



DOMESTIC HOMICIDE REVIEW

London Borough of Lewisham
Case of Kazia

Althea Cribb

June 2014

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1. Executive Summary

1.1 Outline of the incident

- 1.1.1 On the date of the homicide, Police were called to the address shared by Kazia and Babur¹, where Kazia's body was discovered. Babur was later arrested for her murder. Babur was subsequently convicted, and sentenced to life imprisonment with a minimum term of 17 years.

1.2 Domestic Homicide Reviews

- 1.2.1 Domestic Homicide Reviews (DHRs) were established under Section 9(3), Domestic Violence, Crime and Victims Act 2004 and are conducted in accordance with Home Office guidance.
- 1.2.2 The purpose of these reviews is to:
- (a) 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.
 - (b) 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.
 - (c) Apply those lessons to service responses including changes to policies and procedures as appropriate.
 - (d) Prevent domestic homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.
- 1.2.3 This review process does not take the place of the criminal or coroners courts nor does it take the form of a disciplinary process.

1.3 Terms of Reference

- 1.3.1 The full terms of reference are included at Appendix 1. The essence of this review is to establish how well the agencies worked both independently and together and to examine what lessons can be learnt for the future.
- 1.3.2 The first meeting of the Review Panel was held on 7 October 2013. The Review Panel were asked to review events from 1 January 2008 up to the homicide. Agencies were asked to summarise any contact they had had with Kazia or

¹ Names have been changed.

Babur prior to 1 January 2008. These were to be presented in Individual Management Reviews (IMRs).

- 1.3.3 Home Office guidance states that the Review should be completed within six months of the initial decision to establish one. This has taken longer than six months due to a delay in receiving some initial IMRs (including the Police IMR, due to the team being over stretched), and subsequent changes needing to be made to submitted ones (including check on information provided from the GP system, and changes to recommendations).

1.4 Independence

- 1.4.1 The Chair of the Review was Althea Cribb, an associate DHR Chair with Standing Together Against Domestic Violence. Althea received training from the Chief Executive of Standing Together, Anthony Wills. Althea has over eight years experience working in the domestic violence and abuse sector, currently as a consultant supporting local strategic partnerships on their strategy and response to domestic violence and abuse. Althea has no current connection with the London Borough of Lewisham or any of the agencies involved in this case.

1.5 Parallel Reviews

- 1.5.1 There were no reviews conducted contemporaneously that impacted upon this review.

1.6 Methodology

- 1.6.1 The approach adopted was to seek Individual Management Reviews (IMRs) for all organisations and agencies that had contact with Kazia and/or Babur. It was also considered helpful to involve those agencies that could have had a bearing on the circumstances of this case, even if they had not been previously aware of the individuals involved.
- 1.6.2 Lewisham Council Adult's Social Care, and the South London and Maudsley NHS Foundation Trust reviewed their files and notified the DHR Review Panel that they had no involvement with Kazia or Babur and therefore had no information for an IMR.
- 1.6.3 The Crown Prosecution Service (CPS) was contacted for further information about the incident of September 2010 in which Kazia called the Police, a charge was made but the case did not proceed at court due to lack of evidence following Kazia's withdrawal. The independent Chair held a conversation with the CPS representative concerning this case.
- 1.6.4 In September 2010, Kazia's mother called the police, and Babur was arrested and charged with assault occasioning actual bodily harm against Kazia. Kazia subsequently withdrew her support for the prosecution; there was insufficient evidence without her support and the case therefore did not proceed at court. (Kazia also attended her GP and disclosed this assault.)

- 1.6.5 Information was also sought for the review from the UK Borders Agency (UKBA, now the UK Visas and Immigration Service). This was done via the Police representative on the Panel, using the Police-only contact with the UKBA. Basic facts were provided about Babur's immigration application and status.
- (a) Following feedback from the Home Office Quality Assurance Panel, contact was attempted with the UKBA to gain further information about Babur's immigration process. This proved to be extremely difficult, as the UKBA do not have a Domestic Homicide Review lead, and during some conversations appeared not to be aware of what a DHR is.
 - (b) Nevertheless, some information was gained, and this has been incorporated into the review.
- 1.6.6 All IMRs included chronologies of each agency's contacts with the victim and/or perpetrator. On the whole, the IMRs provided were comprehensive and the analysis supported the findings. Following comments, questions and suggestions some IMRs were redrafted and once complete were comprehensive and high quality. IMRs were received from:
- (a) Metropolitan Police Service
 - (b) General Practice
 - (c) Lewisham and Greenwich NHS Trust – Lewisham Hospital
 - (d) Victim Support Lewisham
 - (e) Lewisham Children Social Care – Looked After Children / Leaving Care
 - (f) Hexagon Housing Association
 - (g) Lewisham and Southwark College (LeSoCo)
 - (h) London Probation Trust
- 1.6.7 Agency members not directly involved with the victim, perpetrator or any family members, undertook the IMRs.
- 1.6.8 The Review Panel members and Chair were:
- (a) Standing Together, Chair
 - (b) Metropolitan Police Service (Specialist Crime Review Group)
 - (c) Metropolitan Police Service Lewisham
 - (d) London Borough of Lewisham Community Services
 - (e) London Borough of Lewisham Looked After Children / Leaving Care
 - (f) London Probation Trust
 - (g) NHS Lewisham Clinical Commissioning Group
 - (h) Lewisham and Greenwich NHS Trust – Lewisham Hospital

- (i) Victim Support Lewisham
- (j) NHS England
- (k) Lewisham and Southwark College
- (l) Hexagon Housing Association

1.6.9 The Chair wishes to thank everyone who contributed their time, patience and cooperation to this review.

1.7 Contact with the family

1.7.1 The independent Chair attempted to contact Kazia's mother. A letter from the Chair was provided via the Police Family Liaison Officer, who also spoke to her in person. The feedback of the Officer was that Kazia's mother did not wish to engage due to the having enough to cope with at the time having lost her daughter in such a sudden and horrific manner.

1.7.2 The Review Panel extends its sympathy to the family of Kazia at this difficult time.

1.7.3 The independent Chair also attempted contact with Babur via the prison in which he is detained. No response was received.

1.7.4 A discussion was held at one Panel meeting regarding any other contacts, such as friends of Kazia, who may be able to contribute to the review, for example via the college or if the Police knew of any friends. The college confirmed that, as they had been limited to academic contact with Kazia, they did not know of any friends she may have had at the college. The police were similarly unaware of any friends.

1.7.5 Following feedback from the Home Office Quality Assurance Panel, further attempts were made to involve Kazia's mother, Babur, and Babur's brother in the review. These further attempts were unsuccessful.

(a) The Police continued to be the only route to contact Kazia's mother, and, while agreeing to attempt contact, were unable to due to other work demands. The Chair requested contact details to attempt an alternative route to Kazia's mother but this request has not been responded to.

(b) Babur's brother arrived in the UK as an unaccompanied minor with Babur, and had therefore been within the Looked After Children / Leaving Care service. This service's attempts to contact Babur's brother to involve him in the review were not successful.

1.8 Summary of the case

1.8.1 Kazia was a Polish national who had lived in England since 2004. Babur was from Afghanistan and had arrived in Lewisham as an unaccompanied minor in 2006. They met in 2009 while both enrolled on courses at Lewisham and Southwark College (LeSoCo) and were married in 2012.

- 1.8.2 Police reports indicate that Babur became violent approximately six months into the relationship and that this continued with ongoing verbal physical and financial abuse.
- 1.8.3 Kazia told her mother of a number of incidents that were not reported to the Police, including that, shortly prior to her death in 2013, Kazia had told Babur that she wanted a divorce. He had agreed to this, and Kazia had spoken with a solicitor.
- 1.8.4 Babur had an application for asylum refused in August 2006, however was granted discretionary leave to remain until August 2009, likely due to his age. His application for Further Leave to Remain was submitted in August 2009. This was still outstanding at the time of the murder.
- 1.8.5 From 2006 to 2009, Babur was regularly in contact with the Looked After Children Service, and had regular GP appointments. He reported consistent back pain to the GP; which he continued to mention throughout his GP contacts for the period of this review.
- 1.8.6 In 2009 he was transferred from the Looked After Children Service to the Leaving Care Service, with which he had sporadic contact, up to when his case was closed, as per procedure, in March 2013.
- 1.8.7 In January 2010 Babur had his first of many contacts with the Police, when he was arrested for shoplifting. He received an adult caution on this occasion.
- 1.8.8 In February 2010, Babur became a tenant of Hexagon Housing.
- 1.8.9 In February 2010, Kazia attended her GP to request a termination of pregnancy, stating (according to the record) that it was the 'wrong time, wrong person'. The GP referred her to the relevant clinic, where the termination was carried out.
- 1.8.10 In August 2010 Kazia requested a full sexual health screen, despite reporting to the GP having only one sexual partner. She later also requested an HIV test in October 2011.
- 1.8.11 In September 2010, Kazia's mother called the police, and Babur was arrested and charged with assault occasioning actual bodily harm against Kazia. Kazia subsequently withdrew her support for the prosecution; there was insufficient evidence without her support and the case therefore did not proceed at court. Kazia also attended her GP and disclosed this assault.
- 1.8.12 Following this arrest, Babur was brought to Accident and Emergency (Lewisham Hospital) accompanied by police, having injured himself while in custody. Babur refused assessment and left with the police.
- 1.8.13 Kazia was assessed by police as medium risk (using the Domestic Abuse, Stalking, Harassment and 'Honour'-based abuse Risk Identification Checklist), but on the professional judgement of the Officer was referred to the Lewisham

Multi-Agency Risk Assessment Conference (MARAC²). This led to an automatic referral to the Lewisham Independent Domestic Violence Advocacy (IDVA) service³, provided by Victim Support. This was in addition to the automatic transfer of the case from police to Victim Support for support to be offered.

- 1.8.14 The Victim Support Familial Domestic Violence Caseworker made contact with Kazia six days after the incident (as a result of the automatic case transfer). Kazia informed the Caseworker that she had no support needs, and declined further support from Victim Support.
- 1.8.15 The Victim Support Domestic Violence Support Worker contacted Kazia on 25 October 2010 as a result of the IDVA referral (following the incident in September), for a 'pre-MARAC' contact (the MARAC was scheduled for 27 October). Kazia was unable to speak on this occasion. A call back was arranged for the next day, but the call was unsuccessful.
- 1.8.16 The Domestic Violence Support Worker then attended the MARAC meeting, and following discussion an action was allocated to Victim Support to attempt contact with Kazia again. This was the only action allocated at the MARAC. Contact was attempted on three occasions, and was unsuccessful.
- 1.8.17 In February 2011 Kazia was noted by the GP to have scars on her arm; she is recorded as admitting self harming on two occasions, and it was noted that this was related to 'problems with boyfriend and occurred when drunk'. The notes record that Kazia stated that she wasn't suicidal, and expressed embarrassment at the evidence of the self-harm. Counselling was mentioned and Kazia reportedly said she would 'think about it'.
- 1.8.18 Babur was arrested for criminal damage following an altercation in a shop in August 2011. He was charged and convicted at court for affray, criminal damage and possession of cannabis. He received a custodial sentence of four months, and was released on Licence after serving two months and therefore came within the remit of Probation. Babur attended his scheduled appointments with Probation.
- 1.8.19 Babur missed one appointment in January 2012, and was sent a warning letter. It was later apparent that he missed the appointment due to being in custody (having been arrested for violent disorder) and attended the office once bailed, as required in the letter. The Licence expired on 11 February 2012.
- 1.8.20 In September 2011 Kazia and Babur enrolled at LeSoCo on separate courses but both left the college shortly after.

² A multi-agency forum made up of key local organisations – statutory and voluntary sector – for the purpose of information sharing, and safety planning, for high risk victims. More information available at: www.caada.org.uk

³ Specialist independent domestic violence and abuse support service for medium and high risk victims; in this case provided by Victim Support

- 1.8.21 Babur was arrested for violent disorder in January 2012, having been identified on CCTV during the widespread public disorder in London and England in the summer of 2011. Babur pleaded guilty at court to violent disorder and received a Community Order with an activity requirement to complete a structured supervision programme of 14 sessions.
- 1.8.22 Babur reported to Probation as required throughout the Order, which was completed in October 2012.
- 1.8.23 In February 2012, Kazia stated to the GP that she would like to become pregnant, and advice was given. From this point onwards her GP visits are in relation to gynaecological issues and her concerns over her fertility.
- 1.8.24 In June 2012 Kazia and Babur were married.
- 1.8.25 In July 2012 Babur registered at a new GP. His only contact there is with a pain in his shoulder (3 August 2013). He is recorded as stating that this developed “after he was trying to throw a bottle”.
- 1.8.26 In August 2012 Babur submitted an application to United Kingdom Border Agency (UKBA) for leave to remain on the basis of marriage. Babur also applied for an EEA (European Economic Area) Residence Card in September 2012, which was refused.
- 1.8.27 Also in August 2012, Kazia called the police reporting verbal aggression from Babur. The police attended but no offences were reported. This incident led to an assessment by the officer of standard risk, and records suggest that history and intelligence checks were not carried out as the notes refer to ‘no domestic violence history’, which was incorrect. Nevertheless, a Detective Sergeant from the Community Safety Unit contacted Kazia to offer information about support services.
- 1.8.28 Babur wrote to Hexagon Housing Association to add Kazia as a member of the household in September 2012.
- 1.8.29 In December 2012 during an appointment to discuss her fertility concerns, Kazia became ‘quite confrontational’ with the GP, and there were no further attendances. In May of 2013 she registered with another Practice (there are no records of her attending the new Practice).
- 1.8.30 After being reported missing by Kazia in February 2013, Babur was given advice by the police to stay in contact with his wife in future.
- 1.8.31 Babur’s neighbour made a complaint to Hexagon in February 2013, reporting noise nuisance of ‘stamping, arguments’ between 2am and 4am. The records show that an appointment was made to meet with Babur, but there are no further records and the Housing Officer is currently not available for interview to explore further. Later that month Babur made a counter allegation against the neighbour, in an email sent from Kazia’s account.

1.8.32 Hexagon Housing Association record Babur as requesting a move in March 2013 due to medical reasons, rent arrears and a neighbour dispute: this was assessed as 'Band D – No Priority'. In April he updated the application to state that the reason for a move was 'neighbour dispute and his wife is pregnant'. [NB autopsy showed that Kazia was not pregnant.]

1.9 Issues raised by the review

1.9.1 Missed Opportunities (Kazia)

- (a) The most significant missed opportunities to explore with Kazia about her relationship with Babur – leading possibly to disclosure and offers of support – were by her GP. On five occasions the GPs had opportunities, through Kazia's presenting issue, to ask questions about her relationship and emotional wellbeing.
- (b) The discussion that took place at the MARAC also raises issues. While it was positive that the Police Officer took the step of referring Kazia to the MARAC, based on professional judgement (following an initial risk assessment of 'medium'), the lack of relevant agency attendance can be seen as impacting on the case. Most importantly, the GP, College and Leaving Care Service were not at that time part of the MARAC and therefore did not receive information about the case. Kazia's lack of other agency contact clearly restricted the actions available to the MARAC members.
- (c) It is impossible to say whether Kazia would have taken up the support offered. However it is the view of the Report author that the responsibility and duty of care that the GP should have shown towards Kazia could have had a significant impact on her ongoing experience of domestic violence and abuse from Babur. It is essential that universal services such as these recognise their responsibility in proactively enquiring about their clients'/patients' general wellbeing and situation in order to effectively safeguard them from harm.

1.9.2 Help offered but not taken up (Kazia)

- (a) Kazia was offered support by Victim Support following the first of two incidents reported to the Police, by two workers on separate occasions. Kazia declined the support offered by the first worker and was unable to be contacted by the second worker. Following the second incident reported, further support would have been offered by the Police Officer who made contact with Kazia.
- (b) It is possible that the delay in contacting Kazia by Victim Support (the first worker contacted Kazia six days after the incident; the second worker contacted her a month later) impacted on her willingness to accept support, perhaps due to minimisation of the abuse and violence. This minimisation and apparent 'acceptance' of abuse is very common among

domestic violence and abuse victims, as they try to keep the relationship going while hoping that the violence and abuse will end⁴. The delay itself may also have impacted – there is some research to suggest that, the sooner a support service is in contact with a victim (ideally within 24 hours), the more likely they are to take up that support⁵. A recommendation is therefore made to investigate this further locally.

- (c) Alternatively, given her attempts to seek help from her GP, it may be that Kazia preferred help and support from a generic rather than specialist service, perhaps due to the perceived stigma attached to this⁶. Walby & Allen have also shown that at least a quarter of female victims of domestic violence and abuse would not name it as such; and that this proportion increases for young women aged 16-24⁷.
- (d) It was also clear that Kazia's unwillingness to accept help was impacted by her fears for Babur's immigration status, and it is possible to suggest that this formed part of Babur's abuse of Kazia.

1.9.3 Vulnerability (Babur)

- (a) Babur's vulnerability, as a result of his background, isolation from family and uncertain immigration status, was recognised in part by the agencies with which he was involved, but it is the view of the Report author that more could have been done - particularly by his GP and the Leaving Care Service – to work with him on the impact these had on his emotional health and wellbeing.
- (b) In particular more could have been done to work collaboratively – between the GP, Looked After Children Service, Leaving Care Service and Probation, at different times. Each had relevant information that, had it been shared, could have shown a more complete picture of Babur's situation and vulnerability and led to more or different offers of support.
- (c) Babur's vulnerability in relation to his immigration status is particularly relevant, as it may have impacted on his abuse to Kazia (see paragraph 4.1.5 in main report for details).

1.9.4 Professional curiosity

⁴ Kearney, M. H (2001) 'Enduring love: a grounded formal theory of women's experience of domestic violence' *Research in Nursing and Health* 24 (4) pp270-282

⁵ Kelly, L. (1999) *Domestic Violence Matters: An Evaluation of a Development Project* Home Office Research Study 193, London: Home Office

⁶ Humphreys, C. and Thiara, T. (2002) *Routes to Safety: Protection Issues Facing Abused Women and Children and the Role of Outreach Services*, Bristol: Women's Aid Federation England

⁷ Walby, S. & Allen, J. (2004) *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey Home Office Research Study 276* Home Office Research, Development and Statistics Directorate March 2004

- (a) A number of instances are presented in this review where practitioners did not explore, where possible, the information being given to them by clients. Panel members expressed this as a lack of 'professional curiosity' in the lives of those they encountered that could have impacted significantly on the way in which they interacted and supported them.
- (b) This is evidenced in the missed opportunities by the GP in relation to Kazia (above) and also in relation to Babur's persistent disclosure of back pain, and the possible links between this and his history before entering the country.
- (c) In relation to this issue, the Panel noted that there is often an assumption that practitioners know what triggers they are looking for in identifying additional vulnerabilities, including domestic violence and abuse, and that once identified or disclosed, they know what support is available and what can be offered to clients. There was a feeling that messages are 'not getting through' despite many attempts at raising awareness by the Council.
- (d) It must be seen as the responsibility of all organisations, not just those dedicated to responding to domestic violence and abuse victims and/or perpetrators, to ensure their staff are aware of the issues and appropriate responses. This internal awareness raising cannot be left just to statutory or voluntary services but must be seen as a core duty of all.

1.10 Recommendations

1.10.1 Recommendation 1

The recommendations below should be acted on, in addition to the actions identified in individual IMRs. Initial reports on progress should be made to the Lewisham Domestic Homicide Review Task and Finish Group (that reports to the Safer Lewisham Partnership) within six months of the Review being approved by the Partnership.

1.10.2 Recommendation 2

Lewisham Police to carry out a dip sample audit of standard and medium risk cases (going back 3 months, looking at ten per month) in which no physical violence has been recorded, to assess: recognition of risk in the absence of physical violence, and whether positive responses to questions were followed up. To report on the findings to the DHR Task and Finish Group and set out actions to respond appropriately to any issues identified.

1.10.3 Recommendation 3

Leaving Care Service to carry out an audit of cases of unaccompanied minors. Audit to investigate how unaccompanied minors' emotional needs are identified and addressed, in particular if the person declines a referral to the appropriate

service. To report on the findings to the DHR Task and Finish Group and act on any findings.

1.10.4 Recommendation 4

MARAC Steering Group to act to ensure that MARAC representatives are clear on what information from the service / MARAC meetings they can share. To report on actions taken to the DHR Task and Finish Group.

1.10.5 Recommendation 5

MARAC Steering Group to monitor the new process in place for information sharing between the MARAC and GPs. To report to the DHR Task and Finish Group on the ongoing development of this relationship, ensuring that the responsibilities of each side – GPs and the MARAC – are acted upon.

1.10.6 Recommendation 6

DHR Task and Finish Group to set out its expectations of all partner organisations in relation to: internal (staff) awareness raising; and the expectations of how staff should respond to those affected. The Group should then hold partners to account on staff awareness of domestic violence and abuse and how to respond proactively and appropriately.

1.10.7 Recommendation 7

DHR Task and Finish Group to set out what research (or analysis) should be undertaken – and who will undertake it – with specialist domestic violence and abuse support services (including Victim Support) in Lewisham to understand the minimum standards in relation to length of time between initial report / referral and support being offered, and how this compares with partnership expectations. The findings should be considered as part of any appropriate service developments being enacted and reported on.

1.10.8 Recommendation 8

MARAC Steering Group and Children's Services to work together to take actions to ensure that all relevant teams are engaged with the MARAC in the most appropriate and efficient way; and to report on this.

1.10.9 Recommendation 9

DHR Task and Finish Group to follow up on initial discussions and focus groups with regard to the potentially differing needs of ethnic minority victims and survivors, to ensure local services are implementing recommendations and actions as appropriate.

1.10.10 Recommendation 10

Lewisham Police to start to use the MARAC Flag available on the CRIS system for all MARAC cases from now on; to report to the MARAC Steering Group and DHR Task and Finish Group on its use, and the MARAC Steering Group to review the impact on repeat referral process and numbers.

1.10.11 Recommendation 11

The GP practice to review its policy and procedures for identifying and responding to domestic abuse, and make changes where necessary; and to ensure all staff receive appropriate training to support contemporary expectations for healthcare practitioners; to report on the progress of this to the DHR Task and Finish Group.

1.10.12 Recommendation 12

NHS England to discuss identifying and responding to domestic abuse with General Practitioners from this Practice during Appraisal and Revalidation.

1.10.13 Recommendation 13

Hexagon Housing to work with the DHR Task and Finish Group to develop:

- a) a Hexagon Housing domestic violence and abuse policy and procedure
- b) Hexagon's engagement with the Lewisham Multi-Agency Risk Assessment Conference (MARAC)

2. DHR Lewisham, Kazia

Overview Report

Introduction

2.1 Outline of the Incident

2.1.1 On the date of the homicide, Police were called to the address shared by Kazia and Babur⁸, where Kazia's body was discovered. Babur was later arrested for her murder. Babur was subsequently convicted, and sentenced to life imprisonment with a minimum term of 17 years.

2.2 Domestic Homicide Reviews

2.2.1 Domestic Homicide Reviews (DHRs) were established under Section 9(3), Domestic Violence, Crime and Victims Act 2004 and are conducted in accordance with Home Office guidance.

2.2.2 The purpose of these reviews is to:

- (a) 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.
- (b) 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.
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2.3 Terms of Reference

⁸ Names have been changed.

- 2.3.1 The full terms of reference are included at Appendix 1. The essence of this review is to establish how well the agencies worked both independently and together and to examine what lessons can be learnt for the future.
- 2.3.2 The first meeting of the Review Panel was held on 7 October 2013. The Review Panel were asked to review events from 1 January 2008 up to the homicide. Agencies were asked to summarise any contact they had had with Kazia or Babur prior to 1 January 2008.
- 2.3.3 Home Office guidance states that the Review should be completed within six months of the initial decision to establish one. This has taken longer than six months due to a delay in receiving IMRs, and subsequent changes needing to be made to submitted ones.

2.4 Independence

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- 2.6.3 The Crown Prosecution Service (CPS) was contacted for further information about the incident in which Kazia called the Police, and a conversation was held by the independent Chair with the CPS representative.
- 2.6.4 Information was also sought for the review from the UK Borders Agency (UKBA, now the UK Visas and Immigration Service). This was done via the Police representative on the Panel, using the Police-only contact with the UKBA. Basic facts were provided about Babur's immigration application and status.

- (a) Following feedback from the Home Office Quality Assurance Panel, contact was attempted with the UKBA to gain further information about Babur's immigration process. This proved to be extremely difficult, as the UKBA do not have a Domestic Homicide Review lead, and during some conversations appeared not to be aware of what a DHR is.
- (b) Nevertheless, some information was gained, and this has been incorporated into the review.

2.6.5 All IMRs included chronologies of each agency's contacts with the victim and/or perpetrator. On the whole, the IMRs provided were comprehensive and the analysis supported the findings. Following comments, questions and suggestions some IMRs were redrafted and once complete were comprehensive and high quality. IMRs were received from:

- (a) Metropolitan Police Service (MPS)
- (b) General Practice (GP)
- (c) Lewisham and Greenwich NHS Trust – Lewisham Hospital
- (d) Victim Support Lewisham
- (e) Lewisham Children Social Care – Looked After Children / Leaving Care
- (f) Hexagon Housing Association
- (g) Lewisham and Southwark College (LeSoCo)
- (h) London Probation Trust

2.6.6 Agency members not directly involved with the victim, perpetrator or any family members, undertook the IMRs.

2.6.7 The Review Panel members and Chair were:

- (a) Althea Cribb, Standing Together, Chair
- (b) DS Timothy Spratt, Metropolitan Police Service (Specialist Crime Review Group)
- (c) Superintendent Neil Evans / DCI Greg Pople, Metropolitan Police Service Lewisham
- (d) Geeta Subramaniam-Mooney, Aileen Buckton & Ade Solarin, London Borough of Lewisham Community Services
- (e) Tina Benjamin, London Borough of Lewisham Looked After Children / Leaving Care
- (f) Becky Canning, London Probation Trust
- (g) Karen Bates, NHS Lewisham Clinical Commissioning Group (did not attend panel meetings)
- (h) Dr Teresa Sealy, Lewisham and Greenwich NHS Trust – Lewisham Hospital

- (i) Anita Reid, Victim Support Lewisham
- (j) Dr Nicola Payne & Karen Sobey Hudson, NHS England, London Region
- (k) David Travis, Lewisham and Southwark College
- (l) Cherina Ramsey, Hexagon Housing Association

2.6.8 The Chair wishes to thank everyone who contributed their time, patience and cooperation to this review.

2.7 Contact with the family

2.7.1 The independent Chair attempted to contact Kazia's mother. A letter from the Chair was provided via the Police Family Liaison Officer, who also spoke to her in person. The feedback of the Officer was that Kazia's mother did not wish to engage due to the having enough to cope with at the time having lost her daughter in such a sudden and horrific manner.

2.7.2 The Review Panel extends its sympathy to the family of Kazia at this difficult time.

2.7.3 The independent Chair also attempted contact with Babur via the prison in which he is detained. No response was received.

2.7.4 A discussion was held at one Panel meeting regarding any other contacts, such as friends of Kazia, that may be able to contribute to the review, for example via the college or if the Police knew of any friends. The college confirmed that, as they had been limited to academic contact with Kazia, they did not know of any friends she may have had at the college. The police were similarly unaware of any friends.

2.7.5 Following feedback from the Home Office Quality Assurance Panel, further attempts were made to involve Kazia's mother, Babur, and Babur's brother in the review. These further attempts were unsuccessful.

- (a) The Police continued to be the only route to contact Kazia's mother, and, while agreeing to attempt contact, were unable to due to other work demands. The Chair requested contact details to attempt an alternative route to Kazia's mother but this request was declined.
- (b) Babur's brother arrived in the UK as an unaccompanied minor with Babur, and had therefore been within the Looked After Children / Leaving Care service. This service's attempts to contact Babur's brother to involve him in the review were not successful.

3. The Facts

3.1 Outline

- 3.1.1 Kazia was a Polish national who had lived in England since 2004. Babur was from Afghanistan and had arrived in Lewisham as an unaccompanied minor in 2006. They met in 2009 while both enrolled on courses at Lewisham and Southwark College (LeSoCo). They were married in June 2012.
- 3.1.2 Police reports indicate that Babur became violent approximately six months into the relationship and that this continued with ongoing verbal physical and financial abuse.
- 3.1.3 Kazia told her mother of a number of incidents that were not reported to the Police, including that, shortly prior to her death, Kazia had told Babur that she wanted a divorce. He had agreed to this, and Kazia had spoken with a solicitor⁹.
- 3.1.4 On the day of the homicide Police were called by Kazia's mother to the address shared by Kazia and Babur, and discovered Kazia's body. Babur was arrested and charged with Kazia's murder, and was subsequently convicted, and sentenced to life imprisonment with a minimum term of 17 years.

3.2 Information relating to Kazia

- 3.2.1 Kazia was born in Poland. At the age of 12 she had come to England with her mother. She enrolled at LeSoCo in early 2009; after changing courses and then leaving, she re-enrolled in September 2009 and successfully completed a BTEC Level three in July 2010. Following this she undertook seasonal work in a department store.

3.3 Metropolitan Police Service (Kazia)

- 3.3.1 Kazia was in contact with the Police in Lewisham on two occasions in relation to domestic violence and abuse from Babur, and on one further occasion when she reported him missing.
- 3.3.2 The first was on 18 September 2010. Kazia's mother called the police; Kazia and Babur had been at her address. Kazia had been physically assaulted by Babur after she refused his repeated requests for sex. Babur had left the address.
- 3.3.3 Police attended. Photographs were taken and Kazia disclosed that she had been victim to previous assaults by Babur but these had not been reported, and she refused to give further details. She stated that she was concerned about the impact this would have on Babur's immigration status.

⁹ Attempts were made to identify this solicitor to include them in the Review, but this was not possible.

- 3.3.4 A book 124D was completed as per procedure, including a SPECSS+¹⁰ risk assessment. Kazia was assessed as 'medium risk' by the Police Officer and referred to the Lewisham Multi-Agency Risk Assessment Conference (MARAC¹¹) on the professional judgement of the Police Officer. Locally, a referral to the MARAC would have led to a referral to the Lewisham Independent Domestic Violence Advocate (IDVA)¹² Service.
- 3.3.5 Babur was later arrested at his own address, interviewed and provided no comment; although at the point of arrest he signed the Police Officer's pocket book admitting that he slapped his girlfriend. Crown Prosecution Service advice was sought, and Babur was charged with one offence of assault occasioning actual bodily harm, and remanded in custody.
- 3.3.6 Kazia did not attend court; the trial did not proceed and no further action was taken against Babur. Kazia also did not attend two police appointments. In December 2010 she provided a withdrawal statement.
- 3.3.7 The Crown Prosecution Service confirmed to the Review Chair that, as Kazia did not turn up at court to give evidence, there was consequently insufficient evidence for them to proceed with the trial. The fact that Babur had signed the Officer's pocket book was the only other piece of evidence, and without Kazia as a witness this was not strong enough to continue with on its own.
- 3.3.8 The second instance was when Kazia called the Police on 2 August 2012 following a verbal argument over Kazia contacting her friends. Babur had become aggressive towards Kazia, and was shouting. There was no physical violence, and Kazia made no criminal allegations to Police.
- 3.3.9 A Domestic Abuse Stalking Harassment and Honour-Based Abuse (ACPO-CAADA DASH) risk identification checklist was completed, and Kazia gave positive answers in relation to having previously experienced attempted strangulation by Babur, that Babur was controlling and jealous, and that Babur used cannabis. Kazia was assessed as 'standard risk'.
- 3.3.10 As per local Police procedure following a 'non-crime domestic' such as this, the Community Safety Unit Detective Sergeant (DS) telephoned Kazia to ensure that there were no offences to report, and to offer information about the support available. The content of the telephone call was not recorded. The DS noted that there was 'no domestic violence history', which was incorrect. There is no record

¹⁰ A Police-developed risk assessment tool covering: Separation (child contact), Pregnancy (new birth), Escalation, Community isolation, Stalking/harassment and Sexual abuse

¹¹ A multi-agency forum made up of key local organisations – statutory and voluntary sector – for the purpose of information sharing, and safety planning, for high-risk victims. More information available at: www.caada.org.uk

¹² Specialist domestic violence and abuse support service for medium and high risk victims; in this case provided by Victim Support

that the standard five year domestic violence and abuse intelligence checks were completed.

3.3.11 On 9 February 2013 Kazia contacted police to report Babur missing. He returned the following day, and was advised by Police to keep in touch with his wife on future occasions.

3.4 Victim Support (Kazia)

3.4.1 Kazia was referred to Victim Support via two routes following the incident reported to the Police on 18 September 2010.

3.4.2 Kazia was referred once to the Victim Support community service on 18 September 2010, via the automated transfer system from the Police, with the referral flagged as domestic violence and abuse.

3.4.3 The Community Safety Unit Police Officer managing the case also referred Kazia to the Multi-Agency Risk Assessment Conference (MARAC), which leads to an automatic referral to the Victim Support IDVA service. Kazia is recorded on the MARAC referral form as having known of and consented to the MARAC referral and therefore the Independent Domestic Violence Advocacy (IDVA) service contact.

3.4.4 The Familial Domestic Violence Caseworker responded to the automatic referral and made contact with Kazia six days after the incident, on 24 September 2010. Kazia informed the Caseworker that she had no support needs, and declined further support from Victim Support. As per procedure, no DASH¹³ Risk Assessment was completed at this point.

3.4.5 The Domestic Violence Support Worker managing the IDVA referral contacted Kazia on 25 October 2010 for a 'pre-MARAC' contact (the MARAC was scheduled for 27 October). Kazia was unable to speak on this occasion due to being on public transport. A call back was arranged for the next day, but the call was unsuccessful. The Worker would have seen the record of the previous contact by the Caseworker.

3.4.6 The Domestic Violence Support Worker then attended the MARAC meeting (27 October), and following discussion an action was allocated to Victim Support to attempt contact with Kazia again. This was the only action allocated at the MARAC.

3.4.7 The Domestic Violence Support Worker attempted unsuccessfully to contact Kazia on 28 October, 2 November and 9 November 2010. The case was then closed, as per procedure. It is not known whether the Worker informed the MARAC, or the original referrer (Police), that contact had not been achieved.

¹³ Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) Risk Identification Checklist, for further information see <http://www.dashriskchecklist.co.uk>.

3.5 General Practice (Kazia)

- 3.5.1 On the whole, Kazia is recorded as having attended her GP for routine health issues. From 2010, many of these concerned gynaecological issues, contraception, and subsequently concerns over her fertility. She was registered with the same Practice for all of these, and saw a number of different doctors during this time. The significant events are detailed below.
- 3.5.2 On 4 February 2010 Kazia presented requesting a termination of pregnancy (this having been diagnosed at Hospital on 1 February, see below). It is recorded in the medical record that she stated it was the 'wrong time, wrong person' and the GP referred her to the relevant clinic. There is no record of any other questioning or follow up. The GP records show that the termination took place on 22 February 2010.
- 3.5.3 On 24 August 2010 Kazia requested a full sexual health screen. No enquiries were recorded as to why – despite Kazia reporting to the GP having only one sexual partner – she was requesting this.
- 3.5.4 On 20 September 2010 (a Monday) Kazia attended the GP having been assaulted on the Saturday night (see Police incident above, 18 September). The records note that she was 'quite shaken by what happened' and that 'the man who assaulted her has been arrested' but there is no record of any further enquiry into the incident, who 'the man' was, or Kazia's wellbeing.
- 3.5.5 On 24 February 2011 Kazia was noted by the GP to have scars on her arm; she is recorded as admitting self harming on two occasions, and it was noted that this was related to 'problems with boyfriend and occurred when drunk'. The notes record that Kazia stated that she wasn't suicidal, and expressed embarrassment at the evidence of the self-harm. Counselling was mentioned and Kazia reportedly said she would 'think about it'.
- 3.5.6 On 26 October 2011, Kazia requested an HIV test. She is recorded as having had only one sexual partner, but that it had 'been on her mind for two years'. There is no record of any further enquiry.
- 3.5.7 On 22 February 2012, Kazia stated to the GP that she would like to become pregnant, and advice was given. From this point onwards her GP visits are in relation to gynaecological issues and her concerns over her fertility. On 24 July 2012 she was diagnosed with polycystic ovaries.
- 3.5.8 On 27 December 2012 during an appointment to discuss her fertility concerns, Kazia became 'quite confrontational' with the GP, and there were no further attendances. In May of 2013 she registered with another Practice (there are no records of her attending the new Practice).

3.6 Lewisham and Southwark College (LeSoCo) (Kazia)

- 3.6.1 Kazia enrolled at LeSoCo on a business course in February 2009. She withdrew from this course in May, and in September 2009 enrolled on a new course

(Travel Operations). She successfully completed this in July 2010. In September 2010 she enrolled on a Business Administration course, which she also successfully completed.

3.6.2 In September 2011 she enrolled on a Level Three Access course, which can be used to progress to Higher Education. However she left the college shortly after, in October 2011.

3.6.3 Kazia did not receive one-to-one or other personal interventions or support while at the college.

3.6.4 At the time that Kazia left the College, withdrawal from courses was managed within individual departments. Therefore there is no record of whether Kazia's withdrawal in October 2011 was followed up.

3.7 Hexagon Housing Association (Kazia)

3.7.1 Hexagon's involvement was with Babur, as he was their tenant.

3.7.2 Hexagon became aware of Kazia on 21 September 2012 when Babur wrote to them requesting that she be added as a member of the household (but not to add her to the tenancy agreement), enclosing a copy of their marriage certificate.

3.7.3 Hexagon's only further awareness of Kazia was subsequently when Babur referred to Kazia in applications to move (see below).

3.8 Lewisham and Greenwich NHS Trust – Lewisham Hospital (Kazia)

3.8.1 Kazia attended the Accident and Emergency Department on two occasions for health related complaints.

3.8.2 On the first attendance (1 February 2010) she was diagnosed as pregnant, but did not remain in the department for any further medical assessment (see information from GP above with regard to this pregnancy).

3.9 Information from the Family (Kazia)

3.9.1 No information was received from the family. Please see paragraph 2.7 for details of the attempts to involve Kazia's mother.

3.10 Information relating to Babur

3.10.1 Babur was born in Afghanistan. He came to England with his brother, and was registered in Lewisham as an unaccompanied minor in June 2006.

3.10.2 Babur had an application for asylum refused in August 2006, however was granted discretionary leave to remain until August 2009, likely due to his age. His application for Further Leave to Remain was submitted in August 2009. This was still outstanding at the time of the murder as well as the time when convicted for his previous offences. Due to not being sentenced to imprisonment for two years or more, Babur's visa status was not affected by those convictions. Although contact was attempted with UKBA to understand whether this extended delay in

Babur receiving the outcome of his application was expected, or in line with procedure, unfortunately an answer could not be gained.

3.10.3 Additionally, in 2012 Babur submitted an application to the United Kingdom Borders Agency (UKBA) for leave to remain on the basis of marriage. Babur applied for an EEA (European Economic Area) Residence Card in September 2012, which was refused.

3.10.4 Babur enrolled at Lewisham and Southwark College in 2009 and it was here that he met Kazia. It is not clear from the information available whether Babur was working at the time of the homicide.

3.11 Metropolitan Police Service (Babur)

3.11.1 Babur was involved in a number of incidents with the Police, in addition to the two domestic violence and abuse incidents detailed above.

3.11.2 On 3 January 2010 Babur was arrested and given an adult caution for shoplifting.

3.11.3 On 3 September 2010 he was the victim of an assault whilst working at his friend's shop.

3.11.4 18 September 2010 – domestic violence offence (see above).

3.11.5 On 21 August 2011 Babur was arrested for criminal damage following an altercation in a shop. When arrested and searched he was found to have a small amount of cannabis in his possession. He was charged and convicted at court for affray, criminal damage and possession of cannabis. He received a custodial sentence of four months. Due to his age, this sentence brought him within the remit of Probation (see below).

3.11.6 2 August 2012 – domestic violence incident (see above).

3.11.7 On 18 January 2012 Babur was arrested for violent disorder, having been identified on CCTV during the widespread public disorder in London and England in the summer of 2011. Babur pleaded guilty at court to violent disorder and received a community order with activity programme (see further information in the Probation entry below).

3.11.8 After being reported missing by Kazia on 9 February 2013, Babur was given advice by the police to stay in contact with his wife in future.

3.12 General Practice (Babur)

3.12.1 Babur was registered with a GP from the time he was within the Looked After Children service in 2006. Initial appointments were in relation to standard procedural health checks undertaken with looked after children. During his time registered with this Practice, he saw a number of different doctors.

3.12.2 In the 'Looked After Children Medical Examination', an in-depth examination and assessment of Babur (November 2006), the GP noted Babur "often seems

worried, has many fears, poor attention span ... was exposed to very traumatic experiences and does not have support from his family”.

3.12.3 At a later appointment (December 2007) Babur referred to having “lots of friends” and feeling “happy”. Then in May 2008 he tells the GP he “is not happy and will go and talk to his social worker”.

3.12.4 At the earliest of the GP appointments, in August 2006, Babur referred to persistent back pain. This was a recurring theme and mentioned repeatedly by Babur at subsequent appointments. Examinations and assessments took place but no explanation is found or treatment offered.

3.12.5 From leaving the Looked After Children Service in early 2009, to 2012, Babur attended the GP just once, in May 2010, referring again to back pain. In 2012, Babur attended the GP on two occasions with routine complaints. The GP also received notifications of all Babur’s attendances at the Hospital.

3.12.6 Babur then registered with a different GP (July 2012), and his only contact there is with a pain in his shoulder (3 August 2013). He is recorded as stating that this developed “after he was trying to throw a bottle”. There was no follow up on why he was doing that and no further attendances are recorded.

3.13 Council Looked After Children / Leaving Care Services (Babur)

3.13.1 Lewisham Council’s Looked After Children Service first engaged with Babur in June 2006 when, along with his younger brother, he was accommodated under section 20 of the Children Act 1989 as an unaccompanied minor.

3.13.2 The records in relation to his contact with the Looked After Children Service are primarily regarding his living arrangements and placements. He is recorded as living with his cousin then his uncle between 2006 and 2009, then (following transfer to the Leaving Care Service) moved to Supported Lodgings in April 2009 before securing his tenancy in March 2010.

3.13.3 In November 2008, following the final review by the Looked After Children Team, he was transferred to the Leaving Care Service’s Personal Advisor service. Babur’s involvement with the Leaving Care Service, unlike the Looked After Children Service, was voluntary.

3.13.4 The IMR indicates that Babur’s Looked After Children Service review recommended that the Leaving Care Service engage with CAMHS (mental health service for children and young people). However it is not clear what this meant, as a referral was not made, Babur having perhaps declined it.

3.13.5 It was noted as part of the transfer that Babur would need support in meeting with his solicitor to complete his application to the Home Office for indefinite leave to remain (see above for Babur’s immigration status and process). It was noted that he would continue to live with his former ‘kinship carer’ under a supportive lodging arrangement.

- 3.13.6 Babur's further involvement with the Leaving Care Service was to address practical issues such as applying for housing and benefits, and enrolling at college. He also had support over his immigration application.
- 3.13.7 In October 2010 Babur was noted by his Personal Advisor to have lost a lot of weight, and Babur informed her that he had been in trouble with the police. Babur also reported being distressed about his immigration status. In response to the latter issue, the Personal Advisor wrote to Babur's solicitor for an update.
- 3.13.8 From this point onwards, Babur reports to his Personal Advisor issues around use of alcohol and cannabis, and conflict with 'some boys' which prevented him to travelling to the Catford area. With regard to the alcohol and drug use, Babur told his advisor that he would try to stop, and the adviser provided information about support services available.
- 3.13.9 In April 2011 the service received an email from UK Border Agency (UKBA) stating that Babur had an outstanding application for leave to remain dated 25 August 2009. The Borders Agency could not advise how long this application would take to be considered. This information was passed on to Babur, who advised he and his girlfriend were trying to find him a new solicitor, and a list was provided to him by the Leaving Care Service.
- 3.13.10 Babur's Personal Advisor's subsequent attempts (October-November 2011) to contact Babur and to visit him failed, and Babur later informed her that this was because he had been in prison at the time.
- 3.13.11 Babur is recorded as telling his personal advisor in November 2011 about the incident for which he had been imprisoned, and also that the Police had "threatened to return him to Afghanistan", and this had made him more anxious about his immigration application. He is also recorded as telling his Personal Advisor that his benefits had been stopped, and that he would have to re-enrol in the autumn at the College.
- 3.13.12 This was the last substantial contact by the personal adviser with Babur (there were two further brief visits/calls to the office in November 2011, concerning his immigration application and benefits).
- 3.13.13 Following this the Personal Advisor contacted Probation and spoke to Babur's Probation Officer, and was informed that the incident for which Babur was imprisoned was more serious than Babur had indicated. The Personal Advisor indicated that she was surprised by Babur's behaviour, as she had never witnessed aggression from him.
- 3.13.14 Following procedure, the Personal Advisor attempted to make further contact with Babur up to when his case was closed with the Leaving Care Service. The case should have been closed in the January, however the Personal Advisor made extra, unsuccessful, attempts to contact Babur in this time before closing the case in March 2013.

3.14 Lewisham and Southwark College (LeSoCo) (Babur)

3.14.1 Babur enrolled at LeSoCo on an ESOL (English for Speakers of Other Languages) course in September 2009, which he completed in 2010. In September 2011 he enrolled on a new course, but based on attendance information he apparently did not start.

3.14.2 Babur received no one-to-one or other personal interventions or support while at the college.

3.14.3 At the time that Babur stopped attending, it was College procedure that individual departments addressed lack of attendance. Therefore there is no record of whether his withdrawal following enrolment in September 2011 was followed up.

3.15 Lewisham and Greenwich NHS Trust – Lewisham Hospital (Babur)

3.15.1 Babur attended the Hospital on a number of occasions from September 2010 July 2013, primarily due to minor injuries.

3.15.2 These included being brought by the ambulance service, with police, having been the victim of assault in September 2010. There were also injuries / pains to his foot, finger and knee following falls or sport (January 2011, April 2012, May 2012). These were all treated and in some cases followed up with appointments with the GP. Babur had one further attendance in June 2012 with a pain in his left knee; this was assessed and no injury found. Babur was advised to follow up with his GP but he didn't.

3.15.3 Also in September 2010, Babur was brought to Accident and Emergency accompanied by police, having injured himself while in custody. Babur refused assessment and left with the police.

3.16 Hexagon Housing Association (Babur)

3.16.1 Babur was nominated to Hexagon in February 2010 as a recommendation for a 'one offer only' for a tenancy. He signed his tenancy agreement in the March.

3.16.2 Babur added Kazia as a member of the household in September 2012.

3.16.3 Two reports of anti-social behaviour were made against Babur. The first on 1 April 2011 concerned several visitors to the property causing a disturbance at night with loud drunken behaviour. Babur reported to the Housing Officer that he was upset by the allegation, and denied it – stating that as a Muslim he did not drink alcohol. He stated that the neighbour who had made the complaint had made disturbances herself.

3.16.4 A second complaint was made by the same neighbour on 20 February 2013, reporting noise nuisance of 'stamping, arguments' between 2am and 4am. The records show that an appointment was made to meet with Babur, but there are no further records and the Housing Officer is currently not available for interview to explore further. On 24 February Babur made a counter allegation against the neighbour, in an email sent from Kazia's account.

3.16.5 In March 2013 Babur made contact and subsequently submitted an application with regard to moving due to medical reasons (Babur's 'spinal injury', in addition to Kazia's polycystic ovaries), rent arrears and the neighbour dispute: this was assessed as 'Band D – No Priority'. In April he updated the application to state that the reason for a move was 'neighbour dispute and his wife is pregnant'. [NB autopsy showed that Kazia was not pregnant.]

3.17 London Probation Trust (Babur)

3.17.1 Babur first came to the attention of Probation on 9 September 2011 when he attended for a Pre Sentence Report interview, following his conviction for affray, criminal damage and cannabis possession (21 August 2011). Babur was sentenced to four months custody, and was released on Licence after serving two months and therefore came within the remit of Probation.

3.17.2 Babur disclosed self-harming during the Pre Sentence Report interview. Babur also disclosed at a later point (November 2011) that he had self-harmed while in custody, reportedly due to feeling distressed following talking to his girlfriend (Kazia).

3.17.3 The Probation Officer's assessment of Babur at the time of his release from custody / start of his licence was that, although reporting feeling low due to his immigration status, and expressing uncertainty over his future, he did not present as being at risk of further self harm. He was also assessed as medium risk of harm (to known others, but not partners, and the public) and presenting low risk of violence.

3.17.4 Babur was open with the Probation Officer about the background to the offence, about his drug (cannabis) use, and about his "difficult childhood" in Afghanistan due to the negative effects of the war and limited educational opportunities.

3.17.5 Babur disclosed to the Probation Officer that he was not in contact with his parents, and that he had limited contact with his brother, by his brother's choice, "as he reportedly does not want to associate with Babur's circle of friends".

3.17.6 Babur attended his scheduled appointments with Probation. In January 2012 he reported no longer using cannabis, and that as a result his relationship with his girlfriend was "improved", and that he was "less likely to cheat on her".

3.17.7 He subsequently missed one appointment (18 January 2012), and was sent a warning letter. It was later apparent that he missed the appointment due to being in custody (having been arrested for violent disorder, see below and Police section) and attended the office once bailed, as required in the letter. The licence expired on 11 February 2012.

3.17.8 Following the arrest for violent disorder Babur pleaded guilty to threatening behaviour and was sentenced to a Community Order with an activity requirement to complete a structured supervision programme of 14 sessions. This began on 11 July 2012.

- 3.17.9 His self-assessment no longer (as in the first one above) identified drugs, alcohol or his temper as issues; rather he was concerned with getting and keeping a job, literacy, managing money, making good decisions and getting depressed and worrying about his problems. He was still assessed as posing a low risk of violence and a medium risk of harm to the public and known adults.
- 3.17.10 Babur reported to Probation as required throughout the Order; in August 2012 he identified his wife as the most affected by his criminal behaviour; this would have been explored by the Probation Officer but there was no indication of domestic violence and abuse.
- 3.17.11 The Order was completed in October 2012. In reviewing his learning he stated he would maintain abstinence from alcohol and drugs, and consult his wife and think before making decisions – referring to a “better” relationship. This was the end of Probation’s involvement with Babur.

3.18 Information from the Perpetrator

- 3.18.1 No information was received from the perpetrator. Please see paragraph 2.7 for details of attempts to involve Babur, and his brother, in the review.

4. Analysis

4.1 Domestic Violence Definition

4.1.1 The government definition of domestic violence and abuse is:

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

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

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

4.1.2 From the Police reports, Kazia was clearly a victim of domestic violence and abuse from Babur. He used violence against her, verbal abuse, and was controlling and jealous.

4.1.3 Through the reports of the agencies with which she was in contact, Kazia appears as someone who would seek help, often tentatively, but then withdraw and refuse the help that was offered. It is not possible to know whether this is because the help that was offered was not what she felt she needed, or because her fear of Babur overcame her own needs for support.

4.1.4 Babur appears as a vulnerable young man, coming from an unstable background, isolated from family and facing an uncertain future. He was open with some about his feelings (most notably Probation) but did not seek help for these: his help seeking was restricted to medical complaints.

4.1.5 Babur's uncertain immigration status (his application for indefinite leave to remain, made in August 2009, was still outstanding at the time he killed Kazia) may have impacted on his abuse of her. In the first incident reported to the Police, Kazia is recorded as stating she did not wish to report previous assaults due to concerns over Babur's immigration status. It could be suggested that this was the reason she was reluctant to take up the help offered.

4.2 Metropolitan Police Service

4.2.1 The Police response to Kazia when the first domestic violence incident was reported was in line with procedure and process. In particular, the officer who engaged with Kazia identified her vulnerabilities and appropriately referred to the

Multi-Agency Risk Assessment Conference (MARAC) and Independent Domestic Violence Advocacy (IDVA) service.

- 4.2.2 The practice was less effective in relation to the second incident, where history and intelligence checks were not completed, and the risk assessment was not accurate (it should have been medium risk). However, the proactive contact by the Detective Sergeant to Kazia following the incident is good practice. The Police Individual Management Review (IMR) identifies the issues and sets out recommendations to address them:
- (a) It is recommended that first response officers and CSU officers are reminded to undertake full 5 year intelligence checks on both parties and addresses to enable an effective assessment of risk.
 - (b) It is recommended that officers are reminded of the necessity to explore, clarify and record additional information when survivors provide positive responses during the DASH risk assessment process.
- 4.2.3 The inaccuracy of the risk assessment raises a wider question: the extent to which the Police recognise medium or high risk situations in which there has been no physical violence. Practitioners across many services can be seen to ‘weight’ different parts of the risk assessment differently, and this impacts problematically on their professional judgement of the risk posed to the victim¹⁴.
- 4.2.4 A recommendation has therefore been added below for Lewisham police to carry out a dip sample audit of standard and medium risk cases in which no physical violence has been recorded, to assess whether any of these cases should have been assessed as higher risk – and to respond accordingly in terms of any additional training required.
- 4.2.5 Following discussion at the DHR Panel, it also became apparent that the MARAC ‘flag’ was not being used locally (to indicate that a victim had been referred). This would have highlighted to officers dealing with the second incident that Kazia had been referred to the MARAC following the first incident. A recommendation has been added to this report to address this.
- 4.2.6 It is of note that of the three occasions of her contact with Police, it was for the two relatively ‘minor’ issues of verbal argument and Babur going missing that Kazia actually made the contact for herself – rather than in the first, more physically harmful and ‘serious’ incident in which her mother made the call. This could be seen as Kazia responding to an increased awareness of the situation, and desperation as to what to do about it.
- 4.2.7 However, as noted above, after the initial plea for help she then goes no further in relation to seeking help – perhaps had a more proactive attempt been made

¹⁴ Debonnaire, T. (2011) Domestic Violence Risk Assessment *Community Care Inform*

here, rather than relying on Kazia to make a further phone call to the services available, she may have accepted support.

4.2.8 The IMR demonstrates that the Police contact with Babur was appropriate.

4.3 Victim Support

4.3.1 The Police procedure is that all referrals from the Police are transferred to Victim Support within 24 hours of the incident. At the time of the incident, it was Victim Support's policy for victims to be contacted within 48 hours of this notification being received (Monday to Friday).

4.3.2 However, Victim Support's first recorded contact with Kazia was four working days after the report to the Police. Albeit that their policy was to contact within 48 hours this does not include weekends and is dependent on the victim answering the call attempts. The IMR outlines that the Caseworker's contact with Kazia was in line with procedure at the time.

4.3.3 It is MARAC policy for contact to be made with the victim within 48 hours of the referral being received by Victim Support. The MARAC record shows that the referral was transferred to Victim Support on 15 October (nearly one month after the incident). The record shows the deadline for transfer of all referrals to the IDVA service was also 15 October. The pre-MARAC contact was made on 25 October, ten days after the referral was made. The Victim Support records do not show when they received and processed the MARAC referral.

4.3.4 The IMR sets out that the Victim Support contact – by both workers, in response to the initial notification and the IDVA/MARAC referral – with Kazia was in line with their then processes and procedures, as far as they can assess from the limited recording in place (this is with the exception of the delay in making contact following the incident / referral). A new Domestic Violence Service Delivery Operating Instruction was introduced in 2012, including a change to ensure that risk assessment is carried out at the earliest opportunity with victims.

4.3.5 It also sets out standards of recording of all data and information relating to cases: the recording in relation to contact with Kazia was not clear, and so some questions have not been able to be answered in relation to the discussion the workers had with Kazia. In addition, in response to an earlier DHR in Lewisham, as well as reviewing processes and procedures, Victim Support carried out a case file audit, the results of which were reported satisfactorily to the Community Safety Partnership (August 2013).

4.3.6 Victim Support have identified the following recommendations to support the improvements in recording:

- (a) When sending email to police officer in the case, to add to communications a copy and paste of a delivery receipt (where possible)
- (b) Avoid using acronyms and jargon

- (c) Ensure that staff and volunteers receive refresher training in completion of CAADA risk assessment with a time frame to achieve this by April 2014

4.3.7 For the incident prompting the Police referral to Victim Support, Kazia had not made the initial contact with police; it was her mother who made the call. This may have impacted on her willingness to accept help from Victim Support.

4.3.8 The contact with regard to the MARAC came more than one month after the incident. It is possible that had the contact come sooner Kazia may have been more willing to accept help (see 'Conclusions and Recommendations' below).

4.4 General Practice

4.4.1 The General Practice IMR shows that there were issues with the engagement with both Kazia and Babur.

4.4.2 For Kazia, this comes from five missed opportunities to explore her wellbeing and relationship:

- (a) 4 February 2010 with regard to the termination of pregnancy
- (b) 24 August 2010 when requesting a full sexual health screen
- (c) 20 September 2010 when presenting following an assault
- (d) 24 February 2011 when the doctor noticed self-harm scars on her arm
- (e) 26 October 2011 when Kazia requested an HIV test

4.4.3 All of these represented opportunities for the GP to discuss with Kazia her general wellbeing, and specifically her relationship with her partner, which could have led to a disclosure from Kazia of domestic violence and abuse from Babur, and subsequently to support being offered.

4.4.4 A further opportunity presented itself when Kazia became 'confrontational' with the GP during an appointment. This was out of character for Kazia given her frequent other visits to the surgery and could have alerted the doctor to the potential stress and distress with which she was living. It may have been an indication of how desperate Kazia was becoming, particularly in relation to her fertility. Research has shown how perpetrators of domestic violence and abuse use control of reproduction within the abuse¹⁵.

4.4.5 The absence of follow up is particularly concerning in relation to the attendance following assault, given Kazia's refusal of help from Victim Support. She perhaps felt more comfortable approaching a universal service like the GP, rather than a

¹⁵ Moore, A. et al (2010) 'Male reproductive control of women who have experienced intimate partner violence in the United States' *Social Science and Medicine*

specialist service; however the lack of follow up meant this did not lead to any support for her.

- 4.4.6 It is possible to piece together the two attendances by Kazia to her GP reporting concerns over her sexual health, with the information provided by Babur to Probation that his reduced drugs and alcohol and improved relationship with his girlfriend meant he was “less likely to cheat on her”. This provides a possible explanation for Kazia’s requests which could have been explored by the GP had they taken these opportunities to ask her about her relationship.
- 4.4.7 In relation to Babur, all visits appear to be routine, however there is an absence of investigation into the background of Babur’s persistent back pain: particularly given that he refers to it as going back to when he was still living in Afghanistan.
- 4.4.8 This highlights the possible links that could have been made by the GP with Babur’s Social Worker; as well as on the occasions that Babur reports being unhappy or troubled. A more rounded approach, linking the information Babur was providing to each service, could have led to greater exploration into his mental health and wellbeing and offers of support.
- 4.4.9 Once his contact with the Looked After Children Service ends, Babur attends his GP rarely, seeming to choose rather to attend the Hospital. This is until August 2013, shortly before the homicide, when he attends his GP complaining of pain in his shoulder when ‘trying to throw a bottle’, and this represents a further missed opportunity, as there is no record of follow up to understand why Babur was doing this.
- 4.4.10 The GP IMR sets out the issues identified here in relation to Kazia, in particular the need for training and greater engagement with the MARAC. The latter has already been acted upon with a meeting between Lewisham Council (Community Services) and NHS England, and a new process identified to improve the information sharing between GPs and the MARAC. This will require monitoring and ongoing development, to ensure that the responsibilities of each side – GPs and the MARAC – are acted upon. A recommendation is included in this report to address this.
- 4.4.11 The IMR recommendations are as follows (and are supported by an additional recommendation for NHS England below):
- (a) Training and education of primary care health practitioners is the key to identification of patients at risk of domestic violence. This topic needs to remain high on the educational agenda and revisited regularly.
 - (i) As part of the training, pregnancy and sexual health presentations should be highlighted as opportunities for enquiring about the patient’s social situation and asking explicitly about domestic abuse.
 - (ii) The training should also include a discussion about the role of the GP when a patient presents following an

assault or injury. The social situation leading up to the assault should be recorded and in particular the relationship the patient had to the assailant should be explicitly recorded in the GP record.

- (b) Greater awareness and engagement of General Practice with the MARAC process needs to be encouraged with the expectation that GPs would refer patients they identify as being at risk. However it should be a two way process and GPs should be made aware of their registered patients who have already been referred to the MARAC process through other pathways.
- (c) A common theme to the input from primary care into Domestic Homicide Reviews has been the lack of professional curiosity on the part of the GP. GPs generally do not enquire enough or do not reliably record the social context from which patients' clinical presentations arise. This aspect of the role of the GP should be highlighted in the training on domestic violence and adult safeguarding.
- (d) It is recommended that the two practices with whom Kazia and Babur were registered should review their policies and procedures for identifying and responding to domestic abuse and ensure all staff receive appropriate training to support contemporary expectations for healthcare practitioners.
- (e) The GPs who work at the two practices involved should ensure this event is included in their annual appraisal documentation and the issues of identifying and responding to domestic abuse is discussed with their appraisers.

4.5 Council Looked After Children / Leaving Care Services

- 4.5.1 The IMR is clear that all contact with Babur was in line with procedure for both the Looked After Children and Leaving Care Services. In fact, the Personal Adviser in the Leaving Care Service went over and above procedure in trying to contact Babur before the scheduled closing of his case to the Service. This is a reflection of the positive relationship he evidently had with this member of staff.
- 4.5.2 The IMR outlines changes that have been made in identifying the 'vulnerability' of care leavers within the service, since a previous DHR in Lewisham. An assessment tool is now used which supports the assessment of vulnerability, and a score is given to each care leaver.
- 4.5.3 In Panel discussion, it was made clear that Babur's situation would not have led to him being identified at the highest level of this 'vulnerability matrix'. There is a recommendation in the IMR to review a sample of cases to ensure that this targeted approach is being implemented consistently.
- 4.5.4 A recommendation has also been added to this Report for the Leaving Care Service to look at cases of unaccompanied minors in relation to this assessment tool, to understand the impact of this situation on care leavers' vulnerability.

- 4.5.5 Like many Looked After Children, Babur had difficulties with his placements: he states at one point that he needs to move from his uncle's home as they are "always having arguments". In addition, in an early consultation with the GP (8 November 2006) Babur 'acknowledges [it is] difficult to communicate with foster parent'.
- 4.5.6 The IMR refers to a Looked After Children Review 'recommending' that the Leaving Care Service work with CAMHS (Child and Adolescent Mental Health Service) to support Babur emotionally. However, there is no record of a referral, and Babur did not take up this service. It is not clear if this was due to his declining the referral.
- 4.5.7 His personal adviser would have had routine discussions about his emotional and physical health and wellbeing, but the reference to CAMHS suggests deeper issues that may not have been addressed. This is addressed in a recommendation below.
- 4.5.8 In October 2010, when Babur reports to his personal adviser that he had 'been in trouble with the police', there is no evidence of any follow up to understand what this difficulty had been. Had the Service sought information from the police, information could have been disclosed about the nature of the incidents in which Babur had been involved, creating an opportunity to explore with Babur any need for additional support. However, DHR Panel discussions have made clear that there is not a clear route for this service to seek information from the police, and when it is attempted the information is often not shared; as a result this is rarely done. A recommendation is therefore included below to explore how information could be shared between the services when necessary and appropriate.
- 4.5.9 Information about the domestic violence and abuse incidents could have been shared if the Leaving Care Service had been part of the MARAC at the time (at the time Children's Social Care only checked cases with children in the household, and continue to do so). Discussions at the DHR Panel show that Children's Social Care are now represented on the MARAC, however additional representatives are not currently in place for the other teams in Children's Services, including Leaving Care. A recommendation has been added to ensure that Leaving Care, and other relevant teams in Children's Services, are part of the MARAC. It was also agreed that a recommendation would be added to ensure that all MARAC representatives are clear on what information from the service / MARAC meetings they can share; including that only relevant and proportionate information should be shared.
- 4.5.10 Babur's later involvement with the criminal justice system was followed up, via Probation, where the personal adviser sought information about the offence and sentence. Unfortunately subsequent to this, the personal adviser was unable to reach Babur, and his case was then closed as per procedure.

4.5.11 Attempts were made with Babur to encourage him to seek help following his disclosure of using alcohol and cannabis. However, the Leaving Care Service was voluntary for Babur to be involved with, and the personal adviser was limited in what she could do other than offer support and advice.

4.5.12 The IMR also puts forward the following recommendation that will help share the learning: IMR and recommendations from all agencies to be shared with all Leaving Care Service.

4.6 Lewisham and Southwark College (LeSoCo)

4.6.1 Given that neither Kazia nor Babur engaged with anyone at the college on a one to one basis, the information provided in the IMR demonstrates the absence of opportunity to support either of them.

4.6.2 Two issues are however identified. Firstly, the sharing of information with Looked After Children, and on domestic violence and abuse cases via the MARAC. Secondly, follow up with students who stop attending / drop out of courses. Both are clearly identified in the IMR: internal processes have clearly changed to address the latter, and a recommendation is set out to address the information sharing:

- (a) Senior lead manager for safeguarding to meet with Violence against Women and Girls lead to discuss LeSoCo involvement in the Domestic Violence Multi-Agency Risk Assessment Conference (MARAC)
- (b) Information sharing protocol to be developed between LeSoCo and Looked After Children/Leaving care service of the London Borough of Lewisham.

4.7 Hexagon Housing Association

4.7.1 Hexagon's contact with Babur was minimal, and they had no direct contact with Kazia. Procedure was followed in the contact Officers had with Babur in relation to reports of anti-social behaviour and requests to move.

4.7.2 It is clear however that more could have been done to explore the reasons behind the second report of anti-social behaviour, which mentioned 'arguments' and 'stamping' between 2am and 4am. This was subsequent to Hexagon being notified that Kazia was now resident in the house, and therefore could have triggered suspicions around domestic violence and abuse. Unfortunately the Housing Officer managing the allegation was unavailable for interview as part of the IMR process.

4.7.3 The DHR Panel were clear that the Housing Officer could have been more proactive in exploring this incident. The IMR sets out recommendations to improve training for staff and to improve information sharing for new nominations. However the Panel felt that the recommendations were not specific or definitive enough, and asked for them to be reworded. In addition, the following recommendations were suggested at the Panel meeting:

(a) for a domestic violence and abuse policy and procedure to be developed and implemented

(b) for Hexagon to develop engagement with the Lewisham MARAC

A second IMR was submitted by Hexagon following these Panel requests. However it was not clear how the recommendations had changed; and further to email and telephone contact with Hexagon, a recommendation has been added to this report to ensure that the learning is acted upon.

4.7.4 The Hexagon IMR is the only one to mention that Kazia may have been pregnant, via Babur's transfer application update on 24 April 2013. The Police have checked the autopsy report and have confirmed to the DHR Panel that Kazia was not pregnant at the time of her death.

4.8 Lewisham and Greenwich NHS Trust – Lewisham Hospital

4.8.1 Contact with both Kazia and Babur did not give staff at the Hospital any opportunity to identify domestic violence and abuse or offer support.

4.8.2 No specific issues are identified in the IMR for the Hospital to address, however the following recommendations are included in their IMR to ensure any learning from the Review is captured:

(a) Reference should be made to the Home Office Multi Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews within the following Lewisham Healthcare NHS Trust policies:

- (i) Safeguarding Adults at Risk
- (ii) Domestic Violence Policy

(b) Lewisham Healthcare NHS Trust will consider the impact of any partner agency reviews / recommendations on its own process.

(c) Lewisham Healthcare NHS Trust will continue to safeguard adults and children at risk through the pathways in place, including use of the Common Assessment Framework.

4.9 London Probation Trust

4.9.1 The IMR is clear that Probation's involvement with Babur was in line with procedure and agency expectations. Domestic violence and abuse was not identified at any point during his contact with the agency.

4.9.2 Had Probation known of the domestic violence and abuse – for example through intelligence checks with the police when Probation began their involvement with Babur – this would have impacted on their risk assessment and work with Babur. However, it is not standard procedure to request intelligence checks for offenders assessed, as Babur was, at 'medium risk' of reoffending and harm.

- 4.9.3 The IMR also refers to recent police changes that have centralised the information sharing process, leading to delays. A recommendation is put forward to investigate this:

The Safer Lewisham Partnership should review with Lewisham Police and the new Community Rehabilitation Company (CRC) and National Probation Service (NPS) how the local policing model could be utilised to support improving information sharing where offenders currently being supervised by probation come to police notice in relation to domestic violence and abuse.

- 4.9.4 The IMR states that a home visit could have provided a more rounded picture of Babur's situation, and relationship with his girlfriend/wife, and sets out a recommendation for ensuring that Probation Officers undertake these wherever possible. The following recommendation has been put forward in the IMR to address this:

The learning from this IMR should be promoted to staff in both the new Community Rehabilitation Service and the National Probation Service and all staff should be reminded of the value of home visiting. The purpose of this is to maximise opportunities for disclosure of domestic difficulties by service users or their families and to encourage Probation practitioners to maintain an investigative stance.

- 4.9.5 Babur's additional vulnerability of having been a refugee from a war torn country is highlighted, and reference is made to another DHR in a neighbouring borough where the perpetrator has a similar background. A recommendation is made to conduct research into the impacts of this on risk in relation to domestic violence and abuse:

Subject to resources, the Safer Lewisham Partnership to consider commissioning a literature review or some primary research in relation to domestic violence in new refugee communities in an attempt to establish some good practice principles. (Possibly in partnership with Southwark.)

- 4.9.6 The Probation IMR makes one further recommendation that is directed towards the Ministry of Justice, and this needs to be discussed by the Lewisham DHR Task and Finish Group: A potential policy recommendation would be for MOJ to review legislation and the potential benefits of including a good behaviour condition in Community Orders, so that incidents which are below the threshold required for a criminal conviction could be marked through enforcement action.

4.10 Diversity

- 4.10.1 Kazia was a Polish national; however the IMRs provided give no indication that her involvement with agencies was in any way impacted by her nationality or ethnicity.
- 4.10.2 However, research has shown that many ethnic minority women face additional barriers when seeking help as a result of experiencing domestic violence and

abuse. The IMRs do not give an indication as to how this may have been addressed with Kazia, and therefore a recommendation has been included below to investigate this further.

4.10.3 This is not however the case for Babur, an unaccompanied asylum seeker from Afghanistan. A great deal of his contact with agencies, as indicated through the IMRs, was framed by his ongoing uncertain immigration status – still unresolved at the time of the homicide.

4.10.4 For example, Babur reports that the Police apparently threatened him with deportation; and in his contact with Looked After Children and Probation he regularly referred to concerns over his immigration status. The question this raises was whether sufficient attention was paid to the impact this had on his emotional health and wellbeing despite agencies being on the whole supportive on the practical issues Babur faced.

5. Conclusions and Recommendations

5.1 Preventability

- 5.1.1 It is not possible to state that the murder was preventable or predictable: too little was known by agencies about Babur's abuse and violence towards Kazia. Opportunities were missed to explore Kazia's relationship with Babur, however even if these opportunities had been taken, we cannot assume that Kazia would have disclosed further information, or accepted any help on offer.

5.2 Issues raised by the review

5.2.1 Missed Opportunities (Kazia)

- (a) The most significant missed opportunity to explore with Kazia about her relationship with Babur – leading possibly to disclosure and offers of support – were by her GP. On five occasions the GPs had opportunities, through Kazia's presenting issue, to ask questions about her relationship and emotional wellbeing.
- (b) The discussion that took place at the MARAC also raises issues. While it was positive that the Police Officer took the step of referring Kazia to the MARAC, based on professional judgement (following an initial risk assessment of 'medium'), the lack of relevant agencies attendance can be seen as impacting on the case. Most importantly, the GP, College and Leaving Care Service were not at that time part of the MARAC and therefore did not receive information about the case. Kazia's lack of other agency contact clearly restricted the actions available to the MARAC members.
- (c) It is impossible to say whether Kazia would have taken up the support offered. However it is the view of the Report author that the responsibility and duty of care that the GP should have shown towards Kazia could have had a significant impact on her ongoing experience of domestic violence and abuse from Babur. It is essential that universal services such as these recognise their responsibility in proactively enquiring about their clients'/patients' general wellbeing and situation in order to effectively safeguard them from harm.

5.2.2 Help offered but not taken up (Kazia)

- (a) Kazia was offered support by Victim Support following the first of two incidents reported to the Police, by two workers on separate occasions. Kazia declined the support offered by the first worker and was unable to be contacted by the second worker. Following the second incident reported,

further support would have been offered by the Police Officer who made contact with Kazia.

- (b) It is possible that the delay in contacting Kazia by Victim Support (the first worker contacted Kazia four working days after the incident; the second worker contacted her a month later) impacted on her willingness to accept support, perhaps due to minimisation of the abuse and violence. This minimisation and apparent 'acceptance' of abuse is very common among domestic violence and abuse victims, as they try to keep the relationship going while hoping that the violence and abuse will end¹⁶. The delay itself may also have impacted – there is some research to suggest that, the sooner a support service is in contact with a victim (ideally within 24 hours), the more likely they are to take up that support¹⁷. A recommendation is therefore made to investigate this further locally.
- (c) Alternatively, given her attempts to seek help from her GP, it may be that Kazia preferred help and support from a generic rather than specialist service, perhaps due to the perceived stigma attached to this¹⁸. Walby & Allen have also shown that at least a quarter of female victims of domestic violence and abuse would not name it as such; and that this proportion increases for young women aged 16-24¹⁹.
- (d) It was also clear that Kazia's unwillingness to accept help was impacted by her fears for Babur's immigration status, and it is possible to suggest that this formed part of Babur's abuse of Kazia.

5.3 Vulnerability (Babur)

- 5.3.1 Babur's vulnerability, as a result of his background, isolation from family and uncertain immigration status, was recognised in part by the agencies with which he was involved, but it is the view of the Report author that more could have been done to work with him on the impact these had on his emotional health and wellbeing.
- 5.3.2 In particular more could have been done to work collaboratively – between the GP, Looked After Children Service, Leaving Care Service and Probation, at different times. Each had relevant information that, had it been shared, could have shown a more complete picture of Babur's situation and vulnerability and led to more or different offers of support.

¹⁶ Kearney, M. H (2001) 'Enduring love: a grounded formal theory of women's experience of domestic violence' *Research in Nursing and Health* 24 (4) pp270-282

¹⁷ Kelly, L. (1999) *Domestic Violence Matters: An Evaluation of a Development Project* Home Office Research Study 193, London: Home Office

¹⁸ Humphreys, C. and Thiara, T. (2002) *Routes to Safety: Protection Issues Facing Abused Women and Children and the Role of Outreach Services*, Bristol: Women's Aid Federation England

¹⁹ Walby, S. & Allen, J. (2004) *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey Home Office Research Study 276* Home Office Research, Development and Statistics Directorate March 2004

5.3.3 Babur's vulnerability in relation to his immigration status is particularly relevant, as it may have impacted on his abuse to Kazia.

5.4 Professional curiosity

5.4.1 A number of instances are presented in this review where practitioners did not explore, where possible, the information being given to them by clients. Panel members expressed this as a lack of 'professional curiosity' in the lives of those they encountered that could have impacted significantly on the way in which they interacted and supported them.

5.4.2 This is evidenced in the missed opportunities by the GP in relation to Kazia (above) and also in relation to Babur's persistent disclosure of back pain, and the possible links between this and his history before entering the country.

5.4.3 In relation to this issue, the Panel noted that there is often an assumption that practitioners know what triggers they are looking for in identifying additional vulnerabilities, including domestic violence and abuse, and that once identified or disclosed, they know what support is available and what can be offered to clients. There was a feeling that messages are 'not getting through' despite many attempts at raising awareness by the Council Crime Reduction Service and Violence Against Women and Girls Lead.

5.4.4 It must be seen as the responsibility of all organisations, not just those dedicated to responding to domestic violence and abuse victims and/or perpetrators, to ensure their staff are aware of the issues and appropriate responses. This internal awareness raising cannot be left just to the Violence Against Women and Girls Lead, but must be seen as a core duty of all.

5.5 Recommendations

5.5.1 Recommendation 1

The recommendations below should be acted on, in addition to the actions identified in individual IMRs. Initial reports on progress should be made to the Lewisham Domestic Homicide Review Task and Finish Group (that reports to the Safer Lewisham Partnership) within six months of the Review being approved by the Partnership.

5.5.2 Recommendation 2

Lewisham Police to carry out a dip sample audit of standard and medium risk cases (going back 3 months, looking at ten per month) in which no physical violence has been recorded, to assess: recognition of risk in the absence of physical violence, and whether positive responses to questions were followed up. To report on the findings to the DHR Task and Finish Group and set out actions to respond appropriately to any issues identified.

5.5.3 Recommendation 3

Leaving Care Service to carry out an audit of cases of unaccompanied minors. Audit to investigate how unaccompanied minors' emotional needs are identified and addressed, in particular if the person declines a referral to the appropriate service. To report on the findings to the DHR Task and Finish Group and act on any findings.

5.5.4 Recommendation 4

MARAC Steering Group to act to ensure that MARAC representatives are clear on what information from the service / MARAC meetings they can share. To report on actions taken to the DHR Task and Finish Group.

5.5.5 Recommendation 5

MARAC Steering Group to monitor the new process in place for information sharing between the MARAC and GPs. To report to the DHR Task and Finish Group on the ongoing development of this relationship, ensuring that the responsibilities of each side – GPs and the MARAC – are acted upon.

5.5.6 Recommendation 6

DHR Task and Finish Group to set out its expectations of all partner organisations in relation to: internal (staff) awareness raising; and the expectations of how staff should respond to those affected. The Group should then hold partners to account on staff awareness of domestic violence and abuse and how to respond proactively and appropriately.

5.5.7 Recommendation 7

DHR Task and Finish Group to set out what research (or analysis) should be undertaken – and who will undertake it – with specialist domestic violence and abuse support services (including Victim Support) in Lewisham to understand the minimum standards in relation to length of time between initial report / referral and support being offered, and how this compares with partnership expectations. The findings should be considered as part of any appropriate service developments being enacted and reported on.

5.5.8 Recommendation 8

MARAC Steering Group and Children's Services to work together to take actions to ensure that all relevant teams are engaged with the MARAC in the most appropriate and efficient way; and to report on this.

5.5.9 Recommendation 9

DHR Task and Finish Group to follow up on initial discussions and focus groups with regard to the potentially differing needs of ethnic minority victims and survivors, to ensure local services are implementing recommendations and actions as appropriate.

5.5.10 Recommendation 10

Lewisham Police to start to use the MARAC Flag available on the CRIS (Crime Recording Information) system for all MARAC cases from now on; to report to the MARAC Steering Group and DHR Task and Finish Group on its use, and the MARAC Steering Group to review the impact on repeat referral process and numbers.

5.5.11 Recommendation 11

The GP practice to review its policy and procedures for identifying and responding to domestic abuse, and make changes where necessary; and to ensure all staff receive appropriate training to support contemporary expectations for healthcare practitioners; to report on the progress of this to the DHR Task and Finish Group.

5.5.12 Recommendation 12

NHS England to discuss identifying and responding to domestic abuse with General Practitioners from this Practice during Appraisal and Revalidation.

5.5.13 Recommendation 13

Hexagon Housing to work with the DHR Task and Finish Group to develop:

- a) a Hexagon Housing domestic violence and abuse policy and procedure
- b) Hexagon's engagement with the Lewisham Multi-Agency Risk Assessment Conference (MARAC)

Appendix 1: Domestic Homicide Review

Terms of Reference

This Domestic Homicide Review is being completed to consider agency involvement with Kazia, and Kazia's partner, Babur, following the murder of Kazia. The Domestic Homicide Review is being conducted in accordance with Section 9(3) of the Domestic Violence Crime and Victims Act 2004.

The Review will work to the following Terms of Reference:

1. Domestic Homicide Reviews (DHR) place a statutory responsibility on organisations to share information. Information shared for the purpose of the DHR will remain confidential to the panel until the panel agree what information is shared in the final report when published.
2. To explore the potential learning from this murder and not to seek to apportion blame to individuals or agencies.
3. To review the involvement of each individual agency, statutory and non- statutory, with *Kazia* and *Babur* during the relevant period of time: 1 January 2008 – date of homicide.
4. To summarise agency involvement prior to 1 January 2008.
5. The contributing agencies to be as follows:
 - a) Metropolitan Police Service
 - b) General Practitioners, authored on their behalf by NHS England, London Region
 - c) Lewisham Healthcare NHS Trust
 - d) Crown Prosecution Service
 - e) Victim Support Lewisham
 - f) Lewisham Children Social Care – Looked After Children Service
 - g) Lewisham Crime Reduction Service
 - h) Hexagon Housing
 - i) Lewisham and Southwark College (LeSoCo)
 - j) London Probation Trust
 - k) UK Borders Agency (UKBA)
6. For each contributing agency to provide a chronology of their involvement with the victim, Kazia and alleged perpetrator, Babur during the relevant time period.
7. For each contributing agency to search all their records outside the identified time periods to ensure no relevant information was omitted, and secure all relevant records.
8. For each contributing agency to
 - a) provide an Individual Management Review: identifying the facts of their involvement with *Kazia* and/or *Babur*, critically analysing the service they

provided in line with the specific terms of reference; identifying any recommendations for practice or policy in relation to their agency.

- b) consider issues of activity in other boroughs and review impact in this specific case.
9. In order to critically analyse the incident and the agencies' responses to the family, this review should specifically consider the following five points:
 - a. Analyse the communication, procedures and discussions, which took place between agencies.
 - b. Analyse the co-operation between different agencies involved with the victim, alleged perpetrator, and wider family.
 - c. Analyse the opportunity for agencies to identify and assess domestic abuse risk.
 - d. Analyse agency responses to any identification of domestic abuse issues.
 - e. Analyse organisations access to specialist domestic abuse agencies.
 - f. Analyse the training available to the agencies involved on domestic abuse issues.And therefore:
 - i) To establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to identify and respond to disclosures of domestic abuse.
 - ii) To identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result and as a consequence.
 - iii) To improve inter-agency working and better safeguard adults experiencing domestic abuse.
 10. Agencies that have had no contact should attempt to develop an understanding of why this is the case and how procedures could be changed within the partnership which could have brought *Kazia* or *Babur* in contact with their agency.
 11. To sensitively involve the family of *Kazia* in the review, if it is appropriate to do so in the context of ongoing criminal proceedings. Also to explore the possibility of contact with any of the alleged perpetrator's family who may be able to add value to this process.
 12. To commission a suitably experienced and independent person to chair the Domestic Homicide Review Panel, co-ordinating the process, quality assuring the approach and challenging agencies where necessary; and to subsequently produce the Overview Report critically analysing the agency involvement in the context of the established terms of reference.
 13. To establish a clear action plan for individual agency implementation as a consequence of any recommendations.
 14. To establish a multi-agency action plan as a consequence of any issues arising out of the Overview Report.
 15. To provide an executive summary.
 16. To conduct the process as swiftly as possible, to comply with any disclosure requirements, and on completion, present the full report to the Safer Lewisham

Partnership, with subsequent learning disseminated to the Domestic Violence Forum and the local MARAC, where appropriate.

Appendix 2: Action Plan

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<i>What is the over-arching recommendation?</i>	<i>Should this recommendation be enacted at a local or regional level (N.B national learning will be identified by the Home Office Quality Assurance Group, however the review panel can suggest recommendations for the national level)</i>	<i>How exactly is the relevant agency going to make this recommendation happen? What actions need to occur?</i>	<i>Which agency is responsible for monitoring progress of the actions and ensuring enactment of the recommendation?</i>	<i>Have there been key steps that have allowed the recommendation to be enacted?</i>	<i>When should this recommendation be completed by?</i>	<i>When is the recommendation and actually completed? What does the outcome look like?</i>
The recommendations below should be acted on, in addition to the actions identified in individual IMRs. Initial reports on progress should be made to the Lewisham Domestic Homicide Review Task and Finish Group (that reports to the Safer Lewisham Partnership) within six months of the Review being approved by the Partnership						
Lewisham Police to carry out a dip sample audit of standard and medium risk cases (going back 3 months, looking at ten per month) in which no physical violence has been recorded, to assess: recognition of risk in the absence of physical violence, and whether positive responses to questions were followed up. To report on the findings to						

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
the DHR Task and Finish Group and set out actions to respond appropriately to any issues identified						
Leaving Care Service to carry out an audit of cases of unaccompanied minors. Audit to investigate how unaccompanied minors' emotional needs are identified and addressed, in particular if the person declines a referral to the appropriate service. To report on the findings to the DHR Task and Finish Group and act on any findings						
MARAC Steering Group to ensure that MARAC representatives are clear on what information from the service / MARAC meetings they can share. To report on actions taken to the DHR Task and Finish Group						
MARAC Steering Group to monitor the new process in place for information sharing between the MARAC and GPs. To report to the DHR Task and Finish Group on the ongoing development of this relationship, ensuring that the responsibilities of each side – GPs and the MARAC – are acted upon						
DHR Task and Finish Group to set out its expectations of all partner organisations in relation to: internal (staff) awareness raising; and the expectations of how staff should respond to those affected. The Group should then hold partners to account on staff awareness of domestic violence and abuse and how to respond proactively and appropriately						
DHR Task and Finish Group to set out what						

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
research (or analysis) should be undertaken – and who will undertake it – with specialist domestic violence and abuse support services (including Victim Support) in Lewisham to understand the minimum standards in relation to length of time between initial report / referral and support being offered, and how this compares with partnership expectations. The findings should be considered as part of any appropriate service developments being enacted and reported on.						
MARAC Steering Group and Children’s Services to work together to take actions to ensure that all relevant teams are engaged with the MARAC in the most appropriate and efficient way; and to report on this						
DHR Task and Finish Group to follow up on initial discussions and focus groups with regard to the potentially differing needs of ethnic minority victims and survivors, to ensure local services are implementing recommendations and actions as appropriate						
Lewisham Police to start to use the MARAC Flag available on the CRIS system for all MARAC cases from now on; to report to the MARAC Steering Group and DHR Task and Finish Group on its use, and the MARAC Steering Group to review the impact on repeat referral process and numbers						
The GP practice to review its policy and procedures for identifying and responding to domestic abuse, and make changes where necessary; and to ensure all staff receive						

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
appropriate training to support contemporary expectations for healthcare practitioners; to report on the progress of this to the DHR Task and Finish Group						
NHS England to discuss identifying and responding to domestic abuse with General Practitioners from this Practice during Appraisal and Revalidation						
Hexagon Housing to work with the DHR Task and Finish Group to develop: <ul style="list-style-type: none"> • a Hexagon Housing domestic violence and abuse policy and procedure • Hexagon’s engagement with the Lewisham Multi-Agency Risk Assessment Conference (MARAC) 						