South Cambridgeshire Community Safety Partnership Domestic Homicide Review

Overview Report
Deborah
June 2010

Mary Mason
May 2023

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1. INTRODUCTION

Deborah was a mother, a sister, a daughter, a staff member of a local school and a good friend. She was respected and loved. A close friend said 'She was special, one of the good people in the world. I miss her every day.' Many people will nod in agreement and with sadness when they read this.

1.1 This Domestic Homicide Review was commissioned by South Cambridgeshire Community Safety Partnership in 2022. Deborah died in June 2010. The cause of her death was recorded as Sudden Death by Epilepsy (SUDEP). Cambridgeshire Constabulary opened an investigation into her death after Robert (her husband) was charged with the murder of his fiancée, Alice in 2016. He was convicted of Alice's murder in 2017 and of Deborah's murder in 2022.

1.1.1 Family members contacted the police after Robert's arrest for the murder of Alice and raised concerns about Deborah's death. The following investigation included a full examination of Deborah's brain which she had requested to be donated to medical research on her death, as her father had died from motor neurone disease.

1.1.2 An experts' conference was convened in July 2018, which included the senior police officer, the Crime Scene Co-ordinator, the Consultant Neurologist, Consultant Forensic Pathologist, the Kings Counsel in the case and two representatives from the Crown Prosecution Service. The purpose was to examine the medical evidence and to bring clarity to the possible cause of death.

1.1.3 The conference concluded that Deborah's death was suspicious and unnatural. Robert was charged with Deborah's murder in 2020 and convicted in early 2022. He was sentenced to a whole life order which on appeal was reduced to life imprisonment with a minimum term order of 35 years.

1.1.4 Robert does not accept either of the verdicts and says he is innocent. He intends to appeal both convictions.

1.1.5 There is no evidence of Domestic Abuse reported by Deborah or about Robert prior to Deborah's death and no evidence of Domestic Abuse in Robert's relationship with Alice.

1.1.6 In both cases there is evidence of planning and pre-meditated deception by Robert.

1.1.7 Robert has a long-term disabling condition, Myasthenia Gravis. This can be controlled by steroids but cannot be cured and is not life limiting. Steroids can cause mood swings, but there is no evidence that he lost control when he murdered Deborah, there is instead evidence of careful planning.

1.1.8 This review will examine whether, with hindsight, there is learning from Deborah's death which will assist in preventing Domestic Homicides. This will include what was known at the time of Deborah's death, what was recorded, and whether guidelines at the time were followed. We will also consider how family and friends viewed the relationship between Deborah and Robert and whether there were any warning signs that Robert might have been planning to murder Deborah.

1.1.9 We will also consider the impact on their two sons aged 18 and 15 at the time of Deborah's death.

1.1.10 We will make recommendations for further learning from Deborah's death which might assist in preventing a similar tragedy from happening in the future.

1.1.11 The panel would like to thank the many family members and friends who have contributed to the review, and from whom we have gained much insight which we will use to illuminate what happened in the hope of learning and preventing a similar event from happening in future.

1.2 Timescales

1.2.1 South Cambridgeshire Community Safety Partnership commissioned a DHR Review in 2022, following Cambridgeshire Constabulary informing the Chair of the need for a DHR in March 2022. The Board reviewed the circumstances against the criteria set out in the Multi Agency Statutory Guidance for the conduct of Domestic Homicide Reviews (2013) and recommended to the Chair of the Board that a Domestic Homicide Review should be undertaken.

1.2.2 The Chair ratified the decision to commission a Domestic Homicide Review and the Home Office was notified on 22 March 2022. An independent chair/author was commissioned to manage the process and compile the overview report.

1.2.3 The report was approved by the Tasking and Tactical Co-ordination Group, a subgroup and delivery arm of the South Cambridgeshire CSP, on 4 July 2023.

1.3 Confidentiality

1.3.1 The findings of this review remained confidential and were only available to participating officers and professionals, their line managers and members of the domestic homicide review panel.

1.3.2 To protect the identity of the family members, anonymised terms and pseudonyms have been used throughout this review. Pseudonyms have been used in the report to protect the identity of those involved. Family and friends have agreed to the pseudonyms.

1.3.3 **Family members of Victim:**
Daniel: Son, aged 18 years when Deborah died.
Chris: Son, aged 15 years when Deborah died.
Gemma: Deborah's sister
Luke: Deborah's brother
Robert: Perpetrator and husband aged 49 when Deborah died.

1.3.4 **Friends and neighbours:**
Nicola and Tony: next door neighbours of Deborah and Robert
Pauline: University friend of Deborah and bridesmaid at her wedding
Maria: University friend of Deborah

1.3.5 **Fiancée and 2nd Victim**: Alice who died in 2016.
Alice's brother: Peter.
Fran: Friend of Alice from childhood.
Emma: friend of Alice who knew Robert.

2. TERMS OF REFERENCE

2.1 Methodology

2.1.1 The review was conducted in accordance with the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016) under s.9(3) Domestic Violence, Crime and Victims Act (2004).

2.1.2 The Panel first met on 20 May 2022 to agree the Aims and Key Lines of Enquiry, the timetable, and any additional panel members. Dates of meetings and submission of IMRs and draft reports were also agreed. It was decided that due to the length of time since Deborah had died and the full investigation carried out by the police including

their examination of police, health, and financial records, that IMRs would only be required if there was insufficient clarity or detail in the police reports.

2.1.3 Statutory agencies, and family and friends were informed about the DHR and sent background information about DHRs.

2.1.4 Cambridgeshire Constabulary submitted an IMR which detailed Deborah's death, the original inquest, the investigation into and conviction of Robert for Alice's homicide and the further investigation into Deborah's homicide and Robert's conviction. In addition, Cambridgeshire & Peterborough Coronial Service provided the original post-mortem and statements as well as information about the second investigation, including expert's reports.

2.1.5 The Chair also spoke with family and friends and has included information from them in this Overview Report. They have been sent a copy of the draft report and their comments have been included below.

2.2 Aims and Key Lines of Enquiry

2.2.1 The aims of this review are to:

i. Establish what lessons can be learned from Deborah's death about the way in which professionals and organisations work individually and collectively to safeguard victims.

ii. Identify how and within what timescales those lessons are to be acted on, and what is expected to change as a result.

iii. Prevent domestic homicides and related suicide by improving the way services respond to all victims of Domestic Abuse (DA) and their children, through improved understanding and intra and inter agency working.

iv. Apply those lessons to service responses including changing policies and procedures as appropriate.

v. The enquiry into and conviction of Robert for the murder of Deborah.

vi. There are two periods for the timeline of this review:
a) From records prior to her death and from June 2010 when Deborah died to July 2010 when her funeral took place.
b) From February 2017 (date of Robert's conviction for the murder of Alice, his fiancée) to February 2022 (date of Robert's conviction for the murder of Deborah).

2.2.2 Key lines of enquiry:

i. History of Robert and whether there were any prior DA or signs that he may have murdered Deborah and then gone on to murder his fiancée, Alice.

ii. Evidence of planning the murder of Deborah and any factors or incidents which might have led Robert to carry out this murder.

iii. Knowledge of the two children and other important family members and whether Robert considered their well-being when he planned and carried out the murder of Deborah.

iv. Did Robert continue to parent the children after he had murdered /Deborah?

v. What support the children were given by their school and other agencies after the death of their mother and then the death of Alice.

vi. Whether agency reports addressed both the 'generic issues' set out in the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016) and the following specific issues identified in this case:

a) Details of the account given by Robert for Deborah's death and whether further enquiries would have been reasonable in the circumstances.
b) Deborah's medical history, medications, and any side effects.
c) Whether a post-mortem was carried out and in what circumstances a toxicology report would have been included.
d) The relationship and dynamics between family members prior to and following Deborah's death.
e) Whether Robert had any financial problems and whether he gained financially from Deborah's death.
f) Robert's medical history including his mental and physical health.
g) Robert's work and whether his background included knowledge of drugs.
h) Any evidence that he investigated the impact of drugs on Deborah including sleeping tablets.
i) Whether Robert was given any psychiatric support following the death of Deborah.
j) If any agency had information that indicated that Deborah might have been at risk of abuse, harm, or DA and if so, whether this information was shared and if so, with which agencies or professionals?
k) How agencies supported Daniel and Chris following their mother's death and then following the opening of the investigation and subsequent guilty verdict.
l) Whether agencies were then and are now limited by lack of capacity or resources and whether at the time this had an impact on the agency's ability to investigate Deborah's death and provide support to the family.
m) Whether agencies were limited by lack of capacity or resources and whether this had an impact on the agency's ability to provide support to or to prevent Robert from perpetrating violence.
n) Whether lack of capacity or resources had an impact on any agency's ability to work effectively with other agencies.

o) Whether staff in all agencies are trained and supported in their practice around all areas of DA including coercive control.
p) Whether agencies are confident in asking questions about DA, particularly when the alleged perpetrator is present.
q) Whether agencies are confident in how to respond to DA and know how to refer cases to other agencies.

2.2.3 IMRs and reports: An IMR was requested and received from Cambridgeshire Constabulary.
Reports/records were received from Cambridgeshire & Peterborough Coronial Service.
IMRs were requested from:
Cambridge University Hospitals NHS Foundation Trust
SNHS Cambridgeshire and Peterborough CCG.
These were not completed as there were no digital records in place in 2010 and paper records had been moved across different sites during a re-organisation of service. The Panel therefore relied on Health records from the Police IMR and Coroners records.

2.2.4 Authors of the information reports were independent of the case i.e., they were not involved in the case and had no management responsibility for any of the professionals involved.

2.2.5 The Chair carried out research into repeat homicide by intimate partners; Myasthenia Gravis, the use of sleeping tablets; SUDEP; the 8 stages of domestic homicide; denial of domestic homicide and bereavement sites.

2.2.6 The Panel met three times: 20 May 2022; 28 April 2023 and 5 June 2023. The report was agreed by South Cambridgeshire CSP on 4 July 2023.

2.2.7 This DHR has several unusual factors:
a) Robert was charged with the murder of Deborah after he had been convicted of murdering his subsequent partner (Alice) in 2016. He was arrested in 2017 and again in 2018, charged in 2020 and convicted 12 years after Deborah died in 2022.
b) There is no previously recorded history of DA, no criminal records or other safeguarding issues and no aggravating factors.
c) Robert was financially stable and was not a high spender. He benefited financially from the death of his wife and would have gained from the death of his fiancée. There is evidence (insurance policies) of planning for economic gain before both deaths, however, there is no clarity about whether his motivation was in part or wholly financial. It appears likely that his motivation was wider than for financial gain.

2.3 Involvement of family, friends, work colleagues, neighbours, and wider community

2.3.1 All known family members, friends and neighbours and friends were contacted by the chair. The chair spoke with Deborah's sister and older son and contacted her brother and her younger son. She also spoke with Deborah's friends and neighbours. All meetings were by phone or on-line.

2.3.2 The Chair spoke with

Deborah's family and friends

- Daniel: Deborah and Robert's son
- Gemma: Deborah's sister
- Pauline: Deborah's friend
- Maria and Mark: student friends of Deborah from University
- Nicola and Tony: neighbours of Deborah
- Robert: Perpetrator

And with Alice's family and friends:

- Peter: Alice's brother
- Fran: Friend from childhood
- Emma: Friend

2.3.3 Other possible community contacts did not lead to any further information. The family were settled in the area and appeared to be on good terms with neighbours and the local community.

2.3.4 Research into SUDEP and Information from the Coroner's Office and the police assisted with understanding the impact of the assumptions made by professionals about the cause of Deborah's death. This resulted in the crime scene not being examined for evidence and the lack of a full forensic examination before ruling out any other cause of death.

2.4 Review Panel Members

2.4.1 The panel met three times. The Chair spoke with both leading police officers and the coroner's office. All members were independent of the case and had no direct management responsibility for any of the professionals involved in the case. The review panel comprised:

Name	Organisation	Designation
Jenni Brain	Cambridgeshire Constabulary	DCI within Public Protection
Tracy Brown	Cambridge University Hospitals NHS Foundation Trust	Adult Safeguarding Lead
Linda Coultrup	SNHS NHS, Cambridgeshire and Peterborough CCG	Named Nurse Safeguarding Adults Primary Care
Vickie Crompton	Cambridgeshire County Council	Domestic Abuse & Sexual Violence Partnership Manager
Kathryn Hawkes	South Cambridge District Council	Communities Manager
Angie Stewart	Cambridge Women's Aid	Chief Executive Officer.

2.5 Author of the overview report

The chair and author of this review is Mary Mason. Mary is an independent freelance consultant and has never been employed by or had any connection with Cambridgeshire. Mary was formerly Chief Executive of Solace Women's Aid (2003-2019), a leading Violence against Women and Girls (VAWG) charity in London. Mary is a qualified solicitor (non-practising) with experience in both criminal and family law. She has more than 30 years' experience in the women's, voluntary and legal sectors in supporting women and children affected by abuse. She has experience in strategic leadership and development; research about domestic abuse; planning and monitoring & evaluation of VAWG programmes. Mary has successfully adopted innovative solutions to ensure effective interventions which achieve results, increasing the quality of life of women and children.

2.6 Parallel Review

2.6.1 The criminal investigation was carried out by Cambridgeshire Constabulary and Robert was arrested, charged, and convicted of Deborah's murder. He continues to say he will appeal the conviction and that he did not murder Deborah.

2.6.2 The Special Project Lawyer at Cambridgeshire & Peterborough Coronial Service has confirmed that a fresh inquest will be held in this case. The Coronial Service has applied

to the High Court for a quashing order[1] of the original inquest as it has been ascertained that the cause of death other than SUDEP is possible, including asphyxiation resulting from pressure from an external source.

2.7 Equality and Diversity

2.7.1 Equality and diversity as set out in The Equalities Act 2010[2], were considered throughout the review process including the protected characteristics of age, disability, race, sex, and religion.

Name	Sex	Age @ June 2010	Ethnicity	Disability	Religion	Marital status	Sexuality
Deborah	F	47	White UK	Epilepsy – long term medication following an episode as a child and one epileptic episode in the 1990s.	Christian	Married	Heterosexual
Robert	M	49	White UK	Long term illness: Myasthenia Gravis	n/k	Married	Heterosexual
Daniel	M	18	White UK	None	n/k	Single	Heterosexual
Chris	M	15	White UK	None	n/k	Single	Heterosexual
Alice	F	51	White UK	None	n/k	Engaged to be married	Heterosexual

2.7.2 Robert has been sentenced to life imprisonment with a minimum term order of 35 years in prison (reduced on appeal from a whole life-sentence) for the murder of his wife, Deborah who died in June 2010 and of the murder of his fiancé, Alice, who died in April 2016. There are no records of a previous history of domestic abuse.

[1] Quashing Order: A quashing order (in this case an application has been made to the High Court) nullifies a decision which has been made by a public body. The effect is to make the decision void.
[2] https://www.legislation.gov.uk/ukpga/2010/15/introduction

2.7.3 Robert is a middle aged, middle class white male in a secure financial position and with no previous criminal record. Deborah was school secretary in a local school and the family were respected in the community.

2.7.4 The demographics that are most relevant here are sex, age, long term illness/disability, marital status, and social class. The Equality Act 2010 covers all these as protected characteristics apart from social class.

2.7.5 Robert was 49 when he killed Deborah. The latest Government Report into Domestic Homicides shows that perpetrators of Intimate Partner Homicide (IPH) are more likely to be of middle age[3], be married or in a long-term relationship (on average 12 years) and are slightly less likely to have persistent criminal histories. There is also some emerging evidence from European research that identifies perpetrators of IPH as less socially disadvantaged. However, Chopra et al (2022)[4] in identifying risk factors for intimate partner homicide in England and Wales, highlights the pivotal role of regional poverty, with comfortable socioeconomic conditions offering protection against intimate partner homicides.

2.7.6 Findings from the Government analysis of DHRs[5] shows that 83% of perpetrators, were male and 17% female; whereas 80% of victims were female and 20% were male. For 73% of the victims, the perpetrator was a partner or ex-partner. There were dependent children in 52% of the households where the victim was aged under 60.
Robert's profile as a male, married with dependent children and under 60, was statistically representative of the group of men who commit domestic homicide. He was less representative in that 60% of perpetrators had a previous offending history and 70% had a vulnerability (usually drug or alcohol dependency and/or mental health issues).

2.7.7 Conversely, for Deborah, her highest risk factors were her sex, her age and having dependent children in the household. She had no known vulnerabilities.

2.7.8 Robert and Deborah were in their middle age, their lives were changing with children growing up and becoming more independent. We have no evidence that this was a factor in the homicide and no reports of any change in their relationship.

[3] https://www.gov.uk/government/publications/key-findings-from-analysis-of-domestic-homicide-reviews
[4] https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.13753
[5] Key findings from analysis of domestic homicide reviews: October 2019 to September 2020 (accessible) updated April 2023. (www.gov.uk)

2.7.9 Robert suffers from the medical condition of Myasthenia Gravis, a chronic auto-immune condition which causes varying degrees of skeletal muscle weakness. It effects individuals differently and there is currently no cure, but medication and reduction of stress usually stabilises the condition and there can also be periods of remission. It is not life threatening. Robert's symptoms were under control at the time of the homicide. He had previously been hospitalised several times which impacted on him and his family, although at the time of Deborah's death he was in a stable condition.

2.7.10 Deborah had an epileptic fit eighteen years previous to her death and when she was pregnant with her first child and as a result, was on daily medication, and had told friends she took the medication so she could continue to drive. She had no further fits. The post-mortem showed some evidence of a mild heart condition, however, the coroner confirmed that this did not contribute to her death.

2.7.11 Robert was not on anti-depressants and there is no evidence that stress or depression impacted on his mental health.

2.7.12 Robert and Deborah were university educated. Robert was well paid, and Deborah worked as a school secretary. Robert was unable to continue to work because of his health condition but was receiving a full salary and would receive a full pension under the terms of the Companies Insurance Scheme.

2.7.13 They owned their own home, which they had built themselves. They presented as a white, English, middle class family, comfortably well off with a good standard of living, enjoying bowling and other activities. They did not have significant money worries or appear to have any major traumatic incidents other than Robert's health and the normal stresses of life.

2.7.14 The key equality issues therefore relate to male Violence against Women and Girls with Robert possibly exercising power and control in his relationship with Deborah and then exercising the ultimate control by murdering her. At the time of writing, Robert is still planning to appeal both convictions.

2.8 Dissemination

In addition to the organisations contributing to this review (listed in 2.2.2), the following will receive copies of this report for learning within their organisations:

Name	Agency	Position/Title

Kathryn Hawkes	SCDC and South Cambridgeshire CSP	Communities Manager
Vickie Crompton	Cambridgeshire County Council	Domestic Abuse & Sexual Violence Partnership Board
Linda Gallagher	SCDC & South Cambridgeshire CSP	Development Officer
Kat Webb	Cambridgeshire County Council	Senior Researcher, Business Intelligence
Stuart Smith	Cambridgeshire Fire and Rescue Service	Area Commander, Operational Response. South Cambridgeshire CSP Chair.
Adam Garford	Cambridgeshire County Council	Communities Service Manager (South)
Claire Gilbey	SCDC	Housing Enforcement Team Leader
Harriet Ludford	Cambridgeshire County Council	Research Analyst, Business Intelligence Service
Lesley McFarlane	SCDC	Development Officer - Health
Lesley Beevers	SCDC	Service Manager (People Protection Planning)
Stephen Brickley	Cambs & Peterborough Probation Delivery Unit	Senior Probation Officer
Chief Insp Paul Rogerson	Cambridgeshire Constabulary	Chief Inspector, Neighbourhood Policing South
Simon Birch	Cambridgeshire Constabulary	Inspector, Neighbourhood Policing South and East Cambridgeshire
Anita Howard	Cambridgeshire South Care Partnership (Health)	Integrated Neighbourhood Programme Manager
Susie Talbot	Cambridgeshire County Council	Cambridgeshire & Peterborough Public Health Commissioning Team Manager (Drugs & Alcohol and Sexual Health)
Peter Campbell	SCDC	Head of Housing
Cllr Bill Handley	SCDC Cllr	Lead Cabinet Member for Communities
Cllr SallyAnn Hart	SCDC Cllr	District Cllr for Melbourn, Vice-Chair South Cambridgeshire CSP
Shona McKenzie	Partnership Policy Officer	Office of the Police and Crime Commissioner for Cambridgeshire and Peterborough
Vickie Sharp	Cambridgeshire County Council	Targeted Support Service Manager – South Cambridgeshire
Cllr Susan van de Ven	SCDC and CCC Cllr	District Cllr for Bassingbourn & Litlington and Cllr CSP representative
Cllr Helene Leeming	SCDC Cllr	District Cllr for Cambourne and Cllr CSP representative
Mark Freeman	Cambridge Council for Voluntary Service (CCVS)	CEO

3. BACKGROUND INFORMATION (THE FACTS)

3.1 Deborah was aged 47 when she died in June 2010, the perpetrator, Robert was 49 years old. They met at university and eventually settled in Cambridgeshire with their two sons who were eighteen and fifteen years old when their mother died.

3.1.1 Robert was an only child of older parents. He grew up in a village in Cambridgeshire with his mother and his schoolteacher father. He met Deborah at University and started a PHD at Cambridge University, which he didn't finish. He worked as an electrical engineer until he was diagnosed with the long-term medical condition, Myasthenia Gravis. This impacted on his health significantly although it was more stable at the time of the murder and there has been no indication that this impacted on his decision to murder Deborah.

3.1.2 The family were at home together on the morning Deborah died. Chris left the house at approximately 8 a.m. to attend college and Daniel said goodbye to his mum, leaving the house shortly after his brother as he had a driving test that morning. Deborah, who was a school secretary, did not work on alternate Fridays and was at home.

3.1.3 Robert would frequently remain in bed until later in the morning due to his Myasthenia Gravis.

3.1.4 Robert later told the police that he left Deborah alone at home at about 11am to buy some food to celebrate Daniel passing his driving test. He said he returned home 10 to 25 minutes later as he had forgotten his wallet. He did not find Deborah in the house, but when he looked out of a back window, he saw her on the ground near the washing line and thought she must have fallen over. He immediately went to help her, but she was unresponsive. He went to get help from a neighbour's house (they were medics) but got no reply and so called for emergency services. He told the police that he then attempted CPR whilst waiting for an ambulance.

3.1.5 The first ambulance arrived within ten minutes of the call and a further ambulance, and an air-ambulance attended the location within 20 minutes of the call. A police officer arrived later with records showing he attended at 13.25.

3.1.6 When the paramedics and air-ambulance doctor arrived, Robert told them he had returned from shopping and found Deborah collapsed in the garden and had not witnessed her collapse but had attempted CPR, then called on neighbours, who were medics, for help and called for emergency services. He also told them that Deborah had a history of epilepsy.

3.1.7 The Air Ambulance Doctor recorded the information he and the paramedics received from Robert as:

Deborah 'suffered from epilepsy from a young age, it appeared to have eased in adolescence but on having her first child eighteen years ago, it returned. Much of the time it was controlled by medication.'

He recorded her previous medical history as: 'known epileptic.'

3.1.8 It is unclear why the Doctor used the phrase 'much of the time it was controlled' and whether Robert suggested or explicitly referred to Deborah having more recent epileptic fits. Her medical records confirmed she had not had an episode for 18 years.

3.1.9 When Daniel returned home there were ambulances outside the house. Following his initial shock, he went into the garden with his father to identify his mother. His brother returned home while the paramedics were with Deborah.

3.1.10 The first paramedics in attendance made immediate life-saving efforts, but Deborah was declared deceased as her heart was asystole. The paramedics recorded that there was no sign of life, that she was lying on her back with no apparent injuries and with some blood-stained saliva from her mouth and nose.

3.1.11 Cambridgeshire Constabulary attended the location following the report of the incident from Ambulance Control. Deborah's death was recorded as being an unexpected and sudden death, the reporting officer stated that there were no apparent suspicious circumstances. Deborah's death was not witnessed, with all verbal reports to attending officers, given by Robert. There were no defence marks on Deborah's body and no sign of a physical attack or of a break-in to the house. Here death was therefore not considered suspicious.

3.1.12 The officer completed identification evidence with Robert, the sudden death referral form and referred Deborah's body directly to the coroner. No supervising officers were called to the scene, as this was not an operational requirements in 2010.

3.1.13 The air ambulance doctor certified Deborah's death and recorded that her epilepsy was controlled by medication 'much of the time '.

3.1.14 Deborah's body was passed to the coroner who ordered a coroner's autopsy. The purpose of a coronial autopsy is to:
'identify or exclude unnatural or violent deaths, provide a cause and conclude 'how,

when and where' the death occurred and consider and exclude a homicide' and 'to consider and exclude unnatural death.'

3.1.15 The Royal College of Pathologists Guidelines for SUDEP (2006) advised that a full toxicological screening should be carried out to ensure there was no other cause of death. In this case the screening was carried out for the epileptic drug, carbamazepine. No other drugs were screened for.

3.1.16 The post-mortem report noted a history of previous epilepsy and minor heart attacks. It also noted that Deborah had not had an epileptic attack for 18 years and that she took carbamazepine medication to control the epilepsy. The post-mortem report noted that there was no evidence of tongue biting and no external injuries. The neuropathy report recorded that her brain was consistent with a past medical history of epilepsy with no significant structural lesions identified that could be the cause of seizures. The report summarised that SUDEP should be considered if there is no toxicological or anatomical cause of death.

3.1.17 SUDEP Guidance published by the Royal College of Pathologists in 2006, with the aim of ensuring all other possible causes of death are excluded before SUDEP is given as a cause of death. A full toxicological examination is included in the Guidance, but this did not take place.

3.1.18 On receiving the Pathologists report the coroner recorded the cause of death as Sudden Unexplained Death in Epilepsy (SUDEP) and that that no further investigation or inquisition was necessary.

3.1.19 Deborah had registered that in the event of her death she wished to donate her brain to medical research. Robert agreed to this.

3.2 Alice and review of Deborah's death

3.2.1 Following Deborah's death in mid-2010, Robert remained living at their home address with his two sons. A few months later in late 2010, he had a short sexual relationship with a 33-year-old widow, whom he met through a bereavement website. This ended in 2010 or early 2011. He then met Alice through a bereavement website and by the latter part of 2011, they were in a relationship. Alice moved to Cambridgeshire, after selling her house in London and Robert and the two boys moved in with her. They were engaged and planning to marry when she was murdered by Robert in 2016.

3.2.2 Robert's arrest for Alice's murder raised alarm with Deborah's family and friends who were already troubled by Deborah's sudden death. They raised their concerns with the

police who opened an investigation. Robert was subsequently arrested for the murder of Deborah in August 2018.

3.2.3 As Deborah had donated her brain to medical science, it was available for further examination.

3.2.4 A review of the coroners file was carried out and the retained brain examined. The Clinical Director of Precision Medicine and Specialised Pathology Kings College NHS Trust and Professor in Neuropathology and Director of the Brain Bank at Kings College London gave their opinion that the cause of death should be 'unascertained'. The reasons for this are set out fully in his report and summarised below.

3.2.5 An experts' conference was convened in July 2018, which included the senior police officer, the Crime Scene Co-ordinator, the Consultant Neurologist, Consultant Forensic Pathologist, the Kings Counsel in the case and two representatives from the Crown Prosecution Service. The purpose was to examine the medical evidence and to bring clarity to the possible cause of death.

3.2.6 The evidence discussed included the results of the examination of the brain which showed evidence of recent ischaemia (lack of blood and oxygen supply). The typical scenario where you would see this is suffocation, asphyxiation, cardiac arrest where the patient survives for an hour or two. Although this may be caused by epilepsy, these changes are rarely seen as death occurs quickly with epilepsy and there is very little or no change to the brain.

3.2.7 The examination of Deborah's brain showed that detectable changes were present which had been caused by ischaemia.
'This change would have required a period of at least one hour to develop to the extent that was noted on examination. As a result of these changes being detected I am able to say that the event leading to collapse must have occurred before 10.24 (1024) hours.'

'In conjunction with other participants of the medical conference I further conclude that Deborah was subjected to some external event which obstructed her airways and would have reduced her to a coma like state. The original post-mortem did not detect any obvious signs of obstruction to the airway during examination.'

'There was no evidence of any accident and so we are really left with death by third party involvement or toxicology or a combination, but we can say the final cause of death was hypoxic ischaemic injury, and it's really a question of what caused that, but I don't think, I can't think of any natural cause of that that we've overlooked.'

3.2.8 Robert was interviewed and denied any involvement in Deborah's death maintaining that he had found her collapsed and had attempted CPR. Following a review of the case and investigation, Robert was charged with Deborah's murder. At his trial he said he was being forced to recall accurate information and details from events that had taken place some 11 years previously. He strenuously denied any involvement in his wife's death and that to have found her as he did was a shocking and traumatic event that at that time had an immeasurable impact on him.

3.2.9 During the trial, evidence was heard from medical experts as well as members of Deborah's family, friends, and neighbours. Although there was an inference that Robert was the dominant person within their relationship, there was no evidence presented by either the defence or the prosecution of domestic abuse or domestic violence preceding the death.

3.2.10 The Chair requested a prison visit with Robert and met with him on-line. He told her he was appealing the convictions for both cases and maintained his innocence.

2.2.11 The Chair also spoke with Deborah and Robert's son, Daniel, who felt that the court case had not revealed the truth of what happened and that this had left him feeling that the truth had not emerged. He pointed to a series of assumptions which were made and that there was still uncertainty about whether SUDEP was the cause of her death. He felt that without full toxicology taking place when his mother died, it was not possible to be certain that his father had murdered his mother. He felt that the murder charge was wrong and there was no definitive result, but a judgement based on assumption and hearsay and his father's conviction for the murder of Alice. He added that a full toxicology in 2010 would have brought more clarity and certainty about how she died.

3.3 **Chronology**

DATE	Family/ Agency	Event
June 2010	Police, Ambulance and Air ambulance services	Deborah found dead by Robert, who called emergency services. He told paramedics and the police officer at the scene, that the cause of her death must have been epilepsy. There were no defensive injuries and no other obvious cause of death. The police had no records of previous domestic abuse. The police, doctor and paramedics records all gave epilepsy as a possible cause of death stating that 'it was controlled, much of the time.'

2010	Coroners Chambers Huntington	The coroner instructed their principal pathologist to carry out a coronial post-mortem. The post-mortem included toxicology but only for carbamazepine. The pathologist found the cause of death as Sudden Unexpected Death by Epilepsy – a full toxicology examination was not carried out as per the Pathologist Guidelines on SUDEP 2006.
2010	Alice	Alice was on holiday in the Caribbean with her husband when he died in a drowning accident. On returning home she starts an on-line blog.
Nov 2010	Robert	On-line bereavement site – Robert meets a widow of 33, they have a short relationship
Early 2011	Robert and Alice	Meet on-line on a bereavement site and by end of year were in a relationship. Alice is a successful author and is wealthy.
2012	Alice and Robert, Daniel, and Chris	Alice sells her house in London and buys a house in Cambridgeshire with Robert. His two sons moved into the house.
2016	Police	Alice goes missing – family and friends concerned. Five days later Robert reports her missing to the police.
2016	Police	After a three-month investigation, Alice's body was found buried in a cesspit in the garage of their home, concealed by a car.
2017	Robert	Robert charged and convicted of the murder of Alice
2017	Family and Police	Deborah's sister and mother question her death and raise their concerns with the police who confirm that they intend to re-investigate the circumstances of Deborah's death.
2018	Medical experts' team	Expert team carry out full forensic examination of Deborah's brain and report that the cause of Deborah's death is unascertained but is unlikely to be from natural causes and is suspicious.
2020	Police	Robert charged with murder of Deborah
2022	Criminal Court	Robert convicted and received whole life sentence
2022	High Court	Robert appeals whole life sentence, and it is reduced to a minimum term order of 35 years imprisonment.

4. OVERVIEW

4.1 There were no records of a history of domestic abuse and no recorded history of mental ill health for either Robert or Deborah. Their two sons had good health with no recorded physical, learning, or mental health issues. Their family life appeared to be positive, and they had support from family and friends. Daniel described their family life as good and that they were lucky with their upbringing.

4.2 Robert's long term health condition, Myasthenia Gravis[6] meant that he was no longer working. He had been employed as an electrical engineer and his company's insurance scheme meant that he received full pay including his pension being paid for. After his diagnosis Robert was admitted to hospital several times but had stabilised more recently. Myasthenia gravis (MG) is a long-term neuromuscular junction disease that leads to varying degrees of skeletal muscle weakness. The most affected muscles are those of the eyes, face, and swallowing. It is important to note that this is not a curable condition currently and that this impacted on how Robert presented to others because of his difficulty with facial expressions.

4.3 Robert was described by family and those who knew him as socially awkward, quiet, and not very interested in other people. While Myasthenia Gravis is a condition, which may have caused Robert some difficulties, it is not associated with mental illness.

4.4 Deborah's health was generally good. She had had two previous epileptic fits. Once in childhood and once when she was pregnant eighteen years previously. She took daily medication to prevent having another fit, primarily as a precaution so that she could continue to drive.

4.5 Robert said that he had left Deborah alone at home at approximately 11am to go to the shops to buy celebratory food for Daniel (following his driving test). He realised he had forgotten his wallet and returned home approximately 10 to 25 minutes later. He found Deborah collapsed in the garden and called emergency services, telling them that he thought Deborah was not breathing. He said that he performed CPR.

4.6 As there were no witnesses Robert was able to tell paramedics and the air ambulance doctor that Deborah suffered from epilepsy and that this could be the reason for her death. All professionals present (Air ambulance doctor, paramedics, and police) accepted Robert's account. The doctor recorded her death and noted a childhood history of

[6] https://www.myaware.org/myasthenia-gravis

epilepsy which had returned when she was pregnant, 18 years previously and that 'much of the time it was controlled by medication'. There were no other injuries or any obvious causal incident and no markings on her body, which may have been expected if she had collapsed on paving or grass. Equally, as there were no visible injuries present, the police and medics had no immediate reason to consider a suspicious death.

4.7 Deborah's body was taken to the coroner who instructed their pathologist to carry out a coronial autopsy. As part of this post-mortem examination, blood was submitted for toxicology analysis. Testing was limited to the anti-epileptic medication Deborah was taking.

The post-mortem report showed that Deborah was well when she died. She had had some mild heart attacks, but these were not a cause of death. Deborah did not meet the more usual description of someone who dies by SUDEP[7]: There were no signs of epilepsy such as tongue biting and no markings on her body from bruises or cuts from a fall. The report recommended that sudden unexpected death in epilepsy (SUDEP) be considered if no toxicological cause of death could be found.

4.8 SUDEP is defined as 'sudden unexpected witnessed or unwitnessed, non-traumatic and non-drowning death in epilepsy with or without evidence of seizures (including documenting status epilepticus) and where autopsy does not reveal another cause of death. SUDEP is given as the cause of death when someone is believed to have died during or after a seizure where no other cause of death can be found.[8]

4.9 'SUDEP is estimated to occur in about 1:200 patients with severe chronic epilepsy. Death is likely to occur during or after seizures. Consistent risk factors are poor seizure control, frequent generalised seizures, multiple anti-seizures drugs and longstanding epilepsy. Death is often unwitnessed, often nocturnal occurring during or just after seizure with the body found prone or close to bed. Clinical evidence of seizures is often present (bitten tongue or urinary incontinence)[9] with patients frequently found dead in bed, lying face down and not appearing to have had a convulsive seizure.

4.10 *'SUDEP is the sudden, unexpected death of someone with epilepsy, who was otherwise healthy. In SUDEP cases, no other cause of death is found when an autopsy is done. Each year, more than 1 in 1,000 people with epilepsy die from SUDEP. This is the leading cause of death in people with uncontrolled seizures.'*

4.11 The post-mortem report stated that 'there is a history of previous epilepsy...the deceased has not had a major attack in the past 18 years."

[7] https://www.epilepsy.com

[8] Greenfields Neuropathology 9th Edition, Vol 1, Chapter 11, pp 690)

[9] Greenfields Neuropathology 9th Edition, Vol 1, Chapter 11, pp 690).

4.12 The coroner accepted the post-mortem report and gave the cause of death as SUDEP.

4.13 There was no mention in any documents about the absence of a full toxicological examination in accordance with published guidelines for pathologists.

Deborah's Family and Friends

4.14 Daniel, Deborah's older son, described a good childhood with holidays and regular activities. They played bowls as a family and the two boys attended a range of after school activities. Their paternal grandfather lived close by, and they saw him regularly. They also saw their maternal grandparents frequently even though they lived in Northern England.

4.15 Daniel described Robert as being 'good with money' and not having a lavish lifestyle. He bought an MGB roadster after Deborah's death, but this was atypical. He was more inclined to buy tools for example a laser cutter to make fruit bowls with. Daniel added that Robert's illness had an emotional but not a financial impact on the family as Robert was fully paid via the company's insurance scheme. He described Robert's illness as impacting on his ability to show facial expressions as the muscle weakness meant that half his face could not lift. This made him self-conscious, and others frequently misinterpreted the way he was feeling.

4.16 Gemma, Deborah's younger sister, described Robert as difficult to get on with, judgemental and acting in a superior way. She described her family life with her siblings as close, visiting each other and holding family events. The three siblings all had two boys and the children played together. Robert tended to watch and judge, Deborah explained that his facial expressions were caused by his medical condition and never expressed concerns about Robert to her friends.

4.17 After the funeral, the family saw less and less of the children.

4.18 Gemma knew Robert's family well and was able to tell the Chair that Robert's mother had Post Natal Depression after he was born, she then developed OCD.

4.19 Gemma visited Robert, when his parents were there, and she described feeling something was not right; Robert was reluctant to discuss Deborah's death in any detail and said that he didn't need to know what had happened to Deborah. The police did not speak with her, and she felt that Robert was not discussing what had happened and held back from her. She wanted to find out more and whether Deborah was still alive when the paramedics arrived. She called and spoke with the coroner, who explained the process to her. When Robert found this out, he was very angry and slammed the phone down on her. Following this she did not make any further enquiries.

4.20 **Pauline** met Deborah at University, they shared a room in their first year and were part of a group of friends who kept contact with each other after they left University. Robert was two years ahead of them. He didn't socialise with the group, but they knew him as he was dating Deborah. She described him as seeming to be a nice, quiet guy and that the two appeared to be well suited. She described Deborah as 'lovely … she got on with everybody and would not say a bad word or gossip about anyone.'
Pauline described meeting Deborah's parents and her sister, Gemma. She was bridesmaid with Gemma at Robert and Deborah's wedding.

She recalled that Deborah had an epileptic episode when she was pregnant and collapsed at a supermarket, she knew nothing more about the epilepsy and described her shock when she saw on Facebook that Deborah had died. She called Robert but he said he didn't want to talk.

Robert then kept in touch with Pauline after Deborah's death and chatted with her on the phone for several weeks after Deborah died.

4.21 Robert told Pauline that he had met someone online after joining a group for widows and widowers. It was less than a year after Deborah died, and Pauline felt it was quite soon. She described Robert as being money orientated but not violent or controlling of Deborah, as far as she was aware.

4.22 **Maria** was a university friend of Deborah's and described meeting Robert when Deborah was first involved with him. After leaving University, the group of friends met up regularly, but Robert was often unwell and so Deborah was not always able to join the group. When they did meet, Deborah didn't complain about Robert or any domestic issue. Maria attended Deborah's funeral and described her concern about Robert's behaviour, saying that he didn't appear to be upset and when she asked Deborah's mum about seeing the boys, she answered that she wouldn't be seeing much of them.

4.23 Nicola and Tony were next door neighbours of Robert and Deborah. Nicola had been a Practice Nurse for fifteen years and was previously a District Nurse. Tony is a GP. They have two sons, both of whom are profoundly deaf. They were neighbours of Robert and Deborah and described the family as loving and very much a unit. Nicola said she would never have guessed there were any issues and many neighbours agreed. Robert would drop things to the door, and they looked after each other's pets, and he delivered the parish magazine. Nicola described how she supported Deborah when Robert had a relapse when the children were younger. She described how his condition stabilised over the years.

4.24 She returned home from work on the day Deborah died, to see an ambulance outside their house. She went over and saw Deborah lying on the patio. A paramedic had just finished trying to resuscitate her, and Nicola assumed the paramedics had moved her. She recalls being surprised that there was no blood or visible injury such as bruising or a head injury from her fall. She was never asked what had happened by the police and she was not aware of any police investigation into Deborah's death. She was surprised about SUDEP as the cause of death as it is so rare and usually for uncontrolled epilepsy. In her experience she would have expected to see bruising at the back of Deborah's head. She described Deborah as having a heart of gold and being 'one of the good people who adored her boys'.

4.25 Nicola's husband, Tony, is a GP and was the first doctor to see Deborah after she died. He arrived home after Nicola and immediately joined her next door. He said that his first thought was that it was unusual to die from an epileptic fit and that he would have expected to see vomit or injuries from falling on a hard surface.

Alice's family and Friends

4.26 Alice's family and friends are included in this DHR to attempt to gain more insight into Robert's behaviour and to look at whether there were similar patterns in the two homicides which could assist with learning.

4.27 Alice's brother, Peter, had been concerned about her following the death of her husband. He described her as almost inconsolable. He was relieved to see she was happy with Robert, although he described Robert as socially 'clunky'. He commented that there were no 'warning signs', that she had been planning their wedding on the morning of her death and he was not aware of any problems or issues. He did in hindsight remember having a short conversation with Robert after his Civil Partnership in 2013. Robert had noticed that Alice spent time on the internet researching herbal remedies and asked whether she might buy remedies online. Peter thought this was a strange question. Looking back at this event, Peter felt that he may have been making plans to murder her even at this early stage.

4.28 Alice was wealthy and after her husband died, she wrote a Will and was advised to take out an insurance policy to cover inheritance tax. Robert was present when she agreed the policy which was worth about £1m and in this way was aware he was a beneficiary of the insurance policy.

4.29 When Alice went missing her family and friends became more concerned as time went on, and their suspicion of Robert's involvement grew. Peter recalled a police officer asking whether he had any theories about her disappearance, to which he

volunteered that he did not think that [Robert] could be involved as he appeared too disorganised to carry such a thing out.

4.30 One friend, Fran, who knew Alice from childhood described Robert as being very pushy and that he did not like Alice to be friends with her, to the point that Alice no longer visited when she was in the area visiting her mother. She recalled Alice telling her that on her first date with Robert she jumped out of the taxi and said she was not interested. She recounted Alice telling her about the first time she went to Robert's house. A gazebo was set up in the garden and they had a picnic there and then had sex for the first time. About two months later he pointed to the same spot and told her 'That's where I found Deborah.'

4.31 Another friend noted how difficult it was to speak about Deborah as Robert became angry and would not talk about her.

4.32 Emma, the friend who stayed with Alice after her husband tragically died in a drowning accident in the Caribbean, spoke about Alice's grief. Alice started a blog and went on websites where she made some good women friends.

4.33 She felt that Robert had put a lot of pressure on Alice, turning up uninvited to her home late in the evening after she had told him not to come to her house. Alice also paid for most things which he didn't resist - she was wealthy and happy to share her money.

4.34 Emma was in email contact with Alice on the Monday she died as they were both in the middle of important events in their lives. Alice was booking the wedding venue for the following year, and Emma was selling her house. Emma called to tell Alice she had exchanged on her property, but she didn't answer.

4.35 On the Wednesday morning Emma contacted Peter's partner as she was very worried. Alice had been about to put a £10k deposit on a wedding venue, so going missing was very surprising. Peter contacted Robert who told him that she had left a note to say that she had gone to Broadstairs and not to try and contact her. He said he had thrown the note away. They agreed to give her space but also agreed that if they had not heard from her by the following day, Peter would travel to Broadstairs to speak with her. He did this but found no sign of her or her dog. He contacted the cleaner who went into the house but also found no signs of her being there. When Peter told Robert, they agreed to contact the police which Robert did that morning (Friday).

4.36 Emma recalled a neighbour telling her she saw him at the dump, throwing out a duvet and in hindsight wondered if he had dragged Alice outside on the duvet.

4.37 Emma said that Robert had given Alice a ring that Deborah had worn. Alice was uncomfortable with this and felt it was strange, but he expected her to wear it, so she wore it on her right hand.

4.38 Alice spoke to friends about being tired and dropping off to sleep frequently and about speaking to her GP who said it could be menopause. One friend questioned this and advised her to get blood tests.

4.39 Family and friends described concerns when she was still missing. These included Robert telling a close friend that she had left a note saying she was in Broadstairs and didn't want to be disturbed. This was out of character, especially when Alice did not respond to phone and other messages friends and family had sent her.

4.40 In summary, Robert was seen as 'hard to talk to' 'cold and uncommunicative' and not liking Alice having close friends. There was a general feeling that they had trusted the police and professionals, and that this trust had led them to not raising questions about Deborah's death.

4.41 Emma spoke to the police twice, once when he was first arrested and once just before the trial. She felt that, given her closeness to Alice, the police should have spoken with her more often; she could for example have told them about Alice falling asleep and about a neighbour telling her she had seen Robert throwing out the duvet. They might then have been able to arrest Robert more quickly and reduce the ongoing trauma friends and family were experiencing.

5. ANALYSIS

5.1 The Judge, at his summing up, said Robert was motivated by financial again. He had organised a life insurance policy through a friend before Deborah's death and before Alice's death and knew he would gain a significant sum. However, the Police carried out a thorough financial investigation which showed that Robert did not make all the beneficial claims he could have, following Deborah's death.

5.2 There are some suggestions from family and friends that he gained a sense of power after Deborah's death which he enjoyed and from which he derived confidence. One friend described how surprised he was at Robert's changed demeanour at the funeral, describing him as 'smug'.

5.3 Robert was described as someone with social difficulties, as lacking empathy especially with women, arrogant and not interested in others, with two people saying they wondered if he had killed Alice and little surprise when he was convicted of her murder. The Judge described him as 'love bombing' her at the start of their relationship.

5.4 The fact he wanted Alice to wear Deborah's ring; that he set up the gazebo and they made love for the first time in the same place in his garden where Deborah died reflects the power and control, he experienced in his relationship with Alice.

5.5 Professor Jane Monkton Smith's research[10] into perpetrators of DA, shows eight stages of progression in the perpetrators thinking before the homicide. A key point being an event after which the perpetrator decides to kill before beginning to plan the homicide. The main premise of her work is that the perpetrator goes through different stages before carrying out the homicide.

5.6 The Eight Stage Plan for Domestic Homicide outlined by Professor Jane Monckton Smith[11] in her research on convicted perpetrators of Homicide, is significant in that several of the stages were clearly completed by Robert:

Eight Stage Plan:

i) A pre-relationship history of stalking or abuse by the perpetrator
ii) The romance develops quickly into a serious relationship.
iii) The relationship becomes dominated by coercive control.
iv) A trigger threatens the perpetrator's control - for example, the relationship ends, or the perpetrator gets into financial difficulty.
v) Escalation - an increase in the intensity or frequency of the partner's control tactics, such as stalking or threatening suicide. The perpetrator has a change in thinking - choosing to move on, either through revenge or by homicide.
vi) Planning - the perpetrator might buy weapons or seek opportunities to get the victim alone.
vii) Homicide - the perpetrator kills his or her partner and possibly hurts others such as the victim's children,

5.7 Friends from university describe Robert as difficult and not sociable but there was no suggestion that he was abusive. His illness did mean that he was hospitalised several times, which meant that Deborah wasn't able to meet up with family and friends regularly, but she did not complain to friends about this or about Robert. There is no evidence from agencies of abusive behaviour and neighbours, family and friends did not see any signs of abuse.

[10] Professor Jane Monckton Smith (2021) https://www.bloomsbury.com/uk/in-control-9781526613196/
[11] Professor Jane Monckton -Smith (2021) I*n Control: Dangerous Relationships and How They End in Murder*

5.8 We do not know whether there was a trigger; the only factor we are aware of is that the two boys were getting older and becoming more independent with Daniel taking his driving test that day.

5.9 We know that there was significant planning involved in the homicide which included the timing of the homicide; ensuring the two boys were out, and Deborah was at home (she didn't work alternative Fridays). Her death was timed to ensure no one was around. Robert also gave false information to the paramedics and the police, claiming that he had gone out and returned to find her collapsed in the garden, and assumed she had had an epileptic fit. He did not tell them she had not had a fit for 18 years.

5.10 We now know that the information Robert gave to the professionals was incorrect. The forensic examination of her brain showed she must had died well before Robert says he left the house. The more likely scenario is that he killed her and then went out so that he had an alibi and returned shortly after to raise the alarm. His neighbours were out, apart from their sons who are profoundly deaf. Their mother confirmed they would not have heard anything.

5.11 Robert had also prepared the account of Deborah's epilepsy which he gave to the paramedics and police. He did not mention that she had not had a fit for 18 years. As there were no forensics taken of the crime scene, it is not possible to ascertain whether there might have been evidence which was missed. From the records, it appears that Robert's account was accepted and treated with the seriousness he must have been hoping for.

5.12 There is no evidence from the police or other agencies of reports of Domestic Abuse by Robert. There are however signs of possible abuse in his controlling behaviour as described by some friends and family members in his relationships with both Deborah and Alice. This included reports of them always paying for meals or drinks. Although there were no reports to agencies of stalking there were references in the interviews the Chair carried out with family and friends suggestive of stalking type behaviour[12] in relation to Alice including:

a) Searching bereavement websites for widows and identifying Alice who was still in shock and grief from her husband's tragic death and

b) Persistently following and pursuing Alice, even after she had jumped out of a taxi and told him not to come to her home.

[12] https://www.paladinservice.co.uk/news/new-paladin-nsas-website-is-live

5.13 In their study, Carolanne Vignola-Lévesque, Suzanne Léveillée[13] carry out a cluster analysis of Intimate Partner Violence (IPV) and Intimate Partner Homicide (IPH) which suggests four profiles:

i) The homicidal abandoned partner (19.4%)
ii) The generally angry/aggressive partner (23.9%),
iii) The controlling violent partner (34.3%),
iv) and the unstable dependent partner (22.4%).

They report that 'Comparative analyses show that the majority of the homicidal abandoned partners had committed IPH, had experienced the breakup of a relationship, and had a history of self-destructive behaviours; the generally angry/aggressive partners were perpetrators of IPV without homicide with a criminal history and who were alexithymic; [14] the controlling violent partners had a criminal lifestyle and committed IPH; and the unstable dependent partners had committed IPV without homicide, were alexithymic, but had no criminal history.

They emphasise the importance of learning to 'Establish a better understanding of the psychological issues within each profile of perpetrators of violence .... (to) help promote the prevention of IPV and can help devise interventions for these individuals.

5.14 From accounts given by family and friends, Robert fits the description of an unstable dependent partner, with no criminal history and was possibly alexithymic.

5,15 Robert benefitted financially from Deborah's death, and one possible motivation was financial gain, having taken out life insurance for her before her death. However, his only large expenditure was on an MG Roadster which he told the court he bought because it was the first car he had with Deborah.

5.16 After Deborah's death, Robert went onto bereavement sites for widows and widowers. He met one woman, and they had a short-term relationship. He then met and pursued Alice, possibly for her wealth. Friends of Alice noted that she paid for their expenses and initially bought the house they lived in, making a substantial contribution on the sale of his property.

5.17 Robert had been forced to retire from work on medical grounds. He was however paid his full salary under the company's insurance policy. He did occasional consultancy work for his company and had a workshop where he crafted wood. He also took part

[13] Intimate Partner Violence (IPV) and Intimate Partner Homicide (IPH): Development of a Typology Based on Psychosocial Characteristics,[13];

[14] Alexithymia is a subclinical phenomenon involving a lack of emotional awareness or, more specifically, difficulty in identifying and describing feelings and in distinguishing feelings from the bodily sensations of emotional arousal (Nemiah et al., 1976). From: Neuroeconomics (Second Edition), 2014.

in local activities, bowling with the family, distributing the local newsletter, and driving his sons around. Daniel was 18 and taking his driving test and planning on going to university. His younger son at 15 was becoming more independent.

5.18 Family and friends raised concerns about how Deborah died, after Robert's arrest for Alice's murder. They added, in hindsight, some of their thoughts about Robert's personality. Some questioned his quick pursuit of a relationship after Deborah's death. He joined a bereavement site for widows and widowers possibly to find a vulnerable and empathetic partner, a few months after she died. After a first relationship ended, he met Alice on a bereavement site.

5.19 Although it would have been very difficult to piece together at the time, his behaviour might have raised concerns if seen as a series of events rather than isolated incidents:

- He told Gemma (Deborah's sister) that 'he didn't need to know' any more about how Deborah had died.
- He pursued Alice, using stalking type behaviour after she jumped out of a taxi on their first date.
- He then put pressurise on her, going to her house, after she had explicitly told him not to.
- He expected her to wear Deborah's ring, even though she didn't want to.
- He told her where Deborah had died, this was the same place they had first had sex.
- And we now know that gave her sleeping tablets over a period of several weeks to sedate her and then killed her, fabricating a story over several weeks after her disappearance before her body was found.

5.20 Alice was still very vulnerable after suddenly losing her husband. Friends described her as generous and innocent and that she trusted easily. She had a straightforward and easy early life growing up in a 'safe family' and then meeting her husband when she started work, after university. Robert met Alice on-line and would have easily found details on-line. He would have been aware of her financial situation and her vulnerability following the tragedy she experienced.

5.21 Robert also sought to protect himself in his planning, he asked Alice's brother whether she might buy medicines online, did not allow discussion about Deborah's death, and had little contact with Deborah's family after she died.

5.22 This Domestic Homicide classically followed the eight stages described by Dr Monckton-Smith above. There are some suggestions he planned the homicide before meeting Alice, but whether this is correct or not, he had now murdered two women who trusted him. He had also left two young men with the burden of grief for the loss of not only

their mother and their potential stepmother but also with having to process what had happened and decide to believe their father or believe the Criminal Justice process.

5.23 In summary, Robert gained financially by murdering his wife, Deborah, but there remain questions about whether this was his only motivation. We know little about their relationship, Deborah not discussing it with family, friends, or agencies. Their sons were getting older and beginning to become more independent. He faced a future where the authority he previously held at work and at home, would no longer be available to him.

5.24 Robert appears to have sought and gained a positive feeling of power from murdering Deborah. He then pursued and won a wealthy widow who wished to marry him while at the same time, he planned to murder her and was giving her sleeping tablets to sedate her. He expected to 'get away with it' again and must have gained a huge sense of power over planning her murder. But he had not planned well enough, and his lies and manipulative behaviour were exposed. He continues to deny both murders and, in this way, continues to exert some control and some sense of his own power. To admit his errors in planning and executing the murders would negate his feeling of power and control and so diminish him.

5.25 His errors, in Deborah's case, include having to agree to follow her wishes for her brain to be donated to science and in Alice's case by burying her in the cesspit under their house while telling the police and friends, she was in Broadstairs.

5.26 Robert was confident in telling the paramedics and police that she must have had an epileptic fit. This suggestion fitted with the available evidence: there were no witnesses, evidence of a break-in, physical injury, defence marks on Deborah and no evidence suggesting that there were any suspicious circumstances related to her death.

5.27 The professionals present accepted Robert's explanation and recorded her history of epilepsy. There were no suspicions of Robert, possibly because he is a white, middle-class male who lived comfortably in a rural area with his wife and two children and without any history of domestic abuse in the household.

5.28 The police officer did not carry out an investigation at the scene, accepting that Deborah's death was from natural causes. While in the circumstances this might be understandable, a supervisory officer may have raised more queries and considered domestic homicide, given that the evidence of Deborah's death was given by Robert alone.

5.29 Robert relied on the police officer, paramedics and then the coroner, not to question epilepsy being the cause of Deborah's death. If there had been a full toxicology examination, concerns may have been raised about naming SUDEP as the cause of death. Although we cannot make any inference from what took place, we know Robert went onto give Alice sleeping tablets, which made her drowsy and less compliant. Given

there were no restraint marks or defence marks on Deborah's body, it is possible he also gave Deborah sleeping tablets.

5.30 The Epilepsy Society[15] describes SUDEP as:
SUDEP is defined as the sudden, unexpected, witnessed, or unwitnessed, non-traumatic, and non-drowning death in patients with epilepsy with or without evidence for a seizure, and excluding documented status epilepticus, in which post-mortem examination does not reveal a structural or toxicological cause for death…SUDEP is when someone is believed to have died during or after a seizure where no other cause of death can be found.

5.31 Approximately 600 people (.7% of those with epilepsy) die each year due to Sudden unexpected death in epilepsy (or SUDEP). The Epilepsy Society is currently carrying out research into SUDEP but don't know for certain what its causes are. They report that some situations are thought to make SUDEP more likely in certain people. None of these were present in this case:

(i) *As SUDEP is thought to happen during or following a seizure, uncontrolled or poorly controlled seizures are a risk.*

(ii) SUDEP is thought to be more likely in people with frequent seizures, particularly convulsive seizures, than in people with infrequent seizures.

By offering a reason for Deborah's death as soon as the paramedics and air ambulance crew arrived, Robert created a sense of certainty about the cause of death. The police officer accepted this without exploring any other possible causes of death and without calling on a more senior officer to attend or secure the scene.

5.32 In their IMR, Cambridgeshire Constabulary noted that 'The account given by Robert was clearly believed by all professionals in attendance at the time and given that no concerns were raised by the pathology, further enquiries were not made. A sudden death of a relatively young person should always be dealt with as possibly suspicious.' and 'The homicide SIO identifies in his closing report that an omission occurred in the lack of full toxicology being undertaken. This is a matter that would not have been brought back to the attention of the police unless identified by the medical professionals or HM Coroner at that time.'

5.33 Deborah's body was taken to the coroner for a coronial inquest 'to identify or exclude unnatural or violent deaths and provide a cause' (The Coroners Act 1988). The purpose being to identify how, when and where the deceased came about death.

[15] Sudden Unexpected Death in Epilepsy (SUDEP) | Epilepsy Society

5.34 The Pathologists Guidelines (2006) on SUDEP outline the three stages to be completed before SUDEP is given as a cause of death.

i) A history of epilepsy,
ii) A full post-mortem to exclude any other causes,
iii) A full toxicology.

5.35 In Deborah's case, the first two criteria were met but the toxicology was restricted to checking for anti-epilepsy medication. A full toxicology examination was not carried out. The medical experts flagged this as an error in their report and in evidence at Trial.

6. CONCLUSIONS

6.1 This homicide was planned and carried out by Robert, Deborah's husband. His motivation may have partly been financial but there is evidence to show his desire for power and control. Friends and family members describe him as lacking social skills. After Deborah's homicide, he sought a vulnerable woman (Alice) who he manipulated and controlled. He fed her sleeping tablets, allowing her to continue to believe he loved her while planning to murder her.

6.2 The fact that Robert completely denies both murders and is still seeking permission to appeal the convictions reflects an arrogance and self-absorption which may suggest a form of personality disorder. Professor Jane Monkton-Smith commented on the facts of the case:

'I think that this man has personality disorder traits. His partners are disposable. Circumstances will direct how safe a partner is. If there's a change about to happen that would take the husband's control of his circumstances away, a partner is at increasing risk. Both (murders) would have been planned. Both probably had money at the centre. Both probably (prior) to a countdown of something about to change.'

6.3 The panel felt it was important that any Review Board considering Robert's release on licence should be made aware of the findings of this report and seek guidance from professionals able to assess the risk he potentially poses, particularly to women in an intimate partner relationship.

6.4 In hindsight, Deborah's death and acceptance of Robert's account, without considering any other form of sudden death, was perhaps understandable given there were no signs of a break-in or defence marks on her body. Robert's confidence and social class may also have contributed to officers' acceptance of his explanation.

6.5 However, if aware and alert to Domestic Homicide, questions may have led to an investigation at the scene about how Deborah collapsed and why there was no bruising on her body.

6.6 The chain of events was planned by Robert and may have been exposed if Robert's account had been questioned.

6.7 There has been much distress for the family and friends for many years. Professionals are called on to attend many distressing scenes and to empathise with the victim and close family, while maintaining an awareness of stereotypes and assumptions. In this case it appears that confirmation bias may have played a role. The importance of relying on actual evidence and following procedure when attending a sudden, unexpected and unwitnessed death cannot be underestimated.

6.8 Assumptions at the scene were compounded by the coroner and pathologist who were either unaware of or did not consider the SUDIP Guidelines (2006) and did not make sure a full toxicology was carried out. This may have revealed other drugs in Deborah's system (for example sleeping tablets, used by Robert on Alice) which could have meant she succumbed to Robert's attack without a struggle. This meant that there was no further investigation, and vital clues not found including lack of evidence of CPR by Robert and the incorrect timing he gave of Deborah's death.

6.9 The chain of events could, with better understanding of Domestic Homicide, led to Robert being investigated for Deborah's murder in 2010.

6.10 The police investigation into Deborah's death following Robert's conviction for Alice's murder was thorough and called on all the expertise available. The senior officers involved were reflective of why the officer at the scene might have accepted Robert's version of events.

6.11 This homicide took place in 2010, and much had changed since then, including a growing awareness of domestic homicide. A senior police officer attends all sudden and unexpected deaths, and police are trained regularly on Domestic Abuse and Domestic Homicides.

6.12 Practice within East of England Ambulance Service (EEAST's) has changed significantly since 2010 and crews now have increased access to more information when they are at an incident, because of the issue of personal iPads. Notably this includes the patients' medical records and therefore reliance on third party information is greatly reduced.

Guidelines and training for ambulance service staff are agreed nationally and it is therefore not within EEAST's remit to make revisions.

6.13 Family and friends raised their concerns that they accepted the police and coroners' decisions, feeling that their greater authority and knowledge meant they would have made the right decisions. There was also a view that, had they been asked, they would have been able to assist with earlier discovery of Alice's body and so prevent the lengthy anguish they went through while waiting to find out what had taken place.

7. LESSONS LEARNT

7.1 Since the death of Deborah in 2010, His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) police have reviewed their practice into the investigation of unexpected deaths. The improvements have been welcomed, and the policy is now that the police should thoroughly investigate all unexpected deaths with particular consideration to protected characteristics. All incidents of death that police officers attend are to be treated as suspicious until the police investigation has established that it is not.

7.2 Where no previous DA is recorded, police officers should still consider domestic homicide. Research findings into Domestic Homicides show that in 40% of DHR homicides, no previous Domestic Abuse had been recorded. https://www.gov.uk/government/publications/key-findings-from-analysis-of-domestic-homicide-reviews/key-findings-from-analysis-of-domestic-homicide-reviews

7.3 The Pathologist did not follow guidelines for SUDEP which were available at the time and the coroner did not ensure that there was a full toxicology report. Guidelines are now in place for both Coroners and Pathologists who have been reminded (2022) that they should exclude all other possible causes of death before giving the cause of death as SUDEP.

7.4 Relatives and friends spoke about how they had accepted the police, doctors, and coroner's reports. They trusted they were doing their jobs thoroughly and put their suspicions and fears to one side. They were not aware of the SUDEP diagnosis requirements. It is important that close relatives and friends are an integral part of any investigation. They should be informed about how they can bring their knowledge of the victim and perpetrator to the investigation.

7.5 We know in hindsight that Robert went on to pursue and murder Alice. Two families have been hugely impacted by their loss of very loved mothers/sisters/aunts and daughters.

8. RECOMMENDATIONS

8.1 DA Commissioners Office

That this Overview report is sent to the DA Commissioner's Office to request that:

(i) The Office of the Chief Coroner is aware of this case and is satisfied that Coroners are following Guidelines on SUDIP.

(ii) The Royal College of Pathologists is aware of this case and is satisfied that pathologists are following Guidelines on SUDIP.

(iii) That discussions are held with the National Ambulance service about this case and current procedures in place regarding unexpected deaths with consideration to protected characteristics.

(iv) That warnings are flagged on bereavement and support sites to take precautions against possible perpetrators who come from all backgrounds.
We recommend that anyone concerned after they, or a family member/friend meets a partner on a website, uses Clare's Law[16] to check with the police if the person has a history of domestic abuse. That where there is no evidence of previous domestic abuse the police ensure that Helpline numbers are given to the enquirer, who is reminded that the police are aware of one third of cases.

8.2 Cambridgeshire Coroner's Office

That this Overview report is sent to the Coroner's Office to assist with the new Inquest once it has been opened.

8.3 Cambridgeshire Constabulary

Cambridge Constabulary now follow procedures which were not in place in 2010. Unexpected deaths are now dealt with as outlined in 7.1 above.

8.4. HMPPS

That this DHR Report is held as part of His Majesty's Prison and Probation Service (HMPPS) records relating to Robert and is included in the parole dossier should Robert's case be considered for Parole.

8.5 Cambridgeshire County Council

The DASV Partnership to ensure there is a local service in place for Friends and Family to contact if they have concerns about Domestic Abuse.

[16] https://www.met.police.uk/advice/advice-and-information/daa/domestic-abuse/alpha2/request-information-under-clares-law/

8.6. Further Recommendations

The Panel are mindful of the extreme trauma that Robert's two sons have experienced. We considered the need for specialist trauma informed counselling/therapy and noted that this should be readily available to victims affected by the Domestic Homicide of a family member at any point in their future lives.

Specialist therapy and counselling can currently be accessed by contacting:

Victim Support: https://www.victimsupport.org.uk/more-us/why-choose-us/specialist-services/homicide-service/

AAFDA: https://aafda.org.uk/

Domestic Abuse support services: for local and national support please call
The freephone, 24-hour National Domestic Abuse Helpline
0808 2000 247