**Fenland Community Safety Partnership**

# Domestic Homicide Review - Case of Irena

**Independent Author: Mr Jon Chapman**

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## 1. Timescale for completion

1.1 This report was commissioned by the Fenland Community Safety Partnership (FCSP) a statutory body which brings together a number of organisations with the aim of reducing crime, disorder and anti-social behaviour across the Fenland area of the County of Cambridgeshire. These agencies work jointly to improve the safety of residents and visitors by information sharing and partnership activity. One of the key safeguarding roles of the partnership is that of tackling Domestic Abuse.

1.2 On the 19th April 2017 in accordance with the locally agreed protocols and under a statutory duty in respect of Domestic Abuse, the Cambridgeshire Police notified the Chair of the Fenland Community Safety Partnership that an investigation commenced on April 13th 2017 was being treated as a domestic homicide. The Chair of the Community Safety Partnership considered the case, in conjunction with other key agencies and concluded that the case met the criteria and justification for a Domestic Homicide Review. The Home Office was notified in accordance with best practise.

1.3 The Home Office duly acknowledged the notification and invited the FCSP to commission a Domestic Homicide Review.

1.4 The FCSP held a panel meeting on June 26th 2017 and commissioned the review appointing as the Independent Chair and author, Mr Jon Chapman, who has compiled this overview report.

1.5 The following timescales were agreed by the DHR panel.

- Draft IMR's information June 26th 2017.
- Draft Overview report circulation September 2017
- Presentation of draft overview report to panel October 2017
- Finalise overview and executive summary December 2017
- Submission to Home Office QA Panel January 2018
- Publication August 2018

## 2. Terms of Reference

2.1 The following terms of reference was adopted by the panel.

2.2 The purpose of this Domestic Homicide Review is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;
- Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;

The further specific areas that this review sought to address are:

- To what extent was the misuse of alcohol an issue in this DHR?
- Were there any cultural issues that impacted on this DHR?
- Was the victim isolated; if so was it an issue?
- Did the perpetrator misuse steroids if so did it impact on this DHR?

2.3 It is also imperative that this review undertakes to illuminate the past and to understand when and where the trail of abuse commenced and to identify how this perpetuated.

2.4 The subjects of the review are identified as follows. (These are pseudonyms taken as names from their community in order to ensure anonymisation).

| **Victim** | **Date of Birth** | **Relationship** | **Ethnic origin** |
|---|---|---|---|
| Irena | 09/10/1968 | Partner | Eastern European |
| **Perpetrator** | **Date of Birth** | **Relationship** | **Ethnic origin** |
| Lukas | 07/04/1971 | Partner | Eastern European |

2.5 The period for the review was determined as being from 1st June 2014 - 5th April 2017, with agencies given the scope to examine other issues outside of the timeframe if considered relevant.

2.6 The aim and objectives of each IMR is to:
Allow agencies to look openly and critically at individual and organisational practice and the context within which people were working to see whether the homicide indicates that changes could and should be made.

- To identify how those changes will be brought about.
- To identify examples of good practice within agencies.

## 3. Methodology

3.1 It is imperative that the process of this domestic homicide review has due regard to the legislation concerning what constitutes domestic abuse which is defined as:

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

3.2 The Government definition also outlines the following:

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

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

3.3 Section 76 of the Serious Crime Act 2015 created a new offence of controlling or coercive behaviour in an intimate or family relationship. Prior to the introduction of this offence, case

law indicated the difficulty in proving a pattern of behaviour amounting to harassment within an intimate relationship.[1]
The new offence, which does not have retrospective effect, came into force on 29th December 2015.

3.4 The contributing agencies providing IMR's or reports is detailed below. IMR authors gathered information from all sources within their agencies and undertook interviews with staff where it was appropriate. This included medical records, information and statements obtained as part of the criminal trial.

3.5 The author is satisfied with the level of independence within the respective IMR's or reports that each of the statutory and other agencies have provided.

## 4 Involvement of family, friends and work colleagues

4.1 The family of Irena, namely her mother and two sons, have been visited by the police in their home country of Lithuania. The review author had supplied them with a number of questions he wanted answered to help illuminate Irena's life. The family are very distressed concerning the death of Irena. The family were provided with a leaflet explaining the DHR process and whilst willing to engage with the review their main concern was to focus on the outcome of the trial.

4.2 The family were not able to attend the trial but were updated on a regular basis with a view to speaking to the review again at the conclusion. When the trial concluded they were given opportunity to further engage with this review but choose not to do so at this time.

4.3 This review has been anonymised to protect the identity of those involved and the names used throughout are not the persons real names.

## 5 Contributors

5.1 The following agencies have contributed to the process and have provided IMR's or reports

| Agency | IMR Author/contributor |
|---|---|
| Cambridgeshire Police | Mr James Bambridge, Senior Review Officer |

[1] The Statutory Guidance cites the following cases - Curtis [2010] EWCA Crim 123 and Widdows [2011] EWCA Crim 1500.

| | |
|---|---|
| Trinity surgery (GP) | Ms Kathleen Walker |
| Queen Elizabeth Hospital (QEH) | Jerry Green, Safeguarding Adults Lead Nurse |
| Rosmini Walk in Centre | Anita Grodkiewicz |
| Fenland District Council (FDC) | Sarah Gove, Housing & Communities Manager Fenland District Council |
| Circle Housing | Nina Burton, Housing Services Manager |

## 6 Panel members

6.1 The DHR panel is composed as follows

| Name | Agency |
|---|---|
| Jon Chapman | Independent Chair & Author |
| Russell Wate | Support to Chair[2] |
| Claire Bruin | Cambridgeshire County Council (Adult Social Care) |
| Vickie Crompton | Cambridgeshire County Council (Partnership manager Domestic Abuse /Substance misuse) |
| Claire Cooper | Refuge (Domestic Abuse Specialist & voluntary sector) |
| Selina Ashman | SSS Foundation Trust (DA/ Alcohol Specialist) |
| Sarah Gove | Fenland District Council (Housing) |
| Aaron Locks | Fenland Community Safety Partnership |
| Nina Burton | Circle Housing |

[2] The support to chair is independent of all agencies, and has not been employed by any local agencies for over 8 years. He played no part in the reviewing aspect but organised all panel meetings.

| | |
|---|---|
| Carol Davies | Designated Nurse Cambridgeshire and Peterborough CCG |
| DI Kate Anderson | Cambridgeshire Constabulary Public Protection Department |
| Anita Grodkiewicz | Rosmini Centre (Migrant Specialist) |

## 7 Author

7.1 The Independent author of this report is Mr Jon Chapman.

7.2 Mr Chapman is a retired senior police detective and Senior Investigating Officer. He is the former head of the Public Protection Department of the Hertfordshire Constabulary and the former lead of the Hertfordshire Multi Agency Community Safety Unit and as such the County lead for Domestic Abuse.

He has experience as an author of both Domestic Homicide Reviews and Serious Case Reviews and has undertaken the Home Office Chair and overview author training. He is the Chair of Trustees for a Domestic Abuse Charity, which has no involvement in this review. He has enhanced knowledge of domestic abuse issues.

7.3 Mr Chapman is Independent of all agencies concerned with this review and the commissioning body of this report.

## 8 Parallel Proceedings

8.1 The criminal investigation that immediately followed the death was investigated by the Cambridgeshire Constabulary.[3] The trial took place at Crown Court and the perpetrator was found guilty of murder and sentenced to 17 ½ years' imprisonment. The Inquest into Irena's death has been opened and will now rest on the verdict from the trial.

[3] The investigation is managed by the Bedfordshire, Cambridgeshire and Hertfordshire Major Crime Unit (BCHMCU)

## 9 Equality and diversity

9.1 Each of the IMR's and this overview report has considered the key issues of diversity both in respect of Irena, perpetrator and the contributions from family and friends. Where any specific issue is encountered, this will be dealt with in narrative.

9.2 The author wishes to point out that there are no obvious omissions in respect of the protected characteristics under the Equality Act 2010 by any of the agencies and that due regard to such issues has been considered throughout by this report and the respective IMR's.

9.3 Domestic Homicide and Domestic Abuse in particular, is predominately a gender crime with women by far making up the majority of victims, and by far the vast majority of perpetrators are male. A detailed breakdown of homicides reveals substantial gendered differences. *Female victims tend to be killed by partners/ex-partners. In England and Wales 46% of all females killed in 2013/2014 were killed by partner or ex-partner, compared to just 7% of male victims.*[4] (Payton J et al 2017).

9.4 Irena is of white, Eastern European ethnicity. The perpetrator has the same ethnicity. There are no religious, cultural or other issues identified from the information provided to the author concerning either Irena or perpetrator.

## 10. Background

10.1 On the 5th April 2017 an ambulance was called to attend a flat in a residential address following an emergency call made by a male, reporting a female had collapsed, with the patient described as being unresponsive and cold to the touch. This phone call was not made by the perpetrator.

[4] Payton J et al in Dawson M (2017) ' Domestic homicides and death reviews' ' an International perspective. Palgrave

10.2 Paramedics attended and discovered Irena apparently deceased, lying on a mattress which was on the floor and appeared to be being used as a temporary bed in the lounge of the premises, which is a second floor one bedroomed flat. The general appearance of the premises was that it was in a poor state of hygiene and cleanliness, with significant evidence of the misuse of alcohol present throughout. There were three other males at the address, one of whom appeared to be in distress and was understood to be the partner of the deceased, the other was the flat owner and the third was identified as the source of the emergency 'phone call' but who had not been present at the premises but had been contacted by the other two males in order to act as an interpreter.

10.3 An initial examination of Irena indicated that she appeared to have been dead for several hours. Rigor mortis was present. Her body appeared emaciated and information obtained by the police from the males, indicated that they thought she was an alcoholic and had spent the previous two weeks drinking solidly '*on a daily basis'*. Her partner, Lukas (the perpetrator) stated that he had discovered her dead earlier that morning but that the previous day she had suffered a significant fall down the stairs whilst intoxicated. An initial police investigation identified several bruises present to her body however an assessment made by supervisory officers referred this as a sudden death and as a Coroner's matter.

10.4 On April 10th, a post mortem examination of Irena was commenced, but was halted due to concerns expressed by the pathologist as to the injuries present following the initial external examination of the body. Therefore, a forensic post mortem was approved by the senior Coroner. The resulting examination revealed that Irena had died because of significant blunt force trauma to her abdomen causing haemorrhage and lacerations to her liver. The pathologist has likened this injury to requiring an impact equivalent to either a fall from height or a road traffic collision with an almost immediate catastrophic effect.

10.5 Consequently, but several days after the discovery of Irena, a homicide investigation was commenced that resulted in the arrest of the perpetrator on April 13th, 2017. He was charged with the murder of Irena.

10.6 It was established that the Lukas and Irena knew each other from Lithuania and both were reputed to be heavy drinkers. Although not married, the indications were that their relationship had been ongoing in the UK (but not in Lithuania) for several years.

10.7 They had resided with each other at times although not exclusively so. At the time of Irena's death, the flat that she was discovered in was not hers or the perpetrators residence. They both appear to have been living together for up to two weeks leading up to her death in

the flat, the tenant of which was also a Lithuanian national. He too, was described by others in the community as an alcoholic.

## 11 Chronology

***Irena***

11.1 Irena is a Lithuanian National, who originally resided in Kretenga in the south-west of the country, which is a town close to the Baltic coast. She migrated to the United Kingdom, in late September 2013. This move appears to have come about according to her family, through apparent encouragement from the perpetrator, who had known her from their early school years. It is not thought by the family that they had a particularly strong friendship then. However, their relationship together became initially established through communication via social media networks. It is suggested that the perpetrator had in fact persuaded her to come to the UK on the promise of a better lifestyle and better employment opportunities than she had in Lithuania.

11.2 Irena was married but had been separated from her husband for a number of years, who remained living in Lithuania with their two sons, who are now both in their early twenties. When she arrived in the Fenland area she registered for work with a number of employment agencies and undertook casual labour, in the main within the food and agricultural industries. Irena also maintained contact with her mother in Lithuania and would speak with her on an infrequent basis usually by telephone. She would send small amounts of money that she earned in the UK to her family and would occasionally return home to Lithuania to spend time with her sons and her mother.

11.3 Irena's income was low, principally based on agency rates which fluctuate on or close to basic minimum wage. Irena was described by one of the agencies that employed her from December 2015 until November 2016, as a "*tiny meek woman*" who was very slightly built, was timid and would invariably smell strongly of alcohol.

11.4 Lukas was several years younger than Irena. There is no suggestion that they had a relationship whilst they lived in Lithuania. It is probable that Irena was asked to come to the UK

by the perpetrator and appears on the face of it to have willingly come. There are no indications that she did not come to the UK of her own volition.

11.5 Following Irena's diagnosis with cervical cancer in 2014, there were some initial concerns that she was unable to comprehend the serious nature of her illness. However, those concerns soon diminished and Irena understood and came to terms with her illness and was able to get the support of friends to ensure her regular attendance for her treatment and therapy. The treatment was successful and as indicated she was in remission.

11.6 The UK GP practice and health records are useful indicators of the serious illness (cervical cancer) suffered by Irena in late 2014, from which she was in remission. Otherwise, there is nothing remarkable within the disclosures made by the respective health professionals and certainly no apparent indication of any underlying domestic abuse from the respective records although it is fair to say that this aspect was not proactively explored.

11.7 The QEH IMR indicates in a comment made by Irena during an appointment with a practitioner in early 2014 at a routine screening appointment, that she indicated she "*does not drink any alcohol on a weekly basis".* Taken with the comments of friends and family this would appear not to be correct.

11.8 On the 20th November 2016, Irena was admitted by ambulance to hospital having suffered a seizure and spasms. On admission, the records do not clarify if she was accompanied by the perpetrator although the inference appears that she was. Irena stated to professionals that she had been *"drinking heavily*" for the preceding 6 months. The consultant's notes suggest that the seizure was more than likely associated with her '*significant*' alcohol consumption as there was no other underlying issue or apparent cause and no other injuries. She was discharged to outpatients for a follow-up MRI scan. The hospital records also indicate that interpreting services were used to communicate with her.

11.9 There is evidence in the hospital records that the perpetrator also stated that Irena had been drinking heavily for two days and that a neighbour stated Irena had been having suicidal thoughts due to her cancer treatment.

11.10 Perhaps of significance the perpetrator disclosed that he had administered Irena with *2 millilitres of "magnesium sulphate" – 250/ml by IM injection in her thigh for muscle spasm*. It is not clear what the reason for this was or whether any follow up action or enquiry was made. But this does indicate that the perpetrator was familiar with the intravenous administering of drugs and that he was able to exert enough influence on Irena to do this.

11.11 When admitted to the ward Irena also disclosed that she was depressed but said that by agreement with her partner she had agreed not to disclose this to hospital staff. This disclosure may have been made at this stage, as the perpetrator was not present, although the records are not clear on his presence.

11.12 When Irena returned home to Lithuania, just a few weeks later in December 2016, she had sought medical attention from her own doctor there for anxiety and was prescribed medication for her symptoms. It is apparent that during her consultation, Irena was examined and was found to have had evidence of two 'recently' broken ribs. She appears to have provided conflicting accounts as to how that injury occurred; principally that it happened as a consequence of a work related incident however the police investigation has clarified that she was not working at that time.

11.13 Irena had resided at several addresses since arriving in the UK, the most significant of which in terms of a more established residency was one that was owned by the local authority and administered by Circle Housing. On the date Irena moved into the council owned premises, she was reported by the housing agency to have been in full time employment and with "*no support needs identified*". Irena did however apply for housing benefit around that time. Having taken up this accommodation in May 2016, by August 2016, she was in rent arrears.

11.14 By October 2016, Irena was in significant rent arrears, having reported in August to the housing agency a '*fluctuating and irregular income'* of between £100 and £200 per week.

11.15 By November the agency on behalf of the local authority had given notice to take legal action for possession of the property and although by early December 2016 she had indicated that she was about to surrender her tenancy, a few days later she informed the housing association that her partner, the perpetrator was moving into the address and could support her as he was working.

11.16 However, by mid-January 2017, the housing agency had issued a date for a possession hearing for rent arrears. Irena attended a local housing office and advised that she had been out of the country for five weeks for "*health reasons*" that she was not working, and her partner's job varied as he worked for an agency.

11.17 By February 2017, in a personal visit to the housing association, Irena notified them that neither she nor her partner were working, and they had no income. Court proceedings were continuing, and she was made aware of such facts. Although possession was duly granted to the agency Irena surrendered her tenancy within days of the judgement in February 2017, not taking advantage of the four-week allowance to remain.

11.18 Following this, Irena and the perpetrator appear to have relied on friends and acquaintances to provide them with shelter and accommodation. The possession hearing was not attended by Irena. She had no further contact with the agency from February 20th.

11.19 It is noted that other than the rent arrears, there were no issues or concerns regarding her suitability as a tenant. The condition of the premises seen on visits by the agency was good and there had been no other matters raised by other, residents, neighbours or agency staff.

***The perpetrator***

11.20 Lukas came to the UK during 2010 as an economic migrant seeking employment and appears to have entered the UK on his own. Little is known of his family background other than he does have a daughter in Lithuania**.** He registered with local employment agencies. One of the agencies, with whom he registered in August 2010, indicated that his work ethic was somewhat sporadic.

11.21 In total, he had five separate periods of employment with this agency, which does seem to have been predicated by his behavioural pattern of transitory work. He was known by them as being a "*Six-week transient*", a phrase that the agency uses to identify workers whom repeatedly work solidly for a short timeframe in order to earn enough money to survive without other income and whom then disappear until they have the need to do the same again.

11.22 Employers reported to the agency that Lukas would frequently attend his workplace apparently under the influence of alcohol. This was also witnessed first-hand by the employment agency staff on occasions when he came into their offices seeking further work.

11.23 He was described as a "*happy drunk*" moreover for the fact that he was not aggressive but would tend to be argumentative, although his use of English was virtually non-existent, and he would rely on others to translate for him. According to the agency staff he was *never* seen in the company of Irena although she was nominated as his next of kin on his employment records**.**

11.24 Friends of the perpetrator state that when he first came to the UK, he would regularly visit a local gym, where he did weight training and some body building. It is also understood from friends that he used steroids or forms of steroids as part of his training, (it is not clear if these were obtained from within the UK or elsewhere). It is also understood that there is a

considerable variance of drugs and other substances available 'over the counter' within Lithuania and other EU Countries compared to the UK**.**

## 12. Overview

12.1 In the case of Irena and the perpetrator, prior to the events of April 5th 2017, neither of them had come to the notice of the police within Cambridgeshire or the UK for any reason.

12.2 Irena is not known to the Lithuanian authorities and has no convictions recorded.

12.3 Lukas is not known to the Lithuanian authorities and has no convictions recorded.

12.4 Contact with the family of Irena has primarily been with her mother, who is finding it difficult to come to terms with the death of her only child. Irena's sons have also been spoken to but have declined to be seen personally at this time. The context from the family is that they are finding it difficult to understand why the perpetrator would commit such an act and they find it difficult to comprehend, on the basis of what they knew of him, that he would be capable of such an act.

12.5 When Irena returned to Lithuania for Christmas and the New Year, 2016/2017, she did not travel with the perpetrator, who appears to have remained in the UK over this period. Irena's mother knew of Lukas but did not know him personally and does not appear to have met him despite inferences that she knew him. Like the rest of the family she does not appear to have a well-informed perspective of her daughter's lifestyle who on the face of it appears to have been a private person, although such suggested privacy may in fact be an indication of her actual isolation and vulnerability.

12.6 It is a reasonable conclusion to draw that Irena had an addiction to alcohol, which had manifested itself several years earlier in her home country. What caused this addiction is unclear but this reliance on alcohol appears to have perpetuated on her migration into the UK. This is a fact which has been clarified by her family and was a significant aspect of the murder trial of the perpetrator, who was also an alcohol abuser.

12.7 It is not clear when or how Irena became reliant on alcohol, being described by her mother as a being a *'functioning alcoholic',* who although she did see her daughter drunk on a number of occasions never witnessed her fall as a consequence of her excessive drinking.

12.8 Irena had no specific qualifications from her home country but was educated to secondary school standard and when she left full time education she gained employment as a cook working in canteens and coffee shops.

12.9 Irena married and had two sons who she adored and she had a close relationship with them despite her later separation from their father. She was also very close to her mother as an only child.

12.10 It appears that Irena had very few close friends although she was supported through her cancer treatment in 2014 by friends, who she was introduced to by the perpetrator. The review author has made enquiries into the community to see what information the community may hold to assist the learning in this review. However, very little is known by them or disclosed to the review in relation to any knowledge about Irena or the perpetrator.

12.11 Irena's mother states that she would purchase liquid vitamin B and C ampules from Lithuania, send them to her daughter who would inject them. This was usually with the assistance of the perpetrator.

12.12 Although this is not common practice within the UK (where the majority of supplements are taken orally as otherwise this requires prescriptions and suitable health practitioners to administer them) many European and other nationalities appear to prefer to administer supplements in this manner

12.13 Irena returned to the UK in early January 2017 and initially returned to the accommodation that she shared with the perpetrator.

## 13. Analysis

13.1 According to the crime survey for England and Wales (CSEW) 2012-13, 5.7% of the adult population aged 16 to 59 years had experienced some form of domestic abuse in the last year. It was estimated that 29% of male domestic abuse victims do not tell anybody about the abuse and 17% of female domestic abuse victims do not tell anybody. British Crime Survey data shows that in 2011, 38% of domestic violence incidents involved alcohol.

13.2 Many migrants come to the UK with the idea that they will live well, when in fact living conditions within the private housing sector can be sub-standard multi-occupancy premises in poorly maintained properties. Housing association properties are much better but demand is greater. The majority of employment opportunities are mainly within the food, agricultural and service sectors with associated basic remuneration.

13.3 What is apparent is that Irena and the perpetrator's relationship was hidden from outside influence and interest as they both appear to have lived in relative isolation. Irena's mother acknowledged that although she knew her daughter well, she knew little about her when she came to the UK and although she knew of the perpetrator, she knew little about him and had not in fact met him, contrary to early suggestions that she had.

**In addressing the specific terms of reference:**

***To what extent was the misuse of alcohol an issue?***

13.4 The information provided from the evidence established within the homicide investigation, is that both Irena and perpetrator were heavy drinkers and it would not be unreasonable to describe them both as alcoholics. Both Irena and the perpetrator appear to have consumed alcohol daily and although there are indications from friends and family that both had sought support from professionals in this regard, possibly on more than one occasion, the author is unable to find any evidence to support that this ever happened.

13.5 The family of Irena stated that she was due to return to Lithuania in the week following her tragic death to receive "medical treatment" for her alcoholism, although what that treatment was is not apparent. There is no record anywhere of this.

13.6 During the time that Irena was receiving treatment for cancer, she was unable to work and was reliant on financial support from family in Lithuania and friends within the UK. According to friends, she continued to consume alcohol during the period of her treatment.

13.7 One of her friends who has known her since she came to the UK stated*: "I would describe Irena as a good person, but she had a drink problem. She used to drink a lot of the time, almost every day. A lot of time she would drink Vodka, but sometimes she would drink Cider. If she had the money, she would buy big bottles of Vodka. She would then have a week where she didn't drink, but then would start again".*

13.8 The same individual stated in respect of the perpetrator*;*
*"I would describe Lukas as having a big drink problem. He was a drinker when he lived in Lithuania, but when he arrived in the UK, he stopped drinking and started going to the gym. He wasn't a bad person when he wasn't drinking and he wasn't aggressive. Unfortunately, he soon started drinking again and when he drinks he is very loud and likes to talk a lot. I stopped being friends with him around 1 year ago as I was getting fed up with his drinking. He would come round to my house and start being deliberately loud and shout to wake my children up which I didn't like."*

13.9 According to health records, Irena was recorded as "*does not drink any alcohol on a weekly basis*" in October 2014, but in 2016 was admitted to hospital and gave a history of heavy alcohol intake for six months. It is understood that Irena had in fact covered up her use of alcohol within the earlier disclosure.

13.10 The evidence within the address of the large quantities of strong alcohol, which included vodka and high alcohol content cider that appears to have been consumed in the days preceding Irena's death, was evidenced by police when first attending. Although it is known that all three persons' present were drinking, the blood alcohol level in Irena's body was between 5 and 6 times the legal drink-drive limit of 80mgs/100ml blood, or more simply put at a level that gives an indication of her high tolerance for alcohol. Irena weighed six stone, four pounds at the time of her death.

13.11 Lithuanians are known to be one of the world's heaviest drinkers[5] and according to the World Health Organization in 2016 they consumed, on average, the equivalent of 18.2 litres of pure alcohol per capita, up from 14.9 litres more than a decade ago.

13.12 Alcoholism within the Eastern European community in Wisbech, has been identified as a community problem. Recent government funding has been secured to tackle the public face of the street drinking culture associated with migrants.

13.13 Fenland's street drinking project will be delivered and overseen by the Wisbech Alcohol Project Steering Group. Supported through the creation of two new EU speaking Alcohol Outreach Recovery Workers, it aims to mitigate the impact of migrant alcohol misuse on local people and reduce alcohol-related crime and litter. The workers will also support the street

[5] WHO – Global health observatory data – Recorded alcohol per capita consumption data for age groups 15+ years since 1990.

drinkers and help them to access specialist health interventions, and will be supported by the local policing team where necessary for law enforcement.

13.14 Alcohol misuse by both parties will increase the level of risk and may mean that agencies that focus on the use of the alcohol do not always consider that the victim is probably drinking to cope with the abuse.

13.15 This risk would be increased when combined with other factors which were present in Irena's life. She was isolated, did not have English language skills and therefore was not able to easily confide or report concerns. There may have been a cultural distrust of authorities and therefore a reluctance to engage with them. She was not physically well, had a reliance on alcohol and was in financial difficulty. There was also evidence that she felt suicidal. All of these factors feature on current risk assessments.

***Were there any cultural issues that impacted on this DHR?***

13.16 Although the Lithuanian community is well established within Fenland, there are marked differences culturally, not only between the traditionally based communities, but also with other European cultures and nationalities that have taken up residency in the area.

13.17 Whilst the region has become diverse in respect of the range of nationalities and cultures, there has been a tendency for the respective nationalities to reside principally together. That picture is slowly changing. Lithuanians do not appear to mix much outside of their own nationality and much of this is historically linked to annexation and occupation of that country, which remained until 1991 and 1993 when Soviet troops finally left Lithuania.

13.18 There is a recognised distrust of authorities and much of this is a cultural issue. This also has a profound effect on the use of services, as many will avoid engagement with statutory agencies. Comparatively speaking the policing within Lithuania is also somewhat at odds with 'policing by consent' or the expectations that British people have of the police in the UK.

13.19 The use of English is markedly low by a significant number of the migrant community who tend to rely on support within their own nationalities for basic interpretation. Most health providers, the local authority, the police and some charitable and voluntary agencies, such as Citizen's Advice, alcohol and the IDVA service do provide basic interpreting services. This may not extend fully to all the services offered by other independent and voluntary services. This may not leave a gap in the access to such services but may prevent those non-English speakers

in coming forward seeking advice and support. Although there are a few voluntary services for migrants and a recognised drop-in centre for different nationalities to seek support, there is no indication that Irena sought any independent support for alcoholism or domestic abuse nor is it clear if she was aware of such services.

13.20 Both Irena and the perpetrator lived with other Lithuanian nationals during their residency and appear to have had little, if any, social networking outside of those circles. The associates that they drank with were also of the same nationality. Neither Irena or perpetrator spoke English even at a basic level and both appear to have relied on others providing translation and interpreting for them. This created a significant language barrier.

13.21 The council has funded a migrant outreach service for the past 4 years working 1.5 days a week based in Wisbech. This involved a multi lingual worker responsible for engagement with rough sleepers and homeless people from the migrant community. The role also involved voluntary repatriation of migrant workers no longer required for work and who wished to return to their home, who did not have the finances to enable them to do so.

13.22 This worker also linked in with Operation Pheasant, a national award winning multi-agency team comprising of the Police, Fenland District Council, HMRC, Cambridgeshire Fire & Rescue and Gangmaster's Licensing Authority (GLAA), addressing housing condition complaints within the private sector and exploitation including modern slavery.

13.23 Fenland District Council has been successful in bidding for a full-time outreach worker post for two years commencing shortly (2017) to continue this work and work directly with Operation Pheasant which remains an ongoing initiative.

***Was Irena isolated; if so was it an issue?***

13.24 It appears that Irena had few friends, in fact someone she probably considered to be her closest friend described herself more as being "*an acquaintance*". She was introduced to Irena by the perpetrator in 2013 and she had supported Irena with her transportation during her cancer treatment. This 'acquaintance' suggests that it was in fact Irena who encouraged the perpetrator's misuse of alcohol which then developed into a mutual alcohol abuse between them.

13.25 Irena's cancer treatment did however influence her ability to seek work, both temporary and permanent, and according to her mother she was forced to rely on financial support from her sent to Irena from Lithuania. It also appears that Irena was reduced to borrowing money

from acquaintances, which she was frequently unable to pay back. This in itself would have added to her sense of isolation.

13.26 Irena's treatment for the cancer, which consisted of chemotherapy and radiotherapy, appears to have had a major impact on her physically and psychologically and may have compounded her isolation.

13.27 Irena lodged with friends and acquaintances, yet kept herself to herself, spending a limited amount of her time in their company, but the greater proportion of her time in her room. At one address where she rented a room from a friend, she was visited regularly by the perpetrator who would bring her food and it seems would take away evidence of her drinking habits, removing empty bottles from her bedroom. No evidence of any violence or abuse between Irena and the perpetrator was witnessed by those householders.

13.28 Although Irena did have contact with her family, it was infrequent and was probably influenced by her lack of means to do this. It is reported that she doted on her two sons and how much this separation influenced her drinking may only be speculated but could be linked to being one of her coping mechanisms.

13.29 In her hospital admission in November 2016, Irena had mentioned depression being an issue for her, and her alcohol intake had increased compared to a documented limited intake in 2014. It does not appear that consideration was given to considering a referral to mental health services or for alcohol dependency support by practitioners.

13.30 Irena when she made this disclosure mentioned that she had agreed with her partner not to mention it to health care professionals. The partner also disclosed that he had administered her with a magnesium sulphate injection. Both of these actions give some indication of a controlling relationship and if Irena had been minded to discuss an abusive relationship this is the type of situation which should be identified as an opportunity and maximised.

13.31 The police investigation identified that Irena was visited by one of her sons as there is photographic evidence which gives a clear indication that this took place during the early summer of 2016. Irena also notified the housing agency that this was happening, yet her family initially denied that this visit took place. Quite why this is the case is not clear, although it is thought that the family wish to distance themselves from involvement in the criminal proceedings.

13.32 The combined factors of being a non-English speaker which limited her social contact, having limited resources, suffering significant ill health, having a reliance on alcohol and only limited contact with her family abroad meant that Irena was significantly isolated.

***Did the perpetrator misuse steroids and if so did it impact on this DHR?***

13.33 The perpetrator is reported to have taken up weight training/body building as part of a fitness regime and to kerb his consumption of alcohol. There is no evidence to suggest that he misused steroids but his associates believe that he was continuing to use steroids even when he was drinking excessively. The relevance of the misuse of steroids is that they have been linked to causation of violent behaviour in other cases.

13.34 The fact that the perpetrator admitted to injecting Irena with magnesium sulphate to health practitioners in her November 2016 admission following her seizure, would tend to indicate that he was both familiar with the use of this treatment for muscle spasm and that he was able and confident to performs intramuscular injections, such as also exemplified in his injecting her with vitamin supplements. Those supplements were supplied by Irena's mother and brought into the UK from Lithuania. She was aware that the perpetrator was administering these vitamin injections to her daughter.

***Was Coercive and controlling behaviour a factor in this case?***

13.35 The perpetrator encouraged Irena to come to the United Kingdom in the first instance, although it is accepted that she came of her own volition. Irena is described as a diminutive figure whilst the perpetrator was a man who used the gym as a body builder and used steroids to enhance this. As already described Irena was very isolated for a number of reasons and this may have caused a reliance on the perpetrator which was easy for him to exploit.

13.36 There is evidence that the whilst Irena was limited in her access to others, that the perpetrator brought food and alcohol for her and used to remove evidence of any excessive drinking from her room. The perpetrator accompanied Irena on medical appointments and disclosed that he had injected her with magnesium sulphate when she suffered a spasm indicating that there was a level of control. These factors give strong weight to the assertion that Irena was subject to a controlling relationship.

## 14. Conclusions

14.1 This is a case where the death of Irena does appear to have a significant connection with the misuse of alcohol, her isolation and the controlling behaviour on the part of the perpetrator. These vulnerabilities were further amplified by Irena's limited command of English and her lack of close friends, and the ability to find consistent work following her serious illness and a limited income.

14.2 These facts combined with a lack of understanding of UK culture, lack of knowledge of the support available from statutory and voluntary agencies, must have created for her a significant feeling of isolation and left her vulnerable.

14.3 Irena appears to have become reliant on the perpetrator for her needs. Understanding what she faced is almost unknown as she seems to have been a 'closed book'. It is difficult to imagine how her life must have been, given that she seems to have had nowhere to turn to, or been aware of how she could have sought support.

14.4 When we look at her vulnerable status and consider the factors involved, it is likely that there will be others in a very similar position to hers. If anything is to be understood and learnt from this case, it is important that both voluntary and statutory agencies can take this learning forward.

14.5 They should consider how people such as Irena can be reached and given support when it is most needed. We need to discover ways to get victims to come forward or reach them. Given the statistics of those suffering domestic abuse in Lithuania, this is not a problem that is unique to the UK. However, the opportunities and interventions open to victims whom have migrated to the UK is a matter that perhaps requires further agency discussion and publicity.

14.6 The law in Lithuania did not see any significant legislation until the Law on Protection against Domestic Violence, adopted in mid 2011. Until that time Lithuania was one of just two EU member countries which did not have any specified legislation in respect of domestic violence. Surveys have indicated that in excess of 50% of divorced/separated women have suffered domestic violence with the figure being 15% of married women.[6]

14.7 Very much like the United Kingdom, the law takes times to influence society and individuals and others, breaking the cycle and stepping forward. In comparative terms, the Lithuanian legislation lags in comparison behind most other European countries and certainly those within the European Union although there is a clearly defined multifaceted approach to

[6] Lithuanian statistics from 2013

tackling all forms of domestic violence and family violence which includes law enforcement, prosecutors and the media as well as rehabilitation programmes and safeguarding initiatives.

14.8 Whether Irena was a pre-existing victim of domestic abuse is not clear. There is, for example, no information to indicate how or why she separated from her husband although statistically the divorce rate in Lithuania is high compared to the rest of Europe.[7]

14.9 There is little doubt that Irena was vulnerable and it appears that the perpetrator was able to use his influence to bring her into the UK on the understanding that she would have a better lifestyle, but the reality was that this was a way in which he was able to gain her trust.

14.10 Once Irena came to the UK it seems that she was lost under his influences, and combined with her alcoholism and her serious illness in late 2014, she seemed unable to remove herself from the relationship probably due to her limited means, health and isolation.

14.11 In understanding what is controlling and coercive behaviour, the legislation is in its relative infancy and remains in a process of evolvement and understanding by agencies and professionals. This confusion perhaps goes some way in emphasising that it is still primarily acts of violence that are focused upon in response to domestic abuse. The change in the law in December 2015 shows that there is still a considerable way to go in ensuring that there is a wider understanding as to what is controlling and coercive behaviour and that professionals need to be better equipped to read between the lines. This equally applies to the education of other professionals and should include employers and voluntary groups.

14.12 Coercive control is not primarily a crime of violence, but it is firstly and foremost a liberty crime[8]. What has been seen is that there has been no obvious violence within the relationship but that the violence was hidden and clearly was progressive in terms of the severity considering the injuries sustained by Irena which came to notice in December 2016. Why Irena did not raise this as an issue with her family in the relative safety of Lithuania during her visit home can only be speculated upon, and it is a sad indictment that she may have had that opportunity in the face of healthcare professionals too but declined to speak up.

14.13 It is well documented that a staggering amount of domestic abuse can take place before people report it or have the courage to come forward. This is not just on the part of the victims but also family and friends, and this case emphasises the need to ensure that agencies broaden

[7] In 2010, Lithuania was the 9th highest worldwide in respect of divorce at 3.10 per thousand people.

[8] Stark, E., Coercive control. 'The entrapment of women in personal life'. (U.S.A: Oxford University Press, 2007)

their approach to tackling this abuse.

14.14 Although, for example, there was no indication in her admission to hospital in November 2016 that she was a victim of domestic abuse, that very question was not asked. It becomes an academic point that if the question isn't asked, it can't be happening, when the contrary position is that the question *should* be asked as opposed to an assumption that it is not required to be asked.

14.15 To ensure that a full picture emerges professionals need to exercise healthy curiosity as a matter of routine and use interpreting services to ask the appropriate questions.

14.16 When dealing with domestic abuse agencies should go a step further in addressing the root causes and create a preventative strategy targeting the key areas in particular that of excessive alcohol consumption. Public Health England has suggested that at any one time 75% of dependent drinkers are not engaged with services and combining this with the lack of engagement with the migrant community, may only go to exacerbate the problems that face the partnerships.

14.17 A key finding of the 'Blue Light Project', Alcohol Concern's national initiative[9] to develop alternative approaches and pathways for treatment resistant drinkers, is that alcohol-related domestic abuse, particularly in cases where both the perpetrator and victim are 'change resistant' drinkers, can create a context in which fatal violence is more likely, and yet appears to be particularly difficult to prevent. This was built on by Against Violence and Abuse (AVA) publication in June 2016 which sought to create a baseline of good practice for those supporting clients that have been understood to be change resistant drinkers and are perpetrating or experiencing domestic abuse.[10]

## 15. Lessons learned

15.1 As highlighted in the conclusion section there are a number of learning themes that arise from this DHR. These are:

- Alcohol misuse
- Migrant isolation
- Migrant cultural issues
- Controlling and coercive behaviour

[9] Published August 5th 2016.

[10] Domestic Abuse and change resistant drinkers: preventing and reducing the harm (learning lessons from Domestic Homicide Reviews) June 2016

15.2 Although controlling and coercive behaviour is now embedded within domestic abuse law, it appears to be the least understood aspect of the overall domestic abuse and safeguarding legislation and where all professionals need to think wider and seek to explore individuals with greater curiosity. Front-line practitioners need to be more alert to the signs and symptoms of these behaviours and be able to highlight possible triggers and identify those subtle nuances and inferences and so make appropriate referrals.

15.3 What this case highlights is that professionals do need to explore issues in order to satisfactorily understand comments made. Questions need to be articulated on a case by case basis and ensure that the recipient comprehends what is being asked and why.

15.4 As professionals, there is a duty to ensure that this tragedy endured by the survivors isn't forgotten and that others who may be suffering a similar life can get help.

15.5 Re-direction or referral to other services, in this case to alcohol dependency support, could have been considered in November 2016. Professional regard for this should be that if there is recognition of a potential need or it is in the person's best interests (consent being requested), a referral to the relevant support services should always be made. Whether the 'service user' takes up the opportunity is a matter for the individual, but without adequate signposting the matter is effectively closed to those who may have a limited understanding of how they can seek other longer-term support outside of the immediate response to their circumstances.

15.6 It should also be acknowledged that there has been good practice identified. This includes the use of interpreting services in the support of Irena, from the diagnosis of her carcinoma and throughout her treatment and the tenacity of the health professionals in the provision of clear communication to ensure that she received appropriate treatment.

15.7 Other good practice was the Housing Association's record keeping, and their use of interpreting services also identifies that there was considerable contact made with Irena for the duration of her tenancy and that despite the fact that she was in arrears she was kept well-informed of her options and rights throughout.

## 16. Recommendations

16.1 The introduction in December 2015 of the legislative changes to domestic abuse, which appear to have come late in this case, have been a 'slow burn' in terms of the wider public and

professional knowledge and this tragedy highlights that this is not just a local issue, but is a wider issue across England and Wales. Prosecutions remain at a low level and some police forces have not made any prosecutions yet.

16.2 Addressing the normalisation of violence within drinking couples is critical in reducing the risk of harm to all involved and should be included in any training on alcohol-related domestic abuse. Addressing key issues such as *'is this person's drinking causing a problem in the context of his, her and their lives?*' is critical in gaining an understanding.

16.3 Targeting the migrant community could assist in examining the cause and effect of drinking within relationships and support future initiatives designed to target those more difficult to reach groups.

**Recommendation 1:**

The FCSP should consider convening with their partners several practitioners' events across the Fenland area for professionals and agencies using this case to highlight the effect of alcohol and controlling and coercive behaviour. This will also help to gain a clearer picture of how to reach Fenlands diverse migrant communities and other minority groups. This should also include the integration of alcohol abuse awareness with voluntary agencies and the FDC tackling alcohol initiative.

**Recommendation 2:**

The FCSP should seek assurance that each agency strategic safeguarding lead ensures that front-line staff are able to recognise the signs and symptoms of this specific form of domestic abuse. Where there is, or has been, a lack of intervention, that practitioners have the confidence to be empowered to escalate their concerns to ensure that referrals are made and that agency opportunities can be addressed by professional strategy discussion.

**Recommendation 3**:

(i) The FCSP should seek assurance that health practitioners, through the CCG in their area, are encouraged to ask explicit questions concerning domestic abuse and that signposting to other support agencies by referral is considered on an individual basis as best suits the needs of the individual, e.g. alcohol/drug support.

(ii) The FCSP should ask the QEH Trust to review their policy to consider asking all patients

if there is any domestic abuse as opposed to targeting specific categories of patients as is current practice under trust policy.

**Recommendation 4:**

The FCSP should look at Integrating agencies such as the Gangmaster and Labour Abuse Authority (GLAA) to the FCSP for 'future proofing' domestic abuse policy within the migrant population. This should be considered to maximise publicity opportunities in the workplaces. The experience of the multi-agency approach to tackling issues involving the exploitation of the migrant community in Operation Pheasant [11] may be useful in broadening the approach to intervention opportunities.

**Recommendation 5**:

The FCSP should seek to ensure that that local housing associations and providers seek to gain Domestic Abuse Accreditation.

**Recommendation 6:**

The FCSP should seek to ensure that Migrant Outreach workers work with Houses in Multiple Occupation (HMOs) to offer advice, guidance and signposting for domestic abuse.

**Recommendation 7:**

The FCSP should look at ways to gain voluntary support from within the migrant community in supporting initiatives for tackling domestic abuse to assist in creating opportunities for intervention. They should consider initiating this with a focus group to inform a communication strategy to include working with employers of the migrant communities.

[11] A multi-agency initiative involving Fenland District Council, the Police, Home Office Immigration Enforcement, Gangmaster Licensing Authority (GLA), HM Revenues & Customs (HMRC), Cambridgeshire Fire & Rescue.

**Appendix A**

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Aarron Locks
Community Safety Manager
Fenland District Council

25 June 2018

Dear Mr Locks,

Thank you for submitting the Domestic Homicide Review (DHR) report for Fenland ('Irena') to the Home Office Quality Assurance (QA) Panel. The report was considered at the QA Panel meeting on 25 April 2018. I apologise for the delay in providing the Panel's feedback.

The QA Panel would like to thank you for conducting this review and for providing them with the final report. The Panel concluded that this review identifies useful learning and contributions from the victim's mother and other sources help to see events through the victim's eyes. The Panel particularly liked the information in the review about the home country and the culture of the victim and perpetrator. The Panel also commended the breadth and expertise of the review panel.

There were, however, some aspects of the report which the Panel felt may benefit from further analysis, or be revised, which you will wish to consider:

- Whilst the review identifies coercive and controlling behaviour, the Panel felt examples of this conduct by the perpetrator could have been more clearly evidenced within the report, for example by bringing them together under a particular heading;
- Risk is mentioned but not considered in sufficient depth;
- The Panel noted the review recognises that non-English speakers may be prevented from coming forward to seek advice and support, but felt that it did not adequately highlight that lack of English not only forms a language barrier but also adds to isolation factors and is a significant barrier to being able to seek help;

- Linked to the above, in the discussion around isolation factors, the review does not clearly draw out specific sources of isolation such as the lack of money to telephone home and her reliance on alcohol exacerbating her isolation;

- It would be helpful if the methodology section could be expanded to describe what sources of information were used and how these were obtained, for example through witness statements or face to face interviews;

- There is no "Parallel Reviews" section as suggested in the statutory guidance. Information on sentencing and the coroner's inquest, which is currently situated within the equality and diversity section, would be more appropriate under a parallel reviews section;

- It would be helpful if the report could confirm that the names used in the review are pseudonyms and whether or not they were chosen by the family. Please also note that anonymity may be compromised by the inclusion of the specific court date;

- For transparency, you may wish to briefly explain the background and independence of the 'assistant to the chair' to confirm there are no potential conflicts of interest;

- The executive summary is missing key sections, such as contributors to the review, list of review panel members, terms of reference, summary chronology and a conclusions section. An executive summary should contain sufficient information to enable it to be read in isolation;

- Please proof read the reports as there are a number of typing errors.

The Panel does not need to review another version of the report, but I would be grateful if you could include our letter as an appendix to the report. I would be grateful if you could email us at DHREnquiries@homeoffice.gsi.gov.uk and provide us with the URL to the report when it is published.

The QA Panel felt it would be helpful to routinely sight Police and Crime Commissioners on DHRs in their local area. I am, accordingly, copying this letter to the PCC for information.

Yours sincerely

**Charlotte Hickman**
Acting Chair of the Home Office DHR Quality Assurance Panel