

R v Darryl Bowen

Sentencing remarks of His Honour Judge Lambert:

The deceased.

Alison Bowen was a wonderful daughter, beloved sister and a kind and devoted wife. She was a loving and nurturing mother of four children, whom she cherished. She was a highly committed church member. She had friends across the world and was a beacon of hope and probity to many. Her sister, Ruth, describes the huge attendance to pay tribute to her at her funeral. There were many other tributes from all over the world. She was simply an inspirational human being.

I find it difficult to describe the epic depth of the tragedy in this case where a mother was stabbed to death in the presence of her four children. Your own little girl found some apt words when she said:

“Daddy killed mummy. Mummy is in heaven now. Dad is in jail. I have no parents”

This was the ultimate betrayal of your wife and children.

It is a struggle ever to understand how the mind of a husband and devout church goer became so distorted that he could have done this. The origin of such disorder is beyond my powers of understanding but there is now no doubt you were deeply deluded and very ill. You remain ill and your recovery is uncertain.

The offence.

From the psychiatric evidence it appears clear that at the time of the offence you were floridly psychotic. You were suffering from religious delusions, delusions of reference, and loosening of associations. It appears that you were labouring under the false belief that the world was coming to an end, and you had to protect your family and facilitate their ascension to heaven by isolating them within a house, free of electrical items. Within this distorted state of mind, you killed your wife in what was an intensely brutal attack involving multiple stab wounds, motivated by the belief that she was jeopardising the family's ascension to heaven by using a phone.

On arrest you were constantly garrulous, shouting, and ranting at the police with various incongruent religious references. When cautioned your deluded and disordered speech persisted.

Attempts to interview you were fruitless, with your shouting, swearing, gesticulating wildly and banging a seat cushion on the bench. What you did say was largely incomprehensible.

A highly experienced Consultant Forensic Psychiatrist found that you presented as acutely disturbed and potentially psychotic, unfit for further interview, in a very manic state.

Prison.

At prison you were placed immediately in the segregation unit. Staff were unable to engage with you meaningfully because of your disturbed mental

state. Your behaviour was utterly bizarre and highly disruptive. You appear to have spent long periods standing, staring through the observation hatch, assuming strange postures ,sometimes kneeling down and touching your head to the floor. You presented as having an episode of acute psychosis. You were later noted to have been behaving in a bizarre manner ever since you arrived at Bristol prison. You were observed trying to pull your teeth out with your hands, your gums bleeding. Not surprisingly you were described as floridly psychotic.

The plea.

After the appropriate psychiatric investigations were complete, and it was confirmed that you were fit to plead and stand trial, a plea to manslaughter on the grounds of diminished responsibility was accepted. Full credit for plea would be required according to the relevant definitive guideline.

Impact on the family.

The impact of all this on the families is intense and devastating. You stole a mother from her children and other family members. There are few intensifiers which describe properly the devastation you have caused. Alison's parents and her sister Ruth have made family impact statements. The effect on the adults involved is utterly dreadful. The effect on your children and their cousins with whom they now live is worse still. I simply do not know how anyone copes with the psychology of this.

What has been described as "Jade's law", incorporated in the Victims and Prisoners Act 2024, has not yet been brought into force. I therefore have no

jurisdiction in respect of a prohibited steps order under section 10A of the Children Act 1989. If I had such a power, I would not have hesitated to use it.

The defendant's antecedents.

You are 43 years old and have no previous convictions.

The psychiatric evidence.

Dr Sandford has found that you suffer from a severe mental illness. He says you have clearly had an acute episode of psychosis, which he would characterise as a schizo-manic episode (with elated mood co-occurring with bizarre delusions and other features of psychosis.) It is reliably recorded that you had a previous episode of psychosis when you were a young man in 2004. It appears you recovered and remained well during the subsequent 19 years, before having a second episode, probably precipitated by significant work stress.

There is nothing to suggest that either alcohol or illicit drug use were significant contributors to the deterioration in your mental state.

The substantially impaired mental functioning found to be present strongly supports the partial defence of diminished responsibility and has been accepted by the prosecution.

The clinical team looking after you in hospital have treated you with antipsychotic medication and after a period of assessment they have diagnosed you with paranoid schizophrenia. Dr Sehgal agrees with this. Dr Pearson, the responsible clinician, has confirmed in writing that is his

diagnosis also, and that a bed is available in the medium secure ward of Wellesley Hospital.

Specialist medical opinion is unanimous that a section 37/41 order under the Mental Health Act 1983 is appropriate in your case. There is no psychiatric opinion in favour of a hybrid order.

Judicial assessment.

I must follow the sentencing guidelines not only in respect of the specific offence to which you have pleaded guilty but also those of more general application. In this case it is: Sentencing offenders with mental disorders, developmental disorders or neurological impairment.

Assessment of the degree of responsibility retained.

All the psychiatric evidence suggests that your mental disorder significantly diminished your responsibility at the time of the killing. Responsibility is not, however, wholly extinguished.

In arriving at my conclusion in relation to the level of retained responsibility I considered your day-to-day functioning and management of work and domestic affairs.

Considering those matters and all the circumstances of the case I saw retained responsibility to be low but raised within that band of the definitive guideline for manslaughter by reason of diminished responsibility.

Starting point and category range.

This requires the identification of aggravating and mitigating features.

Aggravating features:

Care must be taken to avoid double counting factors already taken into account in assessing the level of responsibility retained. The offence was committed with your children present in the family home. A knife was used.

This was a repeated and brutal stabbing.

Additional aggravating features are largely absent.

Factors reducing seriousness or reflecting personal mitigation:

Previous good character.

Some expression of remorse.

A custodial sentence would have been placed towards the upper reaches of the category covering the lower level of retained responsibility.

**Consideration of dangerousness under the Sentencing Code Part 10
Chapter 6 (ss. 306-310)**

The question to be asked is whether you pose a significant risk of serious harm by the commission of further specified offences?

Given your offending, recent behaviour, and your psychiatric condition I can only find that you are dangerous and will be so for a long time. There is a significant risk of serious harm to members of the public via the commission of further specified offences by you. There is unanimous support for a restriction

order amongst the psychiatrists which supports my holistic assessment of danger within a different statute.

Consideration of mental health disposals (Mental Health Act 1983).

In assessing the offence within the definitive guideline for manslaughter, the level of retained responsibility in this case indicates that a section 45A order may not be appropriate.

If a mental disorder makes little contribution to future risk, a section 45A order may be appropriate but that is not the case here. The link between the mental disorder and the commission of the offence is readily evident to the reporting psychiatrists and I agree with that assessment.

The mental disorder present here seems to me to be a major contribution to future risk, suggesting a section 37/41 order is preferable to a section 45A order, since a lot of time can be spent getting a defendant ready for discharge from hospital (that is sufficiently insightful into the disorder and compliant with medication) and such work can be rendered nugatory by then discharging them to prison, which is quite likely rapidly to destabilise them and probably undo all the risk mitigation work that has been done. The term of imprisonment under a hybrid order in this case would have to be relatively limited.

Discharge by Secretary of State, or more often by a tribunal, from hospital under section 37/41 is in practice never absolute discharge, it is conditional discharge, often conditional on residence in supported accommodation and

invariably conditional on complying with medication and accepting supervision by a community psychiatric team, normally, at least to start with, a specialist forensic team.

Supervision by a probation officer (if released on licence) is supervision by a non-expert in mental disorders, although many probation officers do have experience in dealing with offenders with your difficulties. Supervision by a community psychiatric team, can ensure better compliance with medication when monitored by a community psychiatric nurse or specialist mental health social worker who will be likely to visit a defendant at home and be let in because there is a therapeutic relationship.

If a defendant is not compliant with a medication regime or refuses to let a community psychiatric nurse or specialist mental health worker in or if the home is disorderly or shows signs of neglect, these are often early signs of relapse in mental disorder— which can, if need be, be dealt with by recall to hospital. The relevant experience of community psychiatric nurses or specialist mental health workers tends to be high, they are not naive, they are alive to risks to the public and are not easily misled.

I must consider whether you require treatment for the mental disorder from which you suffer. All the expert evidence before me shows that you require such treatment, and it is necessary and appropriate to make a hospital order. I go on to consider the extent to which your offending was attributable to your schizophrenia. The expert evidence is to the effect that but for your mental illness you would not have committed this appalling crime.

I must then consider the extent to which punishment is required. In this context, I must, of course, bear fully in mind the devastating impact which your offending has had upon your victim and the family. The sentencing options which then remain are limited to a hospital order combined with a restriction order or a section 45A hospital and limitation direction (sometimes referred to as a hybrid order) which would provide for the possibility that some part of your sentence may later be served in prison. I remind myself of the importance, where appropriate, of reflecting a penal element in the sentence. The choice is ultimately a matter for this court but will inevitably be substantially informed by the psychiatric evidence.

Having heard the medical evidence which has been given in court by Dr Sandford and having read the reports prepared for the court by treating and examining psychiatrists, all of whom are approved by the Secretary of State under section 12(2) of the Mental Health Act 1983: I am satisfied that:

- you are suffering from a mental disorder, namely schizophrenia;
- this disorder is of a nature which makes it appropriate for you to be detained in a hospital for medical treatment; and
- appropriate medical treatment is available for you at Wellesley Hospital.

I am of the opinion that:

- because of all the circumstances of your case including: the nature of the offence to which you have pleaded guilty and your history of mental illness; and having considered all the other available ways in which I might deal with

you, the most suitable method of dealing with your case is by making an order under section 37 of the Mental Health Act 1983.

I therefore make an order that you will be re-admitted to and detained at Quantock Ward, Medium Secure Unit, Wellesley Hospital.

I have also considered whether this order should be subject to special restrictions which are specified in section 41 of the Act. In the light of the medical evidence which I have identified, I am satisfied that because of the nature of your offence and also having regard to your past (including your history of mental illness) and to the risk that you will commit further offences if you are not detained, it is necessary to protect the public from serious harm and it is not possible to say for how long that will be so. Accordingly, I order that you will be subject to the special restrictions set out in section 41 of the Mental Health Act 1983.

If, eventually, you are ever thought to be appropriate for release from hospital I hope there will be a high degree of assurance that it is safe to do so. The threat that you posed to your children as you killed their mother was imminent and very substantial. Some of your children thought you were going to kill them. I hope you are not considered for release whilst you pose any sort of risk to them, physically or psychologically.