Domestic Homicide Review

Jessica

March 2024

Executive Summary

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Commissioned by: Cambridge Community Safety Partnership

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Family Tribute

Whilst there's no denying the struggles mum went through, she was never afraid to let it be known that she could overcome them. She was always close to us, telling us her stories, both the good and bad, how she was determined to lead a happy life and be there to see her grandkids. She was filled with so much life despite all the events that knocked her down.

She absolutely loved nature and science, how the two worked together to create so many natural wonders. We didn't grow up well off; we lived in council houses and on benefits, but that never stopped mum from trying to give us a beautiful life. She knew we deserved the world, and she wouldn't let us grow up without seeing it. Endless trips to beaches, watching lunar and astral events, trips to the Isle of White, Dover and the Jurassic coast to look for fossils (which she loved, and I still have a small collection of hers today).

Mum made sure that we never felt cheated out of an exciting childhood, that we always had stories to tell our friends when we came back from summer break. Us kids were truly her driving force to keep going; nothing could have wavered her love for us, and she knew as long as she had us, she could do anything. It was only after she began to feel like she was losing us that she slipped into a very vulnerable state.

My brother had moved away briefly for a job, and I was living with a partner. Alongside the isolation of Covid at the time, she became increasingly vulnerable. We moved back and tried to help her get the care she needed. Things were going better; she finally had a secure house after losing the last to a fire. She was going to get the carpet done and remodel the 2nd bedroom into a games/spare bedroom so we could come visit her more. I would visit her frequently; we would sit and chat or take the family dog on a walk.

Our dog was like a daughter to her; if she hadn't loved us so much, I might've believed she loved her more at times! Having a dog companion gave her a level of freedom she didn't always have on her own. As she became more vulnerable, she became increasingly anxious and paranoid. Her dog really helped ease her anxieties when being home alone and leaving the house, so even if we couldn't get to her that day, she always had her by her side. She really improved throughout the year of 2023; she was getting various help, taking medications and was less paranoid.

However, despite all that, visiting mum suddenly became much harder towards the end of 2023, as she began getting close to this "partner" of hers. She expressed how he would be violent and vocal towards her, how he was homophobic and transphobic, blamed her for our identities and threatened to harm us if he ever saw us. Of course, mum chose to protect us but unfortunately was in too vulnerable a position to fully escape his clutches. She didn't want to be alone; there's only so much a dog and visits from your kids can do which were only dwindling as he isolated her more.

When she would try to leave, he would always find his way back and be even more dangerous than before. Thus, she began pushing us kids away for our sake. She kept in contact, but we could no longer show up unannounced because she didn't want him to be there and hurt us. She was changing numbers more frequently than before and quickly started to become increasingly paranoid, not only towards large groups coming for her but also towards us. She expressed a lot of fear, even to police, about how friends of her partner were threatening her or how if she had him arrested, they would come and kill her themselves. Her partner was isolating her and feeding her lies and new beliefs that were never expressed before she met him. Being vulnerable, she was much more likely to believe that he could bring real harm to her or us kids.

We believe the system failed her in so many ways. The police were aware of his abusive behaviour, NHS aware of her mental health issues, and both collectively knew of her paranoia and suicidal tendencies, especially towards the end. I genuinely believe so much more could have been done, that she could have been offered a better escape from this boyfriend beyond threatening to arrest him (as many know, that often goes nowhere as the victims are rarely believed or not enough is done to prevent harmful backlash). Could we as family not have been contacted when she was found trying to end her life days before she actually did? Our mum fought so hard to be here, to build a life into which she could welcome her grandchildren. But because services failed her so severely in those final months, that will now never happen. She'll never get to see us grow up, celebrate our accomplishments, or have families of our own. Not only are we having to grow up without our mum, we have to come to terms with the fact that our mum's dream will never be realised, knowing our own future children will never get to meet her. She was the strongest person we will ever know, and she deserved better.

The Review Panel wishes to express its sincere condolences to the family of Jessica

1. The Review Process

1.1. This summary outlines the process undertaken by the Cambridge Community Safety Partnership Domestic Homicide Review (DHR) panel in reviewing the death of Jessica who was a resident of Cambridgeshire prior to her death in March 2024.

1.2. Jessica is a pseudonym, and her partner at the time of her death is also referred to by a pseudonym – Krzysztof. This is to protect their identities and those of their family members.

1.3. Jessica was a White British woman who was in her forties when she died in March 2024.

1.4. Jessica lived in Cambridgeshire, predominantly in urban areas although she was housed during a brief homeless period in more rural locations. She died by suicide in her own home.

1.5. The coroner was notified of the review in September 2024 and requested information from the panel to inform the work of the inquest. The inquest was held in August 2025 with the coroner finding the cause of death to be by suicide.

1.6. This review began in March 2024, following a decision by Cambridge Community Safety Partnership to conduct a DHR. A notification of a possible review was received by the partnership from Cambridgeshire Police, and, following core group research and discussions, it was confirmed that the case met the criteria for conducting a DHR in accordance with Section 9 of the Domestic Violence, Crime and Victims Act 2004. That decision was ratified by the Chair of the Cambridge Community Safety Partnership, and the Home Office was notified in March 2024. The first panel meeting took place in September 2024.

1.7. In February 2024, the Home Office issued notice that in future Domestic Homicide Reviews would be called Domestic Abuse Related Death Reviews (DARDR) in recognition that not all victims die as a result of homicide but rather in the context of domestic abuse. Although Jessica's death occurred before this change, the panel decided to adopt this naming convention considering the circumstances of her death. Consequently, the acronym DARDR is adopted for the remainder of the report.

2. Contributors to the Review

2.1 15 organisations were approached for information as part of the review with 13 responding that they had contact with either/ or Jessica and Krzysztof. Those that had contact were asked to supply further information as follows:

Agency/ Contributor	**Nature of Contribution**
Cambridgeshire Police	IMR
Cambridge University Hospital Trust	IMR
Cambridge Access GP Surgery	IMR
Cambridge Partnership Foundation Trust	IMR
Adult Social Care	Short Report
Children's Social Care	Short Report
<u>Cambridge City Council:</u> Customer Services Housing Services Housing Advice Services Environmental and Public Health Harm Reduction and ASB	Short Report
Department of Work and Pensions	Short Report
Change Grow Live (CGL)	IMR
Cambridge & Peterborough IDVA Service	Short Report

Agency/ Contributor	Nature of Contribution
Probation Service	IMR

2.2 Contributing agencies were asked to submit either a Short Report or an Individual Management Report (IMR) – as shown above. The report authors were independent of any direct practice or practice supervision with Jessica and/ or Krzysztof. All reports were signed off by a senior manager before panel submission.

3. The Review Panel Members

3.1. The Review Panel consisted of an Independent Chair and senior representatives of organisations that had relevant contact with Jessica and/or Krzysztof. It also included a senior member of the Cambridge Community Safety Team and an independent advisor from a local domestic abuse service.

3.2. A panel member was requested from the Public Health Team to advise on the Suicide Prevention Strategy. Unfortunately, due to a role transition there was no adviser available. Advice and support with the writing process was given by the Public Health Team by email correspondence with the review chair.

3.3. No other specialists were identified as required by the panel.

3.4. The panel members were senior professionals and independent of any direct practice or practice supervision with either Jessica and/ or Krzysztof. They met on three occasions during the review with a final report confirmation taking place by email correspondence. Panel membership was as follows:

Agency	Name	Job Title
Aletheia Reviews	Deborah Cartwright	Independent Chair & Author

Aletheia Reviews	Loukia Michael	Co-Author
Cambridgeshire DASV Partnership	Vickie Crompton succeeded by, Sarah Fines	DASV Partnership Manager DA Review Coordinator
Cambridgeshire Police	Jim Donington	Detective Inspector
Children's Social Care	Liz Clarke	Service Director for Quality Assurance and Practice Improvement for Children's Services in Cambridgeshire
Cambridge University Hospital Trust	Tracy Brown – succeeded by Jenny Harris	Adult Safeguarding Lead Head of Safeguarding
Integrated Care Board	Jenny Thompson	Designated Nurse for Safeguarding Adults
Cambridge Community Safety Partnership	Keryn Jalli	Strategic Resettlement and Community Equity Lead
Cambridgeshire and Peterborough IDVA service	Annette Chandler	Senior IDVA
Probation	Helen Whitley	Deputy Head of Cambridgeshire and Peterborough PDU
Adult Social Care	Julie Rivett	Service Manager & Strategic Lead

IMPAKT Housing & Support	Laura Plava succeeded by Sarah Cowen	Head of Domestic Abuse Services
Cambridgeshire & Peterborough Foundation Trust	Rachel Roberston/Linda Coultrop	Advanced Practitioner Safeguarding: Domestic Abuse
Cambridgeshire & Peterborough Foundation Trust	Jayne Fox Attended one meeting in place of the above	Named Nurse Safeguarding Children
Change Grow Live (CGL)	Aimee Elener	Quality Lead

4. Author of the Overview Report

4.1. The independent chair and report author for this review is Deborah Cartwright. Deborah has worked in the social sector for over 30 years, with experience in learning disabilities, mental health, and domestic abuse gained from roles ranging from frontline practice to executive leadership. The expanse of this career has allowed for the development of a broad knowledge and understanding of the multi-agency landscape in the social and public sectors, including many years of participation in a range of statutory review processes. Deborah is a Home Office accredited DHR/ DARDR Chair and Report Author and was fully independent of Cambridgeshire.

4.2. The Co-Author of this review is Loukia Michael who has worked in the domestic abuse sector for 17 years in roles encompassing research, writing,

communications, business development and project development and is a Home Office-accredited and qualified DHR/DARDR Chair and Report Author.

5. Terms of Reference for the Review

5.1. The terms of reference for the review were initially agreed by the panel at its meeting in September 2024

Background information

5.2. Jessica lived in Cambridgeshire, predominantly in urban areas although she was housed during a brief homeless period in more rural locations. She died by suicide in her own home.

5.3. Jessica had left her family home (which she had shared with her husband and children) two years prior to her death. The couple had experienced the death of a child some years previously. Jessica did not recover from the grief of this loss. She became dependent on pharmaceutical opiates and then started to use heroin.

5.4. Over the two years after her separation from her family, she tried to maintain a relationship with her children. Her substance use increased, and her mental health deteriorated. Her lifestyle became increasingly disadvantaged.

5.5. She first formed a relationship with Krzysztof at CGL (Change, Grow, Live) where she was undergoing treatment for substance use. Jessica's children advised the panel that Krzysztof was abusive, violent and controlling. They described her fear of reprisal from him and said that, despite her attempts, she could not keep him away.

5.6. Jessica did share information about the relationship and was expressing fear of harm in her community. This was often considered in the context of drug-

induced psychoses. However, one incident was considered likely to be real, and she was offered services. By this point, however, her trust in agencies was minimal.

5.7. Concerns were raised by Jessica's neighbour and her boyfriend Krzysztof after they had not seen her for a few days. When police entered her property, she was found deceased with the post-mortem identifying several lacerations to her arm as the likely cause of death. These were determined to be self-inflicted.

5.8. The coroner's finding was death by suicide.

The purpose of a DHR

5.9. The key reasons for conducting a DHR are to:

a) establish what lessons are to be learned from the domestic homicide about the way in which local professionals and organisations work individually and together to safeguard victims.
b) identify clearly what those lessons are both within and between organisations, how and within what timescales will be acted on, and what is expected to change.
c) apply these lessons to service responses including changes to policies and procedures as appropriate; and
d) prevent domestic violence and abuse and improve service responses for all domestic violence and abuse victims and their children, through improved intra and inter-organisation working.
e) contribute to a better understanding of the nature of domestic violence and abuse; and
f) highlight good practice.

5.10. The detailed information on which this report is based was provided in Independent Management Reports (IMRs) completed by each organisation that had significant involvement with Jessica and/ or

Krzysztof. An IMR is a written document, including a full chronology of the organisation's involvement, which is submitted on a template.

5.11. The review was based on IMRs provided by the agencies that were notified of, or had contact with, Jessica and/ or Krzysztof in circumstances relevant to domestic abuse, or to factors that could have contributed towards domestic abuse, e.g. alcohol or substance misuse. Each IMR included a chronology and action plans and was prepared by an appropriately skilled person who had not had any direct involvement with either party, and who was not an immediate line manager of any staff whose actions are, or may be, subject to review within the IMR.

5.12. The IMR authors and panel addressed key lines of enquiry in their analysis:

i. Were practitioners sensitive to the needs of Jessica and Krzysztof, knowledgeable about potential indicators of domestic abuse and aware of what to do if they had concerns about a victim or perpetrator? Was it reasonable to expect them, given their level of training and knowledge, to fulfil these expectations? Did staff engage with available training?

ii. Did the agencies have policies and procedures for Domestic Abuse, Stalking and Harassment (DASH) or other risk management tools, conduct risk assessment and risk management for domestic abuse victims or perpetrators, and were those assessments correctly used in the case of Jessica and/or Krzysztof? Did the agencies have policies and procedures in place for dealing with concerns about domestic abuse? Were these assessment tools, procedures and policies professionally accepted as being effective? Was Jessica and/or Krzysztof subject to a MARAC or other multi-agency fora?

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

iv. What were the key points or opportunities for assessment and decision making in this case? Do assessments and decisions appear to have been reached in an informed and professional way?

v. Did actions or risk management plans fit with the assessment and decisions made? Were appropriate services offered or provided, or relevant enquiries made in the light of the assessments, given what was known or what should have been known at the time?

vi. When, and in what way, were the victim's wishes and feelings ascertained and considered? Is it reasonable to assume that the wishes of the victim should have been known? Was the victim informed of options/choices to make informed decisions? Were they signposted to other agencies?

vii. Had the victim disclosed to any practitioners or professionals and, if so, was the response appropriate? Was this information recorded and shared, where appropriate?

viii. Were procedures sensitive to the ethnic, cultural, linguistic and religious identity of the victim, the perpetrator and their families? Was consideration for vulnerability and disability necessary? Were any of the other protected characteristics relevant in this case?

ix. Were senior managers or other agencies and professionals involved at the appropriate points?

x. Are there lessons to be learned from this case relating to the way in which an agency or agencies worked to safeguard Jessica and promote her welfare, or the way it identified, assessed and managed the risks posed by Krzysztof? Was there an appropriate level of joint working between agencies? Where can practice be improved? Are there implications for ways of working, training, management and supervision, working in partnership with other agencies and resources?

xi. Did any restructuring take place during the period under review and is it likely to have had an impact on the quality of the service delivered?

xii. Were multi-agency working practices appropriate?

xiii. How accessible were the services to Jessica?

xiv. Were links between mental health, substance misuse and domestic abuse identified during any assessments or contacts with either individual?

xv. Were there any key vulnerability episodes in relation to Jessica's mental health, substance misuse or other domestic abuse before the scope of the review that could have afforded an opportunity for interventions that might have made Jessica's future safer?

6. Summary Chronology

Before the scoping period

6.1. Agencies supplied chronological information in relation to Jessica and Krzysztof's individual and relationship histories, from January 2022 up to Jessica's death in March 2024. Some additional information from agency records and family recollections from before the scoping period has been included to set the scene for the final period of Jessica's life.

6.2. The information was collated and set out in full in the Overview Report; a summary is shown below.

6.3. Jessica had been married prior to the period under scope and although agency records show reports of physical or verbal disputes between the couple show one DASH[1] risk assessment, no offences or complaints of domestic abuse were made.

6.4. Jessica was referred by her GP to CPFT's (Cambridgeshire and Peterborough Foundation Trust) mental health team in 2019, and again in February 2020. Beginning that March, the Covid pandemic lockdowns meant that from then until December 2020, Jessica was offered, variously, telephone and video appointments but stated that she was happy to wait until the Covid restrictions

[1] Domestic Abuse, Stalking, Harassment and Honour-based violence risk assessment tool.

lifted so that she could be seen in-person as was her preference. She did not attend any of the appointments.

6.5. By the end of 2020 Jessica and her husband had separated in a manner described by him in police records as '*acrimonious'*.

6.6. In October 2021, due to concerns about her drug use, Jessica was the subject of a F102 (Adult Protection referral) submitted to the Multi-agency Safeguarding Hub (MASH) for sharing with other agencies via Adult Social Care (ASC) on a 'No Consent' basis.[2]

6.7. Police attended three incidents in the week before Christmas 2021 relating to a dispute with Jessica's neighbours who she reported had threatened to kill her. She told attending officers that she was suffering from PTSD, depression and anxiety.

Within the scoping period

2022

6.8. In February 2022, following several incidents relating to possession of drugs and/or intoxication in public places, Jessica was charged with two counts of Possession of Class A drugs, and bailed to appear at Magistrates' Court in late September. During this time, she stated that she was suicidal and disclosed that she had been depressed for a prolonged period following the death of her young son in 2004.

[2] 'No consent' referrals take place where concerns about the individual supersede their right to consent to a referral, in this instance Jessica was considered vulnerable enough that the referral should take place irrespective of her consent.

6.9. Jessica was encouraged to consider engaging with CGL and attended a comprehensive assessment at the end of March at which she stated that she felt that her drug use was impacted by anxiety and depression as well as by significant bereavements.

6.10. Although Jessica did not attend the follow up appointment to discuss Opiate Substitute Treatment, she did attend the needle exchange where she mentioned that it was approaching the anniversary of her son's and father's deaths and it was noted that she was tearful. She reported being unsure if she was ready to engage with bereavement or counselling services. CGL was unable to make contact with her at the end of April.

6.11. In May, Krzysztof was arrested for a domestic abuse related Common Assault upon his previous partner. A DASH was assessed as medium risk and a safeguarding referral was submitted to MASH in respect of their young daughter.

6.12. Between May and July, Jessica presented at CGL expressing suicidal thoughts and requesting at different times residential rehabilitation (which was a possibility) and daily one to one appointments (which were not). CGL agreed to fund her bus fare to attend daily groups.

6.13. Throughout June, CGL attempted to engage Jessica and in mid-July, unable to, discharged her from the service.

6.14. Between early June 2022 and January 2024 there were nine ambulance calls for Krzysztof. These were variously for suicidal feelings, overdose and assaults against him by strangers. At the first call he was slumped in his car seemingly overdosed, and living in the car. Following this he went into homeless accommodation and then semi-permanent housing until Jessica's death.

6.15. Throughout the summer and continuing to the end of 2022, Jessica had contact with the police on multiple occasions, either due to calls regarding her behaviour, behaviour towards her or through calling them herself to report concerns about being stalked by the *'travellers'*.[3] At the end of the year Jessica was taken to hospital by police as they were concerned for her welfare.

6.16. A suicide risk screen was completed as part of discharge planning on this occasion and a referral was made to the hospital's Crisis Resolution Home Treatment Team (CRHTT) for further assessment to establish if there was any underlying psychotic illness. After many failed attempts to contact Jessica, however, the case was closed at the start of 2023.

2023

6.17. In January Jessica was found in hospital with multiple self-inflicted wounds and the Liaison Psychiatry Service noted that she had a male friend with her. It was noted that Jessica had drug paraphernalia and admitted to using drugs. The male friend attempted to claim that pills found in her bed were his and it was also noted that he appeared to attempt to sell drugs in the hospital staff restaurant, so he was asked to leave the hospital.

6.18. Jessica was discharged from hospital but within days she presented again, drowsy and vomiting, apparently withdrawing from heroin. She asked for help with her mental health and a safe place to stay and was discharged with a supply of food and crisis support numbers. Two days later (in mid-January) her GP made a referral resulting in her being offered a talking therapies service appointment for the end of March and she began the process of engaging again with CGL.

[3] This is Jessica's word as captured in agency records. She appears to be speaking about local drug dealers; the use of her own word is not intended to imply a conflation of criminal behaviour with travelling communities by the review panel.

6.19. On assessment with CGL in early February, Jessica disclosed wishing to have support with her mental health and addiction recovery. She described bereavement as being a trigger for her poor mental health and stated that she had suffered with chronic back pain for which she had been prescribed opioids that had led her into a journey of addiction. She was offered a comprehensive community treatment plan and CGL liaised with her GP.

6.20. In February Krzysztof was released from a short period of detention and was overseen by a probation officer. He was street homeless on his release.

6.21. Throughout the spring of 2023, Jessica engaged with CGL and began attending a Cognitive Behavioural Therapy group. She admitted using again and was advised to take her Opiate Substitute Treatment (OST) to prevent withdrawal symptoms, which she took but needed to restart following missed collections and testing positive for poly-drug use.

6.22. Having had ongoing issues with the police in March and having had a licence compliance letter issued, Krzysztof was compelled to book for an assessment with CGL and was seen in mid-March. On assessment he described alcohol and poly-drug misuse, needing support with mental ill health and having been suicidal following the breakdown of his marriage one year earlier. He also described an incident of domestic abuse, *'where he assaulted his ex-girlfriend but stated that this was in self-defence as they had been fighting, and he described the relationship as toxic. He also identified alcohol as a trigger for his aggressive behaviour.'* He worked with CGL over the coming weeks, attending groups and other appointments.

6.23. At court mandated appointments in early June, Jessica disclosed experiencing trauma in her marriage ('mental abuse') and feeling hurt at limited contact with her children.

6.24. Between June and August Jessica continued to engage with CGL, attending the Women's Group where she discussed grief and trauma and her journey into addiction. Throughout that time, she disclosed and tested positive for poly drug use. She disclosed to her substance workers that she had 'used' with some people she had met at the CGL 'Foundations for Rehab' group. She requested online groups as face to face was a trigger for her to use but was advised that this may not be possible given her court order. She continued to express a desire to be abstinent. It was later agreed that she could attend online groups from September.

6.25. At the end of August CPFT received a referral for Jessica to receive treatment for bipolar disorder and PTSD (Post-Traumatic Stress Disorder). Attempts to contact her were unsuccessful. She continued to engage with CGL, although her contact with them reduced in October and she stopped attending in November.

6.26. In mid-December Jessica was brought to hospital by ambulance on a Section 136, having been found trying to walk into traffic on the motorway. The following day, though, she presented as *'okay'* and was discharged. On the same day, Krzysztof was taken to hospital heavily intoxicated, stating that he had taken heroin that day.

6.27. Jessica attended her GP just before Christmas requesting that they check her lips as she believed she was being poisoned by sodium chloride. Her GP recorded, '*I suspected she was under the influence of drugs again*.' She was again referred to CPFT.

2024

6.28. Jessica had a triage call with REDS[4] in early 2024, and was noted to have engaged well, expressing her desire for talking therapy to manage PTSD and PMS (premenstrual syndrome); The recommendation was for REDS first, to assist her with mood dysregulation and distress tolerance.

6.29. The day after this call Jessica requested emergency contraception from her GP following *'consensual unprotected intercourse'*. Sexual health advice was given with *'no concerns about her mental state'* noted.

6.30. At the end of January Krzysztof disclosed to his probation practitioner that he was in a relationship with Jessica.

6.31. At the end of January Jessica was taken to hospital by police. She was *'muddled in her speech'* and was assessed for mental capacity; she was deemed not to have mental capacity and was taken to a ward having taken an overdose of Diazepam in the ED. She reported having met a male two weeks previously. It was noted by the Cambridge University Hospital Trust (CUHT) IMR author that Krzysztof was well known to them for drug use and domestic abuse as well as for a general tendency to violence and aggression which increased when his substance use escalated.

6.32. While in hospital, Jessica stated that she suspected that her boyfriend had given her a drug which he stated was amphetamine, but which wasn't. She also stated that she later woke up with her trousers on back to front, with *'sperm on them'*. She was advised of rape crisis support but did not want to progress the matter. The psychiatrist, *'despite Jessica's other delusional statements'* found these claims plausible, considering her to be vulnerable and that there was evidence to suggest a chronic psychotic illness during the previous 12-15 months. A social

[4] Relational Emotional Difficulties Service - An NHS service for people aged 17+ who experience difficulties associated with strong emotions and interpersonal relationships

care referral was made along with a referral to the CRHTT, and CAMEO - the specialist psychosis service who could determine whether she had a chronic psychotic illness - and she was discharged.

6.33. CRHTT stayed in touch with Jessica until, aware that she planned to engage with CAMEO, notified her GP that she was discharged (from CRHTT) as *'acute persecutory psychosis, likely related to drug use'* had improved.

6.34. Jessica had an initial call with CAMEO. They noted *'pressured speech',* that she described various agencies as *'terrorists'* who *'plant people in the street to bump into her'* and that she had *'blue flashing lights following her at home'.* When asked what could have triggered this crisis, she identified *'poor sleep and having sex for the first time in years.'* She described induced vomiting and hot baths as a self-harming technique but no cutting. She was offered and accepted an assessment. However, multiple attempts at assessment were cancelled at short notice by Jessica; during one of these cancellations she told the nurse, *'I don't even want to talk about the delusional stuff because it is embarrassing.'* She eventually declined an assessment entirely.

6.35. In early February, Jessica reported to the police that a male (identified by the police as Krzysztof) was refusing to leave her property and had threatened to assault her. He was removed from the property and charged with common assault. Jessica did not wish to participate in a risk assessment, give a statement or support a prosecution, stating that she feared reprisals from his gang-related criminality. A DASH risk assessment, based on professional judgement, identified Jessica as at medium risk of harm. An Adult Protection referral was completed.

6.36. Two days later Jessica requested contraception from her GP, stating that her relationship was over but that she would like protection going forward. Two

days after this, Krzysztof phoned the police and reported Jessica assaulting him at her home address, but no further action was taken.

6.37. In mid-February, Jessica presented at a police station stating that she *'suspected she was being cuckooed by three or four males involved in county lines criminality…'* and towards the end of February, she restated these concerns to CGL who she also believed were colluding with her husband to kill her. CGL referred her to the mental health FRS who advised she was under CAMEO and that if CGL felt she was a danger to herself or others they should contact emergency services. The CGL practitioner consulted with their internal co-occurring conditions lead, who determined that there was no further action they could take. They left a message for a call with Jessica's probation practitioner to discuss her unwillingness to work with CGL as she was still subject to a court treatment order.

6.38. Also in mid-February, Jessica saw her GP to request antibiotics for a human bite.

6.39. Towards the end of February, Jessica was again seen by her GP who noted that she was brighter and had reported not using crack cocaine. She said that she was finding Quetiapine helpful. Her probation practitioner was changed at this time due to the realisation that they were managing both Krzysztof and Jessica.

6.40. In the first week of March, Jessica was advised by email of the start of the REDS group sessions online. On the same day a neighbour contacted the police reporting concerns for her welfare. They had not seen Jessica since the last days of February and could hear her dog inside the house. Police spoke to Krzysztof who had alerted the neighbour. He said he had not seen her since the same date when, *'they had been taking drugs together.'* They had had a minor dispute, and his last contact was confirmed in a WhatsApp message. She was found deceased with a large laceration to her right forearm.

7. Key Issues Arising from the Review

7.1 Jessica was clearly a woman who loved her four children, as can be seen by her references to them when in contact with agencies, and in her family tribute. For the purposes of the review, her children shared a photograph of a beautiful woman, smiling as she took a selfie, in a home that was attractively decorated, wearing a fashionable summer dress. The panel was conscious of the deterioration of Jessica's wellbeing in a relatively short space of time.

7.2 One of Jessica's children had died at a young age following heart complications. She repeatedly told agencies that this was a traumatising experience, something from which she never recovered. At that time (20 years prior to her death) she was not offered therapeutic support with this loss, the most distressing a parent could ever face. Today it would be more likely that offers of support would be made by NHS staff to bereaved parents, which is represented in local policy and practice.

7.3 The panel noted that Jessica consistently and persistently told agencies that she needed help with the post-traumatic stress that she had experienced. She also noted that she had been prescribed opioid painkiller medication for *'chronic back problems'* which had led her to become addicted to opioids, that she had resorted to buying OxyContin[5] from the dark web and that this had led to the use of heroin as a cheaper alternative.

7.4 The panel reflected, with the benefit of hindsight, on her journey into vulnerability and on the inevitable impact that it had on her and her family, wishing to acknowledge the importance of intervening early to prevent the resulting deterioration and distress. In the first instance, the panel wished the

[5] This drug is used to treat severe pain, for example after an operation or a serious injury, or pain from cancer. It is a controversial drug having been marketed by Purdue Pharma in such a way as to minimize the significant risks of addiction and overdose involved in its use (US Case Law: Harrington v. Purdue Pharma 2024).

learning from this review to inform trauma-awareness across all agencies, so that agencies ask themselves, *'What is the context for how you find yourself here?',* seeking to address the root cause of issues.

7.5 In Jessica's situation this learning would be around the recognition of the importance and value of offering individuals therapeutic support when something as significant as the death of a child occurs. It would also mean recognising the potential for negative coping strategies, such as substance abuse, in the face of such overwhelming grief and pain, which can then lead to increased vulnerability to domestic abuse, and the harm this causes.

7.6 Women living with multiple disadvantages are more vulnerable to men who cause harm and other predatory behaviour. Identifying and responding to perpetrators of domestic abuse requires a multi-faceted approach focused on safety, support, and prevention. It involves recognising potential perpetrators, assessing risk, and responding appropriately, often through specialist interventions and referrals. Krzysztof was known to agencies as perpetrating domestic abuse towards his previous partner in 2022. We also know from the history that he admitted to being [more] aggressive when under the influence of alcohol, stating to CGL practitioners that it brought out the *'damaging aspects of his personality.'*

7.7 Although the only overt knowledge that agencies had of domestic abuse between Krzysztof and Jessica related to her report of an assault in January 2024 when Krzysztof was removed from the property and charged with Common Assault, the panel nevertheless noted that Krzysztof was a known perpetrator of domestic abuse who displayed all of the significant vulnerabilities that are known in the adult safeguarding arena to be risk factors; he was under 66 years old, had a criminal and violent history, was a drug and alcohol user, and had mental health problems and employment, housing and financial issues. In conjunction with this, Jessica also mentioned things to professionals that should have acted as red flags for her experiences.

7.8 CGL noted that Krzysztof's disclosures should have led to exploration in 1-1 settings for enhanced risk management practice. This could have led to considerations as to whether Krzysztof was suitable for the group working sessions, especially as he may well have established his relationship with Jessica in them.

7.9 Jessica, who was a high suicide risk given her circumstances and regular suicidal ideation, disclosed having self-harmed because of an assault. It was the view of the panel that this represented a missed opportunity to engage her at this point in a multi-agency process. When, two days after the incident, Krzysztof reported that Jessica had assaulted him, the panel was of the view that in the context of the first incident and of Krzysztof's history, the police could reasonably have identified him as the primary aggressor with the likelihood that Jessica was using violent resistance.[6] This second incident, the panel believed, could definitely have led to a determination of Jessica being at high risk of harm on the basis of her risk of death by suicide in the context of domestic abuse, especially given the growing national recognition of this risk.

7.10 The panel noted that there were other opportunities to recognise Jessica as a victim of domestic abuse which arose in health settings and at substance misuse service CGL (where there were also missed opportunities to explore domestic abuse with both Jessica and Krzysztof).

7.11 The panel further noted that, tragically, Jessica was never asked directly about domestic abuse in any of these settings, although there were multiple instances of the opportunity to ask the question or to notice the signs of risk.

7.12 Jessica did disclose abuse and relationship issues within health settings. As an example, although she primarily saw her GP for prescribing related to her mental

[6] Michael Johnson, in his Typology of Domestic Violence (2008) identifies violent resistance as the act of resisting violence perpetrated against a victim, commonly used by women in the context of men's violence.

health and substance use, in December 2023 she asked for her lips to be checked as she believed she was being poisoned and in early 2024 she requested antibiotics for a human bite on her hand. The panel felt that these were opportunities for the practitioner to ask Jessica whether she felt safe in her relationship and to make an onward referral for multiagency support.

7.13 Between January 2023 and January 2024, Jessica presented four times at two Emergency Departments. On one occasion, a male friend was with her, who tried to claim pills that were in her possession and sell drugs in the staff restaurant. On another, she spoke about *'being gaslit by a man who said if she left the [temporary accommodation] she would be killed.'* There was no enquiry around this disclosure and no observation about the man in her company, which, in the context of potential exploitation concerns related to Jessica's vulnerability, would have demonstrated the professional curiosity that is an essential feature of safeguarding.

7.14 Jessica faced multiple disadvantages including significant bereavement, homelessness, mental ill health, substance misuse and contact with the criminal justice system which, in combination, rendered her – specifically as a woman – highly vulnerable to abuse and exploitation.[7] In working with women who experience this level of disadvantage it is essential that practice focuses across their needs, seeing them as a whole person and working without silos. Jessica's expressions of abuse being done to her was diagnostically overshadowed by her mental health and substance misuse, agencies did not appropriately explore the context of her suffering.

7.15 'Hard to reach 'is a term commonly used for those people whom services find difficult to access. Today we understand that it is systemic barriers that generate these issues, and the panel was of the view that Jessica experienced some of these barriers alongside diagnostic barriers to accessing support. With the benefit of hindsight, it is possible to see how desperate Jessica was to be seen, heard and

[7] Complicated Matters Toolkit, AVA. 2013

made safe. The panel was minded of two of her earlier wishes – intensive therapy and residential rehabilitation - asking itself what might have happened had those been provided.

8. Conclusions

8.1 Jessica was a loving mother who experienced the death of a child which, over time, set the basis for later issues with addiction and a spiral into adversity. Her story is a cautionary one for agencies who may come into contact with individuals who experience a loss of this magnitude and go on to live with unresolved grief.

8.2 As Jessica struggled with addiction and could no longer live with her family, she became increasingly vulnerable to abuse and exploitation. Consequently, at an addiction service she met a man whom her family saw control and abuse her. This abuse was largely hidden from agency view and subsequently the heightened risk of Jessica's suicide was not contextually considered.

8.3 Jessica's children expressed their perspective on the relationship between Krzysztof and Jessica. They described controlling, prejudiced and abusive behaviours from Krysztof that caused Jessica to see less of her children in order to protect them. They described a classic dynamic of control, whereby the person causing harm isolates and controls the victim's situation in order to render them dependent on the abusive person. Jessica's multiple and intersecting needs created a barrier for agencies in seeing this dynamic and offers lessons in both identifying and understanding the risks that relationships of this nature pose, no matter how short.

8.4 This barrier was marked by diagnostic overshadowing, whereby, Jessica's abuse was seen as an expression of her mental health and/ or substance misuse which led to a lack of curiosity, identification and subsequently multi-agency working.

8.5 Jessica spoke about ending her life on many occasions although she did not describe plans or intent to do so when these disclosures were explored with her. However, in the last few weeks of her life she was experiencing increasing mental health issues and had been through a period of trying to free herself from drug use to no avail. In this context, the problematic nature of her relationship with Krzysztof intersected with these issues to lead to her acting on her thoughts and ending her own life.

8.6 Recognition of the risks of suicide is paramount for agencies. However, it cannot be known if the outcome would have changed in this situation. Women living in Jessica's circumstances are some of the most vulnerable in our society and this review reminds us how important developing our ability to help those women remains.

9. Lessons to be Learned

9.1 Professionals must consider the profound impact that unresolved traumatic grief can have for those who experience this issue and strive to provide support that can resolve this emotional burden early. This is because it can create the circumstances in which disadvantage and vulnerability flourish.

9.2 Professionals must use curious and creative practice to recognise the complexity that arises in identifying abuse where multiple disadvantages exist. This is because holistic approaches rooted in exploration and listening are essential to supporting recovery and stability.

9.3 Professionals must be attentive to the risks of interpersonal violence and abuse for women living with multiple disadvantages, especially where there are issues that may overshadow hearing and exploring their voices. This is because

opportunities for intervention, safety and change are lost when behaviours, statements and interactions are explained away by mental health, substance use or other issues.

9.4 Professionals must stay attentive to suicidality as a complex area of practice, one which is dynamic and often unpredictable. Agencies must strive to develop their skill, curiosity and cognisance of the presence of these risks, using available guidance and practice to work openly with safety planning and eliciting understanding of the potential of harm.

10. Recommendations from the Review

Number	Reference	Recommendation	Agency
1	DA: viii	The Cambridgeshire Suicide Prevention Strategy renewal should incorporate the Suicide & DA Toolkit from Cheshire East in order to strengthen agency understanding of the connection between these issues.	Public Health
2	DA: viii/ MAS: xiii/xiv PM: iv V, W&F	The learning from this review should be used in the annual DHR/ DARDR learning event for the 16 days of action with specific reference to hidden harm, suicidality. MEAM practice and the updated MARM framework.	Cambridgeshire DASV Partnership
3	MDs: iv	Awareness of the Changing Futures programme should be renewed with MASH agencies with the aim of connecting MASH and the Multiple Disadvantages Forum.	MASH/ Changing Futures
4	MAS: vii	MASH practice should be subject to a learning review	MASH strategic board

		with multiagency partners reflecting on this review in the context of the purposes of MASH, specifically planning and strategizing	
5		CGL should continue to develop practice and interrogation of key safeguarding risks with service users.	Change, Grow, Live
6	DA: xxv	This review to be used in safeguarding training and the risks of 'diagnostic overshadowing' reflected on at safeguarding meetings to enable raised awareness and professional challenge in future cases when working with those with co-occurring conditions and domestic abuse.	Integrated Care Board
7	DA: xxv	This review to be used in safeguarding training to improve identification of domestic abuse and violence and awareness of an increased risk of suicide where domestic abuse is present when working with those with co-occurring conditions.	Integrated Care Board
8	DA: xxvi & xxiv	CPFT undertakes a review of clinical record keeping policy to ensure professional curiosity, family composition, and disclosures are documented.	CPFT
9		CUHT undertake a bulletin reminding practitioners of the need to undertake routine/ selective enquiry in line with policy for the identification of DVA	CUHT
10		This review to be used by CPFT in safeguarding	CPFT

		training to improve identification of domestic abuse and violence and awareness of an increased risk of suicide where domestic abuse is present when working with those with co-occurring conditions.	