

R v James Madden

Sentencing remarks

Reporting

I will start by quoting from a letter sent by the headmaster of Rosebery, David Lach, to me a few days ago parts of which were read out in court yesterday:

I would like to seek your assistance regarding the role of the press and media. The Rosebery community, the children, families, and staff who have already endured so much, now face the prospect of reading and hearing the details of this horrific crime in the news and on social media. The thought of the additional distress and harm this may cause fills me with deep concern. I would urge you to remind those reporting on this case to act with sensitivity, care, and restraint, and to be mindful of the profound and lasting impact that unguarded or sensationalist reporting may have on our students, on Gemma's colleagues, and on her family. They have all suffered enough. Their memories of Gemma must be protected, not distorted or harmed through unkind journalism.

While I understand and echo the words I have quoted, I should make clear that the court has no power to restrict the reporting of anything said in court. Nor would it wish to do so. Indeed, as the headmaster alluded to in his letter, there may be many people who have an interest in this case.

Introduction and impact

Gemma Devonish was a much loved, respected and valued daughter, sister, aunt, niece, friend, work colleague and teacher. That is apparent from the deeply moving and, if I may say so, highly articulate statements of Rosemary Devonish (her mother), Lianne Baker (her sister), [Catherine Agostini] her aunt, [Freya Baker] her niece), Veronica Nejad and Richard Harvey and all the other friends and teaching colleagues whose statements have been read or summarised to the court. They speak of her kindness, warmth, intelligence, her caring and

supportive nature, her infectious laugh; of her qualities as a teacher and leader; of the irreplaceable void in their lives her death has brought; of its effect upon those girls, some now grown up, who had the good fortune to be cared for and taught by her, and upon the whole school community, past and present, at Rosebery where she worked.

Four of the people whose names I have just mentioned had the appalling experience of attending Gemma Devonish's home in Carshalton on the morning of the 19th of December 2024, anxious because she had not arrived at work. Nothing could have prepared them for the horrific scene which was to confront them upon going inside; one that has left them utterly traumatised and will remain imprinted on their minds for the rest of their lives. Gemma was lying on her back, her eyes wide open, in a pool of her own blood, with a knife beside her. She had died the previous evening. She was 42 years old.

The offence

James Madden, you killed Gemma Devonish in a sustained and brutal knife attack. A post-mortem examination revealed 118 external injuries, 56 of which were stab wounds which would have required 52 separate blows with a knife to inflict. 22 of those stab wounds had penetrated deeply into Miss Devonish's neck, chest and abdomen, causing life-threatening injuries. One went right through her body. The 'defensive' injuries to her forearms and hands indicate that she was alive, conscious and capable of movement at least for the initial part of the attack.

It appears that you had gone to her home on the morning of the 18th and were waiting for her when she returned from work shortly before 7 in the evening. About 10 minutes later a 999 call was made on Miss Devonish's phone during which a loud banging or clattering noise could be heard before it was disconnected. Nothing was said. At some time between 7.20 and 7.30 pm, the sound of a door slamming, and screaming, was heard by neighbours, and CCTV shows you walking away from the area at about the same time.

Had it not been for the effect of the very serious mental illness you were suffering from at the time (to which I shall turn shortly), I would be sentencing you for the offence of murder, the sentence for which is fixed by law as one of life imprisonment.

Diminished responsibility

As it is, the prosecution has accepted your plea of guilty to the lesser offence of manslaughter on the grounds of diminished responsibility, and has not sought a trial on the allegation of murder. They did so in light of the psychiatric evidence put before the court by experts instructed by both the prosecution (Professor Blackwood) and the defence (Dr Cumming) set out in five separate and detailed reports.

Both those eminent and highly experienced forensic psychiatrists are of the view that before and, at the time of, the killing you were suffering from a major mental illness - schizophrenia; an illness which had, in the past, required three periods of inpatient care under the provisions of the Mental Health Act.

They are of the view that, at the time you committed this offence, you were, as a result of your illness, in a psychotic state, experiencing persecutory delusions and delusions of infidelity: So far as the latter is concerned, you believed Miss Devonish had been unfaithful to you when in fact there was no rational basis for such a belief. In the opinion of both doctors, the schizophrenia from which you were suffering, substantially impaired your ability to form a rational judgment and to exercise self-control, and was a highly significant cause, or contributing factor, to the killing. Dr Cumming is also of the view that your illness had a significant impact on your ability to understand your own conduct.

In reaching their conclusions, the doctors have taken into account your use of cannabis. As Professor Blackwood put it, 'The drug misuse could be said to be the 'wind' that fanned the flames of his psychosis, but the fire continued to burn many months after the cessation of such misuse. Thus, the appropriate diagnosis, both doctors are agreed, is of an enduring mental disorder, and not a time-limited drug-induced psychotic episode.

In light of this evidence, it is difficult to see how the prosecution could have done other than accept your plea to manslaughter on the grounds of diminished responsibility.

Sentencing guidelines

I turn now to the Sentencing Guideline, laid down by the Sentencing Council, for the offence of manslaughter by reason of diminished responsibility.

I must first determine the degree of responsibility retained by you, the offender: Lower, medium or high. That you have some responsibility is clear. As Professor Blackwood said yesterday, you understood you were using a knife to assault Miss Devonish with potentially fatal consequences. You were not, as the doctor put it, 'totally insane'.

Both doctors are of the view, however, that your retained level of culpability was low because your severe mental illness was the primary factor which caused you to commit this offence.

I have taken the following additional factors into account before reaching a final decision as to the appropriate categorisation:

- a) The sustained and ferocious nature of the attack drives me to the conclusion that you must have intended, in your acutely psychotic state, to kill Miss Devonish. Indeed, Professor Blackwood said as much when he gave evidence. At quite what point in the day you formed that intention is impossible to say, but the short time that elapsed between Miss Devonish's return home and your attacking her strongly suggests that you had made up your mind by the time she did so. Having said that, I remind myself that the Guideline assumes that the person being sentenced had an intention to kill.
- b) Your use of cannabis. Although this was not the primary cause of your abnormality of mental functioning at the time you committed the offence, it is clear that you were continuing to take cannabis in the time running up to the day of the killing and had been warned by your GP about its potentially negative impact on your mental health. That, however, must be set in the context of Professor Blackwood's evidence. He considered that you were not given a sufficiently strong or consistent message from the medical professionals to make it clear that your medical condition was such that you could not cope with that substance.

Notwithstanding those additional factors, I consider that the level of retained responsibility is properly categorised as ‘lower’, although I consider that it is by no means at the bottom end of that category.

The following are aggravating features:

- . That you killed Miss Devonish in her own home, the place where she was entitled to feel most secure.
- . The sustained nature of the attack which was violent in the extreme.
- . The inescapable fact, awful as it is to contemplate, that Miss Devonish must have experienced some mental and physical suffering prior to her death.
- . You must have done something to prevent her seeking help by means of a 999 call.
- . I have considered whether your threatened violence towards Miss Devonish in 2022 should be considered a further aggravating feature. Given, however, that both those incidents resulted in your being detained under the Mental Health Act, I do not think it would be right to regard them in that way.

Mitigation

- . You are 39 years old, having been born on the 25th of March 1986. You have no previous convictions, cautions or reprimands.
- . I have taken into account all that I have read and heard in relation to your psychiatric condition. It is clear to me that you would not have attacked Miss Devonish, let alone have killed her, had it not been for your severe mental illness. You were described by Miss Devonish to one of the doctors as a ‘gentle giant’.
- . In the days leading up to the killing, you and your family made what I am satisfied were genuine and sustained attempts to seek help for your mental disorder. Those attempts included, on the 17th of December, attempting to call the Lambeth Home Treatment Team and thereafter your former care co-ordinator who replied by text signposting various support services. You called the Samaritans, and 111, telling them you had had mental health issues in the past

and that you were ‘noticing early signs’ and were reaching out ‘before it gets bad’. You and your mother both spoke to a GP, as you had done the day before, saying your condition had got worse and that it was ‘a bit of an emergency’ that could not wait until the next day, and asking to be re-started on your psychiatric medication. It was suggested you attend A and E for a review by a psychiatric team, and you were told medication would not be started by a GP once it had been stopped and the patient was becoming unwell again: A response of which Professor Blackwood was critical. Later that day, you made six calls to the ‘Crisis’ line.

On the following day, the morning of the offence, you made two visits to your GP, but left, it would appear, before being spoken to.

Given you were in the grips of the psychosis which so adversely affected your mental functioning, I do not consider it fair to hold it against you that you did not take yourself to A and E as you were advised to do. Indeed, Professor Blackwood agreed that, by then, you were in no condition to make the right decision in relation to that advice.

. You will have to live with the knowledge that you killed the person you loved. A knowledge that is likely to become more painful as and when your mental health improves and your awareness and understanding of what you did increases.

. I accept that your expressions of remorse contained in the letter you have written to the court are genuine.

. As is rightly acknowledged by the prosecution, you are entitled to full credit for your guilty plea, entered at the earliest reasonable opportunity once you had become well enough to enter such a plea.

Dangerousness

You are clearly a highly dangerous individual who presents a very substantial risk indeed of committing offences of extreme violence with catastrophic consequences all the while your enduring severe mental illness is not properly managed. The evidence, including the oral evidence of Professor Blackwood given to the court yesterday is that you are likely, if released into the community,

to present such a risk for many years to come; at the very least for the foreseeable future.

The type or form of sentence to be imposed

Notwithstanding the appalling nature of the attack you perpetrated and the tragic consequences of it, I do not consider that the imposition of a sentence of life imprisonment is either appropriate or necessary, as would have been the case had I been sentencing you for murder. That is because of the severe mental illness you were suffering from at the time, the low level of your retained responsibility and the alternative sentences that are available to me.

As is rightly acknowledged by both counsel, the only two realistic sentencing options are either the imposition of a Hybrid Order under section 45A of the Mental Health Act 1983 or the imposition of a Hospital Order coupled with a Restriction Order under sections 37 and 41 of that Act.

A Hybrid Order would require me to fix a sentence of imprisonment which you would continue to serve in the secure ward you are currently held at. If, but only if you were considered well enough, would you be transferred to prison to serve the remainder of your sentence there before being considered for release on licence under the supervision of the Probation Service.

The imposition of a Hospital Order coupled with a Restriction Order under sections 37 and 41 of that Act would mean that you remain confined to hospital, prevented from leaving, unless or until your response to treatment is considered by a mental Health Review Tribunal to be such that your release can be safely managed.

The court has, in writing, the opinions of both psychiatrists in relation to these options and has heard the live evidence of Professor Blackwood.

Both doctors are firmly of the view that the latter form of sentence is the more appropriate.

As Professor Blackwood explained, the principal driver of the risk you pose to others is your psychotic illness. The understanding, careful treatment and management of your illness is better conducted by psychiatric and allied caring professionals in a secure hospital setting and, were you ever to be released, by such professionals in the community than by prison and probation officers.

A Hospital Order coupled with a Restriction Order would therefore increase, rather than diminish, the protection of the public.

His evidence to the court was that your treatment is still in the very early stages. Progress has been made, but there is still a huge amount of work to be done in a psychiatric setting that is likely to take many years. Yours is a lifelong major mental illness. The decision to discharge you is not one made by doctors, but by a Mental Health Review Tribunal chaired by a Judge which would take into account representations from the medical team managing your treatment, the Ministry of Justice and Miss Devonish's family.

If the decision were taken that you could safely be released, it would be subject to strict conditions including those as to where you live, abstinence from drugs and taking prescribed medication. In the event of non-compliance, all it takes, as Professor Blackwood put it, is a phone call to the Ministry of Justice to get you returned to a secure Mental Hospital – a matter of hours.

Sentence

I take the view that a Hospital Order coupled with a Restriction Order under sections 37 and 41 of the Mental Health Act is the most appropriate disposal in this case, for the following reasons:

Were I to impose a Hybrid Order, even if I were to take as my starting point a sentence towards the higher end of the appropriate sentencing range for offences involving a lower level of retained responsibility (which, as those sitting in the public gallery yesterday were told, spans a period of 3 to 12 years), it is highly likely that you would spend the entirety of that sentence in hospital bearing in mind that the credit to which you are entitled for your guilty plea would result in

the reduction of your sentence by a third and the time you have served in custody since your arrest, a little over 14 months, would also count towards the sentence.

Moreover, punishment of a defendant is not the only factor I must take into account. I must consider rehabilitation and crucially, in this case, protection of the public. It is my duty to ensure, so far as I possibly can, that nobody else suffers the same dreadful fate at your hands as Gemma Devonish. For the reasons put forward by both doctors in their written reports and amplified by Professor Blackwood yesterday afternoon, I take the view that the best prospect of achieving that lies with the imposition of a Hospital Order coupled with a Restriction Order under sections 37 and 41 of the Mental Health Act 1983.

I am satisfied that that both a bed and treatment are available at River House, Medium Secure Unit, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent, BR3 3BX where the clinician responsible for your treatment will continue to be the consultant forensic psychiatrist, Dr Kooyman, whose statement I have read. It is to that address that you will be taken back at the conclusion of these proceedings.

Effect of sentence

I am required to explain to you the effect of this sentence:

You will be kept in a secure Mental Hospital. You may never be released; and will not be released unless and until it is considered by a Mental Health Review Tribunal that any risk you continue to pose can be safely managed in the community. Whether that time ever arrives will depend on your response to treatment. If you are released, you will be carefully managed and monitored by the appropriate professionals. Moreover, and most significantly, you can be recalled to a secure Mental Hospital if, at any time, you fail to comply with the conditions of your release or it is considered you pose a risk that cannot be properly managed in the community. That will remain the position for the rest of your life. It is, as Professor Blackwood described it, a psychiatric life sentence.

Ancillary Orders

Given the form of sentence I am imposing, the surcharge does not apply.

The count alleging murder is to lie on the file on the usual terms, marked ‘Not to be proceeded with without the leave of this court or the Court of Appeal. Criminal Division’.

Postscript

I wish to add this: No sentence a judge imposes can begin to reflect the value of a life; and no outcome in a case as tragic as this can heal the grief of those who loved and worked with Gemma Devonish, still less bring her back to life. Nor is it intended to. If the court process has achieved nothing else, I hope that it has shown that there has been the most thorough investigation of the circumstances of Gemma Devonish’s death by the police and an equally thorough examination and assessment by highly experienced medical experts of the lifelong major mental illness of the man who killed her.

I commend the officers responsible for that investigation and thank the doctors and counsel for their expert assistance.

What the hearing of this case cannot do is provide answers to the questions which will haunt those intimately connected with this case, namely how and why the situation was ever allowed to come about in which James Madden was able to kill Gemma Devonish – the failings or ‘terrible error’ to which Professor Blackwood made reference yesterday.

Finally, and importantly, may I pay tribute to the family, friends and colleagues of Gemma Devonish and those of James Madden for the quiet dignity with which you have conducted yourselves throughout the various hearings of this case which must, at times, have been almost unbearable.

I finish where I started – with a few words about Gemma Devonish: One of the most tragic aspects of this case is that, had it not been for her loving, kind, supportive, warm-hearted and caring nature, much of which appears to have been directed towards Mr Madden over many years, I doubt very much if we would all be sitting here today. That she lit up and inspired all those who were fortunate enough to share her world will, I hope, form part of her enduring legacy and perhaps provide some solace for those who are left without her.

Judge Gower KC

Croydon Crown Court

6th of March 2026