



JUDICIARY OF
ENGLAND AND WALES

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-v-

Zac Jackson

Cambridge Crown Court
Sentencing Remarks of Mr Justice Bryan
10 February 2021

1. Zac Jackson, you have been found guilty of the murder of Katy Sprague. I must now sentence you for that murder.
2. At the start of your trial the indictment was amended to add a count of manslaughter. Upon arraignment on the amended indictment you pleaded not guilty to count 1 (murder) but guilty to count 2 (manslaughter). You admitted to strangling and killing your victim Katy Sprague (the cause of death being, it is accepted, “compression of the neck”). However you denied intending to kill Katy or to cause her at least really serious harm. If such intent was found by the jury, you relied upon the partial defence of diminished responsibility to reduce what would otherwise be murder to manslaughter. By their verdict, following your trial for murder, they rejected any such defences, having heard both factual evidence in relation to your strangling of Katy, and expert evidence from three expert psychiatrist two called for the defence (Dr Broughton and Dr Mbanu) and one for the Crown (Dr Ho).
3. Whilst all the experts agree that you presented at the time of the killing, and continue to present, with antisocial and emotionally unstable personality disorder traits and misogynistic behaviour, the experts disagreed as to whether you were, at the time when you killed Katy, suffering from the medical condition Complex Post Traumatic Stress Disorder (“CPTSD”) as a result of abuse whilst you were a child including growing up in squalid conditions, witnessing violence between your parents (who were Class A drug addicts who subsequently died from overdoses), having physical violence threatened against you, having (per part of your account to certain of the psychiatrists been sexually abused by your mother), and having been bullied at school due to your small stature; and if you were suffering from CPTSD whether the requirements for diminished responsibility were made out.
4. Dr Broughton and Dr Mbanu concluded that you were suffering from CPTSD, and that the requirements for diminished responsibility were made out. Dr Ho disagreed and considered that you were not suffering from CPTSD, and even if you were, then the requirements for diminished responsibility were not made out. By their verdict the jury rejected your partial defence of diminished responsibility (the burden of proof being upon the defence, the prosecution having satisfied the jury, so that they were sure, that you intended to cause at least really serious injury to Katy).

5. At the time of the murder, you were 36 and Katy was 51. You and Katy lived in flats under assured shorthold tenancies in a property known as Denham Place in Cambridge which is assisted living for those with mental health problems but who, it is considered, can live in the community with support (which is provided during part of the day).
6. The flats are in one block. Adjacent to that is another building with a common room, a toilet and an office. The common room is shared, and used by the residents. It is accessed via its own separate external door to that building. To get there from the flats, and save for those residing in certain ground floor flats (whose entrance door to their flats is close by the entrance to the building accommodating the common room) residents have to travel around the building from outside. There is a CCTV camera that covers the entrance to the common room, and 3 other CCTV cameras that cover the external walk around the flats. The CCTV footage and associated evidential presentation and timeline (which were agreed facts) were before the jury. The significance of the CCTV footage is that it captures the movements of all persons in and out of the common room and delineates the precise timings of events, and who was where and when.
7. On the morning of 27 November 2019 your community psychiatric nurse had attended to visit you at your flat and give you your fortnightly inter-muscular antipsychotic injection. You did not open your door which was not uncommon and with the assistance of the manager using a master key she accessed your flat. The manager left her to administer the injection (as you tended to behave better when you were alone with her). However on this occasion you did not want the injection. You were lying down and saying you wanted to be sectioned to Fulbourn Hospital (the secure mental hospital in Cambridge). You had previously been sectioned there on a number of occasions including an earlier period for 5 years, although you had lived at Denham Place for 10 years.
8. You rose up and attempted to strangle your community psychiatric nurse putting your arms around her neck. With her training, she managed to fend you off. She was sufficiently concerned about your behaviour to go to the manager's office and contact your psychiatrist with a view to the crisis team coming out to see whether you needed to be sectioned. You followed her back to the manager's office. You said you were going to kill her, kill the manager and kill Katy. This was seen at the time, rightly in my view, as a "cry for help" (as you wanted to be sectioned) rather than a present intention to carry through such intention. You had a history of such actions when you wanted to be sectioned. Your community psychiatric nurse arranged for the crisis team to attend, though they could only attend the next day, as she explained to you, and this appeared to placate you. I am satisfied that this was indeed a "cry for help" and that at that time you had no actual intent to kill or seriously injure anyone – what you wanted was to be sectioned. You had used similar techniques in the past with a view to getting yourself sectioned.
9. You and Katy each had mental health issues, but you were both cared for in the community and you were each able to lead independent lives in your own flats at Denham Place. In your case, on any view, and as all the psychiatrists agreed, you presented with

antisocial and emotionally unstable personality disorder traits and misogynistic behaviour. As Dr Broughton confirmed in terms of how you went about insulting women as part of your general attitude to woman, your modus of operating, as a matter of long standing, was to provoke altercations with random women in the street by making a disparaging comment to her, the woman would challenge you as to what you said and you would say you heard what I said, and you would continue with a further insult. She would either disengage or leave so you considered you had won, or on some occasions she would react violently with a slap or a punch which would reinforce your negative perception of women.

10. You were something of a loner and reclusive spending much of your time in your flat. If you were out and about if you saw people you knew you tended to cross the road to avoid them rather than acknowledge them. You had large numbers of Star Trek magazines and books, and DVDs in your flat, so many that the piles obscured your television and prevented its use. You also had books on conspiracy theories such as in relation to who shot JFK and whether anyone had, in fact, landed on the moon. You were obsessed with the American rapper Eminem with whom, and whose lyrics, you associated with – it often appeared that you were speaking in tongues, when in fact you were reciting Eminem lyrics. In addition to your mental health issues you also had physical health problems including chronic constipation which may have been a side-effect of the anti-psychotic medication you were on, as well as an inflammatory condition of the oesophagus and acid reflux, although when you repeatedly reported acute pain and other symptoms, no underlying serious medical condition was found, and when investigatory treatment was offered you tended to decline it. The evidence is that when you were suffering from your physical health problems this tended to exacerbate your mental health problems (and vice versa), so it was something of a spiral of interlinked problems. In consequence, particularly when you were complaining of your physical health problems (as you were on the date of the killing), you often spent time in your flat literally under your duvet.
11. Katy had her own mental difficulties including acute anxiety and a literal belief and phobia that “the sky was going to fall in on her”, which she persisted in no matter how many times she was reassured that it would not. Her mental difficulties meant that she could behave like a teenager and screamed loudly if she did not get her own way. Her flat was above yours. You were not friends. She played her music loudly and if you complained she turned it up. You tried to avoid her. However such difficulties as Katy had, were no more than a manifestation of her mental health difficulties, and from what I have heard from those who would know, Katy also came across as kind, considerate, loving and loyal. There is nothing that Katy could have said or done that afternoon that could possibly justify you killing her, as you were to do that day.
12. That afternoon, at a time when there were no staff on site, you were in the common room alone. Katy came in the room with another woman. That other woman then left. You were then left alone together. I am satisfied, so that I am sure, that you then had an argument with her (you were yourself to say you had an argument soon after you killed her). Whatever the cause of the argument, or whatever was said (and no one will ever know given that you killed Katy, the only witness to your crime) you, I am sure, became angry and killed her. There is nothing to suggest that she was violent to you, and no such suggestion has been made. I am also sure that she did not scream at you prior to her

desperate cries for help. It may well be that she said something to you, or in response to you, that particularly angered you, but that can provide no justification for what you did. I am in no doubt that you became angry with her and then strangled her, literally to death.

13. An issue arises as to whether you intended to kill her or only cause her really serious injury (on the jury's verdict one or other must have been the case). If the latter that would be a statutory mitigating factor (the former is assumed within the statutory starting point for the minimum term). I have no doubt whatsoever, on the evidence that the jury heard, that you intended to kill her.
14. You strangled her with your hands and she died as a result. The cause of her death (which was ultimately not challenged) was "compression of the neck". The pathologist Virginia Fitzpatrick-Swallow described the force used as moderate, and her evidence was that it would have required at least 5 to 10 seconds of continuous pressure for Katy to lose consciousness. The presence of petechial haemorrhages which were found (pin prick bruises including under the eyes typical of strangulation) would have required at least around 10 to 30 seconds of sustained pressure.
15. Unfortunately the evidence does not support a conclusion that Katy quickly lost consciousness and died without any mental or physical suffering or without a prolonged ordeal. On the contrary the factual evidence is that she cried out for help (crying help three times) and the evidence is consistent with a struggle between you. The pathologist was to recount Katy had considerable bruising on her arms consistent with gripping, and abrasions consistent with defensive injuries from her fingernails as she clawed herself no doubt in a desperate, but unsuccessful, attempt to get you to desist.
16. Still more fundamentally in terms of your intention, and the duration of the attack, the jury heard an eyewitness account of you strangling Katy, desisting when interrupted to threaten that other witness, and then resuming your strangulation once, and potentially twice more. Not only does this show control in your conduct, but it also shows a determination, and intention, to kill. Had you only intended to cause Katy serious injury you would, I am satisfied, have desisted when interrupted.
17. More specifically, another resident David Barron, went to the toilet adjacent to the common room. He heard Katy screaming. This was he recognised, a cry for help. He heard no screams before this (i.e. Katy was not screaming for any other reason contrary to what you were to recount to the defence psychologists). Mr Barron went into the common room and witnessed you strangling Katy with his own eyes. He told you to stop. His evidence is that this caused you to stop strangling Katy, but that you then approached him with your arms out as if threatening to strangle him too. He closed the door shut behind him and held it shut so that you could not follow. However he heard Katy scream again, so she must still have been conscious despite your initial strangulation of her. He went back in. You had resumed strangling Katy. Again he was threatened by you. He retreated and went away to call the emergency services. When he returned Katy was unconscious in all probability dead. His account is not consistent with any prior screams from Katy, and whilst he accepted that he might have been muddled as to the precise sequence of events, he was clear in chief, in cross-examination and in re-examination, that there were the two

separate incidents of strangling with you breaking off strangling Katy to threaten him, and you then began strangling her again. I found him a convincing witness, and I am sure that that is what occurred. Indeed, and assuming that Katy was still alive when he left (and she had been screaming for help when he came back in causing you to break off), the likelihood is that you continued to strangle Katy after his departure for the third and final (fatal) time.

18. Another witness the jury have heard was a Ms Sally-Ann Blackman. She was a neighbour living opposite Denham Place, and on the afternoon of 27 November 2019 she too heard a big scream and like someone asking for help, she heard the word help about three times and recognised the voice as Katy's who she knew. This is entirely consistent with, and corroborates, Mr Barron's account.
19. Quite apart from the tragic loss of Katy's life as a result of your actions, Katy's whole family has been left traumatised by her senseless murder. As is clear from the moving personal impact statement of Rebecca Sprague, Katy's sister, and her mother, Carol Sprague, which makes painful reading, Katy's murder has had a profound and emotional impact on Rebecca and her own children, whilst her mother has suffered panic attacks and vivid memories, as a result of which she feels she has no option but to sell her house of 23 years in Cambridge and move to London, to be supported by her remaining daughter Rebecca.
20. Katy's family also feel that others have let Katy down. It would not be appropriate for me to say any more about that in circumstances where I understand that there is an Adult Safeguarding Enquiry in progress under section 42 of the Care Act 2014. I would, however add, from all the evidence that I have heard, that I consider your community psychiatric nurse did all that she reasonably could that day to have you assessed. I do not consider that she bears any responsibility for the tragic events that followed. Whether there are wider lessons to be learned in relation to the tragic events of that day is for others to consider.
21. There is only one sentence that the law allows to be passed for the offence of murder, that is a mandatory sentence of imprisonment for life.
22. I am required to specify the minimum term, pursuant to Schedule 21 of the Sentencing Act 2020, which must elapse before you can be released on licence.
23. The first step, in determining the minimum term, is for me to assess the seriousness of your offending. I am satisfied that the appropriate starting point is that under paragraph 5 of Schedule 21, namely a starting point of 15 years.
24. Having chosen that starting point I am required then to take into account the aggravating and mitigating factors in your case.
25. Paragraph 9 of Schedule 21 sets out a non-exhaustive list of aggravating features.

26. Two statutory aggravating factors are identified by the prosecution, they are that “mental or physical suffering was inflicted on the victim before death” (paragraph 9 (c)) in terms of the manner of the killing with strangulation, and Katy being heard screaming for help and having injuries which indicated she had struggled before she died, and that Katy “was particularly vulnerable because of disability” (paragraph 9 (b)) as she suffered from acute anxiety and learning difficulties. In contrast, the defence deny that there are any such aggravating factors. As to the former point, it is said that the manner of the killing did not inflict mental or physical suffering beyond that which would attend any killing by strangulation, and that the starting point for the minimum terms encompasses all the various ways in which the offence of murder can be committed and strangulation is not singled out as a manner of death which of itself aggravates the sentence. As to the latter point, it is said that whilst Katy did suffer from acute anxiety and had mild learning difficulties she was not “particularly” vulnerable because of her disability, that the vulnerability must relate to the attack which resulted in death, and that her vulnerability did not make the attack more easy to commit nor was it exploited for the purposes of the attack.
27. As to the former point I am quite satisfied, that mental or physical suffering was inflicted on Katy before death in the circumstances that I have already identified. It is not the fact of strangulation, but the fact that Katy undoubtedly suffered both mental and physical suffering and was subject to a prolonged ordeal, as she cried for help, struggled with you and attempted to fend you off suffering defensive injuries, as you strangled her at least twice (and probably three times) with interruptions as you threatened Mr Barron. Katy must have suffered greatly in such circumstances. Ultimately it matters not whether your actions fall precisely within the statutory language – the seriousness of your offending was aggravated by such actions, and the statutory aggravating factors are not exhaustive of matters that may aggravate your offending.
28. You may well be right (without deciding the point) that to fall within the statutory language the vulnerability must relate to the attack which resulted in the death, but I consider that your offending was aggravated, more generally, by the fact that you attacked a vulnerable woman, who was vulnerable as a result of her own mental health issues, in an area of assisted housing in which she was entitled to feel safe in the form of the shared common room adjacent to her flat, which was her home.
29. I am satisfied that the aggravating features of your offending justify an increase from the starting point before turning to a consideration of the mitigating features.
30. Whilst it is suggested that there was no intent to kill (which would be a mitigating factor) I am sure that you had such an intention for the reasons I have given. Whilst that does not aggravate your offending the existence of such intent removes any such mitigation.
31. I am satisfied that paragraph 10(b) is engaged, namely a lack of pre-meditation. Paragraph 10(c) is also engaged, namely that you were suffering from some mental disability in the form of emotionally unstable personality traits at the time. The jury rejected the plea of diminished responsibility. The defence submit that you were correctly diagnosed by Dr

Broughton and Dr Mbanu as suffering from complex Post Traumatic Stress Disorder and that their evidence should be preferred to that of Dr Ho, albeit that its severity was not sufficient to amount to the partial defence of diminished responsibility (which requires that when you killed Katy you were suffering from an abnormality of mental functioning which substantially impaired your ability to do one or more of understanding the nature of your conduct, form a rational judgment or exercise self-control and that your abnormality of mental functioning provides an explanation for your conduct in killing Katy, such as if it caused the killing or it was a significant contributory factor in causing you to kill Katy).

32. I am prepared to assume that you were suffering from complex PTSD, although I have grave doubts in that regard given that it is not obvious that there was a stimulus relating to your childhood, and one would have expected avoidance or flight rather than attack on the particular facts where you could simply have walked out of the common room, had you been suffering from complex PTSD. However even if you were subject to such a condition I am sure that you understood the nature of your conduct, you were able to form a rational judgment (given that you chose to strangle Katy repeatedly having twice broken off to threaten another), and that whilst you did not exercise self-control, that best fits with you reacting with anger (and as the experts confirmed people with PTSD can react with anger just as those without it), and I do not consider that any form of PTSD caused the killing or was a significant contributory factor in you killing Katy. I am sure you killed Katy because she angered you, not because of any complex PTSD.

33. In this regard it is also telling to consider how you behaved after you had been treated for complex PTSD by Dr Broughton at Northside House. His evidence was as follows. There was “some improvement in [your] C-PTSD symptoms, you became “fractious and confrontational” with “direct confrontation” and “sustained threats to violently assault individuals”, with this escalating in time to a state as summarised by Dr Broughton as follows:-

“Mr Jackson’s interaction had become dominated by complaining about individuals whom he believed had slighted him and talking about violent fantasies he had about seeking retribution. This escalated in time to threatening to slit their throats. The misogynistic themes also gained in prominence with Mr Jackson making overtly insulting comments about female nurses’ appearances and calling them “sluts”. He became particularly fixated on a specific member of staff whom he maintained had called him “little man” when they met initially and he continued to make threats to assault, kill or disfigure her in a manner that appeared offence-paralleling. The threats reached a point where he had to be managed in seclusion”.

34. Accordingly, whilst the killing is to be seen against the backdrop of your complex PTSD and, more pertinently in my view, your emotionally unstable personality disorder traits, which I take into account as mitigating factors reducing your culpability, there are limits to the extent to which they do so. The predominant feature of your offending was one anger and an intent to strangle Katy to death persevered in over time.

35. I also take into account by way of mitigation your age and previous good character, the health conditions from which you were suffering, and the appalling childhood upbringing

you had that I have already foreshadowed and which was graphically described by your brother in his statement.

36. The mitigating factors , which I have identified and given careful consideration to, are to be set off against the aggravating factors that I have identified.
37. I sentence you to life imprisonment. Having regard to the aggravating and mitigating features in your case, I am satisfied that they weigh each other out, and that the appropriate minimum term is one of 15 years. You will receive credit for the number of days you were remanded in custody (whether in Northside House Norwich or in prison) which I am told is 440 days. If the calculation of the number of such days is in error it can be corrected administratively.
38. It is important to emphasise, so that you and the public can understand the position, that the minimum term is just that - a minimum period which cannot be reduced in any way. After it is served, there is no guarantee that you will be released at that time, or at any particular time thereafter. It is then only if the Parole Board decides you are fit to be released that you will be released. It is possible you may never be released. Moreover, if and when you are released you will remain subject to licence for the rest of your life, and may therefore be recalled to continue your life sentence if you reoffend or otherwise breach the conditions of your licence. It is in these ways that a life sentence protects the public for the future.
39. The statutory surcharge will be added to the record.