

**MIDDLESBROUGH COMMUNITY SAFETY
PARTNERSHIP**



DOMESTIC HOMICIDE REVIEW

Jessica

Died May 2018

OVERVIEW REPORT

Home Office QA

March 2020

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1. INTRODUCTION

- 1.1 This report of a domestic homicide review examines how agencies responded to, and supported, Jessica a resident of Middlesbrough prior to her death in the spring of 2018.
- 1.2 Jessica had been married to Mayur for about nine years. The couple were Hindu and both worked as pharmacists in a business they owned in Middlesbrough. On an evening in spring 2018 Mayur telephoned the police to report his house had been broken into and Jessica had been tied up. The police responded immediately and unfortunately Jessica had died before they arrived.
- 1.3 A detailed homicide investigation soon revealed that Mayur's account was untrue and that he had killed Jessica and made it appear as though it was the result of a burglary. Although he continued to deny responsibility, there was a significant amount of evidence to the contrary. There was also evidence that Mayur had abused Jessica over their entire marriage. He behaved in a coercive and controlling way towards her and had also physically assaulted her. He appeared before a Crown Court in late 2018 and, after a lengthy trial, was convicted of Jessica's murder.
- 1.4 This report considers why Jessica's abuse was not known to agencies. The report has identified how family and work colleagues held pieces of information which, when brought together after Jessica's death, showed a pattern of coercive and controlling behaviour by Mayur. The report considers how, for the future, agencies can take measures to ensure friends, family and colleagues are better informed about how to recognise abuse and what to do if they know or suspect a loved one is being abused.
- 1.5 'In addition to agency involvement the review will also examine the past to identify any relevant background or trail of abuse before the homicide, whether support was accessed within the community and whether there were any barriers to accessing support. By taking a holistic approach, the review seeks to identify appropriate solutions to make the future safer'.¹
- 1.6 'The key purpose for undertaking domestic homicide reviews is to enable lessons to be learned from homicides where a person is killed as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future'.

¹ Home Office Guidance Domestic Homicide Reviews December 2016.

- 1.7 The DHR panel wish to extend their condolences to Jessica's family and friends on their tragic loss. The following is a tribute prepared by Jessica's family;

"Heaven has gained an angel but the world is at a loss for it."

Jessica was a rarity; she was beautiful on the outside, and even more so on the inside. She had a truly selfless soul and afforded everyone she met with a kindness and generosity that was second to none.

As the first born in our family, she brought an immense amount of joy as a loving daughter, granddaughter, niece, elder sister and aunt. She had this lovable smile which encapsulated her gentle nature and innocence, and would make our house feel like a home.

She was ambitious, and despite some challenging times, through her own determination and hard work she achieved her dream to be a pharmacist. As a highly commended medical professional, she understood the true impact of her role, which was to help people and make a difference, something she did every day. A truly inspiring example to us all of what you can achieve with courage and perseverance.

She had her whole life ahead of her, a life in which she simply wished for true love, a family of her own and to live happily ever after. Above all, her greatest wish was to be a mother, to share the love she had in her heart and feel the same happiness she afforded to our family as a child. She deserved to have a wonderful life, but these wishes will now remain unfulfilled.

To know that she is here no more, a day that has come decades too early, brings an indescribable pain. However, the outpouring of love and prayers for her has shown the huge loss felt not only by our family, but by the entire community. The world is a dimmer place to have lost a soul like hers.

We are extremely blessed to have had Jessica in our lives. Even in her own hardships she would still offer you her warm smile, a testament to the wonderful person she was and should be remembered for. We will forever reminisce of our memories together with her and hope one day, somehow, somewhere, we will see her again.

Jessica, rest peacefully and know that we miss you and will love you always and forever.

2. TIMESCALES

- 2.1 On 12 June 2018 Middlesbrough Community Safety Partnership determined the death of Jessica met the criteria for a domestic homicide review [DHR].
- 2.2 The first meeting of the review panel took place on 6 September 2018. The Chair of Middlesbrough Community Safety Partnership agreed to the delay of the DHR until the trial of Mayur concluded and a completion date of June 2019 was set. Once the trial concluded in December 2018 further meetings of the review panel then took place.
- 2.3 The DHR covers the period 1 April 2016 to 14 May 2018.
- 2.4 The review was completed on 20 June 2019, following consultation with Jessica's family.

3. CONFIDENTIALITY

- 3.1 Until the report is published it is marked: Official Sensitive Government Security Classifications April 2014.
- 3.2 Jessica’s father was eager to be involved in the review. He and members of his family met with the DHR Chair and report Author in January 2019. Their contribution appears later within the report.
- 3.3 The names of any key professionals involved in the review are disguised using an agreed pseudonym.
- 3.4 This table shows the age and ethnicity of the victim, the perpetrator of the homicide and other key individuals. The pseudonyms were agreed with Jessica’s family.

Name	Relationship	Age	Ethnicity
Jessica	Victim and wife of Mayur	34	British Asian
Mayur	Perpetrator and husband of Jessica	36	British Asian
Jessica’s father	Father of victim	57	British Asian
Abir	A male who Mayur indicated he wanted to be his partner	36	British Asian British Asian
Jessica’s younger sister	Sister	32	British Asian
Jessica’s youngest sister	Sister	26	British Asian
Colleague 1	Work colleague in a Bradford Pharmacy	Unknown	Unknown
Colleague 2	Work colleague in Middlesbrough Pharmacy	Unknown	Unknown
Colleague 3	Work colleague in Middlesbrough Pharmacy	Unknown	Unknown
Colleague 4	Work colleague in Middlesbrough Pharmacy	Unknown	Unknown
Address one	Jessica and Mayur’s home address in Middlesbrough and the scene of her homicide	n/a	n/a
Address two	Pharmacy business premises in Middlesbrough operated by Jessica and Mayur	n/a	n/a

4. TERMS OF REFERENCE

- 4.1 The Panel settled on the following terms of reference at its first meeting on 6 September 2018. They were shared with Jessica's family who were invited to comment on them.
- 4.2 The review covers the period from 1 April 2016 to the date of Jessica's death in Spring 2018. This period was selected because it was the date the couple bought their house in Middlesbrough.

The purpose of a DHR is to:²

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

Specific Terms

1. What indicators of domestic abuse, including coercive and controlling behaviour, did your agency have that could have identified Jessica as a victim of domestic abuse and what was your response.
2. What risk assessments did your agency undertake for Jessica; what was the outcome and if you provided services were they fit for purpose?

² Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews [2016] Section 2 Paragraph 7

3. What was your agency's knowledge of any barriers faced by Jessica that might have prevented her reporting domestic abuse and what did it do to overcome them?
4. What knowledge did your agency have of Jessica and Mayur's physical and mental health needs and what services did you provide?
5. What knowledge or concerns did the victim's family, friends, colleagues and wider community have about Jessica's victimisation and did they know what to do with it?
6. What knowledge did your agency have that indicated Mayur might be a perpetrator of domestic abuse and what was the response, including any referrals to a Multi-Agency Risk Assessment Conference [MARAC]?
7. How did your agency take account of any racial, cultural, linguistic, faith or other diversity issues, when completing assessments and providing services to Jessica and Mayur?
8. Did your agency follow its domestic abuse policy and procedures, and the multi-agency ones?
9. Were there issues in relation to capacity or resources in your agency that impacted on its ability to provide services to Jessica and Mayur, or on your agency's ability to work effectively with other agencies?
10. What learning has emerged for your agency?
11. Are there any examples of outstanding or innovative practice arising from this case?
12. Does the learning in this review appear in other Domestic Homicide Reviews commissioned by Middlesbrough Community Safety Partnership?
13. Was there any indication or evidence that the homicide of Jessica was a so called 'honour killing'?

5. METHOD

- 5.1 Cleveland Police notified Middlesbrough Community Safety Partnership on 21 May 2018 of the homicide and that the case potentially met the criteria for a domestic homicide review. A meeting held on 12 June 2018 determined the criteria had been met for a Domestic Homicide Review (DHR) to be undertaken. On 12 June 2018 the Chair of Middlesbrough Community Safety Partnership informed the Home Office by letter that a DHR was taking place.
- 5.2 Ged McManus was appointed as the independent chair and on 6 September 2018 the first of four DHR panel meetings determined the period the review would cover. The review panel determined which agencies were required to submit written information and in what format. The panel found there had been very little contact between any agencies with either Jessica or Mayur. The only information that was available was contained in medical information connected with Jessica's fertility. Consequently there was little written material that could be distributed to panel members.
- 5.3 The majority of information was gleaned from statements and reports provided by Cleveland Police following their homicide enquiry. The DHR panel are grateful for their cooperation in making these available. It provided a rich source of information and background from family and colleagues from which the panel were able to identify a trail of abuse perpetrated by Mayur upon Jessica. The DHR panel met and carefully considered what this material and the contributions told them about Jessica's life and the abuse she suffered from Mayur. They identified a number of key issues and learning points [discussed within section 16 et al]
- 5.4 The DHR panel chair asked Mayur, through the National Probation Service, if he wished to contribute to the review. Despite his conviction, and in the face of overwhelming evidence, Mayur continues to deny responsibility for Jessica's homicide. He responded saying he did not think that he could contribute anything to the review although he also said he would be willing to meet with the Chair if necessary.
- 5.5 In the light of Mayur's continued denials of responsibility the DHR panel did not feel it would be appropriate for any contribution from Mayur to appear in this report. Consequently they decided not to meet with him.
- 5.6 Following the DHR panels deliberations a draft overview report was produced which was discussed and refined at panel meetings before being agreed. The draft report was then shared with Jessica's family. When they

had had time to read it, they asked to meet the Chair and Author again. This meeting took place at the family home. The family identified some additional contributions they wished to make and these have been added to the report.

**6. INVOLVEMENT OF FAMILY, FRIENDS, WORK COLLEAGUES
NEIGHBOURS AND THE WIDER COMMUNITY**

- 6.1 The DHR Chair wrote to Jessica's family inviting them to contribute to the review. The letters included the Home Office domestic homicide leaflet for families and the Advocacy After Fatal Domestic Abuse leaflet.
- 6.2 Jessica's father wished to be involved in the review. The panel Chair and report Author met with him and other members of Jessica's family on 8 January 2019. They provided useful background information on the relationship between Jessica and Mayur which is included within section 14 of this report.
- 6.3 Jessica's work colleagues had all been seen during the homicide enquiry and their statements were provided to the DHR panel. They gave useful background information on the relationship between Jessica and Mayur and are also considered within section 14 of this report.
- 6.4 Jessica had very few friends. In order to extend her friendship circle in Middlesbrough, Jessica had joined a local netball team. Members of the team were seen during the homicide enquiry by Cleveland Police and they provided copies of their statements to the panel. They did not disclose any information of relevance to the terms of reference of this DHR.
- 6.5 The panel Chair and report Author visited the Hindu Cultural centre in Middlesbrough on 18 January 2019. They were told that neither Jessica nor Mayur were known within the Hindu community in that area and were not known to have visited either the Cultural Centre or Temple.

7. CONTRIBUTORS TO THE REVIEW.

7.1 This table show the agencies who provided information to the review.

Agency	IMR ³	Chronology	Report
Health (on behalf of South Tees CCG, Tees Esk and Wear Valley NHS Foundation Trust and South Tees NHS Hospitals NHS Foundation Trust, Alliance Psychological Services & James Cook University Hospital)	No	No	Yes
Cleveland Police	No	No	Relevant witness statements
HART Gables (LGBT support services)	No	No	Not known to service
Substance misuse services	No	No	Not known to services
London Women's Clinic (Darlington)	No	Yes	Yes
HALO ⁴	No	No	Not known to service

³ Individual Management Review: a templated document setting out the agency's involvement with the subjects of the review.

⁴ The Halo Project Charity is a national project that will support victims of honour-based violence, forced marriages and FGM by providing appropriate advice and support to victims. We will also work with key partners to provide required interventions and advice necessary for the protection and safety of victims. <https://www.haloproject.org.uk/>

8. THE REVIEW PANEL MEMBERS

8.1 This table shows the review panel members.

Review Panel Members		
Name	Job Title	Organisation
Paul Cheeseman	Author and support to panel chair	Independent
Yasmin Khan	Director	HALO
Lisa McGovern	Team Leader	My Sister's Place
Ged McManus	Panel Chair	Independent
Jen Milsom	Detective Inspector	Cleveland Police
Claire Moore	DA Ops. Coordinator	Middlesbrough Community Safety Partnership
Barbara Potter	Head of Quality & Adult Safeguarding	South Tees CCG
Ann Powell	Head of Cleveland National Probation Service	National Probation Service
Erik Scollay	Director of Adult Social Care and Health Integration	Middlesbrough Council
Marion Walker	Head of Stronger Communities [lead for Community Safety Partnership]	Middlesbrough Council

8.2 The chair of Middlesbrough Community Safety Partnership was satisfied that the panel chair was independent. In turn, the panel chair believed there was sufficient independence and expertise on the panel to safely and impartially examine the events and prepare an unbiased report.

8.3 The panel met four times and matters were freely and robustly considered. Outside of the meetings the chair's queries were answered promptly and in full.

9. CHAIR AND AUTHOR OF THE OVERVIEW REPORT

- 9.1 Sections 36 to 39 of the Home Office Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews December 2016 sets out the requirements for review chairs and authors. In this case the chair and author were separate persons.
- 9.2 The chair completed over thirty years in public service [the British police service] retiring, from full time work in 2016. He is currently Independent Chair of a Safeguarding Adult Board in the north of England. The author completed thirty-five years in public service [British policing and associated roles] retiring from full time work in 2014. Between them they have undertaken the following types of reviews: child serious case reviews, safeguarding adult reviews, multi-agency public protection arrangements [MAPPA] serious case reviews and domestic homicide reviews.
- 9.3 Neither the Chair or author has worked for any agency providing information to this review. The Chair and author previously undertook a DHR in Middlesbrough during 2017.

10. PARALLEL REVIEWS

- 10.1 Her Majesty's Coroner for Middlesbrough opened and adjourned an inquest into Jessica's death. Following the criminal trial, the inquest will not resume.
- 10.2 Cleveland Police completed a criminal investigation and prepared a case for the Crown Prosecution Service and court.

11. EQUALITY AND DIVERSITY

11.1 Section 4 of the Equality Act 2010 defines protective characteristics as:

- **age** [for example an age group would include “over fifties” or twenty-one year olds. A person aged twenty-one does not share the same characteristic of age with “people in their forties”. However, a person aged twenty-one and people in their forties can share the characteristic of being in the “under fifty” age range].
- **disability** [for example a man works in a warehouse, loading and unloading heavy stock. He develops a long-term heart condition and no longer has the ability to lift or move heavy items of stock at work. Lifting and moving such heavy items is not a normal day-to-day activity. However, he is also unable to lift, carry or move moderately heavy everyday objects such as chairs, at work or around the home. This is an adverse effect on a normal day-to-day activity. He is likely to be considered a disabled person for the purposes of the Act].
- **gender reassignment** [for example a person who was born physically female decides to spend the rest of her life as a man. He starts and continues to live as a man. He decides not to seek medical advice as he successfully ‘passes’ as a man without the need for any medical intervention. He would have the protected characteristic of gender reassignment for the purposes of the Act].
- **marriage and civil partnership** [for example a person who is engaged to be married is not married and therefore does not have this protected characteristic. A divorcee or a person whose civil partnership has been dissolved is not married or in a civil partnership and therefore does not have this protected characteristic].
- **pregnancy and maternity**
- **race** [for example colour includes being black or white. Nationality includes being a British, Australian or Swiss citizen. Ethnic or national origins include being from a Roma background or of Chinese heritage. A racial group could be “black Britons” which would encompass those people who are both black and who are British citizens].
- **religion or belief** [for example the Baha’i faith, Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Rastafarianism, Sikhism and Zoroastrianism are all religions for the purposes of this provision. Beliefs such as humanism and atheism would be beliefs for the purposes of this provision but adherence to a particular football team would not be].
- **sex**
- **sexual orientation** [for example a man who experiences sexual attraction towards both men and women is “bisexual” in terms of sexual orientation even if he has only had relationships with women.

A man and a woman who are both attracted only to people of the opposite sex from them share a sexual orientation. A man who is attracted only to other men is a gay man. A woman who is attracted only to other women is a lesbian. So a gay man and a lesbian share a sexual orientation].

11.2 Section 6 of the Act defines 'disability' as:

- [1] A person [P] has a disability if—
 - [a] P has a physical or mental impairment, and
 - [b] The impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities⁵

11.3 Jessica attended at her General Practitioner [GP] in relation to fertility issues and anxiety. There is one instance of Mayur visiting the GP jointly with her in connection with IVF treatment. Nothing was revealed in the notes of these visits to suggest Jessica or Mayur had any physical or mental impairment that limited their ability to carry out normal day-to-day functions.

11.4 Jessica and Mayur are Asian British with English as their first language. They were both educated at universities in the UK. They were both from Hindu families.

11.5 No agency held information that indicated Jessica or Mayur lacked capacity and there is no indication from the material seen by the review panel that a formal assessment of capacity was ever required for either of them.⁶

11.6 It emerged during the criminal trial that Mayur is a gay man. It is highly probable that Jessica suspected from around 2012 Mayur was gay. It has not been possible for the panel to identify precisely when she first knew or suspected that fact. There is evidence from her family and colleagues that at various times they saw and heard things that caused them to believe Mayur might be gay. The panel found no evidence that any agency knew or suspected Mayur was gay before he killed Jessica. The family felt this was because Mayur was doing everything he could to disguise his sexuality therefore agencies would not have seen evidence he was gay. The panel made enquiries with the LGBT support agency for the area [HART Gables] and it appears Mayur was not known to them.

⁵ Addiction/Dependency to alcohol or illegal drugs are excluded from the definition of disability.

⁶ Mental Capacity Act 2005

12. DISSEMINATION

- 12.1 The following organisations/people will receive a copy of the report after any amendment following the Home Office's quality assurance process.

Jessica's Family

Barry Coppinger Police and Crime Commissioner for Cleveland.

Middlesbrough Community Safety Partnership

13. BACKGROUND INFORMATION [THE FACTS]

- 13.1 Cleveland Police had no contact or information concerning Jessica and Mayur's relationship. There was no record of Mayur on the Police National Database. No other agency in Middlesbrough, as far as the panel can ascertain, held information to indicate there was any domestic abuse in the relationship between them.
- 13.2 At 20.22hrs on a date in spring 2018 Mayur made a 999-telephone call to Cleveland Police. During the call Mayur told the operator he had come home and thought the house had been burgled and his wife attacked. Mayur told the operator Jessica was covered in duct tape and was unconscious. Police officers and an ambulance were dispatched immediately and arrived at address one within a few minutes.
- 13.3 Jessica was deceased when the police arrived and a post mortem examination was conducted which found she had died from pressure to the neck. The police commenced a homicide investigation. They found a significant amount of evidence that indicated Mayur's explanation for the death of Jessica was untrue and that he had planned to kill her for some time. In summary the police found the following evidence.
- 13.4 Mayur frequently visited a geo-social networking site geared towards gay and bi-sexual men [Grindr]. Mayur had intimate relationships with a number of men during the time he was married to Jessica. It seems he formed a particular affection for a man called Abir. This man was married briefly before leaving the UK to live in Australia. Messages were found from 2012 onwards that showed Mayur wanted to spend the rest of his life living with Abir in Australia. There was evidence that Jessica knew or strongly suspected that Mayur was gay.
- 13.5 Using internet searches going back to 2013, Mayur had investigated strangulation, how long it took for a victim to die, hiring a hit man, how much methadone overdose kills a person and insulin overdoses. Had he not been convicted, Mayur would have received around £2m from various life insurance policies taken out in respect of Jessica. Five days before he killed Jessica, Mayur enquired about making a will in which either surviving party would receive all the proceeds of the estate on the death of the other.
- 13.6 On the day that Jessica died, Mayur said he left home for a period of just over 30 minutes and returned to find the house ransacked and Jessica bound in duct tape. A CCTV hard drive from address one, that Mayur hid in a suitcase and which the police found, did not show anyone else entering the house during that period. There was no evidence of a forced entry to the property. During that evening Mayur went to the pharmacy he and

Jessica owned and was said by a colleague to be acting very strangely. A roll of duct tape identical to be that used to bind Jessica was found hidden in the back of a store room at the pharmacy [address two]. The end of that roll physically fitted the end of the piece of tape used to bind Jessica.

- 13.7 After first treating Mayur as a witness, he was eventually arrested by the police on suspicion of the murder of Jessica. He denied he had killed her and continued to maintain that her death happened because there had been a burglary at address one. The police found four syringes in Mayur's lap top bag. Two contained insulin and the other two a fast-acting sedative. Subsequently the panel learnt that Mayur had been researching for information on line about this drug.
- 13.8 Mayur claimed to have been carrying these in his bag after a care home returned them as surplus. No one in the pharmacy had any knowledge of them being returned. While Jessica died from pressure to the neck, the pathologist who examined her body could not exclude the possibility that insulin had played a part. The prosecution case was that Mayur had an alternative method with him with which to kill Jessica.
- 13.9 During the course of the homicide enquiry Cleveland Police took background statements from family members and from colleagues that worked with Jessica at the pharmacy. Some of this information was of relevance to the case and showed that Mayur had perpetrated domestic abuse, both physically and verbally, upon Jessica. The information they provided is set out in more detail within section 14 (post) and its relevance in relation to domestic abuse is discussed at section 16.5 (post).
- 13.10 Mayur was charged and appeared at a Crown Court in late 2018 and pleaded not guilty to the offence of murder. After a trial lasting around three weeks he was found guilty of Jessica's murder. Mayur was sentenced to life imprisonment for murder with a minimum tariff of 30 years. That means he will not be considered for release from prison by the Parole Board until he has served that period of time.
- 13.11 Several members of Jessica's family provided victim impact statements which were heard by the court following Mayur's conviction and which were provided to the DHR panel.

14. CHRONOLOGY

14.1 Background to Jessica

- 14.1.1 Jessica was born in Leeds and was brought up there. Jessica and her family are Hindu. She was the eldest of three daughters. Jessica, her parents and two sisters lived in the same house as her grandparents, her uncle, his wife and his three children. They were all brought up together and lived as one family of twelve in what was described as a very happy household. The family all have many happy memories of Jessica.
- 14.1.2 She studied at a university in Leicester and lived there away from home for three years, graduating in 2005. Jessica had gained a place to go on and study pharmacy at King's University which she took up in September that same year. Very sadly Jessica's mother died in November 2005 and, because Jessica had missed much of the 1st year, she left King's and returned to Leeds. Jessica was then successful in gaining a place at a university in Manchester where she studied pharmacy and graduated in 2010. The family say it was because of Mayur's persistence that Jessica married him one year before completing her studies.

14.2 Background to Mayur

- 14.2.1 He was brought up in the Halifax area with his father, mother, grandmother and brother. He also attended the same universities as Jessica and graduated in pharmacy in 2009.

14.3 Jessica and Mayur's Relationship

Family Recollections

- 14.3.1 Jessica had known and played with Mayur when she was much younger as the two families were acquainted. Jessica met Mayur again in Leicester when they were both at university. This was in 2002/2003 and their relationship lasted about six months. Her younger sister recalls the relationship rekindled in 2006 following the death of their mother when Mayur provided 'a shoulder to lean on'. In 2008 Jessica spoke to her father about getting engaged to Mayur. Jessica's father discussed this within his family and initially the family did not want Jessica to marry Mayur. However they eventually gave permission for this to happen.
- 14.3.2 Mayur and Jessica were engaged in 2008 and married in 2009. Jessica went to live with Mayur and his family in Halifax. Jessica's younger sister describes how, in Hindu culture, the daughter in law takes responsibility for certain matters within the household even though they work. She says Jessica always did this regardless of her own career. Her younger sister

- says Jessica was told by Mayur's family that she had married into their family and should only care for their side; that she belonged to them⁷.
- 14.3.3 In 2010 the sisters' grandfather was dying. The sisters all came back home to nurse him. However, Jessica was not allowed to come home to see him or to stay. She could only visit when he was in hospital. Her younger sister says that Mayur told her 'we weren't her family' anymore therefore she couldn't come to stay. The same year her younger sister recalls Jessica telling her that Mayur hit her whilst they were in the car⁸. This had taken place because of the issue of her grandfather dying as Jessica wanted to stay and Mayur would not allow it.
- 14.3.4 Her younger sister says that Jessica started to stop speaking up about things. Often the couple would be invited to attend special occasions however, Jessica appeared scared to commit and often wouldn't attend. When she did visit her younger sister says she always seemed to 'clock watch' and needed to get back home pretty much as soon as she had arrived. Her younger sister felt it clear that Jessica was worried.
- 14.3.5 Jessica told her younger sister that Mayur's mother was verbally abusive to her and she drove a wedge between her and Mayur. Jessica's mother in law would always complain to Mayur about Jessica and he would take his mother's side. Jessica's sister described him as a 'mummy's boy'. Her sister, Jessica had to do what Mayur's mother wanted her to do.
- 14.3.6 Her younger sister says that Jessica would message her and tell her what was going on with her mother in law. Jessica said her mother in law never liked her and would make things up about her just so Mayur would have a go at her. Her younger sister recalled Jessica saying her mother in law said she had not been given a good enough upbringing as she had no mother. Jessica's sister felt that, because Jessica was not a confrontational person, she would rather just 'keep the peace' than challenge her mother in law and therefore just accepted matters.
- 14.3.7 Jessica's younger sister felt Mayur always presented as a 'happy' person. However, he had a concoction of stories every time he came. She gave an example when he said he had papers and was moving to Australia. Jessica's younger sister said he always put Jessica down a lot and when Mayur conversed with her and her younger sister he would always talk negatively about Jessica but did it in such a way as if he was laughing and

⁷ Yasmin Khan, Director of HALO and a panel member of the DHR told colleagues that in her view the motivation and characteristics of behaviour the extended family displayed was one of honour based abuse and control.

⁸ Yasmin also advised colleagues on the DHR that in her view this was a clear example of honour based violence [HBV].

joking about it. At first the sisters did not think much of it. When it became repetitive, they say it destroyed Jessica's confidence.

- 14.3.8 When he was challenged about this, Mayur would just say it was banter. Jessica's sisters were careful as to what they said because they did not want to get her into trouble. Mayur could take things the wrong way and they were worried about his reactions and the impact this would have on their sister. Jessica's younger sister said Mayur and his family were very traditional in their thoughts. She said Mayur always thought he was more important being a son-in-law and eldest brother-in law and commanded that respect from all their family members.
- 14.3.9 In 2012, Jessica went on holiday to Spain with members of her family. During a conversation with her female cousin and her uncle she disclosed her relationship with Mayur was problematic and she wasn't happy. Jessica said Mayur would come home from work and go into another room to talk to a male⁹. She said this happened every night and he would spend hours talking to him. During the conversation Jessica disclosed that she had not had sex with Mayur for ten months. Jessica asked her uncle not to disclose the conversation to her father and she said she would make the relationship work.
- 14.3.10 In 2012, Jessica's younger sister says Jessica told her that Mayur said he did not want children and definitely not with Jessica. Her younger sister does not know whether Mayur said this in anger or if he actually meant it: Jessica was very upset by this. Jessica's family spoke about how much Jessica wanted to be a mother. However after several years of marriage she had not conceived. Her younger sister says that, at the time, she did not know who or what the fertility problem was although Mayur's family made out it was Jessica's fault.
- 14.3.11 In 2015 Jessica started a course of privately provided IVF¹⁰ treatment. Jessica told her younger sister she suffered from anxiety issues related to the IVF and often worried it was increasing her chances of getting cancer like their mother. Mayur told Jessica's father that, for religious reasons to increase the chances of conception, he had adopted a vegetarian diet. He said this had made his sperm count go down because he wasn't having any chicken and meat. Mayur also complained to him about the cost of the IVF

⁹ At this time it did not appear Jessica knew the identity of this male. However, the family say the male was Abir, who lived in the Leeds area. He subsequently moved to Australia where the family understand he continues to live.

¹⁰ In vitro fertilisation (IVF) is one of several techniques available to help people with fertility problems have a baby. During IVF, an egg is removed from the woman's ovaries and fertilised with sperm in a laboratory. The fertilised egg, called an embryo, is then returned to the woman's womb to grow and develop. It can be carried out using the women's eggs and their partner's sperm, or eggs and sperm from donors. <https://www.nhs.uk/conditions/ivf/>

treatment [it transpired during the homicide enquiry that in fact Mayur was taking a drug that was made to suppress sperm count-see paragraph 14.3.29].

- 14.3.12 During 2012 Jessica spoke with her sisters and told them Mayur was spending long periods of time on his mobile telephone speaking to another man. He became very secretive and possessive about the telephone. One day Jessica's youngest sister was asked by Mayur to charge his telephone. While doing this she found a record of a conversation between Abir and Mayur in which they both spoke about loving each other. She showed Jessica a picture she had taken of the text of this conversation. She said Jessica became upset when she saw it. The sister who recovered the text message does not know whether Jessica confronted Mayur with this information although Jessica did send a message to her telling her to keep the photograph she had taken as it 'proved something'.
- 14.3.13 Jessica told her younger sister that when she discovered the text message [see paragraph 14.3.12] she spoke to Mayur's brother who went behind her back and told Mayur about what Jessica had said. As a result of this Mayur had confronted Jessica. This led to the family meeting which was attended by Mayur's family and Jessica's father. However, during that meeting, Jessica's family say Mayur's sexuality was never discussed or disclosed. Instead the tables were turned by Mayur's family and they tried to make it look as though Jessica was at fault. Her father says he asked Jessica what she would like to do and said he would give her his absolute support if she wanted to leave the marriage. Jessica told her father she would make her marriage work as she had chosen Mayur. Jessica's father says he did not know at the time if Mayur was gay. He says he has since learnt that Mayur had a reputation at university that he was gay and people were surprised that he was getting married.
- 14.3.14 Jessica's younger sister described how Mayur was a compulsive liar. She provided examples. When they both lived in Halifax, Jessica and Mayur worked as locum pharmacists. In one pharmacy he worked he told staff his wife was pregnant with twins and he would need a longer lunch break so as to get provisions for her. Later, Jessica was sent to work at the same pharmacy and staff asked how her pregnancy was going. She was very upset when she found out and had to tell colleagues it was untrue. When she spoke to Mayur he just thought it was funny and had 'done it for a laugh'. Jessica's family say that Mayur was using her one desire, to conceive and bear a child, against her. They say he sought to embarrass her and mocked her as a way of exercising control.
- 14.3.15 In 2013/14 Jessica and Mayur moved to Middlesbrough. Here they worked as locum pharmacists. Her father says that after they married he did not see as much of Jessica although they remained close. Her father would

visit them in Middlesbrough 8 out of 10 weeks and Jessica would visit him every 4 - 6 weeks on average. Mayur came occasionally.

- 14.3.16 Jessica's father says he treated Mayur as a son, although after an incident in 2014 he became cautious of upsetting him. On this occasion Jessica's father recalled all his children were coming to his house for a get together. He spoke to Jessica twice by telephone to encourage her to come as well. In response, Mayur sent Jessica's father a text message. In it he suggested he had no respect for Mayur and claimed Jessica's family interfered and were a hinderance in his marriage. Mayur said he was made to feel unwelcome and the marriage was at 'boiling point'. Jessica's father said that after this happened it put him off ever asking Mayur anything. The family say they were cautious because they feared that if Jessica did or said something Mayur did not agree with, he would 'give her an ear full'.
- 14.3.17 In April 2015, Jessica and Mayur purchased a lease for a pharmacy in Middlesbrough and in 2016 purchased a house there. Jessica's father says that Mayur often spoke 'big about property and money' and while he would never question Mayur about these matters, he did wonder about the truth of what he said. He thought it was as though Mayur wanted to be a millionaire overnight. During one conversation, Mayur said that if anything ever happened to either of them the other one would never have to work again.
- 14.3.18 Jessica's youngest sister recalled a conversation she had through facetime with Jessica and Mayur in February 2018. They had been speaking alone for about an hour when Mayur entered the room. He said that if they argued they may go for days without talking to one another. Jessica then said that 'sometimes you [meaning Mayur] put your hands around my neck and it hurts'. Mayur made a joke of this. However, Jessica did the actions of putting her hands on her neck and saying to Mayur that it sometimes hurts. This was the only occasion that Jessica mentioned such behaviour to her sister.
- 14.3.19 Jessica also told her youngest sister that she was lonely in Middlesbrough as she didn't have any friends or family there. Although her sister gained the impression Jessica just seemed to just get on with it. Jessica told her she had joined a local netball team and her sister felt this was probably to make more friends. Jessica's family believe that Mayur deliberately arranged the move to Middlesbrough after Jessica discovered the text message [see paragraph 14.3.12]. They say this was an attempt by him to isolate her. The fact they ran a pharmacy that was open 100 hours each week, meant there were periods when they did not see each other which allowed Mayur opportunities to continue his double life.
- 14.3.20 The Wednesday before she died, Jessica told her younger sister that the cycle of IVF treatment she was undergoing would be the last and she was confident it would work. Jessica's father felt that Mayur had put pressure on

her to have more treatment. Her father did not think Jessica was ready, as he felt she was physically and mentally tired. Her father was aware that recently she seemed a bit better although he knew the IVF treatment had successfully produced 4 or 5 eggs.

14.3.21 Jessica and Mayur made a visit to her family home on the day before she was killed. Jessica's younger sister recalls the couple re-telling how they had spent the day in a local park with Mayur's family. Jessica's younger sister recalls a conversation regarding a previous incident Jessica had at netball practice where she suffered injuries. Mayur joked that they had probably pushed her and was worried people would think he was abusing her. Jessica confirmed it was a netball injury and that she was not pushed over but had fallen.

14.3.22 The last time Jessica's father saw his daughter and Mayur was the morning of the day she was killed. Her father recalls having a conversation with Mayur about some business ideas. During the conversation Mayur said;

'I am the dominating one dad, I can do what I want. You don't want a wife like that'

Jessica's father says he was just about to question Mayur as to what he meant by that comment when Mayur said;

'It's good as she never questions me'.

Jessica's father says he could not help wondering why Mayur would say something like that. He also told the panel chair and author that since Jessica's death he has found out that Mayur made threats to leave her if she did not continue with IVF treatment and said that as a consequence her family would not want her back. That was completely untrue as Jessica's father has always maintained that if Jessica left the marriage he would support her.

Colleagues and Friends Recollections

14.3.23 During 2010-11 Jessica worked at a pharmacy in Bradford where she completed her training. A former staff member [colleague 1] recalls talking to Jessica about her marriage and the fact she and her husband lived with Mayur's parents. Colleague 1 commented that it must have been difficult for them to get any privacy as a newly married couple. Jessica replied that Mayur wasn't bothered about that fact, and that he wasn't interested in her in a sexual way.

14.3.24 Jessica told colleague 1 she suspected Mayur was gay. She said Mayur would often get phone calls from male friends and would go away from her to talk to them in private for hours. Colleague 1 said Jessica worked long hours at the pharmacy, and at Mayur's parents, and did not feel Jessica was happily married to Mayur. In 2011 Jessica confided to colleague 1 that

she had considered leaving Mayur but she was worried about having to live alone.

- 14.3.25 Several employees working at the pharmacy in Middlesbrough, which was run by Jessica and Mayur, commented upon their relationship and about the abusive behaviour of Mayur towards Jessica and staff members. Colleague 2 says Mayur had a very quick temper in the shop, he often shouted at Jessica in front of staff and customers. For example a customer put a comment on the NHS Choices website about an incident in the pharmacy which she had overheard when Mayur had been shouting at Jessica.
- 14.3.26 Colleague 1 says that Mayur often reduced Jessica to tears in the shop, slammed doors, threw things and kicked the plinth of the island in the dispensary. About two months before Jessica was killed colleague 1 noticed Jessica was limping and asked her what was wrong with her leg. Jessica said she didn't know what had happened, but she had a big bruise on the front of her thigh. Colleague 3 asked Mayur about this injury and he said he had thrown his mobile phone towards Jessica, which had hit her leg and that she bruised easily.
- 14.3.27 Colleague 2 says they often saw Mayur using the app 'Grindr' and he was constantly chatting on it. Mayur often lied said colleague 2, to the point that they no longer believed what he said. Here are two examples. In 2015 Mayur told colleague 1 that Jessica was pregnant. On another occasion he told a customer he and Jessica had children. This customer then asked about their children in front of Jessica. She challenged Mayur asking him why he had said this.
- 14.3.28 Colleague 2 recalls reviewing the shop CCTV system during 2017. They saw Mayur bring a male into the shop. The two men started kissing and groping each other. Colleague 1 did not watch any more of the recording after this point. Colleague 2 and Colleague 3 looked at Mayur's patient record on the pharmacy computer and saw that he was taking a tablet that reduced his sperm count.
- 14.3.29 Colleague 4 says Mayur would shout at her in front of other staff members and customers. She said Mayur would lie all the time and would talk about customers' health issues to the staff which were just not true. She says he was 'horrible' and she felt humiliated by his behaviour. Colleague 4 described Jessica as being very different. She says she was 'lovely' and was kind to everybody. They recall how Mayur would call Jessica 'stupid'. On one occasion he took her into the store room at the back of the shop and started shouting at her loudly. Everybody in the shop could hear the shouting.

14.3.30 Colleague 4 also recalls Mayur spending time on the ‘Grindr’ app. She recalls other males using facetime to speak to Mayur and one male in particular who Mayur would very regularly converse with. Colleague 4 describes Jessica as being ‘very naïve about these things’. If she did say anything to Mayur about this, she would be told to shut up immediately and she wouldn’t question it. Mayur said some odd things to Colleague 4. For example he talked about what he would do if Jessica died. He also asked Colleague 4 what she would do if her boyfriend died.

14.2 Events Table

14.2.1 The following table contains important events which help with the context of the domestic homicide review. It is drawn up from material provided by the agencies that contributed to the review, from witnesses that were seen during the homicide review and from the memories and recollections of Jessica’s family.

Date	Event
2002/3	Jessica attends University at De Montfort Leicester and has a short relationship with Mayur which ended after six months.
July 2005	Jessica graduates from De Montfort University.
Nov 2005	Jessica’s mother dies.
Sept 2006	Jessica commences her studies in pharmacy at Manchester University.
2008	Jessica speaks to her father about marrying Mayur.
July 2009	Jessica and Mayur are married
July 2009	Mayur graduates in pharmacy from Manchester University.
July 2010	Jessica graduates in pharmacy from Manchester University.
Feb 2010	Jessica’s grandfather is gravely ill and dies. Mayur refuses to let her return home and stay with her family. Jessica discloses to her younger sister that Mayur struck her while they were in their car.
2010-11	Jessica works at a pharmacy in Bradford as part of her training and discloses to colleague 1 that Mayur was not interested in her sexually and she suspected he was gay.
2012	Jessica is on holiday with her family and tells her cousin and uncle that her relationship with Mayur is problematic and they have not had sex for ten months. Jessica also says Mayur is spending long periods of time talking to another man [Abir] on his mobile telephone.

December 2012	Jessica's youngest sister finds an intimate text conversation between Mayur and Abir which is shown to Jessica.
2013-14	Jessica and Mayur move to Middlesbrough and work as locum pharmacists.
April 2015	Jessica and Mayur purchase a lease on a pharmacy in Middlesbrough. Mayur tells a colleague that Jessica is pregnant-this is a lie.
October 2015	Jessica and Mayur attend London Women's Clinic [Darlington] and Jessica then commences IVF treatment.
2016	Jessica and Mayur purchase address one where they live and where Jessica is killed.
April 2016	Jessica visits her GP and discloses she is feeling under pressure to conceive and is referred for cognitive therapy.
May 2016	Jessica attends Alliance Psychological Services for low intensity cognitive therapy.
June 2016	Jessica discloses concerns to her GP about a drug she is taking in connection with IVF and its possible connection to the risk of breast cancer.
July 2016	Jessica's treatment at London Women's Clinic [Darlington] is not successful and ceases.
September 2016	Jessica is prescribed medication for anxiety and depression by her GP
October 2016	Jessica is discharged from service with Alliance Psychological Services
January 2017	Jessica and Mayur attend their GP for a referral to an NHS fertility clinic.
July/August 2017	Jessica attended the NHS fertility clinic at James Cook University Hospital. This does not appear to have been successful.
December 2017	Jessica commences IVF treatment again with London Women's Clinic [Darlington].
2017	Colleague 2 reviews CCTV from the pharmacy and sees a recording of Mayur kissing and groping another male. With colleague 3 they also discover that Mayur is taking tablets to reduce his sperm count.
Feb 2018	Jessica's youngest sister describes a facetime conversation during which Jessica disclosed that Mayur had put his hands around her neck.
March 2018	Jessica's IVF treatment is successful and results in three embryo's being frozen.
Spring 2018	Mayur kills Jessica.

15. OVERVIEW

15.1 Introduction

15.1.1 This section of the report provides information on any contact that agencies had with either Jessica or Mayur that is relevant to the domestic homicide review. Extensive research undertaken by Middlesbrough Community Safety Partnership on behalf of the DHR panel found that Jessica and Mayur had very little contact with any agency. Only health services were able to provide any information about the couple that was relevant to the terms of reference.

15.2 Contact with GP Practice

15.2.1 Jessica and Mayur were both registered at the same GP practice in Middlesbrough¹¹. Mayur only made one visit during the period under review (see paragraph 15.2.4 below). They were both well-known to the GP practice as their pharmacy was closely linked and it had daily contact with the practice.

15.2.2 Jessica visited her GP in April 2016. She was said to have felt under pressure from both society, as well as her own expectations, to conceive a child. At that time she was receiving IVF treatment privately at a Clinic in the area [see paragraphs 15.2.9 et al]. At that time she had undergone one cycle of IVF treatment and had not conceived. Jessica was referred to Alliance Psychological Service for low intensity cognitive therapy.

15.2.3 Jessica consulted her GP again in June 2016. Because of her IVF treatment and the fact her mother had died of breast cancer, Jessica was nervous. By August 2016, Jessica had commenced her cognitive treatment although she was still struggling with anxiety. Her GP therefore prescribed her mirtazapine¹².

15.2.4 In September 2016, Jessica visited her GP because she was anxious and had not been sleeping after two long haul flights to India and back. In October, her GP changed Jessica's medication to citalopram¹³ for her anxiety and depression. In December 2016, Jessica requested, and was given a referral to the NHS Fertility service. In January 2017, Jessica and Mayur Patel attended for a joint appointment for a referral to NHS fertility.

¹¹ Jessica and Mayur left this GP practice and registered elsewhere shortly before the homicide. There is no record they had any contact with the second GP practice.

¹² Mirtazapine is an antidepressant primarily used to treat depression.

¹³ Citalopram is an antidepressant used to treat major depressive disorder, obsessive compulsive disorder, panic disorder, and social phobia.

15.2.5 There is no information within any of the GP records that indicate Jessica disclosed domestic abuse or any of the indicators of domestic abuse. There is nothing within the records to indicate whether or not she was asked any direct questions about domestic abuse.

Contact with Alliance Psychological Services¹⁴

15.2.6 Jessica began to engage with this service in May 2016. She reported difficulties consistent with anxiety, some health anxieties and resulting low mood, which had been going on at this level for about five weeks. She said this was because of having two failed rounds of IVF treatment and being given medication to help her to conceive in a subsequent round.

15.2.7 From information she had read in the patient leaflet, Jessica was concerned that taking the medication was contraindicated for those with a strong family history of certain health conditions¹⁵. She said she was worried that she had already taken the medication for four days. Jessica had sought advice from her GP and stopped taking the medication. However, since then she had been experiencing increased anxiety. Jessica also said she was being less socially interactive at work and at home and especially talking less to her husband.

15.2.8 Jessica told the service that she felt she was not getting enough sleep and this would affect her health. She felt she needed to be strong to have a baby through IVF. The impact of this was that Jessica felt bad about herself and that she had let her husband down. She said she was worrying a lot more than before and experienced a sense of dread. The goal of the treatment was to develop strategies to manage Jessica's anxiety and to improve the quality of her sleep. Jessica was discharged from the service at the end of October 2016. It does not appear that Jessica was asked any direct questions about domestic abuse while she received services from Alliance Psychological Services.

London Women's Clinic [Darlington] and James Cook University Hospital

15.2.9 London Women's Clinic [Darlington] is a private facility specialising in fertility treatment. Jessica and Mayur first attended the clinic in October 2015 in connection with IVF treatment. Notes from the clinic record that

¹⁴ Alliance are an NHS approved provider of psychological therapies, sometimes known as talking therapies and help overcome a range of emotional, behavioural or mental health difficulties. These typically include anxiety, depression, bereavement and relationships issues.

¹⁵ Although the notes from the service do not detail what these might have been the DHR panel believe it is most probably related to Jessica's mother who contracted breast cancer. This corresponds with the information Jessica gave to her GP.

investigations were undertaken that included scans, blood and a semen sample. The notes are very extensive and record comprehensive details of the treatment Jessica received. On the majority of occasions it appears she attended alone although there are occasions when Mayur was with her or had a blood sample taken.

- 15.2.10 From the initial consultation and tests it was suspected that Jessica may have had a low ovarian reserve and that Mayur's sperm sample showed borderline parameters. Consequently the recommendation was for Intracytoplasmic sperm injection (ICSI)¹⁶ treatment. The Clinic had no knowledge of Mayur's sexuality until it came to light following the homicide of Jessica. Jessica and Mayur completed a history form that indicated they had a normal intimate relationship.
- 15.2.11 The Clinic explained that they assess patients initially at a new patient consultation and during the whole treatment journey for any 'Welfare of the Child' issues. At the initial consultation patients complete a Human Fertility and Embryo Authority [HFEA] 'Welfare of the Child' form. They are also given standard letters to take to their GP to be signed off for confirmation that they have no issues or concerns after reviewing their medical records. Only when these are returned and complete do the Clinic initiate treatment and sign off the 'Welfare of the Child' forms. There was nothing in these records to indicate any welfare concerns.
- 15.2.12 In April 2016 Jessica reported she was concerned about some of the medication she was taking. This was because her mother had died of breast cancer [see paragraph 15.2.7]. In July that year a note in the records shows the IVF treatment had not been successful and that Jessica was feeling stressed as a consequence. The couple were advised to return in 2017 if Jessica had not conceived naturally by then.
- 15.2.13 In July/August 2017, Jessica attended the NHS fertility clinic at James Cook University Hospital. This does not appear to have been successful and she returned to the London Women's Clinic [Darlington] in December 2017 for a further consultation and treatment.
- 15.2.14 Jessica continued with treatment at the Clinic until March 2018, when eggs were successfully collected and fertilized and three embryos were frozen. These embryos were not transferred to Jessica and there are no further records of contact between her and the Clinic after that event.

¹⁶(ICSI) can be used as part of IVF treatment and is the most successful form of treatment for men who are infertile and is used in nearly half of all IVF treatments. ICSI only needs one sperm, which is injected directly into an egg. The fertilised egg (embryo) is then transferred to the woman's womb.

15.2.15 The Head of Quality and Adult Safeguarding lead for the CCG has undertaken an extensive review of the notes concerning Jessica's fertility treatment and has met with the clinicians responsible for her care. The notes did not reveal any issues concerning the relationship between Jessica and Mayur.

16. ANALYSIS USING THE TERMS OF REFERENCE

16.1 Term 1

What indicators of domestic abuse, including coercive and controlling behaviour, did your agency have that could have identified Jessica as a victim of domestic abuse and what was your response.

- 16.1.1 The panel carefully considered all the information placed before it. They recognised that, despite a detailed search of all agency records, there was very little information contained therein that related to Jessica and Mayur. Of the information that was provided, the panel found nothing that indicated any agency had information that directly indicated Jessica was the victim of domestic abuse at the hands of Mayur.
- 16.1.2 Despite the absence of any information within agency records, the panel feel there is clear evidence that emerged during the homicide enquiry and the subsequent criminal trial that indicates Jessica was the victim of domestic abuse at the hands of Mayur. To many, Mayur may have tried to present himself as a well-educated man who was a successful pharmacist and business man. The reality is that Mayur was a bully, a liar and a perpetrator of domestic abuse. His victimisation of Jessica covered a spectrum of behaviours from controlling and coercive behaviour through to physical assault.
- 16.1.3 However, his behaviour remained hidden from agencies. Like a jigsaw, different members of Jessica's family and work colleagues held different pieces of information about Mayur. On their own, some of those pieces of information may not have appeared significant. It was only when Mayur killed Jessica and the police conducted a detailed enquiry that the pieces of the jigsaw revealed the true picture of Mayur's appalling behaviour towards Jessica. The panel considers in more detail within paragraph 16.5 et al the information that family and work colleagues held.
- 16.1.4 While no agency held any information that directly indicated domestic abuse was taking place, the panel looked carefully to see if there were any indicators that should have been evident to agencies. Given the very limited contact Mayur and Jessica had with agencies, the panel felt the only area might have been in their contact with health agencies.
- 16.1.5 It is clear that Jessica wished to conceive and the fact she did not, appeared to be a significant issue within her life. She told her GP when she visited in April 2016, that she expected to conceive and felt under pressure from society to do so. Jessica revealed to her GP that she was undergoing a round of IVF through a private clinic. The fact she had not conceived led

to anxiety for which she was referred for cognitive therapy. Despite starting cognitive therapy Jessica's anxiety continued and was compounded by the fact she feared the IVF treatment might make her vulnerable to breast cancer which her mother died from.

- 16.1.6 Jessica saw her GP on four occasions during 2016 and 2017. She did not disclose domestic abuse. However, neither does it appear that she was asked direct questions. The panel cannot speculate whether, had she been asked by her GP, Jessica would have disclosed she was being abused by Mayur. However the panel do feel that not asking questions was a missed opportunity by her GP to understand what was happening within her relationship with Mayur¹⁷. Similarly, the panel feel that it would have been good practice to ask direct questions about domestic abuse when Jessica visited Alliance Psychological Services as a patient.
- 16.1.7 The panel asked the CCG member of the DHR panel to explore with the London Women's Clinic [Darlington] specifically whether Jessica had ever been asked any direct questions about domestic abuse. The Clinic told the CCG lead that is not a question they would directly ask any of their patients. The Clinic explained that they assess patients initially at a new patient consultation [see paragraphs 15.2.10 & 11]. This includes safeguarding questions contained in a 'Welfare of the child' form. There was nothing within the forms that were completed by Jessica when she attended the Clinic, or returned by her GP, that raised safeguarding concerns or concerns about domestic abuse.
- 16.1.8 The Clinic told the CCG lead that they know there are many forms of abuse that occur that are unknown to health professionals. The Clinic state they are always on high alert for any clues or indications that things may not be right between a couple or in a family situation. The Clinic offer Counselling before and during treatment. In Jessica's case she would have been aware that the Counsellor was there to speak to confidentially either as a couple and/or alone. Although the Clinic do not routinely ask a direct question of this nature to their patients, if they felt there were any concerns, they say they would take an individual aside and inform them of their thought or concerns. The DHR panel concluded that, given the lack of any welfare concerns in respect of Jessica, the actions of the London Women's Clinic in

¹⁷ The DHR panel heard from the CCG representative that this GP practice was inspected by the Care Quality Commission in January 2018 and rated as 'inadequate requires overall improvement'. A further inspection was carried out in October 2018 following which the practice is now rated as 'requiring improvement'. The panel heard from the CCG representative that a significant amount of work is underway to improve services within this practice including responses to domestic abuse. For that reason neither the CCG nor the DHR panel has made a separate recommendation in relation to this issue.

not asking direct questions concerning domestic abuse in this case were reasonable.

- 16.1.9 Nonetheless the panel feel that, in the light of Jessica's case, healthcare professionals in the IVF sector should now adopt a proactive approach to probing domestic abuse that includes asking direct questions when appropriate to do so. This approach is now becoming embedded practice in many services provided to women within the NHS and there is no reason why it should not be adopted within the private healthcare sector. Accordingly the panel has made a national recommendation [see recommendation 5].
- 16.1.10 There is also information contained in the records of the London Women's Clinic [Darlington] in July 2017 that Jessica was feeling very stressed. This occurred when she visited for a consultation with Mayur. The stress appeared to be caused by the failure of the IVF treatment rather than any other reason and there is no mention within the records of the clinic that would indicate a connection to domestic abuse. The family commented that this period of stress happened when Mayur was exercising emotional blackmail over Jessica. This coincided, say the family, with text messages between Mayur and Abir that emerged during the trial. The family say these indicate Mayur wanted access to a viable embryo
- 16.1.11 There is a considerable body of evidence to demonstrate a link between mental health and domestic abuse;

'Research suggests that women experiencing domestic abuse are more likely to experience a mental health problem, while women with mental health problems are more likely to be domestically abused, with 30-60% of women with a mental health problem having experienced domestic violence'¹⁸

The following appears on the Women's Aid web page¹⁹;

'Domestic abuse can have an enormous effect on your mental health. It is now well accepted that abuse (both in childhood and in adult life) is often the main factor in the development of depression, anxiety and other mental health disorders, and may lead to sleep disturbances, self-harm, suicide and attempted suicide, eating disorders and substance misuse'

¹⁸ Howard, L.M., Trevillion, K., Khalifeh, H., Woodall, A., Agnew Davies, R., & Feder, G. (2009). Domestic violence and severe psychiatric disorders: Prevalence and interventions. *Psychological Medicine*, 40(6), 881–893.

¹⁹ <https://www.womensaid.org.uk/the-survivors-handbook/domestic-abuse-and-your-mental-health/>

In research conducted by the Home Office into domestic homicides, it was established that mental health issues were present in 25 of the 33 intimate partner homicides²⁰.

- 16.1.12 The panel recognise that, on the surface, Jessica and Mayur presented as a respectable professional couple who ran a successful pharmacy. They were known both as patients and as fellow health professionals to their GP. The panel wondered to what extent such regular and mixed contact may have had in terms of influencing professionals thinking that they were simply dealing with a young couple who were desperate to have children.
- 16.1.13 The reality was that Mayur was gay and had little intimate contact with his wife. Jessica had said so to members of her family and had spoken of difficulty in consummating their marriage. While Jessica undoubtedly wanted children, she was also under significant pressure from Mayur and his family to conceive. The fact she could not conceive was almost certainly due to the fact that Mayur was either incapable or unwilling to have intimate contact with Jessica.
- 16.1.14 Had that information been known to the GP and other health professionals, such as the two fertility clinics they visited, it would have put an entirely different context upon the relationship between Jessica and Mayur. It appears none of the health professionals knew that information. The panel felt that it was not something that health professionals could have been reasonably expected to discover through enquiry.
- 16.1.15 From the information the panel has seen from the homicide enquiry and from meeting members of Jessica's family, it appears that Mayur was someone who lied and misled people whenever it suited his purpose. It was highly unlikely he would ever reveal to either his GP or other health professionals such as the fertility clinics that he was gay. In fact Mayur went to extraordinary lengths to cover his tracks by taking medication that suppressed his sperm count (see paragraph 14.3.29).
- 16.1.16 The panel cannot identify any medical reason why he should have taken this medication. Mayur had at least one semen sample taken while Jessica was undergoing IVF treatment [see paragraph 15.2.9]. The only explanation the panel are left with, is that Mayur did so to mislead health professionals into believing that he and Jessica were an unfortunate couple

²⁰ Domestic Homicide Reviews: Key Findings from Analysis Of Domestic Homicide Reviews. Home Office December 2016.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

who could not conceive a child because of a valid medical reason. The panel felt this was another clear example of Mayur's deceitful and manipulative behaviour.

- 16.1.17 Having read the DHR report the family told the Chair and Author there were aspects of Jessica's IVF treatment that caused them some concern. The DHR panel understand that Jessica's father has met with the Clinic twice and held several telephone conversations with them to explore these concerns. Some of the issues concern clinical decisions that are outside the terms of reference for this review. The DHR panel has therefore not explored them within this report.

16.2 Term 2

What risk assessments did your agency undertake for Jessica; what was the outcome and if you provided services were they fit for purpose?

- 16.2.1 Given the findings within Term 1 [paragraph 16.1 et al] the panel did not find there were any opportunities for agencies to undertake a risk assessment in relation to the abuse that Mayur perpetrated upon Jessica.
- 16.2.2 Nonetheless, the panel felt it was important they assured themselves that, had the abuse Jessica suffered been known, then the agency receiving it had the capability to complete a meaningful risk assessment.
- 16.2.3 The panel asked the Domestic Abuse Operational Coordinator from Middlesbrough Community Safety Partnership to provide them with information as to how the process for identifying the risk of domestic abuse operates across agencies in their area. This information is set out within section 16.6 of this report.

16.3 Term 3

What was your agency's knowledge of any barriers faced by Jessica that might have prevented her reporting domestic abuse and what did it do to overcome them?

- 16.3.1 The panel did not identify any barriers that, at the time, agencies could have reasonably identified and responded to that may have prevented Jessica reporting the domestic abuse she suffered at the hands of Mayur.
- 16.3.2 However, in light of the findings of the homicide enquiry and the criminal trial, the panel felt it probable Jessica did face barriers that prevented her

disclosing domestic abuse. There are a number of pieces of research and publications that identify barriers common to many victims of domestic abuse and prevent them from reporting their experiences. Here are two examples.

16.3.3 Research conducted by Her Majesty's Inspector of Constabulary [HMIC]²¹ found the following reasons for not reporting domestic abuse to the police; Fear of retaliation (45 percent); embarrassment or shame (40 percent); lack of trust or confidence in the police (30 percent); and the effect on children (30 percent).

16.3.4 The Survivors Handbook published by Women's Aid says;

'Domestic abuse affects women from all ethnic groups, and there is no evidence to suggest that women from some ethnic or cultural communities are any more at risk than others'²².

16.3.5 The same publication contains the following passages which the panel felt were highly relevant in Jessica's case;

'...the form the abuse takes may vary; in some communities, for example, domestic abuse may be perpetrated by extended family members....'

'Maybe you are escaping abuse from other members of your family (for example, your parents or parents-in-law) rather than, or as well as, your partner or husband. You may be afraid of rejection from your own community if you ask for help'

'It may be particularly hard for you to admit to having problems with your marriage, and you may experience additional pressure from your extended family to stay with your partner....If your marriage fails, it may be seen as your fault, and you may be blamed for damaging the family honour; and you may be afraid that, if you leave your husband, you will be treated as an outcast within your community'

Jessica's family have reflected upon the passages from the handbook and say they agree very strongly with the advice it contains. They believe Jessica tried '110%' to make her marriage work and they believe that

²¹ Everyone's business: Improving the police response to domestic abuse; March 2014 HMIC [now Her Majesty's Inspector of Constabulary and Fire and Rescue Services [HMICFRS]]

²² Women's Aid: The survivors handbook women from BME communities. <https://www.womensaid.org.uk/the-survivors-handbook/women-from-bme-communities/>

Mayur's family did not challenge the behaviour of his mother towards Jessica.

- 16.3.6 Tragically Jessica's voice can no longer be heard because Mayur took it away when he killed her. The panel can therefore only put forward possibilities as to the barriers that Jessica might have experienced. The panel feel there are some parallels between Jessica's experience and the advice contained in the passages above.
- 16.3.7 It is clear that Mayur was perpetrating domestic abuse upon Jessica. This abuse was both physical [there are at least three references to him using force on Jessica] and was controlling and coercive. The panel also felt there was evidence that Mayur may have been exercising this controlling and coercive behaviour through his family. Jessica's family say that Mayur's family knew he was gay for many years and they didn't do anything. Jessica's family say they allowed the charade to continue to save their honour.
- 16.3.8 For example, Jessica spoke about her mother in law being verbally abusive to her; how she had been told she had married into Mayur's family and should only care for their side; how she now 'belonged to them'; not being allowed to come to home to see her dying grandfather; how she was belittled by her mother in law who said Jessica had a poor upbringing. The influence of Mayur's family may therefore have been a barrier to Jessica reporting her experiences.
- 16.3.9 The DHR panel also discussed the disclosures that Jessica made to work based colleagues. The panel recognised that being able to speak confidentially with work-based colleagues can be one way in which victims can share their experiences and perhaps identify pathways for help and support. The panel know that many large organisations and companies have policies and procedures in place to help staff make and receive disclosures about domestic abuse. However, small independent businesses such as pharmacies will very rarely have such policies in place.
- 16.3.10 The DHR panel felt that working in a small business such as Jessica did may in itself be a barrier to reporting domestic abuse. This was further compounded by the fact that access to HR or line management support would not have been possible. The DHR panel has therefore specifically included small businesses as one of the areas that it feels need to be included when campaigns to increase the knowledge of domestic abuse are undertaken [see panel recommendation 2 paragraph 19.2]. The panel has also made a national recommendation to create best practice policy for this type of business [see recommendation 7]. The panel draws the

reader's attention to the work of the Employers Initiative. This is a network of large and small businesses. Their mission is to enable employers to take action on domestic abuse – raising awareness among all employees, supporting those affected, and providing support and education to help perpetrators to stop²³. The panel has made a national recommendation to create best practice policy for the type of business Jessica and Mayur ran [see recommendation 7].

- 16.3.11 The panel considered the impact that the close relationship between the couple's pharmacy and their GP practice may have had in terms of acting as a barrier to Jessica making a disclosure. While recognising there is no evidence or suggestion that patient confidentiality was breached, the panel felt it was possible Jessica may have felt uncomfortable or embarrassed making a disclosure to her own GP or their staff because of the business relationship that existed between them. The panel felt it would be good practice for GP practices to be given national guidance through NHS England on the appropriateness of a GP practice maintaining a patient relationship with someone who may also have a business relationship with that practice [see recommendation 6].
- 16.3.12 The DHR panel also welcomed information provided by the representative from HALO. She told colleagues that HALO has recently been commissioned by a group of independent pharmacies in the Cleveland area to provide training on the issue of so called 'honour based violence' and forced marriages.
- 16.3.13 Another barrier, as described in the passage at paragraph 16.3.5, may have been that Jessica was made to feel it was her fault that her marriage was failing. The panel observed evidence from what Jessica's father and family said that indicated Mayur's family were prepared to blame her [see paragraph 14.3.13]. Again the panel felt there was a parallel between Jessica's experience and the passages above in respect of her being blamed for her marriage failing.
- 16.3.14 Economic abuse is an aspect of 'coercive control' [see Appendix B]. The charity Surviving Economic Abuse describes it in the following way:
- "Economic abuse is designed to reinforce or create economic instability. In this way it limits women's choices and ability to access safety. Lack of access to economic resources can result in women staying with abusive men for longer and experiencing more harm as a result."

²³ <https://www.eida.org.uk/about-us>

- 16.3.15 A detailed appraisal of the couple's financial affairs is beyond the scope of this review. However, there may have been significant hidden financial pressures upon Jessica created by Mayur that prevented her from leaving the relationship. For example, the financial pressures associated with the running of the pharmacy, the costs of paying for the very significant life assurance cover Mayur had taken out and the cost of the IVF treatment.
- 16.3.16 Individually, or collectively these may all have limited the choices that Jessica had. It is possible Mayur may have realised this, and in turn used the existence of those factors to further exert manipulation and control over Jessica.
- 16.3.17 Jessica's father was very clear when he met the panel Chair and report Author and shared that he would have given Jessica his absolute support if she had wanted to leave the marriage. While the panel recognise that was an honest and genuine offer, they also recognise that irrespective of her father's offer Jessica herself may still have felt there was an obligation upon her to stay with Mayur. For example she told both her uncle and her father that she would stay with Mayur and make the relationship work [paragraphs 14.3.9 and 14.3.14].
- 16.3.18 The panel do not know why Jessica made that decision. It could have been that she felt there was a cultural obligation to remain in the marriage. There is certainly evidence from what Jessica told her GP that she felt 'pressure from society' to conceive [paragraph 15.2.2]. It maybe those pressures she spoke of, extended to remaining in an abusive relationship. It may also have been the case that, as Jessica told a work colleague [paragraph 14.3.25] she was worried about having to live alone.
- 16.3.19 Alternatively, despite Mayur's lack of feelings towards Jessica and his appalling and abuse behaviour, it may also have been she still felt genuine affection for him and for that reason was prepared to continue in the relationship. Sadly, it does not appear that Jessica recognised the risks she was at from a man who, unbeknown to her, was carrying out research on how to kill her.

16.4 Term 4

What knowledge did your agency have of Jessica and Mayur's physical and mental health needs and what services did you provide?

- 16.4.1 There is no evidence that Mayur sought services for any physical or mental health needs. His only documented visit to his GP during the period of this

review was when he attended with Jessica in January 2017 in connection with a referral for fertility treatment.

- 16.4.2 Jessica's mental health issues have already been discussed in paragraphs 16.1.5 et al. She paid a number of visits to her GP during the period covered by this review. Those visits were all connected with her fertility and associated anxiety and depression. The panel has already identified there may have been a missed opportunity for both her GP and Alliance Psychological Services to ask direct questions about domestic abuse given the well documented correlation between that that and mental health issues in victims of domestic abuse. Accordingly the DHR panel have made a recommendation [recommendation 2] at section 19.2.

16.5 Term 5

What knowledge or concerns did the victim's family, friends, colleagues and wider community have about Jessica's victimisation and did they know what to do with it?

- 16.5.1 As considered at paragraph 16.1.3, like a jigsaw, Jessica's family and colleagues held different pieces of information about Mayur's behaviour. On their own, and to those with no experience or expertise of domestic abuse some of the information may not have appeared significant. It was only when Mayur killed Jessica that their importance was understood.
- 16.5.2 Domestic abuse can take many forms and includes incidents of controlling, coercive, threatening behaviour, violence or abuse. It can encompass and is not limited to psychological, physical, sexual, financial and emotional abuse [see appendix A].

'Whatever form it takes, domestic abuse is rarely a one-off incident, and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim. Typically the abuse involves a pattern of abusive and controlling behaviour, which tends to get worse over time. The abuse can begin at any time, in the first year, or after many years of life together. It may begin, continue, or escalate after a couple have separated and may take place not only in the home but also in a public place'.²⁴

- 16.5.3 The panel carefully considered all the information in this case, both what they heard when meeting the family, the statements of witnesses and evidence that emerged during the trial. Some of the knowledge that family

²⁴ Domestic Violence London: A Resource for Health Professionals.
<http://www.domesticviolencelondon.nhs.uk/1-what-is-domestic-violence-/1-definition.html>

and colleagues held has already been set out within section 14 of this report. The panel concluded that Jessica had endured a pattern of abusive and controlling behaviour which became worse over time. The murder of Jessica was the final and most brutal act he carried out and was the ultimate exercise of power over her by unlawfully depriving Jessica of her right to life. The family concur with the finding that Mayur exercised controlling behaviour over Jessica and they believe it started before they married. Here is an example the family provided on speaking to a friend of Jessica's following the homicide. Jessica returned to her university accommodation one day looking quite upset, on probing her, she told her friend that she was worried that her family would not allow her to marry Mayur as he didn't have a similar financial stature as Jessica's family. The family say these are words that did not formulate Jessica's way of thinking, the family say they have never been brought up to think this traditionally and that money would play a huge part in whom they would ultimately marry. The family believe this way of thinking could only be Mayur himself filling Jessica with doubt and brainwashing her.

- 16.5.4 The Statutory Guidance Framework at Appendix B sets out examples of behaviour associated with coercion and control. Comparing these examples with the information provided by friends and colleagues demonstrates a clear correlation with Mayur's behaviour.
- 16.5.5 There were at least three occasions when Mayur behaved in a way that may have constituted an assault;
- When he struck her while they were travelling in a car because she wanted to visit her dying grandfather [paragraph 14.3.3];
 - When he told a colleague he had caused an injury to her leg by throwing a telephone at her [paragraph 14.3.27];
 - When he placed his hands around her throat, albeit he appeared to claim this was harmless [paragraph 14.3.19].
- 16.5.6 In the latter case the panel recognised that the act of placing hands around Jessica's neck was an escalation in the use of the force and abuse perpetrated by Mayur. The panel also recognised that the placing of hands around a victim's neck is a significant risk factor in cases of domestic abuse and is specifically identified as such within the DASH risk assessment. It has been the immediate precursor to murder in a number of domestic homicides. It would have been a sign to those trained in DASH and experienced in dealing with domestic abuse that the risk to Jessica was increasing. The panel feel that neither Jessica nor her family would have recognised that fact.

- 16.5.7 As well as physical assault there were other instances of Mayur's abusive behaviour that correlated with that in Appendix B. For example, the way in which Jessica was isolated from her family and made to feel that she was at fault in the marriage has already been set out in paragraph 16.3.8. Jessica's family also spoke of how Mayur constantly put her down, talked negatively about her and eventually destroyed her confidence [paragraph 14.2.7]. Mayur also spoke openly to Jessica's father about the fact that he dominated the marriage [paragraph 14.3.23].
- 16.5.8 As well as family recollections, work colleagues within the pharmacy also spoke about Mayur's abusive behaviour. Colleague two spoke of his quick temper and how he often shouted at Jessica, reduced her to tears and threw things. Mayur admitted to colleague two that he had bruised Jessica's leg throwing a telephone [paragraph 14.3.26 and 27]. Colleague four describes how Mayur shouted at Jessica and called her 'stupid' in front of staff and customers [paragraph 14.3.31].
- 16.5.9 It appears to the panel that Mayur's behaviour mirrors many of the behaviours outlined in Appendix B that are associated with coercive and controlling behaviour. His behaviour was a purposeful pattern that was repeated and continuous. It is clear that it had a serious effect upon Jessica: her sisters spoke about Jessica becoming more passive and keeping things to herself. After 2012 they say Jessica stopped complaining about her mother in law. They say Jessica did not 'give up', rather she seemed to accept that 'this is my lot' [paragraph 14.3.7]. When Jessica and Mayur moved to Middlesbrough the family at first thought it was a good thing. They now believe it was part of Mayur's plan to isolate Jessica from her family and hence be able to control her.
- 16.5.10 It seems to the panel that, while Jessica's family recognised Mayur's behaviour was impacting upon Jessica, they did not appear to appreciate at the time that his behaviour was in fact domestic abuse. Neither did they have a full picture of the pattern of his abuse, for example they did not witness his abusive behaviour towards her when working in the pharmacy. After the move to Middlesbrough, the family believe it was simply not possible for them to build a picture of what was really going on in the relationship between Jessica and Mayur because they had limited contact with her.
- 16.5.11 Instead it seems the family regarded Mayur as someone they just never really got on with as his character was so different from theirs. He was untruthful, boastful and could be rude and forceful [see paragraph 14.3.17]. Jessica's father felt they steered away from confronting him, because of

Jessica and what would he might say to her if they did. Jessica's father said Mayur 'kept his distance from our family but didn't with his own'.

- 16.5.12 When the family met with the DHR chair and report author they said they had since found out that Mayur was threatening to leave Jessica if she did not continue with IVF treatment. They say he planted the idea in her head that if he did this, and she was on her own, the family would not want her back. They feel that every time Mayur wanted something he would threaten Jessica, and that the reason he stayed with her was that he needed to be wanted by someone. The family also believe the text messages between Mayur and Abir indicate that Mayur had no control over him whereas in his relationship with Jessica he had control. They believe Mayur was someone who needed to be wanted and, rather than Jessica who feared being alone, it was Mayur who had those fears. The family say that through Mayur's text messages to Abir it is clear he was attention seeking, needy and very insecure. He had no control with Abir so couldn't dictate within the relationship, like he did with Jessica.
- 16.5.13 Jessica's family also feel that Mayur had planned Jessica's homicide for several reasons. They believe he wanted to start a new life with Abir, and he would do this having received a significant amount of money from her life insurance. The family also believe it was Mayur's plan to take one of the embryos from Jessica that had been successfully fertilized and frozen to Australia following her death and hence allow him and Abir to raise a child they could call their own. The family believe that a text message sent by Abir before Jessica's death, in which he refers to the fact that he would not want any interference from his 'ex-FIL [believed to mean father in law] indicates Mayur and Abir were discussing a future in which Jessica was no longer alive otherwise she would have been the person they would have referred to as the mother of the child who would undoubtedly have 'interfered'.
- 16.5.14 Jessica's family continue to be shocked by what has happened to their beloved daughter, sister, niece and granddaughter. The panel feel that, while the family held relevant pieces of information about Mayur, without professional knowledge or guidance, they could never have known the true level of risk that he presented to Jessica.
- 16.5.15 When the family met for the second time with the Chair and Author they identified some additional material they felt should be included. The family said they had discovered during the trial that there had been a series of exchanges of text messages between Mayur and Abir. The family told the DHR that in one of these text messages Mayur bluntly told Abir that Jessica

fell in love with him and 'I thought, great, this can be my cover-up'. As early as 2012 Mayur had also said: 'She's a leaseholder. One day that lease will expire.' The family say this clearly demonstrates his intentions, and also highlights that Abir was aware of Mayur's thoughts/intentions towards Jessica and he didn't raise this as a concern to anyone.

- 16.5.16 The family also told the Chair and Author that Jessica had told a colleague that she feared living alone. They believe this was another example of how Mayur sought to try and isolate Jessica. By leading her to believe this which in turn would create fear of isolation and hence further control over her.
- 16.5.17 The family recognise agencies had very little information which indicated Jessica was being controlled and abused by Mayur. They acknowledged that work colleagues did witness some events that are now recognised both as domestic abuse and as coercive and controlling behaviour.
- 16.5.18 The panel discussed the actions of colleagues who may have witnessed these events. The panel felt it was possible that work colleagues may not have understood where to go with concerns. Jessica shared responsibility with Mayur as the owners of the pharmacy. The panel felt that Jessica may have been professionally vulnerable as she would normally be the person staff turned to if they needed help. In this case it was Jessica that needed protection from Mayur and this might have put staff, who wanted to help Jessica, in a very difficult position. In fact, the family believe it is a strong possibility that colleagues may not have recognised Mayur's behaviour towards Jessica was actually domestic abuse. They believe this reinforces the need for agencies to do all they can to promote information both to families and amongst workplaces so people can recognise and understand how to respond to the indicators of domestic abuse.
- 16.5.19 When the family met the Chair and Author on the second occasion, they said they felt that within the Hindu community there was a need for a much better understanding of issues such as domestic abuse which they feel is still a taboo subject. They asked the panel to consider making this a recommendation. The panel are grateful for the family's suggestion and have specifically included the Hindu community within recommendation one [see paragraph 19.2].
- 16.5.20 The family also said they were concerned that Mayur had secured life insurance cover of around £2million on Jessica's life. They felt this was an excessively large amount of life cover to be taken out on someone in Jessica's circumstances. The panel recognise the family's concerns although they have not pursued this as a line of enquiry as the issue of

insurance cover was something that has been explored within the courts as it formed a key part of the prosecution case against Mayur.

16.6 Term 6

What knowledge did your agency have that indicated Mayur might be a perpetrator of domestic abuse and what was the response, including any referrals to a Multi-Agency Risk Assessment Conference [MARAC]?

- 16.6.1 No agency held any information that might have indicated Mayur was the perpetrator of domestic abuse and consequently there were no opportunities to undertake a risk assessment nor to refer the case to MARAC.
- 16.6.2 Nonetheless, the panel looked for evidence that the identification and the reporting of the risk of domestic abuse and the MARAC process are embedded in practice within the partnership area [see also section 16.2]. The multi-agency policy relating to these issues is contained within the document 'Cleveland MARAC Standard Operating Protocol/ Information Sharing Agreement'.
- 16.6.3 The document was drawn up in 2010 and last reviewed in 2017 by the Office of the Police and Crime Commissioner for Cleveland. Twenty-four agencies within the Cleveland area are recorded as partners to the protocol. The aim of the protocol is;
- To ensure that members of staff within relevant agencies who come into contact with a victim of domestic violence and abuse have sufficient understanding of what is required of them regarding MARAC to ensure the safety of that person and others who may be at risk;
 - To ensure that any member of the community who is a victim of domestic violence and abuse has the trust and confidence to seek help from an agency;
 - To ensure that agencies provide an effective response to reports of domestic violence and abuse to safeguard victims and children;
 - To ensure agencies continue to work in partnership with other statutory and non-statutory organisations in appropriately identifying and assessing any victim of domestic violence and abuse to ensure they are afforded all the available interventions that each agency and ultimately MARAC can provide;
 - To ensure referrals to MARAC meet the necessary criteria, to avoid inappropriate referrals and to ensure appropriate referrals;

- To link with perpetrator management and enforcement processes that is part of the whole system approach to tackling and reducing domestic violence and abuse;
 - To enable MARAC agencies to participate in facilitating and managing the appropriate exchange of relevant information.
- 16.6.4 The protocol is comprehensive and covers all aspects of gathering information, assessing risk, making referrals and the conduct and management of the MARAC process. The protocol specifically includes the DASH risk assessment process as part of the MARAC process within Cleveland. The DASH risk assessment check list is included within the protocol as an appendix. As well as domestic violence the protocol makes specific reference to so called 'honour based violence'.
- 16.6.5 In addition to the full protocol, which is 36 pages in length, the partnership has produced a one-minute MARAC guide. This guide is intended for practitioners in partner agencies. It sets out in two pages how the MARAC process operates and sets out the practitioners' role in assessing risk and making referrals to MARAC.
- 16.6.6 The DHR panel are satisfied from what they have seen and heard that the DASH and MARAC processes are embedded within the partnership.

16.7 Term 7

How did your agency take account of any racial, cultural, linguistic, faith or other diversity issues, when completing assessments and providing services to Jessica and Mayur?

- 16.7.1 Agencies had such limited contact with Jessica and Mayur that it does not appear to the panel there were any opportunities to take account of racial, cultural, linguistic, faith or diversity issues. The services that were provided were limited to times when the GP spoke to Jessica about fertility and anxiety issues and to her and Mayur on a single occasion about IVF treatment.
- 16.7.2 Jessica and Mayur spoke English as their first language. They were both educated at university and qualified as pharmacists. The panel did not see any evidence that race, language or culture would have prevented them from articulating their views nor accessing services.
- 16.7.3 It appears from all the evidence that Mayur is a gay man. However, he tried to keep this fact hidden. There is no evidence any agency knew he was gay. The only occasion he sought access to services was in relation to IVF

treatment for Jessica. Had the agencies he was in contact with been aware he was gay then that fact would have placed a completely different perspective on Jessica's perceived fertility issues. As it now appears, Mayur was deliberately suppressing his sperm count, the panel believe to mask the real reason why Jessica did not conceive [the issue of Mayur's sexuality is further considered in section 16.13 of this report].

16.8 Term 8

Did your agency follow its domestic abuse policy and procedures, and the multi-agency ones?

- 16.8.1 The agencies involved in this review all have single agency domestic abuse policies and procedures in place and a multi-agency policy that embraces all agencies in the Middlesbrough CSP area. Because there were no indicators of domestic abuse none of these policies and procedures were invoked. The panel has already provided commentary within section 16.6 and is reassured that risk assessment and MARAC processes are well embedded within multi-agency working in the Middlesbrough partnership.

16.9 Term 9

Were there issues in relation to capacity or resources in your agency that impacted on its ability to provide services to Jessica and Mayur, or on your agency's ability to work effectively with other agencies?

- 16.9.1 Given there was so little contact between Jessica, Mayur and agencies in Middlesbrough, the panel is not able to provide an assessment in this case in relation to capacity and resources.
- 16.9.2 However, the Domestic Abuse Operational Coordinator for the Community Safety Partnership told the panel Middlesbrough currently has a range of services that have the ability to address domestic abuse and work effectively with victims, perpetrators and children affected by domestic abuse. Middlesbrough currently have three voluntary specialist services, who are awarded contracts to deliver a range of provision, including a specialist BME service and are all committed to maintaining excellent standards. Most of the commissioned services are Middlesbrough based, embedded in local communities with a broad understanding of domestic abuse and the economic, cultural and social issues in particular communities. Front line knowledge, experience and understanding is provided by trained support advocates/workers. In Middlesbrough there is a strategic and operational commitment to partnership working and for organisations to work together. There are a range of processes supporting

partnership working within Middlesbrough including Domestic Abuse Strategic Partnership, Multi-Agency Risk Assessment Conferences [MARAC], and co-location of specialist services in mainstream provision.

- 16.9.3 Middlesbrough commissioned DA services, are currently funded to deliver Independent Domestic Violence Advocate [IDVA] service, Outreach, refuge, Sanctuary scheme, Children and Young People service and Domestic abuse and sexual violence counselling across the whole range of need. They offer flexibility in approach and services are responsive to individual needs. It is locally led by the Domestic Abuse Operational Coordinator employed in Middlesbrough Council and is focused on safeguarding individuals at every point. An increasing number of victims being referred to domestic abuse services suggests more victim/survivors are aware of, and are prepared to access, support. This could be due to a combination of a greater awareness due to local awareness campaigns and improved screening within various settings, particularly the police.

16.10 Term 10

What learning has emerged for your agency?

- 16.10 Any learning from this case is considered within section 18 post.

16.11 Term 11

Are there any examples of outstanding or innovative practice arising from this case?

- 16.11.1 Given there was such little contact between agencies and Jessica and Mayur there are no examples of outstanding or innovative practice.

16.12 Term 12

Does the learning in this review appear in other Domestic Homicide Reviews commissioned by Middlesbrough Community Safety Partnership?

- 16.12.1 The DHR panel looked at the learning in other DHRs in the Middlesbrough Community Safety Partnership. The panel considered the case of Jane: killed by her son in 2016. While the circumstances were very different, the panel felt there was some similarity in relation to the fact that Jane [like Jessica] was a long-term victim of abuse. Jane did not find it easy to seek help. In Jane's case the panel recognised that victims may not seek help for a number of reasons including lack of self-confidence, fear, intimidation,

financial dependence and guilt. The panel in Jessica's case has repeated that learning as they recognise it is something that is seen too often in cases of domestic homicide [see lesson one section 19]

- 16.12.2 The panel felt the two cases differed in respect of the fact that Jane's abuse at the hands of Roger was known to agencies and should have led to a more assertive approach to supporting victims who do not easily engage. In the case of Jessica, her abuse at the hands of Mayur was invisible to agencies. It was therefore difficult to see how agencies could have been more assertive.

16.13 Term 13

Was there any indication or evidence that the homicide of Jessica was a 'so called' honour killing?

- 16.13.1 The DHR panel welcomed the specialist advice on so called 'honour killing' provided to them by Yasmin Khan the Director of HALO who was also a panel member. Yasmin is the Central Government Advisor to Wales for Violence Against Women and Girls. Yasmin provided a number of useful references to the panel concerning so called 'honour killing' and in particular a study written by Emily Dyer and published by The Henry Jackson Society²⁵.

- 16.13.2 The Crown Prosecution Service and Home Office adopt the following definition of honour-based violence [HBV]²⁶;

"Honour-based" violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community."

The Code for Crown Prosecutors goes on to state;

'There is no statutory definition of HBV. There is no specific offence of "honour-based" crime". It is an umbrella term to encompass various offences covered by existing legislation. HBV can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code'.

²⁵ Honour Killings in the UK [2015] Emily Dyer

²⁶ The Code for Crown Prosecutors [Revised 28 June 2018]. Crown Prosecution Service <https://www.cps.gov.uk/legal-guidance/honour-based-violence-and-forced-marriage>

16.13.3 Dyer reports that;

‘HBV and ‘honour’ killings take place across a range of communities of different ethnic origins. Of the 22 out of 29 reported cases of killings and attempted killings from 2010 where the ethnicity of the victims is known or alleged, 15 were of Pakistani origin, three of Indian, one of Bangladeshi, one of Palestinian/Syrian, one of Kuwaiti and, one of white British. Therefore, most reported UK ‘honour’ killings and attempted killings have been carried out against people of South Asian origin....Religion and ‘Honour’ Killings-HBV is not associated with a particular religion or religious practice, and has been recorded across Christian, Hindu, Jewish, Muslim and Sikh communities. However, in the UK, the communities deemed by women’s rights activists to be most at risk are those with links to South Asia, which, according to the 2011 census, overwhelmingly follow Islam, Hinduism or Sikhism²⁷.

16.13.4 The panel carefully considered to what extent the domestic abuse and murder of Jessica by Mayur met the definitions of HBV or Honour Killing. It appears to the panel that Jessica was a kind and gentle person who suffered domestic abuse at the hands of Mayur for a number of years. The panel could not find any evidence or suggestion whatsoever that Jessica had done, or was planning to do, anything that could be considered to have breached a cultural belief or honour code.

16.13.5 Although there was no evidence Jessica had breached any honour codes, it did appear that Mayur, through his family, tried to articulate the problems in their marriage as being the fault of Jessica rather than his. When his sexuality was questioned, a family conference was held. Rather than Mayur’s sexuality being the contributory issue, Jessica’s father was made to feel that it was her responsibility [see paragraph 14.3.14].

16.13.6 In fact it was quite the opposite, the panel found there was evidence that Mayur was engaging in what might be perceived as illicit relationships. Mayur is gay and there is evidence he was using the internet and the Grindr app [see paragraph 14.3.28 and 31] to form relationships with other men. Staff in the pharmacy had seen evidence of him having physical contact with another man on those premises [14.3.29]. Jessica’s family found evidence on his mobile telephone of intimate conversations between Mayur and Abir [paragraph 14.3.12].

16.13.7 Jessica’s father told the panel Chair and report Author when they met that one of the most obvious things to him now, was that Mayur was a gay man

²⁷ Op. Cit. Dyer p7

who wanted to live as a gay man. Potentially, because his parents would never accept his sexuality, he could not live as a gay man and therefore had to lead a double life. Jessica's father felt this was an important piece of learning. He said that Mayur's family [his brother and parents] knew he was gay and they didn't do anything.

- 16.13.8 Jessica's father said Mayur's family were 'traditional' and it would have been a shock to have a gay son. However, he said they had a clear choice and could have 'come clean' and told him what they knew. Instead he said they chose to hide it and blamed Jessica for their relationship difficulties. Hence it was Jessica who was made to feel guilty rather than Mayur. Dyer points out²⁸ that there is often immense pressure placed upon women to guard the honour of the family. As Jessica appears to have suspected Mayur's sexuality, the panel feel it is probable that she may have been under such pressure from his family.
- 16.13.9 Consequently, because of cultural beliefs about sexuality, divorce on the grounds that Mayur was gay could never have been for him or his family a reason to end the marriage. Hence the panel consider it possible Mayur felt killing Jessica and making it look as though someone else had done it would clear the way for him to leave the marriage with honour as a widower.
- 16.13.10 Having seen all the material available to the panel Yasmin Khan advised members that in her professional judgment the homicide of Jessica was undoubtedly an honour killing. Jessica and Mayur's British Asian heritage caused the police Senior Investigating Officer to consider whether the circumstances of the case amounted to so called honour-based violence. Specialist officers were involved in consultation and detailed discussion on the issues in the case. Their conclusion was that Jessica's death was not so called honour-based violence.
- 16.13.11 This conclusion was because there were no indications from Mayur's behaviour prior to murdering Jessica to indicate so called honour-based violence. For example, there was no evidence Mayur had been encouraged by a third party. The DHR panel balanced the decision made by Cleveland Police with the views provided by Yasmin and there was robust discussion and close examination of each of these respective points of view.
- 16.13.12 The panel recognised that the decision as to whether a crime such as this was motivated by so called honour was subjective. They recognised the police assessment was an evidence based one drawn from the information they received during the homicide enquiry. Yasmin told the panel that she had received community intelligence in the local area that there was a strong belief Jessica's death was motivated by honour.

²⁸ Op. Cit. Dyer P17

- 16.13.13 The panel felt it was important that community perceptions and beliefs needed to be considered when undertaking this review. As a panel they felt they could take a wider view than the police and acknowledged Yasmin's expertise in this area and accepted her judgment that this was an honour-based crime.
- 16.13.14 In doing so they reinforce what they have said earlier: there is no evidence at all that Jessica acted in any way that was or could be perceived as dishonourable. It was Mayur that, by killing Jessica, acted to protect himself and his family's honour. Jessica's family also feel that other reasons discussed in detail at paragraph 16.5.13 were very relevant.
- 16.13.15 The panel feel it is also clear that Mayur killed Jessica because he was a controlling individual who wanted to exercise power over her. Killing Jessica was the ultimate exercise of that power. By doing so in circumstances that were made to look like a bungled robbery, he hoped to fool criminal justice agencies and create the circumstances whereby he could leave the UK and live with another man in Australia. He continued to exercise that power with Jessica's family by denying his involvement in her murder and putting them all through a horrific trial where they learnt first-hand about some of the atrocities he had put Jessica through over the years. In spite of overwhelming evidence, he still maintains his innocence, denying the family any closure.

17. CONCLUSIONS

- 17.1 The DHR panel felt the following extract from Jessica's sisters' victim impact statement succinctly encapsulates who Jessica was as a person;
- 'Jess was beautiful both on the inside and out. Her soul was pure, her heart ever so kind and the love and generosity she afforded to everyone in her life was second to none. The thing that set her apart from everybody else was her beautiful smile, which encapsulated her warm nature and innocence'
- 17.2 In contrast Mayur was a cruel and manipulative individual. He wanted the world to see him as a young and successful businessman. Yet in reality he was someone who perpetrated domestic abuse upon Jessica and tried to coerce and control her for most of the nine years they were married.
- 17.3 The abuse started early in the relationship. For example, when Mayur told Jessica lies about why our family wouldn't accept him due to his 'poor finances'. The abuse continued and very soon after they married Jessica was told by Mayur she wasn't part of her family anymore, she was scared to commit to family events and was not even allowed to stay with her family when her grandfather was dying. In the words of Jessica's younger sister she was suppressed and appeared to have accepted her lot. Unless Mayur's family said she could visit her own family home then Jessica was not allowed to go there.
- 17.4 There is also evidence that Mayur used physical force upon Jessica on at least three occasions. He struck her once while they were travelling in the car; he threw a mobile telephone at her bruising her leg and also placed his hands around her neck. The last act, while dismissed by him as some innocent act of playfulness, was in fact a sign of the increasing risk that Jessica was at from Mayur.
- 17.5 Mayur was a bully and colleagues who worked with the couple describe the appalling way in which he spoke to Jessica in front of them and in front of customers. He was also boastful about his behaviour telling Jessica's father that he was the dominating one in their marriage. Mayur was also an accomplished liar and the panel saw many examples of this such as telling colleagues that he and Jessica had children.
- 17.6 Mayur is gay. It is not clear exactly when Jessica realised this although as early as 2010/11 she told a colleague she worked with that she suspected he was as he had no interest in her sexually. He also spent long periods of time on the telephone and the app Grindr. During the criminal trial it emerged that Mayur had engaged in relationships with other men.
- 17.7 Jessica's youngest sister discovered he was having intimate conversations through messages between Mayur and one man in particular: Abir a gay man now living in Australia who Mayur said he wanted to spend his life with. Jessica also confided in her uncle that Mayur lacked interest in her. When suspicions about Mayur's sexuality and the cracks in their marriage emerged a family conference took place to which Jessica's father was invited. He says

that despite them knowing about their son's sexuality and his contact with Abir it was Jessica who Mayur's family insinuated was responsible for the marital difficulties.

- 17.8 Although there was an opportunity for Jessica to leave the marriage at that point, and her father said he would have supported her, she chose to stay instead. The panel do not know why, although they recognise there are many reasons that victims choose to remain in abusive relationships. It may have been that Jessica felt under pressure to make the marriage work as it was her that persuaded her father to let her marry Mayur. The family say that it maybe Jessica felt she had to back down with Mayur being so persuasive.
- 17.9. A significant pressure on Jessica appears to have been to give birth to a child. Some of this may have been because she felt there were pressures from society. She told her GP that was the case when she consulted him. Most probably she was also under very significant pressure from Mayur himself to undergo IVF treatment. Jessica's family say they have found out since her death that Mayur made threats to leave her if she did not continue with IVF treatment.
- 17.10 IVF treatment can be a painful and stressful event for many women and it appears it was the case with Jessica. It seems she could not become pregnant because Mayur and her had little, if any, intimate contact. Furthermore it seems highly probable Mayur was taking a drug to reduce his sperm count so as to ensure Jessica could undergo IVF treatment. The panel concluded that threatening Jessica and circumventing the IVF process with a false sperm count was another example of Mayur's cruel, coercive and controlling behaviour.
- 17.11 The panel looked carefully at whether the homicide of Jessica could be classed as an example of a so called 'honour killing'. The panel felt that Mayur's behaviour, by engaging in intimate relations with other men, was an example of something that might have been perceived as adultery and immoral behaviour within the Hindu community and hence dishonourable.
- 17.12 The panel feel it is possible that, because of cultural beliefs about sexuality, divorce on the grounds that Mayur was gay could never have been for him or his family a reason to end the marriage. Consequently, the only way that Mayur might be able to leave the marriage with honour was by killing Jessica. The DHR panel accept the professional judgment of Yasmin Khan who advised them Jessica's homicide was undoubtedly an honour killing.
- 17.13 The criminal trial of Mayur revealed a catalogue of evidence that overwhelmingly linked him to the homicide of Jessica. This included physical evidence [for example the matching pieces of tape and the hidden CCTV hard drive], as well as computer evidence that he had researched ways of killing and had also obtained the means to do so by acquiring syringes of insulin and sedatives. Despite all that evidence, Mayur continued to plead his innocence and has shown no remorse whatsoever for his actions.

- 17.14 The DHR panel looked very carefully for any information that agencies held and which might have indicated Jessica was the victim of domestic abuse. They found none, although they did identify there was a missed opportunity for her GP to ask direct questions when Jessica consulted them over her anxiety and stress. There is a strong link between domestic homicide and mental health that has been recognised in many other DHRs.
- 17.15 Finally, while Jessica's family and work colleagues held some pieces of information, it would seem that much of it would not have been of significance until after Jessica's homicide. However, it might have been of significance to domestic abuse professionals [particularly the information about Mayur placing his hands around Jessica's neck. There was never the opportunity for professionals or agencies to consider that information before Jessica was killed.

18. LESSONS IDENTIFIED

18.1 Agencies Lessons

18.1 None of the agencies involved in this review identified any single agency learning.

18.2 The Domestic Homicide Review Panel's Lessons

18.2.1 The DHR panel identified the following lessons. Each lesson is preceded by a narrative which seeks to set the context within which the lesson sits. When a lesson leads to an action a cross reference is included within the header.

Lesson 1 [Panel recommendation 1]	
Narrative	Jessica's family and work colleagues held pieces of information about the abuse that Jessica suffered at the hands of Mayur. Much of that information, if considered in isolation, may not have seemed significant or alerted them of concerns. Some of the information indicated that the risk Jessica faced was increasing significantly [for example Mayur placing his hands around her throat]. That information would have been recognised as significant to domestic abuse trained professionals.
Lesson	Friends, family and work colleagues often hold important pieces of information. Agencies need to continue their efforts to publicise information about the indicators of domestic abuse that allows friends, family and work colleagues to recognise what they know and how to report those concerns to agencies. There needs to be more focus on the types of domestic abuse such as psychological and emotional abuse as these often go unnoticed and are harder to see.

Lesson 2 [Panel recommendation 2]	
Narrative	Jessica presented at her GP and disclosed that she was suffering anxiety and was under pressure because she could not conceive. The GP referred her for low intensity cognitive therapy. There is no evidence that anyone in this pathway, either GP or IAPT services asked Jessica if she had or was experiencing domestic abuse.
Lesson	There is a well-researched link between domestic abuse and mental health problems. Research suggests that women experiencing domestic abuse are more likely to experience a mental health problem, while women with mental health problems are more likely to be domestically

abused²⁹. In cases of mental health problems, health professionals should always consider asking a direct question of the patient. Middlesbrough Borough Council commission a domestic abuse counselling service which is trauma informed. Had Jessica disclosed domestic abuse that would have been a more appropriate pathway for her than IAPT.

Lesson 3 [panel recommendation 3]

Narrative

As in the previous DHR case in the Middlesbrough area [Jane], Jessica was a long-term victim of domestic abuse. While she told members of her family and work colleagues some instances of Mayur's behaviour she never disclosed the full extent of her suffering at his hands and did not leave him when she suspected he was gay and he was engaging in intimate conversations with another gay man.

Lesson

Research suggests there are many reasons that women like Jane and Jessica do not report the abuse they suffer. This may include lack of self-confidence, fear, intimidation, financial dependence and guilt. In Jessica's case this was compounded because of the way Mayur manipulated her to believe that if they separated her family would disown her and she would be on her own. Jessica was also professionally vulnerable as she was one of the two partners in the business [the other being Mayur]. Therefore she had no manager to turn to for support and this was also a barrier.

Lesson 4 [panel recommendation 4]

Narrative

Mayur was gay and engaged in relationships with other men, some of whom he met through Grindr. Because of cultural beliefs about sexuality, divorce on the grounds that Mayur was gay could never have been a reason for him to end his marriage. Consequently, the only way that Mayur may have felt able to leave the marriage with honour was by killing Jessica.

Lesson

Jessica did nothing that was, or might be perceived, as dishonourable. However her death at the hands of Mayur should be considered an honour killing because Mayur killed her to try and protect his own honour.

²⁹ Op. Cit. Howard, L.M., Trevillion, K., Khalifeh, H., Woodall, A., AgnewDavies, R., & Feder, G. (2009).

19. RECOMMENDATIONS

19.1 Agencies Recommendations

19.1.1 Agencies recommendations are set out within the tables at Appendix C and are not repeated here

19.2 The Panel's Recommendations

19.2.1 The DHR panel identified the following recommendations. The panel have been careful not to replicate or duplicate agency actions that appear in Appendix C.

Number	Recommendation
1	The Middlesbrough Community Safety Partnership should review the effectiveness and if necessary strengthen the information provided to family, friends, work colleagues and diverse communities about recognising the signs of domestic abuse and what they can do, if necessary anonymously, with such information. In particular there should be a focus on smaller businesses that do not have the infrastructure in place to support victims of abuse.
2	The Middlesbrough Community Safety Partnership should seek assurances from health agencies and commissioners within the partnership that professionals are trained in recognising abuse, being alert to indicators and understanding the links between mental health and domestic abuse. Professionals should have clear understandings of pathways and when appropriate use routing enquiry to ask and understand if a patient is a victim of domestic abuse.
3	Middlesbrough Community Safety Partnership should seek assurance from agencies that their policies and training in relation to domestic abuse recognise the barriers that victims of domestic abuse may face, and that measures are in place to help victims overcome their fears about making a disclosure of domestic abuse. Where gaps are identified agencies should provide assurance that plans are in place to deal with them.
4.	Middlesbrough Community Safety Partnership should seek assurance from agencies that they have policies and training in place to recognise and respond to 'so called' honour based violence. Where gaps are identified agencies should provide assurance that plans are in place to deal with them.
5.	The Human Fertility and Embryo Authority [HFEA] ensure that health professionals working in this sector have policies,

	systems and training in place that ensure staff proactively look for risk indicators of domestic abuse and ask direct questions when appropriate opportunities are available.
6.	NHS England considers issuing guidance to GP practices to ensure patient care is not impacted upon by other relationships that may exist, for example, where there is also a business or commercial relationship.
7.	Home Office work with the Employers Initiative to create best practice policy for small family owned and run businesses [such as pharmacies] that provides guidance on how staff and employers deal with disclosures, suspicions or indicators of domestic abuse.

Appendix A

Definition of Domestic Abuse

Domestic violence and abuse: new definition

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional
-

Controlling behaviour

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

Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This is not a legal definition.

Appendix B

Controlling or Coercive Behaviour in an Intimate or Family Relationship

A Selected Extract from Statutory Guidance Framework³⁰

- The Serious Crime Act 2015 [the 2015 Act] received royal assent on 3 March 2015. The Act creates a new offence of controlling or coercive behaviour in intimate or familial relationships [section 76]. The new offence closes a gap in the law around patterns of controlling or coercive behaviour in an ongoing relationship between intimate partners or family members. The offence carries a maximum sentence of 5 years' imprisonment, a fine or both.
- Controlling or coercive behaviour does not relate to a single incident, it is a purposeful pattern of behaviour which takes place over time for one individual to exert power, control or coercion over another.
- This offence is constituted by behaviour on the part of the perpetrator which takes place "repeatedly or continuously". The victim and alleged perpetrator must be "personally connected" at the time the behaviour takes place. The behaviour must have had a "serious effect" on the victim, meaning that it has caused the victim to fear violence will be used against them on "at least two occasions", or it has had a "substantial adverse effect on the victims' day to day activities". The alleged perpetrator must have known that their behaviour would have a serious effect on the victim, or the behaviour must have been such that he or she "ought to have known" it would have that effect.

Types of behaviour

The types of behaviour associated with coercion or control may or may not constitute a criminal offence. It is important to remember that the presence of controlling or coercive behaviour does not mean that no other offence has been committed or cannot be charged. However, the perpetrator may limit space for action and exhibit a story of ownership and entitlement over the victim. Such behaviours might include:

- isolating a person from their friends and family;
- depriving them of their basic needs;
- monitoring their time;
- monitoring a person via online communication tools or using spyware;
- taking control over aspects of their everyday life, such as where they can go, who they can see, what to wear and when they can sleep;
- depriving them of access to support services, such as specialist support or medical services;
- repeatedly putting them down such as telling them they are worthless;
- enforcing rules and activity which humiliate, degrade or dehumanise the victim;

³⁰ Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework. Home Office 2015

- forcing the victim to take part in criminal activity such as shoplifting, neglect or abuse of children to encourage self-blame and prevent disclosure to authorities;
- financial abuse including control of finances, such as only allowing a person a punitive allowance;
- threats to hurt or kill;
- threats to a child;
- threats to reveal or publish private information [e.g. threatening to 'out' someone].
- assault;
- criminal damage [such as destruction of household goods];
- rape;
- preventing a person from having access to transport or from working.

This is not an exhaustive list

Appendix C

Action Plans

DHR Panel Recommendations							
No	Recommendation	Scope	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Outcome
1	The Middlesbrough Community Safety Partnership should review the effectiveness and if necessary strengthen the information provided to family, friends, work colleagues and diverse communities about recognising the signs of domestic abuse and where they can go, if necessary anonymously, with such information. In particular there should be a focus on smaller businesses that do not have the infrastructure in	Local	Chair of Community Safety Partnership to meet Cleveland Police and Crime Commissioner and Chair of Adult Safeguarding Board to raise awareness of Jessica Patel DHR.	Middlesbrough CSP	Meeting completed	Meeting take place no later than 1 month from DHR publication	Better awareness and understanding of learning and recommendations in the review
		Local	Community Safety Partnership alongside Domestic Abuse Strategic Partnership and Communications team will review information currently provided to friends, family, work	Middlesbrough CSP Middlesbrough Communications Team DASP	-Communication meeting planned -Understand needs of target audience -Identify key messages -Review media and communication materials	Campaign to be launched within three months of DHR publication	Increased awareness of domestic abuse amongst friends family and work colleagues, local businesses and diverse communities

	<p>place to support victims of abuse.</p>	<p>Local</p>	<p>colleagues and small business via Middlesbrough council website and leaflets.</p> <p>Community Safety Partnership will support the Tees wide VAWG Communications Strategy, which ensures minority groups included in communication plans across Cleveland</p> <p>Middlesbrough community safety partnership to work along the Middlesbrough domestic Abuse partnership to develop a campaign in relation to increasing understanding HBV</p>	<p>Community Safety Partnership Teeswide VAWG Communication strategy steering group</p> <p>Task and Finish group FM and HBV group (HALO, MBC reps, BME Network)</p>	<p>-Engage with survivors and service user groups to ensure communications are effective</p> <p>-Strategy approved -Steering group meetings arranged on quarterly basis</p> <p>-Task and finish group for July HBV / FM Awareness campaign established - Communication plan agreed - Conference <i>Transforming public sector response to tackling Illegal cultural harms</i> takes place - Radio Interview community radio Social media campaign with</p>	<p>Ongoing – developed Nov 2018</p> <p>8 - 12 July 2019</p> <p>May 2019</p> <p>July 11 2019</p>	<p>Key stakeholders aware of, and participate in, awareness raising activity. Key messages and communication channels agreed and used by all agencies,</p> <p>Stronger multi-agency response</p> <p>Increased Referrals for BME victims</p> <p>Improved understanding of services available</p> <p>Better understanding of HBV, the risks and where to get help</p>
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		Local	<p>Community Safety Partnership will use media to best effect including social media ensuring it is both age appropriate and culturally appropriate to</p> <p>Promote learning and recommendations from DHR through delivery at team meetings, partnership boards</p>	<p>Middlesbrough CSP Middlesbrough Communications Team DASP</p> <p>Middlesbrough Community Safety Partnership DA lead</p>	<p>student ambassadors</p> <p>-7 minute briefing developed and shared with key partners and on website.</p> <p>-</p> <p>Presentation developed for agencies with key learning points</p>	<p>Within 1 month of DHR publication</p> <p>Within 3 months of publication of DHR</p>	<p>Greater knowledge of specifics of the DHR concerning Jessica and the key learning points</p> <p>Better understanding and awareness of DHR and key learning points</p>
2	The Middlesbrough Community Safety Partnership should seek assurances from health agencies and commissioners within the partnership that professionals are trained in recognising abuse, being alert to indicators and understanding the	Local	Chair of Community Safety Partnership in partnership with health representatives involves in review re CCG will develop a briefing paper re pathways	<p>Chair of Community Safety Partnership</p> <p>Clinical Commissioning Group</p> <p>Health Reps</p>	Briefing paper produced and circulated to front line professionals	Briefing paper in place	Improved understanding with front line staff and practitioners

	links between mental health and domestic abuse. Professionals should have clear understandings of pathways and when appropriate use routine enquiry to ask and understand if a patient is a victim of domestic abuse.		and routine enquiry CCG and Health Representatives will consider if training offered provides information re pathways and routine enquiry and learning from DHR 2 is incorporated into training or briefings	Clinical Commissioning Group Health Reps	Training materials reviewed and developed to include learning points	Training plan in place	Better awareness of pathways and effective response when using routine enquiry
3.	Middlesbrough Community Safety Partnership should seek assurance from agencies that their policies and training in relation to domestic abuse recognise the barriers that victims of domestic abuse may face and that measures are in place to help victims overcome their fears about making a disclosure of domestic	Local	Chair of Community safety Partnership to request a review or audit of effectiveness of the training offered by MBC and LSCB and Adult safeguarding board in relation to Domestic Abuse	Chair of Community Safety Partnership	Range of Training, including online and classroom based training courses is available and accessible	Audit completed and shared with CSP members	Improved understanding with front line staff and practitioners

	abuse. Where gaps are identified agencies should provide assurance that plans are in place to deal with them.	Local	Chair of Community Safety Partnership to write to agencies to request they review DA policies in light of DHR recommendations	Community Safety Partnership	Agencies have DA policies in place - with clear process for overcoming barriers and facilitating disclosure	Within one month of DHR publication	Victims are aware of, and able to access services in an easy and timely way
		Local	Chair of Community Safety Partnership to agree with Police and Crime Commissioner how Domestic abuse Champion training and scheme will be delivered and embedded in Middlesbrough and ensure learning from local DHR is shared with champions	OPCC	Network of trained and supported DA Champions identified	Within one month of DHR publication	Increased understanding across broader sections of community

4	Middlesbrough Community Safety Partnership should seek assurance from agencies that they have policies and training in place to recognise and respond to 'so called' honour based violence. Where gaps are identified agencies should provide assurance that plans are in place to deal with them.	Local	<p>Chair of Community safety Partnership to write to partner agencies represented on the board to seek assurances that training is available and that are appropriately accessing resources</p> <p>Review exiting domestic abuse training from external providers, re courses specifically in relation to honour based and those incorporating it and ensure include details of this DHR case</p>	<p>Middlesbrough Community Safety Partnership</p> <p>Children Trust</p> <p>Health and Well Being Board</p> <p>Middlesbrough Community Safety Partnership</p>	<p>Letter produced and agreed by Middlesbrough community safety partnership</p> <p>Response received from partner agencies and board</p> <p>Implement / carry out audit and identify area for improvement</p>	<p>Letter to be sent within three months of DHR publication – and audits to be carried out 6- 12 month time periods</p> <p>Audit to be carried out within 3 months of DHR publication</p>	<p>Improved access to training and resources Increased front line practitioner awareness and understanding of HBV</p> <p>Training available and accessible for a range of specialisms.</p>
5	The Human Fertility and Embryo Authority [HFEA] ensure that health professionals working in	National	Contact Home Office for update	Home Office	Response received from Home Office	Email to be sent within three months of DHR	HFEA health professionals aware of process and more

	this sector have policies, systems and training in place that ensure staff proactively look for risk indicators of domestic abuse and ask direct questions when appropriate opportunities are available.					Publication and followed up every 3 months for progress updates	effective response
6	NHS England considers issuing guidance to GP practices to ensure patient care is not impacted upon by other relationships that may exist, for example, were there is also a business or commercial relationship.	National	Contact Home Office for Update re NHS England response	Home Office	Guidance Issued	Email sent within three months of DHR publication to enquire if guidance issued	Good practice in relation to patient care
7	Home Office work with the Employers Initiative to create best practice policy for small family owned and run businesses [such as pharmacies] that provides guidance on how staff and employers deal with disclosures, suspicions or indicators of domestic abuse.	National	Contact Home Office for update and share policy via Health Reps / employee engagement groups	Home Office	Policy shared and promoted across small businesses	Email sent within three months of DHR publication to enquire if policy developed. Policy shared within six months	Improved confidence in the process and pathways for responding to domestic abuse in small businesses

End Home Office QA May 2020