



**BRENT COMMUNITY SAFETY PARTNERSHIP  
DOMESTIC HOMICIDE REVIEW  
EXECUTIVE SUMMARY  
Report into the Death of Anna**

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# 1. Executive Summary

## 1.1 Outline of the incident

- 1.1.1 In May 2015 members of the public called Police having discovered a suitcase floating in the Grand Union Canal in London. Within the case was the body of a female who was subsequently identified as Anna.
- 1.1.2 It is estimated that Anna died end of April 2015. The scene of her death has been established as the flat she shared with Robert, with Robert subsequently removing her body in the suitcase and depositing it in the canal beginning of May 2015.
- 1.1.3 Robert was convicted of Anna's murder in November 2015 and sentenced to life imprisonment with a minimum term of 18.5 years.

## 1.2 Domestic Homicide Reviews

- 1.2.1 Domestic Homicide Reviews (DHRs) were established under *Section 9(3), Domestic Violence, Crime and Victims Act 2004* and are conducted in accordance with Home Office guidance.
- 1.2.2 The Brent Community Safety Partnership, in accordance with the Revised Statutory Guidance for Domestic Homicide Reviews (March 2013), commissioned this Domestic Homicide Review.
- 1.2.3 The purpose of a DHR is to:
  - (a) Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
  - (b) Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
  - (c) Apply those lessons to service responses including changes to policies and procedures as appropriate.
  - (d) Prevent domestic homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.
- 1.2.4 This review process does not take the place of the criminal or coroner's courts nor does it take the form of a disciplinary process.

## 1.3 Terms of Reference

- 1.3.1 The full terms of reference are included at Appendix 1. The essence of this review is to establish how well the agencies worked both independently and together and to examine what lessons can be learnt for the future.

#### **1.4 Independence**

- 1.4.1 The Chair of the Review was Anthony Wills, an associate of Standing Together Against Domestic Violence which is an organisation dedicated to developing and delivering a coordinated response to domestic abuse through multi-agency partnerships. Anthony was Chief Executive of Standing Together from 2006 to 2013. He has undertaken the Home Office accredited training for Domestic Homicide Review Chairs and also worked as a police officer for 30 years, concluding his service as a Chief Superintendent. He has no connection with the Brent Community Safety Partnership or the agencies involved in this review.
- 1.4.2 The Overview Report Writer was Althea Cribb, an associate DHR Chair with Standing Together Against Domestic Violence. Althea received training from Anthony Wills and has chaired and completed six DHRs. Althea has over eight years' experience working in the domestic violence and abuse sector. Althea has no connection with the Brent Community Safety Partnership or the agencies involved in this review.

#### **1.5 Parallel Reviews**

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

#### **1.6 Methodology**

- 1.6.1 The approach adopted was to seek Individual Management Reviews (IMRs) for all organisations and agencies that had contact with Anna and/or Robert.
- 1.6.2 Chronologies and IMRs were requested from agencies that had contact with Anna and/or Robert:
- (a) Metropolitan Police Service
  - (b) Anna's General Practice – Buckingham Road Surgery, Harlesden
  - (c) Robert's General Practice – The Medical Centre, Shepherds Bush
  - (d) Urgent Care Centre
- 1.6.3 Limited information was received from both the General Practices. A recommendation has been made in this Overview Report for the Home Office to address, nationally, the involvement of General Practices in Domestic Homicide Reviews.
- 1.6.4 Despite a number of requests, no information was received from the Urgent Care Centre.

- 1.6.5 The Review Panel members and Chair were:
- (a) Anthony Wills, Chair, Standing Together Against Domestic Violence
  - (b) Althea Cribb, Report Writer, Standing Together Against Domestic Violence
  - (c) Refuge (national domestic violence charity and local provider of specialist Eastern European domestic abuse service)
  - (d) Metropolitan Police Service Critical Incident Advisory Team
  - (e) Brent Clinical Commissioning Group
  - (f) Hestia (local IDVA provider)
  - (g) Refuge (national domestic violence charity and local provider of specialist Eastern European domestic abuse service)
  - (h) London Borough of Brent Adult Safeguarding
  - (i) London Borough of Brent Community Safety
  - (j) Metropolitan Police Service Brent
- 1.6.6 The Chair wishes to thank everyone who contributed their time, patience and cooperation to this review.

## **1.7 Contact with the family**

- 1.7.1 Given the very limited contact with agencies, the Panel agreed that information from Anna or Robert's family and friends, and Anna's employer and colleagues, would be very helpful.
- 1.7.2 The independent Chair drafted individual letters to all individuals with whom the Police had been in contact, and these were either hand delivered by the Family Liaison Officer (where possible) or posted. Where the Police Family Liaison Officer hand delivered the letters, the Officer also attempted to discuss the Review. The following were written to:
- (a) Parents
  - (b) Friend and former flatmate
  - (c) Employer
  - (d) Work colleague
  - (e) Friend
  - (f) Neighbour
- 1.7.3 Anna's parents, and her former flatmate, declined to be involved in the Review, expressing to the Family Liaison Officer that their distress following Anna's death was such that they did not wish to talk further about it.

1.7.4 Responses were not received from the other individuals written to. Attempts were made to follow up the employer again but by that time they had sold the business and moved on.

1.7.5 The independent Chair also attempted contact with Robert via the prison in which he is detained. No response was received to letters sent.

## **1.8 Summary of the case**

1.8.1 Anna and Robert had been in a relationship, and lived together, for approximately three years at the time of her death.

1.8.2 Anna was a Polish national and aged 23 at the time of her death. Anna came to England in order to be with Robert, whom she had met on the Internet. She worked in a Polish delicatessen in London.

1.8.3 Robert is a Polish national and was aged 38 at the time of the homicide.

1.8.4 Anna and Robert had limited contact with the Metropolitan Police Service:

(a) On 24 July 2014 Anna was recorded as being a witness to an assault on her employer. No further information was recorded.

(b) Robert had four contacts with the Police, all outside of the Terms of Reference timeframe, and none relevant to this review.

1.8.5 Anna registered with a GP in March 2014, and shortly after this registration she attended an appointment requesting contraception, which was prescribed.

1.8.6 In November 2014 Anna attended her GP reporting that she was "*feeling tired and has lost some weight*". A number of tests were carried out in December 2014 and there was nothing in her test results that meant the GP had to call Anna back in.

1.8.7 Robert registered with a General Practice in January 2010, and this was the only recorded contact between him and the Practice.

## **1.9 Issues raised by the review**

1.9.1 Anna's homicide could not have been predicted by a professional, due to the limited nature of her involvement with any agencies or the community she lived in.

1.9.2 If Anna had made contact with agencies such as Refuge's Eastern European Project or Hestia Domestic Violence Services, it is possible that she could have received support to reach safety. However, it is unknown how she perceived the abuse and violence, and if she recognised herself as a victim.

1.9.3 Anna would have needed to know where to go for support. Alternatively a professional she came into contact with, or a friend or colleague, could have

- offered help or information if they had witnessed and understood what Anna was experiencing.
- 1.9.4 This potential early intervention with Anna could have prevented the homicide, but the number of steps required for Anna to get to safety is notable and unfortunate.
  - 1.9.5 There has been work in Brent to improve access to domestic abuse support services, but the Panel heard from Refuge that victims in Eastern European communities appear to continue to be largely isolated. The Panel heard that this is in part due to attitudes to domestic abuse that ensure it remains a 'family issue' and not spoken about. Also that the communities operate largely without recourse to statutory agencies: rather, private health and dentistry, community employment and routes to housing are in place to support and help those arriving and then living in the country.
  - 1.9.6 As a result, it was felt that Anna was unlikely to have information about domestic abuse or services that could have supported her, and neither would those people around her, for example friends and colleagues.
  - 1.9.7 Anna appeared to have been isolated by Robert – helped by the fact that her family were in Poland – and this was potentially compounded by the isolated nature of the community in which she lived.
  - 1.9.8 In recognition of the need for greater outreach to reduce isolation and increase awareness, Refuge has started a project to train and support community 'champions' to ensure that, if a victim of domestic abuse approaches them, they are equipped to offer signposting and information. This is in addition to the Refuge Eastern European IDVA Service, which has been in operation since 2008. This service offers specialist domestic violence support to Eastern European women in Brent (and Ealing and Hounslow), including linguistic and culturally specific support from Polish and Romanian speaking workers.
  - 1.9.9 Language was another potential barrier; the Review heard from the Police investigation that Anna was not fluent in English. An independent evaluation of Refuge's Eastern European Community Outreach Project<sup>1</sup>, conducted in 2011, showed that of the 337 women who had accessed the service in the evaluation period, 93% required an interpreter, or needed project staff to provide interpretation and language support.
  - 1.9.10 Women reported having found out about the service from: friends; an advert placed by the service in a community paper; Polish solicitors and the Police (awareness raised with these as part of the Project's outreach).

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<sup>1</sup> Thiara, K. (2011) *Refuge: Eastern European Community Outreach Project Independent Evaluation Report* Copyright © 2015 Standing Together Against Domestic Violence. All rights reserved.

- 1.9.11 This evaluation and the views of the expert Panel members on this Review support the need for more work focused on Eastern European communities to improve early identification and intervention with those experiencing domestic abuse. This is in recognition of the fact that Anna's most likely route to support, if she had sought it, would have been through friends or colleagues, and therefore it is essential that there is wide knowledge and understanding of domestic abuse as an issue and the support services in place.
- 1.9.12 This work should prioritise outreach into communities with the aim to increase awareness amongst individuals, employers and health providers of domestic abuse and the services in place to support Eastern European women. The desired outcomes include reducing the isolation of women experiencing domestic abuse and potentially preventing future homicides. (See Recommendation (3) made below).
- 1.9.13 The Panel discussed the fact that there have been a number of Domestic Homicide Reviews completed in which the victim was from Eastern Europe, and therefore felt it would be helpful for the Home Office to look at these to address any shared or national issues relating to these circumstances. A recommendation (4) is made below.

## **1.10 Recommendations**

### **1.10.1 Recommendation 1**

Brent Community Safety Partnership, Clinical Commissioning Group and NHS England to work together to improve the responses of General Practices to domestic abuse in the borough through training, the establishment of care pathways, and an increase in GP referrals to specialist services and the MARAC. This should start with Anna's General Practice and others working with Eastern European communities (including private practices), and then move on to include all General Practices. Reference must be made to the learning of the IRIS Project<sup>2</sup> and the NICE Guidelines on domestic violence<sup>3</sup> in planning and implementing this work.

### **1.10.2 Recommendation 2**

Brent Community Safety Partnership, working with local specialist service providers who have experience of supporting Eastern European women experiencing domestic violence/abuse, to identify the most effective way to increase awareness of domestic abuse, and support services, in Eastern European communities and to develop an action plan to implement this.

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<sup>2</sup> <http://www.irisdomesticviolence.org.uk/iris/>

<sup>3</sup> <https://www.nice.org.uk/guidance/ph50>

#### 1.10.3 Recommendation 3

The Home Office, working with the Department of Health, NHS England and other appropriate partners, to issue national guidance on the required involvement of General Practitioners in Domestic Homicide Reviews.

#### 1.10.4 Recommendation 4

The Home Office to review Domestic Homicide Reviews it has received in which the victim was from Eastern Europe to address any shared or national issues relating to these circumstances, and to disseminate and act on this learning as appropriate.