Multi-Agency Review (MAR)

Simran Kaur

June 2019

Overview Report

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Commissioned by:
Kent Community Safety Partnership
Medway Community Safety Partnership

Review completed: 15th March 2021

CONTENTS

1. Glossary

Abbreviations and acronyms are listed alphabetically. The explanation of terms used in the main body of the Overview Report are listed in the order that they first appear.

Abbreviation/Acronym	Expansion
ANPR	Automatic Number Plate Recognition
CCG	Clinical Commissioning Group
CHRTT	Crisis Resolution and Home Treatment Team
CJLDS	Criminal Justice Liaison and Diversion service
CMHSOP	Community Mental Health Service Older Persons
CMHT	Community Mental Health Team
COVID-19	Coronavirus
CPN	Community Psychiatric Nurse
CPS	Crown Prosecution Service
CQC	Care Quality Commission
CSP	Community Safety Partnership
DA	Domestic Abuse
DARA	Domestic Abuse Risk Assessment
DASH	Domestic Abuse, Stalking and Harassment (Risk Assessment)
DAVSS	Domestic Abuse Volunteer Support Services
DHR	Domestic Homicide Review
DNA (Policy)	(KMPT) Did Not Attend
GBH	Grievous Bodily Harm
GP	General Practitioner
HBV	Honour-Based Violence
HCA	Health Care Assistant
IMR	Independent Management Report

Abbreviation/Acronym	Expansion
IMU	(Kent Police) Incident Management Unit
IOPC	Independent Office for Police Conduct
KCC	Kent County Council
KIDAS	Kent's Integrated Domestic Abuse Service
KMDASG	Kent and Medway Domestic Abuse Steering Group
KMPT	Kent & Medway NHS & Social Care Partnership Trust
MAR	Mult-Agency Review
MIND	National Mental Health Service
NHS	National Health Service
PCMHS	Primary Care Mental Health Service
PCN	Primary Care Mental Health Service Nurse
PIN	Police Information Notice
PNC	Police National Computer
PSE	Police Staff Employee
SECAmb	Southeast Coast Ambulance
SPoA	(KMPT) Single Point of Access
Storm	(Staffordshire Police) Incident Management System
VIT	Vulnerable Investigation Team

DARA

As a result of a review by the College of Police, an amended Risk assessment has been developed. The Domestic Abuse Risk Assessment (DARA) is used by front line officers. The new risk assessment includes questions around coercive controlling behaviour, including frequency of incidents. It also includes a free text box for attending officers to complete around aggravating factors, and also professional opinion around what the victim may be potentially not disclosing through fear and control.

Economic Abuse

Domestic abuse takes many forms. Some abusers repeatedly dictate their partner's choices and control their everyday actions, becoming violent or threatening to become violent if their demands are refused. An abuser may restrict how their partner acquires, uses and maintains money and economic resources, such as accommodation, food, clothing and transportation. This behaviour is known as economic abuse.

Kent Integrated Domestic Abuse Services

KIDAS supports and covers Kent, providing advice and information on services for victims, friends & family, and perpetrators of Domestic Abuse.

KMPT Community Mental Health Service for Older People (CMHSOP)

KMPT care for people over 65 years old with a functional mental health difficulty or with dementia including young onset (aged under 65) in the community. We also provide support and advice to professionals, care homes and carers.

Kent and Medway Primary Care Networks

A primary care network consists of groups of general practices working together and in partnership with community, mental health, social care, pharmacy, hospital and voluntary services in their local area, to offer more personalised, coordinated health and social care to the people living in their area.

Kent and Medway NHS and Social Care Partnership Trust

CJLDS provides early identification and screening of vulnerable people of all ages within the criminal justice system.

KMPT Multi-Disciplinary Risk Management

Each CMHSOP will hold a 'Red Risk Board Meeting' to focus on complex and high-risk patients who need a more intensive approach to risk management but do not require acute care. The red risk board should cover the presenting situation, risks identified for being on the red risk board, plan of care to reduce risk, CPA pathway, care coordination, considering a mental health support worker, and patient to go onto the board/stay on the board depending on risk.

MIND

MIND provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

National Crime Recording Process:

- Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
- Crime, Justice and Law Crime Prevention

Offender Management Domestic Abuse Programmes

Offender behaviour programmes and interventions aim to change the thinking, attitudes and behaviours which may lead people to reoffend. Most programmes and interventions are delivered in groups, but one-to-one provision is available in some circumstances. They encourage pro-social attitudes and goals for the future and are designed to help people develop new skills to stop their offending.

The Angelou Centre

The Angelou Centre offers a range of holistic women-only* services for black and minoritised women across the Northeast. The organisation remains unique as one of the few remaining, black-led women's organisations in the northeast of England, providing specialist support for black and minoritised women and children, locally, regionally and nationally.

Southall Black Sisters

Southall Black Sisters, a not-for-profit, secular and inclusive organisation, was established in 1979 to meet the needs of Black (Asian and African-Caribbean) women. Our aims are to highlight and challenge all forms gender-related violence against women, empower them to gain more control over their lives; live without fear of violence and assert their human rights to justice, equality and freedom.

2. Introduction

2.1 This Multi-Agency Review (MAR) examines agency responses and support given to Simran Kaur, a pension age female, of Indian origin and her husband, Ranjit Singh, a pension age Indian male.

2.2 The MAR examines the involvement that organisations had with Simran and Ranjit between 1st January 2018 and Simran's death in June 2019.

2.3 Simran was not the victim of a homicide (where a person is killed by another). However, this review is framed by the 2016 Home Office Domestic Homicide Review Statutory Guidance which states:

"Where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted. Reviews are not about who is culpable."[1]

2.4 In June 2019, the South-East Coast Ambulance Service (SECAmb) and Kent Police attended the family property and found Simran deceased. The Kent Coroner returned a verdict of suicide in September 2019.

2.5 During March 2019, whilst on holiday in India, Ranjit Singh is alleged to have assaulted Simran on three occasions. On 3rd April, upon his return from the UK, Ranjit Singh assaulted his adult son Jassi Singh, and on 8th April he made threats against Simran and Jassi. As a result, Ranjit was charged with offences that led to a period of estrangement from his family. Simran told her GP at the time that the situation was causing her insomnia and stress.

2.6 The key reasons for conducting the MAR are to:

1. Establish what lessons are to be learned from the death about the way in which local professionals and organisations work individually and together to safeguard victims.
2. Identify clearly what those lessons are both within and between organisations, how and within what timescales will be acted on, and what is expected to change.
3. Apply these lessons to service responses including changes to policies and procedures as appropriate; and
4. Prevent domestic violence and abuse and improve service responses for all domestic violence and abuse victims and their children, through improved intra and inter-organisation working.

[1] See Mary (2018) for a recent example of a Multi-Agency Review where coercive control was a factor in a relationship ahead of the suicide of the victim.
https://www.kent.gov.uk/__data/assets/pdf_file/0018/110376/Domestic-Homicide-Overview-Report-Mary-2018-case.pdf

5. Contribute to a better understanding of the nature of domestic violence and abuse.
6. Highlight good practice.

3. Confidentiality

3.1 The findings of this MAR are confidential. Information is available only to participating officers/professionals and their line managers, until after the MAR has been approved by the Home Office Quality Assurance Panel and published. Dissemination is addressed in section 11 below. As recommended by the statutory guidance, pseudonyms have been used and precise dates obscured to protect the identities of those involved.

3.2 Details of the deceased and perpetrator:

Name (Pseudonym)	**Gender**	**Age range at time of death**	**Relationship to deceased**	**Ethnicity**
Simran Kaur	Female	Between 60-70	*Deceased*	South Asian
Ranjit Singh	Male	Between 60-70	*Husband and perpetrator*	South Asian

The following individuals/family members were known to the Review Panel and have been given the following pseudonyms to protect their identity. Pseudonyms were selected with advice from a member of the Sikh community in lieu of family input:

Name	**Relationship to Simran Kaur**	**Relation to Ranjit Singh**
Jassi	Son	Son
Lakhveer	Daughter	Daughter
Suki	Daughter	Daughter
Gurnam	Daughter	Daughter

4. Terms of Reference

4.1 The Review Panel first met on 23rd September 2019 to consider draft Terms of Reference, the scope of the MAR and those organisations whose involvement would be examined. The Terms of Reference were agreed subsequently by correspondence - see Appendix A.

4.2 This review aims to identify the learning from Simran's death, and for action to be taken in response to that learning, with a view to preventing future deaths and ensuring that individuals and families are better supported.

4.3 The review panel was made up of agencies from Kent as Simran and Ranjit were residing in a District of Kent at the time of Simran's death. Full details of the review panel can be found below at 8.1.

4.4 Agencies with potential information about Simran or Ranjit were informed of the review as soon as the review was established. They were advised of their participation and the need to secure their records.

4.5 At the first meeting with the review panel, brief information was shared from agencies about contact with Simran and/or Ranjit, and as a result it was agreed that the review would cover the period from 1st January 2018 to the date of Simran's death. This time period was agreed, because the initial agency data trawl identified that Simran had spoken to her GP about "family matters" in January 2019, and there was no other information indicating engagement around domestic abuse, or mental health prior to that date. The panel agreed to extend the period one year, to gain an understanding of agency involvement leading up Simran's disclosure of "family matters" in January 2019.

4.6 However, it was also agreed that information held about the couple during 2005 would be shared, following information being raised about an allegation of sexual assault made against Ranjit during that time period.

4.7 Agencies were further asked to summarise any relevant contact they had had with Simran and/or Ranjit outside of these dates – along with a consideration of their contact with the couple's adult children. And, to include any information they held, that was pertinent to the review, namely domestic violence and abuse, and/or mental health information – regardless of the dates which this information covered.

4.8 Key lines of enquiry included:

a) Cultural awareness – were practitioners sensitive to the culturally specific needs of Simran?

b) Lack of agency involvement – details of and possible reasons behind the apparent gaps in contact with specialist services and health providers.

c) Agencies' specialist responses to the needs of Simran and her family as victims of domestic abuse.

5. Timescales

5.1 This review began on 25th July 2019 and was concluded on 15th March 2021. The review experienced some delay during the National COVID-19 "lockdown" period when the Kent Community Safety Partnership took the decision to pause the review due to the demand upon statutory agencies during what was an unprecedented global pandemic. Prior to this point, the review was progressing slowly but steadily due to the complexities of such cases where there has been a death by suicide. The core panel met on 25th July to agree the DHR and met again on 23rd September 2019 to set Terms of Reference. IMRs were reviewed at a panel meeting on 5th February 2020, and the panel met virtually to discuss the draft review on 31st July 2020. Subsequent versions of the report were agreed via email and discussions took place between the Independent Chair and panel members regarding specific elements of the review. A final version of the report was agreed in early 2021. At this point the family were again contacted to provide opportunity to read the report prior to Home Office submission.

5.2 The Kent Community Safety Partnership were kept fully updated on the progress of the review, and the attempts to engage the family in the process and agreed with the delays required.

6. Methodology

6.1 The detailed information upon which this report is based was provided in Independent Management Reports (IMRs) completed by each organisation that had significant involvement with Simran Kaur and/or Ranjit Singh. An IMR is a written document, including a full chronology of the organisation's involvement, which is submitted on a template.

6.2 Each IMR was written by a member of staff from the organisation to which it relates. Each IMR was signed off by a Senior Manager of that organisation before being submitted to the MAR Panel. Neither the IMR Authors nor the Senior Managers had any involvement with Simran Kaur and/or Ranjit Singh during the period covered by the review.

6.3 In addition to IMRs, one organisation provided a Summary Report.

6.4 It was acknowledged from the outset, and from the initial information provided by agencies, that culture and customs formed a vital element of Simran's experiences and would therefore form an important part of this review. In preparation for this, and to increase awareness, the Independent Chair arranged for IMR writers and panel members to be provided with a briefing session. This

session was delivered by a prominent member of the Sikh community and offered valuable insights and background information into the culture of Simran and her family, including how mental health and domestic abuse are viewed and responded to in the Sikh community. The presentation also detailed information around harmful practices including Izzat and Sharam (honour and shame).

7. Involvement of Family Members and Friends

7.1. On behalf of the Kent Community Safety Partnership, the review panel and Independent Chair, we would like to extend our sincere condolences to all members of Simran's family for their loss.

7.2. The Independent Chair sent letters to the above family members on 6th January 2020 explaining the review process and asking for their involvement with the review. These letters included information about Home Office Guidance, and leaflets for Advocacy After Fatal Domestic Abuse (AAFDA) (see Glossary).

7.3. There was a delay between the initial panel meeting in September 2019 and letters being sent to family members in January 2020. This delay occurred due to a number of factors, including the absence of a Family Liaison Officer (FLO) engaged with the family – which was due to the nature of Simran's death. In the absence of a FLO to support the family with engaging with the Chair, Kent Police offered the support of a Community Liaison Officer (CLO) – however workload and restructures led to a delay in allocation of a CLO, until December 2019. At this point the panel made a decision to allow the Christmas period to pass before the Chair would make contact with the family.

7.4. On 2nd March 2020, the couple's daughter Lakhveer contacted the Independent Chair regarding another matter – and declined involvement with the review process. The Chair sent a response, which again included details of the support available from AAFDA alongside an offer for the Chair to refer the family, and details on how the family could also self-refer to AAFDA for support.

7.5. On 27th July 2020, a Kent Police Community Liaison Officer contacted all four siblings. She left messages for three of the siblings and was able to speak to Jassi who agreed to speak with the Independent Chair. The Chair contacted Jassi the same day and organised a suitable time for a telephone call the following day. However, there was no answer when the Chair called, or when she called him later that day, and periodically over the next two weeks.

7.6. On 14th August 2020, the Independent Chair left a further message for Jassi, asking if he would like to organise a phone call to discuss the review. To date there has been no response from Jassi, and no further contact from any of the siblings.

7.7. The panel discussed the involvement of Ranjit Singh in the review process and it was agreed that, as he may pose a continued threat to the family, it would not be appropriate to involve him in the review.

7.8. The family members were contacted in early 2021, offering them the opportunity to read the report prior to submission to the Home Office. There was no contact from all but one family member, who contacted the Chair and requested no more contact in relation to the DHR as this would worsen their father's poor mental health.

7.9. Without involvement from the family members, it was not possible to ascertain whether there were friends of Simran's who would engage with the DHR process. There is no evidence that Simran had been employed, which excludes the possibility of work colleagues to engage in the process.

7.10. The absence of family and friends within this DHR means that the panel were unable to really get a sense of how Simran's experiences specifically affected her. This is not ideal for a DHR. However, the panel were able to obtain some element of Simran's voice from her interviews with Police prior to her death.

8. Contributing Organisations

8.1. Each of the following organisations were subject of an IMR:

- Kent Police
- Kent & Medway NHS and Social Care Partnership Trust (KMPT)
- Kent and Medway Clinical Commissioning Group[2]

8.2. In addition to the IMRs, Victim Support provided a short report.

8.3. Information provided by the Southeast Coast Ambulance Service and the local NHS Trust at the Terms of Reference setting stage did not identify any significant incidents relating to the circumstances of this review and therefore IMRs were not commissioned.

9. Review Panel Members

9.1 The Review Panel was made up of an Independent Chair and senior representatives of organisations that had relevant contact with Simran Kaur and/or Ranjit Singh. It also included a senior member of the Kent County Council's (KCC) Community Safety Unit, an independent advisor from a Kent-based domestic abuse service and the KCC Suicide Prevention Programme Manager to provide additional advice and input to the review.

[2] From 1st April 2020 the eight clinical commissioning groups (CCGs) in Kent and Medway merged to form a single CCG. At the time of Simran's death the CCGs were localised.

9.2 The members of the panel were:

Agency	Name	Job Title
	Dr Liza Thompson	Independent Chair
NHS Clinical Commissioning Group	Caroline Peters	Designated Professional for Safeguarding Adults
Kent Police	Ian Wadey	Detective Inspector
KCC Community Safety	Shafick Peerbux	Head of Community Safety
KMPT	Tanya Neame	Specialist Advisor Safeguarding Children
DAVSS	Henu Cummins	Chief Executive Officer
Local NHS Trust	Gina Tomlin	Safeguarding Adults Lead
Southeast Coast Ambulance Service	Jenny Churchyard	Safeguarding Practitioner
Public Health, Kent County Council	Tim Woodhouse	Suicide Prevention Programme Manager

9.3 Unfortunately, it was not possible to identify representation from a Kent based service that had expertise in issues faced by Sikh women and/or women from South Asian communities. This gap in terms of specialist provision also led to a recommendation discussed at sections 18 and 19.

9.4 In lieu of a Sikh or South Asian DA specialist from a Kent based organisation, consideration was given to utilising the expertise of specialist Black, Asian and African-Caribbean women's service Southall Black Sisters (see Glossary). However, following consultation with them, the Chair discovered it would be difficult to include them on the panel due to logistics and financial restrictions. The panel utilised the support of Kent Police's Community Engagement and Hate Crime Manager, who advised the IMR writers regarding harmful practices, honour and shame, and introduced a prominent member of the Sikh community to the Chair to assist in obtaining some insight into Simran's experiences. This was particularly important in the absence of family member involvement within the review.

9.5 Members of the panel hold senior positions in their organisations and have not had contact or involvement with Simran Kaur or Ranjit Singh. The panel met on four occasions during the MAR. Later drafts of the report were agreed by panel members via email.

10. Independent Chair and Author

10.1 The Independent Chair, and the Author of this Overview Report, is Dr Liza Thompson.

10.2 The Independent Chair has worked within the field of domestic abuse for over twelve years and was Chief Executive Officer of domestic abuse charity, SATEDA, from 2013 to 2021. She delivers domestic abuse and coercive control training to a variety of statutory, voluntary sector and private sector agencies. Her doctoral thesis examines the experiences of abused mothers within the child protection system, and she currently lectures within university faculties of Law, Social Care, Policing and Criminology. She has independently accessed specialist DHR/MAR training and has also completed all Kent County Council training required to undertake the role of Independent Chair.

10.3 The Independent Chair has no connection with the Community Safety Partnership and agencies involved in this review, other than previously being involved in review panels as an independent domestic abuse specialist and currently being commissioned to undertake Domestic Homicide Reviews and Multi-Agency Reviews. Although SATEDA is situated within the County of Kent, the services provided by SATEDA did not cover the district where Simran lived.

11. Other Reviews/Investigations

11.1. The criminal case against Ranjit, for which he was charged prior to Simran's death, has been concluded. Ranjit pled guilty at trial to offences not directly related to Simran's death and was sentenced to 3 years imprisonment.

11.2. The inquest into Simran's death was concluded in September 2019 with a finding of suicide.

12. Publication/Dissemination

12.1 This Overview Report will be publicly available on the Kent County Council website and the Medway Council website.

12.2 Family members will be provided with the website address and offered hard copies of the report.

12.3 Further dissemination will include:

a. The Kent and Medway DHR Steering Group, the membership of which includes Kent Police, Kent and Medway Clinical Commissioning Group and the Office of the Kent Police and Crime Commissioner amongst others.

b. The Kent and Medway Safeguarding Adults Board.

c. The Kent Safeguarding Children Multi-Agency Partnership.

d. Additional agencies and professionals identified who would benefit from having the learning shared with them.

13. Equality and Diversity

13.1. The review panel considered the protected characteristics provided by the Equality Act 2010. The Equality Act covers the same groups that were protected by existing equality legislation; these being age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity.

13.2. The following characteristics were not felt to be relevant: gender reassignment, pregnancy and maternity, or sexual orientation.

13.3. Equality and diversity issues were included in the terms of reference and were also discussed explicitly each time the review panel met. At the first review panel meeting, based on information available from initial information about agency involvement, the following protected characteristics were identified as requiring specific consideration:

- Sex – Simran was a female and Ranjit is a male.
- Age – Simran and Ranjit were at pension age.
- Marriage – Simran and Ranjit had been married for around forty years.
- Race – Simran was and Ranjit is, South Asian.
- Religion/belief – Simran and Ranjit were a Sikh couple.
- Disability – the panel felt that Simran's poor mental health required specific consideration.

13.4. The panel considered how the characteristics above may have created a barrier to Simran feeling able to disclose domestic abuse, speak about her mental health issues and asking for help from specialist services. Research shows that women of South Asian origin are less likely to seek out help for domestic abuse[3] or mental health,[4] yet Simran was passed details of services and expected to make the first approach to these services herself.

13.5. Simran had been married to Ranjit for forty years. The marriage had been arranged and there is no evidence to suggest that the couple lived anything other

[3] Walby, S and Allen J *Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey* Home Office (2004)
[4] Bignall, T et al *Racial Disparities in Mental Health* (2019) Available: <https://raceequalityfoundation.org.uk/wp-content/uploads/2020/03/mental-health-report-v5-2.pdf

than a traditional Sikh married life. Within the Sikh culture, family is an essential social structure and family honour is valued very highly. Sikh communities are underpinned by an inculcation of shame, which comes with the threat of ostracism. The conduct of the female members of a Sikh family is often identified as the source of shame - or embarrassment - to the family. Domestic abuse, separation and divorce are all factors which may bring shame to a family. Prior to her death she had stated that she was shamed by the incident in India and was very worried about Ranjit divorcing her from prison.

13.6. To exacerbate Simran's experiences, her personal characteristics may have also led to professionals forming assumptions about her which further intensified barriers into specialist services. For example, it was assumed by her GP that she was not a suicide risk, as he argued that he had never known of a Sikh woman to take their own life.

13.7. Sex should always require special consideration within reviews. Recent analysis of DHRs revealed gendered victimisation across both intimate partner and familial homicide, with females representing most victims and males representing most perpetrators.[5] This characteristic is therefore relevant to this case, as Simran as a victim of domestic abuse was female, and Ranjit as the alleged perpetrator is male. Although Simran died by suicide, she was subjected to domestic abuse prior to her death and the abuse perpetrated by her husband factored in her taking her own life.

13.8. Although mental health is not recognised as a protected characteristic - and prior to her death, Simran's poor mental health was not identified as constituting a disability - her mental health issues were pertinent to her experiences prior to her death and coupled with her age, religious beliefs, race, sex and married status, may have further impaired her access to specialist services.

13.9. Intersectionality is an analytic framework for understanding how aspects of a person's identity combine to create different modes of discrimination – or indeed privilege. In Simran's case, her sex, race, religion, age, mental health and married status intersected - or overlapped - to form an obstruction to her (and her family) recognising Ranjit's behaviour as abusive, feeling able to access available services; whilst also constructing her in a way which negated her as being at risk of suicide.

13.10. In addition, it is possible that Ranjit's characteristics of age, race and religion also combined to construct him in a way which led the family GP to insist that his behaviour was not conducive with domestic abuse, instead assessing him for an illness which would explain his behaviour.

[5] Home Office *Key Findings from Analysis of DHRs* (December 2016) p.3

14. Background Information

Simran Kaur

14.1. Simran Kaur was born in India during the 1950s. She met her husband, Ranjit Singh on their wedding day when she was in her early 20s.

14.2. Simran owned a property in India that had been purchased with money inherited from her family. The property was in Simran's name.

14.3. Simran stated during a police interview that she was worried about the money that she had saved, as Ranjit was pressuring her to use it for business ventures.

14.4. During interviews with police, Simran's adult children described that even during their childhood they remember their mother as being very anxious. The children also reported to police that Ranjit had been involved in extramarital relationships.

14.5. Simran suffered with some health issues and was reported to have attended her GP surgery regularly over the years, both with her husband and on her own for routine check-ups and appointments. Her GP reported as finding her articulate in discussing her own health and wellbeing. When Simran attended the surgery with her husband, the GP observed that she was able to speak for herself and the GP described her as being open and relaxed in her husband's presence.

14.6. Following the incidents detailed in the following chronology section, and Ranjit's subsequent arrest, the GP reported that Simran felt shamed by the fact that her husband was in prison. The GP stated that he believed that Simran would do anything to help Ranjit in his situation.

Ranjit Singh

14.7. From information provided to police by Simran and her family, it appears that Ranjit Singh had been verbally abusive towards Simran for some years, but that his abusive behaviour had escalated during and following their visit to India in February and March 2019.

14.8. Information provided by the family to the police was that the main cause of Ranjit's volatility was his desire to access the family's money to invest in business ventures.

14.9. Simran described her husband as having an overpowering need to succeed and prove himself by becoming a very rich man.

14.10. The GP recorded on a KMPT referral that Ranjit was a religious person who at times could be preoccupied with his beliefs.

14.11. According to GP records, Ranjit had episodes of depression in 1990 and 2001.

14.12. In June 2005 Ranjit was arrested on suspicion of sexual assault against a female colleague. Following an investigation, the matter was presented to The Crown

Prosecution Service (CPS) who advised there was insufficient evidence to support a charge. The allegation was filed with no further action.

Wider family

14.13. Following Simran's death, her daughters told police that the family did not mix with the community generally and were quite isolated within the Sikh community.

14.14. It is apparent that Simran was aware of the 2005 allegation of sexual assault against Ranjit, as she referenced it within the Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment tool questions for the initial report of threats to her and their son on 3rd April 2019 (see Glossary for details of DASH risk assessments).

14.15. Jassi was also aware of the 2005 incident to a degree. Within his DASH responses he recollected that his father was dealt with 'possibly for attempt rape around 10 years ago'.

15. Chronological Overview

15.1. In January 2019, Simran attended her GP complaining of stress which was recorded as being due to "family matters". This issue was not documented as having been discussed in depth and no follow up was documented.

15.2. On 2nd April 2019, Ranjit was seen by the same GP, accompanied by his daughter Lakhveer. He was seeking help after assaulting his wife whilst on holiday in India. According to Lakhveer, her father had become progressively agitated and irrational prior to this incident. Following the incident their other daughter, Suki, had travelled from the UK to India and returned with their father. It appears that Simran returned to the UK separately.

15.3. Also on 2nd April, the surgery received a call from the couple's son, Jassi, who was worried in case his father was having a stroke. Jassi was advised that his father had not presented with any features suggestive of an impending stroke when he was seen. Jassi was advised by the GP that his father should 'avoid confrontation'.

15.4. No mention was made in the GP notes as to the whereabouts or safety of Simran since their return from India; the GP made no attempt to contact Simran. No code for Domestic Abuse was added to the GP notes of Ranjit or Simran.

15.5. During the GP appointment, Ranjit was noted to be rational and admitting that the incident was a mistake. He was screened for signs of dementia and acute psychotic illness. Blood tests were ordered, and consent was given by Ranjit to be referred for a Psychiatric assessment.

15.6. The following day police were called to the family's home address by one of the daughters. This is the first-time police had been involved with Simran.

15.7. On arrival at the address, police were met with Jassi, who explained that an incident had taken place in the family home the previous day, where Ranjit was shouting and behaving aggressively towards Simran, causing her to hide in her daughter Lakhveer's bedroom.

15.8. Jassi reported to police that the situation had continued the following day, when his father had chased him out of the home and into the street with a hammer, striking his right arm. Ranjit had also swung the hammer towards Jassi's head but had narrowly missed, hitting a wall instead. Jassi reported that his father had threatened to kill both him and Simran.

15.9. The same day, Simran was initially spoken to by police via telephone as she was not at the family home. She had left to stay at one of her daughters' homes the previous day, due to Ranjit's aggressive behaviour. Arrangements were made to meet Simran later the same day when she would be available to speak with officers.

15.10. Attending officers completed a DASH risk assessment with Jassi – this was in line with the Kent Police Domestic Abuse protocols at the time. Jassi was risk assessed as facing a medium risk of harm.

15.11. During his responses to the DASH questions Jassi stated that there had been "arguing" between his parents for the previous 5 years, with Ranjit being demanding and controlling and making demands for money, particularly from Simran.

15.12. Jassi responded, 'Yes' to the question 'is there any other person that has threatened you or that you are afraid of?' Responding yes to this question opens further questions relating to honour-based violence (HBV). Jassi's given reason for the yes answer was 'unnamed associates.' Other questions to gain more information in relation to HBV were responded to as 'No'. No further information is recorded in relation to Jassi's 'unnamed associates' response.

15.13. A case was received by Victim Support for Jassi on 3rd April 2019, marked as Domestic Abuse Medium Risk 'malicious wounding or inflicting GBH' and 'assault without injury'. Contact attempts were made via telephone, but Victim Support were unable to reach him. No message was left as per Victim Support policy on responding to domestic abuse, and Kent Police were advised that attempts to contact had not been successful.

15.14. Ranjit was arrested for attempted GBH with intent. On arrest he admitted that he had attacked Jassi with a hammer, stating he had been provoked.

15.15. Later in the day on 3rd April, an officer attended the family home to speak specifically with Simran and to complete the DASH risk assessment questions with her. To assist with this, the officer utilised the interpreter provider 'thebigword' on her telephone. Lakhveer had offered to interpret but the officer was adamant she

would use the official interpreter. Simran responded 'No' to the questions that would have opened up the possibility of HBV. Following the DASH questions, Simran was assessed as facing a medium risk of harm.

15.16. Whilst police spoke with Simran, her daughter Lakhveer was present. It is noted that Lakhveer was very supportive and encouraging of her mother. The officer speaking with Simran felt that, had Lakhveer not have been present to encourage her mother to speak with officers, Simran would not have provided the information that she did.

15.17. Simran advised the officer that throughout their marriage Ranjit had shouted at her and pushed her. She stated that 'it was nothing more than to be expected in marriage'. The situation was causing her a lot of anxiety, she described that she had been unable to eat, drink or sleep. The officer recorded that Simran appeared to be emotionally and physically drained. The officer attempted to explore these responses further with Simran, but she would not expand on the information.

15.18. Simran reported that in February and March 2019 she and Ranjit had travelled to their home village in India. This was a usual occurrence, the frequency of which is unknown.

15.19. Simran described three separate attacks upon her whilst in India, the third of which involved Ranjit threatening her with a knife. Ranjit had also smashed her phone. The incidents centred around Ranjit's financial demands on Simran.

15.20. One of the incidents occurred whilst Simran was on a telephone call to Jassi who was in the UK. As a result of this, their daughter Suki travelled from the UK to India and returned with her father. Simran had returned separately.

15.21. The officer attending to Simran described her as being visibly distressed. The officer's intention had been to also take a statement that evening but due to Simran's demeanour and the language barrier, the officer formed the opinion that it was not the right time to take the statement.

15.22. A case was received by Victim Support for Simran on 3rd April marked as Domestic Abuse Medium Risk 'violence without injury' and 'threats to kill'. Contact attempts were made via telephone, but Victim Support were unable to reach her. No message was left as per the Victim Support policy on responding to domestic abuse, and Kent Police were advised that, despite attempts, no contact had been made with Simran.

15.23. On Friday 5th April 2019, the GP received a telephone call from one of the daughters. She informed the GP that she had called Kent Police on 3rd April as her father had threatened to kill her brother with a hammer. The GP notes state that Ranjit had been released on bail as 'he did not show signs of psychosis' but was barred from returning to his home. The GP noted his intention to make a mental

health Single Point of Access (SPoA) (see Glossary) referral on the following Monday 8th April.

15.24. On 8th April 2019, Lakhveer reported to police that on 4th April her father had called her to demand she help him encourage Simran to sign a joint bank account over to him. When Lakhveer refused to assist him, Ranjit made threats to burn the family home down and to kill Jassi, Simran and himself.

15.25. It would appear that during her conversation with police, Lakhveer was only identified as a witness and was therefore not asked the DASH questions.

15.26. On the same day, and as a result of Lakhveer's call, Ranjit was arrested. Ranjit was charged with all offences occurring during the incidents on 3rd and 8th April 2019. Ranjit was remanded by police and a trial date was set for 29th July 2019.

15.27. Also, on 8th April, the GP made the SPoA referral for Ranjit. The referral detailed how the family had attended the GP surgery with Ranjit to seek support over the incidents in India.

15.28. The SPoA referral was screened upon receipt by KMPT and was deemed non-urgent, with no immediate risk to self and others. The referral did not make it clear what Ranjit's mental health needs were, and the GP had noted 'no psychotic symptoms' within the referral. This was passed to the local Community Mental Health Service Older Persons (CMHSOP) (see glossary) team to be actioned.

15.29. On 9th April 2019, a referral was made to the Criminal Justice Liaison and Diversion service (CJLDS) (see glossary) following an assessment by the custody sergeant following Ranjit's arrest. The case was discussed during the team conference call, and it was agreed that Ranjit would be offered a vulnerabilities screening assessment by a Health Care Assistant (HCA), and if any concerns regarding his mental health were identified, he would be referred to a qualified CJLDS practitioner for an assessment of his mental health.

15.30. Ranjit was seen by an HCA in his cell on 9th April 2019 and initially agreed to engage with the screening. Ranjit spoke about his life in great depth, and it is recorded that it was difficult to keep him on topic. Ranjit spoke about difficulties with his wife and son. He denied having mental health issues or posing a risk to his family. He reported that he was homeless and had been living in his van since his first arrest on 3rd April. Ranjit became hostile approximately twenty-five minutes into the meeting and refused to further engage with the process. This request was respected, and the session was terminated. The custody sergeant and CJLDS manager were informed that the vulnerabilities screening had not been completed and it was agreed that custody staff would re-refer to CJLDS if they had any further concerns regarding Ranjit's mental health needs.

15.31. On 10th April 2019, the officer in the case returned to meet with Simran, who provided a statement in Punjabi that was later translated via 'thebigword' services.

Simran recounted the incidents that occurred in India, stating that Ranjit had continued the abuse and pressure to give him access to funds upon their return to the UK. The statement contained very little detail as to the incident on 3rd April 2019 as Simran did not witness the assault on her son.

15.32. On 10th April 2019, the GP practice was made aware that Ranjit was in HM Prison Elmley.

15.33. On 18th April 2019, Ranjit's referral to CMHSOP was closed. A letter was sent to Ranjit's GP, advising that the referral was closed as he was in prison and to re-refer upon his release if there were concerns regarding his mental health.

15.34. On the same day, Simran was seen by a locum at her GP practice, where she does not appear to have made mention of the recent incidents. Neither were there any prompts left on Simran's notes by her regular GP for the locums to enquire about her wellbeing following the GP being made aware of the reports of violence against her.

15.35. On 2nd May 2019, Simran attended the GP surgery complaining of sciatica and was referred to physiotherapy. Again, she was seen by a locum who had no prompts to enquire about wellbeing around her family situation.

15.36. On 8th May 2019, Simran attended the GP surgery and saw her regular GP. She complained of 'insomnia due to ongoing anxiety and worry related to domestic problems.' She requested sleeping tablets and was issued a short course of these. There is no evidence that the GP had enquired further about these 'domestic problems', despite the fact that he would have been aware of the nature of these issues having been informed of the incidents and Ranjit's subsequent arrest.

15.37. On 22nd May 2019, Simran visited her GP again, who recommended she take anti-depressants and try counselling. It is recorded that Simran refused this suggestion.

15.38. On 28th May 2019, Ranjit appealed against his remand in custody at a Crown Court in London. The appeal was opposed by Police. The Court bailed him with conditions to live with extended family outside of Kent.

15.39. Following his release, Ranjit breached his bail conditions by failing to reside at the bail address. He also failed to attend an appointment for the fitting of an electronic tag. It appears this was known to the police outside of Kent who circulated him as 'wanted' on the Police National Computer yet did not notify the Kent officer in the case.

15.40. On 5th June 2019, Jassi was at the hospital with his mother who was attending an appointment. Jassi reported to police that he believed he had seen Ranjit who made no approach to either Simran or Jassi and did not speak with them. Jassi's call to Kent Police led to them being made aware that Ranjit had breached bail.

15.41. On the same date, Simran contacted the investigating officer to advise them that she wished to retract her statement as supporting a prosecution against her husband was too stressful.

15.42. On 8th June 2019, Lakhveer retracted her support for a police prosecution in relation to the incident on 4th April. She stated the information within her statement was true, but it was a matter between her parents, and she did not want to be involved. She advised that if the case continued it would have no impact on her as she had, by choice, cut off contact with her father but she did not want to be involved in the prosecution. She stated the whole issue had caused her anxiety.

15.43. Having been circulated as 'wanted' by police for breach of bail, Ranjit was arrested in the Metropolitan Police area on 11th June 2019. He was put before the court on 12th June 2019 and remanded in custody awaiting trial.

15.44. On 12th June 2019, Simran attended her GP practice and saw her regular GP – she complained of insomnia and low mood and stated that the sleeping tablets had not helped. She stated she was unhappy about how things had turned out due to the family dispute and that her husband was in prison. The GP advised her to seek legal help and she was given details of MIND and information about an Asian language mental health helpline. No risk assessment or safety planning around self-harm/suicide or domestic abuse were documented.

15.45. The family state that Simran appeared to try and take control initially following Ranjit's arrest and subsequent remand in custody. Simran was sorting out direct debits and finances and tried to encourage her son Jassi to get a job. However, she gradually appeared to lose hope, fearing that Ranjit would be in prison for a long time and that he would want to divorce her. This seemed a major issue for Simran as she repeatedly asked if he could divorce her from prison. Simran felt the events that occurred in India caused her great shame and she felt she could not 'show her face again'.

15.46. By late June 2019, the Police had made arrangements with Simran to obtain a retraction statement. Two days before this appointment was due to take place, SECAmb were called to the family home where Simran was found to be deceased having taken her own life.

16. Analysis

16.1. <u>Police</u>

16.1.1. The incident of Ranjit's arrest for a sexual offence in 2005 was clearly known to Simran and Jassi. However, the impact of this on the family is unknown. There did not appear to be a reluctance by the family to acknowledge the matter, as they referenced it during the DASH questions, nor did they make a particular issue of it. It would have been inappropriate for officers to have

pursued a line of enquiry with any member of the family in relation to this matter as it was not deemed relevant to case.

16.1.2. Whilst the investigation indicates that there had been previous domestic abuse incidents perpetrated by Ranjit towards Simran, insufficient information is known as to the reason for Simran's lack of contact with Police in relation to these past matters. It is apparent that members of the family were aware of Ranjit's abusive behaviours towards Simran.

16.1.3. The DASH risk assessments were proportionate, and it is considered that, based upon the information given and the circumstances at the time, the assessments of medium were correct.

16.1.4. Economic abuse is a form of abuse when one intimate partner has control over the other partner's access to economic resources**,** which diminishes the victim's capacity to support themselves and forces them to be financially dependent upon the perpetrator. Economic abuse remains largely an invisible form of domestic abuse, not helped by the current lack of universal index to measure the extent of it within a relationship.[6] However, research shows that 95% of women experiencing domestic abuse reported experiencing some form of economic abuse.[7]

16.1.5. As with many relationships where domestic abuse is a factor, Simran and Ranjit's relationship may have appeared to the outside world as traditional yet egalitarian.[8] Economic abuse may have been a factor which exacerbated Simran's experiences of controlling behaviour by Ranjit as financial issues did appear to factor heavily in the relationship, with Ranjit applying pressure to Simran to hand over her family's money to him. There had been a small amount of conversation between family members and police regarding this, but it does not appear to have been explored as a risk factor within the relationship.

16.1.6. As detailed above at 14.45, Simran's family told police that she had initially tried to maintain some control over her finances but had then lost hope. In the absence of facts surrounding financial abuse, it is possible that Ranjit's desire to become a very rich man (as detailed above at 13.9) may have led to family debts, which Simran was left to manage. We do know that Jassi was living at home and was unemployed, and that Ranjit was responsible for providing the household's main source of income. Therefore, upon his arrest, Simran may have been left to manage the bills alone.

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[6] Postmus, JL, Hoge, GL, Breckenridge, J, Sharp-Jeffs, N, and Chung, D "Economic Abuse as an Invisible Form of Domestic Violence: A Multi-Country Review" *Trauma, Violence and Abuse* (March 2018) pp.1-23

[7] Surviving Economic Abuse (2019) Available <Report finds that 6 in 10 domestic abuse survivors are struggling with coerced debt - Surviving Economic Abuse>

[8] Tolmie, J "Coercive Control: To Criminalise or not to Criminalise?" *Criminology and Criminal Justice* 18 (2018) p.55

16.1.7. Following Lakhveer's report to police, there was no DASH risk assessment undertaken. It is understood that this was not completed at the time of the report as Lakhveer was regarded as a witness rather than a victim. A DASH could have been revisited once it was understood that Ranjit posed a risk to the wider family. The panel agreed that if Lakhveer had been identified as a victim, completion of the DASH questions with her would have provided an insight into the family dynamics and how recent incidents were impacting on the family as a unit.

16.1.8. There were no referrals completed by police for Simran in relation to any mental health or vulnerable adult concerns. Having spoken to officers who interacted with Simran, there had been no behaviours or indicators for them to have considered her to have been in imminent danger through any mental health concerns or as an adult at risk.

16.1.9. When speaking with police, Simran and her children spoke of the shame of the incident in India, of Ranjit being imprisoned and the possibility of a divorce. Simran's religion, her married status and her age intersected to cause her great distress, potentially due to the inculcation of shame within the Sikh community. This led to her wanting to retract her support of Ranjit's prosecution and ultimately led her to believe suicide was her only way out of the situation.

16.1.10. DHRs have raised questions and issues around these matters, including the exacerbation of risk when honour and shame are a factor. In addition to an increase in risk of harm, shame could pose a risk of disengagement with police. An enhanced understanding of the potential for shame in situations of domestic abuse would reduce the impact of these matters for Simran, her family and others with these specific characteristics.

16.1.11. Kent Police are involved in the College of Policing pilot in relation to a new risk assessment process to address domestic abuse incidents and crimes, Domestic Abuse Risk Assessment (DARA) (see Glossary). The revised risk assessment tool has been developed using international evidence, the experience of practitioners and the advice of survivors of domestic abuse. It is designed to make it easier for officers to identify the presence of coercive and controlling behaviour because coercive control is both a crime in itself and an indicator of serious future harm, including homicide. It should be noted that this pilot does not apply to the incidents in relation to this review but is of relevance moving forward.

16.1.12. An officer who was interviewed for purposes of this review was very positive of the new risk assessment DARA and felt this was a far better risk assessment process than DASH. DARA was not in use at the time of the incidents subject of this review. The review panel discussed how the use of DARA may have allowed more of a contextual understanding of the family dynamics in this case.

16.1.13. The use of DARA, and police training, has enhanced Kent Police's ability to identify coercive control in recent years. This has led to Kent currently seeing substantially higher arrest rates for coercive and controlling behaviour, than other forces.[9] The identification of coercive control allows for more suitable referrals into support services for victim/survivors.

16.1.14. During the DASH risk assessment completed with Jassi, he indicated that there had been "arguing" between his parents for the previous five years, with Ranjit being controlling and making demands for money from Simran. The degree of coercive and controlling behaviour was not explored further by the officer. Since the introduction of the DARA risk assessment tool, it is more likely that coercive and controlling behaviour would be highlighted as a potential risk. This is because the questions require a full and narrative response, rather than a yes or no response.

16.1.15. Police correctly followed the process for referring domestic abuse victims into Kent's Integrated Domestic Abuse Service (KIDAS) (see Glossary). This pathway into services is via triage, currently managed by Victim Support, who make three attempts to call the victim on the telephone number provided upon the referral. Victim Support's policy when contacting victims of domestic abuse is not to leave a message due to safety concerns, and upon three failed attempts the referring officer is informed that contact has not been made.

16.1.16. The initial breach of court bail - which involved Ranjit failing to attend an address outside of the county and presenting to have a tag fitted - should have been directly shared with the Kent officer in charge of the case. This would have ensured that appropriate safeguarding measures could be taken.

16.1.17. An example of good practice occurred in response to Jassi reporting sightings of his father at the hospital. Jassi's statement alone would not have been sufficient to progress this matter, and so the officer undertook an investigation which was dynamic and proactive. The officer attended the hospital to interrogate the CCTV system and put Ranjit's car registration through the ANPR (automatic number plate recognition) system to provide absolute proof that Ranjit had indeed breached his bail. Owing to this officer's diligence, charges were laid and Ranjit was remanded in custody reducing the risk he posed to the family.

16.1.18. The officer in the case worked closely with a member of staff within the Vulnerabilities Investigation Team (VIT) (see glossary) who had experience of the Sikh community and, whilst he could not positively confirm it, believed that his professional conversation with her clarified he had done all he could for Simran.

[9] Office of National Statistics *Domestic Abuse Prevalence and Victim Characteristics* (2021)

16.1.19. A VIT PCSO from within the domestic abuse team with a background in cultural matters did contact Jassi on behalf of the officer in charge of the case. She spoke with Jassi but was unable to speak with Simran and was told that Simran did not wish to speak to the officer. She offered her support and advice and, in the absence of speaking to Simran directly, gave a contact number and general safeguarding advice. This was good practice.

16.1.20. The use of the 'thebigword' translation service shows some understanding and sensitivity of the language barrier which Simran faced when providing her statement to officers.

16.1.21. There was initially little or no reluctance from the family to engage with the police, other than potentially from Simran. The officer who spoke with Simran in most depth did feel that Simran would not have given her as much information as she did, had her daughter Lakhveer not actively encouraged her to do so.

16.2. Kent and Medway Clinical Commissioning Group[10]

16.2.1. The GP stated, even as the review progressed, that he still believed the incident in India to have been an isolated event, as no previous indicators had suggested Ranjit was abusive to his wife and family. At the initial presentation, the family and the GP thought that the threats and assaults upon Simran were isolated events, with an organic cause. The family were concerned that the cause of Ranjit's behaviour could have been due to a stroke. Because of the GP's view that the one incident (that he was aware of) did not constitute domestic abuse, he did not ask any questions pertaining to the safety of Simran or the rest of the family. However, the definition of domestic abuse is as follows '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.' The fact that this was identified as a single incident should not have precluded the GP asking questions about domestic abuse.

16.2.2. The GP was made aware of Ranjit's assault upon Jassi. However, this did not alert the GP to the possibility that Ranjit's behaviour towards his wife and son was abusive. During the interview with the IMR writer, the GP continued to insist that this was not a case of domestic abuse.

16.2.3. During the GP's interview with the IMR writer, he clarified that he was aware of how and where to refer a patient if they presented as being subjected to domestic abuse. However, there is no documented evidence that the GP ever

[10] On 1st April 2020 the eight Clinical Commissioning Groups covering Kent and Medway merged to form the Kent and Medway CCG. At the time of Simran's death, her GP would have been part of a smaller, localised CCG

asked Simran directly about domestic abuse, even after he was made aware of Ranjit's arrest and the further incidents leading up to this arrest.

16.2.4. The GP practice does have domestic abuse policies; these were provided to the IMR writer and the Chair to review. The policies are comprehensive and include guidance around identifying abuse, the need for practitioners to make further assessments if even one incident or situation alerts them and gives many examples of signs of abuse. However, as the GP did not believe this was a case involving domestic abuse, these policies were not followed and therefore no further assessment was carried out with or on behalf of Simran.

16.2.5. Simran's GP was operating a single-handed practice. This reduced the opportunities for discussion with colleagues about difficult or complex cases. However, GPs have regular Protected Learning Time sessions (see Glossary) which offer the opportunity for peer support outside of surgery time.

16.2.6. The GP's judgement was hampered by an amalgamation of factors, including his long relationship with both Simran and Ranjit which clouded his ability to identify Ranjit's behaviour as abusive, along with the GP's inability to recognise that a Sikh woman may be at risk of suicide. In this way, the GP's unconscious bias towards Simran as an elderly and married Sikh woman created a barrier which prevented him from responding to her needs, and instead lead him to make assumptions about her - which tragically turned out to be false.

16.2.7. Following the initial disclosure to the GP by Ranjit and his daughter, there were no assessments of risk undertaken in respect of Simran. Her whereabouts were not sought, and her safety was not questioned by the GP.

16.2.8. The family had raised a concern with the GP, that Ranjit's behaviour was due to a physical or psychiatric illness – however regardless of the suspected reasons for Ranjit's violent behaviour, there should have been some action to seek assurance about Simran's safety and needs.

16.2.9. Simran presented to her GP twice during the eight weeks following Ranjit's remand, complaining of insomnia due to stress and worry related to the domestic situation. She was given a short course of sleeping tablets at the first appointment and, when these tablets had not helped, she was prescribed an alternative at the next appointment one month later. There is no detailed discussion documented regarding her thoughts about her husband's behaviour, whether there was a history of violence or emotional abuse, or whether she had any active thoughts of self-harming or suicide. She was last seen by the GP on 12th June 2019 when she was given information on how to contact MIND and the Asian language mental health helpline.

16.2.10. These were missed opportunities to ask Simran about her thoughts around the situation and to also assess her safety. During his interview with the IMR

writer, the GP stated that he did not think it was appropriate to ask Simran questions related to self-harm or domestic abuse as he did not think she was at risk of suicide and that this was not a case of domestic abuse. He felt that the stress Simran expressed was related to the shame of her husband being in prison.

16.2.11. The GP appeared to be aware of the value of the victim's cultural and religious background. He was aware of the issue of family shame and the need for a wife to maintain a good marriage. This knowledge could have been used to challenge or support Simran as her mood dropped. There seems to be an element of oversensitivity regarding the GP's attitude to Simran. That as a Sikh wife she would never consider suicide and that it would be rude and disrespectful to ask her of such things. The GP stated that if she had disclosed, he would have acted, but she did not disclose, so he did not ask.

16.2.12. During his interview with the IMR writer, the GP stated he had never had a case of a Sikh woman, or any woman, committing suicide in his 30 years at the surgery.

16.2.13. The GP should have offered to make referrals to culturally appropriate services in respect of the domestic abuse. There is no evidence that this was even broached with Simran because he did not suspect domestic abuse was an issue. Despite police involvement with the family, and the GP indicating on a KMPT referral that the police had been involved, he failed to identify Ranjit's behaviour as abusive. The GP may also have made an assumption that Simran would not speak against her husband.

16.2.14. The GP did not believe that Simran would take her own life as this went against the cultural norm.

16.2.15. A report produced by Rethink,[11] which involved interviews with members of the Sikh community, found that honour and shame were factors which often led to a lack of reporting of domestic abuse and disclosures of poor mental health. The report includes statements from women who were unhappy with the response they had received from their local GPs when they had asked for help. Although Simran's is not recorded as explicitly asking for help when visiting her GP, her frequent visits following Ranjit's arrest could be recognised as a request for assistance, beyond the medication she was subsequently prescribed.

16.2.16. Karasz et al (2016)[12] argue that South Asian ethnic groups in the UK have a higher prevalence of mental illness compared with other ethnic groups, which includes comparatively high instances of long-term depression following

[11] Rethink *Oppressed Voices* (2006) Available: https://equation.org.uk/product/oppressed-voices/

[12] Karasz, A et al "Mental Health and Stress Among South Asians" *Journal of Immigrant and Minority Health* 21 (2016)

adverse life experiences. A report from The Race Equality Foundation[13] found that BAME groups experienced a number of inequalities related to poor mental health, including difficulties in accessing appropriate care, and are less likely to access mental health support via primary care. Reasons for this include cultural attitudes towards mental health and patients' relationships with health practitioners. There was also evidence of greater uncertainty by clinicians in diagnosis of depression in BAME patients. The recommendations from The Equality Foundation report include mental health services engaging with local faith groups to raise awareness, and that services ensure they are accessible and non-stigmatising. The report also recommends that health practitioners develop a better understanding of cultural and faith beliefs and how these beliefs impact on behaviours around mental health.

16.2.17. Following Simran's death, all staff at the surgery received suicide awareness training. Evidence was seen of this and there was also an example given to the IMR writer of how this was put into practice.

16.3. Kent and Medway Partnership Trust (KMPT)

16.3.1. The SPoA referral made by the GP for Ranjit on 8th April 2019 was screened by the shift coordinator, and it was felt at the time that the most appropriate response was for the referral to be passed to the local Community Mental Health Service Older Persons (CMHSOP) service to action. As the referral did not indicate specific mental health needs, the normal response would have been to pass the referral back to the GP. However, consideration was given to the recent episodes of domestic abuse described on the GPs referral, and it was felt that the most appropriate response was for the local CMHSOP to consider the referral within the multi-disciplinary screening process (see glossary).

16.3.2. The GP had not marked the referral as urgent, and there was no indication that an urgent response was required in relation to Ranjit's mental health. The referral received from the GP on 8th April 2019 indicated that the police had been involved in relation to the domestic abuse and that Ranjit had been told to stay away from the family home, but no further details were provided in relation to an ongoing investigation. It was felt from the information provided on the referral that initial safeguarding issues would have been addressed. The clinician did not make contact with the police to ensure that the information provided by the perpetrator's daughter and the GP was correct and that the police were actively involved in the case – despite this being usual practice.

16.3.3. Contact with the police may have provided additional information to aid the screening and assessment process that was undertaken by SPoA following

[13] Bignall, T et al *Racial Disparities in Mental Health* (2019) Available: <https://raceequalityfoundation.org.uk/wp-content/uploads/2020/03/mental-health-report-v5-2.pdf

receipt of the referral, and in turn, enhance the risk assessment. Had the police been contacted, this would have provided an opportunity for further information gathering.

16.3.4. Once Ranjit was seen in custody for a vulnerabilities screening by a CJLDS health practitioner, information regarding Ranjit's disengagement from the screening process was shared with police, who were advised to re-refer if they had further concerns.

16.3.5. KMPT have a Domestic Abuse Policy. All KMPT staff have access to all KMPT policies via the trust intranet, where there are also links to the DASH guidance and paperwork, information leaflets and contact details of local domestic abuse services. The KMPT domestic abuse information page is reviewed and updated on a regular basis to ensure that the information that it contains is relevant, informative and useful for staff.

16.3.6. KMPT did not identify any information within the referral or subsequent vulnerabilities assessment that indicated any concern related to honour-based violence.

16.3.7. Good practice was identified where the screening clinician recognised the risk related to domestic abuse and decided to pass the referral to CMHSOP for a multi-disciplinary discussion, rather than declining the referral due to lack of mental health information.

16.3.8. There was very little information regarding Ranjit's mental health issues within the referral. When referrals into KMPT include detailed information regarding the client's mental health, it aids the screening process and enables staff to plan an appropriate response.

16.3.9. It has been noted that the training offered within KMPT in relation to domestic abuse focuses on the victim, with very little information provided in relation to perpetrators. This was reinforced during the interview with the SPoA clinician, who acknowledged that his knowledge in this area would benefit from development. It has been raised in previous DHRs that domestic abuse training and services focus on identifying and supporting victims, leaving a gap of the provision of indirect support to victims through identifying and addressing perpetrator behaviour.

16.3.10. A recommendation from a previous DHR called for the Home Office to progress its commitment to work with specialist domestic abuse organisations to assess the range of interventions currently available for perpetrators who have not been convicted of a domestic abuse offence. Such interventions could have been utilised in this case if they were available.

16.3.11. KMPT's frontline staff complete mandatory Safeguarding Adults Level 3 and Safeguarding Children Level 3 training every three years as per statutory guidance. Both of these sessions include a section on domestic abuse,

including the responsibilities of staff when domestic abuse is disclosed or suspected. Training compliance is monitored by the Learning and Development Department. Three full day Domestic Abuse training sessions have been commissioned from Centra, a local DA provider, and utilised by KMPT staff in addition, between June 2019 and January 2020.

16.3.12. It is concluded that the GP's referral for Ranjit received an appropriate response based on the information provided and the options available at the time.

16.4. Cultural Awareness and Intersectionality

16.4.1. This review has highlighted areas where an awareness of Simran and Ranjit's specific cultures may have been missing during their encounters with professionals.

16.4.2. Sikh Women's Aid have recently published a report which calls for culturally sensitive and trauma informed projects and services to be available for victim/survivors.[14]

16.4.3. Simran's race and religion intersected with her age and married status to exacerbate her experiences of Ranjit's coercive behaviour, as well as a lack of understanding of her experience from within her family and from professionals.

16.4.4. The GP did not believe Simran to be a victim of domestic abuse, or at risk of suicide, because of her religion.

16.4.5. Simran's family told police that Ranjit had been controlling and abusive to Simran throughout their marriage, however they did not identify this behaviour as domestic abuse. Sikh Women's Aid's research found that Sikh women experience coercive control over a long period of time, leading to abusive behaviours becoming normalised.[15] Safe Lives Dataset Insights found that "BME clients suffered abuse for 1.5 times longer than white or Irish people."[16] And Brittain et al found that Black and Asian women contacted services an average of seventeen times before getting the help they needed, this is compared with white women who accessed help within eleven calls for support.[17]

16.4.6. Sikh Women's Aid research suggested that rates of DA are higher in the Sikh/Panjabi communities than previously thought, and that abuse is both

[14] Pall, S and Kaur, S *From Her, Kings are Born: Impact and Prevalence of Domestic and Sexual Violence in the Sikh/Punjabi Community"* Sikh Women's Aid (2021)
[15] *Ibid* p.18
[16] IDVA Insights Dataset 202021.pdf (safelives.org.uk)
[17] Domestic Abuse in Black, Asian and Minority Ethnic Groups | Interventions Alliance

endemic and normalised - with shame and honour acting as a barrier to disclosing abuse and accessing support.[18]

16.4.7. Aisha Gill argues that "abusive acts to Asian women arise out of a multiplicity of cultural circumstances influenced by power relations, which are not limited to a single characteristic." She states that recurrent themes show that Asian women "continue to play down the levels of violence they experience"[19]

16.4.8. Sikh Women's Aid found that Sikh victim/survivors did not trust police, and that there was a lack of understanding of cultural issues throughout "generic" services. They call for women from the Sikh/Panjabi community to be classified as "hard to reach" by sector partners such as police, and for specialist services to be funded.[20]

16.4.9. An element of Simran's experiences - which would have benefited from being viewed through an intersectional lens - was the economic abuse which Ranjit subjected her to. Sundari Anitha argues that utilising an intersectional perspective to explore how gender, migration status, race, ethnicity and class can improve understanding of women's experiences of economic abuse, as a continuum.[21]

16.4.10. Ranjit was the family's breadwinner and had reportedly spent the couple's money on failed attempts to become "a very rich man." At the time of the incident in India, Simran had been resistant to including Ranjit's name on her bank account, and selling her family home in India, to provide Ranjit with money for new business ventures.

16.4.11. Where honour and shame constrain women's self-determination and independence – they also act as a catalyst for domestic abuse when these notions are challenged. Sikh women are expected to endure violence, or bring shame on their families,[22] and Ranjit's desire to be a very rich man may have also been linked to honour and shame. The Sikh community in the UK is affluent, with 92% of British Sikhs owning their homes. A Sikh principle is to work hard to earn a living,[23] and this could have been misconstrued by Ranjit as a need to be wealthy.

[18] Above n. 13 p.39
[19] Gill, A "Voicing the Silent Fear: South Asian Women's Experiences of Domestic Violence" *The Howard Journal of Crime and Justice* vol 43 (5) (2004)
[20] Above n.13 p.40
[21] Anitha, S "Understanding Economic Abuse Through an Intersectional Lens; Financial Abuse, Control and Exploitation of Women's Productive and Reproductive Labour" *Violence Against Women* vol 25 (15) (2019)
[22] Bhandari, S and Hughes, J "Lived experiences of Women Facing Domestic Violence in India" *Journal of Social Work in the Global Community* vol.2 (1) (2017)
[23] Above n. 13 p.12

16.4.12. Punita Chowbey's research[24] extends the current conceptualisations of economic abuse, by incorporating perspectives from South Asian women in Britain, India and Pakistan. Through this research, Chowbey identifies two types of economic abuse which are unique to the research – these being "exploiting women's customary marriage gifts" and "jeopardising women's long-term finances." It could be argued that Simran's experiences fit the second of these abuse types, as Ranjit's insistence – through violence and coercion – that Simran must relinquish her family's money for his business ventures, led to his arrest and ultimately to Simran taking her own life.

16.4.13. A culturally sensitive completion of a risk assessment may have resulted in a Multi-Agency Risk Assessment Conference (MARAC) referral for Simran. This would have prompted a referral into Kent's commissioned domestic abuse service. However, it is unclear whether she would have engaged with these services, even if she had been referred. At the time of the incident there were no specialist Sikh domestic abuse services available in the area where Simran lived, this is despite it being an area with a large Sikh community.

17. Conclusions

17.1. Simran Kaur did not receive any specialist support beyond her interactions with police and appointments with her GP.

17.2. There did not appear to have been any consideration given, by any professionals who came into contact with the family, to the impact of honour and/or shame on Simran or her children.

17.3. The police responded to Simran as a victim of domestic abuse and followed a standardised process. However, Simran's specific needs were not provided for, and this led to a lack of ongoing support for Simran from specialist domestic abuse providers.

17.4. The GP failed to identify Simran as a victim of domestic abuse and therefore did not make any referrals into specialist domestic abuse services.

17.5. Specialist domestic abuse support may have helped Simran navigate the criminal justice system, the separation from Ranjit and any shame that may have come from this. Support services could also have helped with Simran's finances and housing concerns which she raised with police and the GP. This may have prevented her from requesting to retract her police statement, but more importantly, may have helped her emotional wellbeing and stopped her turning to suicide.

[24] Chowbey P (2017) "Women's Narratives of Economic Abuse and Financial Strategies in Britain and South Asia" *Psychology of Violence* vol 7 (3) pp. 459-468.

17.6. For Simran, access to domestic abuse services hinged on her engagement with Victim Support. This was reliant upon her answering one of three calls they made to her. No messages were left for her to return their call and the Victim Support case was closed following three failed attempts.

17.7. Simran's specific needs as an elderly Asian woman who expressed feelings of anxiety to her GP, should have been referred into specialist mental health services. In the area where Simran lived there is a mental health charity specifically supporting people from the Asian community. Her GP failed, or refused, to identify Simran's needs due to his unconscious bias regarding her religion, race, sex, marital status and age.

17.8. Ranjit was afforded this support when the GP referred him into KMPT SPoA, and again when he was referred into the CJLDS. It would appear that Ranjit - as a perpetrator - was seen, heard and supported to a far greater extent than Simran was - as a victim.

18. Lessons to be Learned

18.1. It is the duty of all agencies to identify and respond to possible risky and harmful practices within families. The dishonour and shame that involvement with the criminal justice system may bring to Simran and her family does not appear to have been addressed, or even identified, by anyone – from the time the family approached the GP and reported Ranjit to police, through to Simran's tragic death. There is a need for refresher training around harmful practices for all agencies, including GP practices. This training would increase awareness of practices within specific cultures, which may carry a high risk of harm, especially for those who may already be vulnerable in those communities, such as women and children. (**Recommendation One)**

18.2. Pathways into the Kent Integrated Domestic Abuse Service (KIDAS) should be reviewed to ensure that there is greater access to specialist services for all domestic abuse victims. **(Recommendations Two and Three)**

18.3. It is feasible that Simran and her family may have been either reluctant to contact agencies to seek help with marital/domestic concerns prior to April 2019 or may have been unaware of the availability of services.

18.4. BAME women and girls experience disproportionately high rates of violence and abuse, are less likely to disclose their abuse,[25] and experience barriers to support due to intersectional discrimination,[26] which sees the relevant protected

[25] Walby, S and Allen J *Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey* Home Office (2004)
[26] Crenshaw, K "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics" *University of Chicago Legal Forum* 1 (1989)

characteristics identified in section 12, alongside class, poverty and caste overlap and hinder BAME victims' ability to access services.

18.5. Leicestershire DHR Rabia (2014)[27] and Stockport DHR Sarah (2018)[28] called for improved understanding and awareness of domestic abuse for women who do not have English as their first language.

18.6. A case study of the Angelou Centre in Newcastle (see Glossary) reports on their provision of a range of services for BAME women which has increased accessibility and offers a culturally appropriate response to the women who attend.[29] In 2015 Imkaan reported on a lack of specialist services, such as the Angelou Centre, for BAME women across the United Kingdom.[30] This appears to be reflected in Kent and Medway where there are limited domestic abuse services available who offer a specialist understanding of the experiences of victims of domestic abuse from culturally diverse backgrounds. This is especially stark for areas of Kent and Medway with culturally diverse communities. (**Recommendation Four)**

18.7. There are wider lessons to be learnt about the barriers to engagement with police and domestic abuse services from victims within Black and Asian communities; along with the reasons for disengagement with police following initial reports/arrests. This learning would allow the development of processes and services aimed at increasing opportunities for reporting and ongoing engagement of victims with police and specialist DA services. (**Recommendation Five)**

18.8. There is a need for all professionals to act quickly and effectively, offering support and the opportunity for referral to specialist services as soon as possible after domestic abuse has been disclosed. The pathway into Kent County Council's domestic abuse services is potentially prohibitive as it relies upon a victim answering one of three calls from Victim Support. This may pose a problem for someone who is reluctant to answer telephone calls, especially from an unknown number, for those victims who may be fearful of speaking about such a sensitive matter, or victims with English as a second language - or indeed other communication barriers. Simran's age, race and mental health challenges may have created barriers to her answering her phone, and therefore gaining access to specialist services. **(Recommendation Two)**

18.9. Cultural sensitivities are important when assessing a case of domestic abuse but must not act as a barrier when discussing potential domestic abuse with a victim. Research has indicated that there is a need for improved cultural awareness amongst healthcare professionals responding to South Asian Women when assessing suicide risk factors.[31] (**Recommendation Six)**

[27] Available <https://www.leicester.gov.uk/media/185942/rabia-overview-report-dhr-2019.pdf>
[28] Available <http://www.stockportdaf.org.uk/wp-content/uploads/2019/04/DHR-7-Overview-Report.pdf>
[29] Available <https://www.vonne.org.uk/resources/case-study-angelou-centre-supporting-bame_victims-domestic-abuse-and-sexual-violence>
[30] Available < https://drive.google.com/file/d/0B_MKSoEcCvQweWY4cDJMeG1QTkk/view>
[31] Baldwin, S and Griffiths, P "Do specialist Community Public Health Nurses Assess for Risk Factors for

18.10. The term "Cultural Competence" refers to the ability of practitioners to respond sensitively to the operations in human behaviour, including suicidal behaviour. Responding with cultural competence includes the following:

- Empathy to the emotional issues posed by cultural factors.
- A willingness to view the clinician-patient interaction in a cultural context
- A willingness to use cultural factors when developing a care plan.[32]

18.11. The apparent lack of incidents of suicide within a specific community should not equate to a lack of risk of suicide occurring within that community. Research has shown that rates of suicide amongst South Asian women are disproportionately high.[33] However, Simran's GP reported during the IMR interview that he did not know of any Sikh women who had died by suicide, and this led to him ruling out a risk of Simran taking her own life. In fact, Southall Black Sisters argue that domestic abuse is either a causal or contributing factor in the majority of deaths by suicide in South Asian women.[34] (**Recommendation Seven)**

18.12. There is a benefit of continuity within a small single handed GP practice. However, there may also be issues with collusion and/or over familiarity as the GP had known the family for many years.

18.13. Health professionals should "Think Family" with each consultation. However, Simran appears to have been forgotten about during the initial GP appointments with Ranjit and other members of the family. There was no curiosity around Simran's whereabouts or her welfare. In fact, throughout the family's involvement with the GP, Ranjit appeared to receive more care and concern than Simran. (**Recommendation Eight)**

18.14. Multi-agency training should include sessions on behaviours of domestic abuse perpetrators, the identification of abusers and recommended responses to addressing abusive behaviours. (**Recommendation Nine)**

18.15. Had Ranjit been identified as a perpetrator of domestic abuse, there would have been no suitable community-based perpetrator programmes to refer him to within his area of residence. There is a need for perpetrator programmes for abusers to

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Depression, Suicide and Self Harm among South Asian Mothers Living in London?" Public Health Nursing 26 (3) pp. 277–289 (2009)

[32] Wendler, S, Matthews, D and Morelli, P "Cultural Competence in Suicide Risk Assessment" in *The American Psychiatric Publishing textbook of Suicide Assessment and Management* (2nd eds) p.75 (2012)

[33] Crawford, M, Nur, U, McKenzie, K and Tyrer, P "Suicidal ideation and suicide attempts among ethnic minority groups in England: Results of a national household survey" *Psychological Medicine* 35 pp.1369-77; McKenzie, M, Serfaty, M and Crawford, M "Suicide in Ethnic Minority Groups" *British Journal of Psychiatry* 183 pp.100-101 (2003); Hunt, I et al "Suicide in Ethnic Minorities Within 12 Months of Contact with Mental Health Services" *British Journal of Psychiatry* (103) pp.155-160

[34] Siddiqui, H and Patel, M *Safe and Sane* (2010)

access outside of the offender management courses, which are reliant upon the perpetrator being involved in the criminal justice system (see glossary).

18.16. When Lakhveer reported her father's behaviour to police and disclosed how his behaviour had also been aimed at her – there was a missed opportunity to better understand the family dynamics, by completing a risk assessment with her**. (Recommendation Ten)**

19. Recommendations

19.1 The Review Panel makes the following recommendations from this MAR:

	Paragraph	Recommendation	Organisation
1.	18.1	Harmful Practices training made available for all agencies.	Kent Police All Agencies
2.	18.2	Commissioned domestic abuse services to explore and implement methods to strengthen engagement with victims from a diverse range of cultures.	KCC DA Commissioning
3.	18.2	The offer of DA safe enquiry and referral training for GPs – and the availability of an enhanced pathway into support services when domestic abuse is suspected or disclosed. With assurance sought from GPs, by CCG, that this is in place.	Kent & Medway CCG
4.	18.6	Commissioned domestic abuse services should include those that are equipped with the knowledge and ability to respond to victims from a diverse range of cultures.	KCC DA Commissioning
5.	18.7	Research into barriers to engagement with - and reasons for disengagement from - police and domestic abuse services, from victims within Black and Asian communities to be undertaken.	Home Office/Designate Domestic Abuse Commissioner

	Paragraph	Recommendation	Organisation
6.	18.9	The offer of culturally specific training around the impacts of domestic abuse on mental health to all GP Practices. CCG should seek assurance that this has been undertaken.	Kent & Medway CCG
7.	18.11	The Kent and Medway Suicide Prevention Programme to consider and highlight culturally specific issues relating to suicidal behaviour within different religious and ethnically diverse communities (including the Sikh community).	KCC – Public Health Team
8.	18.13	An update on the definition of domestic abuse and how to respond within the Think Family agenda should be provided to Primary Care.	Kent & Medway CCG
9.	18.14	DA providers to make a consistent level of domestic abuse training widely available - which will include identifying abusive behaviours.	KIDAS and MDAS
10.	18.16	Kent Police - through new recruit and ongoing training - will raise awareness of the need for secondary risk assessments, involving parties who may not be direct victims of domestic abuse.	Kent Police

Appendix A – Terms of Reference

Victim – Simran Kaur

These terms of reference were agreed by the MAR Panel following their meeting on 23rd September 2019.

1. Background

1.1 In June 2019, following a call from SECAmb, police officers attended a property in Kent, where they found the victim deceased.

1.2 In accordance with Section 9 of the Domestic Violence, Crime and Victims Act 2004, a Kent and Medway Domestic Homicide Review (DHR) Core Panel meeting was held on 25th July 2019. It confirmed that the criteria for a DHR had been met.

1.3 That agreement has been ratified by the Chair of the Kent Community Safety Partnership (under a Kent & Medway CSP agreement to conduct MARs jointly) and the Home Office has been informed. In accordance with established procedure, and due to the nature of the death, this review will be referred to as a Multi-Agency Review (MAR).

2. The Purpose of the MAR

2.1 The purpose of this review is to:

i. establish what lessons are to be learned from the suicide of Simran Kaur regarding the way in which local professionals and organisations work individually and together to safeguard victims.

ii. 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.

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

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

v. contribute to a better understanding of the nature of domestic violence and abuse; and

vi. highlight good practice.

3. The Focus of the MAR

3.1 This review established whether any agency or agencies identified possible and/or actual domestic abuse that may have been relevant to the death of Simran Kaur.

3.2 If such abuse took place and was not identified, the review considered why not, and how such abuse can be identified in future cases.

3.3 This review also focused on whether each agency's response to the identification of domestic abuse was in accordance with its own and multi-agency policies, protocols, and procedures in existence at the time. The review examined which methods were used to identify risk and any action plans which were put in place to reduce that risk.

4. MAR Methodology

4.1 Independent Management Reviews (IMRs) were submitted using the templates current at the time of completion.

4.2 This review is based upon the IMRs provided by the agencies that were notified of, or had contact with, Simran Kaur and Ranjit Singh in circumstances relevant to domestic abuse, or to factors that could have contributed towards domestic abuse. Each IMR was prepared by an appropriately skilled person who did not have any direct involvement with Simran Kaur and Ranjit Singh, and who is not an immediate line manager of any staff whose actions were subject to review within the IMR.

4.3 Each IMR included a chronology and analysis of the service provided by the agency submitting it. The IMRs highlighted both good and poor practice, and made recommendations for the individual agency and, where relevant, for multi-agency working. The IMRs included issues such as the resourcing/workload/supervision/support and training/experience of the professionals involved.

4.4 Each IMR included all information held about Simran Kaur and Ranjit Singh from 1st January 2005 to 31st December 2005 and from 1st January 2018 to 20th June 2019. Any information relating to Simran as the victim(s), or Ranjit being a perpetrator of domestic abuse before January 2005 was also included in the IMR.

4.6 Any issues relevant to equality, i.e., age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation were identified.

4.7 IMRs received were considered by the MAR panel on 5th February 2020, the review report was then drafted by the Independent Chair, sent to the panel on 7th July 2020, and discussed at a panel meeting on 31st July 2020.

5. Specific Issues Addressed

5.1 The following specific issues were considered within each agency IMR, and subsequently by the panel:

i. Practitioners' sensitivity to and knowledge about Simran and Ranjit's needs, as either a victim or perpetrator of domestic abuse. Including indicators of domestic abuse and how to respond if they had concerns.

ii. Policies and procedures in place for Domestic Abuse, Stalking and Harassment (DASH) risk assessment and risk management for domestic abuse victims or perpetrators. Were these assessments correctly used in the case of Simran and/or Ranjit?

iii. Did the agency comply with domestic violence and abuse protocols agreed with other agencies, including any information sharing protocols?

iv. The key points or opportunities for assessment and decision making in this case. Whether actions or risk management plans, including services offered/provided, fit with assessments – including whether accessible services were available for Simran and/or Ranjit.

v. When, and in what way, were Simran's wishes, and feelings ascertained and considered – including the response provided to Simran if she had disclosed domestic abuse to any professionals.

vi. Were procedures sensitive to the ethnic, cultural, linguistic, and religious identity of Simran, Ranjit and/or their family?

vii. Any lessons which were to be learned from this case – relating to the above.