Part II

- Overview Report -

Contents

Review of the circumstances surrounding the death of GM

Independent Chair & Report Author: Stephen Roberts QPM, MA (Cantab)

1. Introduction

1.1 This is a report of a Domestic Homicide Review (DHR) conducted under the terms of section 9 of the Domestic Violence, Crime & Victims Act 2004. It examines the circumstances surrounding the death of GM in March 2012 at the hands of her brother, TM; both residents of the London Borough of Tower Hamlets.

1.2 The review will consider what has been learned of the domestic arrangements and family circumstances of GM (henceforward referred to by the pseudonym "GINA") and TM (henceforward referred to by the pseudonym "TERRY"). Neither TERRY nor GINA had any engagement with any local agency in relation to domestic abuse (DA). For this reason, almost all of the information was gathered after the discovery of GINA's death.

1.3 The key purpose for undertaking any DHR is to assess what, if any, lessons may be drawn from a particular case. Although neither party to this homicide was known to have come to notice in a DA context, it was decided by the Tower Hamlets Community Safety Board that a review should be conducted to determine whether this lack of agency awareness, of itself might indicate lessons for the future.

1.4 The review was formally commissioned on 14th August 2012. Prior to the trial of TERRY, all agencies (see below) were asked to secure whatever material they might have to contribute to the review and, where appropriate, commence their own Individual Management Reviews (IMR). TERRY pleaded guilty to a charge of manslaughter but not guilty to murder. The trial concluded on 29th January 2013, at which point work commenced to bring together all available material to complete the review and produce this Overview Report. A Review Panel was convened on 9th July 2013 to consider the first draft of the report. The panel requested additional enquiries be made which entailed seeking an extension of the normal six month time limit for completion of reviews. An extension was granted by the Tower Hamlets Community Safety Board on 10th July 2013.

1.5 The delay in completion of the review, though regrettable was unavoidable. Three specific factors were responsible: negotiating and undertaking personal interviews with various friends, neighbours and relatives of GINA and TERRY (including a lengthy but ultimately abortive attempt to interview their mother, due to her death in December 2013); delays in gaining access to the unedited NHS records for GINA and TERRY; and attempts to arrange a post-conviction interview with TERRY in HMP Belmarsh.

1.6 Access to the unedited NHS records was first requested in early July 2013 but not agreed by NHS England (despite repeated explanations of why access was being requested and the provision of copies of the statutory guidance) until the following September, at which point the commercial agency holding the records was instructed to release copies. Staff shortages and pressure of work within the agency delayed compliance with these instructions. Copies of the records were finally supplied (after considerable prompting by the Independent Chair) on 25th October 2013. Despite the fact that the statutory DHR process has been in existence since 2011, the length of time taken to gain access to these medical records is a strong indicator of an absence of an established and widely understood policy on releasing records for DHRs.

1.7 The attempt to interview TERRY in prison after his conviction commenced shortly after he was sentenced. The Independent Chair was fortunate to gain the active assistance of the Assistant Governor (Security) at HMP Belmarsh and obtain permission for a "Legal Visit" (i.e. an unsupervised private discussion with a prisoner). Such visits do, however, require the consent and active participation of the prisoner. Both the Assistant Governor and TERRY's Offender Manager sought to persuade him to co-operate with a visit but these efforts were ultimately unsuccessful with TERRY finally signifying his lack of consent in late August 2013.

1.8 The Review Panel consisted of the following members:

- Mr. John Biggs – Member of the London Assembly
- Ms. Emily Fieran-Reed – Lead Officer, Domestic Violence Forum, London Borough of Tower Hamlets
- Ms. Kate Gilbert –Assistant Chief Officer, East London Probation Trust
- Ms. Maddi Joshi – Senior Service Delivery Manager, Victim Support (provider of IDVA services in Tower Hamlets)

- Ms. Margaret O'Donovan – NHS Primary Care Trust
- Mr. John Rutherford – Interim Service Head of Adult Services, London Borough of Tower Hamlets
- Chief Superintendent David Stringer – Metropolitan Police (Borough Commander for Tower Hamlets)
- Mr. Jonathan Warren – Director of Nursing, NHS East London Foundation Trust
- Commander Stephen Watson – Metropolitan Police (Territorial Commander for East London)
- Detective Inspector Natalie Cowland – Metropolitan Police, SC&O 21(2)

1.9 Mr. Stephen Roberts, QPM, MA, was appointed by the Tower Hamlets Community Safety Partnership Board as Chair of the Review Panel and Report Author. Mr. Roberts is a former Deputy Assistant Commissioner of Police, now working as a private consultant, with extensive experience of partnership working at borough and pan-London level. He is a former Director of Professional Standards and Director of Training & Development for the Metropolitan Police. He is entirely independent of the London Borough of Tower Hamlets Community Safety Partnership. He has successfully chaired and authored a previous domestic homicide review for the Partnership.

1.10 The review was guided by the following terms of reference:

- To establish what lessons may be learned from the case regarding ways in which local professionals and agencies worked individually and collectively to safeguard victims.
- To determine how those lessons may be acted upon.
- To identify what may be expected to change and within what timescales.
- To assess whether the relevant agencies have appropriate and sufficiently robust procedures and protocols in place and the extent to which they are understood and adhered to by their staff.
- To improve service responses including, where necessary, changes to policies, procedures and protocols.

- To enhance the overall effectiveness of efforts to reduce domestic violence and its impact on victims through improved inter and intra agency working.

1.11 The following agencies were asked to participate in the review process, conducting and reporting Individual Management Reports (IMR) if appropriate:

- The Metropolitan Police
- The London Borough of Tower Hamlets (Housing Department, Adult Social Services & MARAC)
- The Probation Trust
- East London NHS Foundation Trust (Mental Health & Substance Abuse Unit)
- City & Hackney Primary Care Trust
- Victim Support

1.12 Each agency was asked to provide a chronological account of its contact with the victim and/or suspect. The responses to this request were as follows:

- The MPS submitted an IMR.
- The London Borough of Tower Hamlets reported no previous traces in MARAC records, only routine administrative traces on housing matters and a single trace (see para. 3.8, below) in relation to a suggestion by GINA and TERRY's mother that in 2011, GINA had subjected her to verbal abuse.
- The Probation Trust had no trace of contact with GINA or TERRY.
- East London NHS Foundation Trust (Mental Health & Substance Abuse Unit) had no trace of any contact with either GINA or TERRY.
- City & Hackney Primary Care Trust had no trace of contact with GINA, TERRY or their mother other than that relating to medical matters. Medical records for both GINA and TERRY were eventually provided and checked (see para. 3.10) as part of the review.
- Victim Support (provider of IDVA Services) had no trace of contact with GINA, TERRY or their mother.

1.13 Prior to the establishment of this review, TERRY was charged with murder. The MPS granted partial access to the evidence gathered by its homicide investigation team at various stages of the review. This enabled a more detailed picture to emerge of the relationships and domestic arrangements in the household than might otherwise have been possible.

1.14 The MPS also provided a copy of its Critical Incident Review. The primary focus of this review was to assess the adequacy of MPS action from receipt of the missing person report re. GINA until the identification of her remains (see para. 2.3).

1.15 In a further effort to identify the underlying causes of the tragedy, the author of this report attended the trial of TERRY at the Central Criminal Court for the entirety of the trial. TERRY gave evidence in his own defence but called no witnesses.

1.16 Prior to the trial, His Honour Mr. Justice Fulford granted permission for the Independent Chair to observe proceedings from the well of the court and take notes. A verbal request was made, via the Judge's Clerk, for a copy of the Judge's summing up and sentencing remarks. At the conclusion of the trial the request was reiterated in a formal letter. His Honour Mr. Justice Fulford responded by letter, to the effect that he had given the notes of his speeches to Counsel but that in any event he did not consider them appropriate for wider distribution since he had not followed them precisely in court. Though regrettable, the loss of this material is not considered critical to the review since the Independent Chair was present throughout proceedings and made a note of all significant matters, the gist of which are incorporated in this report.

1.17 A request was also made to the MPS to release the formal written witness statements of all prosecution witnesses who had known GINA or TERRY personally. On legal advice, the MPS first sought permission from each witness to disclose their statements but with the proviso that in the absence of consent, statements might still be disclosed if it was considered in the public interest to do so. In the event, all requested statements were disclosed to the review, albeit after some delay.

1.18 Once the witness statements had been assessed for their relevance to the review, a further request was made to the MPS for release of contact details for specific witnesses, to enable the author of this report to seek personal interviews. It should be noted that this somewhat lengthy process was deemed necessary to enable the MPS to take proper account of data protection issues as well as the sensitivities of the grieving friends and relatives of GINA. Over a period of several weeks, it proved possible to conduct personal interviews with various close friends, neighbours and relatives of both

TERRY and GINA, including TERRY's female partner at the time of the homicide and family friends who had known both TERRY and GINA almost from birth. Unfortunately, neither of TERRY/GINA's parents was available for interview: their father had in any case been separated from them for many years and their mother was too unwell to cope with an interview.

1.19 Despite the fact that the family was essentially unknown to the agencies before the homicide, an opportunity was identified to extract value from the review process. The information from the MPS IMR, the trial of TERRY and from the personal interviews with friends and relatives of GINA were collated into a draft version of this Overview Report, which was then circulated to all agencies with a request to consider two questions:

- Are there any steps that each agency might take to increase the chances that a domestic situation such as that in the household might come to notice and the question of intervention be considered?
- Had the actual domestic situation been known, what, if any action might have been taken to avert the tragedy?

1.20 In response to these questions, the NHS East London Foundation Trust provided additional material to the review (see para. 3.4). This additional material led to a fact finding interview with the lead manager of the Community Drugs Team to explore what services it might have provided to TERRY had he been referred or applied directly for help (see paras. 3.5 et seq.)

1.21 The Review Panel meeting on 22nd July 2013 also asked that additional enquiries be made:

- Renewed (but ultimately unsuccessful) efforts to interview GINA's mother.
- Further attempts by the Independent Chair to interview TERRY (by now imprisoned at HMP Belmarsh).
- Access to psychiatric reports presumed to have been prepared in respect of TERRY in preparation for his trial.
- Access to the unedited NHS records of GINA and TERRY to verify the fact that there was no recorded history of GINA seeking treatment for unexplained injuries or making a disclosure that she was a victim of domestic violence. It should be noted that from the outset, an indication had been given to the police

investigators that NHS records contained no evidence of any relevant DA disclosures or suspicions.

1.22 The overall process of gathering evidence for the review was, regrettably extended by the need to make these enquiries. In particular, gaining access to the NHS records for GINA and TERRY, though necessary, entailed a lengthy delay. In the event, examination of both sets of records reveals no trace of any indication whatever that domestic violence was a feature of the relationship between the brother and sister.

1.23 Enquiries with HM Prison Service, the Probation Trust and Care UK Ltd (the health services provider for HMP Belmarsh) revealed that no psychiatric assessment of TERRY was requested or made prior to his trial.

1.24 Despite the best efforts of an Assistant Governor and TERRY's Offender Supervisor and Probation Officer, TERRY declined to be interviewed about his offence. Apparently his reason for declining an interview was that he himself still did not understand what had happened or why it had happened.

1.25 At the conclusion of this review efforts to seek views on the final draft of the report from members of GINA's immediate family were unsuccessful. GINA's mother had died in December 2013 and her older brother and father declined contact with the review from the start. Recent enquiries indicated they had also disengaged from Victim Support.

1.26 The Overview and Executive Summary reports were ultimately agreed by the Review Panel and Community Safety Partnership Board on 8th January 2014

2. Case History

2.1 The principal subject of this report is the victim, referred to as GINA, whose identifying particulars are:

GINA (born 1983)

Resident of London Borough of Tower Hamlets accommodation

White British

No known religious affiliations

GINA was murdered on 1st March 2012 by her brother, referred to as TERRY, whose identifying particulars are:

TERRY (born 1977)

Same address

White British

No known religious affiliations

There are no known diversity issues.

2.2 On Saturday 3rd March 2012, TERRY attended Bethnal Green Police Station and reported that his sister, GINA, was missing from home and had not been seen since Thursday 1st March.

2.3 On Tuesday 6th March a boat user on the Regent's Canal near Acton Lock noticed a female human torso in the water. It had been concealed in a suitcase which was also found floating in the canal. The head, arms and legs had been removed. The remains were identified as those of GINA. The investigation of the death was undertaken by the Homicide & Serious Crime Command of the MPS.

2.4 A post mortem examination of the remains failed to identify the cause of death but supported the conclusion that the dismemberment of the body had occurred after death.

2.5 The missing limbs of GINA were recovered from the canal over the following days. Her head was finally recovered from the canal by the MPS Underwater Search Unit on 9th September 2012.

2.6 On Saturday 10th March 2012 TERRY was charged with the murder of his sister.

2.7 The family household in London E2 was home to GINA, TERRY, and their mother. An older brother lived nearby with his partner. TERRY (senior) had been divorced from his former wife for 20 years and lived some distance away, having relatively little to do with his children and ex- wife. GINA and TERRY's mother had suffered severe ill health for a number of years and in February 2012 she was admitted to hospital for treatment. The family had lived in the East End of London for many years in accommodation owned by the London Borough of Tower Hamlets. The extended family network surrounding the family was supplemented by a wide circle of longstanding friends and neighbours, many of whom have been interviewed as part of this review in an attempt to gain an accurate picture of relationships.

2.8 At the time of her death (aged 29), GINA was the full-time carer for her mother, but supplemented her income with casual work at a nearby bar where she worked several nights a week. She had a wide circle of friends and relatives with whom she would socialise and in whom she was able to confide. Evidence given by some of these friends at the trial of TERRY, supported by subsequent interviews for this review, demonstrates that GINA was an extremely loyal friend, quick to leap to the defence of others and, significantly, a loving sister to her brother, TERRY. A useful insight into GINA's personality is provided by events after she was reported missing by her brother. On 5th March as a result of growing concern about GINA's whereabouts, her friends and relatives organised a meeting at a local public house to mobilise the local community to find her. It was reported that around 200 people attended.

2.9 Evidence discovered during the police investigation and presented at the trial demonstrated that TERRY could, on occasions, become very angry and violent. Only a few days before the homicide, TERRY hurt his hand in a fight. Apparently, late at night on 19th February (ten days before the murder), TERRY was returning home from an evening spent drinking with friends when he encountered two men urinating against the wall in an alleyway next to a local public house. The security guard from the public house gave evidence that TERRY immediately started to remonstrate forcefully with the men. The dispute rapidly degenerated into a fist fight with TERRY continuing to punch and kick one of the men even after the intervention of the security guard, who tried to separate them. During the fight TERRY damaged his hand so badly that he was unable

to go to his work as a window cleaner for several days and even when he did return he had to be placed on light duties.

2.10 It is evident from the police investigation, testimony at the trial and subsequent interviews with friends and relatives that, like her brother, GINA had a volatile disposition. Evidence was produced at the trial of GINA confronting a former boyfriend in a very angry manner in early 2012. Apparently after the break-up of the relationship, GINA had seen the former boyfriend driving in East London and chased him at speed in her car for about two miles into the car park of Westfield Shopping Centre where she confronted him in an angry fashion, demanding the return of some CDs she had left in his car prior to the break-up of the relationship. Evidence was also produced at the trial concerning the breakdown of another relationship in 2002 after which both GINA and her then partner felt the need to take out reciprocal injunctions preventing further contact.

2.11 Interviews with various friends and relatives after the trial enlarged on the temperament of both GINA and her brother. A common theme in these interviews was the extent to which friends, relatives and long-standing neighbours, whilst acknowledging the their fiery temperaments, were all at pains to describe them as close and loving siblings, whose occasional arguments were simply those of ordinary brothers and sisters.

2.12 A somewhat different view of the domestic relationships at the family home emerged during the police investigation into the homicide. TERRY and GINA's father revealed that GINA and her mother had told him that on three occasions in 2011, TERRY had threatened them. Apparently on two of those occasions, as a result of GINA complaining to TERRY about his cannabis smoking, he had assaulted her in the house. On both occasions, TERRY had grabbed GINA around the neck and held her down, screaming and swearing at her. On both occasions she had been able to push him away. Apparently on another occasion, during an argument, TERRY had stood up, run across to his mother, thrusting his face into hers in an intimidating manner, shouting and screaming at her for telling him what to do. TERRY's father also revealed that when he had gone to the family home, TERRY had also threatened him. None of these incidents were disclosed to the police or any other agency or indeed to friends or members of the extended family.

2.13 TERRY was 35 years old at the time of the murder. He had one previous conviction for possession of cannabis in 1999 and two cautions for the same offence in 1998 and 2006. At the time of the murder he was employed as a window cleaner,

working on high rise office blocks in the City of London. His employer gave evidence that he was a hardworking, valued employee, willing to work additional hours should there be a demand. In 2011 TERRY had become embroiled in a dispute with his colleagues because they had come to believe that he had reported them to their employer for various safety related matters. The ill-feeling had been exacerbated by the fact that TERRY had subsequently been offered promotion to supervisory duties. This was regarded by his colleagues as further proof that he had betrayed their trust by reporting their infractions of Health & Safety Regulations. TERRY gave evidence at his trial that these events at his place of work had placed him under such stress that he had considered asking to be made redundant.

2.14 For about four years prior to the murder, TERRY had been in a relationship with a female partner. At the start of 2012 this too had become a source of stress in his life. TERRY's partner agreed to be interviewed as part of this review. TERRY had become very fond of his partner's son and, according to various accounts, treated him as his own. Despite this, it is also clear that the relationship was not altogether a happy or stable one and at the time of the murder TERRY was living back in the family home rather than with his partner, whilst still spending time caring for his partner's young son.

2.15 There is ample evidence that TERRY was a heavy user of "skunk" cannabis. TERRY's drug use had become a source of tension with GINA and their mother. At his trial, TERRY gave evidence that by February/March 2012 he was smoking about an ounce of "skunk" a day. Evidence from a close neighbour interviewed after the trial confirms that he could frequently be seen outside the family home smoking cannabis in the street. This was because GINA would not allow him to smoke indoors. GINA's friends all agreed that she was "very anti-drugs" of any kind and particularly disliked the pungent smell of "skunk" cannabis.

2.16 At his trial, TERRY testified that by March 2012 the combined stresses of his work situation, his relationship problems and his mother's health had made him feel depressed. He claimed that when he was not working he would spend most of his time smoking cannabis in his room. This resulted in further arguments with his sister and him becoming increasingly lethargic. Despite these problems, TERRY insisted when giving evidence that he loved his sister and that their relationship, albeit punctuated by what he described as "the usual brother, sister arguments", was a *genuinely* loving one. This view of the relationship between brother and sister was echoed repeatedly during interviews with GINA's friends and the relatives. TERRY's partner was also adamant that despite their occasional rows, TERRY and GINA were close, loving siblings. It is notable that in interviews with a wide range of friends and relatives of both GINA and

TERRY (many of whom had known both since their early childhood), that TERRY was consistently described as a decent man, who, though given to occasional bouts of temper, was essentially a “nice” quiet individual. Even after the revelation of the detailed means by which TERRY had dismembered and disposed of GINA’s body had become known at the trial, not a single person interviewed suggested that they had been aware of any indication that TERRY might have been capable of such acts let alone likely to commit them.

2.17 Yet a further cause of stress for TERRY was the health of his mother. She had been admitted to hospital to undergo surgery for a serious condition. Her protracted hospital stay had left TERRY and GINA living in the family home together. Before her departure to hospital, their mother had made it clear to her daughter that she was “in charge” in her mother’s absence and responsible for the condition of the home. TERRY testified at his trial that in his mother’s absence, he had spent much of his time when not at work, smoking cannabis in the house. This had become an increasing source of tension between him and GINA.

2.18 TERRY claims that his use of cannabis was partially responsible for what may have been the final trigger incident for the homicide. When he awoke early on the morning of Thursday 1st March, TERRY testified that he had rolled and smoked two cannabis cigarettes. He had slept badly and felt unwell but went to the bathroom to splash water on his face before going downstairs. He gave evidence that the next thing he recalls is GINA shouting abuse at him because he’d left the tap running in the bathroom sink causing it to overflow. He claims he was apologetic and accepted that he was in the wrong. Both he and GINA returned to their respective bedrooms and GINA subsequently left the house. TERRY didn’t see GINA until she returned later that day.

2.19 At about lunchtime that day, GINA met a number of her friends and relatives at the house of a friend where they had arranged that they should all have their hair dressed by a traveling hairdresser. GINA was overheard by one of her friends making a phone call in which she became angry and then tearful. On being asked the matter, she confided that her brother, TERRY, had been “.... too busy getting stoned” and that he had flooded the bathroom. She had gone on to explain that their mother had decreed that if TERRY misbehaved in any way, it was up to GINA to get him to leave the house and return to live with his partner. Apparently GINA had already had a series of arguments with TERRY and in response to her demands that he leave the house, he had insisted that he would not leave voluntarily and that if she wanted him to go, she

would have to call the police. GINA left her friend's house shortly after this conversation, apparently determined to confront her brother.

2.20 GINA returned to the family home at about 13.50. Thereafter the only available account of events is that given under oath at his trial by TERRY. He claims that on her return to the house, GINA continued the argument they had been having earlier. He claimed that his final memories of the event were of a struggle between them both. On oath to the jury at his trial, TERRY insisted that whilst he accepted that he had killed his sister, he had not intended to kill her and he had no memory of doing so.

2.21 A post mortem examination of GINA's remains concluded that her death had been caused by blunt force trauma. The fractures found in her skull would have required severe force to be applied and that whilst such injuries would be possible from a fall, such a cause was unlikely.

2.22 TERRY stood trial at the Central Criminal Court. He was indicted for both murder and manslaughter as alternate counts. He pleaded not guilty to murder but guilty to manslaughter on the basis that he accepted that he had killed his sister but was unable to remember or explain the circumstances. The Crown refused to accept the plea of guilty to manslaughter and proceeded with the murder indictment. TERRY was found guilty of murder on 30th January 2013. The verdict implies that the jury did not accept TERRY's testimony; rather that he had intended to either kill her or to inflict really serious harm on his sister. Mr. Justice Fulford sentenced TERRY to life imprisonment with a recommendation that he serve a minimum term of 20 years. The judge described the offence as an "utterly cold-blooded and determined killing ..... made worse by attempts to conceal the body and point the finger of blame at others".

3. Analysis

3.1 As mentioned previously, the agencies had no engagement with either GINA or TERRY in relation to domestic violence. The MPS had a record of a domestic dispute in 2011 involving TERRY's then partner. She suffered no physical violence during this incident. She initially reported the matter to police but then failed to pursue the allegation. As a result the other person involved remained unidentified and his identity (presumably TERRY) unconfirmed. Even had the event been fully recorded and investigated, there would have been no reason to regard it as evidence of an increased level of risk of domestic violence within the M family household.

3.2 At his trial, TERRY made an unsupported assertion that he had sought help for what he himself claimed to have regarded as problematic cannabis use. No evidence was presented by TERRY's legal representatives to corroborate the claim and nor was it referred to as a mitigating factor before he was sentenced. Specific enquires in the course of this review have failed to identify any record of TERRY seeking help from his GP or from either of the two local charities (Lifeline and NAFAS – Bangladeshi Drugs Project) which offer support to those seeking help with their drugs habits. Enquiries with HM Prison Service, Care UK Ltd (HMP Belmarsh health services provider) and the Probation Trust reveal no trace of any psychiatric assessment of TERRY being requested or made prior to his trial.

3.3 As part of this review, all agencies were invited to suggest what support they may have been able to provide had the circumstances of the M family been known before the murder. The East London NHS Foundation Trust, which is responsible, inter alia, for the Tower Hamlets Specialist Addiction Unit (SAU) indicated that had TERRY been referred to the Unit, he would not have met the threshold for services provided by the Trust. In fact there is no record of TERRY approaching or being referred to the SAU.

3.4 A Community Drugs Team (CDT) operates within Tower Hamlets to provide Tier 2 services to drugs users with needs less complex than those catered for by the SAU. Dr Alcorn, a consultant psychiatrist serving as Clinical Director of the SAU, was consulted as part of this review. He offered the following opinion:

> "Hypothetically, TERRY could have been referred to, or referred himself to the Community Drugs Team (Tier 2 service provided by Lifeline under contract to LBTH) where an assessment of his presenting needs would have been done. Local triage and assessment procedures attempt to pick up risks especially in the social/family spheres, including DV, but this would depend on what was

disclosed and whether there were any other warning signs or concerns expressed by others.

If there were no complex needs identified (social/forensic/health/mental health-wise) the intervention would have started by attempting to engage this man in a review of his drug (cannabis) use and identifying and working with his goal (to reduce or stop). He may also have been signposted to, or offered, other resources; internet, on-line help for cannabis problems/psycho-educational literature/mutual aid groups e.g. cannabis-marijuana anonymous/complementary therapies/GP for ancillary pharmacological help e.g. for sleep or mood"

3.5 As a result of this response, the senior manager of the CDT was interviewed as part of this review. Apparently referrals, including self referrals for cannabis use are relatively rare but in the event of a person attending the CDT in relation to cannabis use, they would be assessed by a drugs worker. The primary assessment tool is a comprehensive proforma which, whilst focusing on drugs/health issues also includes questions on whether the client has a history of violence (as either victim or perpetrator) *and specifically, a history of domestic violence*. All new clients are discussed at a weekly team meeting, led by the senior manager, at which all assessments completed in the previous week are subject to an open QA process. The CDT currently has approximately 600 clients using a variety of drugs but principally heroin and cocaine/crack cocaine. This is partly because funding arrangements at the time were focused on harm minimisation by getting opiate users engaged with treatment. As such problematic cannabis use would be regarded as a relatively low priority. All workers are, however, trained in risk assessment and use of the DASH proforma which is use across all agencies in Tower Hamlets. In the event that a client is regarded as presenting a risk in relation to domestic violence, s/he will be referred for the standard MARAC (Multi Agency Risk Assessment Conference) process.

3.6 The CDT is required by its contract with LBTH to publicise its services and does so widely. GP referrals are encouraged. There is currently 86% coverage of GP practices in the borough, with the CDT operating satellite surgeries in the 8 practices with the highest number of drugs using patients and partnership agreements with a further 22. The CDT also operates a specific service targeted at young people. In addition to its GP relationships, the team is widely publicised via the internet. As a service provider to LBTH, its services are advertised in all relevant LBTH premises and CDT members provide specific training to local social workers and street wardens to ensure they are alert to evidence of drugs problems and know where they may refer

anyone who approaches them for help. In summary, as expressed by the lead manager of the team, “If a person with a drugs problem wants to find us, he’ll find us.”

3.7 At TERRY’s trial, though it was asserted by his advocate that he had sought help with his cannabis habit, no evidence to this effect was produced and accordingly the assertion was not challenged or tested by the prosecution. The fact that TERRY declined to be interviewed after conviction means that it was impossible to follow up the question of drugs treatment with him. It is, however evident that had he sought help, the CDT is the single most likely agency he would have approached. For this reason, as part of the visit to the CDT premises and with the active assistance of the senior manager, the Independent Chair personally checked all written records of formal referrals and the records of so called “Walk-ins”, i.e. people who simply arrive at the unit asking for help but then never return. Whilst it is possible that TERRY might have given a false name it is certainly the case that he was never formally recorded as having been referred and nor did he present (in his own name) as a “Walk-in”. Because the workers at the CDT are in regular contact with large numbers of local drug users, they have the ability to seek out rumours and “gossip” about other local people using and buying illegal substances. As an additional check, the senior manager of the CDT offered to use this informal network to see what was known locally about TERRY’s drug use. Though entirely impossible to substantiate, the response was that he was known to be a heavy buyer and user of “skunk” (albeit not in the quantities claimed at his trial) but there was no knowledge of him having sought help (from the CDT or anywhere else) to give up his habit.

3.8 A striking feature of the case is the extent to which the perception of those outside the family of domestic relationships within the M household, differ from the picture that emerged in the police investigation. Two other brief insights add to this picture:

- During the police investigation, a letter was recovered from TERRY and GINA’s mother to LBTH Housing Department dated 22.04.2002 in which she informed LBTH that her son TERRY no longer lived at the address as he had become “argumentative with me .....” In fact there is no evidence that this letter was sent and no trace of it being received by LBTH.

- In March 2011 GINA and TERRY’s mother confided in a representative of one of the health agencies that she was receiving verbal abuse from her daughter, GINA, who was apparently frustrated at the caring role she had assumed for her mother. GINA and TERRY’s mother was offered a home visit and a carer’s

assessment – both were declined but she accepted general advice about domestic violence and how she might deal with any future concerns.

3.9 The second of the above incidents is further evidence of the essential privacy which surrounded the intimate family relationships. Members of the extended family, friends and close neighbours all indicated that GINA and TERRY's mother, despite her ill health, carefully guarded the privacy of the family and the family home. Evidence from friends at the trial of TERRY consistently painted a picture of GINA as a friendly and outgoing young woman. She had a very active and outgoing social life, but it took place almost entirely outside the family home and whilst she was a regular visitor at the homes of others, few crossed the threshold of her own home. This guardianship of family privacy provides a credible explanation for the incident referred to above in March 2011. The refusal of a home visit and carer's assessment is entirely consistent with GINA's mother's attitude to "outsiders" entering the home or prying into what she evidently regarded as private family business. It should be noted, however, that even had such a visit and assessment been accepted, the focus of attention would have been the relationship between GINA and her mother rather than the much more problematic relationship between GINA and TERRY.

3.10 Full NHS records for GINA and TERRY were obtained and examined. They reveal no trace of any record of any disclosure of domestic violence or of the presence of any unexplained injuries that might have given rise to suspicions of abuse. TERRY's records reveal no trace of any disclosure by him of his cannabis use. Neither do the records contain any indication of disclosures of domestic tension between TERRY and GINA. It is thus appropriate that an offer of a carer's assessment should have been made in March 2011 and general advice re DA given but in the absence of additional evidence, it would be hard to justify any further invasion of family privacy. Thus, the refusal by the mother to allow a home visit or carer's assessment effectively removed any opportunity to make more general enquiries into the dynamics of the family.

3.11 There is a clear inconsistency between the picture of relationships/tensions within the household which emerged after the death, and the perceptions of those relationships as expressed by close friends and members of the extended family. The psychological phenomenon known as "outcome bias" is a common feature of the way in which those analysing an incident allow their knowledge of a tragedy to influence their beliefs about events and relationships prior to the crisis point when the tragedy actually occurred. The phenomenon might be expected to apply with particular force in any case where a death has occurred but even more so in this case, with the knowledge of the dismemberment and disposal of GINA's body. It is therefore a striking feature of the

case that even knowing the true course of events, friends and relatives still gave evidence at the trial that the brother/sister relationship was strong and loving: reiterating and reinforcing these views in private interviews with the Chair of the review after the trial.

3.12 In summary, it appears that the family was very protective of its privacy. Even when TERRY (Senior) was made aware of problems between TERRY and both GINA and their mother, this knowledge remained private. TERRY's use of cannabis was very clearly a source of real tension within the household and it is probable that this tension rose with his mother's absence in hospital to the point where the ultimately fatal argument occurred.

3.13 Given this history of rising tension within the household, the question arises: what (if any) action might have been taken by the agencies had the facts as they are now known, been available at the time?

3.14 All partner agencies in Tower Hamlets use the DASH risk assessment tool (Appendix C to this report). The three criteria against which GINA, or her mother, might have been assessed as being at high risk (and therefore potentially in receipt of support and/or intervention) are:

- The DASH risk assessment tool is completed with 14 or more positive responses, or,
- There have been six or more incidents/offences within the previous year, or,
- A professional from whichever agency has become aware of the circumstances and makes a judgment that the victim should be referred to the Multi Agency Risk Assessment Conference (MARAC).

3.15 As regards the first criterion (above); a comparison of what is now known about family tensions/abuse against the criteria contained in the DASH risk assessment tool indicates that the case would not have reached the threshold of 14 or more positive responses. Interviews with friends and relatives suggest that GINA was able to confide her worries and concerns to them on a whole range of intimate matters. The fact that she discussed with them her irritation and distress about TERRY's cannabis use and the fact that he had flooded the bathroom (on the day of the murder) but at no point mentioned any sense of physical danger from him, suggests she did not feel at risk. If this is correct, had she participated in a risk assessment exercise, it seems unlikely that she herself would have identified factors sufficient to justify a referral to MARAC.

3.16 The second criterion would also not have been satisfied. Whilst it is now known that there had been several incidents in which TERRY had threatened/used violence against GINA and/or his mother, police enquiries (after the murder) have not revealed six or more incidents in the year previous to the tragedy.

3.17 The final criterion under which GINA might have been assessed as at risk is that of "professional judgment". There is no evidence that GINA considered herself to be at risk and despite her murder, friends and relatives when interviewed as part of this review still maintain that the siblings had a loving relationship. It is therefore unrealistic to imagine that any professional making an assessment from outside the circle of relatives and intimate friends would have made an assessment at odds with these views.

3.18 Thus, analysis of the information presented in this report indicates that even had all the information now available (other than the fact of the actual murder) been available prior to the tragedy, the case would not have been assessed as high risk.

3.19 It must be acknowledged that this is a somewhat uncomfortable conclusion when juxtaposed against the murder and details of body dismemberment and disposal. The phenomenon of outcome/hindsight bias, (as explained at para. 3.10), is, however, relevant not only to the friends and relatives of GINA and TERRY but also to disinterested readers of this report. Readers may all too easily fall into the trap of believing that such a tragic event and grotesque aftermath must have been preceded by some indications or warning signs and that those signs could/should have been acted upon to avert the tragedy. Neither the police homicide investigation, nor this review have uncovered any such prior indications. There is no indication that any such signs were perceived even by the victim herself or her relatives and closest friends. It is therefore the reluctant conclusion of the review that, notwithstanding the tragic outcome, the agencies did not and could not know of the severity of tensions between TERRY and GINA.

4. Conclusions & Recommendations

4.1 The reluctant conclusion of this review must be that the tragedy of GINA's murder was not realistically foreseeable or preventable. It is, however possible that knowledge amongst local drug users that the CDT concentrated it resources on cocaine and opiate addiction may in some way have inhibited TERRY's purported desire to seek assistance with his cannabis habit. The opportunity therefore exists to enhance the provision for support and treatment of those with a wider range of substance abuse problems.

4.2 Four recommendations emerge from this review:

Recommendation 1 - that LBTH Community Safety Partnership assess the extent to which current DV arrangements and awareness campaigns address violence between siblings and inter-generational conflicts. If appropriate, communications strategies and resources should be re-targeted to ensure proportionality between these types of case and those between intimate partners, which are more prevalent.

Recommendation 2 – that LBTH re-procure it's contract(s) for substance misuse treatment services with a view to simplified referral processes, and enhanced psychosocial interventions for non-opiate users, including extensive publicity and an ongoing communications strategy embracing the full range of its stakeholders.

Recommendation 3 – that all agencies participating in the LBTH Drugs & Alcohol Action Team (DAAT) ensure that appropriate staff receive the training supplied by Public Health England regarding services to non-opiate users.

Recommendation 4 – that NHS England develops and implements clear policy and procedures to ensure that records and/or IMR are provided promptly to support DHR processes.

Appendix A – Action Plan

Recommendation	Action	Ownership	Target date/Outcome
-1- Review of targeting of DA information, campaigns and resources to ensure proportionality between all groups	Review undertaken	Domestic Violence Forum	Completed - The arrangements and contents of DA awareness materials and campaigns were re-examined during the course of the review and considered by the Partnership to be appropriately targeted without undue emphasis solely on intimate partnerships.
-2- Re-procurement contracts for substance abuse treatment to ensure wider spectrum of services including for alcohol & and other non-opiate users	Re-procurement exercise in progress	DAAT Co-ordinator, LBTH	New contacts specified to start in April 2015, including enhanced integration of treatment services, simplified referrals and enhanced psychosocial interventions for users of non-opiates, including ongoing publicity/communications strategy.
-3- Appropriate staff from DAAT partners agencies to receive training re DA/DV awareness and services to no-opiate users	Training to be provided by NHS England	DAAT Co-ordinator, LBTH	Training to be commenced by April 2015.
-4- NHS to develop & implement clear policy for the prompt provision of NHS records and/or an IMR during DHR processes	Home Office already in liaison with NHS England regional leads to develop appropriate processes. Guidance for managing DHR processes to be considered as part of the review of the NHS Serious Incident Framework	NHS England/Home Office	In progress Dependent on progress of the review of the Serious Incident Framework

Appendix B – Chronology

Enquiries reveal no contacts with the agencies prior to the homicide, therefore this report contains no chronology.

Appendix C - DASH Risk Assessment tool

This risk assessment form should be completed in all cases where the DV1 has flagged concerns about risk (6 or more ticks on the DV1 risk section), or where you as a professional have concerns about the risks to any member of the household, particularly any risks to children.

- In all cases scoring 14 or more on the risk assessment or where you as a professional judge any individual to be at significant risk of harm, a referral should be made to the Tower Hamlets Safety Planning Panel (SPP). Please send the signed DV1 form and Risk Assessment form to the Domestic Violence Team (domesticviolence@towerhamlets.gov.uk)

- Where there are children present in the household - In all cases scoring 14 or more on the risk assessment, where any of the shaded questions on the form are present, or where the professional has significant concerns about the safety of any children in the household, a referral should be made to the Integrated Pathways and Support team.

Name of Victim:

Name of Perpetrator:

Date RA completed:

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. **Tick the box if the factor is present. Please use the correct box under the questions to expand on any answer.** **It is assumed that your main source of information is the victim. If this is <u>not the case</u> please indicate in the right hand column.**	**Yes (Y)**	**No (N)**	**Don't Know (DK)**	**State source of info if not the victim e.g. police officer**
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.) **Comment:**				
2. Are you very frightened? **Comment:**				

3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s),..)might do and to whom, including children) **Comment:**				
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)…….) try to stop you from seeing friends/family/doctor or others? **Comment:**				
5. Are you feeling depressed or having suicidal thoughts? **Comment:**				
6. Have you separated or tried to separate from (name if abuser(s)….) within the past year? **Comment:**				
7. Is there conflict over child contact? **Comment:**				
8. Does (….) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.) **Comment:**				
9. Are you pregnant or have recently had a baby (within the last 18 months)? **Comment:**				
10. Is the abuse happening more often? **Comment:**				

11. Is the abuse getting worse? **Comment:**				
12. Does (…) try to control everything you do and/or are they excessively jealous? *(In terms of relationships, who you see, being 'policed at home', telling you want to wear for example. Consider 'honour-based' violence and specify behaviour.)* **Comment:**				
13. Has (…) ever used weapons or objects to hurt you? **Comment:**				
14. Has (…) ever threatened to kill you or someone else and you believed them? (If yes, highlight who.) * You * Children * Other (please state)				
15. Has (…) ever attempted to strangle/choke/suffocate/drown you? **Comment:**				
16. Does (…) do or say things of sexual nature that make you feel bad or that physically hurt you or someone else? *(If someone else, specify who.)* **Comment:**				
17. Is there any other person who has threatened you or who you are afraid of? *(if yes, please specify whom and why. Consider extended family if HBV)* **Comment:**				
18. Do you know if (…) has hurt anyone else? *(Please highlight whom including the children, siblings or elderly relatives. Consider HBV.)*				

* Children * Another family member * Someone from a previous relationship * Other (please state)				
19. Has (…) ever mistreated an animal or the family pet? **Comment:**				
20. Are there any financial issues? For example, are you dependent on (…) for money/have they recently lost their job/other financial issues? **Comment:**				
21. Has (…) had problems in the past year with drugs *(prescription or other)*, alcohol or mental health leading to problems in leading a normal life? (*If yes, please specify which and give relevant details of known.)* **Comment:**				
22. Has (…) ever threatened or attempted suicide? **Comment:**				
23. Has (…) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? *(you may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)* * Bail conditions * Non-Molestation/Occupation Order * Child contact arrangements * Forced Marriage Protection Order * Other				
24. Do you know if (…) has ever been in trouble with the police or has a criminal history? (If yes, please highlight.) * DV * Sexual violence * Other violence * Other (please state):				
Total 'yes' responses				

Appendix D – Home Office Quality Assurance letter

Safeguarding & Vulnerable People Unit
2 Marsham Street
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SW1P 4DF

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www.homeoffice.gov.uk

Mr Steve Roberts

Pandora Associates

By Secure Email:

08 October 2014

Dear Mr Roberts,

Thank you for re-submitting the Domestic Homicide Review (DHR) report from Tower Hamlets to the Home Office Quality Assurance (QA) Panel.

The QA Panel would like to thank you for conducting this review and for providing them with the revised report and Action Plan. In terms of the assessment of DHR reports the QA Panel judges them as either adequate or inadequate. I am pleased to tell you that the revised report has been judged as adequate by the QA Panel.

The QA Panel would like to thank you for the clear efforts made to address the issues raised in the feedback letter from the QA Panel, in particular paragraphs clarifying timescales in this review.

There were some remaining issues that the Panel felt might benefit from more detail, and which you may wish to amend prior to publication of the revised report:

- Paragraph 1.6 indicates a recommendation would have been appropriate for NHS England or the Department of Health on the need for a clear policy for NHS records or IMR to be supplied promptly during the DHR process. Please consider including this in the report's recommendations and Action Plan;
- Paragraphs 3.14 - 3.17 regarding risk assessment could be construed as reducing risk assessment to a tick-box exercise and the tone of the paragraphs appear to place the onus upon the victim to assess that there was a risk before an intervention would be made. Please consider redrafting to cast a different tone;
- The conclusion of paragraph 3.19 that the case would not have been referred to MARAC and therefore no intervention would have occurred and is considered speculative;
- Consider including domestic violence and abuse awareness training in recommendation 3 for staff from the substance abuse partner agencies working non-opiates users; and,
- Please include the name of the Chair or author on the front page of the report in accordance with the Statutory Guidance.

With reference to the difficulty your Chair faced obtaining health records I would like to reassure you that the Home Office is already liaising with NHS England Regional leads who are working to identify mechanisms to support the management of NHS England participation in the DHR process across their regional boundaries. They will work together to consider and develop a standard approach. Guidance for managing DHRs will be considered as part of the review of the NHS Serious Incident Framework, and regional leads are liaising with colleagues in the Home Office to support the development of this guidance.

The Panel does not need to see another version of the report, but we would ask you to include our letter when you publish the report.

I would like to thank you once again for re-submitting your report for consideration.

Thank you.

Yours sincerely,

Christian Papaleontiou, Chair of the Home Office Quality Assurance Panel

Head of the Interpersonal Violence, Violent Crime Unit

Glossary of Terms

BOCU	Borough Operational Command Unit
CDT	Community Drugs Team
CSU	Community Safety Unit
CSP	Community Safety Partnership
DASH	Domestic Abuse, Stalking & Honour-based violence risk assessment tool
DA	Domestic Abuse (includes domestic violence)
DHR	Domestic Homicide Review
GP	General Practitioner
IDVA	Independent Domestic Violence Advocate
IMR	Individual Management Review
LBTH	London Borough of Tower Hamlets
MARAC	Multi Agency Risk Assessment Conference
MPS	Metropolitan Police
NAFAS	A culturally sensitive 12 week day-care programme for substance misusers
NHSELFT	National Health Service East London Foundation Trust
QA	Quality Assurance
SAU	Specialist Addiction Unit

Notes