found a two-fold increase in identification of Domestic Abuse. However, it also found that there was no increased uptake in accessing specialist provision concluding while screening increases identification, there is insufficient evidence to justify screening in healthcare settings.[42] Conversely, there are a number of developments in practice and research that indicate the positive benefits. In one example the IRIS (Identification & referral to Improve Safety) project found that "women attending intervention practices were 22.1 times more likely than those attending control practices to have a discussion with their clinician about a referral to a DVA advocate" and "were also 3.1 times more likely to have a recorded identification of DVA in their medical records".[43]

16.4.7 Whilst Kajri had not displayed any overt signs of trauma, NICE guidelines do provide a useful list of indicators of domestic violence or abuse that may have helped a clinician to think about domestic abuse routinely.[44] As discussed at 16.3.8, undergoing fertility treatment is likely to be an anxious and stressful time for a couple and there is a heightened risk of abuse at this time for a couple involved with such treatment and that NICE guidelines note that, anxiety features within the first bullet point of symptoms or conditions that are indicators of possible domestic abuse. It has been confirmed outside the panel meetings that letters received by the practice did reference her anxiety levels, though no recommendations were made regarding the need for intervention or referral. The panel therefore agreed that, even if the case is not made for routine enquiry per se, there is a persuasive case to raise awareness of the risks of domestic abuse in the cohort of patients undergoing fertility treatment. (See 16.3.8 above under UHL) As the review progressed, this learning opportunity has been progressed, by incorporating the learning from this review into L3 face to face training and through domestic abuse briefings.

**Learning Opportunity (LO4)**: There is a case for raising awareness of the heightened risk of domestic abuse in the cohort of patients undergoing fertility treatment.
**Recommendation 3**: Seek to raise awareness of the risks of domestic abuse associated with couples undergoing fertility treatment.

Deepak

16.4.8 Deepak's contact with the practices was unremarkable, with initial consultations with the first practice relating to the couples planning a pregnancy. He attended the practice regarding a persistent urology problem, as is evident from the frequency of contact with other agencies that includes NHS111, UHL and SPIRE.

16.4.9 Such was the frequency of contact with NHS111 in 2019, Deepak was at risk of being determined as a high user that would have resulted in greater intrusion by NHS111 and writing to the GP practice. The panel learned that each of these and similar contacts with UHL did result in contact and update from those agencies. In addition, Deepak had multiple contacts with SPIRE, and whilst their systems for engaging with primary care are different, it has been confirmed that they did write to the GP and made a note of an underlying anxiety about his health. This has been explored via the panel representative and it seems that any underlying anxiety was not explored with Deepak, and as noted at 16.5.11 below, there is research that suggests perpetrators presenting symptoms of anxiety are more likely to have experienced or perpetrated domestic

[42] Source: Screening women for intimate partner violence in healthcare settings | Cochrane (Accessed November 2019)
[43] Source: SCAN0589.jpg (irisi.org) (Accessed June 2022)
[44] Source: Quality statement 1: Asking about domestic violence and abuse | Domestic violence and abuse | Quality standards | NICE (Accessed June 2022)

abuse. It is not suggested this was pivotal in this case, rather a point of reflection and opportunity to share learning.

16.4.10 The panel's attention was also drawn to an article entitled 'Mental health and Stress among South Asians' that begins 'Studies increasingly demonstrate that South Asian (SA) immigrants are experiencing high rates of mental health disorders, which often times go unaddressed'.[45] The article continues, "*South Asians with mental health issues commonly interpret their symptoms as physical illnesses and often do not seek needed psychological help. One Canadian study found that even when SAs present psychological difficulties to their primary care physicians, they are often untreated and undiagnosed because they are presented as somatic rather than depressive symptoms*." Whilst, attempting to avoid the counsel of perfection that is hindsight bias, the panel concur that somatization[46] is one plausible explanation for the frequency of contact with health professionals, and that his reported underlying anxiety merited exploration.

**Learning Opportunity (LO5)**: Recognition that repeated presentation across health agencies with physical symptoms as potentially being indicative of somatization as an opportunity to ensure that the causes of reported underlying anxiety are explored with appropriate professional curiosity.
**Response:** *The findings of this review will be shared broadly and across all health professionals.*

**Line of Enquiry (LoE3) - Domestic Abuse Policies, Procedures and Training**

16.4.11 The panel representative explained both practices had a CCG (now ICB) domestic abuse templated policy at the time, and that there is now new guidance available to brief GP practices on what to include in their safeguarding policy. There is also a separate 'Primary Care Safeguarding Quality Markers Tool' (SQMT) available to practices. This enables the GP practice to conduct a RAG (Red, amber, green) assessment of the status of practice response to safeguarding and domestic abuse. The chair was provided with a copy of the SQMT, and it was noted that there is a separate section on domestic abuse. In addition, an associated guide is also available, designed to complement the SQMT spreadsheet. The availability of this assessment is recognised as good practice.

16.4.12 Upon examination of the SQMT tool domestic abuse section, there are six criteria, the first of which refers to risk factors of domestic abuse and enquiring about abuse in pregnant women. It does not specify such enquiry for other potential indicators such as those undertaking fertility treatment. In discussions with the panel representative as to expansion of the tool, the panel were informed that following feedback from GP practices, the SQMT tool is currently being simplified to make more user friendly, and to further encourage its use across all practices. The panel therefore agreed that efforts to raise awareness of the heightened risk of domestic abuse in couples undergoing fertility treatment, such as training already delivered since November 2022 referencing this risk is a proportionate response. (See 16.4.7)

16.4.13 The panel's attention was drawn to Kajri registering at a new GP practice in September 2020. The panel considered whether the completion of a patient questionnaire provided an opportunity to enquire about domestic abuse. The panel learned, that a form GMS1[47] is used for this purpose, and does only includes very brief, non-medical or personal information, and would not afford the opportunity for enquiry about medical conditions or abuse.

16.4.14 The panel representative, also shared a further document, which sets out requirements in respect of the completion of face-to-face Level 3 Safeguarding training, attendance of Safeguarding lead GP, at the GP Forum, and the fact that there is a GP lead in each practice for domestic abuse. Whilst not required for the purposes of this review, this also contained evidence of recent training and awareness for GP's locally that included; - delivery of awareness about domestic abuse and MARAC to 40 GPs (Sept 2021); - domestic abuse presentation on DHR to 54 GPs (Oct 2021); - awareness training around MARAC information sharing to 54 GPs (December 2021). The panel

[45] Source: Mental Health and Stress among South Asians - PMC (nih.gov) (accessed August 2022)
[46] Somatization: the manifestation of psychological distress by the presentation of physical symptoms
[47] Source: GMS1 - GOV.UK (www.gov.uk) (Accessed March 2023)

were also informed that a focus had been placed on domestic abuse since September 2022.This is included to show the energy applied to the subject of domestic abuse locally.

16.4.15 Notwithstanding compulsory safeguarding training, the IMR author suggests, it would be useful to perform an audit to assess if individual staff members understand the markers of domestic violence and what they should do in a practical day to day working setting. An individual agency recommendation has been made in this regard. This proactive response is welcomed and links with the learning opportunity at 16.4.11.

- *We will audit staff members to understand working knowledge of how they should assess safeguarding abuse and what to do in this scenario.*

**Line of Enquiry (LoE4) - Accessing help and Support**

16.4.16 During the covid period, access to GP services was materially affected by carrying out triage consultations such as on the 5th November 2020, before conducting a face-to-face consultation. Otherwise, there were no barriers to accessing services, with GP practices open. There were no language difficulties for either Kajri or Deepak in speaking to the practices.

16.4.17 There was no apparent need for Kajri to be signposted to domestic abuse services, though the details of these agencies are well known to the practice, contained within historic and revised policies.

**Line of Enquiry (LoE7) – Equalities**

16.4.18 The IMR stated that Kajri was known at the local temple, that the panel representative has explored, learning that a member of the GP practice staff knew of Kajri from the temple. On the one hand, this is understandable, but on the other hand may could be a potential barrier in the eyes of a patient to disclosing abuse if they recognised a member of staff from the temple and interpreted this as some form of hypervisibility of her and Deepak as a couple. It seems from friends that Kajri was known at the temple, and it is also known there was familial encouragement to make the marriage work and avoid any embarrassment or worse 'shame' being brought on the family. The panel agree that this cannot be concluded, but is a matter that a local community GP, ought to have regard to in its approach to domestic abuse, seeking to reassure patients that disclosures of abuse are treated with the same level of confidentiality as medical concerns.

16.4.19 The same point in respect of the Public Sector Equality Duty at 16.3.15 also applies.

**Further lines of enquiry**

16.4.20 There is no further relevant information or comment required in respect of the following lines of enquiry; (LoE5) – Impact of Covid, (LoE6).

## 16.5 SPIRE

16.5.1 Kajri attended the hospital on twelve occasions regarding two matters, first relating to fertility and efforts to become pregnant and the second related to her diagnosis of Bels Palsy. The chronology shows that Deepak attended at least one of the gynae consultations, but that he attended at least five of the seven consultations regarding her neurological condition. It was noted that Deepak did have an underlying anxiety and it was also noted that Deepak did all the talking because she was unable to speak, with a potential explanation of a functional disorder that is often associated with a patient with stress, depression, or anxiety. No indications or disclosures of domestic abuse were made on any occasion.

16.5.2 Deepak had eighteen consultations at the hospital regarding two matters, the first relating to urology and the second related to an irritation of his throat. Following investigations into ailments associated with his throat, he also saw a gastric specialist. All matters involved a series of diagnostic testing. The chronology shows that Kajri attended three of the nine appointments that

related to his throat irritation but is not clear about whether she attended any of the other appointments plus the three relating to urology matters.

**Line of Enquiry (LoE1) - Inter-agency working**

16.5.3 Spire only had cause to engage with Kajri and Deepak's GP. After each consultation letters are sent to the patient's GP, updating them regarding the consultation. Whilst Kajri and Deepak attended Spire with specific physical conditions, Spire also noted in a letter to the GP that Deepak had an underlying anxiety regarding his health which exasperates his symptoms.

**Line of Enquiry (LoE2) - Risk Assessment and Response**

Kajri

16.5.4 Whilst the IMR reports that no indications or disclosures of domestic abuse were made on any occasion, the panel are mindful of the analysis at 16.3.7 and 16.3.8 that indicate researched evidence of a heightened risk of domestic abuse for those undergoing fertility treatment. It is a matter of fact that Kajri was not asked about domestic abuse or safety at home, and the same sections of analysis found that NICE guidelines recommend; "Ensure trained staff ask people about domestic violence and abuse, specifically cites ensuring that staff working in the fields of reproductive care ask whether they have experienced domestic violence and abuse and should be a routine part of clinical practice, even where there no indicators of such violence and abuse."

16.5.6 The analysis at 16.3.8 on exploring why such a recommendation reflected on linked matters and noted that "Women with infertility report elevated levels of anxiety and depression, so it is clear that infertility causes stress". This is recognised as potentially important in Kajri's case, to further understand Kajri's perspective. After all, when she was seen by SPIRE regarding her diagnosis of Bels Palsy, she had not yet become pregnant and was possibly still anxious and stressed about this. Moreover, we know from family friends that there were periods of marital strain, which may have added to the broader context as to why Kajri was anxious and stressed. The lesson herein is therefore is that her anxiety and stress may have been associated with potential domestic abuse. This supports the NICE guidelines that include anxiety within the first bullet point of indicators of domestic violence.

16.5.7 Helpfully the IMR author enquired of the two consultants who saw Kajri during this period. The first consultant (Ear Nose and Throat) said '*On my final consultation it was clear that there was* underlying stress and anxiety issues, but they had already seen a neurologist and medication had *been suggested'* before discharging her from his care. This has been confirmed by the panel representative. The second, the neurologist wrote, *'her husband did all the talking as he said she was unable to speak. This appeared to be due to a functional disorder*[48]; her mouth and tongue would contort in a highly variable manner' he continued 'functional disorders are more common in patients with stress, depression or anxiety, although these factors are no means essential to the diagnoses.'

16.5.8 Both consultants have observed that they had not seen anything unusual in the relationship and interactions between Deepak and Kajri. However, there was nothing to suggest in the IMR that enquiries were made as to why she was stressed or anxious. At the chair's request clarification was sought from the consultant who was dealing with her Bels Palsy. They explained," I *asked him if she was worried about anything and he said not, but clearly he would not reveal anything such as marital discord (or worse, domestic violence), and even if her speech was normal, she would have been highly unlikely to disclose anything of that nature with her husband sitting next to her*". This demonstrates a degree of professional curiosity and awareness on the part of the consultant that is welcome, as well as their acknowledging the limitations of the enquiry with the husband present.

[48] Functional Neurological Disorder (FND) is a brain disorder that can encompass a diverse range of neurological symptoms including limb weakness, paralysis, seizures, walking difficulties, spasms, twitching, sensory issues and more. What is Functional Neurological Disorder - FND Action (Accessed May 2022)

**Learning Opportunity (LO2)**: Recognising that women undergoing fertility treatment are at increased risk of experiencing domestic abuse, that such women are more likely to be anxious that is recognised by NICE as an indicator of abuse, and therefore that routine screening for abuse will identify victims of abuse.
**Recommendation 1:** Seek to improve the ability of clinicians to identify domestic abuse for patients undergoing fertility treatment.

Deepak

16.5.9 Whilst there was nothing overt that alerted Spire healthcare as to problems within his relationship, a number of discussion points did arise. First, considering the overall volume of contact with Spire (eighteen), together with his contacts with NHS111 and UHL, suggest that Deepak was anxious about his health. Linked to this, the panel learned of subtle variations in symptoms that tend to support the possibility that he was living with health anxiety, where 'Health anxiety is an obsessive and irrational worry about having a serious medical condition. It is also called illness anxiety and was formerly called hypochondria'[49] . Additionally, an entry on the chronology dated 10th December 2019 states, 'Suspect symptoms exacerbated by stress and anxiety and wife concerned'. There are no notes to indicate that the issue of stress was explored, either stress related to worrying about the condition for which he was being treated, or about other stress that was making the condition worse. His medication 'Esomeprazole' that is used for gastric ulcers was continued.

16.5.10 At the request of the chair, an enquiry was made of the consultant about exploration as to the causes of stress and whilst it was acknowledged he appeared stressed, he did not divulge that he was. This was attributed to his condition and is not uncommon and would not be explored further unless there were obvious clinical concerns.

16.5.11 Examining the above through the lens of a domestic homicide, the panel's attention was drawn to research from 2015/2016 about links between anxiety and abuse. Reportedly, '*Researchers also found that men who used some form of negative behaviour towards their partners were three-to-five times more likely to report symptoms of anxiety than non-perpetrators'*, and in a post it was suggested that, *'Men visiting their GP with symptoms of anxiety or depression are more likely to have experienced or carried out some form of behaviour linked to domestic violence and abuse, according to a new University of Bristol study. Researchers say the findings highlight the need for GPs to ask male patients with mental health problems about domestic abuse'.*[50] The source of this research concludes, '*DVA is experienced or perpetrated by a large minority of men presenting to general practice, and these men were more likely to have current symptoms of depression and anxiety. Presentation of anxiety or depression to clinicians may be an indicator of male experience or perpetration of DVA victimisation.*'[51] This is considered a broad point of reflection, which would benefit from sharing across clinicians and those involved in developing strategy and policy regarding domestic abuse identification and prevention.

**Learning Opportunity (LO6)**: Recognition that anxiety may be an indicator of male perpetration of domestic abuse.
**Response**: *The findings of this review will be shared broadly and across all health professionals.*

16.5.12 The matter of somatization discussed at 16.4.10 also applies to Spire Healthcare.

**Learning Opportunity (LO5)**: Recognition that repeated presentation across health agencies with physical symptoms as potentially being indicative of somatization as an opportunity to ensure that the causes of reported underlying anxiety are explored with appropriate professional curiosity.
**Response:** *The findings of this review will be shared broadly and across all health professionals.*

[49] Source: Source: Health Anxiety (Hypochondria): Symptoms and Treatments (healthline.com) (Accessed April 2022)
[50] Source: Men experiencing or perpetrating domestic violence linked with two to three-fold increase in mental health problems | PolicyBristol Hub (Accessed May 2022)
[51] Source: Occurrence and impact of negative behaviour, including domestic violence and abuse, in men attending UK primary care health clinics: a cross-sectional survey | BMJ Open (Accessed May 2022)

**Line of Enquiry (LoE3) - Domestic Abuse Policies, Procedures and Training**

16.5.13 Spire healthcare is a national company with over forty medical centres/hospitals. They provided an updated DA policy in relation to their staff, including updates under the Domestic Abuse Act 2021. The policy explicitly states the organisation's commitment to developing a culture that recognises that some employees will be experiencing domestic abuse. This is recognised as positive.

16.5.14 Similarly there is a local policy in relation to patients, with a section entitled "Following disclosure/suspicion of domestic abuse". The policy does not presently describe the breadth of signs/symptoms of domestic abuse, save describing the response required to signs of physical abuse. One may argue therefore that, the policy is 'passive' as opposed to 'proactive' with regard to the identification of abuse', with an opportunity to more closely reflect the staff policy, but also quality standard 116 (QS116) of NICE that describes indicators of potential domestic violence or abuse[52] which may prompt further professional curiosity.

16.5.15 Neither does the policy reference 'routine enquiry' or a 'duty to ask'. Whilst discussed elsewhere, the panel also reflected on Recommendation 6 of NICE guidelines around domestic abuse that says, "ensure trained staff ask people about domestic violence and abuse", and specifically mentions those involved in 'reproductive care'.

**Learning Opportunity (LO7)**: To enhance the current domestic abuse policy in order to require routine enquiry by more closely reflecting NICE guidelines.
**Recommendation 1:** Seek to improve the ability of clinicians to identify domestic abuse for patients undergoing fertility treatment.

16.5.16 Upon exploration of training, Spire healthcare reported that all non-clinical staff receive levels 1 & 2 safeguarding training annually and all clinical staff receive at least level 3 training three yearly. Spire also requires that all consultant colleagues undergo level 3 safeguarding training as part of their requirements to work at the hospital.

16.5.17 Local policy also requires all cases of reported or suspected domestic abuse to be noted on their local patient record system, which is followed up at the daily 'huddle' (daily patient management meeting. These are also followed up at weekly rapid response meetings, and subject to further scrutiny within quarterly management reports.

**Line of Enquiry (LoE4) - Accessing help and Support**

16.5.18 Not applicable. Domestic abuse was not identified and is therefore not assessed, though local policies do contain details of agencies of whom to refer to.

**Further lines of enquiry**

16.5.19 There is no further relevant/additional information or comment required in respect of the following lines of enquiry; (LoE5) – Impact of Covid, (LoE6) – Family & Friends, (LoE7) – Equalities. It is however noted that the same point in respect of the Public Sector Equality Duty at 16.3.15 also applies.

## 16.6 Nuffield

16.6.1 During the review process it became apparent that Kajri had seen the one consultant (C1) in relation to facial weakness at both Spire Healthcare and Nuffield. However, she only saw C1, on one occasion at Nuffield in November 2020, and a second consultant (C2) later that month regarding a functional disorder. Whilst an IMR was not completed, a factual report and conversation with a panel representative enabled broad consideration of the lines of enquiry.

[52] Source: Quality statement 1: Asking about domestic violence and abuse | Domestic violence and abuse | Quality standards | NICE

16.6.2 In neither consultation at the Nuffield, did Kajri display any signs of domestic abuse, nor were there any indicators or flags of abuse apparent, that may have alerted the consultants at that time to abuse, or the need to enquire about such abuse. She was with Deepak on both occasions.

16.6.3 In discussion, the panel representative was able to provide details of all the consultants meetings with patients, whether at Nuffield or Spire This is pertinent for a number of reasons. The first point being the accessibility of information regarding patients by both healthcare agencies. This effective sharing of information is undoubtedly essential with consultants working cross agencies. Moreover, the panel representative confirmed all consultations were followed up with information being provided to GPs.

16.6.4 Secondly, it was noted that C1 had made the observation about Kajri having an underlying anxiety on 16th November at Spire Healthcare, which was after she had attended the Nuffield. In other words, this observation was not made working within a subtly different policy environment, where in discussion with the panel representative, it was apparent that there was a Safeguarding Policy that incorporates Domestic Abuse at Nuffield, but that there was no separate policy. The point herein, is that consultants may be seeing patients in different establishments, that operate in accordance with different policies. Whilst it is accepted that Safeguarding Policies may be similar, there are variations and in this case any lessons learned within the environment of Spire Healthcare, would sensibly apply to other environments where the same consultants work. In this case LO2, LO3 LO5, LO6, may arguably benefit from recognition. LO2 in respect of routine enquiry, and LO7 to ensure that policies reflect the need for policies that incorporate such routine enquiry. In the absence of a separate Domestic Abuse policy for patients, it may be beneficial for there to be such a policy or a Safeguarding policy incorporating domestic abuse, that ensures consultants work to consistently in both environments.

**Learning Opportunity (LO8)**: To ensure that Domestic Abuse policies across the private healthcare providers of Spire Healthcare and Nuffield are consistent.
**Recommendation 1:** Seek to improve the ability of clinicians to identify domestic abuse for patients undergoing fertility treatment.

## 16.7 EMAS

16.7.1 The ambulance service completed a short factual report and attended panel meetings and met with the chair outside to clarify certain matters.

16.7.2. The ambulance service had five contacts with Kajri during the relevant period, three of which related to her diagnosis of Bels Palsy, one relating to itchiness and a red face, and the final call relating to feeling dizzy and unwell. Only the first resulted in her attending the emergency department at UHL.

**Line of Enquiry (LoE1) - Inter-agency working**

16.7.3 The first attendance by EMAS (18/06/2020), resulted from a call by DHU/NHS111 owing to her Bell's Palsy and rash. This shows close working between DHU and EMAS

16.7.4 Subsequent calls (18/07/20,19/07/20,09/10/21,25/02/21) were typified by Kajri and Deepak both agreeing to monitor her condition and see the GP the following day, though it is noted that on 19th July, EMAS did offer to take her to see the out of hours GP.

16.7.5 Notwithstanding the general advice about speaking to their GP, there is only evidence of the GP having contact following an ambulance call out on the final call (25/02/21), indicating that her condition may not have deteriorated.

16.7.6 It has been confirmed with EMAS that they informed the GP practice of each contact with her GP. The first three contacts with GP1 (Spinney Hill medical Centre) and the second two with GP2

(Willowbrook Medical Centre). This was done electronically and in accordance with standards procedures.

16.7.7 EMAS along with other ambulance services does not routinely access medical records in advance of attending.

**Line of Enquiry (LoE2) - Risk Assessment and Response**

16.7.8 Although crew felt on each attendance that the Kajri's facial changes and other maladies were due to a medical cause they did consider physical trauma as a differential diagnosis as there is evidence on two occasions (18/06/20,18/07/20) that crew asked Kajri if she had received any trauma to her face which she denied.

16.7.9 The chronology specifically notes that Deepak was present on the second call out, but that family were present on all other occasions except the last call. The chair was informed that work is underway to improve the capturing of information and who was present, regarding cases where there is a safeguarding or domestic abuse concern.

16.7.10 There was no indication from the chronology, nor analysis by EMAS that any signs for Domestic Abuse were missed. It is documented that Kajri was seen alone on one occasion (25/02/21) and she made no disclosure of Domestic Abuse, nor were there any concerns apparent that would have prompted the crew to ask questions about Domestic Abuse on the 25/02/2021.

16.7.11 On exploring 'routine enquiry' with the panel representative, it was explained that in cases of trauma, patients are always asked about 'how the injury occurred', as opposed to asking safety questions, balancing the needs and demands to manage the medical emergency with safeguarding concerns. Where concerns are apparent, technicians and paramedics are encouraged to submit safeguarding alerts in accordance with training summarized at LoE3 below.

16.7.12 Upon exploring whether there was evidence that suggests improved identification of safeguarding and domestic abuse matters, EMAS have recognized they need to build upon the anecdotal reports of more DA referrals, with an evidence base. Work is currently underway introducing a new data system, which will provide an empirical assessment of the volumes of referrals.

**Line of Enquiry (LoE3) - Domestic Abuse Policies, Procedures and Training**

16.7.13 EMAS have embedded safeguarding training since 2010 and have delivered face to face training on Adult and Child Safeguarding which includes Domestic Abuse. At the end of 2019-2020 EMAS were 93% compliant trust wide for safeguarding education.

16.7.14 EMAS report that they ensure that all staff employed are able to recognise and respond appropriately to Domestic Abuse, control, and coercion. Safeguarding education is delivered in a variety of ways promoting a blended approach in a rolling programme over a period of three-year period that includes; - Face to Face; -Work Book; - eLearning package and Reflective supervision. The panel representative informed the chair that all staff must undertake level 3 safeguarding that incorporates domestic abuse.

16.7.15 These training requirements are subject to a number of policies that have been shared with the chair. These include a DA policy related to patients and staff. Moreover, the training policy has recently been updated in line with the DA Act, and EMAS commissioned training by WomensAid to deliver training to all managers. This is recognised as a positive cultural commitment to address domestic abuse.

16.7.16 The panel were also informed about a supplementary Domestic Abuse training session that has been made available to all EMAS staff via the in-house online training e-portal which has been designed specifically for ambulance crews in recognising and responding to domestic abuse.

**Line of Enquiry (LoE4) - Accessing help and Support**

16.7.17 It is noteworthy that in a government publication, "Responding to domestic abuse A resource for health professionals", the foreword by Parliamentary Under Secretary of State for Public Health and Innovation says 'We know that most often it is our health services through GPs, health visitors, midwives, emergency departments, ambulance and sexual health clinical staff who are the first point of contact for people suffering from abuse. Best estimates suggest that at the very least, domestic abuse costs the public services heavily, £4 billion each year with the NHS bearing almost half of this cost'.[53] Notwithstanding the mention of ambulance services, there is no other direct reference within the informative document of the role of ambulance services across the UK.

16.7.18 Notwithstanding the above, EMAS are aware that there are multiple barriers to reporting domestic abuse and have taken a proactive step. They have introduced Domestic Abuse information that is highly visible on all 'De-Fib' bags that are taken into patient's homes. This information encourages patients to speak to ambulance crews and/or contact the national domestic abuse helpline. This initiative is welcomed as good practice.

**Line of Enquiry (LoE5) - Impact of Covid**

16.7.19 This did not cause any impediment to Kajri s needs.

16.7.20 One of the consequences of Covid has been that patient's family members are no longer conveyed with patients to hospitals to prevent the risk of infection. This may be seen as a positive development in certain cases, enabling patients to speak freely with ambulance staff.

**Line of Enquiry (LoE6) - Family and Friends**

16.7.21 Kajri was seen alone on one occasion only, and there is no information to suggest that the presence of anyone else has hindered Kajri accessing help. Agreements to wait and see how conditions progressed or see the GP, were done on the basis of agreement with Kajri on each occasion.

**Line of Enquiry (LoE7) – Equalities**

16.7.22 There is no information to suggest that any of the protected characteristics played any part in the quality of service delivered by EMAS. The chair notes the EMAS website specifically cites Equality on its website.[54]

## 16.8 Leicester City Council – Revenues and Customer Support

16.8.1 Kajri and Deepak had limited contact with the council about their council tax and unrelated matters. One contact with regard to seeking a discount associated with Deepak studying at a local University, and the second regarding a discount associated with the covid pandemic.

16.8.2 The first contact was made by Kajri who explained that Deepak was a student at DeMontfort University, and the records showed that Deepak called to advise the council that the certificate had been sent, and the relevant discount was then applied. The second contact was Deepak was made by Deepak and the relevant discount applied.

16.8.3 These contacts are considered transactional in nature, and the panel agreed did not provide further opportunity to consider the lines of enquiry, save the impact of Covid and to consider the broader context of any financial pressure on the couple. In this regard, the application for a discount was April 2020, shortly after the start of Covid lockdown on the basis of a reduced income into the household. It is a matter of fact that in the months that followed, the couple attended private healthcare appointments, suggesting that financial concerns may not have been a matter of great concern for them. However, it has not been possible to gain an understanding of their financial situation and therefore draw any wider conclusions in this regard.

[53] Source: DometicAbuseGuidance.pdf (publishing.service.gov.uk) (Accessed May 2022)

[54] Source: Equality and diversity | East Midlands Ambulance Service NHS Trust (emas.nhs.uk) (Accessed May 2022)

## 16.9 Splendental

16.9.1 Kajri was seen on two occasions. The only details recorded relate to the transactional dental work undertaken, that was paid for as a private patient. Records did not show whether Deepak was present.

16.9.2 There was nothing unusual of note in relation to dental treatment provided.

16.9.3 Whilst information available was limited from the practice, the chair was supplied with the current Safeguarding policies. These did not specifically reference domestic abuse, suggesting an opportunity to ensure that dental safeguarding policies include domestic abuse.

16.9.4 In a Public Health England publication "Safeguarding in general dental practice A toolkit for dental teams", it specifically talks about domestic abuse providing details of a case study that stated "During the investigation, Baby L's mother disclosed that the only health care professional she had confided in about the domestic abuse was her dentist"[55] Whilst it is not suggested Kajri had signs of abuse when visiting the dentist, this guidance includes specific signs to look for in dental patients and practice advice for response.

16.9.5 The panel therefore noted the Public Health Guidance, as good practice that merits highlighting when sharing the learning of this review in order to raise the profile of domestic abuse in the clinical environment of dentists, via clear policies that talk about domestic abuse, and set expectations in terms of reporting or signposting.

**Learning Opportunity (LO9)**: To raise the profile of domestic abuse by encouraging dental practices to ensure safeguarding policies specifically reference domestic abuse.
**Recommendation 4:** Community Safety Partnership seek to raise the profile of domestic abuse and the role of dental clinicians in identifying abuse, to share the learning of this review and the Public Health Guidance "Safeguarding in general dental practice A toolkit for dental teams"

## 16.10 DeMonfort University

16.10.1 Deepakl was a registered student at De Montfort University from September 2018 to March 2020. There were no complaints, concerns or incidents relating to this student, nor records of him accessing any wellbeing/welfare support.

## 16.11 The Community Safety Partnership Approach to Domestic Abuse

16.11.1 Leicester City Community Safety team has throughout this review been able to provide in-depth information relating to domestic abuse, as well as exceptional support to the process. The commissioning of a comprehensive needs analysis and a report entitled 'DVSA under-reporting of abuse by British Asian Indian women in Leicester' (June 2021) has proven invaluable in scene setting and informing this review. Moreover, the chair would cite the local DHR practices as being 'best practice,' with clear guidance, clear policies and decision-making protocols, effective and secure information management systems that compare well with other community safety partnerships across England.

16.11.2 Upon exploring the framework/system for addressing domestic abuse, Leicester City does not have a stand-alone domestic abuse strategy, and it is understood that it will work to develop a sub-regional VAWG strategy with Leicestershire and Rutland. The ongoing partnership work for Leicester sits under 4 key priorities of; -People experiencing multiple disadvantage; -Serious violence and exploitation; -Localities and Community cohesion. Under each of these priorities are a number of delivery themes that include 'Domestic and Sexual violence.' Upon further exploration, further commitment to tacking domestic abuse is evidenced by initiatives such as; -

[55] Source: Safeguarding in general dental practice: a toolkit for dental teams (publishing.service.gov.uk) (Accessed January 2023)

a local 'Scrutiny and reference Group' for domestic abuse where survivors contribute to commissioning discussions; - supporting and working with community groups; - development of a range of communications/engagement material; commissioning a 'by and for' refuge accommodation service.

16.11.3 It was noted that the local area, Leicester City has also put in place its own local Domestic Abuse Safe Accommodation Strategy in accordance with the DA Act, and the panel discussed the merits of an overall stand-alone DA Strategy. The panel expressed the view that this would be beneficial, ensuring that the local needs of Leicester City's community as reflected by local research is addressed within that strategy and associated plans.

**Learning Opportunity (LO10)**: Leicester City to ensure its needs are reflected in developing the overall strategic approach and planned response to domestic abuse.
**Recommendation 5:** Ensure that Leicester City's bespoke needs are reflected within any new strategy addressing domestic abuse, weighing up the benefits of incorporating the strategy into a sub-regional approach or a stand-alone Leicester City approach.

# 17. CONCLUSIONS AND LESSONS LEARNED

## 17.1 Conclusions

17.1.1 The chair and panel are mindful of 'Hindsight Bias', highlighting what might have been done differently and avoiding the 'counsel of perfection'. This review panel has attempted to view as broadly as possible what happened, to understand the circumstances of Kajri's and Deepak's lives to help explain the circumstances of her death. Regrettably, the family has not engaged with the review process, though the chair was able to speak to family friends who were able to shine a light on Kajri and her marriage to Deepak.

17.1.2 Kajri's homicide is tragic; her family has lost a daughter and a sister. Her homicide has robbed her of the opportunity to have a long and fulfilling life and to have her own family, leaving a void for her family and in the community.

17.1.3 It is apparent that the marriage was not happy, beset with challenges from the start and with arguments early on. [redacted] There is no doubt in the minds of the panel, that culture, and the influence of family and community played a part in the efforts to maintain marriage. Moreover, these same influences are highly likely to have acted as a barrier to disclosure to abuse by Kajri or a third party. Academic articles and references from domestic abuse specialists support this conclusion.

17.1.6 There was not a trail of domestic violence that was disclosed to agencies, and yet the descriptions of arguments at the outset of the marriage and evidence revealed during trial revealed Deepak had been physically aggressive to Kajri on at least two occasions, potentially strangling her whilst in India before planning her brutal murder.

17.1.7 Whether or not, there were any overt signs of abuse, Kajri was not asked by any medical professionals about domestic abuse, and the panel learned that ongoing fertility treatment is a particularly anxious time, and research has shown this gives rise to a heightened risk of abuse. Given the extensive contact with health professionals during this time, NICE guidance about routine enquiry, where anxiety features, the panel agree there were missed opportunities to ask Kajri about her safety.

17.1.8 The panel did consider whether there was evidence of economic abuse, but the police reported this had been examined, finding that Kajri was financially independent, with her own bank account. The panel considered whether interactions with the council 'Revenues and Customer

Support' in respect of council tax shed any light on the economic situation and concluded they did not. Whilst friends suggest the couple were reliant on Kajri's parents' prosperity, it has not been possible to conclude if Deepak perpetrated economic abuse or other controlling behaviour.

17.1.9 [redacted]

17.1.10 With regard to the events leading up to the homicide, it is not suggested that events were predictable, but the panel identified triggers that may be associated with the theory of a homicide timeline. These include separation; the threat of financial ruin, as it is understood that he was dependent on the generosity of the family; the physical health of both parties and at the point of the final act and the fact he staged a missing person report. There is nothing to support the notion that he just 'snapped,' conversely evidence heard at court indicated planning in what the judge described as an execution.

17.1.11 During the course of the review, the panel did learn that Deepak was an anxious person, and that there is research to suggest there is a heightened risk of domestic abuse of those living with anxiety to be a victim of or perpetrate abuse. It is <u>not</u> concluded any professional could have made the leap that an anxious person will commit homicide, rather this research is noted as an opportunity to improve understanding of risk.

17.1.12 The characteristics of Kajri's sex, race, religion and attempts to become pregnant were all factors in this review. Kajri was female, and an analysis of DHRs and domestic abuse shows women are disproportionately represented as victims. She was of South Asian origin and research showed that ethnicity matters in terms of being a risk of homicide and as predictor of domestic abuse. (See 11.8). She was also Hindu, and research (See 11.13 & 11.14) shows barriers to disclosure reflected in the accounts of friends. Whilst not pregnant, studies showed the increased risk of exposure to violence to those who cannot bear children (See 16.1.10). This does not suggest events were predictable, but the importance of recognising the intersection of these factors.

17.1.13 Similarly, the review does not suggest that domestic abuse is more prevalent in the South Asian Indian community, rather recognising the challenge was around barriers to survivors in seeking support from that community. This is supported by the local needs assessment that reported *"Overall, UAVA victim population reflects the census proportions in terms of those which are black or minority ethnic. Underneath that umbrella view, referrals to IDVA and Outreach show lower referrals from those from an Asian Indian background, compared to the census population."*[56]

## 17.2 Lessons Learned

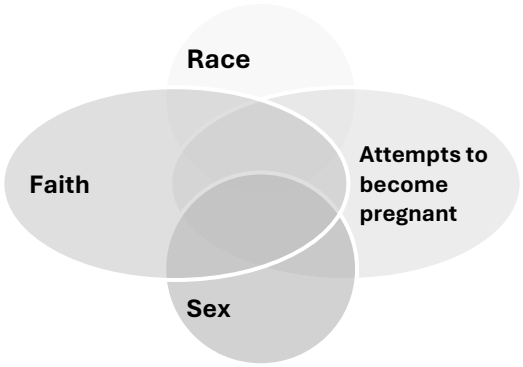
<u>Barriers to disclosing/seeking help – Culture (LO1)</u>

17.2.1 It is recognised that Kajri's culture is an important feature of this homicide review. The marriage was arranged, and they remained in that marriage despite difficulty. The panel learned of familial encouragement to make the marriage work, and learned from research internationally, nationally, and locally that there remain issues of shame and dishonour in separation. This indicates the need to continue to work with communities to raise awareness, break down barriers to disclosing abuse and provide culturally sensitive services. It was noted that in Leicester a specific BAME 'by and for' service is commissioned for refuge provision, which may merit exploration for future community services.

<u>Intersectionality</u>

[56] Source: Domestic Abuse Needs Assessment for Leicester 2021

17.2.2 The characteristics of Kajri's sex, race, religion and attempts to become pregnant were all factors in this review.




17.2.3 The fifth panel meeting in September 2022 was entitled a 'Cultural Insight Panel' where local and national specialists were invited, to test the panel's thinking and research. The panel concurred with the conclusions above (17.2.1) and the relevance of research cited.

17.2.4 The panel recognised the possibility that the overlaying of a number of social characteristics risks intersectionality, that is that various social identities contribute to systemic discrimination[57], and agencies should be alert to this potential.

17.2.5 The advice given to the panel was (a) not to consider a recommendation for further research, as there was more than enough national and local information to act upon, and (b) focus on activity that address the barriers to South Asian women reporting abuse. To that end, a final learning opportunity about building upon research to address the barriers to South Asian women seeking support was agreed.

**Learning Opportunity (LO11):** Build upon findings of this review and local research indicating barriers to South Asian Indian survivors of domestic abuse seeking/accessing support.
**Recommendation 6:** Use the learning from this review, national and local research to address the barriers to South Asian survivors seeking support and thereby increase the numbers accessing such support.

Barriers to disclosing/seeking help – Screening (LO2, LO3, LO4)

17.2.6 The panel considered the extent of routine screening, and identified opportunities to recognise indicators of domestic abuse, which may act as a prompt for making routine enquiry. In Kajri's case, it was acknowledged that she had an underlying anxiety that is one of the first indicators of domestic abuse listed within NICE guidelines (17.3.7). The panel, then learned that those undertaking fertility treatment were at a heightened risk of domestic abuse (16.3.8) and that NICE guidance recommends that those involved in reproductive care ought to ask about domestic abuse even where there are no indicators of abuse.

Policy on enquiring about domestic abuse (LO2, LO4, LO6, LO8, LO9)

17.2.7 Linked with observations in respect of 'routine enquiry', the panel identified opportunities to strengthen the local approaches to domestic abuse in health environments, requiring enquiry of patients (potential survivors) when presented with indicators such as anxiety or undergoing fertility treatment. The review also identified that domestic abuse was not mentioned within safeguarding policy for the dental practice that Kajri attended.

17.2.8 An opportunity was also identified to raise the status of domestic abuse, by citing it within the organisational codes of practice for the Human Fertilisation & Embryology Authority, as an alternative or in addition to the words 'violence or serious discord' in family relationships.

[57] Source: https://www.dictionary.com/browse/intersectionality (Accessed January 2020)

Professional Curiosity (LO3)

17.2.9 Both Kajri and Deepak had multiple contacts with medical professionals, and it was noted for both that there was an underlying anxiety. In Deepak's case, it was also noted that Deepak presented with a variety of symptoms, which may have been an indication of somatization. Notwithstanding this, it is a matter of fact that an underlying anxiety was acknowledged, but that the causes of which were not explored, rather associated as being associated with worries about their particular maladies. In other words, a missed opportunity to apply greater professional curiosity.

Anxiety associated with domestic abuse (LO2, LO6)

17.2.10 Whilst anxiety is an indicator of abuse as per NICE guidelines for potential victims of abuse, research showed an association with the perpetration of abuse. This is included for completeness and does not explain the pre-meditated homicide.

Strategic Approach (LO10)

17.2.11 The review identified that Leicester City does not benefit from a stand- alone Domestic Abuse or VAWG strategy, though is working to develop a sub-regional VAWG strategy with Leicestershire and Rutland. Whilst Leicester City does benefit from a stand-alone Safer Accommodation Strategy, the panel agree that Leicester City's bespoke needs may be better served by a stand-alone local DA / VAWG strategy.

### 17.3 Good Practice

Leicester City Council
In June 2021, a local report "DVSA under-reporting of abuse by British Asian Indian women in Leicester" [58] was published that shines a light on the experience of local South Asian women. The commissioning of this report is identified as good practice.

UHL
IDVA provision at hospitals is recognised as good practice and welcomed.

GP
The availability of a 'Primary Care Safeguarding Quality Markers Tool' (SQMT) for GP practice to conduct a RAG (Red, amber, green) assessment of the status of practice response to safeguarding and domestic abuse is seen as good practice.

EMAS
EMAS are showing themselves to be domestic abuse aware, by display of DA stickers/emblems on all their kit bags.

## 18. RECOMMENDATIONS

### 18.1 Local Single Agency Recommendations

IMR authors identified recommendations that should be implemented internally. If an agency is not listed, then no recommendations were made.

#### 18.1.1 GP Practice

Whilst staff are required to complete safeguarding training (including domestic violence training), and our processes direct all staff members to domestic violence process/workflows, it would be useful to perform an audit to assess if individual staff members understand the markers of

[58] Source: DVSA under-reporting of abuse by British Asian Indian women in Leicester, Zinthiya Ganeshpanchan 9th June 2021

domestic violence and what they should do in a practical day to day working setting. We will audit staff members to understand working knowledge of how they should assess safeguarding abuse and what to do in this scenario. A Microsoft Teams form will be generated asking staff across the organisation to complete.

Upon completion, we will arrange a virtual training session covering domestic violence markers and themes so this policy can be embedded into practice. We will aim to give participants of the session a post-training feedback audit to determine if it aided participants in putting policy into practice.

## 18.2 Panel Recommendations

**Recommendation 1:** Seek to improve the ability of clinicians to identify domestic abuse for patients undergoing fertility treatment. (UHL, GP, SPIRE, Nuffield))

*It is noted that in addressing this recommendation, policy changes will be required, along with addressing training needs that result. See action plan.*

**Recommendation 2:** Home Office to encourage the Human Fertilisation & Embryology Authority to amend the Codes of Practice to refer to domestic abuse specifically when considering the welfare of unborn children. (Home Office)

**Recommendation 3**: Seek to raise awareness of the risks of domestic abuse associated with couples undergoing fertility treatment. (GP)

**Recommendation 4:** Seek to raise the profile of domestic abuse and the role of dental clinicians in identifying abuse, to share the learning of this review and the Public Health Guidance "Safeguarding in general dental practice A toolkit for dental teams" (CSP)

**Recommendation 5:** Ensure that Leicester City's bespoke needs are reflected within any new strategy addressing domestic abuse, weighing up the benefits of incorporating the strategy into a sub-regional approach or a stand-alone Leicester City approach. (CSP)

**Recommendation 6:** Use the learning from this review, national and local research to address the barriers to South Asian survivors seeking support and thereby increase the numbers accessing such support. (CSP)

**Recommendation 7**: The Community Safety Partnership should ensure the learning points from this review are disseminated widely and incorporated within domestic abuse practice development.

(CSP)

**APPENDIX A: Terms of Reference**

# Terms of Reference for the Kajri Domestic Homicide Review (v1.0)

## 1. Introduction

1.1 Leicester's Community Safety Partnership, known locally as the Community Safety Partnership (CSP), uses Domestic Homicide Reviews (DHRs) as a management tool to identity opportunities for learning that reduce the risk to potential victims of such homicides.

1.2 The purpose of a DHR is not to assign blame or responsibility, but to learn lessons and improve policies and practice at a local and national level. This undertaking should allow a free flow of information, cooperation, and improved outcomes for potential victims.

1.3 The legal requirement for DHRs is set out under Section 9(3) of the Domestic Violence, Crime and Victims Act (2004).

1.4 DHRs will use the cross-government definition (Part 1 of the Domestic Abuse Act 2021) of domestic abuse as a framework for understanding domestic violence and abuse.

1.5 Each DHR, its' process and the resulting report products are the responsibility of the Community Safety Partnership (CSP). This partnership fulfils the statutory duties under the 1998 Crime and Disorder Act and subsequent legislation.

1.6 The nominated agencies will share all information in accordance with section 115 of the Crime and Disorder Act 1998 and do so without prejudice.

## 2. Terms of Reference

2.1 The Panel will examine how effectively Leicester City's statutory agencies and non-Government Organisations worked together in their dealings with the deceased and the alleged perpetrator in this case.

## 3. Purpose

3.1 The Panel aims to:

a) Review the involvement of each individual agency, statutory and non-statutory, with:
   - Kajri
   - Deepak (the Husband of the Deceased/Alleged Perpetrator)

   between the dates of 04/03/2018 (3 years prior to the date of the death) and March 2021 inclusive.
b) Summarise agency involvement prior this time period where relevant.
c) 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;
d) 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;
e) Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;

f) 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;
g) Contribute to a better understanding of the nature of domestic violence and abuse; and
h) Highlight good practice
i) Ensure that the review is completed in a timely manner and highlight potential slippage to the CSP DHR subgroup.

## 4. Lines of Enquiry for the Review

**4.1 Inter-agency working**

a) Analyse the communication, procedures, and discussions, which took place within and between agencies.
b) Analyse the co-operation between different agencies involved with any of the above named

**4.2 Risk Assessment and Response**

c) Analyse the opportunity for agencies to identify and assess domestic abuse risk of homicide or serious injury.
d) Analyse agency responses to any identification of domestic abuse issues.
e) Analyse organisations' access to specialist domestic abuse agencies.

**4.3 Domestic Abuse Policies, Procedures and Training**

f) Analyse the policies, procedures, and training available to the agencies involved on domestic abuse issues.

**4.4 Accessing help and Support**

g) Analyse any evidence of help seeking, as well as considering what might have helped or hindered access to help and support.
h) Consider to what extent language needs may have impacted on engagement and service provision

**4.5 Impact of Covid**

i) Consider whether and how Covid 19 may have impacted on the ways in which services were available, were offered, or were delivered to Kajri and Deepak

**4.6 Family and Friends**

j) Analyse the role of the family in enabling or hindering Kajri's ability to secure help or support.
k) Analyse the role of friends in enabling or hindering Kajri's ability to secure help or support.

**4.7 Equalities**

The Panel will consider all protected characteristics (as defined by the Equality Act 2010) of the above-named individuals (age, disability (including learning disabilities), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation) and will also identify any additional vulnerabilities as necessary.

l) Analyse the extent to which faith played a part in Kajri's ability to identify and secure support.
m) Analyse the extent to which the couple's arranged marriage was a factor that may have contributed to any domestic abuse risk factors.

4.8 Additional lines of enquiry may be identified in the course of the review. These will be added to this Terms of Reference document as they arise.

## 5. Confidentiality, disclosure, and information sharing

5.1 All parties will be bound by a confidentiality and information sharing protocol [insert hyperlink here when available] as defined in the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006), which each Panel member will be required to sign.

## 6. Principal responsibilities

- Establish chronological order of events.

- Analyse organisational links within the partnership
- Assess the quality and quantity of available information from across the partnership.
- Examine the effectiveness and suitability of relevant protocols.
- Critically evaluate partnership working practice

## 7. Process

7.1 The DHR process will be determined by national statutory guidance and the local DHR Protocol, which is available at this link.

## 8. Chairing

8.1 The independent chair for this review is Mark Wolski of Foundry Management Consulting, who will drive the DHR process, lead the panel and draft the final reports and recommendations to the CSP.

8.2 In brief, the independent chair will:

- Chair the Panel.
- Oversee the DHR process, liaising with the DHR Officer and an administrator as necessary.
- Ensure that family members are offered the opportunity to take part in the review process initially, and then updated at regular intervals on progress throughout the process.
- Quality assure the approach and challenge agencies where necessary.
- Produce the Overview Report and Executive Summary by critically analysing each agency involvement in the context of the established terms of reference.

8.3 It will be the responsibility of the independent chair to ensure contact is made with any other parallel process if these are identified during the DHR process.

## 9. Panel membership

9.1 Panel members must be independent of any line management of staff involved in the case and must be sufficiently senior to have the authority to commit on behalf of their agency to decisions made during a panel meeting.

9.2 Proposed standing membership of Panel:

| Organisation | Role | Name of Panel Member |
|---|---|---|
| Leicestershire Police | Serious Case Review Partnership Manager | Chris |
| University Hospitals of Leicester | Head of Safeguarding | Michael |
| Panahghar Safehouse | Executive Director | Sandra |
| Integrated Care Board | Safeguarding Manager | Carol |
| Nuffield Health | Safeguarding Lead | Caroline |
| Derbyshire Healthcare United | Lead Nurse - Safeguarding Adults | Julie |

| | | |
|---|---|---|
| Spire Healthcare | Deputy Director of Clinical Services | Kimberley |
| East Midlands Ambulance Service | Head of Safeguarding | Lucy |
| Leicester City Council | Manager of the Domestic & Sexual Violence Team | Stephanie |

9.3 Deputies to the agreed panel members are not preferred, to ensure continuity.

9.4 The Review Panel will include the following service as an expert/advisory panel member as standard, to ensure appropriate consideration to the identified characteristics and to help understand crucial aspects of the homicide:

- Free from Violence and abuse FREEVA (formally United Against Violence and Abuse (UAVA))
- Domestic & Sexual Violence Team (Leicester City Council)
- Panahghar Safehouse (as the deceased and the alleged perpetrator are of BME origin).

9.5 It will be the responsibility of the independent chair to ensure contact is made with any other parallel process if these are identified during the DHR process.

## 10. Roles of panel members

- Ensure case records are secured immediately.
- Appoint a person to produce the Individual Management Review (IMR) report and / or other reports requested. This person must not be anyone involved in the case, or the line manager of a staff member involved.
- Quality-assure the IMR report.
- Feedback and debrief staff on completion of the IMR report.
- Ensure timely and comprehensive response from organisations.
- Offer constructive challenges.
- Further feedback and debrief on completion of overview report, prior to publication.
- Agree and implement relevant parts of action plan.

## 11. Roles of Agency IMR authors

- Draw up a chronology.
- Interview staff involved with case. Make written record and share back.
- Forward relevant evidence to the disclosure officer for the criminal case.
- Draw together and analyse information and produce IMR report.
- Attend a panel meeting to discuss findings.

## 12. Family involvement

12.1 The DHR will:

- seek to involve the family of both the victim and the perpetrator in the DHR process.
- take account of who the family wishes to have involved as lead representative.
- identify other people they think relevant to the DHR process.
- keep family members informed, if they so wish, throughout the DHR process.
- be sensitive to family members' wishes and their need for support.

## 13. Governance

13.1 The CSP's DHR subgroup will monitor the process via its' monthly progress reporting system and will sign off the final report before it goes to the Chair of the CSP for permission for submission to the Home Office.

## 14. Support

14.1 Support to the Chairperson and the review process will be provided by the DHR Officer and an administrator, who will arrange meeting spaces, refreshments, and a minute taker.

14.2 The Manager of the Domestic & Sexual Violence Team will support the Panel with information on local specialist commissioned services and partnership arrangements.

## 15. Frequency

15.1 The timetable for the review will be discussed at the first panel meeting.

## APPENDIX B – CONTACT WITH FAMILY

| Date and time of contact (or attempt) | Name and relationship to victim of individual contacted | Mode of contact (Phone, email, text etc.) | Outcome of contact |
|---|---|---|---|
| 05/08/2021 | Brother and parents | Letter from chair | No response |
| 04/11/2021 | Brother | Letter | No response |
| 09/11/2021 | Brother | Email | No response |
| 14/11/2021 | Brother | Phone call | Recalls receiving letter. Stated not convenient. |
| 24/11/2021 | Brother | Email | No response |
| 24/11/2021 | Brother | Text | No response |
| 30/11/2021 | Brother | Family liaison officer | Son wants to leave this at present and wait until after Christmas |
| 05/01/2022 | Brother | Email | No response |
| 19/01/2022 & 20/01/2022 | Brother | Email with FLO | FLO says he didn't mention in recent contact. Agrees to speak to him |
| 28/01/2022 | Brother | Email from FLO | FLO has texted son. No response. |
| 31/03/2022 | Brother | Letter | No response |
| 15/05/2022 | Brother | Email | No response |
| 02/07/2022 | Brother | Email | No response |
| 09/09/2022 | Brother | Email | No response |
| 08/06/2023 | Brother | Email by CSP | No response to further follow ups by CSP |
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## APPENDIX C – DHR ACTION PLAN

| Recommendation | Scope | Action to take | Lead Agency | Key Milestones achieved | Dates achieved |
|---|---|---|---|---|---|
| **Recommendation 1.1:** Seek to improve the ability of clinicians to identify domestic abuse for patients undergoing fertility treatment. | Local | Learning from the DHR to be discussed at the Trust's Safeguarding Assurance Committee (SAC).<br><br>Meeting to be held with the relevant Clinical Management Group's senior leaders (re Fertility Services) to discuss the learning and commence scoping potential practice improvements.<br><br>Once practice improvements have been identified, liaise with local DA specialists to discuss ways of safely implementing the agreed practice improvements.<br><br>Facilitate any necessary training / guidance for the specific service.<br><br>Develop written guidance / pathway / flowchart for the service area based on the agreed improvement actions.<br><br>CMG to audit compliance with service improvements / guidance following implementation. | UHL | Learning shared<br><br>Practice improvements identified.<br><br>Training / guidance facilitated.<br><br>Written guidance completed.<br><br>Audit of improvements | April 23<br><br>June 23<br><br>July 23<br><br>July 23<br><br>July 23 |
| **Recommendation 1.2:** Seek to improve the ability of clinicians to identify domestic abuse for patients undergoing fertility treatment. | Local | <u>Agree and change policy</u> to introduce routine enquiry on presentation of health indicators as per NICE guidelines (QS116) and those undergoing fertility treatment.<br><br>Implement policy.<br><br>Devise Domestic Abuse Training Programme to include focus on recognition of health indicators and professional curiosity. | Spire | Policy Agreed<br><br>Policy published.<br><br>Training Devised | April 23<br><br>June 23<br><br>July 23 |

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| | | Deliver Training to all clinicians/ health staff.<br><br>Implement routine enquiry.<br><br>Monitor outcomes/outputs | | Training delivered.<br><br>Commence monitoring | July 23<br><br>July 23 |
| **Recommendation 1.3:** Seek to improve the ability of clinicians to identify domestic abuse for patients undergoing fertility treatment. | Local | Agree and change policy to introduce routine enquiry on presentation of health indicators as per NICE guidelines (QS116) and those undergoing fertility treatment.<br><br>Implement policy.<br><br>Devise Domestic Abuse Training Programme to include focus on recognition of health indicators and professional curiosity.<br><br>Deliver Training to all clinicians/ health staff.<br><br>Implement routine enquiry.<br><br>Monitor outcomes/outputs | Nuffield | Policy Agreed<br><br>Policy published.<br><br>Training Devised<br><br>Training delivered.<br><br>Commence monitoring | April 23<br><br>June 23<br><br>July 23<br><br>July 23<br><br>July 23<br><br>Latest update provided – April 2025 |
| **Recommendation 2:** Home Office to encourage the Human Fertilisation & Embryology Authority to amend the Codes of Practice to refer to domestic abuse specifically when considering the welfare of unborn children. | National | Overview report sent to Home-office for action | Home Office | | April 23 |
| **Recommendation 3**: Seek to raise awareness of the risks of domestic abuse associated with couples undergoing fertility treatment | Local | The ICB Safeguarding Team delivery of the Safeguarding Domestic Abuse Briefing to GP 's contains key learning that recognises health | ICB Safeguarding Team | Completed | May 2023 |

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| | | indicators/presentations (includes the example of infertility) that are potentially indicative of domestic abuse and reinforces that they lower the threshold at which they question the patient about any experience of domestic abuse.<br><br>The ICB Safeguarding Team delivery of GP Safeguarding Adults Training (Level 3) includes the indicators of domestic abuse identified in NICE Guidance 2016. | | Completed | May 2023 |
| **Recommendation 4:** Seek to raise the profile of domestic abuse and the role of dental clinicians in identifying abuse, to share the learning of this review and the Public Health Guidance "Safeguarding in general dental practice A toolkit for dental teams" | Local | Identify all local dental practices.<br><br>Draft letter from chair of CSP, sharing learning from the review and PH guidance, and inviting them to ensure domestic abuse is reflected in their safeguarding policies.<br><br>Send letter along with link to FHR report and Public Health Guidance | | Dental practices identified.<br><br>Letter drafted.<br><br>Papers sent | April 2023<br><br>April 2023<br><br>December 2023 |
| **Recommendation 5:** Ensure that Leicester City's bespoke needs are reflected within any new strategy addressing domestic abuse, weighing up the benefits of incorporating the strategy into a sub-regional approach or a stand-alone Leicester City approach. | Local | Raise at the Leicester DHR subgroup.<br><br>Options and Recommendations to ensure local needs addressed within strategy.<br><br>Options to ensure Leicester City domestic abuse needs and strategic approach are agreed at the Community Safety Partnership<br><br>The sub-regional VAWG strategy and action plan is appropriately incorporates local need OR, a separate Leicester City Policy is introduced. | CSP | Raised at CSP DHR subgroup.<br><br>Options/Recommendations produced.<br><br>Presented at CSP<br><br>Strategy published. | July 2023<br><br>Sept. 2023<br><br>October 2023<br><br>December 2023 |

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| **Recommendation 6:** Use the learning from this review, national and local research to address the barriers to South Asian survivors seeking support and thereby increase the numbers accessing such support. | Local | Bring together the learning from this review, local research including the Needs Assessment and the report 'DVSA under-reporting of abuse by British Asian Indian women in Leicester' to a partnership Task and Finish Group.<br><br>Devise partnership plan to deliver including a parameter of (Ensure that faith leaders from the local South Asian Indian community are informed of the findings of this review, DHR Hanita and research, and invited to form part of the task and finish group and/or feen into that group ideas to break down barriers. (Via T & F Group)<br><br>Action Plan implemented.<br><br>Monitor outputs/outcomes. | CSP | Findings presented at T & F group.<br><br>Plan devised.<br><br>Plan implemented.<br><br>Review and compare numbers accessing services | April 23<br><br>May 23<br><br>June 23<br><br>May 24 |
| **Recommendation 7:** The Community Safety Partnership should ensure the learning points from this review are disseminated widely and incorporated within domestic abuse practice development | Local | DHR findings presented to CSP and local Safeguarding Partnerships<br><br>Overview report and Appendix D are used to share learning via communications plan.<br><br>DHR overview report, executive summary is published. | CSP | Findings presented.<br><br>Communications delivered.<br><br>Publish report. | August 23<br><br>Sept 23<br><br>September 2025 |

## 1. Domestic Homicide Review

Community Safety Partnership commissioned this DHR following the homicide of Hassan in March 2021.

## 2. Case Summary

Kajri was aged 29 at the time of her homicide. She was of South Asian Indian origins and came to the UK aged 12. Deepak was aged 28 at the time he murdered Kajri and is also of South Asian Indian origins. He came to the UK in the summer of 2017, following their arranged marriage in in December in in India

In March 2021, Kajri's brother became aware that Deepak had phoned his mother and asked if Kajri was at the house, as he could not find her. She was not there, and Aarav reported his sister missing. In the early hours the following day, two members of the public found Kajri body lying on the pavement. Police were notified and Deepak was arrested. He was charged with murder. In October 2021, he was sentenced at Leicester Crown Court to life imprisonment.

## 3. The Facts – an overview

Leicester is the 25th most deprived area of 324 Local Authority areas and life expectancy for men and women is lower than the England average. The ward where Kajri and Deepak lived has higher levels of deprivation than the Leicester average.

Census data in 2011 showed that Hindu was the 4th highest declared religion, after Christian, no religion and Muslim.

In March 2021, Kajri's brother became aware that Deepak had phoned his mother and asked if Kajri was at the house, as he could not find her. She was not there, and Aarav reported his sister missing. In the early hours the following day, two members of the public found Kajri body lying on the pavement. Police were notified and Deepak was arrested. He was charged with murder. In October 2021, he was sentenced at Leicester Crown Court to life imprisonment.

According to friends, the marriage was beset with difficulties from the outset with numerous arguments and Deepak reportedly wanting to end the marriage. It was apparent to the friends, that there was family & community influence for the couple to make the marriage work.

The panel learned from national and local research, that there are significant barriers to disclosing abuse and seeking help to the South Asian Indian community.

Whilst there were no allegations of abuse made, both Kajri and Deepak had significant contact with health professionals, related to a variety of health conditions, and in relation to fertility treatment. This included contact with NHS111, the local hospital emergency department, fertility services and GP.

It was apparent to professionals that both Kajri and Deepak were living with a degree of anxiety, that in the context of trying ng for a baby and other health issues can be stressful. However, the panel also learned that anxiety is one of key indicators cited within the NICE guidelines that should be considered to prompt enquiry about domestic abuse.

## 4. Learning Points

Barriers – Culture: It is recognised that Kajri's culture is an important feature of this homicide. The marriage was arranged, and they remained in that marriage despite difficulty. The panel learned of familial encouragement to make the marriage work, and learned from research internationally, nationally, and locally that there remain issues of shame and dishonour in separation, that may have acted as barriers to Kajri disclosing and/or seeking help.

Intersectionality: The characteristics of Kajri's sex, race, religion and attempts to become pregnant were all factors in this review, that risk intersectionality that agencies need to be alert to.

Barriers – Screening/Enquiry: The panel identified opportunities to recognise indicators of domestic abuse, which may act as a prompt for making routine enquiry. In Kajri's case, it was acknowledged that she had an underlying anxiety that is one of the first indicators of domestic abuse listed within NICE guidelines and learned that those undertaking fertility treatment were at a heightened risk of domestic abuse.

Policy: The panel identified opportunities to strengthen policies in respect of domestic abuse, and the language used to describe DA in a codes-of- practice.

Anxiety and Domestic Abuse: Linked to the recognition of potential indicators of domestic abuse such as anxiety, were the opportunities to apply greater professional curiosity as to why both were anxious.

Anxiety and Perpetration of Abuse: During the research phase, the panel learned of an association between anxiety and the perpetration of abuse.

Local Need and Strategy: The review panel learned that Leicester City does have its own Safer Accommodation Strategy, but not its own DA/VAWG and would welcome reassurance that local needs would be addressed within a planned regional approach.

## 5. Recommendations

**Recommendation 1**: Seek to improve the ability of clinicians to identify domestic abuse via routine enquiry for patients undergoing fertility treatment and/or who are otherwise displaying signs of anxiety. (UHL,.GP, SPIRE, Nuffield)

**Recommendation 2:** Home Office to encourage the Human Fertilisation & Embryology Authority to amend the Codes of Practice to refer to domestic abuse specifically when considering the welfare of unborn children. (Home Office)

**Recommendation 3**: Seek to raise awareness of the risks of domestic abuse associated with couples undergoing fertility treatment. (GP)

**Recommendation 4:** Seek to raise the profile of domestic abuse and the role of dental clinicians in identifying abuse, to share the learning of this review and the Public Health Guidance "Safeguarding in general dental practice A toolkit for dental teams" (CSP)

**Recommendation 5**: Ensure that Leicester City's bespoke needs are reflected within any new strategy addressing domestic abuse, weighing up the benefits of incorporating the strategy into a sub-regional approach or a stand-alone Leicester City approach. (CSP)

**Recommendation 5**: Use the learning from this review, national and local research to address the barriers to South Asian survivors seeking support and thereby increase the numbers accessing such support. (CSP)

**Recommendation 7:** The Community Safety partnership should ensure the learning points from this review are disseminated widely and incorporated within domestic abuse practice development. (CSP)