



Domestic Homicide Review Report

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

Review into the death of George
in March 2019

Independent Chair: Gary Goose MBE
Report Author: Christine Graham
March 2023

Preface

The Safer Watford Partnership and the Review Panel wish at the outset to express their deepest sympathy to George'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 Watford Partnership on receiving notification of the death of George in circumstances that 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 will **set out the facts** in this case, **including a chronology** to assist the reader in understanding how events unfolded that led to George's death.

Section 3 will provide an **overview and analysis** of what we know about **George and his relationship with Male M**.

Section 4 will analyse the **agency involvement**.

Section 5 will explore the **services available** for gay men experiencing domestic abuse.

Section 6 will bring together **the lessons learned**, and **Section 7** will collate the **recommendations that arise**.

Section 8 will bring together **the conclusions** of the Review Panel.

Appendix One provides the **Terms of Reference** against which the panel operated.

Appendix Two sets out the **ongoing professional development** of the Chair and Report Author.

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Section One – Introduction

1.1 Summary of Circumstances Leading to the Review

- 1.1.1 This report of a Domestic Homicide Review (DHR) examines agency responses and support given to George, a resident of the Watford Community Safety Partnership area, prior to his death in March 2019. George was 45 years old at the time of his death.
- 1.1.2 In addition to agency involvement, the review will also examine the past to identify any relevant background or trail of abuse before George’s death, whether support was accessed within the community, and whether there were any barriers to accessing support. **This is particularly pertinent in this case, as George was HIV positive and identified as gay: he lived most of his adult life within Central London.**
- 1.1.3 By taking a holistic approach, the review seeks to identify areas and solutions that can make the future safer for others.
- 1.1.4 At the time of his death, George was living with his parents in Watford. He was recovering from a near fatal incident in February 2018, where he had fallen from the fourth floor of a block of flats in Central London. The premises from which he had fallen was a flat rented by a man with whom he was in a relationship. The only other person present at the time was that man. For the purposes of this review, he will be known as Male M. The police investigated this incident and have recorded their view that there was insufficient evidence to identify that a crime had been committed; therefore, no charges were brought. George’s family believe that his relationship with Male M was a contributory factor and believe that George had ended the relationship following the fall.
- 1.1.5 During time recovering at his parent’s home, it is clear that George felt unable to share the fact that the relationship was continuing with Male M. Furthermore, after a period of physical incapacity and subsequent recovery in hospital and recovery at his parents’ home, George began to meet again with Male M, very occasionally. It must be said at this point that ‘concealing the continuing relationship’ was nothing to do with George being in a same-sex relationship; he was openly gay, and his family were aware of previous long-term relationships.
- 1.1.6 A year after the fall, George and Male M travelled from London to Bexhill-on-Sea to stay in an Airbnb.
- 1.1.7 What occurred the following morning remains somewhat unclear. However, it is pertinent to note that this was a year to the day since his fall in London. He was also solely in the company of the only person that was present when he fell the previous year. A police investigation and subsequent inquest concluded that, at some point in the morning, George made cuts to his wrists and left the premises. He was later discovered in the sea after a member of the public had raised the alarm. Police officers attended and were able to see a man in the water, some distance out. He was monitored by the officers and police on CCTV until the RNLI Inshore Lifeboat arrived. He was pulled from the water. There is no record of Male M having raised the alarm about him cutting his wrists or leaving the property until a minimum of two hours after the incident. Even then, he did not describe the incident but rather made two abortive calls, and the police were unable to re-establish contact with him. This review does note that, at no point, either on that day or subsequently, has Male M ever

been interviewed about what happened, either by the police or during the course of the inquest process

- 1.1.8 After being brought to shore, George suffered a cardiac arrest, and lifesaving treatment began. He was taken to hospital by helicopter. He was treated in hospital until March 2019, when George sadly died because of his injuries.
- 1.1.9 The post-mortem established that the cause of death was:
 - 1a) Multi-organ failure
 - 1b) Out of hospital cardiac arrest
 - 1c) Hypothermia and water inhalation associated with immersion in water2) Human Immunodeficiency Virus (HIV).
- 1.1.10 Without his medication, his HIV positivity would have increased his susceptibility to infection and other complications of immune deficiency.
- 1.1.11 The next morning (at the first opportunity), whilst George was being treated in hospital, his family reported to Sussex Police that they believed that George had been subject to coercive and controlling behaviour from Male M. The police began an investigation into these allegations, but no charges were brought. Male M was not interviewed by the police in respect of these allegations nor was he asked to make a statement in respect of inquest proceedings, despite being the only person known to be with George on the morning he obtained the injuries that ultimately caused his death. He was, as stated, also the only person with him a year to the day when he sustained his near fatal injuries in the fall.
- 1.1.12 In February 2020, an inquest was held into George's death. HM Coroner recorded a verdict of suicide: concluding that he had formed the requisite intention to take his own life. George's family strongly disagree with this view.
- 1.1.13 The review will consider agencies' contact/involvement with George and Male M from 1st January 2016: this is the time that the review believes that George began his relationship with Male M.
- 1.1.14 The key purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person is killed because of domestic violence and abuse. For these lessons to be learned as widely and thoroughly as possible, professionals need to be able to fully understand what happened in each homicide, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future.
- 1.1.15 This review is undertaken in the context of the accounts of Male M's previous reported behaviour towards George.

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 The Statutory Guidance¹ states that: ‘Where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted. Reviews are not about who is culpable.’

1.2.4 In this case, HM Coroner came to the conclusion that George took his own life, and his family believe that he was subject to coercive and controlling behaviour. Therefore, the criteria are met.

1.2.5 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 On 3rd March 2020, Hertfordshire County Council received a referral from AAFDA (Advocacy After Fatal Domestic Abuse), who were supporting George’s family. This requested that a Domestic Homicide Review should be established. Prior to this, no agency had recognised that the criteria for a DHR may have been met in this case.

1.3.2 On 17th April 2020, the Chair of Watford Community Safety Partnership wrote to George’s family to inform them that information was being gathered in order that the Partnership could reach a decision about how to proceed. Watford CSP was the specific area within Hertfordshire in which George was living at the time. This had taken longer than normal because George was involved with agencies in London, Hertfordshire, and Sussex. The letter explained that due to the COVID-19 pandemic, there was potential for further delays.

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf

- 1.3.3 When the information had been gathered, the Partnership decided that there were lessons to be learned, but it was not clear that the Home Office statutory criteria had been met. Therefore, to ensure independence, it was decided that an independent review would be run in the same way as a Domestic Homicide Review. A further letter was sent to the family at this point.
- 1.3.4 In November 2020, Gary Goose and Christine Graham were appointed to Chair and Author this review. They met with George’s brother and sister-in-law on 12th December 2020 to understand more about the background to George’s death. They also had discussions with an advocate from AAFDA², who was supporting the family at the time.
- 1.3.5 During December, Hertfordshire County Council contacted the agencies in Camden and East Sussex to establish if they had any involvement with George.
- 1.3.6 With the additional information from Camden and East Sussex, along with discussions with the Chair and Report Author, it became clear that the criteria had been met, and a Domestic Homicide Review was commissioned.
- 1.3.7 The Home Office were advised of the intention to hold a DHR on 29th January 2021. George’s family were advised of the decision in February 2021.
- 1.3.8 On 12th March 2021, a scoping meeting was held. The meeting was chaired by Gary Goose and was attended by the Community Safety Partnership representatives from Watford, East Sussex, and Camden. At this meeting, the membership of the Review Panel was agreed. It was noted that a specialist service for gay men was needed.
- 1.3.9 The panel members were contacted by Hertfordshire County Council and formally asked to engage with the review.
- 1.3.10 During April 2021, Gary and Christine met with several of George’s close friends who had been introduced by his family.
- 1.3.11 In June, Christine Graham spent time identifying and contacting an expert able to support the panel and meeting to brief him on the review.
- 1.3.12 The first panel meeting was held on 22nd July 2021 and was attended by:
- East Sussex Healthcare NHS Trust
 - Galop
 - Hertfordshire County Council
 - London Borough of Camden
 - Metropolitan Police Service
 - Sussex Partnership Foundation Trust
 - Sussex Police
 - Watford Community Safety Partnership
- 1.3.13 Apologies were received from Camden Clinical Commissioning Group.

² Advocacy After Fatal Domestic Abuse

- 1.3.14 Chronologies were commissioned, and agencies that had submitted reports to HM Coroner were asked to either share these or produce an Individual Management Review (IMR). Reports were received from:
- East Sussex Healthcare NHS Trust – report for coroner
 - Peabody – Individual Management Review
 - Sussex Police – Individual Management Review
- 1.3.15 As chronologies were received, these identified several additional organisations who had been involved with George, and this led to further enquiries. Chronologies were provided from:
- Barts Hospital
 - Club Drug Clinic
 - East London Foundation Trust (ELFT)
 - Metropolitan Police Service (MPS)
 - Royal London Hospital
 - Sanctuary Care
 - Soho Square GP practice
 - The Cabin³
 - University College London Hospital (UCLH)
- 1.3.16 On 18th May 2022, the panel had a meeting at which a presentation was provided by Ian Cole for Central and North West London NHS Foundation Trust. Ian provided specialist input to the panel about chemsex.
- 1.3.17 Due to the complexity of this review, and the impact of COVID-19 lockdown, it was not possible to complete the review within six months. It took some time to follow the trail of George’s engagement with the agencies that he had been involved with.
- 1.3.18 The Review Panel met four times, and the review was concluded in March 2023.
- 1.3.19 The CSP, Independent Chair, and Author would like the Home Office to note the complexities in this case – as it straddled a number of geographic administrative borders. In accordance with the current statutory guidance, it was the Safer Watford Community Safety Partnership who undertook the review. This was based upon the fact that George had resided in their area with his parents for a year prior to his death, whilst recovering from a serious injury. He had, however, not lived with his parents for many years, there were no incidents of domestic abuse that came to light during his time with them, previous incidents of note had occurred in where he had lived independently in the London area, and his death occurred in another area, Sussex. In the event, the Safer Watford Partnership, supported by Hertfordshire County Council, met the costs of the review, and provided administrative support in its co-ordination. It seems to the Chair of this review that a system for the Home Office to adjudicate and direct which area, or areas, are responsible for reviews, would be helpful to all concerned.

Recommendation

It is recommended that the Home Office introduces a system to adjudicate in cases that straddle such borders and decide as to who should undertake the review.

³ George’s personal records provided by his family.

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 anonymity of the deceased, and their family and friends, the victim will be known by the pseudonym, George. This pseudonym was chosen by the Chair and Report Author.
- 1.4.3 George's partner will be referred to as Male M.

1.5 Terms of Reference

- 1.5.1 The Domestic Homicide Review set out to explore the following areas:
- Consider and analyse key practice episodes within the timeframe, including services' responses to family and friends and sharing of information.
 - The review will pay particular attention to George's vulnerability. It will consider all factors affecting his vulnerability including, but not exclusively, his sexual orientation and HIV status, his experiences growing up, and his substance misuse.
 - Consider the services specifically available to gay men in abusive relationships and if these are adequate and accessible.
- 1.5.2 The full Terms of Reference can be found at Appendix One.

1.6 Dissemination

- 1.6.1 The following individuals and organisations will receive copies of the report:
- George's family
 - Domestic Abuse Commissioner
 - Watford Community Safety Partnership
 - Camden Community Safety Partnership
 - East Sussex Community Safety Partnership
 - Home Office
 - Office of the Hertfordshire Police and Crime Commissioner
 - Office of the East Sussex Police and Crime Commissioner
 - Office of the Mayor of London

1.7 Contributors to the Review

- 1.7.1 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.

1.7.2 All panel meetings included 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, was made aware of the aims of the Domestic Homicide Review, and was referenced to the statutory guidance.

1.7.3 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.

1.7.4 The following agencies have contributed to the review:

- Barts Hospital – Chronology
- Camden Clinical Commissioning Group – Panel member
- Club Drug Clinic – Chronology
- East London Foundation Trust (ELFT) – Panel member and chronology
- East Sussex Healthcare NHS Trust – Panel member and report for coroner
- Galop – Specialist advisor to panel
- Hertfordshire County Council – Panel member
- London Borough of Camden – Panel member
- Metropolitan Police Service – Panel member and chronology
- Peabody – Panel member and Individual Management Review
- Royal London Hospital – Chronology
- Sanctuary Care – Chronology
- Soho Square GP practice – Chronology
- Sussex Partnership Foundation Trust – Chronology
- Sussex Police – Panel member and Individual Management Review
- University College London Hospital (UCLH) – Chronology
- Watford Community Safety Partnership – Panel member.

1.7.5 All panel members and IMR authors were independent of interaction with George.

1.7.6 The following individuals provided specialist support to the panel:

- George Stuart from 55 Dean Street – specialism in chemsex
- Ian Cole from Central and North West London NHS Foundation Trust – specialism in chemsex
- Joshua Adefope from Galop – support LGBT+ people who have experienced abuse and violence.

1.8 Engagement with Family and Friends

1.8.1 George’s family and friends have been integral to this review and have helped the panel to gain a better understanding of George than they would from agency records alone.

1.8.2 During the time of the review, the Chair and Report Author met with George’s brother and sister-in-law on three occasions.

1.8.3 The Chair and Report Author met with George’s parents (in person), and at their request, they were kept up to date on progress through George’s brother.

- 1.8.4 Several of George’s friends have spoken to the Chair and Report Author, either in person or remotely.
- 1.8.5 George’s family have had a copy of the report to read – in their own time, and at their own pace. Their feedback, provided by their AAFDA advocate, has been incorporated into the report.
- 1.8.6 George’s brother had indicated a wish to meet the panel. However, after several attempts to ascertain how and when this could take place, this did not occur.
- 1.8.7 When the review commenced, George’s family were supported by AAFDA, but as the review progressed, they decided that they wished to proceed without this support. However, later in the process, a different advocate from AAFDA worked with George’s family and met with the Chair and Report Author (on a number of occasions) to receive their feedback on the draft report.

1.9 Review Panel

- 1.9.1 The members of the Review Panel were:

Name	Role	Organisation
Gary Goose MBE	Independent Chair	
Christine Graham	Independent Report Author	
Katie Fulton	Development Manager	Hertfordshire County Council
Gail Gowland	Head of Safeguarding	East Sussex Healthcare NHS Trust
Bryan Lynch	Director of Safeguarding	Sussex Partnership
Abbie Knowles	Commissioning and Monitoring Officer	Hertfordshire County Council
Patrick Coulson	Head of Community Safety and Enforcement	London Borough of Camden Council
Kelly Hogben	Detective Sergeant	MPS Review Team
Danny Gosling	Detective Sergeant	MPS
Alan Gough	Director of Partnerships	Watford Borough Council
Danielle Davis	Senior Development Manager	Hertfordshire County Council
Natasha Gamble ⁴	Project Manager – Domestic Abuse	East Sussex County Council
Ben Siegert	Head of Neighbourhoods	Peabody
Helen Upton	Detective Inspector	Sussex Police
James Luxon	Detective Chief Inspector	Hertfordshire Police
Specialist advisors		
George Stuart ⁵	Specialist Advisor	55 Dean Street
Ian Cole	Specialist Advisor	Central and North West London NHS Foundation Trust

⁴ Corresponding member only.

⁵ George Stuart began as the advisor but, due to unforeseen circumstances, was not able to continue to provide the support, and this was then taken over by Ian Cole.

Joshua Adefope	Specialist Advisor	Galop
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1.10 Domestic Homicide Review Chair and Overview Report Author

- 1.10.1 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 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. 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. Since 2016, Gary has been self-employed as a full-time DHR/Safeguarding Review Independent Chair.
- 1.10.2 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 MAPPAs, 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.
- 1.10.3 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, respectively. Previous Domestic Homicide Reviews have included a variety of different scenarios: 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 Independent Office for Police Conduct (IOPC), NHS England, and Adult Care Reviews.
- 1.10.4 Neither Gary Goose nor Christine Graham is 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 or the CSP.⁶
- 1.10.5 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.

⁶ Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (para 36), Home Office, Dec 2016.

1.11 Parallel Reviews

- 1.11.1 HM Coroner held an inquest on 11th February 2020 and concluded that the cause of George's death was suicide.
- 1.11.2 The incident on 26th February 2018 was subject of a complaint to the MPS by George's family. This was reviewed by the Metropolitan Police Service, and the decision recorded was: 'concluded as "*service provided acceptable*". In June 2021, a review of the complaint and investigation was made. This was referred to the IOPC (Independent Office for Police Conduct). The IOPC reviewed the complaint, and the appeal was not upheld. The IOPC updated the family directly.
- 1.11.3 A complaint was made to Sussex Police, by George's family, in relation to the incident on 26th February 2019. This investigation has not concluded.

1.12 Equality and Diversity

- 1.12.1 Throughout this review process, the panel has considered the issues of equality. In particular, the nine protected characteristics under the Equality Act 2010. These are:
- Age
 - Disability
 - Gender reassignment
 - Marriage or civil partnership (in employment only)
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation
- 1.12.2 **Male victims of domestic abuse**
- 1.12.3 In March 2019, Mankind Initiative produced key facts about male victims of domestic and partner abuse.⁷ They found that:
- One in six-seven men will suffer domestic abuse in their lifetime.
 - In 2017/18, 4.2% of men said that they experienced domestic abuse, and 0.5% of men said that they had experienced stalking.
Of the men who had experience domestic abuse:
 - 12% of men had experienced three or more incidents of domestic abuse.
 - 31.8% had suffered physical injury, and 41.2% had experienced mental or emotional problems.
 - 11% of male victims had tried to take their own lives.
- 1.12.4 In the report, 'Making Legislation Work More Effectively for Victims' by IBB Solicitors⁸, 34% of men stated that they had experienced being in a coercive or controlling relationship. They

⁷ Male victims of domestic and partner abuse, Mankind Initiative, March 2019

⁸ <https://www.ibblaw.co.uk/insights/publications/controlling-or-coercive-behaviour-making-legislation-work-more-effectively>

found that when asked about behaviours, men were just as likely to experience most of the issues asked about. There were some behaviours that men were more likely to experience than women:

- Monitored or controlled spending – 29% of men, and 11% of women
- Suspected partner of spying on you or your activity – 30% of men, and 23% of women
- Partner deprived you or limited your food – 24% of men, and 11% of women
- Partner intentionally destroyed possessions or deleted emails or texts – 27% of men, and 20% of women
- Partner hid or took away a phone/tablet/computer – 24% of men, and 14% of women.

1.12.5 Domestic abuse in the LGBT+ community.

1.12.6 The review has carefully considered the language that should be used in this report to describe George’s sexuality. We know that ‘men who have sex with men’ (MSM) is an umbrella term, and some men may not identify as gay or bisexual. George did identify as a gay man; therefore, to be authentic to him, this is the terminology that will be used within the report (except where research has specifically used another term), whilst accepting that it will not apply to all.

1.12.7 Gay men experience domestic abuse, regardless of age, carer responsibility, class, disability, gender origin, immigration status, race, and religion. Gay men can find it hard to talk about domestic abuse. Sometimes same sex abusers will justify the abuse by telling their victims that: ‘this is how it is in same sex relationships’.⁹

1.12.8 National data¹⁰, as well as community studies,¹¹ indicate that LGBT+ people in the UK are subjected to domestic abuse at higher rates than heterosexual people. Between March 2018 and 2020, around one quarter (24%; 86) of domestic homicide victims were men,¹² and of these, the suspect was a male intimate partner or ex-partner in 5% (5) of cases.¹³

1.12.9 However, representative and empirical evidence on the extent of domestic abuse within gay relationships (and LGBT+ relationships more broadly), remains limited due, in large part, to inaccurate or inconsistent data collection practices. Official crime statistics, for example, often do not record the gender or orientation of the perpetrating person,¹⁴ while the CSEW also often uses a combined category of ‘gay or lesbian’ in their data reporting.¹⁵ Additionally, data completion about the LGBT+ status for domestic homicide victims and suspects also remains low and inconsistent.¹⁶ The COVID-19 domestic homicides project found, for example, that 3% of domestic homicide victims and 2% of suspects were recorded as being

⁹ Domestic Violence: A resource for gay and bisexual men, Barking and Dagenham NHS Primary Care Trust, 2007

¹⁰ Domestic abuse prevalence and victim characteristics: Year ending March 2021 edition, Office for National Statistics, November 2021 Supporting male victims, Government Equalities Office, 2022

¹¹ Magić J and Keeley P, LGBT+ People’s experiences of domestic abuse: A report on Galop’s domestic abuse advocacy service, Galop, 2018 Bachman C and Gooch B, LGBT in Britain: Home and Communities, Stonewall UK, 2018

¹² Domestic abuse prevalence and victim characteristics: Year ending March 2021 edition, Office for National Statistics, November 2021 Supporting male victims, Government Equalities Office, 2022

¹³ Domestic abuse prevalence and victim characteristics: Year ending March 2021 edition, Office for National Statistics, November 2021

¹⁴ Magić J, & Keeley P, Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse. Galop, 2019 (p. 53)

¹⁵ Prevalence of intimate violence among adults aged 16 to 59, by category and sexual identity of the victim, year ending March 2016, CSEW, Office for National Statistics, 2016 August 4

¹⁶ Bates, E., Hoeger, K., Stoneman, M.-J., & Whitaker, A. Domestic Homicides and Suspected Victim Suicides during the Covid-19 Pandemic 2020-2021 (p. 87). UK Home Office, 2021

LGBT+, yet LGBT+ status was not known or not recorded for 41% of domestic homicide cases and for 52% of suspects.¹⁷

1.12.10 Galop¹⁸ reports that it is estimated that:

- More than one in four gay men report at least one form of domestic abuse since the age of 16
- Gay and bisexual men might be twice as likely to experience domestic abuse compared to heterosexual men.

1.12.11 Stonewall¹⁹ has identified that a greater number of gay and bisexual men have experienced domestic abuse from a family member or partner (since the age of 16) than both men and women in general. Their work suggests that:

- 49% of all gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16, compared with 17% of men in general
- 63% of gay and bisexual men with a disability have experienced at least one incident of domestic abuse from a family member or partner since the age of 16
- 37% of gay and bisexual men have experienced at least one incident of domestic abuse in a relationship with a man
- 41% of gay and bisexual men who have experienced domestic abuse, experienced this for more than a year.

1.12.12 Since the age of 16, gay and bisexual men have experienced the following in relationships:

- Almost one in five (18%) have been repeatedly belittled and ‘made to feel worthless’
- 14% have been stopped from seeing family and friends
- Almost one in ten (9%) have been forced to have unwanted sex
- 7% have had their sexuality used against them
- 4% have been threatened with death.

1.12.13 Barriers to reporting or seeking help (by male victims) are discussed later in the report. However, Stonewall identified that four in five (78%) of gay and bisexual men who have experienced domestic abuse, have never reported incidents to the police. Furthermore, that more than half (53%) of those who did report incidents, were not happy with how the police dealt with the report.

1.12.14 The review has also considered the additional complexities in this case of the use of chemsex within the LGBT+ community and the use of other drugs to assist the deceased’s ability to cope with life stressors. This is explored fully within the report.

¹⁷ Bates, E., Hoeger, K., Stoneman, M.-J., & Whitaker, A. Domestic Homicides and Suspected Victim Suicides during the Covid-19 Pandemic 2020-2021 (p 87). UK Home Office, 2021.

¹⁸ Magić, J. & Kelley, P. (October 2019). Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse. Galop, the LGBT+ anti-violence charity. London, UK. October 2019.

¹⁹ Domestic abuse: Stonewall health briefing, Stonewall,

Section Two – The Facts

Chronology from 2016 when George met Male M

2.1 Background information

- 2.2 It is relevant to this review to be cognisant of some of George’s background in order to understand the context of his potential vulnerability to abuse, in particular, controlling and coercive behaviour. This information has drawn largely on discussions with George’s family and friends and is included with their full knowledge and support. The information is discussed in more detail later within the report but is summarised here to set the context.
- 2.3 George was the youngest of three boys and was brought up by his parents in a stable and loving parental relationship.
- 2.4 In 1989, at the age of 15, he was struck by the trauma of his older brother dying in the Marchioness disaster on the river Thames. The disaster enveloped his whole family, as they became involved in a long-running and very public campaign to unearth what they considered to be the truth behind that event. George’s family’s view was that controlling and coercive behaviour, by agencies, occurred to withhold the truth. This is central to their (and George’s) distrust of agencies thereafter.
- 2.5 George completed his state education and went on to study at university in Liverpool. It was there that he came out as an openly gay man, and his family say that the attraction of the gay social life at university distracted him from his studies, albeit he achieved a creditable academic degree.
- 2.6 It was during his 20s that George was diagnosed as HIV+. At the time he was diagnosed, HIV+ was life threatening. It carried enormous stigma, together with a degree of media and public hysteria surrounding it. George did not disclose his condition to his parents for many years: this was to protect them from the fear surrounding the condition.
- 2.7 He moved to live in Central London and developed a close-knit group of friends. It says much about George that those friends remained close for the rest of his life and were supportive of him throughout all that was to follow.
- 2.8 In London, he became very much part of the Central London gay scene. The context of this is important because during the 1990s and early 2000s, the gay scene was still somewhat hidden and not anywhere near as accepted as it has become in the public consciousness in recent years.
- 2.9 George was involved in loving relationships, some of which were long-term, but he also developed a drug habit that had begun during his state education. That drug habit developed to the point where it became destructive to some of his relationships. George also became involved in the gay chemsex scene as he got older. The impact of each of these issues, upon his vulnerability and susceptibility to being abused, is discussed later within this review.
- 2.10 One of George’s friends, who spoke to this review, said that in 2016, George was the ‘best he had ever been’. It was then that he met the man who we describe as Male M.

2.11 **2017**

2.12 In March and April, George's family say that he seemed to make excuses not to see them. With hindsight, they think that this was because he was in a 'bad way'. It was at Easter that George told his mother that he had met someone but was not sure about his feelings for him and whether he should introduce him to her. They told him that he needed to remove the numbers of all his drug connections, and he changed his phone number. However, they later discovered that he had retained Male M's number until September that year. George's brother had known of George's HIV status since 2000. He was very upset, and his family tried to help him.

2.13 George's brother has told this review that George became desperate and arrived at his parents' house in a state of fear and paranoia. He was 'high' on drugs and needed support from those he trusted most. Unfortunately, his parents could not cope with this condition so his brother, visiting their parents at this time, talked to him alone in the garage. His brother recalls George not being in control of his own mind and that there was a strong influence over him. He could not articulate his experience but confided in his brother and asked: 'Do they know?'. He could not be reassured that his mind was his own and that 'they' did not 'know' – he could not articulate further. The family felt that George was becoming increasingly estranged from them and knew nothing about Male M or their relationship, except that drugs were involved.

2.14 **From this point on, this chronology will include references to a number of text exchanges between George and Male M, as they shine a light into the relationship.**

2.15 On 15th October, Male M visited George to explain to him how he should safeguard his phone and personal items. He told George that his neighbours knew something very awkward about him and had reported this to the police. Two days later, Male M messaged George at 11.32 pm, saying: 'answer the fucking phone'.

2.16 On 19th October, George informed Male M: 'I'm waiting for some information to book some flights to Bangkok for my trip. Going to be away for a few weeks in November...'. Male M interjected: 'to feed your need for mixed race guys!?!' George continued: 'to get some recovery time'.

2.17 Male M messaged George on 28th October, saying: 'It's something very awkward they knew about me, and they reported me to the police in that very "coward" way...'. George then confirmed that he was booked onto a flight on 29th October to the Resort 12/The Cabin Recovery programme. George arranged to spend the night before with Male M.

2.18 After being with Male M the night before, George missed his scheduled flight on 29th and rebooked another flight for the next day. During this time, George's brother arbitrated George's fall out with his sponsor. His brother then took him to the airport and accompanied him to the departure gate. During this time, George was in touch with Male M about the dispute with his neighbours, and Male M said that: 'they being hardcore on me. Can't bear it any longer. Missing you already. Love u x'.

2.19 On 31st October, George was admitted to The Cabin Chiang Mai for intensive inpatient behavioural health treatment, where he presented with amphetamine and cocaine addiction. This episode is discussed later in the report. Despite being prohibited whilst in

rehabilitation, regular contact continued (secretly) with Male M throughout George's stay. Notes made by George at the time will be reflected upon later in this review.

- 2.20 Although a two-week extension had been advised, George left The Cabin on 1st December with a list of recommendations for discharge. George's family believe that George met with Male M as soon as he returned and began to use drugs again soon after.
- 2.21 In December, George's family were advised by George's sponsor at The Cabin that Male M had made death threats towards them if the relationship was to end.
- 2.22 On 4th December, George visited his GP. He had just completed five weeks of rehabilitation in Thailand for drug misuse and had been abstinent from illicit drugs for five weeks. He had been started on quetiapine whilst there, and a prescription was issued.
- 2.23 George emailed Male M the next day, 5th December, and said: 'I've brought enough stress to the people around me and I don't want to cause any more, I don't need it and nor do they'.
- 2.24 On, or around 7th December, it appears that George had ended the relationship.
- 2.25 On 9th December, just over a week after returning from rehabilitation, Male M and George used drugs together. George said: 'I was off the plane from rehab a week and by the 9th we were using together'.
- 2.26 On 10th December, Male M emailed to George: 'hey how are you doing? Could we meet for a drink and talk? I really need to see you ...'.
- 2.27 On 19th December, George suggested to Male M: 'I think we should not see each other for 6 months. I know I want to get clean. I need to focus on my self care, which has been neglected. I really can do it'. Male M replied: 'you don't let me take care of you' and 'I need it now, in 6 months maybe destroys it'. George confirmed that he wanted a break, saying: 'Yes. We have no choice. Be honest with yourself just for once. You know. X'. Male M then said: 'I can guarantee you that I am more than honest with myself and with you. The only thing that is interfering in our lives is those gang stalkers or whatever they call them, calling sending you messages on VOIP, telling you lies and disrupting all faith and love that could make us stronger. Posing to you as the good friends that care about you'.
- 2.28 After George told Male M that the situation needed to be fixed and a break was necessary, Male M would not accept it and replied that they both need each other 'until death do us part'. He then asked George to join the Rosicrucian Order with him.
- 2.29 The next day, 20th December, Male M said that a six-month break would be too long and that it really meant the end. George replied, saying: 'next time I could end up dead'. Male M suggested that George followed the Rosicrucian Order programme, and George asked how it was working for him. Male M then stated that 'they planning evil' to George with their own touch of poison in Neo-Nazism ideas of white power. He also said that they had sent an internet link George to T.i.A (alleged cover of group in a charity organisation) and a V2K device (voice to skull technology) that transmits audio direct to the brain. Male M then stated that he was approached and intimidated by 'Bruno' the night before, who had stated: 'Male M, why u trying to stop us? Your stupid boyfriend is trusting us so well, why you want to interfere on the game??'. Male M continued to warn George that he would be 'isolated

until the worst may happen that costs your life'. He then told George that these people had purchased a life insurance on his life.

2.30 George reminded Male M that just over a week after returning from rehabilitation, they had used drugs together, and he said: 'next time I could end up dead'. Male M's response was: 'dead? What about if we follow the Rosicrucian programme? It is extremely effective'.

2.31 When Male M continued to contact George, and George said: 'Seriously – we are too triggering to each other. We need to reset and stay safe and clean. You too.' Male M then repeated much of what he had said before, and George said: 'Up to you how you interpret but yes we need distance for 6 months'.

2.32 Male M continued to make the claims about this group. After Male M received no reply from George, he suggested that they got together that evening, but when George still did not reply, he became jealous and accused George of messing about with other men. He then continued to text George with messages such as 'are we still together???'

2.33 He continued to message George, and finally (in the early hours of 23rd December) George agreed to meet Male M at 11 am. He persuaded George to abandon the six-month break, and George went to meet his parents for Christmas.

2.34 Male M and George met again on 27th December and arranged to meet for dinner on 28th December at George's flat. Male M was late. He arrived at 10.40 pm after a visit to the office. They then saw each other over the next few days.

2.35 **2018**

2.36 On 14th January, George announced that he might get a second-hand Blackberry or a pay as you go phone so that he could change his mobile number.

2.37 On 24th January, George messaged to Male M and said that he wanted to challenge some of the things that Male M had said to him. He listed them as:

- The neighbours want to steal their identities, intimidate and stalk to suicide
- They would catch him leaving his flat and pile him into a van and do him in
- That he and his family would suffer
- They are now interested in George's brother
- They are talking of sending child porn to phones
- They come into my flat and get me.

2.38 George described the things that Male M said as paranoia inducing and did put him off using drugs, as this did not seem to happen when they weren't using drugs. George said: 'you've said these things. It's constant. I want to change. It's not good for either of us'.

2.39 The next day, Male M messaged George and said: 'thanks for treating me like a cunt'. George replied that: 'aggressive messages are unnecessary' and resented his earlier message of 24th January. Despite this, they continued to keep in contact and meet.

2.40 **26th February 2018** (This is the birthday of George's brother who died on the Marchioness).

- 2.41 At 7.49 am, Metropolitan Police Service (MPS) were called to Male M's flat by a member of the public, reporting that a man had fallen from a fourth floor flat. The witness said that they saw George standing on the small window ledge and that he appeared to try and reach over to the balcony of the neighbouring flat. He then lowered himself down and hung onto the window ledge before pulling himself back up.
- 2.42 Male M told the officers that the previous evening, he and George were at George's address where they both took GHB²⁰, and George had taken cocaine. At around 11 pm, they had left and gone to Male M's address. They were awoken at about 3 am by the downstairs neighbours, who were shouting abuse. George had been upset about this, and the couple had had an argument.
- 2.43 Male M went on to tell the officers that at about 6 am, they began to get ready to get some breakfast, and George said that he was going back to bed for a lie down. Male M had then gone into the bathroom. About ten minutes later, he heard knocking on the front door. Due to the knocking, he went into the bedroom to ask George to answer the door for him; however, he saw that George was not there. Male M answered the door, and it was the police.
- 2.44 Within the flat, the police found no indication of a struggle nor was there any indication at the window of any struggle – as the window ledge was dusty, and the dust was undisturbed.
- 2.45 Male M told the police that he and George had been in a relationship for about 18 months. He said that, whilst they have had arguments, there had been no domestic abuse or violence. As there had been an argument, in line with the MPS Domestic Abuse Policy, a DASH²¹ risk assessment was undertaken with Male M. During this assessment, Male M said that George monitored his mobile phone because George did not trust him. He said that George took drugs recreationally, using GHB, cocaine, and crystal meth. He stated that George did not drink alcohol but did take medication for depression and HIV. He said that George had 'family problems', but there was no elaboration on this. The risk assessment was graded as standard.
- 2.46 George was taken by HEMS (air ambulance) to the Royal London Hospital as a code red trauma with extensive injuries. He was referred to the psychiatry department because he was brought in as a code red trauma: having fallen from a fourth-floor window. George said that his father had died the day before²², and on further questioning, he thought that he may have wanted to jump. He disclosed that his use of crystal meth had been increasing lately.
- 2.47 Later the next day, on 27th, George's family were advised that he was in hospital – through a friend from London who contacted a friend in Watford. When the family arrived at the hospital late afternoon, they found Male M present. Barts Hospital has no next of kin recorded on admission.
- 2.48 George was seen by Psychiatry, which comes under ELFT, and a record of his assessment was added to his notes. According to the summary, George said that he was told to go out the window, so he did; however, he was unclear who told him. He said that he did not do this to die but because of fear; however, it was unclear what was frightening him. George

²⁰ GHB (gamma hydroxybutyrate) is a depressant drug, which means it slows down messages travelling between the brain and body.

²¹ Domestic abuse, stalking and honour-based violence

²² This obviously was not the case

said that he had seen mental health professionals before and was taking prescribed olanzapine (10mg) at night to help him sleep, but he was unsure how much. George said that he used GBL²³ the night before he fell, but he could not say how much. Later, when he was asked how much he uses, he said that he had stopped. George talked about wanting to check in to The Cabin that day. George said that his father had died yesterday, but it is unclear how this had happened. George was very concerned about his mother, who he could not get in touch with because his phone was at home. He became increasingly concerned about what was going to happen to him in the hospital; he felt that staff would hurt him, make his injuries worse, and perhaps wanted to harm him. He was quite concerned about nurses putting up IV paracetamol.

- 2.49 Later George had an operation to deal with his broken pelvis and femur. His right elbow wound was washed and closed.
- 2.50 On 27th February, George was reviewed again by Psychiatry. He was seen initially alone and then with Male M present. Male M said that George had been confused whilst in hospital and was not making sense. Male M explained that the fall had occurred at his flat and that his homophobic neighbours had been shouting abuse overnight. He explained that George had been stressed recently and had been experiencing health problems. George had not slept properly for two days prior to the incident. He disclosed that he and George used GHB/GBL, crystal meth, and cocaine together (fairly regularly). Male M denied GHB/GBL withdrawal. He said that George did not drink. A registered mental health nurse (RMN) was present.
- 2.51 The Merlin²⁴ was shared with Westminster Adult Social Care on 27th February.
- 2.52 On 28th February, George had a further operation to close his bladder injury, and an exploratory laparotomy was undertaken.
- 2.53 George was seen by Psychiatry again on 1st March. There is no record of George having anyone with him so it is assumed that he was alone, as this would usually be noted. George said that he felt a bit safer today but was still scared. He thought becoming more familiar with the environment and people had helped. He said that he was finding 1-1 sessions with the RMN reassuring. He was aware that he may be stepped down to a ward. His ongoing psychotic symptoms were thought disorder, derealisation, and feeling unsafe in hospital. He had some suicidal thoughts but had no intent or plans.
- 2.54 On 1st March, George was also reviewed by HIV Medicine, and it was noted that he was under the care of Mortimer Market HIV Team. George reported that he had taken his ARV up until this stage.
- 2.55 George was seen by the alcohol care team on 2nd March. He was reluctant to engage, as he wanted to rest because he was expecting visitors. He disclosed that he had recently spent time in rehabilitation in Thailand (although he was vague about the times). He reported using crystal meth and cocaine 'a few times a week' prior to his rehabilitation, and it was noted that this pattern appeared to have continued post rehabilitation.

²³ Gamma butyrolactone – explained later in the report.

²⁴ The 'Merlin' IT application is used to record the details of those vulnerable people aged 17 and under via a Pre-Assessment Check (PAC) and for details of vulnerable adults aged 18 or over via an Adult Come to Notice (ACN).

- 2.56 On 2nd March, George also saw the pain management team when his medication was reviewed. He was also seen by the psychiatry team, and he disclosed that he had been using drugs for approximately 24 hours prior to the incident. He said that he had not used drugs since he returned from Thailand in October 2017. He spoke about Male M having neighbours who were ‘stalkers’ and said that he could hear them intermittently. He said that he had climbed out of the window because he wanted to escape and not because he wanted to die. George disclosed that he had never felt unsafe until his current relationship, and he felt that his thoughts were now being manipulated; however, he denied trying to escape from his partner during the incident. He then indicated that he would like to talk about this another time, as he was not in the right frame of mind to discuss it at this time, and that he did not want his partner to visit for a few days. He was, however, happy for other friends and family to visit. He then went on to say that he did not mind if his partner popped in to see him – the RMN said that they would ask NIC to speak to him before his partner visits. George said that he wanted to get back on his feet and was worried about the extent of his injuries and how long it would take him to recover. He said that he no longer felt that he wanted to die. There is no indication that a referral to support services – for his disclosure about feeling unsafe – was considered at this time.

There appeared to be a lack of professional curiosity from the mental health and acute health teams when George reported feeling unsafe. This was a missed opportunity to explore possible referrals to the IDVA service or other support networks.

Recommendation

It is recommended that ELFT and Barts Hospital provide assurance to the Community Safety Partnership regarding their processes for when a patient expresses that they feel unsafe.

- 2.57 On 2nd March, officers from MPS’s Public Protection Team attended the Royal London Hospital and spoke to George, who was in a lot of pain and could not speak for a long period due to the level of medication that he was taking. George told the police that he did not remember a huge amount of detail, as he had taken a lot of drugs and had blacked out. He did disclose that he was scared and was running away from something.
- 2.58 On 3rd March, George had a 1-1 with the Registered Mental Health Nurse (RMN), and no change in presentation from the previous day was noted; however, he did not particularly engage. He was visited by his family, who were concerned about his mental state. His NOK details were updated to his mother and his friend.
- 2.59 George saw the HIV Team on 4th March, and he was feeling more positive. He planned to go to Hertfordshire to spend time with his family when he was discharged.
- 2.60 The RMN spoke to the ward sister on 5th March and was told that George had been calm and settled for the last 3 – 4 days and was compliant with his olanzapine. He had not expressed any paranoid thoughts but had been refusing to see his partner (on and off). George had an operation on his foot. George asked for sleeping tablets and reported to the ward staff that he was not getting on with the RMN.
- 2.61 On 6th March, George saw the pain team and reported some neuropathic type of pain that was not being controlled and kept him up at night. He said that he was eating and drinking. He was due to have a physiotherapy review, but he declined a bed assessment due to the

pain. After a discussion with George and his mother, it was decided that he would be assessed in bed the next day. It was noted that, initially, he may need hoisting to get out of bed. It was noted that he would be staying with his mother on discharge, who had a toilet downstairs; however, he would stay upstairs.

- 2.62 When George was reviewed by Psychiatry on 6th March, he said that he felt that his mood was 'picking up' since admission, and he felt that this was helped by the support of the ward nurses. He said that he felt calm and settled in himself. He was future-orientated and was looking forward to getting back to his hometown when he was recovered. He was being visited regularly by his mother and friends. His appetite was good, and his pain was being managed reasonably well. He had been started on pregabalin that day. He said that he was not sleeping well at night, as he was waking up due to the pain. George did not want to discuss the events leading up to the fall or what had happened in the past year. He said that he did not currently have any thoughts of self-harm and said that he felt safe in hospital.
- 2.63 The police revisited George on 6th March, in hospital. He indicated that he did not want to relive what had happened, and he could not distinguish between the facts of the incident and the irrational thoughts because of his drug consumption. He said that something had not been right that evening, but it was not in relation to Male M. He did say that they had had an argument the evening before but did not disclose the details. He said that Male M had 'never raised a hand' to him and had never hurt him physically. When asked about emotional/psychological/financial abuse, he shook his head and said that they were both struggling with drug addiction. George said that he did not want to think about what had happened until he was in a stronger physical condition. Furthermore, he said that he would consider contacting the police if he remembered what had happened or if he wanted to disclose any domestic abuse. He was offered a referral to Galop, which he declined. Due to insufficient evidence, no further action was taken by the police. A Non-Crime Domestic was recorded in this case, as it had been reported that there had been an argument between George and Male M. A DASH risk assessment was completed with Male M, but a DASH risk assessment was not completed with George. MPS Policy guides that for a Non-Crime Domestic, a DASH should be completed with both parties.
- 2.64 On 7th March, physiotherapy assessed George: his brother was also present.
- 2.65 George saw the pain team on 9th March. He said that, whilst the Fentanyl patch caused him to feel relaxed, he could not tell if it was helping with his pain, which varied throughout the day. At night, he felt more restless, and he thought that this was pain related. He said that he had a history of 'sciatica' pain from slipped discs, although this was not currently an issue.
- 2.66 On 11th March, George was seen by Psychiatry. Whilst he could not recall the events, he was quite sure that it was not a suicidal act that led him to jump from height. He disclosed that his brother had died in the Marchioness disaster at the age of 23 and that his cousin had taken his own life by jumping from a multi-storey car park in 1995. He said that he was strongly considering staying with his parents in their home when he was fit. He described them as supportive and said that this would be OK. He reported that he was in a 'co-dependent' relationship.
- 2.67 In his psychiatric review on 12th March, George said that he was aware that the initial paranoid thoughts he had were drug related. He denied passivity. He was future-orientated and 'optimistic' for the future. He was trying to focus on his rehabilitation goals and

recovery. He denied any thoughts of harm to himself or others. He said that he felt safe in hospital.

- 2.68 The Alcohol Care Team saw George on the ward, as requested by him. He said that he goes to Narcotics Anonymous meetings, but he thought that community alcohol and drug services would not benefit him when he went home, as he had tried them before. He did not want any input from drug and alcohol services.
- 2.69 When George was seen by Psychiatry on 14th March, George was focussed on his recovery and was looking forward to being discharged. He said that he was planning to stay with his parents to recuperate and 'simplify' his life. He said that he had a stressful time over the last few years, as his business (personal training) was very successful. He said that he had, at times, used drugs to cope with the stress. He said that he used cocaine, crystal meth, and GHB. He said that he felt that he did not wish to be in a relationship at the moment but that he had not told his partner yet. He said that he had been feeling 'up and down' in the weeks leading up to his admission but denied that he ever felt suicidal. George said that he could not remember much else prior to his admission but said that he remembered lying on the ground after the fall and thinking that he was not worthy and that no one would call the ambulance/police. He said that he had taken crystal meth and GHB in the 24 hours prior to admission (at his house). He said that he had gone to his partner's flat with his partner, who was having trouble with his neighbours. George said that there was a dark energy in the flat, that his thinking was 'muddled', and that he felt 'dark' and sad. He said that he climbed out of the window with the intention of climbing down 'to get from myself and from my mind' and had accidentally fallen, saying: 'I forgot how old I am'. He clearly stated that his partner had not pushed him. George disclosed that when he was first diagnosed with HIV, he did not look after himself or plan his life, as he did not think that he would survive very long. He said that he had become ill when he was diagnosed, and this affected his work and career for a few years. He said that he now wanted to get on with his life.
- 2.70 On 20th March, George was transferred to University College London Hospital Trust (UCLH). George was referred to drug and alcohol services. He had reported that he had used the services before and that he was keen to address his use of crystal methamphetamine and GBL, saying he had no enjoyment from the drugs anymore. Upon admission, George was also seen by the physiotherapy team for ongoing rehabilitation, and he was referred to the occupational therapy (OT) team for ongoing support and rehabilitation.
- 2.71 On the day of admission, George was seen by Camden and Islington NHS Trust (mental health services). He was seen for a risk assessment at 7.30 pm, having been referred by the MHLT at the Royal London Hospital. George was described as pleasant and agreeable. He said that, although he was now feeling better, he had initially felt a bit flat and had lost hope. On initial admission, he also said that he was worried what his friends would think. He showed no signs of paranoia and was agreeable to remaining on the ward and receiving treatment. He said that when he fell, he had been trying to get away from something, but he could not remember what, and had climbed out of the window and fallen. He said that following a period off drugs, he had binged on GHB and methamphetamine, which had led to the incident. He said that he had his own personal training business but that this was running down, and he was not enjoying it. He said that he had been in a relationship with his partner for a year but that he was now rethinking this, and he could not see himself wanting to go back to Male M's flat. He specifically said that, when his mother called, he did not want her to be told about what he had said about his relationship. He was trying to be positive and see the incident as a catalyst for change. He said that he was going to stay with his brother

when he was discharged from hospital. He said that he wanted to get back to the real him, as London and all that went with it was not real, you can make up the identity that you want. He was described as chatting with other patients in the bay whilst waiting to be seen. He was described as anxious about how things would turn out and how his recovery would go but appeared cheerful and bright in effect. He displayed no suicidal or hopeless thoughts, and no psychosis was observed. He said that his mother was aware of his history, but he did not want his partner discussed with her.

- 2.72 George was seen again on 21st and 22nd March – by the OT and trauma clinical team – for ongoing rehabilitation. The pain management team became involved due to infection from his wounds. As part of the OT assessment, George said that he was keen to stop drugs. Therefore, it was agreed that he would be referred to the Club Drug Clinic.²⁵ George indicated that he planned to go to his parents’ house in Hertfordshire when he was discharged.
- 2.73 On 23rd March, George was assessed by the drug and alcohol service. He indicated that he was keen to get off drugs and would try any support groups offered to him.
- 2.74 Over the next few days, the plans for discharge were discussed with George. It was felt that, until his parents’ house was prepared for his safe discharge there, a transfer to Althone House in Westminster²⁶ (for continued rehabilitation) would be best. On 27th March, it was noted that George was agreeable to the plans for transfer and the plan for ongoing support for his use of drugs and alcohol. Before his transfer to Althone House, George continued to be seen by the OT and physiotherapy team.
- 2.75 On 27th March, George was seen again by the MHLT, and it was noted that the plan was to transfer George to Althone House. He agreed to be referred to the Club Drug Clinic. George was unable to recall any psychological triggers to the fall. He said that he had been with Male M, with whom he remained in contact. He said that there was no distress or upset in the relationship. It was decided that there was no need of any further involvement of the MHLT.
- 2.76 George was transferred to Althone House on 29th March. On discharge from the team, he was taking 250mcg of clonazepam, down from 500mcg, with a view to slowly taper this down. He was also taking pregabalin and olanzapine, which were to remain at the discharge dose. It was suggested that any further input from a psychiatry point of view would be via the Club Drug team. George was aware that he would be non-weight bearing until 27th April.
- 2.77 On 6th April, George’s notes were emailed to his GP.
- 2.78 During George’s stay in hospital in April and May, his family believed that he was not having contact with Male M; however, one friend has said that Male M would visit when they knew that the family were not going to be there.
- 2.79 On 18th April, George was seen as an outpatient in the clinic at the Royal London Hospital. On this day, Male M sent an email to George: ‘can you call me or I’ll come to your home. I just want to know if everything is ok with you.’ On 24th April, George emailed to Male M: ‘you did not show up yesterday. Are you OK? Please don’t show up today as I have my mum here until 4 pm’.

²⁵ Club Drug Clinic has no record of George engaging in services.

²⁶ <https://www.sanctuary-care.co.uk/care-homes-london/althone-house-nursing-westminster>

- 2.80 In May, George moved in with his mother and father in Watford, and his family moved all his belongings to Watford. He quickly began to walk again but was in a lot of pain, as well as experiencing a lot of nightmares and flashbacks. He did not go out much during May.
- 2.81 According to the report that George's GP provided to the coroner, George remained in Althone House until the beginning of May. When he left Althone House, he joined the GP surgery in Watford and saw a GP on 16th May, when he appeared to be managing well and was keen to continue his progress.
- 2.82 On 22nd May, George received an email, titled: 'Dirt on you'. This email threatened him with exposure of a recording of him in sexual footage (via malware) unless payment was received within 24 hours.
- 2.83 On 14th June, George attended Mortimer Market Clinic, and his HIV appeared to be stable.
- 2.84 In July, George began to go out on his own, and his family accept that he could have been meeting Male M during this time. George began hiding things and became non-communicative.
- 2.85 On 11th July, George asked the Royal London Hospital if he could be referred to an orthotist by his GP. It was agreed that he would be seen in four months' time, with X-rays of his hip and pelvis.
- 2.86 On 4th August, George met with his family to celebrate his father's birthday. His sister-in-law noticed that he was quite uncommunicative and gave the appearance of hiding things from them.
- 2.87 On 22nd August, George's appointment at the Royal London Hospital was brought forward because he had noticed, in the past month, some blood staining in his semen on ejaculation. He was told that he had been referred to a urologist (locally) and was waiting for an appointment.
- 2.88 On 22nd October, Male M reported to MPS that he had received an abusive note from one of his neighbours, telling him to leave. The note complained about the continual noise that Male M allegedly made night after night.
- 2.89 Male M then sent an email to MPS (date not included) in which he said that the same neighbours had told him that he would never see his partner again, and when he asked why, they said that they did not want them to be together anymore, and that George did not want this either. They said that Male M should not try to contact George or try to find out why. He said that the last time he had seen George was on 30th October, and that he had tried to call him many times, but his phone was switched off.
- 2.90 On 5th November, Male M messaged George and asked him to talk to him. In the evening, George replied: 'I don't do that'. They then had an argument over text, where they each made accusations against the other. During the argument, Male M referred to what had actually happened when George fell from the window.
- 2.91 Male M said that on 13th November, which was George's birthday, he had called, and George had answered. He was very nervous and said that he could not speak at that moment. Male

M said that he sent him a few messages but received brief replies from George, saying he did not want to talk and was very upset. Male M said that George would not tell him where he was.

- 2.92 The next day, Male M emailed George, and shortly before 10 pm, he rang George. George said: 'can you stop calling me please. If I decide I want to speak to you I will contact you'.
- 2.93 Male M messaged George the next day, 15th November, and he said that he admitted his mistake and would delete his profile from the apps. He said: 'you are the only one I care about'. He said that he had a birthday present for George, that he could bring it to him, and that they could have a drink. George did not reply, so Male M asked him to tell him where he was. He said it had been three weeks, and he was worried about George's safety. Again, George did not reply, so Male M said: 'can you please answer me or I am gonna go to the police and report you as a missing person'. George then replied: 'Spoke to you yesterday. I'm fine. Leave me alone please'.
- 2.94 On 16th November, Male M and George arranged to meet.
- 2.95 On 16th November (in a report for the coroner), George saw his GP and said that he was feeling 'a bit crappy' in the mornings, for a couple of hours; however, on the whole, he felt OK, and no changes were made to his medication. This was the last time he saw his GP.
- 2.96 On 17th November, Male M wanted to meet with George again, but George messaged: 'I'm not sure what's happening today. I feel like the greater power has taken me hostage and keeping me reflecting on my behaviour'. Male M rang, requesting that they meet up, and George messaged to say: 'I can't keep lying to mum and dad. Things are better and the wreckage we caused had consequences. I have to get my passport and detox. I believe that I can make something of my life. I have to be clean. There's no other way. I want holidays, career, security, love, kids, friends, help others, live, laugh'. Male M continued to encourage George to meet up with him. George said that he did not think that he could maintain sobriety and Male M at this time, but Male M tried to persuade him that he could. Male M continued to message George. He messaged at 11 pm: 'I have a headache. I'm so conflicted'.
- 2.97 George told Male M, on 18th November, that he had decided what he wanted to happen to move forward. He said that they needed to each work on their own abstinence and recovery for three months and then reconvene to start therapy together. When Male M said: 'sounds good, what time are you coming?', George reiterated that this meant that they would not see each other for three months. Male M said that George was being selfish, to which he replied that it's that or the end. When Male M would not accept this, George said that Male M was lucky that they were still talking after he had threatened his family, injected him with ketamine without his knowledge, and scared him half to death.
- 2.98 The next day, 19th November, Male M messaged George about meeting up for a coffee. George said that he was meeting a friend for dinner and having an early night. They were then in contact each day until 22nd November, when George messaged to say that he would be over about 12.30²⁷ tomorrow. They continued to be in contact and to meet up and to take drugs together.

²⁷ It is not clear if this was am or pm

- 2.99 On 9th December, George told his friend that: ‘...was still in relationship and very hard to pull away for both our sakes. He doesn’t accept it but I had to cut him off. It was very volatile’.
- 2.100 On 15th December, Male M sent an email to the MPS Mailbox. The email said that he and George would like an update on the incident.
- 2.101 On 19th December, George sent a message to Male M: ‘I need you in a good place, new home, working, happy, healthy’.
- 2.102 On 22nd December, Male M suggested that they meet up. When George said that he could not, Male M questioned why it always had to be when he could. George explained that he lived at home with his parents and so he had to be considerate. He said that he did not like to go to Male M’s flat. He said: ‘I don’t want to keep going to the flat. I’ve been time and time again under duress’. They then had an argument about Male M being unfaithful. The next day, George said to Male M that he had been very upset the previous day because Male M had been screaming and hurling abuse at him. George told Male M that he had a job interview and would be starting on 4th January.
- 2.103 George’s brother and sister-in-law visited their parents’ home on 25th December and noted that George was obviously coming down from drugs. George told his brother that he had seen Male M the night before. He had, he said, left Watford in the early evening and was back by midnight. He had told his mother first thing in the morning that he had seen Male M and was upset.
- 2.104 **2019**
- 2.105 On 2nd January, George saw his consultant orthopaedic surgeon for follow-up, but there was nothing of note about his mental health in the letter sent to his GP. It was agreed that he would be seen in six months’ time, with a view to discharging him when he did not want any further intervention.
- 2.106 Over the course of 21st and 22nd January, George and Male M argued over text message. About this time in January, George had been engaged in a major row on the telephone whilst in his parents’ garage. His father had asked him to calm down, as it was upsetting for his parents and for the neighbours.
- 2.107 On 23rd February, George was preparing to go away for the weekend. He told his mother that he was going to stay with a friend (not Male M).
- 2.108 On 24th February, George asked The Cabin for the name of a therapist in London. In an email to them (provided by the family), he refers to having met several people from the Cabin and said: ‘synchronicity was a good nod to unresolved emotional trauma and sexual trauma’. He said that he had thought of returning several times and had been going round in circles looking for a solution, and he asked if they could recommend a therapist in London. He was told by them that they provided alumni sessions. He indicated that he would like to do this and would find the finances, as well replacing his passport that had been lost.
- 2.109 On 25th February, George went on to say to the Cabin that he needed to file a criminal report because he was illegally recorded having sex and that Male M was implicated in this. He said that this had caused a lot of damage to themselves, and that Male M had tried to help but being violated in that way, meant that Male M had taken the backlash and had suffered from

the reactions of his friends, who thought he was the problem. George said that he wanted to return to the Cabin when he had replaced his passport and found the necessary finances.

2.110 25th February 2019

2.111 When spoken to by the police on 26th February, Male M said that George's behaviour had been strange during the evening, and he had been concerned that a female neighbour from London had followed them to Bexhill.

2.112 When George's eBook was recovered after his death, there were several tabs open on prospective post-graduate courses in Psychology (at various universities), as well as the book 'Mental Poisoning' – written by H. Spencer Lewis and published by the Rosicrucian Order.

2.113 26th February 2019

2.114 At 7.30 am, Male M said that he had woken to find George sitting in the bath, and that he had used a kitchen knife to cut his forearms along the veins. Male M said that he dressed the wounds.²⁸

2.115 At 8.08 am, George sent a text to his mother in which he told her that Male M was with him (this was the first she knew about them meeting up). She told George that: 'I am shocked that you are with him', and that 'he was acting silly'. He said that he would be OK and was coming home on Sunday.

2.116 In his statement to the coroner, the police officer said that at 10.30 am, George had said that he was going out for a cigarette. Male M said that he had gone outside to look for George, and at 10.56 am, Male M called the police (on 999) but ended the call without speaking. The call handler attempted to call him back, but the calls kept going to voicemail. A text message was sent to the number, asking Male M to call back.

2.117 The officer went on to say that Male M said that he had then received a WhatsApp message from George at just after 11 am, saying: 'just let me die please'. He was then unable to contact him again.

2.118 At 12.05 pm, Sussex Police received information – from a police officer who was at Conquest Hospital – that a person had walked into the sea. The officer had received a call from his mother, who said that she had seen a person walk into the sea. Officers attended at 12.15 pm and were able to see a male in the water, some distance out. He was monitored by the officers and police CCTV until the RNLI Inshore Lifeboat attended and located the male. A black holdall belonging to the man was found on the beach. The male was identified as George.

2.119 At 12.21 pm, Male M called the police again and said that his partner, George, had left the bed and breakfast that they were staying in (in Bexhill). Male M told the police that George had been sitting in the bath, having cut himself with a knife. Male M said that he had not seen George since 10.30 am. Information was obtained and passed to local officers, who were tasked to attend Male M.

²⁸ When he spoke to his sister-in-law in hospital after the incident, he had no recollection of this and said that he had not wanted to harm or kill himself.

- 2.120 The RNLI Inshore Lifeboat located George at about 12.47 pm, and it was reported that he kept swimming away from the boat. He was fully clothed, including a puffa style jacket. Eventually, the lifeboat was able to recover George after he had been in the water for about an hour, and at this point, he had lost consciousness.
- 2.121 Shortly after arriving on shore, George had suffered a cardiac arrest, and cardiopulmonary resuscitation (CPR) was started. He received one shock from the defibrillator, which did not restart his heart. He was attached to the LUCAS (Lund University Cardiopulmonary Assist System) device: an automated CPR machine. An endotracheal tube was inserted into his windpipe.
- 2.122 George was transported to hospital by helicopter, and later that evening, the police passed a message to George's mother in Hertfordshire. The message was confused and in parts, incorrect. A password was set at the hospital. This was not shared with George's family prior to them arriving at the hospital late that evening. A black holdall was found to contain clothing, a mobile phone, and an iPad. There was no note, and the phone and iPad could not be accessed due to password protection. Witnesses were identified, and their details were taken.
- 2.123 The ambulance arrived at Conquest Hospital at 2.40 pm. His temperature was measured as 24°C (normal body temperature is approximately 36.5°C). Prior to arriving at hospital, he had received one hour of CPR.
- 2.124 In A&E, George's temperature was measured at 26°C, and CPR continued with active warming. An attempt was made to insert a catheter into his abdomen to infuse warm fluids and raise his body temperature, but this was not possible due to scarring from previous surgery to his abdomen. After each one degree rise in his temperature, he was given three shocks from the defibrillator.
- 2.125 At 5.40 pm, three hours after George's arrival in A&E, he experienced a return of spontaneous circulation. Shortly after, he lifted both arms, and he was given intravenous sedation. He was started on intravenous amoxicillin and metronidazole for a presumed chest infection caused by aspiration in the lungs.
- 2.126 When he was admitted to hospital, Male M advised staff that he was George's next of kin; therefore, there was a delay in advising his family. Male M told the hospital that George had been out of work for a year and was depressed.
- 2.127 The hospital established that George had undergone an emergency laparotomy in 2018, following a fall from a building, and he was known to be HIV positive. His blood tests were consistent with a period of prolonged cardiac arrest. His urine toxicology was consistent with recent ingestion of methamphetamines.²⁹ Following the return of his cardiac function, George was transferred to ICU at 8.15 pm. Overnight, his kidney function deteriorated, and he was started on continuous dialysis.
- 2.128 George remained on a ventilator on 27th February, requiring medication to maintain his blood pressure. His left hand was at risk of compartment syndrome,³⁰ whereby swelling in

²⁹ Crystal meth is part of the amphetamine family of stimulant drugs.

³⁰ Compartment syndrome is a painful and potentially serious condition caused by bleeding or swelling within an enclosed bundle of muscles – known as a muscle compartment.

his forearm could put the blood supply to his hand at risk. He was assessed by the orthopaedic team, who advised close observation. Routine screening on admission revealed that he was a carrier of MRSA. Male M telephoned the ICU on a daily basis.

- 2.129 George's family and close friend attended Hastings Police Station to report suspicious circumstances and the domestic history, along with the fact that George had fallen from the window of Male M's flat one year earlier.
- 2.130 By 2nd March, George's condition had improved to the point that he could be removed from a ventilator and breathe for himself. His continuous dialysis was stopped to assess the degree of his kidney function. He appeared to have suffered no significant brain injury from the prolonged resuscitation, although he was experiencing some agitation. On 3rd March, whilst George remained off the ventilator, he was restarted on continuous dialysis.
- 2.131 By 4th March, George remained stable. His dialysis was stopped again to assess his function, and he was able to start eating a small amount of food. He was assessed by the psychiatric team, who arranged to reassess him when his physical condition had improved.
- 2.132 On 4th March at 11.44 am, George's brother and sister-in-law contacted Hastings Police Station again to report coercive and controlling behaviour by Male M towards George. Investigations were already being made into the circumstances leading up to the incident, and the circumstances of George's fall from the window (in February 2018) were reviewed. George's family and friends were interviewed, albeit statements were not taken.
- 2.133 Around this time, George's sister-in-law walked into ICU to find George looking at his arms in disbelief. Confused, he looked up and said: 'I didn't mean for this to happen'. She replied: 'So you want to be here [alive] George?' And he replied: 'yes of course' and was very surprised that she would think otherwise. She informed a member of the psychiatric team when she and George's brother met them.
- 2.134 George remained stable until 6th March, when he was restarted on continuous dialysis. The ICU team spoke to the HIV team at Mortimer Market Clinic (where he had been treated previously), and changes to his medication were suggested to his HIV medication based on his current condition. During the day, he experienced increasing abdominal pain: this was treated with a combination of drugs.
- 2.135 On 7th March, George was reviewed by the General Surgical team, and treatment was suggested to relieve his abdominal pain. Further tests were undertaken on 8th March. On 9th March, a peripherally inserted central catheter (PICC) was inserted to allow intravenous feeding, drugs, and blood taking. Initial approaches were made to Watford General Hospital, with a view to moving him closer to home.
- 2.136 The officer in the case (OIC) spoke to George's family again on 7th March, in relation to the complaint about coercive and controlling behaviour; however, statements were not taken. On 8th March, one of George's friends emailed Sussex Police with his concerns about controlling and manipulative nature of Male M's relationship with George.
- 2.137 On 9th March, the OIC attended Conquest Hospital. He explained to the staff that he wished to speak to George about his relationship with Male M. After speaking to George, the staff

informed the investigating officer that George did not wish to speak to him and that there was nothing about his relationship with Male M that he wanted to discuss.

- 2.138 By 11th March, George's abdominal symptoms continued, and he was experiencing increasing amounts of pain from both his abdomen and left hand. George remained on continuous dialysis.
- 2.139 On 13th March, the ICU team spoke again to the Mortimer Market Clinic due to difficulties in administering his HIV medication and his ongoing problems. The advice was that he could remain off his medication whilst he was unwell.
- 2.140 Another of George's friends emailed Sussex Police on 14th March to share information that he had about George's relationship with Male M.
- 2.141 George was reviewed by the psychiatry team on 14th March, and the team felt that he was not currently experiencing suicidal thoughts. George's condition remained unchanged, and on 18th March, Watford General Hospital was again contacted because George continued to be dependent on dialysis and expressed a wish to be treated closer to home. The team looked to arrange a transfer when a suitable bed became available in Watford.
- 2.142 On 19th March, George experienced increased difficulty in breathing, and it was thought that he was developing a chest infection. At 11 pm, he experienced two cardiac arrests following a sudden drop in his blood oxygen levels. The next day, 20th March, George remained on a ventilator, and his condition remained unstable. By 21st March, George's condition had improved slightly, but he remained unwell over the next few days. When Male M was on the telephone, George said that he did not want any contact with him.
- 2.143 George's brother and his wife had returned, temporarily, to Shropshire, and Male M alarmed George's elderly parents by arriving on their doorstep (in the dark, without warning) at about 9 pm. This was despite having been told by the police not to contact the family.
- 2.144 Towards the end of March it was noted that George had a new heart murmur – raising the possibility of an infection of his heart valves.
- 2.145 The next day, George's oxygen requirement rose to 90% via the ventilator. At 12.30 am, George became increasingly difficult to ventilate, and a second opinion was sought from St Thomas' Hospital, London. The consultant at St Thomas' felt that, given the lack of positive response to any of the treatments, it was likely that his lungs were now fibrotic and irreversibly damaged. He could offer nothing else in the way of treatment, and this was explained to George's family.
- 2.146 The following day, a discussion was held with George's family, and it was agreed that the medical staff should aim to relieve George's symptoms and not to prolong his life further. George was removed from support, and he died at 11.05 am.
- 2.147 Approximately two weeks later, Male M sent an email to George in which he said 'we are adults and everything can be sorted. I forgive you for anything and most important forgive me for anything I may have said and done You got my heart'.
- 2.148 Ten days later, George's sister-in-law reported to Sussex Police that Male M had posted a picture of George as a baby on his Instagram account. She was very concerned that if the

rest of the family found out, they would be very distressed. The officer in the case (OIC) thanked her for bringing this to his attention and said that he would raise this with Male M, as he was looking to interview Male M in relation to offences against George. He said that he would update her once Male M had been located.

- 2.149 On the same day, Male M was named as a suspect, and the OIC recorded that Male M was to be spoken to about an offence of controlling and coercive behaviour. However, he could not be traced.
- 2.150 One month later, George's brother emailed the OIC, as the coroner had advised him that Male M had been located and that he would be contacted by the police. ~~On 18th May,~~ The next day the OIC advised him that he had contacted Male M and that he was to be interviewed in the coming week – under caution, in the presence of a solicitor – about the offence of coercive and controlling behaviour. The OIC said that he would update the family once Male M had been interviewed.
- 2.151 Two days later, a third friend of George's sent an email to the police. It provided information about conversations that he had with Male M, which included information that Male M had given a partial explanation of the events of the day that George entered the sea and the day he fell from the window. Male M admitted that he had not called for help on either occasion, even though he knew George had inflicted injuries to his wrists on the day he entered the sea.
- 2.152 ~~On 28th July,~~ George's brother contacted the OIC two months later because he had not heard anything from him. The OIC replied to George's brother two weeks later ~~on 12th August,~~ and he said that he had been delayed by MPS not providing him with the necessary information about the incident a year earlier. He said that Male M had stopped responding to his contact, and he had placed him as 'wanted' on the police system and had asked MPS to complete arrest attempts. He said that once Male M was arrested, he would be interviewed, but unfortunately, they would have to wait until he was located. The OIC said that they had not been able to access George's phone or iPad, as they were locked with a PIN. They had tried the DOB of both George and Male M, but these did not work. He wanted to keep them in case something in the investigation suggested what the PIN might be.
- 2.153 ~~On 6th August,~~ Male M had still not been traced by the police. Therefore, he was circulated on the Police National Computer (PNC) as wanted, with a power of arrest for the offence of controlling and coercive behaviour.
- 2.154 Two weeks later Male M was located and arrested by Metropolitan Police Service (MPS) on suspicion of coercive and controlling behaviour. Throughout the MPS jurisdiction, there was an issue with the defence solicitor scheme. As a result, Male M was not able to receive the legal advice that he was entitled to; therefore, he had to be released from custody prior to any interview. Further attempts were made to voluntarily interview Male M. George's brother was advised of these developments a week later. ~~on 5th September.~~
- 2.155 The inquest was held ~~on 11th~~ in February 2020.
- 2.156 On 28th April 2020, at the conclusion of the investigation, there was insufficient evidence to seek charging advice from the Crown Prosecution Service; therefore, no further action was taken against Male M as a suspect of domestic abuse. He had not been interviewed by the police.

Section Three – Overview and analysis of what we know about George and his relationship with Male M

3.1 Introduction

This section will look at what we have learned about George and about his relationship with Male M. It will then review the interactions of each individual agency with George prior to his death. Section 4 will then look at the evidence of abuse and factors that may have affected George’s decision-making. It is acknowledged that there will be, by necessity, some duplication of the information contained within the preceding section. However, by taking this approach, we enable the reader to consider individual organisational involvement without the need for constant referral back to previous sections.

3.2 What was George like?

- 3.2.1 George was a very popular man who had a number of very close friends. The review is grateful to those who have spoken to the review (very openly) about George: this has helped to build a picture of George. It is important that time is spent in understanding George and his background so that his vulnerabilities can be understood. Understanding his vulnerabilities will shine a light on the domestic abuse that his family and friends believe he experienced in his relationship with Male M.
- 3.2.2 Thinking back to when George was a young boy, his mother affectionately described him as very wilful (unlike his two brothers) but also very loving. He was the clown of the class, which his parents said was because he wanted to be liked. As a teenager, he was involved in the rave culture and would take drugs at the weekend.
- 3.2.3 George was an openly gay man, and his sexuality was accepted by his family and friends. His older brother had also been gay. His mother believes that he had known from a young age that he was gay but had not told her initially. George had been HIV positive for several years and told his parents about this when he was 25. When he was first diagnosed, he was seriously ill.
- 3.2.4 He was very academic and went to Liverpool University to study Politics and Economics. Although he achieved a 2:1, he regretted not working harder. He had not been concerned about which course he studied when he made the choice to go to university. He was attracted to Liverpool because of the gay scene.
- 3.2.5 His brother described George as a fun-loving man who would always cheer the family up. He was described as very vain, and he liked to look after himself and his appearance. His very close friend described him as light, funny, charismatic, and charming. He loved going out and being with people and mixing with celebrities. The review was told that every occasion was more interesting when George was there. He was described as very attractive and having everything going for him.
- 3.2.6 In documents from his time in rehabilitation, we see that George was described as a man who was kind and trusting. He was described as being a team player and being charming with a generous spirit. He was said to be sincere and passionate in certain situations. He was described as warm and approachable.

3.3 George's drug use

- 3.3.1 A friend said that although George was taking drugs, he could manage them well. He had exceptional powers of recovery and so if he had hit the drugs hard, he would be back in the gym within a couple of days. He always kept himself fit and was always training.
- 3.3.2 George's ex-partner said that their relationship suffered when George became involved in different circles. He was aware that George had moved into 'crystal', 'slamming' and 'chill outs'. George was taking cocaine regularly. This drug use increased when George met Male M, and some friends were aware that he was having sex with men for drugs. At this time, his behaviour became more erratic. George's parents noticed that his personality changed when he was taking drugs.
- 3.3.3 George thought that he could stop taking drugs if he wanted to. In the last five years of his life, George knew that he had addiction issues and was very proactive in recognising this and would see counsellors, although his friend who spoke of this, said that he did not think that George was aiming for abstinence. He described George as having been a 'functioning user' who then became a 'functioning addict'. By this he meant that, as well as using drugs, George could hold down a job. One friend described George's move from using 'accepted' drugs to using methamphetamine. He said that George used this not to escape his reality but to numb painful things.
- 3.3.4 George's discharge summary from the Cabin said that he appeared to be 'resistant to the idea of total abstinence from drugs and alcohol'. Although we cannot be certain, it is possible that George relied on drugs and alcohol to cope with the trauma that he carried with him (discussed in the next section).

3.4 George's vulnerability

- 3.4.1 George's early life impacted on him as he entered adulthood, hence the reason for exploring this. George was 15 years old when his brother died on the Marchioness³¹ on 20th August 1989. The loss, however, had a huge impact on him and was, as one friend described, a 'no-go area'. George always had a photo of his brother in his flat. George himself said³² that he: 'would live out my grief through TV news bulletins, tabloid, and broadsheet snippets A place where I could change the channel and turn the page. I felt like I was gathering a scrapbook of memories'.
- 3.4.2 George's friends said that he never really dealt with this loss, and he coped with it by becoming fun-loving. George said himself: 'creating memories partying and making new friends, watching the news, and overhearing my family talking about the circumstances surrounding your death felt like I was living two lives. A scrapbook of memories that I would need to merge later in my life'.³³
- 3.4.3 When George was diagnosed as HIV positive, he thought that this was a death sentence. He was very sensitive and very insecure about his HIV status. It is important to remember that, at the time that George was diagnosed, it was assumed that everyone who was HIV positive

³¹ https://en.wikipedia.org/wiki/Marchioness_disaster

³² As part of the therapeutic work at the Cabin, George was asked to write to the brother he had lost, and the review has been provided with a copy.

³³ *ibid.*

would develop AIDS and would die. There was a lot of fear surrounding HIV/AIDS that led to prejudice. When he was first diagnosed, George had a lot of experimental treatment that made him very ill – to point that he almost died. His drug regime was then stabilised, and he became undetectable, which meant that he could not pass it to another person.

- 3.4.4 By 2018, when George’s drug use had escalated, loneliness became an issue for him. He was described, by his family, as vulnerable but at the same time, strong because he had dealt with his problems on his own.
- 3.4.5 George’s family have told the review that they knew that George was vulnerable but did not realise just how vulnerable he was. The assessment from the Cabin said that George’s past was a terrible burden and that he needed to actively start letting go of some parts of his past, while cherishing other parts. He needed to let others support him.
- 3.4.6 One friend described George as a complex character. His HIV status and the death of his older brother, added to the fact that, for some men, being gay still held difficulties, and he perhaps tried to escape in drugs and a lifestyle that was carefree. His friends said that this affected his mental health. George was described as having an attraction to danger but there was also a sense of self-loathing and a desire to look for escape.
- 3.4.7 The review has been provided with the Differential Diagnosis Procedural Assessment that George completed when he entered treatment at The Cabin. This stated that, as he had answered yes to three out of four of the questions on the screening, this was clinically significant in conferring a diagnosis of trauma disorder. He said, as part of the screening, that there was a history of physical abuse by school mates and teachers because he was ‘queer’. George spoke of intrusive recalls, recurrent dreams, and hyper-vigilance. The trauma was to be explored as part of his individual sessions.
- 3.4.8 Whilst at the Cabin, George completed a Resentment Directory. In this he stated: ‘I was only having sex often when I was high. I was in the delusion that I was better physically [using drugs] and I was attracted to ‘bad boy’ image and built delusion. I was afraid of being left on the shelf.’
- 3.4.9 In the last three to four years of his life, according to a friend, George’s mental health declined. He was struggling because his sports massage business was not doing well so he began to engage in exotic massages to pay his rent. George told a friend that this made him sad and had an impact on him.
- 3.4.10 In the letter, he said to his brother that as he was getting older it seemed as though he was missing his brother more and his absence was more noticeable these days and ‘it is only now I can understand what losing you so suddenly and tragically meant for me’.
- 3.4.11 No one can be certain about George’s mental health, but we can see, from his friends’ recollections and his own words, that he was still struggling with his brother’s death, and this impacted upon decisions that he made about the people he mixed with and the decisions that he made. His discharge report from the Cabin said that George had ‘significant loss and grief and trauma’. We can see that George was potentially vulnerable to influence or control by others.
- 3.4.12 Despite the struggles that he was facing, George had never spoken about taking his own life.

3.5 What is known about the relationship with Male M?

- 3.5.1 In the first instance, the report will explore what is known about the relationship between George and Male M. As no one has spoken to Male M to any extent, this is drawn from the information given to the review by George’s family and friends.
- 3.5.2 It is thought that George met Male M in 2016. Prior to meeting Male M, George had been in a stable relationship for four years. His previous partner spoke to the review.
- 3.5.3 George’s family have told the review that he hid the fact that he was in a relationship with Male M because he was involved in a high level of chemsex and drug use.
- 3.5.4 George’s parents described that it was unusual that George never wanted to bring Male M home to meet his family. They said that his previous partners, and one in particular, would come to the home and spend Christmas with the family. During his time with Male M, George became more and more secretive. George’s close friend, would go to London partying with George but even she never met Male M. Another friend said that he met George’s other boyfriends, but he had never met Male M. He believed that this was because George was ashamed that Male M was a drug dealer.
- 3.5.5 One of George’s friends told the review that Male M filled a void in George’s life and helped with his feeling of loneliness. When George was at his most vulnerable, Male M was there. Another friend said that as soon as Male M arrived on the scene, he brought darkness into George’s life, and this got worse and worse the longer they were together. George’s personality changed, and he lost his sense of self-worth.
- 3.5.6 Whether this relationship was abusive is discussed below.

3.6 Evidence of domestic abuse

- 3.6.1 Every Domestic Homicide Review is charged with looking for a trail of domestic abuse. The evidence of this abuse has come largely from George’s family but also his interaction with agencies at key times in his life. George’s family felt so strongly that George had been in a coercive and controlling relationship with Male M that they reported this to the police after the incident in East Sussex, prior to George’s death.
- 3.6.2 George’s brother has provided this review with transcripts of texts and emails between George and Male M. These have been drawn upon for this section.
- 3.6.3 **Coercive and controlling behaviour**
- 3.6.3.1 In December 2017, George decided that he wanted to sort himself out and told Male M that they should separate for six months so that he could focus on getting clean and look after himself. Male M said that they needed to be together until ‘death do us part’. Over the coming days, he ignored what George had said, and despite George repeatedly saying that they needed to separate, he continued to try to plan to meet up, as if George had not said this. Male M told George that if they separated, George would be ‘isolated until the worst may happen that costs your life’. Male M continued to disregard the six-month break and said: ‘if you want me to disappear from your life, please be honest and tell me ... if this is what you want, I mean YOU, please just tell me and I’ll leave you alone. Be honest and don’t

try to mask it please’. He then contacted George later the same day and suggested that they meet up that evening. When there was no reply, he continued to contact George for the next two days until George agreed to meet him. He then persuaded George to abandon the break.

- 3.6.3.2 Almost a year later, George once again said that he wanted to break from the relationship so that he could work on his personal abstinence and recovery for three months. Yet again, Male M ignored what George had said and asked what time he would be round.
- 3.6.3.3 From the messages provided to the review, we can see several instances when George and Male M had arranged to meet up, but Male M would not stick to the plan. Sometimes, Male M would turn up very late. On another occasion, they had arranged to meet in the early evening. At 11.20 pm, George gave up and went to bed. 20 minutes later, Male M sent a message to say that he was on the Tube and on his way. He said: ‘when I am on my way to you, you switch off your phone and say you are going to bed. That’s very considerate of you’. George said that drugs featured in the relationship, and he used drugs to assist him in feeling intimate with Male M.
- 3.6.3.4 The messages that have been provided by George’s brother to the review indicate that Male M was very demanding of George’s time and attention. For example, when he messaged George late at night and George did not reply because he was asleep, Male M messaged: ‘Answer the fucking phone’.
- 3.6.3.5 Male M did not want George to go to the rehabilitation at the Cabin, and having spent the night before with Male M, George missed his scheduled flight and had to fly the next day.
- 3.6.3.6 George said in messages, that Male M instilled fear in him but took him for who he was and that they were dependent on each other.
- 3.6.3.7 The review has seen the Recovery Plan that George wrote when entering The Cabin. This allows us to hear his voice. Some entries suggest that he may have been subject to coercion or control (or gaslighting). For example, he wrote that he could stand his ground but be objective and receptive to another point of view, and people’s reactions and responses were not all about me.
- 3.6.3.8 When describing safe activities, he listed (amongst others): ‘avoid gossip and gossip situations; visit family and friends outside of Zone 1’. When describing his relapse prevention plan, he listed: ‘comparing myself to others; bottling up feelings; maintaining relationships and fearing loss especially when they are toxic if too optimistic with people and becoming clumsy and injuring myself’.
- 3.6.3.9 Triggers (emotional) and toxic feelings were described by George as: ‘guilt about past; shame – guilt about not doing my best; rejection – making it about me and what is most likely to be about them; it is OK to say no for the right reasons’.
- 3.6.3.10 Environments and sensory triggers were described as: ‘pursuing friends and fuck buddies; going into head when triggered’.
- 3.6.3.11 George identified irrational beliefs and negative thinking as: ‘lack of self-belief; feeling I am too old to change; if they want me then there must be something wrong with them; that I can’t stay abstinent and there is no party without drink and drugs’.

- 3.6.3.12 George's notes revealed that his motive for being with Male M was 'mostly about the drugs', as Male M's 'supply of Cs'. He stated: 'maybe I was thinking about the drugs more than him.'
- 3.6.3.13 George also revealed his fear of ridicule and not being valued or respected. Also, his fear of being ignored, isolated, alone, and manipulated.
- 3.6.3.14 During April and May 2018, whilst George was still in hospital following the fall, his family believed that he was no longer in contact with Male M; however, one friend said that he had visited George in hospital when he knew that George's family would not be there.
- 3.6.3.15 On one occasion, George's mother heard him on the phone to Male M in the garage, and they were obviously having an argument. When the call ended, she said to George that he and Male M needed a break from each other to get clean and sort themselves out. George's response was: 'if he will allow it'.
- 3.6.3.16 In November 2018, after George had told Male M that he did not want to speak to him and if he changed his mind he would make contact, Male M texted: 'can you please answer me, or I'm gonna go to the police to report you as a missing person'. George replied: 'I spoke to you yesterday. I'm fine. Leave me alone'. However, the next day, they arranged to meet.
- 3.6.3.17 When George had not seen Male M for a few days, Male M texted to say: 'I won't see you for 3 months? Last time I saw you was Friday??' George replied: 'I don't need the pressure. How many times do I have to tell you about my home situation. Jesus you are exhausting. You're in no position to make demands after the way you have been behaving'.
- 3.6.3.18 George wanted a monogamous relationship with Male M, but he was not prepared for this and cheated on George. George said that Male M had been serially cheating on him, threatening his family, scaring him half to death, and injecting him with ketamine without him knowing.
- 3.6.4 **Gaslighting**
- 3.6.4.1 George believed that wherever he went, Male M could read his mind, and he could not get away from this belief.
- 3.6.4.2 Male M also led George to believe that he could read his dead brother's thoughts and had a connection to him. He would continually bring him into a conversation/situation.
- 3.6.4.3 George believed that Male M could control shadows and spirits and had connections with the occult.
- 3.6.4.4 In November 2018, George said in a message to Male M: 'I'm not sure what's happening today. I feel like the greater power has taken me hostage and keeping me reflecting on my behaviour'.
- 3.6.4.5 Male M told George that he had to safeguard his phone and personal belongings. He said that a group of people were going to steal his identity, marry him off, intimidate and stalk him to suicide, and claim life insurance. On another occasion, he told George that it was him and his family who would suffer and that these people were now interested in his brother.

3.6.4.6 George told a friend that Male M had told him that people were out to kill him. He turned George into a man who was paranoid about everyone. He completely got inside George's head and increased his paranoia.

3.6.4.7 When George wrote (at the Cabin) about the fears that he had of Male M, he said that these were about ridicule and not being valued or respected. Also, about being ignored, isolated, alone, and manipulated.

3.6.5 **Isolation**

3.6.5.1 Male M knew the conspiracy theories about the Marchioness, and he played on these to draw a wedge in George's relationship with his surviving brother.

3.6.5.2 In August 2018, George's sister-in-law observed, at a family event, that George was uncommunicative and was hiding things from them.

3.6.5.3 When George was admitted to hospital after the fall from the window in February 2018, Male M was at the hospital but had not advised the hospital of the details of his next of kin. It is known from what George said to hospital staff that he was anxious to get in touch with his mother.

3.6.5.4 In July 2018, when George had been discharged from hospital to his parent's home, he began going out and meeting his friends. His family acknowledge that he could have been meeting Male M. George began hiding things and became non-communicative.

3.6.5.5 Two of George's friends told the police investigation that they saw a change in his behaviour when he was with Male M, and they felt that he was trying to isolate George from his friends and family.

3.6.5.6 In October 2018, George's close friend said that something changed in George. He said that Male M could read his mind. His friend said that they were scared for him and then George stopped communicating in the same way with his friend.

3.6.6 **Fear**

3.6.6.1 When seen by the psychiatry team in hospital on 2nd March 2018, he said that he did not want Male M to visit for a few days but was happy for family and friends to visit. He continued to refuse to see his partner over the coming days.

3.6.6.2 When he spoke to MPS after the fall, George said that he had been scared and had been running away from something.

3.6.6.3 When at the Cabin, George wrote: 'I'm resentful of Male M for his compulsion to instil fear into me. He used to terrify intentionally'.

3.6.6.4 Male M told George that there were people who had taken out a life insurance policy on him and they were going to cash it in.

3.6.6.5 One friend told Sussex Police that George appeared to exhibit paranoia about people wanting to harm him.

3.6.7 False information given to professionals

- 3.6.7.1 As part of his DASH risk assessment in February 2018, Male M said that George had ‘family problems’.
- 3.6.7.2 When George was admitted to hospital in February 2019, he told the staff that he was George’s next of kin; therefore, there was a delay in advising his family.
- 3.6.7.3 George’s family recollect that a nurse had said that Male M had blamed George’s mother for causing the incident – after a row about her not accepting George’s sexuality. This was not true: George’s family were all supportive and accepting of his sexuality.

3.6.8 Online abuse

- 3.6.8.1 In May 2018, George received an email, titled: ‘dirt on you’. It threatened to expose a recording of George in sexual footage (via malware) unless payment was received within 24 hours.
- 3.6.8.2 On 24th February 2019, George told The Cabin that he needed to file a criminal report because he was illegally recorded having sex and that Male M was implicated in this. He said that this had caused a lot of damage to themselves, and that Male M had tried to help but being violated in that way, meant that Male M had taken the backlash and had suffered from the reactions of his friends, who thought he was the problem.
- 3.6.8.3 After George’s death, his sister-in-law advised the police that Male M had posted a picture of George as a baby on his Instagram account. She said that he knew this would distress the family.

3.6.9 Threats to kill

- 3.6.9.1 George told his brother that Male M had threatened to kill George’s family, and this had been in his head.
- 3.6.9.2 In December 2017, George’s family were advised by his sponsor at The Cabin that Male M had made death threats towards George if their relationship was to end.
- 3.6.9.3 In notes made by George and shared with the review, he said that: ‘I should feel that I am enough’, ‘I should feel safe’, and ‘I want to be free to make choices’.
- 3.6.9.4 As Male M was not spoken to by the police and has not accepted invitations to speak to the review, we have not heard his perspective. However, based on what we know, the review believes that it is not unreasonable to say that Male M was abusive and controlling towards George. That said, it is accepted that the evidence presented within this review may not be sufficient to reach the legal threshold for a potential prosecution.
- 3.6.10 The section around domestic abuse is viewed through the lens of a DHR. There is information to suggest that, for a variety of reasons, George was vulnerable. Furthermore, that Male M recognised that, preyed upon it, and controlled and coerced George into making him reliant upon him. Whilst that information is collated together within this report, we do not have the benefit of being able to have any explanation that could place a different view upon it.

- 3.6.11 The police did not interview Male M when the allegations were made by George’s family about his behaviour. After initially arresting him on suspicion of controlling and coercive behaviour, they encountered a technical hitch that meant the interview could not proceed that day. When they later reviewed the information, the police felt that what they had been able to gather did not provide them with reasonable grounds to suspect that Male M may have committed a criminal offence. Therefore, he was not interviewed further.
- 3.6.12 In addition, when the matter moved to inquest, HM Coroner did not feel it necessary to ask that Male M make a statement into what had happened that morning. This is despite the fact that Male M was the only person present when George injured his wrists and the only person who could have known his state of mind that morning. He was also the only person present when George suffered his near fatal injuries the year before. Despite this, HM Coroner felt able to come to a conclusion that George had intended to take his own life.
- 3.6.13 It is the intention of this review to make this report available to HM Coroner so that they can review all of the information gathered to assure themselves that their decision was made in light of all the relevant facts.

3.7 Was George trying to leave the relationship and move on?

3.7.1 Evidence of him trying to leave

- 3.7.1.1 When plans were being made for George’s discharge from hospital – following his fall – he planned to go to his parents’ home rather than to stay with Male M. On 6th March 2018, when he was reviewed by Psychiatry, he was described as ‘future-orientated and was looking forward to going back to his hometown when he was recovered’.
- 3.7.1.2 On 14th March 2018, George told Psychiatry that he did not wish to be in a relationship at the moment but that he had not told his partner yet. He talked about the difficulties that he had faced when he was first diagnosed with HIV but said that he now wanted to get on with his life.
- 3.7.1.3 On 20th March, when George was transferred to University College Hospital and was seen by the mental health services, he once again said that he had been in a relationship with his partner for a year, but he was now rethinking this and could not see himself wanting to go back to Male M’s flat. He also said that he wanted to leave London and all that went with it, as it was not real.
- 3.7.1.4 In June 2018, George told his friend that he was fearful about the future but that he was processing this. He said that he was thinking about taking another degree, although the cost may be a barrier.
- 3.7.1.5 On 13th November 2018, which was George’s birthday, Male M said that he had called, and George had answered. He was very nervous and said that he could not speak at that moment. Male M said that he sent him a few messages but received brief replies from George, saying he did not want to talk and was very upset. Male M said that George would not tell him where he was. George asked him to stop calling and said: ‘if I decide I want to speak to you I will contact you’.

- 3.7.1.6 In December 2018, George revealed to one of his friends that he was still in a relationship with Male M and that he was finding it hard to pull away. He said that he needed to pull away for both of their sakes, but Male M could not accept this. George said that he had to cut him off and it was very volatile.
- 3.7.1.7 George's family have told the review that at Christmas 2018, he disclosed that he had become attracted to a woman with whom he had much in common. They were considering entering a physical relationship. The family feel that this is an example of George trying to pull away.
- 3.7.1.8 When spoken to by the police as part of the Sussex Police investigation, two of George's friends said that they had spoken to George about his relationship with Male M. They believed that he saw it as toxic and was trying to break free.
- 3.7.1.9 George tried to block Male M on his phone on 8 – 9 occasions, but he had a number of phones and so was able to still get in touch with George.
- 3.7.1.10 On 29th January 2019, George sent a text to his close friend, saying: 'come to a decision, not easy when you love someone'. One friend told the review that, on several occasions, George said that he knew that Male M was bad news, and he was going to get away from him because he was 'crazy'. He also said that he 'gets into my head'.
- 3.7.1.11 In the last days of his life, Male M telephoned George in the hospital, and George said to the nurse: 'no contact'.
- 3.7.1.12 After George had died, his laptop was viewed by his brother, and there were a number of tabs open of prospective post-graduate courses in Psychology at various universities.
- 3.7.2 Evidence of George still being in a relationship with Male M**
- 3.7.2.1 In November 2018, George's parents began to see a change in him and were getting worried. Towards Christmas, George was going to London more often and staying overnight.
- 3.7.2.2 George's brother and sister-in-law visited their parents' home on 25th December and noted that George was obviously coming down from drugs. George told his brother that he had seen Male M the night before. He had, he said, left Watford in the early evening and was back by midnight. He had told his mother first thing in the morning that he had seen Male M and was upset.
- 3.7.2.3 George's close friend believes that, whilst there was a period of time when he cut himself off from Male M, on the whole, he continued to see him. Another friend told the review that they too knew that George had started to visit Male M at his home.
- 3.7.2.4 In July 2018, George was living with his parents but began to go out independently. He became non-communicative and was hiding things from his family, who accept that he may have been seeing Male M during this time.
- 3.7.2.5 On 23rd February 2019, George was preparing to go away for the weekend. He told his mother that he was going to stay with a friend (not Male M).

3.7.2.6 The review believes that it was very possible that George was fearful of ending the relationship. We know that the most dangerous time for a victim of domestic abuse is when they try to leave. The abuser feels that their control is diminishing or being broken. We can see this very clearly in George's attempts to leave the relationship. For example, in November 2018, when George texted Male M to say that he wanted a three-month break, Male M said: 'Sounds good. What time are you coming?' This indicated that he had no regard for what George had said to him. George reiterated what he had said – that it was that or the end of the relationship. However, the next day, Male M messaged, saying: 'how are you today. Fancy a coffee?'. This continued for some time, and the relationship appeared to continue. It is important that we consider this attempt by George to distance himself from Male M alongside the fear that George had of Male M and what he might do to him or his family. It is likely that George felt that he had to remain in the relationship to keep himself and his family safe.

3.8 What were the barriers to George speaking of the abuse?

3.8.1 From the information available to this review, we can see that there were occasions – for example, in March 2018 – when George was asked about his relationship and if this was abusive. When he was spoken to by the police, George said that Male M had 'never raised a hand' to him and had never hurt him physically. When asked about emotional/psychological/financial abuse, he shook his head and said that they were both struggling with drug addiction. He told Psychiatry that he was in a 'co-dependent' relationship. Later, George said that he was still in touch with Male M, and there was no distress or upset in the relationship.

3.8.2 After George's family had made the report of coercive and controlling behaviour, the police attended the hospital to talk to George. He told the hospital staff that he did not wish to speak to the police and there was nothing about his relationship with Male M that he wanted to discuss.

3.8.3 The review has considered why a gay man may feel unable to report abuse within his relationship. Whilst some of the reasons may be the same as a heterosexual man, there are some reasons that are unique to gay men:

- They will not be taken seriously
- They would not be believed
- They would be discriminated against by the police because of their LGBT+ identity.

3.8.4 However, there may be other reasons that are specific to the LGBT+ community:

3.8.5 Experience of others

3.8.5.1 They might be deterred because they have heard of poor experiences of others. Those who have reported have generally had a dissatisfactory experience due to the invasive reporting process and the poor knowledge of LGBT+ identities and related issues.³⁴

³⁴ Navigating the Criminal Justice System & Support Services as an LGBT+ Survivor of Sexual Violence Galop, 2022

3.8.6 **A belief in myths**

3.8.6.1 There are a number of myths that exist around the same sex community that can deter men from reporting abuse:

- Abuse between people of the same sex is ‘mutual’ so both are equally responsible for the abuse
- Abuse is a ‘normal’ part of relationships between gay men
- That no one will help a man experiencing domestic abuse because they are gay
- No one will help them because they ‘deserve’ the abuse
- Agencies are homophobic.

3.8.7 **Using someone’s sexuality to abuse³⁵**

3.8.7.1 Threats may be made to ‘out’ (i.e., to disclose someone’s sexual orientation or gender identity) the man as part of the abuse that he is experiencing.

3.8.7.2 The abusive partner may criticise someone for not being a ‘real gay’ or a ‘real bisexual’. This may occur, for example, if the man has only just come out or had a previous heterosexual relationship.

3.8.7.3 Some sex abusers will tell their partners that ‘this is how it is in a gay relationship’ and manipulate their victims to feel that they are to blame for the abuse.

3.8.8 **Sexual violence whilst involved with chemsex**

3.8.8.1 A Galop study³⁶ in 2022, found that those who experienced sexual violence whilst intoxicated or during chemsex, often felt responsible for what had happened to them due to societal stigma.

3.8.8.2 Those interviewed by Galop, described contexts in which sexual violence had occurred that were poorly understood by people outside of a particular ‘scene’, and rarely had much visibility. Non-consensual experiences in a chemsex context were cited.

3.8.9 **Other reasons**

3.8.9.1 Male victims involved with the Galop study said that the lack of representation of men as victims of violence and abuse, combined with little depiction of relationships between men in the mainstream media, made it harder to recognise their experiences as abusive and to realise that they could seek support.

3.8.9.2 The men in the Galop study discussed how stereotypes surrounding gay men’s promiscuity and high sex drives led others to assume that all sexual activity would be welcome or wanted: not leaving room for the possibility that they could be victims of sexual violence.

³⁵ Domestic Violence: A resource for gay and bisexual men, Barking and Dagenham NHS Primary Care Trust, 2007

³⁶ LGBT+ People & Sexual Violence, Galop, 2022

3.8.10 **George's life experience**

- 3.8.10.1 The potential distrust by gay men of statutory services has been discussed in this section but it is important that the review does not lose sight of George's life experience. He had lost his brother in the Marchioness disaster, and, for many years, his family worked tirelessly with other families to ensure that an independent enquiry was undertaken. This would have engrained in him a distrust of authority that is quite understandable. This may have impacted upon his ability to disclose the abuse that he was experiencing, even when directly asked.
- 3.8.10.2 George had been HIV positive for many years and had lived through the years of stigma, mistrust, and abuse towards those who were HIV positive. The impact that this may have had on him cannot be underestimated.
- 3.8.10.3 These two factors, along with the fear that he had been filmed having sex with someone and was being blackmailed, help us to get a glimpse of the pressure that he must have been under and the fear and anxiety that the traumas of his life had upon his ability to trust those in a position to assist him.

Section Four – Analysis of Agency Involvement

4.1 PEABODY

- 4.1.1 Peabody owned the property in London where Male M lived, and his tenancy began on 1st December 2014. Throughout his tenancy, Peabody received regular complaints about Male M from his neighbours. These included harassment, bullying, noise, and leaks.
- 4.1.2 Due the ongoing anti-social behaviour, the police, with support from Peabody, applied to the courts for a closure order in 2019. The closure order was initially granted from 3rd June 2019 to 3rd September 2019 and was then extended to 3rd December 2019.
- 4.1.3 A Notice of Seeking Possession (NOSP), under mandatory ground 7A, was served, and an application was made to rely on this ground for possession. On 27th September 2019, the judge awarded Peabody possession of the property, and the tenancy ended on 13th February 2020.
- 4.1.4 George was unknown to Peabody and was not listed as an occupant of the household on the tenancy.
- 4.1.5 Peabody was not aware of any domestic abuse between Male M and George, and their first involvement was liaison after the fall in 2018.

4.2 SUSSEX POLICE

- 4.2.1 The police's Safeguarding Investigation Unit began an investigation after George had been rescued from the sea and taken to hospital. No evidence of domestic abuse was identified for the day that George walked into the sea or the period immediately prior to that.
- 4.2.2 Their investigation into the allegations of controlling and coercive behaviour, made by George's family, did not result in an interview with Male M. After initially asking the Metropolitan Police Service to arrest Male M on suspicion of the offence, a technical issue meant that the interview could not take place. Therefore, Male M was released. Upon further investigation and review of the material, the investigating officer came to the view that there was insufficient evidence upon which to base such an interview. No further action was taken.

Section Five - Services for gay men experiencing domestic abuse

5.1 RECOMMENDATIONS FROM STUDIES INTO SERVICES AVAILABLE

- 5.1.1 In October 2021, Galop published a report setting out the findings of their study into the provision of domestic abuse services for the LGBT+ community. This study mapped the provision of specialist support in England and Wales and identified gaps in service. Galop acknowledged that, as this study had limited participation and was drawn from a self-selected sample, the mapping was not comprehensive and there might be other services that identify as 'by and for' that were not included in the study.
- 5.1.2 The study found that there are only a small number of LGBT+ domestic abuse services and that most of the victim support services are based in London. There are no funded LGBT+ 'by and for' domestic abuse services in the South West and North East of England, and none in Wales.
- 5.1.3 Most of the services are provided by LGBT+ 'by and for' organisations with a domestic abuse service. The range of support services typically includes casework and advocacy.
- 5.1.4 Most services have no main source of funding. The Safelives Safe Fund report recommends that £10 million would be needed to ensure provision for LGBT+ victims and survivors of domestic abuse across England and Wales.³⁷
- 5.1.5 There is a lack of emergency accommodation/housing services for LGB+ and/or T+ people, in particular GB+ and/or T+ men.
- 5.1.6 There are no LGBT+ specific services for perpetrators.
- 5.1.7 A study undertaken by Galop in 2019,³⁸ found that of the 900 full-time IDVAs working in England and Wales, only four were hosted within specialist LGBT+ services.
- 5.1.8 Partnership working appears to be underdeveloped, with only a small number of services indicating referral pathways to their local MARAC³⁹ – suggesting that most are not embedded in their local 'Coordinated Community Response' to domestic abuse.
- 5.1.9 The Galop report made a number of recommendations, including:
- That specific measures are developed to ensure that there is sustainable and accessible support for high-risk LGBT+ victims and survivors, including IDVA advocacy and refuge provision – wherever they live
 - That specific services/programmes for LGBT+ perpetrators are developed
 - That emergency accommodation and housing provision is made available for LGBT+ people
 - That training opportunities are increased to build and develop the capacities of practitioners supporting LGBT+ victims and survivors.

³⁷ A Safe Fund: costing domestic abuse provision for the whole family, Safelives, 2000

³⁸ Galop, Recognise and Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse, 2019

³⁹ Multi-Agency Risk Assessment Conference

- 5.1.10 The report also recommends that opportunities for partnership working are promoted to improve the support for the multiple and complex needs of LGBT+ victims and survivors. This sits alongside the recommendation that opportunities are increased for LGBT+ ‘by and for’ domestic abuse services to develop referral pathways to their local MARAC and to become embedded in their local Coordinated Community Response to domestic abuse.

Recommendation

It is recommended that each of the CSPs involved in this review, ensure that their local Coordinated Community Response to domestic abuse includes LGBT+ victims and survivors by:

- **Identifying the services available within their area**
- **Ensuring that training includes the specific needs of LGBT+ victims and survivors**
- **Ensuring that local service providers to LGBT+ victims and survivors are fully embedded within the MARAC referral pathways.**

5.2 **CHEMSEX**

5.2.1 Chemsex is a term for the use of drugs before or during planned sexual activity – to sustain, enhance, disinhibit, or facilitate the experience. Chemsex carries serious physical and mental health risks. It is unique to the gay community, but it is acknowledged that it is a relatively small number of MSM who engage in chemsex.

5.2.2 George’s involvement with chemsex was cited by all the friends that spoke to the review, and they all felt that it contributed to his vulnerability. For this reason, the review has sought to learn about the part that it played in George’s life.

5.2.3 The Report Author is grateful to George Stuart and Ian Cole, who have assisted the review to understand these issues.

5.2.4 **Historical Introduction**

5.2.5 Speaking in 2016,⁴⁰ George Stuart said that chemsex was the most discussed topic at any HIV or sexual health conference, anywhere in the world, at that time. This was because it was a big public health concern and that it was not understood by providers of substance misuse services. Traditionally, gay men have not used drugs such as heroin but have preferred ecstasy, cocaine, and MDMA – drugs that facilitate community and connection. However gay men did not rush to A&E departments with overdoses or withdrawal symptoms. They did not go to addiction services, and services did not see psychosis or high rises in HIV or sexually transmitted infections.

5.2.6 In the early 2000s, there was a cultural shift. Chemsex is not just about new drugs, but it is about a number of circumstances/behaviours happening at the same time. The HIV epidemic was in full swing, and whilst HIV care was getting better, HIV prevention was getting more complicated. Gay men were taught that their sex life was associated with risk and danger, and they took this on board. Around 2005, new technology introduced Grindr and other phone apps that completely changed the way that gay men met other men. They could now find another gay man, who was in a really close proximity, within a few minutes. This new technology did not come with an instruction booklet to help gay men understand their sexual and emotional needs and then communicate it on the social platforms.

⁴⁰ <https://www.youtube.com/watch?v=EhFE5WMRoZo>

- 5.2.7 At that same time, as gay men were navigating this new landscape, three new drugs emerged – GBH/GBL, methamphetamine (crystal meth), and ketamine. Gay men now had these new drugs to facilitate community, as they had in the past with ecstasy, cocaine and MDMA; however, the new drugs were a lot more harmful. Gay men now began to go to A&E with overdoses and withdrawal symptoms. Furthermore, there was a rise in HIV and other sexually transmitted infections.
- 5.2.8 At a typical chemsex party, people would stay awake for 2 – 3 days, using any one of the three drugs that they could get – possibly in combination. They do not need a real-life relationship with a dealer, you can log onto the internet and have them within 10 minutes. Gay men would typically have chem sex with 3 – 15 men over a weekend.
- 5.2.9 This change in the drug landscape tapped into something that gay men were needing – a means to address problems around their sex lives and to address their sexual intimacy needs.
- 5.2.10 **Understanding drugs used in chemsex**
- 5.2.11 The three main drugs used in chem sex are GHB/GBL, crystal meth, and mephedrone. Ketamine is sometimes used with these other drugs but is also used alone so that people do not have to worry about intimacy or their HIV status.
- 5.2.12 **GHB (Gamma hydroxybutyrate)/GBL (Gamma butyrolactone)⁴¹**
- 5.2.13 GHB or GBL are Class B drugs. They are found in liquid, powder, or capsule form. They are often sold as a colourless, odourless, salty liquid in small bottles. It is usually measured in capfuls, eye droppers, or on teaspoons. Whilst it can be taken neat, it is often mixed with a drink. It is frequently used due to its short lifespan in the body.
- 5.2.14 When taken in low doses, it brings relaxation, euphoria, a heightened sex drive, and increasing sensuality and sociability. Higher doses cause dizziness, nausea, confusion, drowsiness, seizures, temporary amnesia, uncontrollable shaking, headaches, and even unconsciousness.
- 5.2.15 Withdrawal effects are felt 1 – 6 hours after use and include anxiety, tremors, insomnia, nausea and vomiting, paranoia, visual hallucinations, memory problems, and aggression.
- 5.2.16 The dangers of taking GHB/GBL are:
- Severe withdrawals – can cause physical dependence, leading to repeated dosing throughout the day and night
 - Brain impairment – confusion and loss of consciousness, leading to car accidents, falls, and choking
 - Death – the difference between a dose that induces euphoric effects and one that leads to unconsciousness and death, is very small (only a millilitre or so) so it is very easy to overdose
 - Increased sex drive with reduced inhibitions, leading to sexual infections and transmission
 - Delirium, paranoia, aggression, hallucinations, and even death when withdrawing.

⁴¹ http://thedrugswheel.com/drugwatch/GBL_Infosheet_DrugWatch1_5.pdf

5.2.17 **Methamphetamine – crystal meth**

5.2.18 Methamphetamine is a Class A drug. It is part of the amphetamine family of stimulant drugs. It can take several different forms – including tablets, powder, or crystals. It is usually white and might smell of urine. It can be swallowed or rubbed into the gums, snorted, put into the anus, injected, or smoked. Its effects will last for several days.

5.2.19 The effects are an intense rush, euphoria, exhilaration, increased energy, decreased appetite, heightened sex drive (libido), increased confidence, and being more sociable. Short-term physical effects include increased blood pressure, sweating, raised temperature, dilated pupils, dry mouth, and sometimes jaw clenching and teeth grinding.

5.2.20 The short-term psychological effects can include agitation, paranoia, and anxiety. Withdrawal symptoms include restless anxiety, irritability, fatigue, dysphoria, aggression, paranoia, insomnia, and strong cravings.

5.2.21 As the life of someone using becomes more chaotic, it can be hard to hold down a job, make appointments, and manage money or relationships.

5.2.22 Long-term use can bring changes to physical appearance: age more quickly; teeth become grey, twisted, and fall out (known as meth mouth); skin lesions and ulcers; hallucinations of insects crawling under the skin (meth bugs); needle marks; and chemical burns.

5.2.23 The dangers of using crystal meth are:

- Lack of food or water when on a high – leading to dehydration or malnutrition
- Out of character violent behaviour
- Depression, anxiety, and suicidal thoughts when withdrawing
- Developing psychosis, paranoia, persecutory delusions, hallucinations, agitation, irrational hostile behaviour, repetitive stereotyped behaviour, and social withdrawal
- Deaths are typically caused by seizures, heart attacks, brain haemorrhages, or strokes
- Increased sex drive and decreased inhibition can lead to increased risk of sexual assault and risk of contracting or passing on HIV, Hep C, or other sexual transmitted infections
- Poor verbal memory, poor problem-solving skills, poor concentration.

5.2.24 Some people will use crystal meth in order that they can stay awake for 2 – 3 days. Most people will take crystal meth and then have a break of a few days. Other people, however, will take a little every day and this can lead to them becoming paranoid.

5.2.25 In the UK, it is only gay men who use crystal meth for sex; however, in the USA and Australia, it is used in heterosexual relationships. Crystal meth is the main drug used in chemsex and can lead to paranoia that would exacerbate any problems within a relationship. If, as we believe to be the case, George and Male M were both using crystal meth, then this would have contributed towards destabilising their relationship.

5.2.26 Therefore, the language and/or behaviour that Male M demonstrated towards George may have been caused by the crystal meth rather than that of controlling and coercive behaviour, as domestic abuse specialists would understand it.

5.2.27 **Mephedrone**

5.2.28 Mephedrone is often a white or sometimes slightly yellowish powder or fine crystals. It can also be in tablet or capsule form of different colours, shape, and thickness. It is taken by snorting through the mouth by dabbing with a moistened finger, wrapping in cigarette paper, and bombing (dissolving) in liquid. Some people may inject or by a 'booty bump' (rectal administration).

5.2.29 The effects can be head rushes followed by euphoria, boundless energy, talkativeness, increased sex drive, time distortions, and sometimes visual hallucinations (with heavy use). Short-term physical changes include dilated pupils, blurred vision, dry mouth, hot flushes, muscular tension in the jaw and limbs, and shrunken testicles, as well as nasal irritation, headaches, nausea, and teeth grinding. Psychological changes include restlessness, anxiety, confusion, depression, paranoid delusions, and insomnia.

5.2.30 The effects of come down can include rashes, cold blue fingers and toes, lethargy, and low mood.

5.2.31 The dangers of taking mephedrone include heart problems, agitation, and psychosis. The increase in sex drive can lead to an increased risk of infection and transmission of HIV and other sexually transmitted infection. There have been reports of deaths following the use of mephedrone.

5.2.32 **Ketamine**

5.2.33 Ketamine is usually found in liquid form or grainy white powder and can also come in the form of a tablet. Powder versions are usually snorted or added to drinks but can also be smoked. Liquid forms tend to be injected.

5.2.34 The effect of ketamine will depend on the environment and the dosage taken. In a club environment it can be stimulating, with increased energy and euphoria. In a quiet, relaxed place it can provide a spiritual experience, with sensations of travel to other worlds, floating, euphoria, and increased insight and creativity.

5.2.35 Some users experience something like a near death experience, including buzzing, whistling sounds, travelling through a dark tunnel into a light at high speed, apparent communication with God, visions, and out-of-body experiences. These will not always be remembered afterwards.

5.2.36 Users will also experience unwanted psychological effects after use and can include anxiety, panic attacks, flashbacks, insomnia, nightmares, paranoia, delusions, hallucinations, and unpleasant feelings of being unreal or that the world is unreal.

5.2.37 The long-term psychological effects can include anxiety, panic attacks, depression, paranoia, and delusions.

5.2.38 The short-term physical effects can include loss of co-ordination, difficulty speaking, trouble moving, loss of hearing and inability to see, numbness, nausea/vomiting, racing heart, and

respiratory problems. When used with other drugs, it can slow the body down and stop organs from functioning.

5.2.39 The effects of ketamine can leave users in a confused state and vulnerable to assault, traffic accidents, drowning, burns, and unaware of any physical injury before it is too late.

5.2.40 The long-term physical effects include bladder/kidney related problems, such as an increased need to urinate, passing blood, and pain in urination due to scarring and shrinkage to the bladder. Back pain and ketamine cramps may also be experienced. There can be an impact on brain function, like memory and problem solving.

5.3 **Pressures faced by gay men**

5.3.1 As men come to terms with their sexuality, they will be looking for a sense of belonging: where they fit in. Some gay men may feel that, as a gay man, they should be going along with the stereotypes of promiscuity rather than seeking monogamy, but it is only a small part of the gay population.

5.3.2 When men have been involved in the gay scene, they believe that they are supposed to be young and attractive. Therefore, there are pressures on gay men, in the same way as there are pressures on women to look good. Men may be hyper-vigilant about judgement and rejection and see it as being because they are gay. George lived in a world where men were fearful of ageing, and, at chemsex parties, there is a fear of being replaced by younger men. The chemsex scene has been described as vicious – men will be thrown out of the cool scene.

5.3.3 Fear and rejection can lead to men gravitating towards this scene. George said⁴² that he was afraid of being on the shelf, and afraid of failure. He was fearful about meeting other people's expectations.

5.3.4 We know that gay men are disproportionately affected by poor mental health and are more likely to live with depression, anxiety, self-harm, and suicide. They may look for ways to self-medicate.

5.3.5 For some who have been involved in chemsex, to have sex without drugs (sober sex) is difficult. George said⁴³ often, that he was only having sex when he was high. When involved in chemsex parties, one's inhibitions are lost, and so men potentially will take part in sexual acts that they would not have taken part in without the drugs. They are more likely to encounter HIV at parties.

5.3.6 Chemsex parties can be very organised. There will be people who do not take drugs in order to time how long since someone has last taken drugs so that they do not overdose.

5.3.7 Men disclose to services that – when engaged in chemsex – not only will they have sex with numerous men, sometimes they will not remember who they were, that they may not remember the sex, and that they may not have consented. It is clear that, given the stigma around chemsex, it would be very difficult, if not impossible, for a gay man to report that he has been raped or sexually abused at a chemsex party.

⁴² In one of the documents that he completed at the Cabin that the review has had access to.

⁴³ *ibid.*

5.4 Services for those involved in chemsex

- 5.4.1 In the 2017 Drug Strategy,⁴⁴ Public Health England committed to support local areas to meet the needs of those engaged in chemsex by promoting and publicising guidance on effective practice, including targeted interventions and close collaboration between sexual health and other relevant services, including community groups.
- 5.4.2 The review has been advised that sexual health clinics play a significant part in the lives of gay men who engage in chemsex. Those accessing sexual health services will be routinely asked about their behaviour. For George, the service providing his HIV care would also have been aware of his involvement with chemsex.
- 5.4.3 As was explained to the panel by the expert advisor, every drug addict, whatever the drug, is ashamed of their addiction and fearful of getting into trouble. Chemsex is a secret, shameful activity, even within the gay community, and people will avoid seeking help because they don't want to admit their involvement.
- 5.4.4 People will realise that their drug use is becoming problematic but will be reluctant to approach mainstream drug services because they do not see themselves as drug addicts like other addicts. Stuart (2106)⁴⁵ says that gay men are more likely to access sexual health services rather than mainstream drug services. The right chemsex intervention will understand the risks and normalisation and can discuss with men how to have a safer sex life that leads to less harm, and this can be delivered by sexual health workers; however, they do not know about relapse prevention, injecting techniques, how to help people identify triggers, and/or manage cravings differently. These are skills that a drugs worker will have. Stuart suggests that the ideal chemsex team would be a health advisor in a sexual health clinic, nurses and doctors to undertake acute risk assessments, and also a drugs worker – preferably, all in a sexual health setting where gay men like to go and can talk about gay sex really easily. A place where they go in with symptoms, even if they are not ready to say that they want help with chemsex.
- 5.4.5 For those involved in chemsex, giving up drugs means giving up sex, and they believe that if they give up chemsex, they will never have good sex again. When George was in rehabilitation at the Cabin, it was noted that he struggled with the prospect of abstinence.
- 5.4.6 In 2015, Public Health England produced guidance for commissioners on providing substance misuse services for MSM who are involved with chemsex.⁴⁶
- 5.4.7 In August 2021, Dame Carol Black published her review of drugs – prevention, treatment, and recovery. In this report, she identified that many local authorities do not commission the full range of services required, and there are important gaps in provision. That review

⁴⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

⁴⁵ <https://www.youtube.com/watch?v=EhFE5WMRoZo>

⁴⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669676/Substance_misuse_services_for_men_who_have_sex_with_men_involved_in_chemsex.pdf

recommended that DHSC should develop a national Commissioning Quality Standard – based on clinical guidelines – to help specify the full range of treatment services that should be available in each local area.

- 5.4.8 In August 2022, this framework⁴⁷ was published, and Standard 3.1 requires other relevant services are engaged to identify and respond to the needs of people affected by problem alcohol or drug use, including people affected by other people’s use. Standard 3.2 requires that joined-up care is championed and enabled. Both these specific aspects of the framework provide an opportunity for services to those engaged in chemsex – to be supported by a range of providers from the statutory and charitable sector.

⁴⁷ <https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services/commissioning-quality-standard-alcohol-and-drug-treatment-and-recovery-guidance>

Section Six – Lessons Identified

6.1 Home Office

- 6.1.1 For the Safer Watford Partnership to have to administer the review, and to bear the costs in the circumstances of this review, seems unfair.

Section Seven – Recommendations

7.1 **Community Safety Partnerships involved in this review**

7.1.1 It is recommended that each of the CSPs involved in this review, ensure that their local Coordinated Community Response to domestic abuse includes LGBT+ victims and survivors by:

- Identifying the services available within their area
- Ensuring that training includes the specific needs of LGBT+ victims and survivors
- Ensuring that local service providers to LGBT+ victims and survivors are fully embedded within the MARAC referral pathways.

7.2 **Home Office**

7.2.1 It is recommended that the Home Office introduces a system to adjudicate in cases that straddle such borders and decide as to who should undertake the review.

7.3 **East London NHS Foundation Trust (ELFT) and Barts Health NHS Trust**

7.3.1 It is recommended that ELFT and Barts Hospital provide assurance to the Community Safety Partnership regarding their processes for when a patient expresses that they feel unsafe.

Section Eight – Conclusions

- 8.1 This review looks at the tragic death of a young man loved by his family and a set of close friends. Their unending love and affection are a testament to George’s character in life, despite a series of personal challenges that he battled to overcome.
- 8.2 This review has sought to identify and understand the nature of George’s relationship with his last partner, Male M. Male M was the only person with George immediately before he nearly died following a fall from Male M’s flat. Furthermore, a year to the day after this fall, Male M was the only person present when George injured himself (by cutting his wrists) in a bed and breakfast hotel.
- 8.3 On account of George injuring himself and then leaving the premises and walking into the sea, it appears enough to have convinced HM Coroner that he intended to take his own life.
- 8.4 This review does not seek to criticise the decision of HM Coroner, as the inquest heard from a range of live and written evidence. However, this review does seek to identify any evidence of a trail of domestic abuse in the relationship between George and Male M. It looks to examine what can be learned from that relationship and how agencies interacted with George.
- 8.5 We believe there is information to suggest that there was abuse. We do recognise that this review can include information that may not necessarily amount to the standard required of evidence that is necessary upon which to base a criminal investigation or that which is capable of being given in evidence in inquest proceedings.
- 8.6 We have looked at whether George’s lifestyle impacted upon the attitude of services that encountered him: directly or indirectly. Also, whether he was treated as a ‘drug taking gay man’ and whether that affected attitudes towards him. Although we do not feel there was any direct discrimination against him, we do feel that the complexity of the relationship, George’s use of drugs, his health status, and his involvement in chemsex may have impacted upon the police’s use of and understanding of the relatively newly introduced offence of controlling and coercive behaviour.
- 8.7 We believe by setting out evidence of the relationship and the issues that affect men, such as George, who are living with trauma and an HIV+ ‘stigma’ borne out of the 1980s and 1990s, that we can help agencies provide a more informed level of service moving forward.
- 8.8 It is often said by the police when investigating controlling and coercive behaviour that ‘there has to be consequences to the behaviour’. George has died. That is consequence enough, surely. The fact that Male M has not been interviewed or asked to make a statement for the inquest hearing, has left a huge hole in everyone’s understanding of this case.

Appendix One – Terms of Reference



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

1. Introduction

- 1.1 This Domestic Homicide Review (DHR) is commissioned by the Watford Community Safety Partnership in response to the death of George, who died in March 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, respectively, 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 what is known about the relationship between George and his partner at the time of his death. Establish any evidence that this relationship was abusive.
- 2.2 Identify any lessons, how they will be acted upon, and what is expected to change as a result.
- 2.3 Identify good practice.
- 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.

3. The Review Process

- 3.1 The review will be undertaken in accordance with 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 the findings of HM Coroner.

3.3 Domestic Homicide Reviews are not inquiries into how the victims died or who is culpable: that is a matter for criminal and coroners' courts.

4. Scope of the Review

The review will:

- 4.1 Draw up a chronology of the involvement of all agencies involved in the life of George 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. The scope of these reviews will be from 1st January 2016 (being the time that it is believed that George and his partner began their relationship).
- 4.3 Invite responses from any other relevant agencies, groups, or individuals identified through the process of the review.
- 4.4 Consider and analyse key practice episodes within the timeframe, including services' responses to family and friends and sharing of information.
- 4.5 The review will pay particular attention to George's vulnerability. It will consider all factors affecting his vulnerability including, but not exclusively, his sexual orientation and HIV status, his experiences growing up, and his substance misuse.
- 4.6 Consider the services specifically available to gay men in abusive relationships and if these are adequate and accessible.
- 4.7 Produce a report that summarise 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 where domestic abuse is a feature, as well as identifying good practice.
- 4.8 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 family 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 families are able to respond effectively to the various parallel enquiries and reviews; thereby, avoiding duplication of effort and minimising their 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 are at their discretion.
- 6.2 Should the Independent Chair, Chair of the CSP, or the Review Panel require legal advice, then Hertfordshire Domestic Abuse 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.

Gary Goose and Christine Graham
Independent Chair and Overview Author

Appendix Two – Ongoing Professional Development of Chair and Report Author

- 2.1 Christine has attended:
- AAFDA Information and Networking Event (November 2019)
 - Webinar by Dr Jane Monckton-Smith on the Homicide Timeline (June 2020)
 - Ensuring the Family Remains Integral to Your Reviews - Review Consulting (June 2020)
 - Domestic Abuse: Mental health, Trauma and Selfcare, Standing Together (July 2020)
 - Hidden Homicides, Dr Jane Monckton-Smith, AAFDA (November 2020)
 - Suicide and domestic abuse, Buckinghamshire DHR Learning Event (December 2020)
 - Attended Hearing Hidden Voices: Older victims of domestic abuse, University of Edinburgh (February 2021)
 - Domestic Abuse Related Suicide and Best Practice in Suicide DHRs, AAFDA (April 2021)
 - Post-separation Abuse, Lundy Bancroft, SUTDA (April 2021)
 - Ensuring family and friends are integral to DHRs, AAFDA (May 2021)
 - Learning the Lessons: Non-Homicide Domestic Abuse Related Deaths, Standing Together (June 2021)
 - Suspicious Deaths and Stalking, Professor Jane Monckton-Smith, Alice Ruggles Trust Lecture (April 2021)
 - Reviewing domestic abuse related suicides and unexplained deaths, AAFDA (May 2021)
 - Young people and stalking: Reflections and Focus, Dr Rachel Wheatley, Alice Ruggles Trust Lecture (May 2021)
 - Giving children a voice in DHRs – AAFDA (November 2021)
 - Cross Cultural Training Webinar – Incels and Online Hate – HOPE Training (November 2021)
 - Male victims of domestic abuse, Buckinghamshire DHR Learning Event (January 2022)
 - Older victims of domestic abuse, Dr Hannah Bows, DHR Network (February 2022)
 - Enhancing the cancer workforce response to domestic abuse – Standing Together and Macmillan (April 2022)
 - Understanding Trauma – Delivered by Nikki Dhillon Keane (September 2022)
 - Understanding How Coercive Control Harms Children – Delivered by Dr Emma Katz (November 2022).
- 2.2 Christine has completed the Homicide Timeline Online Training (Five Modules), led by Professor Jane Monckton-Smith of University of Gloucester.
- 2.3 Gary and Christine have:
- Attended training on the statutory guidance update (May 2016)
 - Undertaken Home Office approved training (April/May 2017)
 - Attended Conference on Coercion and Control (Bristol, June 2018)
 - Attended AAFDA Learning Event (Bradford, September 2018)
 - Attended AAFDA Annual Conference (March 2017, 2018 and 2019)
 - Attended Mental Health and Domestic Homicides: A Qualitative Analysis, Standing Together (May 2021)
 - Attended AAFDA DHR Chair Refresher Training (August 2021)
 - Commissioned bespoke training on DHRs and Suicide, Harmless (March 2022)
 - Attended Strangulation and Suffocation: Introduction to the new offence for England and Wales, Training Institute of Strangulation Prevention (July 2022).