WOKINGHAM BOROUGH COUNCIL

Domestic Homicide Review

Overview Report of the Domestic Homicide of Jessica in September 2022

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Independent Chair and Author
Date Completed: June 2025

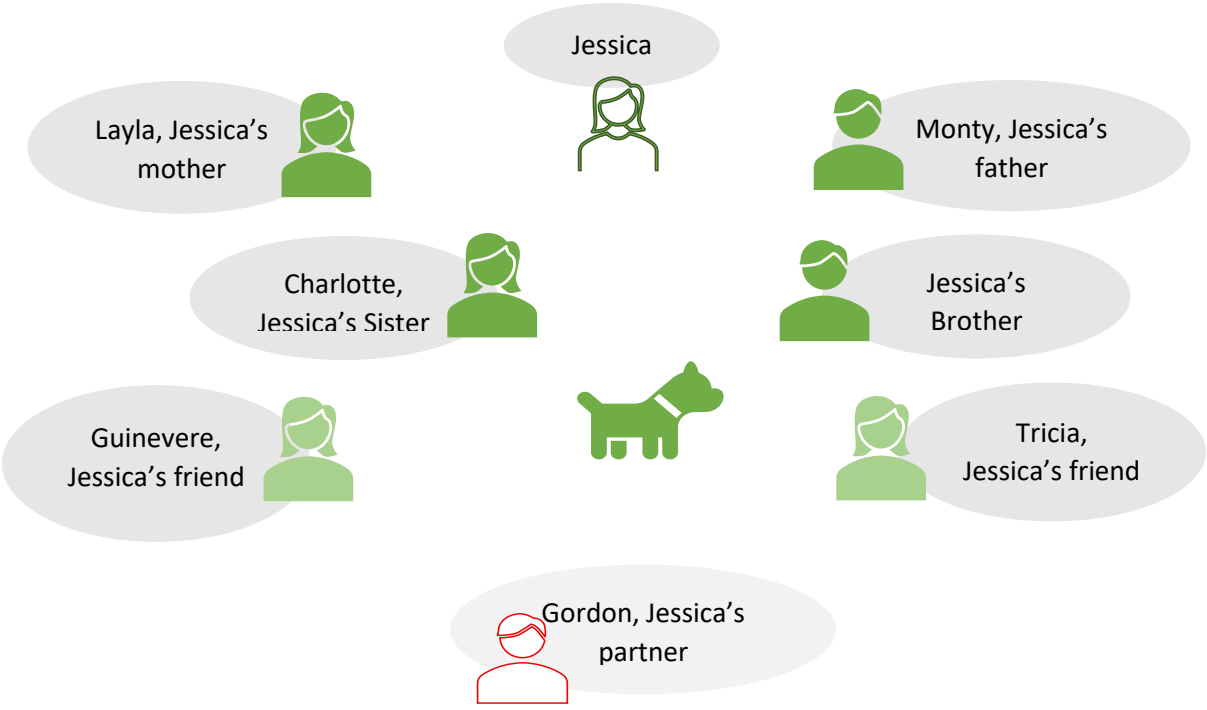
Contents

Preface

The independent reviewer and review panel extend their heartfelt condolences to all those affected by Jessica's tragic and sudden death. They also thank everyone who contributed to and supported this critical review process.

Pseudonyms chosen by the family have been used throughout the review to protect the identities of those involved. The only individuals identified by name are the independent reviewer and the review panel members.

Jessica's family, friends, her beloved dog and partner:



The primary aim of a Domestic Homicide Review (DHR) is to learn from the circumstances surrounding the death of an individual where domestic abuse was known or suspected. Professionals must engage with the unique context of each case to ensure that the lessons identified are meaningful and actionable. Through this understanding, we can work towards implementing changes that help prevent future deaths related to domestic abuse.

The reviewer thanks the panel members and all those who provided chronologies and supporting documentation for their time, commitment, and cooperation.

Special thanks are also extended to Jessica's family and friends, whose insights and contributions were invaluable in shaping a review that genuinely reflects Jessica's life and story.

Jessica was compassionate, fun-loving, bright, and had a grand sense of adventure. She will be missed.

Family

Jessica was an independent, bright, brilliant woman - whose light will always burn bright - especially on Eurovision night.

Friend

Jessica was always razor-sharp, always funny, sometimes bonkers, and always memorable. Rest in peace, my friend. I shall miss your late-night texts. Love always.

Friend

Jessica was loyal, trustworthy, kind, loving, easygoing, caring, and dependable. I didn't do her justice by saying she was intelligent and a great friend.

Guinevere

1.1 Introduction

1.1.1 In April 2023, Jessica, aged forty-three, was referred to the Wokingham Community Safety Partnership (CSP) by Advocacy After Fatal Domestic Abuse[1] (AAFDA) acting on behalf of her family.

1.1.2 The family requested consideration for a Domestic Homicide Review (DHR), raising concerns that Jessica had been subjected to coercive and controlling behaviour; physical, emotional, and financial abuse; and deliberate neglect by her partner, Gordon. A relationship spanning approximately four years. Jessica died in September 2022.

1.1.3 A partnership meeting was held in May 2023, followed by further discussions in early June 2023. Subsequently, it was agreed that the criteria for a DHR had been met.

1.1.4 The review was commissioned with due regard to the following criteria being met:

> A Domestic homicide review refers to an investigation into the circumstances surrounding the death of a 16-year-old or older individual that has or appears to have been caused by violence, abuse, or neglect by:
>
> *(a) a person to whom he[2] was related to or with whom he was or had been in an intimate personal relationship, or*
> *(b) a member of the same household as himself* [3]

1.1.5 The review was conducted following the Home Office's *Multi-Agency Statutory Guidance for Domestic Homicide Reviews (December 2016),*[4] and in line with the local procedures and governance arrangements of Wokingham Borough Council.

1.1.6 Jessica relocated to Wokingham in 2019 and moved in with her partner, Gordon. This report reviews the responses and support provided by the Wokingham agencies.

1.1.7 The review examined agency involvement and assessed the final years of Jessica's life (March 2020 – September 2022) to identify any relevant background or history of abuse before her death. It will also consider whether Jessica accessed support within the community and explore any barriers she may have faced in seeking such support.

1.1.8 In March 2020, Jessica contacted Thames Valley Police (TVP) and disclosed that Gordon had attempted to strangle her and that she had responded by physically assaulting him. This incident marked the first recorded involvement of TVP in domestic abuse within the relationship and resulted in Gordon's arrest.

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[1] https://aafda.org.uk/
[2] Section 6 of the Interpretation Act 1978 - words importing the masculine gender includes the feminine
[3] Domestic Violence, Crime and Victims Act of 2004, implemented under Section 9, adopted in 2011
[4] https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews

1.1.9 This review does not replace the functions of criminal or coroner's courts or resemble a disciplinary proceeding.

1.1.10 Jessica died after being hospitalised and diagnosed with a chest infection, liver and immune system failure, sepsis, dehydration, and severe malnutrition.

1.2 Case Summary

1.2.1 Jessica and Gordon lived together in Wokingham Borough and consumed alcohol above the NHS guidelines.[5] Jessica initiated support from an alcohol service, SMARTCJS[6] in 2020.

1.2.2 TVP responded to ten domestic abuse incidents at Jessica and Gordon's home, with both identified as victims or perpetrators at different times. They declined support from domestic abuse services and did not engage with police, leading to no further action by TVP.

1.2.3 In December 2021, Jessica was admitted to the Royal Berkshire NHS Foundation Trust (RBH) due to seizures. She disclosed that Gordon was shouting at her and drinking more alcohol. RBH doctor recognised this as domestic abuse and offered information about Berkshire Women's Aid,[7] but Jessica declined, and no further responses were documented..

1.2.4 In August 2022, a 999 call prompted an ambulance attendance at Jessica and Gordon's residence. Jessica was found lying on the sofa with significant pressure ulcers,[8] suggesting prolonged immobility. The ambulance crew also noted multiple empty wine bottles scattered throughout the residence.

1.2.5 Concerned by the severity of Jessica's condition and Gordon's apparent lack of action, who had not contacted any healthcare service or sought help, the crew raised a safeguarding adult concern[9] with Wokingham Adult Social Care (ASC).

1.2.6 Jessica was transported by ambulance to the hospital, where she died twenty-three days later. A natural cause of death was found at postmortem:

(a) Disease or condition leading directly to death: Multiple Organ Failure
(b) Disease or condition leading to the above condition: Alcoholic Liver Disease

1.3 Background Information about Jessica

[5] https://www.nhs.uk/better-health/drink-less/#:~:text=Alcohol%20guidelines,risk%20of%20harming%20your%20health.
[6] https://smartcjs.org.uk/smart-wokingham-alcohol-support/
[7] https://www.berkshirewomensaid.org.uk/
[8] https://www.nhs.uk/conditions/pressure-sores/
[9] https://directory.wokingham.gov.uk/kb5/wokingham/directory/service.page?id=RqI2N5RV8Ss&adultschannel=2

1.3.1 Jessica died at the age of forty-three, leaving behind her beloved dog, a sister, a brother, and both parents. She had no children.

1.3.2 Jessica met her partner, Gordon, through a mutual friend at a social gathering.

1.3.3 Jessica was a published author and freelance writer with a professional background in journalism and copywriting. She was the sole financial provider in the household, as Gordon was unemployed throughout their relationship.

1.3.4 The family shared the following reflections:

"Jessica, beloved daughter, sister, and friend, died in September 2022 at forty-three. She was born to Layla and Monty in Lancaster, England, and is survived by her parents, her two siblings, and her little dog.

Jessica had a keen mind and great curiosity, leading her to pursue a career in journalism and copywriting. She was a talented writer and will be missed dearly by those she worked with at the X Evening Post, Marketing Week, and X UK, as well as by the many clients and agencies she worked with throughout her freelance career.

A great friend, Jessica was disorganised, usually late, and rather messy—but more importantly, she was compassionate, fun-loving, bright, and with a grand sense of adventure. She loved to read, travel, explore, and socialise with friends, new and old. Her favourite television show was Murder She Wrote, and she watched every episode multiple times. Her taste in music was eclectic, ranging from Dolly Parton to the Stone Roses.

She will be missed very much"

1.4 Timescales

1.4.1 The Statutory Guidance outlines the roles and responsibilities of the review chair and author in Sections 36 to 39. In this case, the duties were combined, and a single independent reviewer was commissioned in August 2023.

1.4.2 The first panel meeting was held on 13 September 2023.

1.4.3 During the second panel meeting, Wokingham agencies' detailed chronologies were reviewed, and it was agreed that one Individual Management Report (IMR) and three summary reports would be required. These reports were examined at the third panel meeting, allowing the panel to raise questions and seek clarification where necessary.

1.4.4 The Statutory Guidance recommends that reviews, including the overview report, be concluded within six months of notification. However, it also recognises that this timescale may be extended during criminal justice proceedings or other delays.

1.4.5 On 20 February 2024, the independent reviewer informed the panel that Jessica's sister, Charlotte, had submitted files and recordings indicating suspected abuse by Gordon. The reviewer advised that TVP should assess whether the material warranted a criminal investigation.

1.4.6 TVP acknowledged receipt of the material and requested that the review be paused to allow them time to assess its relevance and implications.

1.4.7 The panel reconvened on 27 November 2024. During this meeting, TVP confirmed they would need to resubmit their chronology and IMR. The revised chronology was received on 27 February 2025. The panel escalated concerns regarding the delay in receiving TVP's IMR, which was submitted on 17 March 2025.

1.4.8 On 28 April 2025, Layla, Jessica's mother, emailed the independent reviewer about information that RBH had not shared with the panel. After Jessica's death, hospital staff informed Layla of concerns regarding domestic abuse during her December 2021 admission. The reviewer then consulted the RBH panel member, who clarified the following:

1.4.9 During her contact with the hospital doctor, Jessica disclosed that her friend and employer owed her £20,000, due to the loss of contracts following Gordon's behaviour.

1.4.10 She also described that her partner *"shouted"* at her, but stated there was no physical violence, adding, *"We have been through all that."* Jessica also reported that her partner consumed more alcohol than she did. The doctor offered her BWA information and reassured her that she could approach any staff member if she needed further support.

1.4.11 The panel could not determine why the above information was not initially shared. It was confirmed that the original panel member is no longer in post. The panel was assured that, moving forward, all information submitted for reviews will be signed off at a senior level to ensure consistency and accountability.

1.4.12 These delays significantly impacted the overall timeline for completing the review.

1.4.13 Wokingham Community Safety Partnership (CSP) formally approved the report on [insert approval date].

1.5 Confidentiality

1.5.1 The review is confidential until the Home Office Quality Assurance Board has approved the release of the overview report. Access to confidential information is restricted to contributing officers, professionals, and their line managers.

1.5.2 Following the Statutory Guidance, the review has been appropriately anonymised, and the date of death has been withheld to protect anonymity further.

1.6 Terms of Reference

1.6.1 The purpose of this review is to identify lessons to be learned from Jessica's tragic death and to act on those lessons to prevent future deaths related to domestic abuse. It also aims to improve the effectiveness of support provided to individuals and families affected by such abuse.

1.6.2 Jessica's family and the review panel agreed upon fifteen Terms of Reference (ToR) to guide the scope and focus of this DHR:

1. Identify good practices where responses may have surpassed the requirements necessary.
2. Were Jessica's service responses affected by the COVID-19 pandemic (review appropriate contact/response with current impact)?
3. How readily was Jessica able to use the services?
4. How did your agency respond to the information that Jessica may have been a victim of domestic abuse?
5. Did any agencies that had contact with the alleged perpetrator consider that he may have been a perpetrator of domestic abuse?
6. During Jessica's engagement with your agency, did your agency have any alternatives for perpetrator disruption or victim safety planning? If not, what hurdles prevented their implementation?
7. Does your agency have procedures and policies for identifying and addressing domestic abuse? Have you considered whether these assessment tools, processes, and policies are adequate?
8. During the period covered by this review, was information promptly communicated to all relevant parties?
9. Were collaborative discussions undertaken to review risk factors, including alcohol, domestic violence, and others?
10. What were this situation's most significant considerations and decision-making opportunities? For example, are reviews and decisions based on professional expertise, evidence and knowledge held by organisational and multi-agency policies and procedures?
11. Was there anything else that might have been done, and if so, would it have made a difference?
12. Capability and resources: Were there challenges with your agency's capacity or resources that hindered your ability to deliver services to Jessica, the alleged perpetrator, or other pertinent individuals? In that case, did these concerns hamper the agency's collaboration with other agencies?

13. Are there lessons to be learnt from the case regarding how your agency preserves and promotes the welfare of victims or how it finds, reviews, and manages the risks posed by perpetrators? Where could the method be improved? When interacting with other agencies and resources, are there repercussions for working practices, training, management, and supervision?
14. Can agencies identify areas where national or local enhancements to the present legal and policy framework could be made?
15. Any equality and diversity concerns that appear relevant to the victim and alleged offenders, such as age, disability, gender reassignment, marriage and civil partnership, pregnancy and motherhood, race, religion and belief, sex and sexual orientation, should be addressed in the reports.

1.7 Methodology

1.7.1 The Statutory Guidance outlines the procedures for conducting a DHR. The primary objective of the review is to promote a coordinated, multi-agency approach to ensure the timely and effective identification of and response to domestic abuse.

1.7.2 Panel members shared their agencies' involvement with Jessica at the initial panel meeting.

1.7.3 The review's methodology included requesting agency chronologies to determine which organisations would be required to complete either an IMR or a summary report. As a result, one IMR and three summary reports were commissioned.

1.7.4 Due to information provided by Jessica's family, additional details were requested from TVP and RBH.

1.7.5 Jessica's sister, Charlotte, provided the independent reviewer with a personal document for inclusion in the review. This submission is referenced in both the combined chronology and the final report.

1.7.6 Contributions from family and friends, submitted chronologies, and agency reports informed the findings and recommendations of this review.

1.7.7 The panel convened a total of ten times.

1.8 Involvement of Family and Friends

1.8.1 It is essential to involve families in the review, as they can serve as the victim's advocates and furnish information that agencies lack.[10]

[10] Rowlands, J. & Cook, E. (2022). Navigating Family Involvement in Domestic Violence Fatality Review: Conceptualising Prospects for Systems and Relational Repair. Journal of Family Violence, 37(4), pp. 559-572. https://doi.org/10.1007/s10896-021-00309-x

1.8.2 The involvement of the family and other relevant individuals is vital to ensuring the victim remains at the centre of the review and is meaningfully represented.

1.8.3 Families and others can offer valuable insights into the victim's identity, character, aspirations, and experiences. They are also uniquely positioned to inform the panel about the type of support the victim should have received and to suggest improvements in how services respond to domestic abuse victims.

1.8.4 Jessica's family appointed an advocate from AAFDA to support them throughout the review process. The independent reviewer consulted with the advocate, who facilitated a virtual meeting with Jessica's family members, Layla, Monty, and Charlotte, on 4 October 2023.

1.8.5 The family shared a photograph and tribute to Jessica (referenced in Section 1.3 and the preface) with the independent reviewer. They granted permission for these to be shared with the review panel.

1.8.6 In 2019, Jessica relocated to Wokingham, where she met Gordon through a mutual friend. She sold her home and used the proceeds to pay Gordon's mortgage. Following encouragement from her family, Jessica sought legal advice and became the legal owner of two-thirds of the property, reflecting her financial contribution. The family reported that Gordon later proposed marriage to Jessica.

1.8.7 According to her family, Jessica lost work opportunities because Gordon interrupted her virtual interviews, which undermined her professional engagements and impacted her income.

1.8.8 The family stated that Jessica had consumed alcohol for several years, though she did not view it as problematic. Jessica had told them that she had stopped drinking approximately one year before her death.

1.8.9 After Jessica's death, the family discovered that she had contacted alcohol support services. She had requested treatment for Gordon and had also emailed organisations such as 'We Are With You'[11] (WAWY) and 'SMARTCJS' for Gordon, and to seek support for herself.

1.8.10 The family believed that the COVID-19 lockdowns significantly affected Jessica's well-being, particularly her inability to visit family or travel for work. During the pandemic, Jessica was also diagnosed with epilepsy in 2021, and all her medical consultations were conducted remotely via telephone.

1.8.11 In the spring or summer of 2022, Jessica informed her Epilepsy Nurse Practitioner that she was not eating and had lost weight. However, the absence of in-person

[11] https://www.wearewithyou.org.uk/?gad_source=1&gclid=CjwKCAiAmrS7BhBJEiwAei59i1V59IQxmExpqY5cNYa2361UvfcM7u7GWZPoPyWSM_CT64Yd1FUGjBoCtVMQAvD_BwE

appointments meant that healthcare professionals were unable to fully assess the extent of her weight loss and physical deterioration.

1.8.12 In August 2022, after being unable to contact Jessica, her family travelled to her home in Wokingham. They found her in a state of self-neglect and poor physical health. They also discovered that her mobile phone had been hidden, and there were numerous alcohol bottles scattered throughout the property. An ambulance was called, and Jessica was admitted to RBH.

1.8.13 The family reported that on Jessica's admission, they and the ward agreed on a password, which they believed would restrict visits to only those who had it. As a result, they were disturbed that Gordon, whom they suspected had neglected Jessica and possibly sexually abused her, was allowed to visit her.

1.8.14 According to RBH, password systems are typically established by the Intensive Care Unit (ICU) or the police, although families may also request them. These systems do not automatically restrict visits but are used to manage the controlled sharing of information with appropriate parties, such as the police. Visitor restrictions are only applied when there is a clear and specific risk to the safety of patients or staff.

1.8.15 RBH reported that staff were aware of concerns regarding visits. Initially, Jessica's mother requested that Gordon not be allowed to visit, prompting staff to seek advice from the police.

1.8.16 RBH staff are not authorised to deny visits without valid justification. All ICU visitors are supervised, and at least one staff member remains present with each patient unless the patient explicitly requests otherwise. At that time, Jessica was assessed as capable of making her own decisions and wished for Gordon to visit. All relevant agencies were informed, and Jessica's mother was updated accordingly.

1.8.17 RBH reported that Gordon received brief updates about Jessica's condition with her mother's consent. As Jessica's condition deteriorated, he visited her in the ICU, and a nurse was present to supervise the visit.

1.8.18 Jessica's family stated they were instructed to use a password for telephone inquiries about her condition. They agreed to update Gordon's parents and reported that Gordon's family insisted on having the password to contact the hospital directly. RBH later contacted Jessica's family to advise that the password should also be shared with Gordon's family.

1.8.19 Gordon visited the hospital with his mother while Jessica was in the ICU, where only two visitors were permitted at the bedside. Following the visit, Jessica told her family that Gordon had "not been a good boyfriend" and that she felt frightened.

1.8.20 Her family had observed Gordon whisper something to her during the visit, and remained unaware of what was said. They encouraged Jessica to focus on her recovery. However, later that evening, her condition deteriorated, and she required ventilation. After booking a nearby hotel, RBH called the family to inform them that Jessica's condition was worsening.

1.8.21 The reviewer contacted Tricia on 2 February 2024

1.8.22 Tricia and Jessica had been close friends for over twenty years. One of their long-standing traditions was attending Ladies Day at Ascot annually; however, they had not returned since the COVID-19 pandemic due to restrictions and Jessica's last-minute cancellations, something Tricia noted was out of character for her.

1.8.23 Tricia and Jessica regularly communicated by phone. The last time they saw each other in person was in 2021, and their final phone call took place in June 2022. Following that, Tricia attempted to contact Jessica multiple times via phone, text, and email, but received no response.

1.8.24 Jessica had told Tricia she was busy with work, which Tricia assumed was the reason for the lack of communication.

1.8.25 Jessica never disclosed any experiences of abuse by Gordon to Tricia. As a result, Tricia had not suspected domestic abuse. However, she admitted that she disliked Gordon, viewing him as financially dependent on Jessica and potentially economically abusive. When Tricia expressed her concerns, Jessica would reaffirm her love for Gordon and attribute his unemployment to his depression.

1.8.26 Tricia had never visited Jessica in Wokingham. Jessica initially hesitated to share her address but eventually did so after some time. Jessica and Gordon became engaged shortly after meeting and reported being happy.

1.8.27 In January 2022, Jessica disclosed her epilepsy diagnosis to Tricia and stated that she would stop drinking alcohol for health reasons. Tricia reported that she did not believe Jessica had an alcohol dependency, describing alcohol consumption as typical within their professional circles, particularly during lunch meetings.

1.8.28 In June 2022, Jessica told Tricia she no longer wished to travel alone due to her epilepsy. She offered Tricia tickets to a concert, explaining she could not attend. During that conversation, Jessica did not raise any concerns, and their interaction seemed normal to Tricia.

1.8.29 In August 2022, Tricia became concerned about Jessica's silence. In September 2022, Jessica's sister contacted her and informed her of Jessica's death.

1.8.30 Jessica's family gave the reviewer contact details for another long-term friend, Guinevere.

1.8.31 The reviewer spoke with Guinevere on 19 February 2024.

1.8.32 Guinevere had known Jessica for two decades and described her as a significant presence in her life, participating in many key personal milestones.

1.8.33 Guinevere was familiar with Jessica and Gordon's relationship from its early stages and was aware of Gordon's regular alcohol consumption.

1.8.34 Guinevere considered Gordon's drinking problematic and observed that it frequently led to aggressive and violent behaviour towards others. While she had never witnessed him physically assault Jessica, she had overheard him verbally abuse her. When Guinevere raised concerns, Jessica became defensive and insisted on protecting Gordon.

1.8.35 Jessica and Guinevere maintained frequent phone contact. Jessica would occasionally ask Guinevere to speak with Gordon, which often resulted in Gordon directing verbal abuse at Guinevere. During Jessica's visits to Guinevere, Gordon would repeatedly call Jessica, prompting her to leave early, fearing he might harm her dog.

1.8.36 In their final phone conversation in June 2022, Guinevere noted that Jessica's voice was weak and her speech slow. Jessica attributed this to epilepsy and her recent ill health (COVID-19). During the call, she also expressed feeling low in mood. Guinevere could hear Gordon shouting profanities in the background.

1.8.37 Following this call, Jessica texted Guinevere, apologising for Gordon's behaviour. She explained that his actions were due to his alcohol use and depression.

1.8.38 Families and others should receive consistent updates regarding the review process and opportunities.[12] The reviewer kept the family informed of the review's progress.

1.8.39 The draft report was shared with the family on 9 May 2025 and the AAFDA advocate on 21 May 2025.

1.8.40 The family identified factual inaccuracies, which were corrected, and highlighted discrepancies regarding visiting arrangements at RBH and contact from the social worker. These concerns were reviewed and incorporated into the report.

1.8.41 The family thanked the reviewer and confirmed no further amendments were needed.

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[12] https://www.wwin.org.uk/_files/ugd/b27261_91352c5b59094ad2a4e74247a78e9395.pdfm

1.8.42 The family requested a meeting with the panel after reviewing the report.

1.8.43 **A meeting was held on 7 July 2025 with Jessica's family, supported by the AAFDA advocate and the Domestic Abuse-Related Death Review (DARDR) panel**. Parminder chaired the meeting. The panel extended sincere condolences to the family on behalf of all agencies involved.

1.8.44 The purpose and structure of the meeting were outlined at the start.

1.8.45 During the meeting, the family raised the following key concerns:

1. Police Investigation and Communication:

The family expressed deep dissatisfaction with the police investigation and their overall handling of the case. They thought they were treated condescendingly and that the situation could have been handled better. The police panel member acknowledged these concerns and committed to supporting further exploration of the issues raised. The family, with support from their advocate, were encouraged to document their questions and concerns for response outside of the meeting. The family also reported being advised by their local MP that police action would be unlikely to progress without media involvement, which they found troubling.

2. **Disagreement with RBH's Assessment:**

The family strongly disagreed with the Royal Berkshire Hospital's (RBH) determination that Jessica had consented to Gordon's visit. They reported that Jessica had explicitly told them she did not wish to see him. This discrepancy caused significant distress and raised concerns about the hospital's understanding and interpretation of Jessica's wishes.

3. Use of Telemedicine and Missed Opportunities in Healthcare:

The family believed that the reliance on telemedicine rather than in-person consultations contributed to a deterioration in Jessica's condition. They shared that when Jessica was finally admitted to the hospital, clinicians indicated that her health had likely declined over some time, and her presentation was not sudden. The family felt that in-person assessments might have enabled earlier intervention. The RBH panel member agreed to highlight this learning with the hospital. The use of video consultations and the importance of recording physical metrics such as weight and height for remote appointments were discussed as areas for improvement.

4. Dissemination of Learning:

The family asked how learning from Jessica's case would be shared. Panel members discussed the mechanisms their respective agencies use to disseminate learning from

DARDRs and reflected on the powerful impact that meeting families has on informing and improving practice.

Next Steps:

- The family will receive the final version of the report once it has been approved by the Community Safety Partnership (CSP).
- The report will then be submitted to the Home Office for approval. Following this, any further steps, including the incorporation of amendments suggested by the Home Office and the publication process, will be communicated to the family.
- The CSP has agreed to provide the family with dedicated email contacts for updates regarding the progress of the action plan.

1.8.46 The panel thanked the family for their support and valuable contributions to the review. The panel deeply appreciated their commitment to ensuring that Jessica's voice was heard throughout this process, which has helped shape meaningful learning for all agencies involved.

1.9 Contributors to the Review

1.9.1 The following agencies and their contributions to this review:

Agency and Profile	Contribution- Chronology/IMR/Summary/Other
Adult Social Care (ASC) Wokingham Borough Council ASC assists individuals aged eighteen and over in the Wokingham area who need support due to illness, disability, or frailty, offering both short and long-term help.	Chronology and Summary
Berkshire Healthcare NHS Foundation Trust (BHFT) A community and mental health trust offering a comprehensive range of services to people of all ages residing in Berkshire.	Chronology
GP Practice, represented by Buckinghamshire, Oxfordshire & West Berkshire Integrated Care Board (ICB)	Chronology and Summary
Royal Berkshire NHS Foundation Trust (RBH) General Hospital	Chronology and Summary
SMARTCJS Alcohol and Drug Service	Chronology
South Central Ambulance Service NHS Foundation Trust (SCAS)	Chronology
Thames Valley Police (TVP)	Chronology and IMR

1.10 The Review Panel Members

1.10.1 Section 9 of the 2004 Act[13] emphasises the same agencies as the CSP to be DHR panel members.[14]

1.10.2 The independent members of the panel were the following:

Name	Role	Organisation
Elizabeth Porter (retired March 2025)	Lead Nurse Adult Safeguarding	Royal Berkshire NHS Foundation Trust
Jaqueline Osborne	Adult Safeguarding Practitioner	South Central Ambulance Service NHS Foundation Trust
Jen Robus (withdrew August 2024)	Chief Executive Officer	SMARTCJS
Katie Lloyd	Head of Service (Domestic Abuse)	Cranstoun
Karen Evans	Domestic Abuse Coordinator	Wokingham Borough Council
Karen Glaister (left 2024)	Interim Head of Adult Safeguarding and Care Governance	Wokingham Borough Council
Karen Miller (left 2024)	Interim Safeguarding Lead	Buckinghamshire, Oxfordshire & West Berkshire Integrated Care Board
Kathy Kelly	Designated Head of Safeguarding Adults	Buckinghamshire, Oxfordshire & West Berkshire Integrated Care Board
Maria Harrison	Service Manager for Safeguarding, Quality and Governance	Wokingham Borough Council
Narinder Brar	Head of Enforcement and Safety	Wokingham Borough Council
Rowena Perry	Business Support Officer	Wokingham Borough Council
Richard Jarvis	Detective Chief Inspector	Thames Valley Police
Shirley Scotcher (joined March 2025 and left June 2025)	Chief Executive Officer	SMARTCJS
Vicki Lake	Head of Service (Drugs and Alcohol)	Cranstoun

1.10.3 Although SMART CJS no longer operates in Wokingham, the panel member contributed valuable insight into the vulnerabilities experienced by women facing multiple, overlapping challenges.

[13] https://www.legislation.gov.uk/ukpga/2004/28/section/9
[14] https://assets.publishing.service.gov.uk/media/5a80be88e5274a2e87dbb923/DHR-Statutory-Guidance-161206.pdf

1.10.4 Their input supported the panel's exploration of how such vulnerabilities may increase the risk of domestic abuse and shaped the examination of agency responses to individuals in this circumstance.

1.11 Chair and Reviewer of the Overview Report

1.11.1 The Statutory Guidance outlines the competencies and attributes required to chair a DHR effectively. The chair must be independent of the victim's family, friends, and all agencies involved in the review to ensure impartiality and objectivity.

1.11.2 The chair should have a strong understanding of domestic abuse, including coercive control, safeguarding, and multi-agency collaboration. They must be knowledgeable about relevant legislation, statutory guidance, and current best practices, typically demonstrated through professional experience in safeguarding and DHR processes..

1.11.3 The Home Office strongly recommends that DHR chairs undertake specialist training by AAFDA. This training equips chairs with the core skills to lead reviews sensitively and effectively while also highlighting the importance of continued professional development.

1.11.4 Parminder Sahota was appointed the Independent Chair and Author for this review. She is an experienced safeguarding and domestic abuse professional, having worked in these fields for over 11 years. Parminder completed AAFDA-accredited DHR Chair Training in both 2021 and 2024.

1.11.5 Parminder has over two decades of experience within the NHS as a Registered Mental Health Nurse, focusing on crisis intervention and supporting individuals diagnosed with complex personality disorders. Her frontline clinical expertise has given her a deep understanding of the challenges faced by vulnerable individuals and the multi-agency responses required to safeguard them effectively.

1.11.6 Parminder has held key safeguarding roles, including Director of Safeguarding and Prevent Lead for an NHS Trust in London. Her experience has provided her with a deep understanding of safeguarding frameworks and inter-agency collaboration. She has played a vital role in creating and implementing effective safeguarding policies and training programs focused on early intervention and prevention.

1.11.7 In addition, Parminder is a qualified Best Interests Assessor,[15] further underlining her deep knowledge of the Mental Capacity Act and her ability to navigate complex ethical and legal issues in safeguarding practice.

1.11.8 Given her wealth of experience across mental health, safeguarding, domestic abuse, and Prevent, Parminder is exceptionally well-positioned to undertake DHRs. She has

[15] https://www.legislation.gov.uk/ukpga/2005/9/schedule/A1/part/4/crossheading/best-interests-assessment

a nuanced understanding of the systemic factors and missed opportunities that can precede a domestic abuse-related death.

1.11.9 Her ability to critically review practice, sensitively engage stakeholders, and make evidence-based recommendations supports learning and change across services. Parminder's approach is trauma-informed, culturally competent, and driven by a commitment to improving outcomes for individuals and families.

1.11.10 Parminder had no prior involvement with Jessica's family or any agencies participating in this review. She has previously chaired a DHR for Wokingham CSP and remains independent of the CSP and all agencies contributing to this review.

1.12 Parallel Reviews

1.12.1 TVP began investigating Jessica's death in August 2022, focusing on two specific offences.

1) Neglect or mistreatment of individuals who lack capacity, as defined under Section 44 of the Mental Capacity Act (2005).[16]
2) Causing or allowing the death or serious physical harm to a child or vulnerable adult through an unlawful act, as outlined in Section 5 of the Domestic Violence, Crime and Victims Act (2004).[17]

1.12.2 An Officer in the Case (OIC) was allocated from the West Berkshire Domestic Abuse Investigation Unit (DAIU), and a thorough investigation spanning almost three years commenced.

1.12.3 Within the investigation, the OIC formally interviewed Gordon under caution. This was completed voluntarily.

1.12.4 The OIC completed a significant number of enquiries. This included house-to-house enquiries, obtaining numerous witness statements, reviewing electronic devices, obtaining third-party material and medical notes/photographs, and analysing many diary entries (either recorded or written information). Officers who had contact with the couple were also approached.

1.12.5 Following a review, TVP could not be satisfied that the evidence and information obtained met the required threshold for either of the offences. As a result, the OIC's supervisor met with the family at the police station to advise them of this decision.

[16] https://www.legislation.gov.uk/ukpga/2005/9/section/44
[17] https://www.legislation.gov.uk/ukpga/2004/28/section/5

1.12.6 The family raised some valid points and enquiries, which were later explored. These were all reviewed and investigated. However, following the review, the same conclusion was reached (April 2025). This decision was relayed to the family through their advocate. TVP express their deepest sympathies to the family in reaching this conclusion.

1.13 Equality, Diversity and Inclusion

1.13.1 The Statutory Guidance requires that issues of equality and diversity are actively considered and integrated into the scope and process of the review. In line with this, the independent reviewer and the panel considered all protected characteristics defined under the Equality Act (2010) to ensure that the review was inclusive, fair, and reflective of any relevant individual or systemic factors.

1.13.2 Jessica was a white British woman. The protected characteristics most relevant to this review are **disability** and **sex**, both of which may have influenced Jessica's experiences of abuse, help-seeking behaviour, and access to services.

Disability

1.13.3 Jessica was diagnosed with epilepsy in 2021 and was prescribed antiepileptic medication. In the final stages of her life, her physical health deteriorated significantly. She reported to the Epilepsy Nurse Practitioner in spring/summer 2022 that she was not eating, an issue the practitioner identified as a known side effect of the medication.

1.13.4 This physical decline, coupled with her underlying health condition, led to increased dependence on others for daily living activities and contributed to a heightened level of vulnerability.

1.13.5 According to research published by Safe Lives:[18]

- *Disabled women are significantly more likely than disabled men to experience domestic abuse, and they often experience it more frequently and with greater severity.*
- *The nature of abuse against disabled individuals may involve intensified coercion and control, including the misuse or withholding of medical equipment, medication, access to communication, personal care, meals, and transport.*
- *In addition to higher prevalence rates, disabled people face more substantial barriers to accessing health, social care, and specialist domestic abuse services.*

[18] https://safelives.org.uk/news-views/disability-and-domestic-violence/?gad_source=1&gclid=CjwKCAjwpbi4BhByEiwAMC8Jncf4UrXnLPjnmXuAxZr2Mw_7Kcau1bbVnVShWnA86JpELRXuMbcN0xoCURwQAvD_BwE

1.13.6 Research conducted in 2016 also highlights that individuals with epilepsy face an increased risk of experiencing domestic abuse and sexual assault compared to the general population. Similar risks are seen among those with other chronic health conditions. People with epilepsy frequently encounter psychosocial challenges, including stigma and discrimination.[19] [20]

1.13.7 Jessica's family and friends reported that her epilepsy diagnosis led to increasing social isolation, particularly due to her inability to travel independently. This further restricted her opportunities for maintaining personal relationships and accessing support networks.

1.13.8 Jessica's increasing isolation, combined with the physical impact of her diagnosis and the side effects of her treatment, reflects the research findings regarding the elevated risks faced by disabled individuals.

1.13.9 The intersection of her deteriorating health, medication-related vulnerabilities, and reliance on others illustrates the compounded risk factors experienced by many disabled people in the context of coercive control and domestic abuse.

Sex

1.13.10 The Office for National Statistics (ONS) publishes annual data on domestic abuse, including victim demographics and perpetrator patterns.

1.13.11 According to the ONS Crime Survey for England and Wales, in the year ending March 2023, an estimated 1.4 million women and 751,000 men aged 16 years and over experienced domestic abuse.[21]

1.13.12 Women's Aid has highlighted that domestic abuse is a gendered crime. While both men and women can be victims, women are disproportionately subjected to repeated and more severe abuse. They also reported that 94.3% of perpetrators of domestic abuse are male, which aligns with higher rates of serious harm and fatalities among women.[22]

1.13.13 The National Centre for Domestic Violence reported that women are more likely than men to experience physical injury, sexual violence, and fatal outcomes. Women also experience higher rates of repeat victimisation, with two-thirds of all victims being female.[23]

1.13.14 Women's Aid, in collaboration with the University of Bristol, further argued that sexism and misogyny contribute to the normalisation and rationalisation of male-

[19] Epilepsia. 2016 Nov;57(11):1870-1878. doi: 10.1111/epi.13561. Epub 2016 Sep 16. PMID: 27634349.
[20] https://research-information.bris.ac.uk/en/publications/discrimination-domestic-violence-abuse-and-other-adverse-life-eve
[21] hhttps://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2023
[22] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/
[23] https://www.ncdv.org.uk/domestic-abuse-statistics-uk/

perpetrated abuse. These attitudes not only fuel coercive and controlling behaviours but also create significant barriers for women seeking help, particularly when survivors fear they will not be believed or supported.[24]

1.13.15 These findings are directly relevant to Jessica's case. As a woman experiencing multiple vulnerabilities, including a disabling health condition, social isolation, and dependency on her partner, Jessica faced compounded risks of coercion and control. Her friends and family consistently raised concerns about Gordon's behaviour to Jessica, describing it as controlling, financially abusive, and emotionally harmful.

1.13.16 Jessica's friend Tricia noted that Jessica would justify Gordon's behaviour by attributing it to his depression, a response often seen in survivors of coercive relationships. Tricia also suspected economic abuse, citing that Jessica was the sole earner, having sold her home and paid off Gordon's mortgage.

1.13.17 Jessica's friend, Guinevere, recalled hearing Gordon verbally abuse Jessica during phone calls and stated that Gordon would repeatedly call Jessica when she was visiting others, pressuring her to return home.

1.13.18 Jessica's family shared their distress upon learning after her death that she had sought alcohol treatment for Gordon and had contacted support services for herself, which she had not disclosed to them or her friends. This secrecy is indicative of the shame, fear, and isolation that victims of gendered abuse often experience, compounded by their concern that their suffering will not be believed or validated.

1.13.19 Jessica's experience aligns with national data showing that women often internalise blame, minimise abuse, or shield their abusers, behaviours influenced by deeply ingrained societal sexism and victim-blaming narratives. Her death serves as a tragic reminder of the urgent need for gender-responsive domestic abuse services, where professionals are trained to recognise nuanced signs of control and dependency and where safe avenues for disclosure are proactively created.

Inclusion

1.13.20 Jessica's experiences and vulnerabilities can be more fully understood through an intersectional lens. Womankind defines intersectionality as:

'Intersectionality is the acknowledgement that everyone has their own unique experiences of discrimination and oppression, and we must consider everything and anything that can marginalise people – gender, race, class, sexual orientation, physical disability, and so on.'[25]

1.13.21 The additional factors unique to Jessica are:

[24] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/
[25] https://www.womankind.org.uk/intersectionality-101-what-is-it-and-why-is-it-important/

- Alcohol Misuse
- COVID-19
- Finances
- Housing issues
- Isolation
- Unemployment

1.13.22 Intersectionality is crucial in understanding Jessica's situation. She was a white British woman with a disability, navigating life with epilepsy, the effects of medication, and increasing social isolation.

1.13.23 These factors intersected with her sex and financial role as sole provider, placing her at a heightened risk of domestic abuse, not only physical or verbal, but also economic, psychological, and coercive control.

1.13.24 Intersectionality allows us to recognise that Jessica's experiences were not shaped by a single factor but by multiple, overlapping identities that compounded her vulnerability. For example:

1. Her epilepsy and deteriorating health increased her physical dependence on Gordon, making it more difficult to leave or seek support.
2. As a woman in a heterosexual relationship, she was more likely to experience intimate partner violence and to minimise or internalise the abuse, as seen in her justifications for Gordon's behaviour.
3. As a self-employed writer and the only income earner in the household, she faced economic pressure and employment instability, especially when Gordon disrupted her work.
4. The COVID-19 pandemic and remote healthcare further isolated her from support services and face-to-face assessments that might have detected signs of distress or abuse.

1.13.25 Taken together, these overlapping dynamics placed Jessica in a position of compounding risk, which underscores the importance of intersectional approaches in domestic abuse responses. Understanding these complexities enables agencies to deliver more tailored, empathetic, and effective support.

1.14 Dissemination

1.14.1 After the Home Office grants permission to publish, this report will be widely disseminated, including, but not limited to:

- Jessica's family
- Members of the Wokingham CSP
- Agencies represented
- Domestic Abuse Commissioner

- Local Police and Crime Commissioner
- A copy of the Summary report will be published on the Wokingham Borough Council website

2.1 The Facts

2.1.1 Jessica had contact with TVP regarding domestic abuse incidents and with RBH concerning her deteriorating physical health.

2.1.2 In March 2020, Jessica contacted TVP to report that her partner, Gordon, had attempted to strangle her. This was a serious allegation indicating a potentially high-risk domestic abuse incident, and a response was required.

2.1.3 In August 2022, following concerns over a lack of contact, Jessica's family visited her home. They discovered her in a state of significant self-neglect and poor physical health. Numerous empty alcohol bottles were present, and Jessica had been immobile for several days. The family called an ambulance.

2.1.4 Jessica was transported to RBH, where she was admitted for treatment. Despite medical intervention, she sadly died twenty-three days later.

2.2 Key Events from March 2020 to September 2022

March 2020

2.2.1 Jessica told TVP that Gordon had strangled her the night before. TVP officers attended the address and observed that Jessica and Gordon were intoxicated. Jessica disclosed that Gordon strangled her, and she assaulted him. The record stated: *"They were both as bad as each other, and he had not prevented her from breathing."*

2.2.2 The phrase *"both as bad as each other"* implies mutual violence, a pattern of coercive control that the independent reviewer has identified in previous reviews as frequently concealed. Safe Lives[26] has recognised that a key danger of coercive control is that it leads victims to self-regulate their behaviour, shifting responsibility away from the abuser.

2.2.3 Jessica informed police officers that she had called TVP to discuss her exit from the property and did not support a prosecution. She had not called at the time of the assault as she had nowhere to go. This may indicate potential barriers to escaping abuse.

2.2.4 TVP officers completed a Domestic Abuse, Stalking, Harassment, and Honour-based Violence[27] (DASH) risk assessment with Jessica and highlighted the following:

[26] https://safelives.org.uk/about-domestic-abuse/what-is-domestic-abuse/coercive-control/
[27] https://safelives.org.uk/resources-library/dash-risk-checklist/

- **Physical Violence**: "*Last night, a verbal argument turned physical. Grabbed by the throat, Jessica hit out at Gordon."*
- **Strangulation:** *"Last night I didn't feel like I couldn't breathe."*
- **Abuse**: *"There hasn't really been any and usually get on ok, but isolation made things worse."*
- **Isolation**: *"Feel isolated from family and friends, but due to distance, and she doesn't have anywhere to go, other than Gordon."*
- **Suicide**: *"No, but he does talk about not wanting to be here."*

2.2.5 The risk was graded as medium: there are identifiable risk indicators of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless circumstances change, such as failure to take medication, loss of accommodation, relationship breakdown, or drug or alcohol misuse.

2.2.6 The independent reviewer noted that COVID-19 isolation intensified domestic tensions, as highlighted by Women's Aid.[28] Jessica indicated that she and Gordon drank too much, which is highlighted as a potential risk factor that could elevate the risk.

2.2.7 Additionally, strangulation is a serious risk factor for harm. This suggests the need to consider a referral to the Multi-Agency Risk Assessment Conference[29] (MARAC) to ensure Jessica's safety. The Sentencing Council has emphasised the significant risk of strangulation to domestic abuse victims, even without visible injuries.[30]

2.2.8 Gordon was arrested, and in the TVP interview, he stated he grabbed Jessica by the neck to stop her from attacking him in self-defence.

2.2.9 Gordon was released under investigation for a disposal decision. An evidence-led prosecution[31] was considered. An evidential review led to the case's filing with "no further action."

2.2.10 The body-worn video (BWV), 999 call, and pocket notebook entry undermined the case. A referral was made to the police Multi-Agency Safeguarding Hub (MASH) with no further information sharing. TVP staff the MASH.

April 2020

2.2.11 TWP received a report from Jessica and Gordon's neighbour about a male and female arguing. The neighbour stated they heard Jessica say, "Ow" and "Get away from me." Jessica stated that she could have said "get away from me" to Gordon and

[28] https://www.womensaid.org.uk/wp-content/uploads/2021/11/Shadow_Pandemic_Report_FINAL.pdf
[29] https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf
[30] https://www.sentencingcouncil.org.uk/html-publication/item/strangulation-and-suffocation-offences-guideline-response-to-consultation/
[31] https://www.college.police.uk/support-forces/practices/evidence-led-prosecution-checklist-domestic-abuse-cases

that the “ow” was probably related to the puppy, which was seen scratching and biting Jessica while the officers were present.

2.2.12 Jessica insisted it was just an argument, nothing more. Gordon also stated that it was just an argument. House-to-house calls were completed; no further evidence was revealed. Children in the street said they had heard nothing. Jessica declined to complete the DASH.

2.2.13 The independent reviewer noted that the absence of physical evidence or independent witness corroboration limited further police action.

2.2.14 No new DASH was completed due to Jessica's decline. Information was transferred from the previous DASH and graded as medium risk. Officers on the scene provided safety advice. Tasked to MASH to undertake safety planning. Jessica declined victim safety planning when contacted in May 2020.

2.2.15 The independent reviewer has found that domestic abuse victims’ hesitancy to engage may indicate ongoing coercion or fear of repercussions. The College of Policing identified that the risks of escalation may be underestimated in the absence of a DASH.[32] which Jessica had declined to complete.

2.2.16 The independent reviewer emphasised that disengagement places domestic abuse victims at an increased risk, requiring agencies to investigate the reasons for the victims' hesitancy to engage.

June 2020

2.2.17 TVP completed two medium-risk safety planning logs, and a log documenting Gordon's lack of engagement was also completed.

October 2020

2.2.18 Report to TVP from a neighbour of a possible domestic incident in progress. The neighbour was spoken to and reported that the shouting had been going on all day. They thought Jessica had recently lost her job. This aligns with prior incidents where external pressures (e.g., COVID-19 isolation) contributed to domestic conflicts.

2.2.19 Jessica opened the door and requested to speak to officers outside the property.

2.2.20 Jessica said they had been arguing about Gordon’s friends all day. Officers stated there appeared to be alcohol and mental health issues for both parties. Officers asked Gordon to come to the door. On doing so, they noted that he had a recent swollen black eye. Both parties were evasive about how the eye injury happened.

[32] https://library.college.police.uk/docs/college-of-policing/Risk-led-policing-2-2016.pdf

2.2.21 Jessica was arrested for Actual Bodily Harm, and Gordon declined to provide a statement. BWV recorded the attendance and arrest. Jessica declined to participate in the DASH risk assessment, which officers completed based on the information gathered and graded the incident as medium risk.

2.2.22 Gordon declined to allow photographs of his injuries (but they were visible on BWV). House-to-house enquiries were completed, and a statement was obtained from the reporting party.

2.2.23 Officers re-engaged with Gordon, but he still declined to provide a statement, saying nothing had happened and that he was concerned about Jessica. Jessica provided a no-comment interview and was bailed with conditions for further enquiries.

2.2.24 Gordon was contacted again seven days later and confirmed that he still did not wish to support the investigation. An evidence-led prosecution was considered but precluded due to insufficient supporting evidence. Both parties were informed of the decision to take no further action, and the report was filed.

2.2.25 (SMARTCJS confirmed no contact with Gordon.) Following Jessica's self-referral to SMARTCJS, she received a telephone assessment:

"Currently drinking two bottles of wine daily, stated, has cut down and has had dry days. Has a history of drinking for many years and has a full-time job as a freelance journalist that involves drinking. The partner also drinks daily and has referred himself. She stated she doesn't have hangovers or any signs of withdrawal. She previously had anxiety and has felt anxious again. To seek talking therapies".

2.2.26 A subsequent telephone appointment with the SMARTCJS Keyworker was scheduled for November 2020.

November 2020:

2.2.27 Jessica had three telephone contacts with SMARTCJS:

One

2.2.28 Jessica completed a care plan and received an electronic copy, an alcohol group Zoom link (video link), and online guidelines.

Two

2.2.29 Jessica reported using alcohol to cope with stress from work and emotional distress. She had made some attempts at harm reduction, buying smaller bottles and having alcohol-free days.

2.2.30 However, her drinking had increased during distressing events, such as her partner's parents contracting COVID-19 and a panic episode at the supermarket, indicating

heightened anxiety. Financial strain was also a factor, as she was supporting her unemployed partner, who may have had alcohol issues.

2.2.31 The independent reviewer indicated possible co-dependency and an enabling cycle in Jessica's relationship. Her alcohol consumption, anxiety, and financial burden may heighten her vulnerability.

2.2.32 Concerns about her partner's drinking and her wish for him to seek help hinted at potential alcohol misuse or control issues. Further exploration was required to assess whether alcohol-related problems or financial dependency contributed to coercive control or domestic abuse risks.

Three

2.2.33 Jessica reported drinking 175 ml glasses of wine thrice a week, reflecting a reduction from earlier levels. She felt she was *"close to her objective,"* indicating progress in her goal for alcohol moderation. Her improved well-being suggested an improvement in her mental health.

2.2.34 Her partner had increased support in attending to housework and reduced his alcohol intake, and they had improved their communication, indicating a healthier relationship. Jessica's busy work life suggested stability but raised concerns about stress management. Notably, she did not report using alcohol as a coping mechanism this time. No immediate risks or concerns were identified

2.2.35 The independent reviewer noted that although the relationship seemed better, ongoing monitoring would be beneficial, especially if past financial or alcohol-related issues return. Additionally, it would be essential to check if the positive changes in her partner's behaviour lasted and if Jessica felt supported.

December 2020

2.2.36 Jessica received her final telephone consultation with SMARTCJS.

2.2.37 Jessica had successfully reduced her alcohol consumption to three large glasses per week, considering herself an "occasional drinker." She felt healthy and no longer sought support from SMARTCJS, indicating increased confidence in managing her situation.

2.2.38 Her partner had sought support, which was a positive step towards addressing prior alcohol-related issues. Jessica had taken control of purchasing alcohol, limiting her partner's access to her finances, which helped establish financial boundaries. However, her partner remained unemployed and financially reliant on her, creating a potential power imbalance and stress, especially if financial strain increased. SMARTCJS discharged Jessica.

2.2.39 The independent reviewer noted that Jessica's work schedule and ongoing stress could lead to a relapse despite her positive changes in drinking habits and relationship communication. While improvements had been made, concerns about financial dependency and power dynamics in the relationship needed attention as they may pose risks for coercion or abuse. Continued support, including domestic abuse services, may help ensure stability in these positive changes.

January 2021

2.2.40 Referral to the Crisis Resolution Home Treatment Team (CRHTT, BHFT)[33] via NHS 111. A female requested support for her partner

2.2.41 Jessica reported that Gordon's depression had worsened since COVID-19, leading to increased anger and withdrawal from support services. She sought help for him, indicating concern for his well-being. His aggressive response, “F*** off,” showed his frustration and resistance to intervention, which could pose a risk to Jessica.

2.2.42 The CRHTT Practitioner noted palpable stress in their relationship, yet both declined to address it. Jessica had financially supported Gordon and managed alcohol access, but his continued unemployment and emotional instability added to the strain. His refusal to engage with CRHTT suggested he resisted help, leaving Jessica in a challenging position.

2.2.43 The independent reviewer noted that Gordon's escalating anger, depression, and refusal of help, coupled with financial dependency and alcohol issues, raised concerns about potential emotional or psychological abuse towards Jessica. Although domestic abuse was not explicitly mentioned, the stress dynamics warranted attention. Jessica received information on seeking help, and CRHTT closed the case.

2.2.44 The absence of interventions, including informing Jessica’s GP of the above, highlighted a risk gap. Ongoing follow-ups on her well-being were crucial, especially given Gordon's declining mental state and leaving Jessica in a high-stress environment. It is suggested that services should consider the potential risks of coercion or abuse.

March 2021

2.2.45 TVP received anonymous information concerning Jessica’s welfare. This was passed to the Neighbourhood Policing Team (NHPT) to attend the address and confirm the welfare of the occupants. TVP failed to speak with Jessica to establish if there were any offences.

[33] https://www.berkshirehealthcare.nhs.uk/our-services/mental-health-and-wellbeing/crisis-resolution-and-home-treatment-team-crhtt/

2.2.46 The independent reviewer observed that the risk of significant harm is increased by alcohol use and repeated abuse, indicating a toxic cycle.[34] Jessica's daily screaming suggested ongoing distress and possible entrapment or normalisation of abuse. Her previous reluctance to seek help raised concerns about coercive control or fear influencing her decisions.[35]

May 2021

2.2.47 TVP received a report that Jessica and Gordon have been screaming at each other for the last two days. The reporting party stated that this issue occurs frequently and believed it had worsened during the lockdown. They could hear Jessica shouting, “Ow! Please call the police.” A neighbour was spoken to and said nobody had been at the address for a few days.

2.2.48 Jessica answered the door to officers and was observed to be intoxicated. She stated it was a verbal argument due to Gordon having a new job and Jessica losing hers. Inside the property, Gordon was lying on the bed and appeared to be intoxicated. His speech was slurred, and there were empty bottles on the floor. He repeatedly told officers that everything was fine. Neither party had visible injuries.

2.2.49 Gordon declined to complete the DASH risk assessment. The response was recorded for each question as “refused,” and the risk was graded as medium. There was no record of what the reporting party said or the BWV of attendance. Further relevant information referred to Jessica as both the victim and the suspect, although she was listed as the suspect in the report.

2.2.50 Information that alcohol was affecting Jessica’s mental health was included in the further information. It is unclear whether this referred to Jessica alone or also included Gordon. No further action was taken.

2.2.51 The independent reviewer suggested that the escalating risk and obstacles in seeking help may indicate chronic intoxication in domestic incidents. Jessica's vulnerability and potential for harm may have additionally increased due to stressors like her job loss.[36]

November 2021

2.2.52 An online report from a neighbour that Gordon and Jessica were verbally and physically abusive to each other at least three times a week. The neighbour reported that a young family had recently moved to the neighbourhood, and Jessica and Gordon shouted at them. They told them to 'Shut the f*** up,' and called them c***s.”

[34] https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-domestic-abuse
[35] https://openaccess.city.ac.uk/id/eprint/19905/1/Myhill%2C%20Andy_Redacted.pdf
[36] https://vision.city.ac.uk/wp-content/uploads/2024/03/Short-report-Labour-market-consequences-of-IPVA.pdf

2.2.53 The neighbour reported that Gordon and Jessica intimidated them, and they were extremely worried for the family's welfare. They were not English, and the children were young. They believed that Gordon and Jessica were racially bullying the young family.

2.2.54 Officers with no BWV of the attendance spoke to Jessica and Gordon. The officers stated it was clear they were struggling at home and with alcohol, and they smelled of stale alcohol. Neither party displayed any apparent injury. Both said they may have been arguing, but the incident referred to had occurred five days previously, and they could not recall it.

2.2.55 DASH was completed, but the response to each answer was "No offences disclosed." House-to-house calls were completed, and shouting and swearing were heard, but it was unclear to whom they were directed.

2.2.56 Supervisory review: Aware of this address and previous reports. Aware that Wokingham Borough Council (WBC) have been looking into the address due to potential domestic abuse concerns.

2.2.57 The TVP problem-solving team reviewed the incidents and contacted WBC to determine a plan. The family was spoken to. They were very aware of the noise Jessica and Gordon were creating. They did not feel that they were being targeted because of their ethnicity. No further action was taken, and no offences were disclosed.

2.2.58 The independent reviewer observed that the repeated abuse occurring three times per week indicated a chronic, high-risk situation. Their chronic intoxication may also have contributed to memory loss, violent outbursts, and their inability to engage in interventions.

2.2.59 Furthermore, opportunities for evidence-based action are limited due to the absence of BWV and resident statements. Marking "No offences disclosed" may underestimate the risk, and a five-day memory gap raises concerns about denial or coercive control affecting disclosures.

December 2021

2.2.60 A 999 call was received, and an ambulance was dispatched to Jessica's home.

2.2.61 Jessica experienced two seizures, possibly linked to stress, alcohol withdrawal, or an underlying condition. Although she initially declined hospital treatment, the second seizure required emergency transportation, indicating a serious situation.

2.2.62 Jessica reported drinking a bottle of wine daily, a significant increase from her previous intake of three large glasses per week, suggesting a potential relapse in alcohol dependency.

2.2.63 Contributing stressors included noisy neighbours, sleep issues, and relationship concerns. Her trouble sleeping may have reflected heightened anxiety or mental health struggles. Additionally, her decline of hospital care, stating she was "too busy", suggested a prioritisation of work over health, which may point to maladaptive coping mechanisms.

2.2.64 Her partner witnessed the seizure, but his level of emotional support remained unclear, potentially limiting Jessica's support system amid his challenges.

2.2.65 Jessica was seen in the hospital for three seizures and was started on Keppra medication.[37]

2.2.66 The independent reviewer noted that Jessica's declining physical condition and increased alcohol use indicated a troubling trend in her well-being. Her partner's emotional detachment and potential financial dependence may have left her without a strong support system, making her more vulnerable to health and emotional crises.

2.2.67 Although domestic abuse was highlighted, her situation merited further examination, especially regarding her rising alcohol intake and seizures. Additionally, it is essential to explore how her relationship may have contributed to her drinking and reluctance to seek medical care.

2.2.68 Jessica may have benefited from resources for sleep support and stress management. Furthermore, her partner's role during her seizures should be reviewed to determine if he was able to provide adequate care.

January 2022

2.2.69 GP telephone consultation. Jessica experienced no further seizures, showing that her condition was effectively managed with Keppra. She also reported reducing her alcohol intake by half, down from one bottle of wine per day.

2.2.70 The independent reviewer noted that although Jessica had reduced her alcohol consumption, continued monitoring is essential to prevent relapse, particularly if stressors remain. This may be achieved through a referral to alcohol support services or by ensuring that Jessica is provided with this information. Additionally, the underlying causes of her alcohol misuse were not addressed.

2.2.71 Jessica received a telemedicine session with RBH. Jessica was counselled on seizure safety and to renounce her driving licence.

[37] Anti-epilepsy medication

2.2.72 The independent reviewer noted that losing a driving licence may affect independence, employment, and daily life, leading to feelings of loss, reduced autonomy and vulnerability, especially if this change makes them reliant on others for transportation.

June 2022

2.2.73 Jessica called TVP on 999. She stated she was confused and that she meant to call 101. She abandoned the call and, on a call back, stated she had suffered an epileptic fit. TVP attended, and Gordon did not wish to admit officers to the property. Jessica came to the door and went outside to speak to the officers. Jessica and Gordon were separated and spoken to.

2.2.74 Gordon stated that Jessica had a fit and fell; he had been managing her epilepsy since her diagnosis. On attendance, he was intoxicated. Jessica was also intoxicated.

2.2.75 Jessica stated that she had a fit and fell. She had a small bruise to the side of her left eye and a small amount of blood near a nostril. She stated the injuries were from falling and picking something up. She said she had been struggling to get the dosage of her epilepsy medication right; as a result, she was still having seizures and was feeling trapped.

2.2.76 The attending officer stated that they did not believe Jessica was providing the whole story. She was repeatedly asked what had happened, but did not disclose any offences. Safety advice was provided to Jessica, but she declined to participate in the DASH risk assessment. Jessica was noted not to be under ASC or mental health services.

2.2.77 House-to-house: A neighbour confirmed hearing an argument at lunchtime but provided no further details and stated this is not unusual for Jessica and Gordon. The sergeant directed that Gordon be arrested. Following his arrest, Jessica was revisited. She still did not wish to engage.

2.2.78 In the police interview, Gordon stated that Jessica had a seizure that afternoon, but he was asleep at the time. Due to the lack of evidence, the case was filed with no further action.

2.2.79 The independent reviewer noted that Jessica's confused emergency call, reluctance to share details, feeling trapped, and injuries may indicate coercion or fear, as mentioned by Women's Aid.[38] Gordon's refusal to admit officers could suggest an attempt to control the situation.

2.2.80 Both Jessica and Gordon were heavily intoxicated, which may escalate domestic abuse and complicate the ability to seek help. Gordon reported that he was

[38] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/

managing Jessica's epilepsy, raising concerns about medical dependency as a form of control that might have kept her from leaving the relationship.[39]

2.2.81 Frequent arguments and visible signs of harm suggest a pattern of domestic incidents supported by a neighbour's report of another argument.

July 2022

2.2.82 Epilepsy Contacts:

2.2.83 Jessica reported she had not had any seizures since starting Keppra, indicating effective management of her epilepsy. She experienced better sleep and fewer panic attacks, likely influenced by her medication and reduced alcohol intake. She reported drinking four glasses of wine per week with three to five alcohol-free days, a significant improvement from her previous daily consumption. Additionally, Jessica was actively working to reduce smoking.

2.2.84 Jessica initially did not respond to the epilepsy nurse, which the independent reviewer noted may indicate potential avoidance or barriers to support. Jessica reported worsening Irritable Bowel Syndrome (IBS), which is often linked to stress or anxiety.

2.2.85 The reviewer suggests that the emotional distress remains unresolved, despite her seizures being under control. However, in the previous month, she reported to TVP experiencing seizures and struggled to find the correct dosage of her medication.

August 2022

2.2.86 After several weeks of being unable to reach her, Jessica's parents visited. They discovered that she was in a grave condition, exhibiting symptoms such as yellow, hot skin and a bloated stomach. Gordon had not attempted to seek medical help, so they called 999, and an ambulance attended the address.

2.2.87 Jessica was found with grade 2/3 pressure sores (significant damage to her skin due to immobility),[40] doubly incontinent and unable to move for at least three days. These symptoms suggested severe neglect, especially considering that her partner was present and did not seek help or contact any professionals during this time.

2.2.88 Empty wine bottles were noted throughout the home, pointing to chronic alcohol abuse. This environment may have exacerbated her physical and mental decline.

[39] https://www.anncrafttrust.org/resources/disability-domestic-abuse/
[40] https://www.gov.uk/government/publications/pressure-ulcers-applying-all-our-health/pressure-ulcers-applying-all-our-health#:~:text=Stage%20I%3A%20non%2Dblanchable,IV%3A%20full%20thickness%20tissue%20loss

2.2.89 The ambulance crew raised a safeguarding concern about the partner's lack of action despite Jessica's severe condition. This omission reflected possible neglect or indifference on his part.

2.2.90 Jessica's parents reported that Jessica had a heavy drinking history for fifteen years, with a significant increase in consumption after moving in with her partner. This raised concerns about the medical impact of chronic alcohol use, including alcoholic liver disease, hepatitis, and hepatic encephalopathy, which were identified as possible diagnoses.

2.2.91 Jessica revealed her partner's alcohol dependency to SMARTCJS and a history of frequent arguments. Although there were no apparent signs of physical abuse, emotional and psychological abuse, along with her alcohol dependency, indicated a pattern of coercive control and neglect. While in the hospital, Jessica was deemed too unwell to discuss domestic abuse, highlighting her physical and psychological deterioration from years of neglect and control.

2.2.92 Various services, including the ambulance crew, ASC, and RBH, raised safeguarding concerns, highlighting bruises, pressure ulcers, and general neglect. ASC informed TVP of the concerns.

2.2.93 Jessica's mother, Layla, provided details to the allocated social worker (ASC) regarding a pattern of coercive control, physical and financial abuse, and intentional neglect by Jessica's partner. This information indicated a long-standing history of abuse, which may have significantly contributed to Jessica's declining health.

2.2.94 Layla reported that the family had not been asked to give information to the social worker. They received a call from the social worker in August, but there was no further communication. Three days later, Layla texted the social worker seeking advice about Gordon accessing Jessica's bank account. Although she was told that a replacement social worker would be assigned and they would contact her. A new social worker was allocated, but they had not reached out to the family.

2.2.95 Jessica expressed a wish to leave the hospital, and the doctor assessed her as lacking the capacity to make decisions due to her medical condition.

Final Stages and Death

2.2.96 Jessica's condition rapidly deteriorated, resulting in acute hepatic and respiratory failure, leading to her admission to the ICU. This was likely a culmination of chronic neglect, alcohol abuse, and untreated medical conditions.

2.2.97 Upon admission, Jessica was found unkempt, indicating long-term neglect and lack of personal care, potentially stemming from her partner's refusal to care for her. Jessica died in the hospital, a tragic consequence of sustained neglect, medical mismanagement, and the severe impact of domestic abuse.

2.2.98 The independent reviewer noted that the coercive control described by Jessica's family and friends, along with physical and economic abuse, highlighted concerns about Jessica's extent of victimisation.

2.2.99 The partner's denial of help and inaction during her decline indicated emotional and psychological abuse that significantly contributed to her health deterioration and eventual death.

3.1Analysis

3.1.1 This section examines the agencies' involvement with Jessica.

Jessica had direct/indirect contact with the following agencies:

1. Adult Social Care (ASC)
2. GP Practice
3. Royal Berkshire Hospital NHS Foundation Trust (RBH)
4. Thames Valley Police (TVP)

Adult Social Care (ASC)

3.1.2 Jessica's admission to RBH triggered a safeguarding concern rated as "red" due to an immediate risk of harm, necessitating urgent action to protect her and others. The ASC Team Manager should be notified of such concerns. Section 42 of the Care Act (2014) outlines the legal obligations for safeguarding adults at risk of abuse or neglect.[41]

3.1.3 ASC could not conduct a Section 42 Safeguarding Adult Enquiry as Jessica was too ill to engage and sadly died before further steps could be taken. Section 42 enquiries aim to investigate potential abuse or neglect and determine necessary protective actions; however, this was not possible in Jessica's case due to her inability to participate and her subsequent death.

3.1.4 The Safeguarding Adult Review Panel determined that Jessica's case did not meet the criteria for Section 44 of the Care Act (2014)[42] and was, instead, more appropriate for a DHR. DHRs are conducted when there are suspicions that an adult's death may involve domestic violence or abuse.

3.1.5 Given the complexities of Jessica's situation, the decision to follow the DHR process aims to investigate the circumstances surrounding her death and identify lessons to prevent domestic abuse-related deaths.

[41] https://www.legislation.gov.uk/ukpga/2014/23/section/42/enacted
[42] https://www.legislation.gov.uk/ukpga/2014/23/section/44

GP Practice

3.1.6 Jessica registered with the GP practice in 2021 and had two recorded contacts with the practice.

3.1.7 First contact was in January 2022. Jessica had health concerns related to seizures and alcohol, necessitating medical attention. The second contact was nine days later. She was administered a COVID-19 vaccination, which shows routine medical engagement.

3.1.8 The GP practice had no information about domestic abuse or safeguarding concerns during Jessica's visits and did not identify any signs of abuse.

3.1.9 Safe Lives emphasises the essential role that healthcare providers, particularly GP practices, have in identifying victims of domestic abuse. Many victims seek medical care during or after abusive incidents, making healthcare professionals well-positioned to detect signs of abuse.[43]

3.1.10 Data from the House of Commons reveals that around 0.5 million survivors interact with healthcare services annually, highlighting the importance of training for medical professionals to recognise both adult and child victims of domestic violence.[44]

3.1.11 Routine inquiries about domestic abuse in healthcare settings are vital, as recommended by the Department of Health.[45] These inquiries can create a safe environment for victims to disclose abuse and allow healthcare providers to intervene effectively. However, within primary care, a model of selective enquiry is more practicable.[46]

3.1.12 This highlights the critical role of GP practices in recognising and addressing domestic abuse. While no specific safeguarding concerns were noted during Jessica's interactions, healthcare settings often serve as victims' first point of contact.

Royal Berkshire Hospital NHS Foundation Trust (RBH)

3.1.13 Jessica was under the care of the neurology service. She received three telephone consultations with an Epilepsy Nurse, one in January and two in July 2022, highlighting the growing reliance on telemedicine since the COVID-19 pandemic.

3.1.14 RBH observed increased telemedicine usage, often due to longer wait times for in-person visits. While convenient, telemedicine may overlook critical aspects of patient

[43] https://safelives.org.uk/Whole_Health_London#:~:text=Whether%20a%20GP's%20surgery%2C%20a,provide%20immediate%20support%20and%20information
[44] https://commonslibrary.parliament.uk/research-briefings/cbp-9233/
[45] https://assets.publishing.service.gov.uk/media/5a7f850940f0b6230268ffba/DometicAbuseGuidance.pdf
[46] DometicAbuseGuidance.pdf

care, such as physical signs of deterioration.[47] [48] Jessica's family felt that an in-person assessment could have provided a clearer understanding of her condition.

3.1.15 Jessica's family informed the reviewer that Jessica had reported her concerns about medication dosage and its impact on her appetite, emphasising patients' psychological burdens when uncertain about treatment.

3.1.16 Keppra is considered weight-neutral but may cause significant weight loss in women,[49] potentially contributing to Jessica's appetite issues. Jessica disclosed to the nurse her attempts to reduce alcohol intake, which can interfere with the efficacy of her medication and worsen side effects.[50] The nurse noted that managing alcohol consumption should be gradual and highlighted the positive effects of Jessica's treatment, including fewer seizures.[51]

3.1.17 The reviewer emphasised that while telemedicine is essential, it has limitations in assessing physical symptoms, such as weight loss. The combination of alcohol, epilepsy medication, and Jessica's health issues created a complex situation that was challenging to manage remotely.

3.1.18 Additionally, the family's concerns about potential abuse by Gordon (post Jessica's death) highlighted the need for improved safeguarding and communication among healthcare providers, patients, and families. More in-person assessments and proactive family engagement might have helped identify risks sooner.

Thames Valley Police (TVP)

3.1.19 In March 2020, police recorded the first domestic incident between Jessica (aggrieved) and Gordon (perpetrator). Jessica did not support the investigation but completed a DASH risk assessment, grading the risk as medium. The case was referred to MASH and later assigned to safety planners, including BWA.

3.1.20 Between 2018 and 2020, BWA was contracted to provide the Medium Risk Safety Planner (MRSP) role to TVP for Berkshire West. The scope of this role was to call victims of domestic abuse who had been assessed as medium risk by the police and offer safety planning, signposting, and a referral to the local domestic abuse service.

3.1.21 Although BWA employed the individual, they were based within TVP. Due to GDPR and data processing restrictions for data 'owned' by TVP, the MRSP only used TVP systems to record contact with victims unless they agreed to an onward referral to BWA. As such, any contact the MRSP completed as part of their role was only detailed on Niche (Police electronic system) and would not have been recorded on BWA's case management system.

[47] https://www.rcpjournals.org/content/clinmedicine/20/4/e104
[48] https://www.sciencedirect.com/science/article/pii/S1059131117306672
[49] https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1528-1167.2007.01273.x
[50] https://www.epsyhealth.com/seizure-epilepsy-blog/epilepsy-and-alcohol-can-you-drink-safely
[51] https://alcoholrehabhelp.org/interactions/drugs-and-alcohol/keppra/

3.1.22 However, BWA did not review the referral until later, resulting in its closure due to delays. BWA were contracted to deliver the MRSP role for 18 hours per week, but the role received referrals for every medium-risk domestic abuse victim for TVP in Reading, Wokingham and West Berkshire.

3.1.23 BWA liaised closely with TVP and commissioners about the fact that contacting this volume of victim-survivors in the contracted 18 hours was not possible, and the MRSP was given direction around which cases to contact and which cases to close without a contact attempt.

3.1.24 An Evidential Review Officer reviewed the evidence, including BWV footage, a pocketbook entry, and a 999 call. The police response aligned with best practices, ensuring immediate action and risk assessment. However, the absence of BWA contact highlights weaknesses in inter-agency coordination, which could have impacted victim safeguarding.[52] The case closure suggests a need for improved oversight in tasking and follow-up procedures.

3.1.25 Gordon's minimisation of his actions aligns with coercive control dynamics.[53] Strangulation, even without visible injury, is a high-risk indicator of escalating domestic abuse.[54]

3.1.26 The lack of visible injuries in this case does not negate the severity of the act, as research shows that strangulation victims often present with delayed or internal injuries.[55] While the new legislation strengthens responses to strangulation, challenges persist in evidence-led prosecutions.

3.1.27 Jessica's reluctance to cooperate is a known barrier in domestic abuse cases[56] reinforcing the need for proactive safeguarding and victim engagement. Early intervention and sustained engagement with victims improve safety outcomes.[57]

3.1.28 The impact of COVID-19 should also be acknowledged, as restrictions likely influenced access to support services and victim reporting.

3.1.29 The report in April 2020 highlights the challenges in responding to third-party reports of domestic incidents where no immediate crime is identified.

3.1.30 The police response adhered to operational guidelines. Best practice suggests that a victim's reluctance to engage can be an indicator of coercion or ongoing risk, as noted in domestic abuse research.[58]

[52] https://www.local.gov.uk/sites/default/files/documents/National%20analysis%20of%20SARS%20-%20Stage%202%20%28branded%20and%20proofread%29%20v6-19.pdf
[53] http://dx.doi.org/10.1093/oso/9780197639986.001.0001
[54] https://doi.org/10.1016/j.jemermed.2007.02.065
[55] https://doi.org/10.1177/15248380231207874
[56] https://www.exchangechambers.co.uk/victimless-prosecution-applying-and-resisting-res-gestae/
[57] https://oro.open.ac.uk/87820/8/87820final.pdf
[58] https://www.college.police.uk/app/major-investigation-and-public-protection/domestic-abuse/context-and-dynamics-domestic-abuse

3.1.31 The absence of physical evidence does not necessarily indicate safety, and ongoing multi-agency monitoring and professional curiosity are essential to identifying risk escalation.[59]

3.1.32 BWA reported that they contacted Jessica; however, she declined support and safety planning. Due to the records being held solely by TVP, BWA has no further information regarding the details of this contact. According to TVP records, Jessica declined safety planning, stated that everything was fine, expressed that she felt safe, and confirmed she had the contact number for the BWA helpline should she require support in the future.

3.1.33 The incident in October 2020 involved a reported domestic disturbance where officers found Jessica intoxicated and Gordon with a visible black eye.

3.1.34 Jessica was arrested. Although officers completed a DOM5[60] report, the DASH risk assessment questions were left blank because Gordon lacked engagement. This omission may have impacted the accuracy of the risk grading, which was classified as medium risk.

3.1.35 The case highlights critical gaps in the custody process, particularly in identifying and managing vulnerability and mental health concerns. Despite being under the influence of alcohol and requiring 30-minute checks, there is no record that Jessica was assessed as vulnerable or seen by a healthcare professional, indicating a failure to adhere to established custody risk assessment protocols.[61]

3.1.36 Additionally, while the officer noted that both Jessica and Gordon appeared to have mental health issues, no further assessment or intervention was conducted in custody or afterward, reflecting systemic shortcomings in addressing mental health needs within the criminal justice system.[62]

3.1.37 Furthermore, the failure to complete an Adult Protection vulnerability assessment[63] was attributed to the officer's inexperience, highlighting the need for enhanced training and supervision for new officers.

3.1.38 In response to similar issues identified in a previous Domestic Abuse-Related Death Review (DARDR),[64] a new process was introduced requiring officers to submit a form before arriving at custody to alert the custody sergeant of relevant suspect information. This procedural change stems from a recommendation in a 2021 TVP

[59] https://www.college.police.uk/guidance/vulnerability-related-risks/curiosity#:~:text=Professional%20curiosity%20was%20considered%20to,where%20partners%20should%20be%20involved.
[60] https://www.wokingham.gov.uk/community-and-safety/domestic-abuse/information-professionals/risk-assessment-and-marac/risk-checklist
[61] https://www.gov.uk/government/publications/pace-code-c-2019/pace-code-c-2019-accessible
[62] https://hmicfrs.justiceinspectorates.gov.uk/publications/joint-thematic-inspection-criminal-justice-mental-health-needs/#:~:text=Between%20April%20and%20May%202021,police%20to%20release%20from%20prison.
[63] https://www.thamesvalley.police.uk/SysSiteAssets/foi-media/thames-valley-police/policies/policy---adults-at-risk.pdf
[64] RECOMMENDATION ONE – "TVP to review the current prisoner handover template to create a consistent template that includes a prompt to detail any welfare concerns/risks/vulnerability issues around the suspect".

IMR and aims to improve the identification of vulnerabilities at the earliest stage of detention.

3.1.39 An anonymous report was received in March 2021, reporting that Gordon was physically abusive to Jessica, including strangling and hitting her.

3.1.40 A Police Community Support Officer (PCSO) was assigned to visit the home. However, no record was found. The TVP IMR identified this as likely due to human error, as the PCSO, who would not typically be tasked with such duties, is not equipped to manage the situation.

3.1.41 Domestic abuse welfare checks are usually the responsibility of trained police officers, who are better positioned to identify crimes, safeguard needs, and initiate investigations.

3.1.42 Furthermore, the IMR highlighted a systemic gap in ensuring that information related to domestic abuse is passed to the NHPT and is adequately followed up. The lack of a structured tracking system for such tasks increases the risk of missed safeguarding opportunities.

3.1.43 The IMR found that, as this information was anonymous and did not originate from the victim or a third-party professional, it was correct to retain it in its current format and not to classify it as a domestic incident. As a result, TVP will examine its processes for managing anonymous reports of domestic abuse to improve its response.

3.1.44 In November 2021, a domestic incident (non-crime) was reported. Upon arrival, officers found both individuals smelling strongly of alcohol despite it being mid-morning, and the flat was noted to be very untidy and dirty.

3.1.45 Both Jessica and Gordon admitted to frequent arguments, with Jessica being more vocal and acknowledging their shared struggle with alcohol, while Gordon remained quieter. The report does not explain why Gordon was listed as the aggrieved party, and the absence of BWV footage from the officers' attendance further limits evidence.

3.1.46 Although no immediate risk was identified, the situation suggests underlying domestic dysfunction, including alcohol misuse, which may pose ongoing risks. The lack of clarity regarding Gordon's role in the incident highlights a need for further investigation and monitoring.

3.2 Terms of Reference

3.2.1 This section analyses the Terms of Reference (ToRs) to confirm that they have been addressed and met.

TOR 1: Identify good practices where responses may have exceeded the required standards.

3.2.3 Nil identified.

TOR 2: Did the COVID-19 pandemic impact Jessica's service responses? (Review the appropriate contact/response for its current impact.)?

3.2.4 The review timeframe began in March 2020, coinciding with the onset of the COVID-19 pandemic. This period saw widespread disruption to service delivery across primary care, secondary healthcare, social care, and drug and alcohol services. In-person operations were primarily suspended, with telemedicine and digital platforms becoming standard for those assessed as low risk. However, this shift may have adversely affected individuals like Jessica, whose complex health and domestic abuse needs required more personalised, face-to-face support.

3.2.5 Jessica's family and friends reported that pandemic-related restrictions led to considerable isolation, negatively affecting her personal and professional lives. As a traveller and author, her ability to work was compromised, and she struggled with unsuccessful online job interviews, experiences that they believe were influenced by Gordon's controlling behaviour. The wider constraints of the lockdown further limited her independence and autonomy.

3.2.6 Emerging research during the pandemic highlighted that reduced face-to-face contact and increased isolation heightened risks for victims of domestic abuse.[65] Restrictions on movement and access to support services created significant barriers to disclosure and help-seeking while enabling abusers to escalate coercive control with reduced oversight from professionals and the wider community.[66]

3.2.7 Jessica's family observed that lockdown conditions appeared to strengthen Gordon's control over her, notably by limiting her ability to travel independently, which is especially concerning due to her epilepsy. The reliance on remote communication further isolated her from potential support networks, reducing opportunities to disclose abuse or seek help. Her family believes the pandemic amplified her vulnerability and Gordon's dominance.

3.2.8 The independent reviewer concluded that the pandemic profoundly impacted Jessica's well-being and the ability of services to respond effectively. The shift away from in-person engagement posed significant challenges for those with complex needs, such as managing health conditions and escaping domestic abuse, where direct, personal interaction is often critical.

[65] https://www.womensaid.org.uk/wp-content/uploads/2021/11/Shadow_Pandemic_Report_FINAL.pdf
[66] https://www.ukri.org/about-us/how-we-are-doing/research-outcomes-and-impact/esrc/how-the-covid-19-lockdowns-affected-the-domestic-abuse-crisis/#:~:text=Key%20findings%20and%20recommendations&text=domestic%20abuse%20problem-,restrictions%20kept%20victims%20in%20abusive%20relationships%20for%20longer,partner%20and%20family%20abuse%20increased

3.2.9 Ultimately, the enforced isolation contributed to a deterioration in Jessica's independence and limited her ability to access timely support. Gordon's controlling behaviour intensified under these conditions, and the absence of routine, in-person contact likely delayed the recognition of escalating risks. The pandemic highlighted how crises can magnify vulnerabilities and disrupt essential protective systems.

TOR 3: How readily was Jessica able to use the services?

3.2.10 On two separate occasions during the review period, TVP referred Jessica to a charity that, according to the panel's findings, was no longer commissioned to deliver domestic abuse support, and the police's forms had not been updated accordingly.

3.2.11 In May 2020, BWA contacted Jessica, and TVP recorded that she had the number for BWA.

3.2.12 Jessica's family highlighted that the COVID-19 pandemic significantly hindered her access to services. They believed in-person health consultations could have led to earlier identification of her physical health needs and timelier treatment. While telemedicine provided a valuable alternative, it may not have covered all aspects of Jessica's care.

3.2.13 Despite the option for in-person consultations during the pandemic, Jessica reported to the Epilepsy Nurse that she had not experienced seizures and noticed some improvement in her symptoms. However, her self-reported progress may have masked underlying issues, as her family observed problems that Jessica communicated, such as difficulties with medication and sleeping.

3.2.14 The family's observations underscore the limitations of telemedicine in providing a complete picture of a patient's condition, particularly when signs of deterioration are not communicated

3.2.15 Jessica's concealed mobile phone limited her ability to seek help, raising concerns about coercive control. The concealment and delay in calling emergency services highlight serious safety issues, suggesting she may have been intentionally isolated in line with patterns seen in abusive relationships.

TOR 4: How did your agency respond to the information that Jessica may have been a victim of domestic abuse?

3.2.16 RBH identified signs of domestic abuse during Jessica's admission in December 2021 and provided her with information about BWA. However, a risk assessment was not completed, nor was there a multi-disciplinary discussion, despite indications of emotional abuse and alcohol misuse. Jessica's tendency to minimise the abuse, a common coping strategy in coercive relationships, may have caused professionals to underestimate the risk involved.

3.2.17 TVP's response to concerns regarding domestic abuse involving Jessica was mainly in line with the Operational Guidance in place at the time. When responses fell short, they were identified as either a learning theme or individual or departmental learning, which is included within the learning section of the DHR.

3.2.18 On one occasion, concerning anonymous information around domestic abuse being sent to NHPT, the TVP IMR has highlighted the need for further discussion to develop a recommendation.

3.2.19 The College of Policing has developed a new risk assessment instrument to assist officers in identifying the indicators of coercive control and better protecting domestic abuse victims. The Domestic Abuse Risk Assessment (DARA) replaces the DASH for frontline response officers.[67]

3.2.20 During the pilot phase of DARA, the proportion of police reaching the same risk assessment as a domestic abuse expert increased by 38%. Officers were better positioned to decrease or remove the risk and protect the victim from further harm.[68]

3.2.21 Safe Lives emphasises that the DARA should not replace the DASH and that safeguarding officers and specialised support services should continue to use it.[69]

3.2.22 TVP plans to incorporate the DARA model. Nevertheless, its implementation has yet to occur due to the IT adaptations required for their data management system. Across the Force, DASH is still in use.

3.2.23 Jessica's family reported that her relationship with Gordon was marked by significant control. After her epilepsy diagnosis, Gordon disrupted her sleep, hindered her career aspirations, and instilled a fear of travelling alone. This manipulation, confirmed by her friend Tricia, aligns with patterns of coercive control typical in abusive relationships.

3.2.24 By emotionally manipulating Jessica and restricting her independence, Gordon aimed to keep her isolated and dependent, significantly limiting her personal autonomy and professional growth.

3.2.25 Jessica was the primary earner in her household, and Jessica's family and friends reported that Gordon had exploited her financial situation. Jessica informed SMARTCJS that she was responsible for the alcohol in the home, as she had ceased Gordon's access to her bank card, indicating his attempted manipulation was key to controlling her resources.

[67] https://www.college.police.uk/article/police-better-equipped-spot-controlling-behaviour
[68] https://collegeofpolicing-newsroom.prgloo.com/news/police-better-equipped-to-spot-controlling-behaviour
[69] https://safelives.org.uk/sites/default/files/resources/Dara_briefing_Multiagency%20partners.pdf

3.2.26 After Jessica's death, her family raised concerns about financial exploitation, including selling her house to settle Gordon's mortgage. They believed he accessed her bank account after her death and noted the repeated cancellation of her bank cards and the confiscation of her house key and passport as further evidence of his control. These actions reflected economic abuse, limiting Jessica's access to resources and fostering dependence.

3.2.27 Although agencies initially overlooked Jessica's financial exploitation, her family's revelations highlighted its severity. Research shows that impoverished women are particularly vulnerable to severe abuse, underscoring the link between economic vulnerability and domestic abuse.[70]

3.2.28 Furthermore, economic abuse not only impacted Jessica's financial stability but also affected her mental and physical well-being. For example, Gordon's restricting access to her mobile phone isolated her from support services, eroding her autonomy and contributing to her mental health decline.

3.2.29 This pattern is evident in many cases of economic abuse, which often leads to deprivation and overall deterioration in well-being.[71] [72]

3.2.30 The neglect of Jessica, as observed by her family and South Central Ambulance Service (SCAS) in August 2022, illustrates how economic control can extend into physical neglect, leaving victims vulnerable to further harm.

TOR 5: Did any agencies that had contact with the alleged perpetrator consider that he may have been a perpetrator of domestic abuse?

3.2.31 Jessica and Gordon were identified by TVP as both victims and perpetrators on different occasions.

3.2.32 Bidirectional or reciprocal aggression may be pervasive and persistent in both significant and minor disputes. It implies that both partners might exhibit aggressive behaviour during a dispute. Nevertheless, this may not hold for every conflict event and might not exhibit symmetry.[73]

3.2.33 Additional investigation revealed that women frequently resort to physical violence in reprisal for the violence they have endured. Moreover, men employ life-threatening behaviours with greater frequency, resulting in more significant harm, fear, and erosion of women's autonomy within intimate partner relationships.[74]

[70] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/the-impact-of-domestic-abuse/
[71] https://www.tuc.org.uk/sites/default/files/UnequalTrappedControlled.pdf
[72] https://survivingeconomicabuse.org/i-need-help/understanding-economic-abuse/spotting-the-signs/
[73] http://elizabethbates.co.uk/uncategorized/why-we-need-to-investigate-experiences-of-bidirectional-intimate-partner-violence/
[74] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5501762/

3.2.34 BWA was asked to review the TVP report. A safety planner spoke with Jessica on one occasion. There was also a single attempt to contact Gordon. However, neither Jessica nor Gordon engaged in victim safety planning when offered.

3.2.35 Due to this lack of engagement, there was no opportunity to explore alternative support options.

3.2.36 The DHR scoping process identified a procedural issue in medium-risk domestic abuse cases. Historically, safety planning for standard and medium-risk cases was supported by an external charity. However, the charity withdrew from this role due to capacity constraints, leaving a gap in support. Despite this, the crime report templates were not updated, leading to a misleading assumption that all cases were referred to a charity for safety planning.

3.2.37 MASH staff could not enter free text in the template's "Information shared with Domestic Abuse Charity/Provider' section, which created the risk of misinterpretation by external parties. However, police officers continued to assess risk, flag cases on internal systems, and take necessary safety actions. Following discussions with MASH, this template section was urgently removed, with a plan to revise it if a new charity partner is identified.

3.2.38 The reliance on an external charity for medium-risk safety planning highlights a critical systemic vulnerability in domestic abuse response frameworks. The literature suggests that consistent safety planning is essential in reducing risk and preventing escalation in domestic abuse cases.[75]

3.2.39 The unamended template contributed to an administrative oversight that could lead to a false sense of security among agencies involved in case management. Research indicates that clear and accurate record-keeping is crucial in multi-agency safeguarding responses.[76]

3.2.40 In this case, the inability to enter free text meant that external reviewers might mistakenly assume that a charity managed all medium-risk cases when they were not receiving additional support. This could have implications for accountability and victim safety.

TOR 6: Did your agency have any alternatives for perpetrator disruption or victim safety planning during Jessica's engagement with your agency? If not, what hurdles prevented their implementation?

[75] https://livrepository.liverpool.ac.uk/3115665/1/Attached%20standard%20file.PDF
[76] https://hmicfrs.justiceinspectorates.gov.uk/our-work/article/domestic-violence-and-abuse/#:~:text=We%20found%20that%20the%20police,made%20a%20series%20of%20recommendations.

3.2.41 TVP has well-established policies and Operational Guidance for all staff dealing with domestic abuse. These are updated regularly based on learning and recommendations from DHRs/DARDRs.

3.2.42 Domestic abuse investigations are a core role of policing. The College of Policing produces Approved Professional Practice, which governs the policing response to domestic abuse and the training provided. All front-line officers and staff receive regular training updates. It is planned that TVP will soon use the 'DARA13' model to replace the current DOM5 risk assessment, which is based on DASH. This will reflect national best practices.

3.2.43 The DRIVE Project[77] is a unique domestic abuse intervention that seeks to alter the perpetrators' behaviour to lessen the number of child and adult victims.

3.2.44 The project directs its attention towards high-risk, high-harm, and serial offenders since survivors-victims of this demographic face the most severe harm. DRIVE has a comprehensive strategy that integrates coordinated multi-agency responses with rigorous case management. The multi-agency collaborates closely with housing, substance abuse, victim services, law enforcement, probation, children's social care, and mental health teams.

3.2.45 The DRIVE project aims to enhance victim safety and mitigate risk by integrating behaviour modification, support, and disruption interventions with the vital protective efforts of victim services.

3.2.46 The DRIVE project commenced at the start of January 2024 and covers all areas across TVP.

3.2.47 WBC also has a Multi-Agency Tasking and Coordination[78] (MATAC), which is a monthly meeting to identify and tackle the most harmful perpetrators of domestic abuse. Its objectives are to change offender behaviour, reduce re-offending, and safeguard victims and families.

3.2.48 MATAC seeks to engage perpetrators through education, prevention, and diversion strategies, including referrals to voluntary behaviour change programmes and support for housing, substance misuse, or mental health issues. Where engagement fails, enforcement and disruption tactics are considered.

3.2.49 Nevertheless, Gordon did not satisfy the prerequisites for DRIVE or MATAC, and the established safety protocol was for TVP to complete the DOM5 and refer Jessica to domestic abuse services.

[77] https://www.respect.org.uk/pages/35-drive#:~:text=The%20Drive%20project%20is%20an,disrupting%20and%20changing%20perpetrator%20behaviour.
[78] https://www.wokingham.gov.uk/community-and-safety/domestic-abuse/information-professionals/risk-assessment-and-marac/referrals-prolific-perpetrators

TOR 7: Does your agency have procedures and policies for identifying and addressing domestic abuse? Have you considered whether these assessment tools, processes, and policies are adequate?

3.2.50 Jessica and Gordon declined to engage in TVP investigations. The TVP IMR analysis highlighted an adult protection assessment that could have been completed, shared with ASC, and identified individual learning.

3.2.51 All participating agencies involved in the review confirmed that they had policies and procedures for addressing domestic abuse. These procedures should ideally include routine screening for domestic abuse, guidance on how to approach victims, and clear channels for sharing relevant information between agencies.

3.2.52 TVP and RBH, the sole agencies that were aware that Jessica was a victim of domestic abuse, highlighted a communication deficit regarding safeguarding.

3.2.53 Effective safeguarding requires that agencies share relevant information, especially in cases of suspected abuse, to identify at-risk individuals and provide necessary support.

3.2.54 The lack of information sharing could stem from factors like unawareness of strangulation as a high-risk factor, failure to ask the right questions or unclear reporting protocols. As a result, Jessica's situation went unrecognised by professionals who could have intervened.

3.2.55 Jessica was not asked about domestic abuse during her interactions with alcohol services. Routine questioning could have identified her as a victim and addressed her safety concerns. Given her reports to SMARTCJS of the controlling nature of her relationship with Gordon, the lack of proactive questioning is significant.

TOR 8: During the period covered by this review, was information promptly communicated with all relevant parties?

3.2.56 TVP and RBH have no record of collaborative discussions taking place. The domestic abuse between Jessica and Gordon was never graded as high risk, and they were, therefore, not referred to MARAC.

TOR 9: Were collaborative discussions undertaken to review risk factors, including alcohol, domestic abuse, and others?

3.2.57 RBH acknowledged domestic abuse and Jessica's alcohol consumption but did not provide support services to address her misuse. This gap in care is concerning, as alcohol misuse is often linked to vulnerabilities like domestic abuse, mental health issues, and substance dependency.

3.2.58 Given her alcohol misuse and health concerns, she should have been supported in recognising these as ongoing risk factors that may have increased her vulnerability to domestic abuse and referred to appropriate specialist services for support.

3.2.59 Although Jessica informed RBH that she had reduced her alcohol use, it remained unclear if this change was sustainable or if it masked deeper issues, such as domestic abuse, mental health problems, financial concerns or economic exploitation.

3.2.60 Jessica's family later learned that she had contacted SMARTCJS via email for assistance, indicating her awareness of her alcohol issues and her desire for help.

3.2.61 Unfortunately, she did not receive adequate support from RBH, despite the organisation being made aware of the domestic abuse in December 2021 and providing ongoing care for her epilepsy.

3.2.62 The issue of domestic abuse was neither raised nor discussed. Similarly, SMART CJS, who were supporting Jessica with her alcohol use, did not recognise, enquire about, or identify any indicators of domestic abuse. This lack of recognition contributed to a disruption in the continuity and coordination of her care.

3.2.63 Research indicates that interagency information sharing and multidisciplinary teams are crucial for addressing the complex issues individuals like Jessica face.[79]

3.2.64 Collaborative efforts can enhance outcomes for both victims and perpetrators of abuse. In Jessica's case, where alcohol abuse, domestic abuse, and mental health issues intersected, a multi-agency approach could have led to a comprehensive support plan. This plan would have addressed the issues between domestic abuse, alcohol misuse, mental health struggles, and the dynamics of her relationship with Gordon.

3.2.65 Without coordinated responses from the agencies involved, Jessica's needs were likely assessed in isolation, overlooking the broader context of her situation.

3.2.66 The lack of appropriate support for Jessica's alcohol misuse highlights serious gaps in interagency coordination and a holistic assessment of her needs. While the GP, RBH and TVP acknowledged her alcohol use, they did not provide information for alcohol services, leaving her vulnerable to health and safety risks.

3.2.67 An integrated approach involving healthcare, ASC, and domestic abuse support is crucial for addressing the complex needs of individuals like Jessica. Such coordination could have improved her chances of escaping the cycle of abuse and substance misuse. To prevent similar cases, agencies should enhance communication and prioritise coordinated responses to cases with multiple vulnerabilities.

[79] https://core.ac.uk/download/pdf/195262742.pdf

TOR 10: What were this situation's most significant considerations and decision-making opportunities? For example, are reviews and decisions based on professional expertise, evidence, knowledge, and organisational and multi-agency policies and procedures?

3.2.68 TVP utilised DOM5, an evidence-based risk assessment incorporating past domestic abuse incidents, to determine the rating.

TOR 11: Would anything else have been done, and if so, would it have made a difference?

3.2.69 TVP has already identified generic issues with victim safety planning being outsourced and the allocated resources being unable to deliver the service effectively.

3.2.70 The significance of information sharing and multi-agency collaboration has been emphasised throughout.

TOR 12: Were there challenges with your agency's capacity or resources that hindered your ability to deliver services to Jessica, the alleged perpetrator, or other pertinent individuals? In that case, did these concerns hamper the agency's collaboration with other agencies?

3.2.71 The panel noted no capacity or resource issues with their agencies.

TOR 13: Are there lessons to be learnt from the case regarding how your agency preserves and promotes the welfare of victims or how it finds, reviews, and manages the risks posed by perpetrators? Where could the method be improved? When interacting with other agencies and resources, are there repercussions for working practices, training, management, and supervision?

3.2.72 Please refer to section 5.1.

TOR 14: Can agencies identify areas where national or local enhancements to the present legal and policy framework could be made?

3.2.73 Nil identified.

TOR 15: The reports should address any equality and diversity concerns that are relevant to the victim and alleged offenders, such as age, disability, gender reassignment, marriage and civil partnership, pregnancy and motherhood, race, religion or belief, sex, and sexual orientation.

3.2.74 Please refer to section 1.13 concerning equality and diversity.

3.2.75 The additional unique factors relating to Jessica were:

- Alcohol Misuse

- COVID-19 (covered in ToR 2)
- Finances (covered in ToR 4)
- Housing issues
- Isolation
- Unemployment

Alcohol Misuse

3.2.76 Jessica's friends reported that alcohol misuse was common in Jessica's field of employment, with individuals often drinking throughout the day. However, it was evident from Jessica's request for support that she acknowledged her need for help with this.

3.2.77 The following research indicates that alcohol misuse is often used as a coping strategy by domestic abuse survivors/victims, as highlighted in numerous DHRs and studies related to domestic abuse.

3.2.78 Safe Lives reported that domestic abuse victims demonstrated a heightened incidence of drug use and alcohol misuse, with a minimum of 20% of high-risk abuse victims using alcohol or drugs.[80]

3.2.79 An analysis of DHRs revealed that substance misuse is frequently observed in cases of intimate partner and adult family homicides.[81] It is crucial to recognise that Jessica's death does not fall under the category of homicide. The findings indicate a significant occurrence of substance misuse within the context of domestic abuse-related crimes.

3.2.80 Subsequent analysis revealed that women who have encountered gender-based violence exhibit a 5.5-fold increased likelihood of being diagnosed with a substance use disorder.[82]

3.2.81 According to Jessica's family and friends, she sought assistance for Gordon, who was either alcohol dependent or misusing alcohol. In November 2021, TVP police officers described a smell of stale alcohol, and in June 2022, they described both Jessica and Gordon as being intoxicated.

3.2.82 According to Change.org:[83]

> **1. Drinking and domestic abuse often occur at the same time**
> *Many abuse incidents occur when one or both people involved have been drinking, and alcohol is more commonly involved in more aggressive incidents. It is not just*

[80] https://safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse
[81] https://repository.londonmet.ac.uk/1477/1/STADV_DHR_Report_Final.pdf
[82] https://pubmed.ncbi.nlm.nih.gov/21813429/
[83] https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-domestic-abuse#:~:text=Controlling%20access%20to%20alcohol%20can,if%20they%20experience%20withdrawal%20symptoms.

being intoxicated that can increase risk; lack of access to alcohol can make someone irritable or angry, which can, in turn, create a trigger point.
This was evident when TVP arrived at Jessica's home.

2. When alcohol is involved, abuse can become more severe
Alcohol can affect our self-control and decision-making and can reduce our ability to resolve conflict. Global evidence shows that alcohol use can increase the severity of a violent incident. Home Office analysis of thirty-three intimate partner domestic homicides in 2014-15 found that twenty of these involved substance use.

3. Controlling access to alcohol can become part of the abuse
A perpetrator may exert control over another person by withholding alcohol from them or preventing them from buying it. For someone dependent on alcohol, this could be highly distressing and even dangerous if they experience withdrawal symptoms.
According to Jessica's family and friends, Gordon controlled the finances. He had regulated alcohol access until Jessica revoked his access to her bank card. The panel discovered that Jessica could not access her phone, preventing her from accessing support.

4. People who experience domestic abuse may drink to try to cope
Living with domestic abuse can be extremely frightening, distressing or exhausting. This can cause some people to drink alcohol to try to cope with the physical and mental health impacts of domestic abuse. Research shows that women who experience extensive physical and sexual violence are more than twice as likely to have a problem with alcohol than those with little experience of violence and abuse. Alcohol use can also leave someone more vulnerable to further abuse, especially if drinking prevents survivors from accessing support or makes their mental health worse.

Housing Issues

3.2.83 Jessica had sold her home to relocate with Gordon and had contributed to clearing his mortgage.

3.2.84 In October 2020, Gordon reportedly strangled Jessica. At the time, she informed TVP that she had nowhere to go, discouraging her from reaching out for help. Jessica was arrested following TVP's observation of Gordon's injury.

3.2.85 The disclosure of being strangled did not prompt TVP to consider Jessica a high-risk domestic abuse victim, and she was not offered alternative safe accommodations after her release.

3.2.86 In December 2021, RBH learned Jessica owed £20,000 to her former employer. However, the family reported that the former employer owed Jessica money.

3.2.87 Refuge reported that a woman escaping an abusive partner has three primary options to consider:[84]

1. Seeking a refuge
2. Making an emergency homeless application to any local authority
3. Going to a property that the abuser is unaware of

Isolation

3.2.88 The pandemic and Jessica's diagnosis of epilepsy resulted in isolation, as reported by Jessica, her family, and friends. She had also moved away from her family to live with Gordon.

3.2.89 The independent reviewer noted that abusers employ isolation as a tactic to exert control over their partners. Isolation restricts an individual's ability to interact with others and obtain assistance.

3.2.90 The abuser often attempts to convince the survivor-victim to detach from their current social connections, thereby maximising their time together or facilitating cohabitation. The impacted individual may encounter difficulties seeking assistance due to the absence of a supportive social framework.

Unemployment

3.2.91 As part of her successful career, Jessica was required to travel. Nevertheless, the pandemic necessitated a shift to remote work. Her family and friends reported that Gordon would often interrupt during these times, resulting in Jessica losing her work contracts.

3.2.92 A study published in the Economic Journal discovered that women who lose their employment and have debt may become victims of domestic abuse, with the loss of income exacerbating their dependence on the perpetrator.[85]

3.2.93 Jessica's family and friends reported that Gordon controlled Jessica's finances, despite her being the primary financial provider.

5.1 Conclusion

5.1.1 The DHR examines the circumstances surrounding Jessica's death in September 2022, focusing on her victimisation and the interactions between her, Gordon, and various agencies.

5.1.2 Jessica's relationship with Gordon featured controlling behaviour and alcohol misuse, with both parties often intoxicated during police visits. TVP noted their

[84] https://www.nationaldahelpline.org.uk/your-rights-and-options/help-with-housing/
[85] https://academic.oup.com/ej/article/126/597/1947/5077969

reluctance to engage with domestic abuse assessment and safety planning, leading to unaddressed abuse despite risk assessments.

5.1.3 Jessica sought help through SMARTCJS in 2020, acknowledging her alcohol issues, but her last contact in December 2020 marked a missed opportunity for continued support as her health declined. Her hospitalisation in August 2022 indicated serious neglect, including malnutrition and dehydration, which could have been identified through in-person assessments.

5.1.4 The review highlights poor inter-agency communication, insufficient recognition of domestic abuse's impact on Jessica's health, and inadequate support for individuals with substance abuse issues. It emphasises the need for coordinated efforts, early intervention, and personalised care for vulnerable individuals to prevent future tragedies.

6.1 Lessons to be Learnt

6.1.1 The review identified the following themes:

Coercion and Control

6.1.2 The DHR has provided key insights into the role of coercion and control in Jessica's abuse and death, illustrating its effects on her freedom, choices, and access to help.

6.1.3 Jessica’s relationship with Gordon involved coercive control, evident in isolation, manipulation, and domination over her choices. He disrupted her sleep, restricted her independence, and controlled her career aspirations, severely impacting her decision-making ability and making her vulnerable and dependent on him.

6.1.4 The DHR illustrates that coercive control can be as damaging, if not more so, than physical violence, as it undermines autonomy and hinders escape from the abusive environment.

6.1.5 Gordon discouraged Jessica from travelling alone, referring to her epilepsy diagnosis, heightening her dependency and isolation. Additionally, she was advised by health services to renounce her driving licence due to her epilepsy diagnosis. The pandemic worsened this, as COVID-19 restrictions limited her access to support services that could have helped her regain autonomy and acknowledge her abuse.

6.1.6 Coercive control was not adequately addressed in TVP’s domestic abuse risk assessments despite multiple contacts or by RBH. Both Jessica and Gordon were seen as victims and perpetrators, yet TVP was unable to engage effectively with Jessica about the coercive dynamics in her relationship.

6.1.7 This highlights the need for risk assessments to focus not only on physical violence but also on recognising patterns of coercive behaviour, which are equally dangerous.

6.1.8 Gordon's reported financial exploitation exemplified his coercive control, as he seized her bank accounts, house keys, and passport, restricting her ability to escape.

6.1.9 Economic abuse often goes unnoticed in domestic abuse cases but is key to the abuser's power. The DHR emphasises the necessity for agencies to address economic control in coercive situations and offer specialised support for those at risk due to such abuse.

6.1.10 Jessica's reluctance to engage with support services may stem from the coercive control exerted by Gordon.

6.1.11 The DHR emphasises that coercive control affected Jessica's mental and physical health, leading to malnutrition, dehydration, and pressure sores during her final hospitalisation.

6.1.12 This illustrates how such control can prevent victims from caring for themselves or seeking help. It highlights the need for healthcare professionals to recognise signs of coercive control, especially in vulnerable patients who may be isolated or unable to communicate freely.

Information Sharing

6.1.13 The DHR emphasises the critical need for information sharing between agencies in domestic abuse cases. Ineffective sharing can lead to missed intervention opportunities and increased risks for victims.

6.1.14 Information TVP and RBH held about domestic abuse involving Jessica was not shared among multiple agencies. The DHR emphasises the need for collaboration and information sharing among agencies to understand victims' situations better.

6.1.15 TVP conducted domestic abuse risk assessments, but neither Jessica nor Gordon accessed domestic abuse services, leaving the coercive control aspect unaddressed.

6.1.16 RBH did not complete a risk assessment or share information with their internal safeguarding team following the identification of domestic abuse and Jessica's declining BWA services.

6.1.17 Jessica's engagement with SMARTCJS did not include discussions about domestic abuse despite her financial concerns about Gordon.

6.1.18 The DHR highlights the necessity for clear referral pathways between agencies and internally to ensure adequate support and intervention when domestic abuse is identified.

6.1.19 SMARTCJS was involved with Jessica, but there was no evidence that SMARTCJS shared information with her GP to assess her vulnerability. RBH did not share their identification of domestic abuse with the GP.

6.1.20 The review emphasises the need for professionals to collaborate for comprehensive patient care. Establishing and adhering to information-sharing protocols is essential for all agencies to be aware of and respond to risks effectively.

6.1.21 The COVID-19 pandemic and social distancing measures resulted in fewer in-person consultations, limiting effective communication with Jessica.

6.1.22 The review highlights concerns about the lack of proper consent when agencies share information about Jessica. The DHR emphasises the importance of balancing confidentiality and the need to share information for safeguarding.

6.1.23 While transparent consent processes are essential, professionals should recognise situations in safeguarding cases where information can be shared without consent.

6.1.24 Information sharing is most effective when agencies work together as a coordinated unit, using a shared information system or a multidisciplinary team to make informed, collective decisions based on available information.

Economic Abuse

6.1.25 The DHR highlights key lessons about economic abuse, a form of coercive control often overlooked in domestic cases. It involves controlling a victim's financial resources, undermining their independence and ability to escape abuse.

6.1.26 Jessica's DHR illustrates how economic abuse can manifest through financial exploitation. Gordon controlled Jessica's finances, including her bank account and cards. After her death, her family raised concerns that Gordon further exploited her financial situation, misusing her bank accounts. This shows that economic abuse can persist even after the victim's death.

6.1.27 Economic abuse is a key component of domestic abuse, mainly when victims are dependent or have limited access to their finances.

6.1.28 Jessica’s family reported that she often had to cancel her bank cards because Gordon used them without her consent, highlighting her vulnerability.

6.1.29 Economic abuse can lead to severe poverty and increased dependency on the abuser. This subtle yet powerful form of abuse often leaves victims feeling ashamed or powerless to speak out, making proactive screening essential.

6.1.30 Economic abuse restricts independence, as seen in Jessica’s fear of travelling alone, worsened by Gordon’s coercive control over her finances. By concealing Jessica's

phone, he isolated her from support and assistance, illustrating how control over communication is a key aspect of economic abuse.

6.1.31 Additionally, it can involve restricting access to resources, such as bank accounts and employment opportunities. Addressing economic abuse requires understanding its intersection with other forms of coercive control.

6.1.32 Jessica's situation illustrates how economic abuse can entrap victims in abusive relationships. With financial independence taken away, victims like Jessica, who was the sole income earner, had limited options for escape due to Gordon's control over her finances.

6.1.33 The DHR shows that many women facing economic abuse, like Jessica, find it hard to seek help or leave. Agencies often fail to recognise or address economic abuse, as seen in Jessica's case, where her situation was not flagged after reports to SMARTCJS. This underscores a training gap in understanding financial control as part of domestic abuse.

6.1.34 Early identification of economic abuse is crucial for timely interventions that enable victims to regain financial autonomy. Empowering them financially allows them to make safer, more independent choices.

Intersectionality and Domestic Abuse

6.1.35 Jessica's DHR highlights how alcohol use, physical health, and domestic abuse intersect, increasing the victim's vulnerability and complicating their escape from abusive situations.

6.1.36 Alcohol consumption significantly impacted Jessica's life and her relationship with Gordon. Both misused alcohol, which healthcare professionals and TVP noted.

6.1.37 Alcohol can serve as a coping mechanism and enable abuse, highlighting the need for healthcare and domestic abuse professionals to recognise its role. Routine screening for alcohol use should be included in domestic abuse risk assessments, particularly with evidence of misuse or dependency.

6.1.38 Jessica's health suffered due to her epilepsy and alcohol use. Although she was prescribed Keppra, concerns arose over the side effects of a complete loss of appetite and weight loss. By August 2022, she had pressure sores and severe malnutrition.

6.1.39 Despite numerous healthcare interactions, including phone consultations with an Epilepsy Nurse, her physical health decline went unaddressed, and no in-person assessment occurred.

6.1.40 Effective healthcare requires a comprehensive approach, especially with alcohol misuse and chronic conditions. Jessica's DHR underscores the importance of comprehensive treatment that considers the potential side effects of medication.

6.1.41 In-person consultations should be prioritised when physical deterioration is reported, as effective communication of health concerns is critical in telemedicine.

6.1.42 Jessica's DHR illustrates how the combination of alcohol misuse, epilepsy, and domestic abuse heightened her vulnerability. Her health conditions made her more susceptible to coercive control, limiting her ability to seek help. Dependency on Gordon, along with her alcohol use and health issues, fostered a sense of helplessness.

6.1.43 Intersectionality highlights how gender, health, and socioeconomic status intersect to create unique vulnerabilities. In Jessica's situation, these factors compounded her experience of domestic abuse.

6.1.44 Holistic assessments are essential, as individuals often face overlapping issues. A multidisciplinary approach is necessary to address victims' intersectional needs through integrated healthcare, domestic abuse services, substance misuse support, and economic empowerment.

6.1.45 Jessica's DHR highlights the vulnerability of individuals with physical or mental health issues, like epilepsy, who are experiencing domestic abuse. Such individuals often feel isolated and dependent on their abuser, and conditions like epilepsy can further limit their independence.

6.1.46 Understanding the specific vulnerabilities of those with health issues is crucial, as they may require additional support. Healthcare providers should be aware of these circumstances, and targeted support for individuals with chronic health conditions should be included in safeguarding plans.

6.1.47 Domestic abuse services should work alongside healthcare providers to offer personalised care, particularly when combined with issues like alcohol use.

6.1.48 Jessica's physical decline, characterised by severe malnutrition, pressure sores, and dehydration, suggests possible neglect, potentially exacerbated by her health issues and Gordon's coercive control. Despite involvement from multiple agencies, her deteriorating health went largely unnoticed.

6.1.49 Neglect is a key indicator of domestic abuse; agencies must be vigilant for signs of neglect in vulnerable individuals. Collaboration should address both the immediate safety of victims and their long-term health needs related to domestic abuse.

6.1.50 Jessica's DHR shows how alcohol misuse and chronic health conditions can increase a victim's vulnerability, impeding their ability to seek help.

Community and Family Awareness of Domestic Abuse

6.1.51 The DHR emphasises the crucial role of family and community in recognising and supporting victims of domestic abuse, highlighting the need for greater awareness of its signs among all involved.

6.1.52 Jessica's family and friends were deeply concerned about her abusive relationship with Gordon, highlighting his controlling behaviour that included limiting her independence and isolating her from friends. They recognised his financial exploitation and tried to highlight this, but struggled to engage her.

6.1.53 While family awareness of domestic abuse is vital, barriers like fear and lack of knowledge can hinder intervention. Raising awareness for family and friends on recognising the signs of domestic abuse and seeking help is crucial. Support networks should be involved in safety planning, ensuring they can protect their loved ones without compromising their safety.

6.1.54 Community awareness of domestic abuse is crucial for identifying victims and providing support. It is essential to expand education and awareness programs, training workplaces and community groups to recognise signs of domestic abuse and understand how to intervene safely.

6.1.55 Community members should know where to seek help, including domestic abuse helplines and support services. Public awareness initiatives should focus on highlighting abuse signs, particularly economic, emotional, and physical abuse, including coercive control.

6.1.56 Jessica's family felt helpless in her relationship with Gordon due to her reliance on him for her health issues. They noted her isolation from friends and work, making intervention difficult. Although Jessica was in contact with SMARTCJS and other services, her family worried she might not fully disclose the extent of the abuse. This highlights a need to address disclosure barriers and ensure accessibility.

6.1.57 One key issue identified was the lack of communication between the agencies involved in Jessica's care, which hindered a coordinated response. Despite concerns from her family about abuse, they were unaware of domestic abuse protocols or interventions.

6.1.58 Information-sharing protocols are essential, particularly in cases of domestic abuse, to keep family members informed (while respecting privacy laws) about safeguarding measures. Training for families should include guidance on recognising abuse and engaging with service providers to ensure their loved ones receive necessary support.

6.1.59 Vulnerable individuals, such as Jessica, who have health conditions, may be more challenging to reach and support. Jessica's family noted that after her epilepsy diagnosis, she struggled to travel alone and felt isolated from her social life. This isolation increased her dependency on Gordon, allowing him to control her.

6.1.60 Community and family support must be tailored to the specific needs of vulnerable victims.

6.1.61 The DHR highlights the crucial role of family and community awareness in tackling domestic abuse. Families and communities can help identify abuse and support victims, but they need resources to intervene effectively.

6.1.62 Multi-agency collaboration is crucial for a coordinated response that ensures victims' immediate safety and long-term well-being. Strengthening community awareness and support networks can lead to a more effective response to domestic abuse.

TVP highlighted the following learning:

Organisational Learning Themes

6.1.63 Completion of DASH risk assessments: The DASH risk assessment had “Refused” as the response on some occasions (on one occasion, “No offences disclosed”) to each question. Information about risk grading is always available upon attending a domestic incident. The OIC should ensure that all information gathered from their discussion with the victim is considered relevant in the risk assessment, allowing for adequate risk assessment grading. This will ensure the correct information sharing with other agencies and facilitate effective risk management.

6.1.64 Supervision of DASH risk assessments: A recurring theme was that Sergeants did not identify errors in completing the DOM5 risk assessment, such as missing or incomplete responses to the DASH risk assessment questions. The sergeant must ensure that the DOM5 risk assessments are fully completed before ratifying the risk grading to ensure that full details are recorded, risk assessments are accurate and consistent, and potential offences are adequately documented.

Departmental Learning

6.1.65 Departmental Learning Point 1 NHPT Information was shared with the NHPT, suggesting that Jessica may be experiencing domestic abuse at the hands of Gordon. The task to NHPT was opened and closed by a PCSO, and there is no record or recollection of any action. Ideally, a PC would have been allocated as the OIC due to the potential crimes to be investigated. NHPT teams must ensure that information indicating a possible threat, harm, or risk is acted upon to safeguard potential victims and that systems are updated with the results of such enquiries.

Individual Learning Individual

6.1.66 Learning Point 1: Although the DOM5 was completed regarding this incident, the DASH risk assessment questions contained only the information copied from one previously completed. Suppose the aggrieved party fails to engage in a domestic incident. In that case, the DASH risk assessment questions should be completed based on researching previous risk assessments and using information gained during attendance at the incident. This enables the most accurate grading possible, effective risk management, and sharing accurate information with partner agencies where appropriate.

6.1.67 Individual Learning Point 2: The sergeant reviewed the DOM5 and ratified it as medium. They did not note that the attending officer had left the risk assessment questions blank or requested completion. The sergeant must ensure that the DOM5 is fully completed before ratifying the risk grading to ensure that full details are recorded, risk assessments are accurate and consistent, and potential offences are adequately documented.

6.1.68 Individual Learning Point 3 Both parties involved in the report appeared to be experiencing difficulties with their mental health, alongside alcohol dependency. The property was noted to be in an unhygienic and potentially dangerous state due to the amount of discarded bottles and cigarette butts, however, Adult Protection vulnerability assessments were not considered. Officers must ensure that vulnerability assessments are completed so that MASH can consider the need for referral to partner agencies.

6.1.69 Individual Learning Point 4 The arresting officer noted injuries upon Jessica when she was searched before transporting her to custody. These injuries are detailed in the officer's statement. However, they are not in the custody record, and there is no record of a request to Jessica that photographs be taken or of her being offered a consultation with a healthcare professional (HCP). Officers must ensure that all evidence is secured or that the reason for not doing so is documented so that any possible opportunities to pursue prosecution are not lost.

6.1.70 Individual Learning Point 5: In the final review, the reviewing sergeant stated they would like a clearer precis of the advice given and actions to mitigate risk. They then filed the report without that additional information. Supervisors must ensure that sufficient information is contained within reports to ensure they are satisfied that the records are complete.

7.1 Recommendations

Multi-Agency Recommendations

7.1.1 Since Jessica's death, SMARTCJS has revised its management structure and services. Consequently, the recommendations have not been specifically tailored to their

service. Nevertheless, the learning from the DHR will be taken forward in their new structure.

7.1.2 Recommendation One: Coercion and Control and Routine/Selective Enquiry

7.1.3 The need for better understanding and proactive measures around coercive control in domestic abuse cases is critical. Coercive control, which involves behaviours aimed at dominating and isolating victims, can lead to severe violence or homicide.

7.1.4 Routine enquiry involves systematically questioning individuals about potential abuse during interactions with healthcare and social services, ensuring early detection of abuse even if victims do not disclose it.

Royal Berkshire NHS Foundation Trust (RBH)and Thames Valley Police (TVP)

1.1 Enhanced Training for Front-Line Staff in Understanding Coercive Control: Practitioners in various sectors should receive comprehensive training to identify and respond to coercive control, including its nuanced manifestations and substantial risks.

1.2 Routine/Selective Enquiry Implementation: The review has emphasised the necessity of consistent follow-up and enquiries, as domestic abuse is often concealed. Frontline staff should have access to training to conduct routine/selective enquiries effectively, establishing a secure environment for victims to disclose abuse.

7.1.5 Recommendation Two: Information Sharing

7.1.6 Effective information sharing among agencies is crucial in preventing domestic abuse and safeguarding victims.

RBH and TVP

2.1 Agencies should deliver targeted training/resources to frontline staff on when it is appropriate to share information related to domestic abuse. The training should cover key legal thresholds, safeguarding duties, and confidentiality principles.

Thames Valley Police

2.2 Maintain updated domestic abuse resources that provide easy access to resources and support services.

7.1.7 Recommendation Three: Economic Abuse

7.1.8 Economic abuse is a prevalent form of domestic abuse in which perpetrators restrict the autonomy and ability of their partners to flee the abusive environment by controlling their financial resources.

Wokingham Community Safety Partnership

3.1 CSP to create resources, including pathways for survivors to open independent bank accounts, access credit, and secure stable housing.

7.1.9 Recommendation Four: Alcohol Misuse, Physical Health and Domestic Abuse

7.1.10 Alcohol misuse can worsen domestic abuse and harm physical health. While not the direct cause, it can increase the frequency and severity of abusive incidents. A comprehensive approach focusing on prevention, intervention, and support is essential to address this issue.

Cranstoun, RBH and TVP

4.1 Front-line practitioners have access to training and resources for therapeutic approaches that acknowledge the impact of trauma on individuals, enabling them to customise interventions to address both the psychological and behavioural aspects of abuse and addiction.

7.1.11 Recommendation Five: Community and Family Awareness of Domestic Abuse

7.1.12 Raising community and family awareness of domestic abuse is crucial for support and prevention. By implementing educational and empowerment strategies, communities can create environments where abuse is recognised early and victims receive help.

Wokingham Community Safety Partnership

5.1 To organise a community session in conjunction with local domestic abuse services for the public on the identification and prevention of domestic abuse, and providing support resources.

7.1.13 The panel agreed that the recommendation required a broader approach than Wokingham since Jessica's family and friends lived elsewhere. As a result, the independent author sought advice from the College of Policing, the Commissioner for Domestic Abuse, and Refuge.

7.1.14 Refuge recommended the following links to support this recommendation:

- Survey Reveals Gaps in Nations' Awareness of Red Flags of Domestic Abuse
- Coercive Control - Refuge
- Homepage - National Domestic Abuse Helpline

Wokingham CSP is responsible for monitoring the implementation of the action plan. The actions are intended to facilitate safer and more effective responses to domestic abuse victims and survivors. This must be emphasised to ensure that agencies are accountable for completing their actions.

Acronyms

Advocacy After Fatal Domestic Abuse	AAFDA
Adult Social Care	ASC
Berkshire Healthcare NHS Foundation Trust	BHFT
Berkshire Woman's Aid	BWA
Body-Worn Video	BWV
Community Safety Partnership	CSP
Crown Prosecution Service	CPS
Crisis Resolution Home Treatment Team	CRHTT
Domestic Abuse Risk Assessment	DARA
Domestic Abuse-Related Death Review	DARDR
Domestic Abuse, Stalking and 'Honor'- Based	DASH
Domestic Homicide Review	DHR
Emergency Department	ED
Independent Management Review	IMR
Integrated Care Board	ICB
Intensive Care Unit	ICU
Irritable Bowel Syndrome	IBS
Medium Risk Safety Planner	MRSP
Multi-Agency Risk Assessment Conference	MARAC
Multi-Agency Safeguarding Hub	MASH
Multi-Agency Tasking and Coordination	MATAC
Neighbourhood Policing Team	NHPT
Office for National Statistics	ONS
Officer in the Case	OIC
Police Community Support Officer	PCSO
Royal Berkshire NHS Foundation Trust	RBH
South Central Ambulance Service NHS Foundation Trust	SCAS
Terms of Reference	ToR
Thames Valley Police	TVP
We Are With You	WAWY
Wokingham Borough Council	WBC