

STATES OF JERSEY



Jersey

DRAFT ASSISTED DYING (JERSEY) LAW 202- (P.65/2025): SEVENTH AMENDMENT

**Lodged au Greffe on 10th February 2026
by the Assisted Dying Review Panel
Earliest date for debate: 24th February 2026**

STATES GREFFE

DRAFT ASSISTED DYING (JERSEY) LAW 202- (P.65/2025): SEVENTH AMENDMENT

1 PAGE 173, ARTICLE 62 –

(1) After Article 62(2)(g) insert –

(h) how to identify –

(i) risk factors that increase the likelihood of someone’s exposure to coercive control or domestic, emotional, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and

(ii) whether someone has been coerced or pressured to do something;

(2) Renumber existing Article 62(2)(h) to (m) and cross-references accordingly.

2 PAGE 174, ARTICLE 63 –

For Article 63(2) substitute –

(2) There must be general guidance –

(a) about how to identify –

(i) risk factors that increase the likelihood of someone’s exposure to coercive control or domestic, emotional, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and

(ii) whether someone has been coerced or pressured to do something; and

(b) for families and carers of an individual.

3 PAGE 175, ARTICLE 65 –

For Article 65(2)(c) substitute –

(c) how to identify –

(i) risk factors that increase the likelihood of someone’s exposure to coercive control or domestic, emotional, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and

(ii) whether someone has been coerced or pressured to do something.

4 PAGE 176, ARTICLE 66 –

(1) For Article 66(1)(a) substitute –

(a) must arrange for the Service or another supplier to develop or change training on –

(i) how to identify –

(A) risk factors that increase the likelihood of someone’s exposure to coercive control or domestic, emotional,

- financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and
 - (B) whether someone has been coerced or pressured to do something; and
 - (ii) having appropriate conversations with patients about assisted dying;
- (2) After Article 66(1) insert –
 - (2) The training described in paragraph (1)(a)(i) is to be provided, on an ongoing basis, to agencies and services for which the training is relevant (such as Jersey Domestic Abuse Support).
- (3) In existing Article 66(2), for “The training” substitute “The other training under this Article”.
- (4) Renumber existing Article 66(2) and cross-references accordingly.

ASSISTED DYING REVIEW PANEL

REPORT

[Guidance and training on identifying risk factors and coercion]

Introduction

The Assisted Dying Review Panel (“the Panel”) proposes this amendment to the Draft Assisted Dying (Jersey) Law 202- [\[P.65/2025\]](#) which, if adopted, will strengthen the safeguarding provisions within the draft Law by ensuring that the training and general guidance required under the Law explicitly cover the identification of coercive control, domestic abuse, emotional abuse, financial abuse and other forms of undue influence, including recognising risk factors linked to a person’s sex, sexual orientation, gender identity, age, disability or socio-economic circumstances. Additionally, under the draft Law as lodged, mandatory training applies to assisted dying practitioners, certified doctors and care navigators, with wider safeguarding training for other relevant agencies and services remaining optional. This amendment would therefore introduce an obligation for the Minister for Health and Social Services to ensure that this statutory training is provided on an ongoing basis to all relevant agencies. In doing so, it strengthens the safeguards designed to ensure that any assisted dying request is made freely, voluntarily and without pressure.

Background / Context

The Crime Survey for England & Wales estimated that in the year ending March 2024, 4.8% of adults (about 2.3 million people) experienced domestic abuse; police recorded around 1.35 million domestic-abuse related incidents and crimes (about 851,000 crimes).¹ These figures confirm that abuse is common, often hidden, and relevant to any high-stakes consent process.

Police recording of coercive or controlling behaviour continues to increase as recognition improves (c. 45k offences at Year End March 2024; compared to around 49.6k by Year End March 2025), underscoring the importance of training to detect non-physical abuse patterns.²

In terms of the Jersey context, the Violence Against Women and Girls (VAWG) Review identified coercive and controlling behaviour as a major feature of domestic abuse in the Island, with more than 85% of victim-survivors surveyed reporting emotional or psychological abuse and jealous or controlling behaviours, indicating that such patterns are both widespread and frequently hidden.³

States of Jersey Police FOI tables for 2019 – August 2024 (see below Tables 1 and 2⁴) show the ongoing scale of domestic-abuse crime and conviction data locally. It is noted that the figures provided relate to recorded crimes, however, there are a far greater number of incidents reported to the Police and reported cases do not become recorded crimes until it has been established that an offence has taken place. This reflects under-recording and the hidden nature of abuse.

¹ [Office for National Statistics](#)

² [Office for National Statistics](#)

³ [WQ-431-2025.pdf](#)

⁴ [Domestic abuse statistics 2019 to 20 August 2024](#)

Table 1 (Recorded domestic abuse crimes)

Sex of victim	2019	2020	2021	2022	2023	2024*	Total
Male	138	127	116	135	121	87	724
Female	331	263	283	255	325	206	1663
All	469	390	399	390	446	293	2387

Table 2 (Domestic abuse convictions)

Sex of victim	2019	2020	2021	2022	2023	2024*	Total
Male	20	14	15	21	15	3	88
Female	46	46	36	35	39	9	211
All	66	60	51	56	54	12	299

Furthermore, in March 2025, a response from the Minister for Justice and Home Affairs to a written question⁵ highlighted low conviction proportions in domestic sexual offences (137 reported cases, with only 7 convictions). Whilst it is noted that this relates to sexual offences in particular, it nonetheless reinforces that relying on convictions alone is insufficient and that frontline professionals must be able to identify and respond to suspected coercion during clinical processes.

Evidence from the UK, Jersey and international research demonstrates that exposure to coercive control, domestic abuse, emotional abuse, financial abuse and other forms of exploitation is not evenly distributed across the population. Certain characteristics such as sex, sexual orientation, gender identity, age, disability, and socio-economic disadvantage are consistently associated with higher likelihood of abuse. Understanding these patterns is essential for ensuring that assisted dying decisions are free from pressure or coercion. The statistics relating to these patterns are outlined further below.

Sex and Gender

Domestic abuse prevalence remains significantly higher among women, who also experience more severe and repeated patterns of coercive control.

- In the year ending March 2025, 9.1% of women and 6.5% of men in England & Wales experienced domestic abuse (7.8% of adults overall, approximately 3.8 million people).⁶
- Women are more likely to suffer repeat victimisation, serious physical injury and sexual violence. Service datasets show that 92–95% of people accessing high-risk domestic abuse services (such as Independent Domestic Violence Advisers/Multi-Agency Risk Assessment Conferences) are women.⁷
- UK Police recorded tens of thousands of coercive-control offences in recent years, with a continuing upward trend, reflecting increased recognition of non-physical patterns of control, which disproportionately affect women. (45k+ offences Year End March 2024; 49k+ in Year End March 2025).⁸

⁵ [WQ.134/2025](#)

⁶ [Office for National Statistics](#)

⁷ [SafeLives](#)

⁸ [Office for National Statistics](#)

Sexual Orientation

Sexual orientation is a significant risk factor, with some groups experiencing disproportionately high rates of abuse.

- Stonewall reports that more than 1 in 10 LGBT people experienced domestic abuse from a partner in the last year.⁹
- Evidence shows bisexual women are at much higher risk: they are almost three times as likely as heterosexual women to experience domestic abuse and experience more types of abuse than lesbians.¹⁰
- Research highlights that bisexual survivors are less likely to feel adequately supported by police and more likely to need specialist services – underscoring the importance of practitioners being trained in sexuality-sensitive safeguarding.¹¹

Gender Identity

Trans and non-binary people also face disproportionate levels of abuse, often compounded by discrimination, stigma and barriers to accessing support.

- Research indicates 16% of trans women reported domestic abuse in the past year, compared with 13% of bi women, 10% of lesbians and 6% of women in the general population.¹²
- Community surveys have found as many as 80% of trans people will experience domestic abuse at some point in their lives, including coercive control and identity-based manipulation such as threats of “outing.”¹³

Age

Older adults experience domestic and family abuse at meaningful levels, although they are often under-identified due to outdated assumptions about age and risk.

- Recent ONS-aligned analyses in England and Wales show that 1 in 20 people aged 60–74 and 1 in 30 people aged 75+ experienced domestic abuse in the past year – equating to around 700,000 older people.¹⁴
- Older women are significantly more likely to experience partner abuse, whereas men and women are equally at risk of abuse from adult family members, especially where health dependency is present.¹⁵
- Poor health makes older people three times more likely to experience domestic or family abuse and unemployment or being economically inactive two and a half times more likely to be a victim.¹⁶

Disability

Disabled people face some of the highest levels of abuse, often from partners, relatives or carers, and are uniquely vulnerable to coercive control due to dependence on others.

⁹ [Stonewall](#)

¹⁰ [SafeLives](#)

¹¹ [SafeLives](#)

¹² [LGBT Hero](#)

¹³ [LGBT Hero](#)

¹⁴ [Age UK](#)

¹⁵ [Durham University](#)

¹⁶ [UK study highlights risk factors of domestic abuse of older people - Pluggin Ecosystem](#)

- Disabled adults are more than twice as likely to experience domestic abuse as non-disabled adults.¹⁷
- Disabled women are twice as likely as non-disabled women to experience domestic abuse and more likely to experience multiple forms (physical, sexual, financial and coercive).¹⁸
- People with learning disabilities experience the highest recorded rates, with nearly 1 in 5 experiencing domestic abuse in the last year.¹⁹

Socio-economic Disadvantage

Poverty and deprivation are strongly associated with domestic abuse, coercive control and economic exploitation.

- Research consistently shows higher domestic-abuse prevalence among people living in low-income households, deprived neighbourhoods and those in severe debt.²⁰
- Mothers in the lowest income group were nearly three times more likely to experience domestic abuse than those in the highest income group (20% vs 7%), with more types of abuse and higher frequency.²¹
- Economic abuse, such as restricted access to money, coerced debt, sabotage of employment and financial control, is widespread; 4.1 million women in the UK experienced economic abuse in the last year alone.²²

Why these risk factors matter for assisted dying

The above data shows that the likelihood of someone being coerced or pressured varies significantly by demographic and socio-economic factors. People facing higher exposure to abuse may:

- mask or minimise coercion during clinical conversations.
- be accompanied or controlled by the very person exerting pressure.
- face barriers to disclosure, especially in contexts involving partners, carers or relatives.
- experience economic dependency that constrains freely-made decisions at the end of life.

Given these established risk patterns, the Panel considers that embedding explicit training and guidance on identifying coercion is a proportionate and necessary safeguard for assisted dying in Jersey.

The Panel notes that Article 74 of the draft Law states the Committee must report the following information to the Minister and the Care Commission each year:

- (h) *personal details about all individuals who made a first request for assisted dying, all individuals whose requests for assisted dying were approved, all individuals who*

¹⁷ [Office of National Statistics](#)

¹⁸ [Public Health England - Disability and domestic abuse – risk, impacts and response](#)

¹⁹ [Office for National Statistics \(2021\)](#)

²⁰ McManus, S., Bebbington, P. E., Tanczer, L., Scott, S., & Howard, L. M. (2021). Receiving threatening or obscene messages from a partner and mental health, self-harm and suicidality: results from the Adult Psychiatric Morbidity Survey. *Social psychiatry and psychiatric epidemiology*, 1-11.

²¹ Skafida, V. (2023) Poverty, social inequality and domestic abuse: The impact on children. Implications for Social Work Practice. Birmingham: BASW [\[new.basw.co.uk\]](http://new.basw.co.uk)

²² [\[survivinge...cabuse.org\]](http://survivinge...cabuse.org)

withdrew their request for assisted dying and all individuals who died from an assisted death, such as the following –

- (i) age;*
- (ii) gender;*
- (iii) physical condition expected to cause their death;*
- (iv) use of end-of-life or other palliative care when they made the first request for assisted dying;*
- (v) main language and any additional languages used;*
- (vi) use of independent advocacy and communication support;*
- (vii) a protected characteristic under the Discrimination (Jersey) Law 2013;*
- (i) any other information about assisted dying that the Committee decides on.²³*

The Panel communicated the importance of capturing this demographic data early in the Scrutiny process and believes that applied meaningfully, together with this amendment, will strengthen the ability for practitioners to utilise the data in an informed way with the knowledge of known demographic risk factors that increase the likelihood of someone’s exposure to coercive control or abuse. It is critical that practitioners involved in the service are aware of the demographic characteristics of the patient as early as possible, so that risk factors can be identified. The training should include clear direction on how to access and flag this information discretely with the consent of the patient, and how to apply the training in this respect where one or more risk factors are relevant.

Rationale for the Amendment

The draft Law and its Addendum require mandatory continuing training for assisted dying practitioners, ‘at the intervals set by the Committee’²⁴. The Addendum states:

The training must be relevant for each assisted dying role and must include:

- all elements of the law, including the assisted dying process and assessment requirements*
- operational guidance*
- risk*
- domestic abuse and whether someone has been coerced or pressured to do something, including coercive control and financial abuse*
- the safety and well-being of professionals*
- the technical knowledge required to perform each role (e.g.: administration of approved drugs by an Administering Practitioner; certification of an individual’s assisted death by a certifying doctor)*

Additionally, other training which “*may be completed by anyone who provides health and care services in Jersey (if they wish to complete the training), and which must include training on appropriate conversations (Article 66)*”²⁵

²³ P.65/2025

²⁴ P.65/2025 - Article 65

²⁵ P.65/2025

In the public hearing held on 19 November 2025, the Panel heard that those working in assisted dying must be trained in coercion but that training for all other care providers would be optional:

Director of Health Policy: Obviously for assisted dying everyone who works in assisted dying must be trained in coercion. The Minister must provide training, make available training, optional training to all other care providers which will deal with coercion. But I think that it would be beholden on the Minister to ensure and do everything possible to ensure that there is general uptake of coercion and safeguarding training, as provided through V.A.W.G.²⁶

The Panel's amendment seeks to place this requirement on a clear statutory footing, ensuring that training on coercion and safeguarding for wider agencies and care providers is expressly provided for under the Law.

The Panel considers that the additional statutory safeguards that this amendment seeks to bring are required to ensure that all assisted dying requests are genuinely voluntary. The rationale for our amendment can be understood further under four inter-related themes:

Ensuring voluntariness where coercion is subtle, relational and easily overlooked

Assisted dying engages the highest ethical bar for consent. The Panel's expert advisers state in their report²⁷ that coercion in assisted dying can be subtle, relational and hidden, not just overt force or threats. Training must therefore move beyond 'headline' definitions to help practitioners detect undue influence, coercive control and pressure in nuanced, real-world contexts. Embedding explicit training and guidance across a wide range of agencies as possible which may intersect with assisted dying materially reduces the risk of false negatives (i.e. missed coercion) and therefore protects the integrity of the service.

Addressing known risk factors in exposure to abuse

The evidence shows that exposure to coercion and abuse is not evenly distributed. Risk is consistently higher for certain groups in society. Without clear statutory requirements, training may fail to equip practitioners to recognise group-specific vulnerabilities such as economic abuse, identity-based manipulation, carer-facilitated coercion or age-related dependency. By embedding these risk factors directly into the Law, the amendment ensures that training is standardised, comprehensive and inclusive, reducing the risk that practitioners overlook vulnerabilities that could impede a person's ability to communicate freely or make an autonomous assisted dying request. Furthermore, the Panel considers that there should be more general awareness of intersectionality and how practitioners can identify coercion where an individual may have multiple risks factors.

Aligning the assisted dying regime with modern safeguarding practice and supporting multi-agency detection

Coercive control has been legally recognised and increasingly recorded by police and safeguarding bodies emphasise the importance of multi-agency learning and trauma-informed practice. The Panel's amendment supports a multi-agency safeguarding approach, recognising that coercion or abuse may first be detected outside of clinical settings. Providing ongoing training

²⁶ [Transcript](#) – Public Review Hearing with the Minister for Health and Social Services – 19 November 2025 – p.37

²⁷ [S.R.1/2026 – Interim Report – Review of the Draft Assisted Dying Legislation – 14 January 2026](#)

to wider agencies such as JDAS thereby supports early detection, timely escalation and a coherent safeguarding response across the system.

Maintaining public confidence and legal robustness

A statutory requirement to train for and actively check coercion/abuse risks across a wider pool of agencies and providers will help maintain public trust and reduce litigation risk by evidencing that reasonable steps have been taken to safeguard voluntariness for a life-ending decision. The UK's economic and social cost of domestic abuse research also shows that prevention upfront is cost-effective relative to the consequences of failure.²⁸

Conclusion

The Panel considers its amendment to be a focused, evidence-based safeguard. It ensures that every professional involved is trained and guided to identify coercion and elevated risk factors and to act appropriately when concerns arise. Placing this content into the Law and extending training beyond clinicians to relevant agencies will help ensure that assisted dying decisions in Jersey are truly voluntary, ethically sound and consistent with modern safeguarding practices. The Panel therefore urges Members to support the amendment.

Financial and staffing implications

The Panel does not expect significant additional cost because training obligations already exist within the draft Law. The amendments clarify the scope of training and guidance, rather than creating substantial new functions. Existing training programmes can incorporate the additional content as part of their development.

Children's Rights Impact Assessment

The Panel considers that this proposition (amendment) has no direct or indirect impact on children and that the duty to have due regard to the UN Convention on the Rights of the Child does not arise. Accordingly, a Children's Rights Impact Assessment is not required under the [Children \(Convention Rights\) \(Jersey\) Law 2022](#).

²⁸ [The economic and social costs of domestic abuse \(2019\)](#)