Safer Woking Partnership

Domestic Homicide Review Report

Under s9 of the Domestic Violence, Crime and Victims Act 2004

Review into the death of Jean
in December 2019

Report Author: Christine Graham
April 2021

Preface

The Safer Woking Partnership and the Review Panel wish at the outset to express their deepest sympathy to Jean's family and friends. This review has been undertaken in order that lessons can be learned.

This review has been undertaken in an open and constructive manner with all the agencies, both voluntary and statutory, engaging positively. This has ensured that we have been able to consider the circumstances of this incident in a meaningful way and address with candour the issues that it has raised.

The review was commissioned by the Safer Woking Partnership on receiving notification of the death of Jean in circumstances which appeared to meet the criteria of Section 9 (3)(a) of the Domestic Violence, Crime and Victims Act 2004.

This Overview Report has been compiled as follows:

Section 1 will begin with an **introduction to the circumstances** that led to the commission of this Review and the process and timescales of the review.

Section 2 of this report will **set out the facts** in this case **including a chronology** to assist the reader in understanding how events unfolded that led to Jean's death.

Section 3 will provide **overview and analysis**.

Section 4 will analyse the **other issues** considered by this Review.

Section 5 will bring together **the lessons learned,** and **Section 6** will collate the **recommendations that arise.**

Section 7 will bring together **the conclusions** of the Review Panel.

Appendix One provides the **terms of reference** against which the panel operated.
Where there were opportunities to intervene, this is shown in a text box. Examples of good practice are in italics.

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Section One – Introduction

1.1 Summary of circumstances leading to the Review

1.1.1 On an afternoon in December 2019, police received a call to an address in Surrey. Upon arrival they found the deceased body of Jean in the kitchen of the house. Jean had been decapitated and her ring finger, which had been cut off, had been placed in the kettle. Her head had been placed in the freezer.

1.1.2 Two men, Jean's son and Michael, her husband, who were present at the house were arrested on suspicion of her murder. Michael was later de-arrested and was spoken to as a witness. The perpetrator in this case, Jean's 46-year-old son was deemed not fit for interview and was detained under Section 2 of the Mental Health Act. He was later reassessed and considered fit to be detained and was subsequently interviewed and charged with his mother's murder. He was also charged with threatening to kill Michael arising out of the same incident. He was then assessed under Section 35 of the Mental Health Act, and it was decided he was fit to stand trial.

1.1.3 The perpetrator pleaded 'not guilty' to Jean's murder and the threats to kill Michael but was convicted by Jury after a trial at the Central Criminal Court which took place in late summer of 2020. He was given a life sentence with 19 years to be served before he would be considered for parole for the murder of his mother. He was also sentenced to 18 month's imprisonment, which will run concurrently, for threatening to kill Michael.

1.2 Reasons for conducting the Review

1.2.1 This Domestic Homicide Review is carried out in accordance with the statutory requirement set out in Section 9 of the Domestic Violence, Crime and Victims Act 2004.

1.2.2 The review must, according to the Act, be a review 'of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

(a) A person to whom he was related or with whom he was or had been in an intimate personal relationship, or
(b) A member of the same household as himself, held with a view to identifying the lessons to be learnt from the death'.

1.2.3 In this case, the victim was mother of the perpetrator therefore, the criteria have been met.

1.2.4 The purpose of the DHR is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result
- Apply these lessons to service responses including changes to policies and procedures as appropriate

- Prevent domestic violence and homicide and improve service responses to all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest possible opportunity
- Contribute to a better understanding of the nature of domestic violence and abuse
- Highlight good practice

1.3 Methodology and timescales for the Review

1.3.1 The Safer Woking Partnership was advised of the death by Surrey Police on 23rd December 2019 who requested that a DHR was considered.

1.3.2 The Chief Executive of Woking Borough Council and the Community Safety Partnership Chair considered the request and agreed that the criteria had been met and that a review should be held.

1.3.3 On 22nd January 2020 the Home Office was advised that a DHR was to be undertaken.

1.3.4 On 7th February 2020 a meeting was held to discuss this request. The meeting was attended by:

- Woking Borough Council
- Surrey Police
- Surrey County Council, Adult Social Care
- Surrey Wide Clinical Commissioning Group
- Your Sanctuary (domestic abuse specialist support service)

1.3.5 At this meeting the case was outlined, and agency involvement was discussed. Potential terms of reference and panel membership were discussed, and the group agreed that the criteria had been met.

1.3.6 An Independent Chair and Report Author were appointed in May 2020. The family were notified by the Chair and Report Author that the review was to take place at the beginning of June 2020.

1.3.7 Agencies were asked to secure and preserve any written records that they had pertaining to the case. Agencies were reminded that information from records used in this review were examined in the public interest and under Section 115 of the Crime and Disorder Act 1998 which allows relevant authorities to share information where necessary and relevant for the purposes of the Act, namely the prevention of crime. In addition, Section 29 of the Data Protection Act 2018 enables information to be shared if it is necessary for the prevention and detection of crime, or the apprehension and prosecution of offenders. The purpose of the Domestic Homicide Review is to prevent a similar crime.

1.3.8 A chronology was compiled bringing together the information that was known by each agency. As a result of the Covid-19 restrictions in place the panel met for the first time, virtually, on 21st July 2020 when the following agencies were present:

- Ashford and St Peter's Hospital

- Guildford and Waverley Clinical Commissioning Group
- Surrey and Borders Partnership NHS Foundation Trust
- Surrey County Council – Adult Social Care
- Surrey County Council – Substance Misuse Commissioning
- Surrey Police
- Woking Borough Council
- Your Sanctuary – local domestic abuse specialist support service

1.3.9 At that stage the trial had not been held and the issues in the case were still unclear, as a result the review continued in limited scope waiting on its outcome. Once this was completed, the review recommenced, and the panel met again on 2nd November 2020.

1.3.10 Given the lack of information held by agencies, Individual Management Reviews were not commissioned, rather the review progressed based on specific supplementary questions being asked of agencies to supplement the information that they had provided to enable the chronology to be compiled. This ensured that this review could be progressed in a timely, thorough, but proportionate manner given the circumstances of this particular case and the impact of Covid-19 upon all organisations at the time of the Review.

1.3.11 The Review Panel met four times and the review concluded in August 2021.

1.3.12 The review could not be completed within six months due to the need to proceed in limited scope until the criminal process was concluded.

1.4 Confidentiality

1.4.1 The content and findings of this Review are held to be confidential, with information available only to those participating officers and professionals and, where necessary, their appropriate organisational management. It will remain confidential until such time as the review has been approved for publication by the Home Office Quality Assurance Panel.

1.4.2 To protect the identity of the deceased, their family and friends, the victim will be known, in the report, by the pseudonym, Jean. At the request of the family, this pseudonym was chosen by the Report Author.

1.4.3 Jean's husband, at his request, will be known as Michael.

1.5 Dissemination

1.5.1 The following individuals/organisations will receive copies of this report:

- Jean's family
- Ashford and St Peter's Hospital
- Guildford and Waverley Clinical Commissioning Group
- Surrey and Borders Partnership NHS Foundation Trust
- Surrey County Council
- Surrey Police
- Woking Borough Council
- Your Sanctuary – local domestic abuse specialist support service

1.6 Contributors to the review

1.6.1 Those contributing to the review do so under Section 2(4) of the statutory guidance for the conduct of DHRs and it is the duty of any person or body participating in the review to have regard for the guidance.

1.6.2 All Panel meetings include specific reference to the statutory guidance as the overriding source of reference for the review. Any individual interviewed by this Chair or Report Author, or other body with whom they sought to consult, were made aware of the aims of the Domestic Homicide Review and referenced the statutory guidance.

1.6.3 However, it should be noted that whilst a person or body can be directed to participate, the Chair and the DHR Review Panel do not have the power or legal sanction to compel their co-operation either by attendance at the panel or meeting for an interview.

1.6.4 The following agencies contributed to the review:

- Ashford and St Peter's Hospital
- Guildford and Waveney Clinical Commissioning Group
- Surrey and Borders Partnership NHS Foundation Trust
- Surrey County Council
- Surrey Police
- Woking Borough Council
- Your Sanctuary – local domestic abuse specialist support service

1.6.5 The perpetrator was approached by the Chair and Report Author. He gave his consent to his medical records being shared with the review. The Chair and Report Author subsequently met and interviewed him in prison.

1.7 Engagement with family and friends

1.7.1 The Independent Chair and Report Author wrote to Jean's family at the beginning of June 2020. The letter was hand-delivered by the Family Liaison Officer (Surrey Police). The letter provided the family with details of support that could be provided by AAFDA[1]. Some way into the review, it was identified that Michael was having support from the Victim Support Homicide Service who provided practical support, but he did not ask them to support him in engagement with the review until the draft report was shared with Michael when he asked his case worker to assist him with responding to the report.

1.7.2 The Report Author met Michael and his son-in-law at the court and was able to chat to them informally on this occasion.

1.7.3 Following the conclusion of the trial, the Chair and Report Author met with Michael and the perpetrator's brother virtually. A separate meeting was held with Jean's son-in-law, again virtually, and the perpetrator' brother had a further meeting with the Chair and Report Author.

[1] Advocacy After Fatal Domestic Abuse

1.7.4 During the meeting with Michael the Chair and Report Author were made aware of Jean's sister who had lived abroad for many years and had recently returned to the UK. The Chair and Report Author made contact with the sister and discussed the review with her and the AAFDA advocate who was supporting her.

1.7.5 The perpetrator gave his permission for his medical records to be released to the review. These included the psychiatric report written for the court. As part of the process of compiling this report, the psychiatrist spoke with Michael and his friend. This review has drawn on information that was included within that report.

1.7.6 Jean's family have had a copy of the report to read in their own time, supported by their Victim Support Case Worker and have fed back their comments.

1.8 Review Panel

1.8.1 The members of the original Review Panel were:

Gary Goose	Independent Chair	
Christine Graham	Independent Report Author	
Jane Mitchell	Professional Head of Safeguarding	Ashford and St Peter's Hospital
Helen Milton	Designated Nurse Safeguarding Adults	Guildford and Waverley Clinical Commissioning Group
Dr Tara Jones	Surrey-wide designated GP for Safeguarding Children and Adults	Chair, South East Network of Named GPs
Debra Cole	Safeguarding Adults and Domestic Abuse Lead	Surrey and Borders Partnership NHS Foundation Trust
Martyn Munroe	Senior Public Health Lead	Surrey County Council
Teri Cranmer	Senior Manager Woking and Runnymede Locality Team	Surrey County Council
Andrew Pope	Statutory Review Lead	Surrey Police
Camilla Edmiston	Community Safety Manager	Woking Borough Council
Fiamma Pather	Chief Executive Officer	Your Sanctuary – local domestic abuse specialist support service

1.8.2 The panel members and IMR authors were independent of direct involvement with Jean, or line management of those who were, and were of the required seniority in their organisation.

1.8.3 It was explained to the perpetrator's brother that he and Michael could meet with the review panel. They did not feel a need to do this and declined.

1.9 Domestic Homicide Review Chair and Overview Report Author

1.9.1 Gary Goose served with Cambridgeshire Constabulary rising to the rank of Detective Chief Inspector, his policing career concluded in 2011. During this time, as well as leading high-profile investigations, Gary served on the national Family Liaison Executive and led the police response to the families of the Soham murder victims. From 2011 Gary was employed by Peterborough City Council as Head of Community Safety and latterly as Assistant Director

for Community Services. The city's domestic abuse support services were amongst the area of Gary's responsibility as well as substance misuse and housing services. Gary concluded his employment with the local authority in October 2016. He was also employed for six months by Cambridgeshire's Police and Crime Commissioner developing a performance framework.

1.9.2 Christine Graham worked for the Safer Peterborough Partnership for 13 years managing all aspects of community safety, including domestic abuse services. During this time, Christine's specific area of expertise was partnership working – facilitating the partnership work within Peterborough. Since setting up her own company, Christine has worked with a number of organisations and partnerships to review their practices and policies in relation to community safety and anti-social behaviour. As well as delivering training in relation to tackling anti-social behaviour, Christine has worked with a number of organisations to review their approach to community safety. Christine served for seven years as a Lay Advisor to Cambridgeshire and Peterborough MAPPA which involved her in observing and auditing Level 2 and 3 meetings as well as engagement in Serious Case Reviews. Christine chairs her local Safer off the Streets Partnership.

1.9.3 Gary and Christine have completed, or are currently engaged upon, a number of domestic homicide reviews across the country in the capacity of Chair and Overview Author. Previous domestic homicide reviews have included a variety of different scenarios including male victims, suicide, murder/suicide, familial domestic homicide, a number which involve mental ill health on the part of the offender and/or victim and reviews involving foreign nationals. In several reviews they have developed good working relationships with parallel investigations/inquiries such as those undertaken by the IOPC, NHS England and Adult Care Reviews.

1.9.4 Neither Gary Goose nor Christine Graham are associated with any of the agencies involved in the review nor have, at any point in the past, been associated with any of the agencies.[2]

1.9.5 Both Christine and Gary have completed the Home Office online training on Domestic Homicide Reviews, including the additional modules on chairing reviews and producing overview reports as well as DHR Chair Training (Two days) provided by AAFDA (Advocacy After Fatal Domestic Abuse). Details of ongoing professional development are available in Appendix Two.

1.10 Parallel Reviews

1.10.1 The coroner did not reopen the inquest following the criminal trial.

1.10.2 There were no other parallel reviews undertaken.

1.11 Equality and Diversity

1.11.1 Throughout this review process the Panel has considered the issues of equality and in particular the nine protected characteristics under the Equality Act 2010. These are:

[2] Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (para 36), Home Office, Dec 2016

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership (in employment only)
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

1.11.2 During the review a number of the perpetrator's protected characteristics were explored, such as sexual orientation and gender reassignment as well as his drug and alcohol use and these are discussed in detail in the report.

1.11.3 Women's Aid state '*domestic abuse perpetrated by men against women is a distinct phenomenon rooted in women's unequal status in society and oppressive social constructions of gender and family*'.[3] According to a statement by Refuge, women are more likely than men to be killed by partners/ex-partners, with women making up 73% of all domestic homicides, with four in five of these being killed by a current or former partner[4]. In 2013/14, this was 46% of female homicide victims killed by a partner or ex-partner, compared with 7% of male victims.[5]

1.11.4 **Age**

1.11.5 In this case, the victim of domestic abuse was 86 years old. The Crime Survey for England and Wales, conducted by the Office of National Statistics, does not collect data on those over 74 years of age. Therefore, whilst we know that domestic abuse against older people occurs, we do not have a true picture of its prevalence in older people.

1.11.6 That said, we do know that 98,000 older men, aged 60-74 years, were victims of domestic abuse in England and Wales in the past year[6].

1.11.7 Age UK, in a recent report[7], made the point that domestic abuse does not go away with age, and its damaging impact does not lessen. Age UK claimed that, for older people, domestic abuse is a hidden issue, with hidden victims. They make the point that, as people grow older, they may become less able to stop the harmful behaviours, and access support. Importantly, older people may not recognise that they are experiencing domestic abuse.

1.11.8 SafeLives[8] found that people over the age of 61 took twice as long to seek help when experiencing domestic abuse and they found it harder because they are dependent on the abuser(s) financially and/or dependent due to health issues that are more prevalent in later life.

[3] (Women's Aid Domestic abuse is a gendered crime, n.d.)
[4] ONS (2018), 'Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2018'. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2018#the-long-term-trends-in-domestic-abuse November 2018.
[5] (Office for National Statistics, Crime Statistics, Focus on Violent Crime and Sexual Offences, 2013/14 Chapter 2: Violent Crime and Sexual Offences – Homicide, n.d.)
[6] No Age Limit: the blind spot of older victims and survivors in the Domestic Abuse Bill, Age UK, September 2020
[7] No Age Limit: the blind spot of older victims and survivors in the Domestic Abuse Bill, Age UK, September 2020
[8] The Domestic Abuse Report 2019: The Annual Audit, Women's Aid, 2019 cited in Age UK report

1.11.9 The inability of many professionals to recognise older people as victims/survivors of domestic abuse influences the monitoring of prevalence data and the subsequent service delivery (Wydall and Zerk, 2015)[9].

1.11.10 The majority of perpetrators of domestic homicides are men – in 2017/18, 87.5% of domestic homicide victims were killed by men[10]. Furthermore, in 2017/18, 93% of defendants in domestic abuse cases were men[11] and in 2017, 468 defendants were prosecuted for coercive and controlling behaviour, of which 454 were men and only nine were women[12].

1.11.11 In the United Kingdom parricide[13] accounts for between 1-2% of all homicides. Males are disproportionately overrepresented as perpetrators in parricide cases, with the number of male perpetrators outnumbering female perpetrators by a ratio of approximately 6:1 and therefore it can be said to be a crime predominantly committed by males[14]. The review notes that a matricide[15] is a very rare occurrence.

1.11.12 This case shares the hallmarks of the patricide and matricide seen from previous cases – the homicide occurred within the family home, with the victim living with the perpetrator at the time of the offence, Jean was killed with a knife and the most common cause leading to the lethal violence is mental ill health.

1.11.13 **Disability**

1.11.14 A survey conducted by the Spectrum Institute Disability and Abuse Project, cited by NCADV[16], found that 70% of respondents with disabilities experienced some form of abuse from an intimate partner, family member, care giver, acquaintance, or stranger. 87.2% experienced verbal/emotional abuse.

1.11.15 NCADV[17] cited research that demonstrated that people with disabilities have a higher prevalence of experiencing abuse than those without disabilities.

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[9] Sarah Wydall, Rebecca Zerk, (2017) "Domestic abuse and older people: factors influencing help-seeking", The Journal of Adult Protection, Vol. 19 Issue: 5, pp.247-260,

[10] Ibid

[11] CPS (2018), 'Violence against women and girls report, 2017-18). September 2018 https://www.cps.gov.uk/sites/default/files/documents/publications/cps-vawg-report-2018.pdf

[12] Ministry of Justice (2018), 'Statistics on women and the criminal justice system 2017'. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759770/women-criminal-justice-system-2017..pdf November 2018.

[13] Killing of a parent – mother or father

[14] Liem and Koenraadt, Domestic Homicide: Patterns and Dynamics, Routledge, 2018

[15] Killing of one's mother

[16] https://ncadv.org/blog/posts/domestic-violence-and-people-with-disabilities Downloaded 10th November 2022

[17] Ibid

Section Two – The Facts

2.1 Introduction

2.1.1 Jean was 86 years old at the time of her death. She had been married to Michael for 59 years. She had three children and several grandchildren. Jean had suffered a severe stroke in June 1991, and she had become more and more disabled over the years, walking with a frame, and finding it difficult to communicate verbally.

2.1.2 Jean lived with Michael and son, the perpetrator.

2.2 Chronology

2.2.1 Despite thorough checks, the review has been unable to find any record of either Jean or the perpetrator having contact with any agency other than their GP.

2.2.2 Jean saw her GP fairly regularly which is not surprising given her health. These were generally routine appointments which raised no particular concerns.

2.2.3 On 21st September 2018 Jean attended the GP surgery where she was seen by the nurse for a blood pressure check. The nurse recorded 'patient in wheelchair'. Michael has told the review that she used the wheelchair occasionally.

2.2.4 The last time Jean visited her GP before her death was on 25th November 2019 and her blood pressure was checked and found to be within an acceptable range.

2.2.5 The review has had access to the perpetrator's GP record. He did not have regular contact with his GP. He attended twice in 1999 when he was prescribed a medication for hay fever. The next time he visited his GP was in 2006 following a sprain to his ankle. In 2011 he visited his GP as he was working as a lorry driver, and he wanted to lose weight. He was given a prescription for a skin inflammation. This was the last time he visited his GP before the incident.

2.3 The time leading up to the incident

2.3.1 Two weeks prior to Jean's murder, the perpetrator had been to stay with a long-standing friend in another part of the country for the weekend. His friend said that the perpetrator was not his usual self that weekend. He seemed preoccupied and vacant when he arrived. His friend assumed he had had an argument, probably with Michael. He drank heavily over the weekend and used cannabis, also possibly cocaine. The drugs they had at the beginning of the weekend would usually last until Sunday, but they had consumed them by Saturday and the perpetrator gave him money to buy more. He said that once under the influence, the perpetrator seemed more subdued, more preoccupied, and more vacant and tended to mumble or not respond when asked questions. His sleep pattern was disturbed, and he was not motivated to do anything. He would normally help out with the household cleaning but did not this weekend. They had arguments about him flicking and leaving ash around the house. His friend said that he asked him to leave early on Sunday. The perpetrator left in a mood and appeared to be preoccupied and distracted. He wondered if he was depressed and suggested to him that he should see his GP.

2.3.2 Michael said that his son's behaviour had not been unusual when he returned home, until the day of the murder.

2.3.3 The evening before, the perpetrator purchased six cans of beer and a bottle of vodka. He had gone up to his bedroom to drink them.

2.3.4 On the morning of Jean's murder, he came downstairs wearing a transparent floral nightdress and complained that one of the cans of beers tasted 'funny', possibly poisoned, and indicated that he intended to take it back to the off-licence. He went upstairs but then came down again and started to unplug various electronic devices such as the TV. When Michael asked him why he was doing this, he said it was to 'spring clean', something he had never done before. The perpetrator went back upstairs, and Michael followed him. Michael said he went into the spare room that was labelled for his grandson. He was abusive and so Michael went back downstairs again.

2.3.5 Jean was in the kitchen. She and Michael were preparing to watch Bargain Hunt and so Michael began reconnecting the cables in the living room. He heard a scream and a crash of a chair from the kitchen. He stopped what he was doing and crossed the lounge to the dining room. As he went towards the kitchen, he saw his wife's feet lying motionless on top of an upended chair in the kitchen. The perpetrator approached Michael in the doorway holding a replica sword that he usually kept in his bedroom. It has a blade that is approximately 32 centimetres long. The end of the sword was covered in blood and the perpetrator said to Michael, 'I have got to kill you' on the command of the 'master' or 'commander'. Michael described that he looked strange, demented, his eyes were bulging, a yellowy colour. They wrestled with the sword for a few minutes as Michael tried to regain control of it. He took the phone outside, still holding the sword, and dialled 999.

2.3.6 Subsequently, when Michael shared with the leader of the TALK stroke group that Jean attended about what had happened, he said that he had heard Jean scream. She was particularly disturbed at hearing this as Jean was so quiet, and it must have taken a lot of effort for her to react in this way.

2.3.7 The perpetrator told police that he wanted to 'put her out of her misery' after he came downstairs and thought she looked 'half-dead' as she sat at the kitchen table.

2.3.8 He stabbed her with an ornamental sword before decapitating her with a kitchen knife and placing her head in the freezer. He also cut off her ring finger and placed it in a kettle. The sword had passed through Jean's heart and left lung, through her ninth rib. The wound track was 18 centimetres.

2.3.9 The perpetrator and Michael both acknowledged arguing in the morning prior to the incident. 'Coming down' from cocaine use might have been associated with argumentativeness and paranoia. The accounts of the perpetrator's behaviour on the morning of the incident and his presentation immediately afterwards would be more appropriately described as a psychotic episode than merely exhibiting paranoia. Cocaine and cannabis misuse have been reported as inducing and/or paranoid psychotic episodes. From a clinical perspective, the perpetrator's psychotic episode could have been induced or exacerbated by his illicit drug use.

Section 3 – What is known about the family?

3.1 **Jean**

3.1.1 We are grateful to Jean's family and friends for the insight into her life. The review has drawn on information shared directly with the review and information gleaned during the murder inquiry.

3.1.2 Jean suffered a severe stroke in 1991, at the time she was in her 50s. Over the coming years, she became less mobile and found it more difficult to communicate. Michael says that she mainly used notes to communicate with people following her stroke. She could not really speak at all, she tried to answer things, but it was difficult to communicate. She would write things and you would eventually understand what she was getting at.

3.1.3 Michael also said that she used a walking frame to help her get around. Although it took her a while to get where she was going, she would refuse all offers of help. A few months before her death he bought her a mobility scooter, but it was put in the garage and was very rarely used, other than for trips to RHS Wisley where it enabled Jean to access the glasshouse. She did not like to use it for other journeys, preferring to use her walking frame or occasionally her wheelchair. Whilst her family thought it would give her a greater level of independence, she did not like it at all as she felt it signified her loss of independence.

3.1.4 For the review to consider only Jean to be 'vulnerable' because of the effects of the stroke would be to miss who Jean *really* was and would be a disservice to her memory.

3.1.5 Jean is described as a woman who loved life and loved her family. She worked (other than when her children were small) and made every effort to keep in contact with old work colleagues, meeting them for coffee and lunch. She had many hobbies. She was an accomplished photographer and, over the years, took many hundreds of photos that she kept in albums and boxes. Jean was very proud of the photographs that she took and would never miss an opportunity to show them off to people.

3.1.6 Jean was also very talented when it came to crafts and sewing. One of her jobs had been demonstrating sewing machines in Debenhams and she took great pleasure in showing customers how to get the best from the machines.

3.1.7 When Jean gave up work after her stroke, she kept busy by joining a craft group which she was part of for 16 years. She enjoyed painting using watercolours. She also enjoyed her sewing classes and learning to embroider greetings cards. The organiser of the craft group described how Jean had made a particular friend at the group. She described them as 'being giggly together and having a laugh often at something naughty!' Jean was very determined but would get frustrated if she could not do something perfectly. For this reason, she focused on making cards.

3.1.8 She had been a member of the Women's Institute for about 25 years and made lots of friends at their monthly meetings. Michael would drop her off each month for the meetings and would attend socials or lunches with her. The leader of the group said that, whilst Jean did not speak, she would always make her feelings known and the members of the WI had come to understand her and the way in which she tried to communicate.

3.1.9 Jean had also been a member of TALK a stroke communication group. She had been one of the original members of the group and had been attending for over 20 years. Jean would spend a couple of hours at the group working 1-1 with a volunteer or member of staff on her communication. She was very, very softly spoken and the leader of the group said that you had to put your ear to Jean's mouth to determine what she was saying and then interpret it. She explained that Jean often got confused at what she was trying to say and didn't have the ability to speak or think of the words she wanted, and this would cause her to become frustrated. She would always tell the volunteers not to worry if they could not tell what she was saying but they would persist and try to understand her.

3.1.10 Jean was described as never moaning about her difficulties and taking everything in her stride. She joked about struggling and had a good sense of humour.

3.1.11 Jean will be remembered as a sociable and happy lady who enjoyed being in the company of others and whose smile lit up a room. She valued the friends that she made and was proud that these friendships had lasted many years. Despite the challenges that she faced Jean never gave up on life.

3.2 The perpetrator

3.2.1 Michael's perspective

3.2.2 The perpetrator lived with his parents all his life. He would help Michael, at times, who was the main carer for Jean. For example, he would push her round the supermarket when the family did the shopping on a Wednesday.

3.2.3 The perpetrator was the youngest of three siblings. His brother is 12 years older than him. The perpetrator said that he had been estranged from his brother for several years following arguments in which his brother had accused him of living off Michael and being a 'sponge'. He said that he felt that his brother had bullied him as a child and when he had been a teenager. Michael was not aware that the perpetrator had described himself as having been bullied as a child, either by his brother or at school.

3.2.4 Michael said that the perpetrator had been sociable as a child and adolescent. He did well at school, preferring art subjects. Once he moved to the local technical college, he tended to underperform academically and did not have sufficient qualifications to go to university.

3.2.5 Michael described him as generally 'easy going' but did acknowledge that he could be stubborn and awkward and became very emotionally upset and angry and would go off banging things around such as doors and furniture. He would often, for example, shout at the TV and bang the furniture around the room when viewing controversial political issues on TV, such as Brexit, particularly when hearing viewpoints with which he disagreed.

3.2.6 Michael felt that the perpetrator was someone who was looking for some meaning in his life and he had occasionally spoken about feeling that the world was against him. He had been interested in developing a music career. He played keyboards and wrote songs. He had asked his parents for help and seemed to expect that they ought to help him to 'make it big' in music and supply the necessary funds to buy a shop for him. His brother-in-law said that the perpetrator did not have the musical talent that he tried to portray.

3.2.7 Over the years he had several jobs since leaving school, such as a delivery driver and as a watch repairer, a job that he had until he had a falling out with the manager and was sacked. His employment history was characterised by numerous moves between different placements and jobs. He had, Michael said, some difficulty in interacting with customers and relating to managers. He thought that the perpetrator had been sacked from a couple of jobs.

3.2.8 However, he had not worked, or sought work, for the three years prior to the murder. He felt that to sign on was a waste of time. Although he reports that he attended different college courses, part time and distance learning he was described as having no motivation, and no sense of direction. He was very passive and was led by others. The perpetrator became more reclusive, and 'less extrovert' and spent significant periods of time in his room preoccupied with music.

3.2.9 Michael explained how his son became financially dependent upon him and his wife because he did not claim unemployment benefits. He would often give his son cash towards the end of the week to buy cans of beer and spirits for the weekend or cash to visit his friend who lived in another part of the country. The perpetrator used credit cards a lot and when the demands for repayment arrived, Michael would pay them off. He did say that his son did not make large individual purchases, rather there were just lots of small spends. Michael said that he and his wife did have pensions but that the household finances were beginning to be challenged and he had still not paid off one of his son's larger credit card bills. He said that there had been arguments between his sons with his eldest son accusing the perpetrator of sponging off Michael and telling him to go and get a job. He said that the two brothers avoided each other.

3.2.10 He was also described as not taking any responsibility in life and although he felt constrained by living with his parents, but he did nothing about this, and they did not feel able to encourage him to move out. He had a car that was paid for by his parents and they would pay for him to go on holiday.

3.2.11 Michael described that he was interested in collecting Star Wars memorabilia and he had bought and sold items on eBay. He had thought about trading to earn an income, but the profits were insufficient. He had wanted to write poetry or theatrical productions or work in music production.

3.2.12 The perpetrator had been part of a group of friends who regularly met in the local public houses, particularly at the end of the working week and at weekends, for many years. However, during the three years or so leading up to his mother's murder he had, in Michael's view, become more socially isolated as many of his friends moved away from the area and settled down with families. He did maintain close ties with a small group of old friends. One particular friend he would visit regularly and went on occasional holidays with him.

3.2.13 **The perspective of his brother and brother-in-law**

3.2.14 The perpetrator spent most of his time on his own. His brother described how he would sleep during the day and be up for most of the night. When being assessed, the perpetrator said that he experienced difficulty sleeping at times and would go out on night walks.

3.2.15 He had a lot of keyboards and other musical instruments and was going to write music. He also spent a lot of time playing computer games. It has been described to the review that

he 'lived in a fantasy world' and the house was full of Star Wars memorabilia. It has been described that his possessions have taken over the house.

3.2.16 His brother described him as an 'awkward so and so' who did not get on well with people and would fall out with them. He became more and more alone over the years. He had only one friend, a friend from school, who he had spent time with just prior to the incident. There was a sense of him having a 'chip on his shoulder'.

3.2.17 His brother-in-law described him as being inconsiderate and having no depth of conversation and was lacking in social skills.

3.2.18 **His friend's perspective**

3.2.19 The friend of the perpetrator who he had visited two weeks before Jean's murder spoke to the psychiatrist. He said he had known the perpetrator for 10-12 years. He was one of a large group of friends, or 'faces' who met periodically in local pubs in Woking and as smaller cohort who also met regularly in local pubs. When he first met the perpetrator, he thought he was a loner. They mainly drank alcohol and smoked cannabis and, less often, used other illicit drugs such as amphetamine, cocaine, and opiates. His friend had moved to Thailand to open a bar in around 2002 and stayed there for 5 to 6 years. During this time, the perpetrator would visit him and a few mutual friends on holiday. It was during these holidays that his friend got to know him better. Whilst staying in Thailand the perpetrator continued to drink and use drugs as well as visiting sex workers.

3.2.20 When his friend returned to the UK, he kept in contact with his friends from his Woking days and he continued to regularly holiday in Thailand. When funds permitted, the perpetrator would join him on these holidays with other friends, usually in the summer and once in the winter.

3.2.21 His friend described the perpetrator as an 'odd' person who tended to be lazy, placid, unreliable, and lacking in ambition, motivation, and drive. He felt that the perpetrator did not seem to take responsibility. He was always parsimonious with his money. He was prone to emotional outbursts when frustrated but his friend had never known him to attack anyone.

3.2.22 His friend had not noticed significant changes in the perpetrator over the years, until he gave up work three years earlier. He then tended to stay at home more and became even 'tighter' with his money, for example, choosing to stay in a different hotel in Thailand to his friends because it was cheaper or looking for the cheapest restaurant to eat or drink. He often talked of financial difficulties and seemed preoccupied by his lack of money. He said that the perpetrator would talk of Michael having been cheated out of large sums of money by 'scammers' and failed investments. He talked about wishing Michael would give him £20,000 so that he could go and live somewhere else, perhaps in Thailand. On one occasion, when particularly occupied with finances and drunk, he talked of 'waiting for his parents to die' to get some money. His friend commented that the perpetrator never seemed to appreciate the financial support he received from his parents. He felt his general mood and outlook had been strained by having no money and being reliant on his parents.

3.2.23 **Previous convictions**

3.2.24 The perpetrator had a number of previous convictions:

Date of incident	Conviction	Disposal
3rd May 1997	Criminal damage	Conditional discharge for 12 months
30th November 1998	Threatening behaviour	Community Service Order for 40 hours Costs of £60
26th June 2004	Drunk and disorderly	Fine £50 Court costs £55
10th June 2005	Affray	Fine £150 Court costs £55
8th December 2005	Drunkenness	Fine £55 Court costs £55
26th June 2006	Criminal damage	Fine £200 Court costs £150

3.2.25 It is evident that the perpetrator's most recent conviction was over 14 years prior to the murder. On reviewing those convictions, they appear to show little evidence of continuing behaviour that would or could reasonably have resulted in this event. However, convictions themselves, of course, are not necessarily an indication of a person's behaviour but the police equally held no relevant intelligence to suggest that this perpetrator's behaviour was continuing.

3.2.26 **Alcohol and drug use**

3.2.27 The perpetrator has said, as part of his psychiatric assessment, that he first drank alcohol as a child on holiday in France, when he was given a diluted glass of wine. He says that he then drank regularly in his late teens and into adult life. He described drinking in bouts towards the end of the week and over weekends when he would drink spirits or around six cans of beer at a time and he often drank until he fell asleep. He has also described drinking a glass or two of wine with family meals. Shortly after his arrest, he told the nurse that he drank daily. This was confirmed by Michael. He has regularly denied experiencing any alcohol withdrawal symptoms such as morning shakes or illness. He has also denied alcoholic blackouts and craving for alcohol.

3.2.28 Michael has said that he consumed a range of different alcoholic beverages but particularly seemed to like beers, vodka, and whisky. He said that he would, for example, have a glass of wine with his meal but he would drink more towards the end of the week. He considered that his son could hold his drink and that he never showed any signs of withdrawal. He said that his son's behaviour, in his experience, changed little under the influence of alcohol albeit that he acknowledged that his son had been in trouble with the police when drunk on a few occasions.

3.2.29 However, this is not necessarily the view of others. His longstanding friend said that his behaviour could be problematic and a nuisance when he was intoxicated and that he did experience blackouts when heavily intoxicated.

3.2.30 The review has also been told that, when the family gathered for Christmas Day, the perpetrator was constantly wanting more alcohol to drink. Later, in the day, when the rest of the family had moved on to a cup of tea, he was still demanding alcohol from the host.

3.2.31 His friend, who disclosed that he is a recovering alcoholic, said that the perpetrator was not an alcoholic like himself in that he did not feel compelled to drink every day and did not experience withdrawal symptoms when he stopped drinking. However, he did consider that drinking was a problem for the perpetrator. He said he had a binge drinking pattern of drinking – drinking heavily at weekends and during holidays. Whenever they met, he said, the perpetrator would consume alcohol and always to excess.

3.2.32 He described how if the perpetrator started to drink, he would carry on drinking until he was well under the influence or ran out of drink. He could not consume just one drink. He would not know when to stop. He could drink a bottle of spirits and several cans of beer during the day. He described him as someone who was placid and became more placid when he was drunk. He was not aggressive but when drunk his behaviour would be often 'embarrassing' and a 'nuisance' because of his disinhibited and chaotic behaviours such as wild dancing and loud swearing. His friend said he would often have to apologise for the perpetrator's behaviour. He had tried to talk to him about this, even recording him when drunk to show him later, but he dismissed his friend's advice.

3.2.33 His friend also described how, when in Thailand, the perpetrator would drink a local rum which he described as not being 'fit for human consumption'! He said that the perpetrator would turn into a monster when he had drunk this. He would go off and get himself arrested and the next day would say he remembered nothing about it.

3.2.34 The perpetrator presented, according to his friend, with apparent blackouts in the UK as well as appearing to not remember what had happened the night before when he was drunk.

3.2.35 The perpetrator told the psychiatrist that he had not smoked cigarettes for some years but acknowledged that he smoked cannabis 'intermittently', including trying resin. He acknowledged that he had used cocaine, perhaps up to half a gram at a time, on occasion. He said that his use of illicit drugs was limited by his strained financial situation particularly in the time since he had not been working. Whilst he had used drugs at home, he generally, he said, used with friends. He maintained that his use was social and denied any dependence upon drugs. On arrest, he said that he had last used drugs two weeks prior to the offence. During his admission to hospital, he talked vaguely at different times about having possibly been given or accidentally taken a 'white powder', 'aluminium' etc during the period leading up to the offence. He had also talked vaguely about a 'bad trip' without expanding.

3.2.36 He does not acknowledge a history of injecting drugs and the age at which he first used drugs is not known.

3.2.37 His family knew that he smoked cannabis two to three times a week in his room. He was financially dependent upon his parents. Michael gave him money for petrol but acknowledges that he may have spent this on drugs.

3.2.38 The toxicology report provided to the psychiatrist by the police provided details of the tests undertaken when the perpetrator was taken into custody. The results were compatible with the perpetrator having used both cannabis and cocaine during the period leading up to the murder. The cocaine had probably been used sometime during the 24 to 48 hours before

the sample was taken, that is, at 8.35pm on the day of the incident, which is some hours before the incident. A urine drug screen was taken on 10th January in the hospital was reported as positive for cannabis. This was compatible with the perpetrator having used cannabis during the period leading up to the murder.

3.2.39 Whilst he was in hospital, further hair analysis tests were taken. The tester concluded that, 'on the balance of probabilities' it was 'more likely than not' that the findings of the tests were due to the use of cannabis. The levels were low, suggesting low use or periodic use.

3.2.40 When he was arrested, a hair sample was taken, and these were tested for chronic excessive alcohol consumption. The hair samples were negative for chronic excessive alcohol consumption, although binge drinking would not necessarily show as chronic excessive alcohol consumption. The tester concluded that, 'on the balance of probabilities' the findings were 'more likely than not' due to the use of cocaine[18].

3.2.41 A brain scan undertaken on 14th May was essentially normal though 'mild age-related involutional changes of prominent cortical gyri …' were noted. Such changes occur as part of normal aging but may also occur with alcohol misuse.

3.2.42 Tests showed that the perpetrator had not taken any anabolic steroids, or any drugs covered in these groups, during the months leading up to the murder.

3.2.43 It was also identified that the perpetrator's Vitamin D level was low which could reflect his restricted daylight associated with his lifestyle and perhaps his pattern of drinking.

3.2.44 **Sexual orientation**

3.2.45 As part of his psychiatric assessment for the court, the perpetrator described his sexual orientation as heterosexual. His first girlfriend was at the age of 12 years and his first experience of intercourse was at the age of 20 with a similarly aged woman. He has had a number of casual and short-term relationships with women. He had been involved in a serious relationship with a girlfriend in Thailand during one of his long holidays there, a few years ago, but this ended when she moved to Japan. He had also used sex workers whilst in Thailand.

3.2.46 The perpetrator said he had been cross dressing since he was five years old and, although this does not cause him distress, it has an indirect association with dysphoria about his sexuality and gender. He finds the experience comforting and sexually arousing. He has consistently indicated that he has not found the practice in way distressing. He bought various items of female lingerie and some other female clothing. He has used cosmetics on occasions. He has talked of fantasizing about lesbian sex, and he had put up picture posters of scantily clad or naked women in his bedroom. He has talked of finding these women sexually attractive and wanting to look-like them himself. He denies any homosexual interests and talks of wanting to be a lesbian woman. He does not consider the cross dressing per se problematic apart from periodic arguments and disagreements with Michael.

3.2.47 He has talked of wishing that he did not have a penis. He has spoken of thinking about whether he should change gender. He has described purchasing various hormonal tablets

[18] This paragraph refers to the sample taken after the perpetrator's arrest. Due to the propensity for cocaine to remain within hair samples, it is reflective of use prior to the incident.

and creams on-line in order to have a woman's body in the past. Police found a receipt for estradiol tablets (a female hormone) dated 16th November 2013 from Asclepius Universal. Packaging for similar products had also been found. He stopped because of the expense.

3.2.48 He has not cross-dressed in public in the UK, but he tried it once or twice in Thailand, but he said his physique was too masculine; meaning hirsute and heavy bone structured. Also, he has not tried to live as a woman. He does not appear to have thought about the everyday implications of living as a woman in daily life. He acknowledges some confusion and some dysphoria in relation to his sexuality and gender identity but not in respect of his cross dressing. However, he has not sought professional help in this area, and he has not sought referral to a gender clinic. The limited psychological testing indicated that, in terms of coping strategies, he does not seek help reflecting narcissism.

3.2.49 Michael said that he had not noticed any changes in his son until about 5-7 years earlier when he was in his late 30s. At this time, he became aware of his son's cross dressing in women's lingerie in the house. This led to arguments on occasions when the perpetrator cross-dressed around the house. However, he said that he usually did this when he and his wife were out. He was not aware that his son had ever gone out of the house dressed as a woman and, as far as he was aware, he only bought and wore lingerie. He was not aware of him owning any women's outdoor clothing. He was similarly not aware of him using cosmetics. He said that the perpetrator never explained the behaviour and he just accepted it as 'no-one was being harmed' though neither he nor his wife approved. He felt that his son's friends were probably unaware of his son's interests in this regard.

3.2.50 At the time of his arrest the perpetrator was wearing a woman's nightdress. Michael has told the review that, since he was an adult, he had occasionally worn women's clothing. Michael would ask him what he was thinking of. He and Jean did not approve of this and so the perpetrator usually did this when his parents were out. On the morning of Jean's murder, his parents would usually have been out at Jean's stroke group, but it was not on that day.

3.2.51 His brother said that, whilst he had not seen the perpetrator wearing women's clothing, it was not a shock to him as he was aware that the police had come a few years' earlier to search his room and had found women's clothing. Despite extensive searches of police records the review has not been able to find a record of this incident.

3.2.52 The family's view is that this should not be given more importance than it had within the family. It was just another thing on top of the other aggravations such as his Star Wars memorabilia, possessions around the home and his car.

3.2.53 His family said that the perpetrator had visited Thailand and Amsterdam on several occasions and that he felt comfortable there. He had a number of friends who had moved to Thailand.

3.2.54 **His time in hospital after his arrest**

3.2.55 When assessed after the incident, this was the first time the perpetrator had any contact with mental health services, and he was diagnosed with:

- Narcissistic and Dissocial Personality Disorder
- Substance Misuse (Alcohol and Illicit Substances)
- Acute Paranoid Psychosis

3.2.56 **Psychometric tests**

3.2.57 It had been intended that the hospital would undertake a range of psychometric assessments. Unfortunately, the perpetrator proved avoidant, obstructive, and generally unwilling to meaningfully engage with the assessments. Therefore, a reduced number of tests were completed.

3.2.58 The IIP (Inventory of Interpersonal Problems) tests showed that:

- Most of the perpetrator's scores fell within the average range
- The scores for 'socially inhibited' and 'intrusive/needy' falling one standard deviation below the average suggesting that they are even less problematic
- The caveat was placed on that assessment that the tests were done in hospital which may have distorted the scores as he had, in hospital, been able to present as superficially gregarious and as not being overly dependent upon others because the structured environment met his basic needs and he had been able to be guarded about sharing significant information relevant to himself and his care

3.2.59 The CRI (a Coping Response Inventory) scores suggested that the perpetrator is 'quite limited in the variety of ways he appears to manage problems tending towards an overly increased use of 'problem solving' and 'seeking alternative rewards' but a decreased use of 'logical analysis' and 'seeking guidance and support' with a well decreased use of 'positive reappraisal', 'cognitive avoidance', 'acceptance/resignation' and 'emotional discharge'.

3.2.60 Whilst problem solving is an 'approach coping response' which is generally positive, in the perpetrator's case, it is not supported and complimented with the other approach strategies such as logical analysis, positive reappraisal and seeking guidance and so is, therefore, undermined in practice.

3.2.61 Seeking alternative rewards is an 'avoidant coping response' associated with seeking distractions resulting in a sort of 'putting one's head in the sand'. The psychologist noted parallels between these findings and his presentation in hospital when he would respond with hostility, shouting, racial abuse, and other dissocial behaviours if he felt his needs were not being met.

3.2.62 When completing the PDS (Paulus Deception Scale) the perpetrator scored in the average range on 'impression management' suggesting that he was trying to present himself in an overly favourable light. However, he scored much above the average on 'self-deceptive enhancement' suggesting that he unconsciously biases his presentation favourably and tends to be over-confident in his beliefs about his abilities, a sort of 'lying to himself'. The psychology examiner noted that this may be associated with a 'know it all' and over-confident presentation possibly characterised by narcissistic tendencies such as arrogance, lacking in self-insight and anger when confronted as had been observed by staff.

3.2.63 **Mental state and clinical presentation in hospital**

3.2.64 The review has included details of the time that the perpetrator spent in hospital after Jean's murder as his presentation has helped us to understand him, his personality and how that impacted upon his parents.

3.2.65 **History**

3.2.66 The perpetrator does not have a known past psychiatric history and there is no known history of self-harming or attempting suicide. He has consistently denied any previous history of depressions or other mental health disorders at any time in his life.

3.2.67 The perpetrator experienced two highly distressing and traumatic events in the past, including finding his mother after she had had a stroke in his late teens and the death of his sister in his mid-twenties.

3.2.68 **Features of acute mental disorder**

3.2.69 Before his admission to hospital, the clinical records from his time in custody noted that he talked of the devil, dragons, and the Dalai Lama. Michael also reported that he had said that he had to kill him on the command of the 'master' or 'commander'. This suggests that he was acting under the influence of command hallucinations or delusional beliefs. He did not mention these again when in hospital and when asked specifically about them he dismissed them as 'gibberish' and meaningless.

3.2.70 When admitted to hospital on 20th December 2019, he was described by staff as 'almost catatonic'. He was kept in seclusion due to his risk of suicide due to the nature of the alleged index offence and his behaviour whilst in custody. He appeared to be perplexed, preoccupied, confused and distractable. He kept mumbling to himself, and staff concluded he may be responding to auditory hallucinations, hearing voices but he denied this and said he often talked to himself. He spoke about everything being 'blurred' and 'feeling hazy' and 'feeling empty' and he appeared emotionally exhausted and blunted in effect. He expressed paranoid and persecutory beliefs about his food and drinks being poisoned at home.

3.2.71 The perpetrator acknowledged using illicit drugs and binge drinking and acknowledged various stressors in his life prior to the incident in which he murdered his mother including:

- Living at home with a lack of independence and being financially reliant on his parents
- Being unemployed without a meaningful career pathway and seeking a 'better future'
- Actual financial worries
- Slow, but progressive deterioration in his mother's health
- Dysphoria about his sexuality and gender and, in the shorter term:
    - The approaching festive period
    - Heated arguments with Michael seemingly about finances, his way of life and his cross-dressing

3.2.72 It has not been clear from the perpetrator's account of his use of illicit substances, which, when and how much he had used during the period leading up to Jean's murder. However, the hair sample testing indicated he had used both cannabis and cocaine for some months prior to the murder and had used more than usual during the weekend away. The urine test indicated the use of both cannabis and cocaine during the period since he returned home after the weekend away, probably within 24 to 48 hours before the incident raising the issues of intoxication, coming down and drug induced psychosis. Both cannabis and cocaine

have been implicated inducing and/or exacerbating psychotic episodes. His presentation after the murder was compatible with drug induced paranoid psychosis.

3.2.73 The acute psychotic episode with paranoid and affective features could be explained, based on his presentation in the hospital and investigations, by either a substance misuse induced state or by a dissociative reaction to a combination of psychogenic features, such as the stressors enumerated above. This could include the trauma of the murder and the 'sleep deprivation' following the incident, particularly in the context of a predisposed, vulnerable personality with a marked tendency to self-deception and poor coping strategies utilising distraction strategies as indicated by the results of the psychometric assessments. It is possible that this presentation was explained by a combination of the different causal factors noted.

3.2.74 **Features of personality disorder of a vulnerable personality**

3.2.75 On Christmas Eve and over Christmas the perpetrator presented as dissociated from the reality of his situation. This would be an unsurprising psychological reaction in the early stages of shock following a serious incident in an individual who self deceives and has limited coping strategies.

3.2.76 During the admission he presented as entitled with a low tolerance of frustration and resort to verbal and racial abuse and threats with actual physical aggression including violently punching, banging, and kicking fixtures and fittings and trying to push past staff. He presented as emotionally unstable, moody at times, but this apparent emotional instability was observed to occur in the context of his low tolerance of frustration as each episode of instability was generally associated with frustration. He disregarded rules and disregarded the feelings of others including staff and peers. He showed no remorse for his behaviours. In January he held a grudge against a particular nurse and was physically challenging and he briefly spoke about killing himself. From early January onwards he was increasingly belittling and verbally and racially abusive of staff and his physically aggressive outbursts increased in frequency and intensity with banging on walls, kicking fixtures and furnishings, throwing plates and crockery around the dining area, etc. He was particularly entitled in his expectations of the hospital social worker. He has expressed anti-authoritarian and conspiratorial ideas and attitudes. He has acknowledged that he will not comply with rules unless he sees the need for them. He was particularly dismissive, evasive, flippant, and abusive to psychologists and social workers. These features are dissocial, sometimes described as antisocial, traits.

3.2.77 His abusive outbursts were increasingly irresponsible during February and March with the potential to quickly escalate to serious incidents. He had difficulties perspective-taking on the feelings of his peers who tended to find his behaviours highly provocative. During his stay in the hospital, he did not show empathy or express remorse when abusive to staff or peers.

3.2.78 He presented with a marked dissonance, or dissociation, in his thinking and awareness of his situation and his behaviour. For example, though he was aware that he was under police investigation for the alleged murder of his mother at home he seemed to struggle to understand and accept early in the admission why he could not go home and why his immediate family did not want contact with him. He seemed to be able to hold contradictory ideas or narratives of events and circumstances without recognition of any dissonance, for example, he has presented an answer to a question or given an account of an event early in

an interview only to contradict the answer or give a contradictory account later in the same interview without appearing to be concerned or aware of the illogicality. This was exemplified in varying accounts of whether or not he had ingested a substance, and if so what, during the day or so before the death of his mother. The dissociation may have been secondary to his self-deception and other narcissistic traits.

3.2.79 He seemed to have poor perspective taking abilities, that is, difficulty understanding the feelings of others at times, though, when instances of abuse were discussed with him, it seemed more probable that he tended not to spontaneously perspective take when frustrated rather than intellectually lacked the ability, that is, in this respect, his behaviour was more in keeping with narcissism than antisocial, or dissocial in nature.

3.2.80 The limited psychological testing highlighted his poor coping strategies including a tendency to use distraction, a narcissistic strategy. He presented with narcissistic traits.

3.2.81 During his time in hospital, generally the overtly dissocial aspects of his presentation improved but the other features of a dissocial personality persisted such as his dismissiveness, antisocial attitudes, disregard of rules, etc. but his narcissistic features were more consistent during the admission.

3.2.82 The limited psychometric testing showed that the perpetrator presented with a tendency to self-deceive with limited strategies for coping with stress, which are largely based on distraction. His clinical presentation was consistent with a narcissistic and dissocial personality disorder. However, it was also possible that the longer he remained abstinent from drugs and alcohol the more the dissocial and paranoid features in his presentation may ameliorate.

3.2.83 His clinical presentation in the hospital was typical of a narcissistic and dissocial personality disorder. However, it was not possible to confirm this clinical impression with formal psychometric testing. Throughout the admission he was been obstructive and avoidant of completing the psychometric assessments. The psychometric testing would be informative and important in confirming or refuting the clinical impression.

3.2.84 The accounts of the perpetrator's personality by Michael and his long-standing friend were compatible with the staff observations of his personality.

3.2.85 **Features of persistent mental illness**

3.2.86 The perpetrator has consistently denied clinical depression and other mental illness such as hypomania or schizophrenia in the past or currently. He has acknowledged being upset when he found his mother after having had a stroke in his late teens and he struggled to cope with the death of his sister in tragic circumstances. However, he denies having been clinically depressed or needing professional help in the aftermath of these traumatic experiences. It is perhaps notable that the results of the limited psychometric assessments identified a marked tendency for the perpetrator to self-deceive and a tendency not to seek help emphasising that he would perhaps be unlikely to recognise or acknowledge depression in his personal reports.

3.2.87 There have been no observations suggestive of a progressive or recent cognitive decline such as poor memory (other than blackouts whilst intoxicated), etc.

3.2.88 **Mental illness**

3.2.89 On admission and during the admission the perpetrator had presented with the clinical features of an acute paranoid psychosis, which abated with nursing care and support and abstinence of substances of misuse.

3.2.90 The psychogenic stresses noted earlier plus his vulnerable personality may well have predisposed him to a psychotic breakdown. The 'coming down' following his use of cocaine may have increased his argumentativeness adding to the predisposing psychogenic stressors. However, the chronological timing of his use of cocaine, and possibly cannabis, before the incident is persuasive of some direct aetiological link between his drug use and his psychosis.

3.2.91 There were no conclusive indications of a more persistent mental illness such as a depressive or schizophrenic illness or neurocognitive disorder.

3.2.92 **Personality disorder**

3.2.93 The perpetrator did not present, as far as is known, with autistic spectrum disorder, an attention deficit and hyperactivity disorder or conduct disorder as a child. However, he presented with psychosexual issues from the age of 5 years, and he went on to have difficulties in sustaining relationships with women and difficulties being comfortable with his own sexuality and gender. From his late teens and early twenties his occupational history entailed frequent moves or changes between careers or sites of work. He has a long history of alcohol and substance misuse associated with occasional encounters with police certainly dating back to his mid-twenties. He presented clinically when in the hospital with principally narcissistic and dissocial personality traits with some paranoid traits. Michael acknowledged that these personality traits can be traced back to his early adulthood and have adversely impacted across a range of areas in his life including, for example, difficulties in working with customers and his psychosexual relationships and misuse of substances.

3.2.94 The perpetrator did not comply with psychometric testing and so a definitive diagnosis of personality disorder informed by psychometric assessment was not possible at present but the few psychology tests that he has completed show that he has a marked tendency to self-deceive and he has very limited coping skills restricted to mainly avoidant and distraction techniques. Also, he is limited in his ability to seek help. These are typical of narcissistic personality disorder and the psychologist who unsuccessfully endeavoured to engage him has concluded, based on several interviews, that he does present with at least one type of personality disorder. Hence, he presents with a narcissistic personality disorder and, clinically, probably narcissistic, and dissocial personality disorder with paranoid traits.

3.2.95 **Substance misuse and psychosexual difficulties**

3.2.96 The perpetrator has a history of illicit substance misuse (with a preference for cannabis and cocaine) and problematic alcohol misuse (binge pattern). Michael felt that he did not have a drink problem but acknowledged, as did the perpetrator and his friend, that drinking had led to him being in trouble with the police in the past. The perpetrator and his friend acknowledged that he was a binge drinker though not an 'alcoholic'. His friend noted that

he had lost control of drinking in that once starting to drink he could not easily stop, and he had presented with nuisance and irresponsible behaviours with blackouts when intoxicated and so considered that the perpetrator presented with problematic drinking which appears to be the case.

3.2.97 In addition, the perpetrator has a history of a disorder of sexual interest (cross-dressing) but he is not distressed by this behaviour per se. The only problem that has been identified as directly linked to the cross dressing have been the arguments with Michael in which cross dressing sometimes figured. However, the perpetrator acknowledged struggling, and experiencing dysphoria, regarding his sexuality and his gender and these may prove with psychological work as related to his cross-dressing directly or indirectly.

3.2.98 These disorders are considered to be probably secondary to his personality disorder at present. These disorders are not considered grounds for detention under the Mental Health Act though they are of some significance and relevance to the alleged index offence.

3.2.99 **Conclusion about his mental health after his time in hospital**

3.2.100 It was the opinion of the clinical team that the perpetrator presented with features of a drug induced acute paranoid psychosis with exacerbating psychogenic factors. His psychosis had resolved. It is probable that this disorder was induced by substance misuse against predisposing psychogenic stressors and a vulnerable personality and then exacerbated and maintained by the trauma, psychological shock and sleep deprivation associated with the circumstances around the alleged index offending and his subsequent arrest and detention.

3.2.101 The perpetrator now presents with a narcissistic and dissocial personality disorder confounded by substance misuse and psychosexual difficulties.

3.2.102 **The perpetrator's interview for this review**

3.2.103 The perpetrator was interviewed by the Independent Chair and Overview Author, in person in prison following his conviction. At the time of the interview, he was still considering an appeal and thus there was limited discussion about the murder itself. Suffice to say that he still denies responsibility for his mother's death, saying that he found her at the very least unconscious in the kitchen, not knowing what had caused that. When asked directly whether he was responsible for the post death mutilation, he avoided the question.

3.2.104 The perpetrator did talk about his life with his parents all of which mirrors what has been said in the preceding sections of this report and so will not be duplicated here.

3.2.105 He was asked specifically about how he managed financially. He confirmed that he had not worked for several years and did not claim benefits. He said that if he wanted anything he just asked Michael for the money.

3.2.106 When asked how he had seen his life progressing he just said that he wanted to write a 'number one hit record'.

3.3 Evidence of domestic abuse

It is the responsibility of a DHR to explore to see if there is a trail of domestic abuse that led to the death. In this section, the review will explore the information that is known to the review.

3.3.1 **The relationship between Jean and Michael**

3.3.1.1 The review has drawn upon the evidence provided by those who knew Jean and Michael and saw them regularly.

3.3.1.2 The organiser of the Craft Group described Michael as being really patient with her. He often took her to her different clubs and picked her up when they were finished. He would take her out and about. Jean acknowledged that this was no mean feat for him. She said that Jean always felt well cared for and was very sentimental towards Michael, often making him Valentine cards and gifts in the class.

3.3.1.3 Jean had been a member of the craft group for 16 years and there was nothing about her home life that caused the group leader any concerns.

3.3.1.4 Michael would accompany Jean to relatives' coffee mornings at the TALK stroke group and he would share ideas with the group about coping with the different obstacles faced by families of those with Aphasia. The leader of the group had no safeguarding concerns about Jean and thought that Michael seemed to cope really well and was supportive of her by always running her everywhere.

3.3.2 **The relationship between the perpetrator and his family**

3.3.2.1 The leader of the craft group had met the perpetrator 2 or 3 times over the years but not for some time. Occasionally Jean would respond to something and say his name and roll her eyes, but she never gave any indication that she was afraid of him.

3.3.2.2 The perpetrator reported to healthcare staff when in prison that he was tearful over the time of anniversary of his sister's death. He said he had an older brother with whom he did not get on. He said that his brother is a chartered surveyor but that he, himself, does not have enough money to live alone. Jean's sister told the review that the perpetrator and his brother did not get on.

3.3.2.3 Michael said that the perpetrator got on well with his parents, however, Jean did not like the fact that he did not have a job. The perpetrator would occasionally help Michael with care for his mother. For example, the day before her murder she had difficulty in getting out of a chair and the perpetrator had helped Michael.

3.3.2.4 The review has been told that the boundaries in which he was required to live within the family expanded over time. If he could not get his own way, the perpetrator would have a fit of temper. There is no avoiding the fact that the size of him was intimidating for his parents and that he could be intimidating if he did not get his own way.

3.3.3 The perpetrator's narcissistic personality and sense of entitlement

3.3.3.1 We know that, during his time in hospital, the perpetrator was diagnosed with Narcissistic and Dissocial Personality Disorder.

3.3.3.2 Some of the traits of narcissistic personality disorder are[19]:

- Believing that there are special reasons that make you different, better, or more deserving than others
- Having fragile self-esteem, so that you rely on others to recognise your worth and your needs
- Feeling upset if others ignore you and don't give you what you feel you deserve
- Resenting other people's successes
- Putting your own needs above other people's, and demand they do too
- Being seen as selfish and dismissive or unaware of other people's needs

3.3.3.3 Professor Jane Monckton-Smith[20] notes that narcissistic personality disorder is associated with coercive control. She says that someone with this personality disorder will probably be arrogant, manipulative, and self-centred. They may be seemingly devoid of empathy and possess a sense of entitlement. This describes the perpetrator in this case.

3.3.4 Coercion and controlling behaviour

3.3.4.1 Coercive and controlling behaviour (CCB) is defined by Women's Aid[21] as 'an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim'. It is 'a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another[22]. Coercive control has been described as 'the golden thread' running through domestic abuse risk assessment[23].

3.3.4.2 Many victims of coercive and controlling behaviour have described feeling like they are 'walking on eggshells'. In this situation, we have seen how the perpetrator controlled the family. It is likely that this was not recognised for the abuse that it was because it had happened gradually over time and there is a lack of understanding in society about coercive and controlling behaviour and what it looks like in reality, particularly in familial relationships.

Recommendation

It is recommended that the Safer Woking Partnership holds a series of sessions for practitioners across partner agencies that raises awareness of coercive and controlling behaviour and economic abuse, particularly drawing attention to how it occurs in families.

It is recommended that TALK, the organisation providing the drop-in sessions attended by Jean, is specifically invited to be part of one of these sessions.

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[19] https://www.mind.org.uk/information-support/types-of-mental-health-problems/personality-disorders/types-of-personality-disorder/#NarcissisticPersonalityDisorder
[20] In Control, Dangerous Relationships and How They End in Murder, Monckton-Smith, Bloomsbury, 2020
[21] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/
[22] Home Office, 2015
[23] Myhill and Hohl, 2016 cited in presentation by Karen Morgan, University of Bristol, 2018

Recommendation

It is recommended that the Safer Woking Partnership runs a public campaign that raises awareness of coercive and controlling behaviour and economic abuse, particularly drawing attention to how it occurs in families.

3.3.5 **Parricide**[24]

3.3.5.1 The media often reports on parricide incidents but, in terms of prevalence, it is a rare event and among the least frequent forms of domestic homicide. What we do know is that in the United Kingdom parricide accounts for between 1-2% of all homicides. Males are disproportionately overrepresented as perpetrators in parricide cases, with the number of male perpetrators outnumbering female perpetrators by a ratio of approximately 6:1 and therefore it can be said to be a crime predominantly committed by males[25]. The review notes that a matricide[26] is a very rare occurrence.

3.3.5.2 This case does share the hallmarks of the patricide and matricide seen from previous cases – the homicide occurred within the family home, with the victim living with the perpetrator at the time of the offence, Jean was killed with a knife and the most common cause leading to the lethal violence is mental ill health. Analysis of previous cases has shown that, in many cases, the killings of parents by adult offenders were precipitated by delusions and hallucinations associated with severe psychotic disorders. In an overwhelming number of cases, and in this case, the perpetrator was only diagnosed with a mental disorder after the crime had occurred[27].

3.3.5.3 Whilst in the cases of juveniles who kill their parents the presence of a mental health disorder was found in most cases, but in cases of adult parricide, other motives have been identified including financial issues and chronic conflict within the family. Research has found, possibly not surprisingly given the domestic nature of parricide, that long-standing intra-familial personal conflict was found in most recorded cases[28].

3.3.6 **'Overkilling'**

3.3.6.1 This term has been used to capture the extreme, gratuitous violence to which some perpetrators subject their victims. The Femicide Census[29] has found evidence of overkilling in over half of the femicides across a ten-year period. The figure has remained fairly static over the years. Undoubtedly, this murder would fall into the category of overkilling and the review is aware of the distress that this has caused to Jean's family.

3.3.7 **The callousness of the perpetrator towards Michael after the incident**

3.3.7.1 At the time of Jean's murder, the perpetrator stated that Michael was responsible for his mother's death. He has maintained this position despite the irrefutable forensic evidence to the contrary. This callousness has brought additional stress to Michael. He said, in his

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[24] Killing of a parent – mother or father
[25] Liem and Koenraadt, Domestic Homicide: Patterns and Dynamics, Routledge, 2018
[26] Killing of one's mother
[27] Liem and Koenraadt, Domestic Homicide: Patterns and Dynamics, Routledge, 2018
[28] Ibid
[29] UK Femicides 2009-2018, Femicide Census, 2020

Victim Personal Statement that, 'I have had every aspect of my life and my home dissected and laid bare for all to see'. He had to be cross examined in court about his part in his wife's death and had to provide details of his finances as the defence suggested that he had a financial motive for murdering his wife.

3.3.7.2 Michael has said that there have been nights when he has been unable to sleep and has lain awake replaying the accusations that have been made towards him wondering what on earth, he could have done to make the perpetrator say those things.

3.3.7.3 The review is shocked at the level of contempt that the perpetrator appears to have for his family, particularly his parents who have supported him financially, allowing him to live his life as he pleased without any responsibility.

The review has considered the information available and does not believe that there was any domestic abuse directed towards Jean by Michael. He was devoted to her.

3.3.7.4 The picture that emerges from this review is one of Jean and Michael having a quiet, yet fulfilled life, with many hobbies and trips out. They had both worked hard all of their lives and just wanted a quiet and peaceful retirement.

3.3.7.5 This was hampered to an extent by their adult son who took advantage of his parents' love for him. He was lazy and lived on money that they gave to him, making no effort to contribute to the family. There is no doubt that he was economically exploiting his parents. If he was challenged, he would become confrontational. He had no regard for their feelings. For example, he continued to take drugs in their home and dress in women's clothing even though he knew that this was uncomfortable for them.

The review concludes that the perpetrator was a man who manipulated his parents for his own ends.

Section Four – Analysis

4.1 **Support for the family**

4.1.1 The review has considered whether additional support for Jean and her family might have impacted upon the outcome. It is clear that Jean and Michael were coping well with their situation, Jean was not isolated in the home, and they had a supportive family. Jean was also attending several clubs and groups where there were people who were able to assess if additional support was needed.

4.1.2 The review panel considered that Jean and her family were largely unseen by outside agencies. The panel discussed this on a number of occasions and recognised that families are entitled to their privacy and that this should be respected.

4.1.3 Conversations with family members have confirmed to the review that Jean and Michael were dealing with their situation themselves. Additional aids were purchased when needed. For example, Jean had a stairlift, a bathroom that was adapted to allow her to sit in the shower and a mobility scooter. It would not have occurred to them to ask others for help. It was not recorded on Jean's GP record that Michael was a carer for her and therefore he was not offered a carer's assessment, and he certainly would not have seen himself as such.

4.1.4 The review considered if Jean would have met the threshold for support from statutory agencies had she and Michael requested support. The review has been provided with the 'Adult Social Care Levels of Need'[30] produced by the Surrey Safeguarding Adults Board.

4.1.5 This guide provides a list of the outcomes for care and support needs/elements of wellbeing that a person is expected to be able to achieve. From the information that is known to the review, it considered that Jean would meet all of these. She would not, therefore, qualify for any additional support from statutory agencies, had this been sought.

The review is satisfied that there were not opportunities missed to provide additional support to Jean and her family.

4.2 **Issues for the family post-conviction**

4.2.1 Since the perpetrator has been found guilty of this offence he has been in prison. Michael continues to live in the family home which is full of the perpetrator's collections and belongings. As these items belong to his son, Michael is not able to remove them from the property impacting on his ability to move on.

The review is aware that Victim Support are supporting Michael to resolve this issue through the perpetrator's solicitor. This is both time-consuming and distressing for him and, at the time of writing, the perpetrator is not engaging with his solicitor on this matter.

Recommendation

It is recommended that the Ministry of Justice clarifies the legal position to allow victims of crimes of this nature to dispose of property.

[30] Version 3, August 2020

Section Five – Lessons Identified

5.1 The review has identified the ongoing trauma that victims of domestic homicide experience when the perpetrator continues to control their life and property from prison.

Section Six – Recommendations

6.1 **Safer Woking Partnership**

6.1.1 That the Safer Woking Partnership holds a series of sessions for practitioners across partner agencies that raises awareness of coercive and controlling behaviour and economic abuse, particularly drawing attention to how it occurs in families.

6.1.2 That TALK, the organisation providing the drop-in sessions attended by Jean, is specifically invited to be part of one of these sessions.

6.1.3 That the Safer Woking Partnership runs a public campaign that raises awareness of coercive and controlling behaviour and economic abuse, particularly drawing attention to how it occurs in families.

6.2 **Ministry of Justice**

6.2.1 That the Ministry of Justice clarifies the legal position to allow victims of crimes of this nature to be able to dispose of property.

Section Seven - Conclusions

7.1 In many ways there is much about this case that remains something of a tragic mystery. The murder and horrific mutilation of an elderly lady by her own son without any prior indication of any issues between them is, at first glance, in many ways unfathomable. However, the review has demonstrated a gradual onset of coercive and controlling behaviour by the perpetrator within his family.

7.2 During the police investigation, his trial and subsequent interview in prison as part of this review, this perpetrator has not indicated any remorse whatsoever and has sought to shift the blame entirely on to others.

7.3 The lack of knowledge of the family, by any of the statutory agencies who provide support in the local area is a testament to the family's desire to 'get on with life'. This is despite the significant disabilities suffered by the victim because of a cruel and savage stroke.

7.4 The family have reconciled the actions of this perpetrator upon a psychotic episode. The jury found him guilty of his mother's murder, rejecting his assertions that he was not responsible. He still refuses to accept responsibility for his actions despite the overwhelming evidence upon which he was convicted.

7.5 This review has drawn heavily upon the perpetrator's psychological state at the time in an effort to understand what happened and learn from it. The existing research upon parricide cases is set out within this report and those who continue studies in this area will no doubt add this case to that body of evidence.

Appendix One
Terms of Reference

Terms of Reference for the Domestic Homicide Review into the death of Jean

1 **Introduction**

1.1 This Domestic Homicide Review (DHR) is commissioned by the Safer Woking Partnership in response to the death of Jean which occurred in December 2019.

1.2 The review is commissioned in accordance with Section 9, The Domestic Violence, Crime and Victims Act 2004.

1.3 The Chair of the partnership has appointed Gary Goose MBE and Christine Graham to undertake the role of Independent Chair and Overview Author for the purposes of this review. Neither Christine Graham nor Gary Goose is employed by, nor otherwise directly associated with, any of the statutory or voluntary agencies involved in the review.

2 Purpose of the Review

The purpose of the review is to:

2.1 Establish the facts that led to the homicide in December 2019 and whether there are any lessons to be learned from the case about the way in which local professionals and agencies worked together to safeguard Jean.

2.2 Explore the specific nature of matricide and what can be learned from this case to protect others in the future.

2.3 Identify what those lessons are, how they will be acted upon and what is expected to change as a result.

2.4 Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate.

2.5 Additionally, establish whether agencies have appropriate policies and procedures to respond to domestic abuse and to recommend any changes as a result of the review process.

2.6 Contribute to a better understanding of the nature of domestic violence and abuse, specifically matricide.

3 The Review Process

3.1 The review will follow the Statutory Guidance for Domestic Homicide Reviews under the Domestic Violence, Crime and Victims Act 2004 (revised 2016).

3.2 This review will be cognisant of, and consult with, the process of inquest held by HM Coroner.

3.3 The review will liaise with other parallel processes that are on-going or imminent in relation to this incident in order that there is appropriate sharing of learning.

3.4 Domestic Homicide Reviews are not inquiries into how the victim died or who is culpable. That is a matter for coroners and criminal courts.

4 Scope of the Review

This review will:

4.1 Draw up a chronology of the involvement of all agencies involved in the life Jean to determine where further information is necessary. Where this is the case, Individual Management Reviews will be required by relevant agencies defined in Section 9 of The Act.

4.2 Produce IMRs for a time period to be determined.

4.3 Invite responses from any other relevant agencies, groups or individuals identified through the process of the review.

4.4 Seek the involvement of family, employers, neighbours and friends to provide a robust analysis of the events.

4.5 This Review will explore the nature of matricide and what could be done differently to better protect others in the future.

4.6 Produce a report which summarises the chronology of the events, including the actions of involved agencies, analyses and comments on the actions taken and makes any required recommendations regarding safeguarding of families and children where domestic abuse is a feature.

4.7 Aim to produce the report within the timescales suggested by the Statutory Guidance subject to:

- guidance from the police as to any sub-judice issues,
- sensitivity in relation to the concerns of the family, particularly in relation to parallel enquiries, the inquest process, and any other emerging issues.

5 Family Involvement

5.1 The review will seek to involve the family in the review process, taking account of who the family may wish to have involved as lead members and to identify other people they think relevant to the review process.

5.2 We will seek to agree a communication strategy that keeps the families informed, if they so wish, throughout the process. We will be sensitive to their wishes, their need for support and any existing arrangements that are in place to do this.

5.3 We will work with the police and coroner to ensure that the family are able to respond effectively to the various parallel enquiries and reviews avoiding duplication of effort and without increasing levels of anxiety and stress.

6 Legal advice and costs

6.1 Each statutory agency will be expected and reminded to inform their legal departments that the review is taking place. The costs of their legal advice and involvement of their legal teams is at their discretion.

6.2 Should the Independent Chair, Chair of the CSP or the Review Panel require legal advice then the Safer Woking Partnership will be the first point of contact.

7 Media and communication

7.1 The management of all media and communication matters will be through the Review Panel.

The review will amend these terms of reference should any additional information come to light that may require a specific area of focus.

Gary Goose and Christine Graham
Independent Chair and Overview Author

Appendix Two – Ongoing professional development of Chair and Report Author

2.1 Gary and Christine have:

- Attended the AAFDA Annual Conference (March 2017)
- Attended training on the statutory guidance update in 2016
- Undertaken Home Office approved training in April/May 2017
- Attended the AAFDA Annual Conference (March 2018)
- Attended Conference on Coercion and Control (Bristol June 2018)
- Attended AAFDA Learning Event – Bradford September 2018
- Attended AAFDA Annual Conference (March 2019)

2.2 Christine has:

- Attended AAFDA Information and Networking Event (November 2019)
- Attended Webinar by Dr Jane Monckton-Smith on the Homicide Timeline (June 2020)
- Attended Review Consulting Ltd Webinar on 'Ensuring the Family Remains Integral to Your Reviews' (June 2020)
- Attended Domestic Abuse: Mental health, Trauma and Selfcare, Standing Together (July 2020)
- Completed the Homicide Timeline Training (five modules) run by Professor Jane Monckton-Smith of the University of Gloucestershire