

Monday, 30 March 2026

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 2 (9.59 am)
 3 MS LANGDALE: Chair, may I please call Professor Nigel
 4 Blackwood.
 5 PROFESSOR NIGEL BLACKWOOD (affirmed)
 6 Questioned by MS LANGDALE
 7 MS LANGDALE: Professor, can you tell us your
 8 qualifications, please.
 9 A. Yes, I am a Doctor of Medicine, and a fellow of the
 10 Royal College of Psychiatrists.
 11 Q. You have provided the Inquiry with a statement dated
 12 30 November 2025.
 13 A. That's correct.
 14 Q. Can you confirm the statement is true and accurate as
 15 far as you're concerned?
 16 A. It is.
 17 Q. You've prepared two reports for the criminal proceedings
 18 in respect of VC, the first report dated
 19 20 November 2023, and the second, 22 January 2024; is
 20 that right?
 21 A. That's correct.
 22 Q. Can we please have your statement first on the scene and
 23 paragraph 40, it's WITN0308001, page 18. You're
 24 reflecting here, Professor Blackwood, on an element of
 25 forensic practice that has changed over time. Can you

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1 A. That is correct. So although there were concerns about
 2 his mental state and, as I understand it, at least
 3 consideration given to a Mental Health Act assessment,
 4 the advice given by the liaison diversion service, which
 5 is not controversial across the country, is that there
 6 will be no acute admission, given the gravity of the
 7 offences, to, for example, a secure unit, and it would
 8 have been had to have been high secure.
 9 So there is no immediate admission to such unit, so
 10 that individual should stay within the criminal justice
 11 system, once charged and through the Magistrates' Court
 12 and be remanded in prison, pending further assessment by
 13 psychiatrists.
 14 Q. And liaison and diversion doesn't really apply in these
 15 circumstances, does it, with grave offences? He's never
 16 going to be diverted?
 17 A. That's correct.
 18 Q. Do you agree, I'll come to his history in greater detail
 19 in due course, but do you agree that where there are
 20 mental health concerns, liaison and diversion isn't
 21 always the proper route anyway? There should be a route
 22 through the criminal justice system?
 23 A. That's correct.
 24 Q. That's not to decry the importance of strong mental
 25 health support in the community, but when they arrive at

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1 tell us, 30 years ago, what would have happened when
 2 someone with VC's history came into custody with the
 3 history at that stage?
 4 A. Yes, I think an on-call psychiatric consultant or
 5 a higher trainee, whether in general or forensic
 6 psychiatry, would have been called to assess that
 7 individual in police custody.
 8 Q. We know, of course, that assessing mental state at the
 9 time of the offence is key. So in what way did that
 10 system achieve, or more likely, achieve that?
 11 A. Well, that individual would have been experienced in
 12 working with, for example, major mental illnesses, such
 13 as schizophrenia, and would have done as detailed as
 14 possible an assessment of the individual.
 15 Q. That can come down, please.
 16 And that's important, isn't it, to understand the
 17 state of mind at the time of the index offences?
 18 A. Yes, any contemporaneous documents concerning his
 19 behaviour in the police station is of importance.
 20 Q. And we know, and of course I'm sure you'll agree, when
 21 VC was in custody there wouldn't be a conventional
 22 Mental Health Act assessment to see if he could be
 23 sectioned because no psychiatric hospital would have
 24 taken him at that point, routine or psychiatric
 25 hospital, would they?

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1 custody with evidence of offences, the criminal justice
 2 system must play its part as well, mustn't it?
 3 A. Yes, absolutely and that's also not to decry the
 4 importance of liaison and diversion with lesser
 5 offending, to take individuals with serious mental
 6 illness out of the police station and into psychiatric
 7 care, and then the offending can be dealt with at
 8 a later date.
 9 For these more serious offences, they inevitably
 10 stay within the criminal justice system at this stage.
 11 Q. Particularly those who perhaps haven't been identified
 12 to mental health services before, liaison and diversion,
 13 really important?
 14 A. Absolutely.
 15 Q. But where there's an established involvement with mental
 16 health services, the position is somewhat different;
 17 would you agree?
 18 A. Well, it really depends on the gravity of the offending.
 19 Q. We know, unsurprisingly, and you know from the records,
 20 that when VC was taken to prison, he deteriorated
 21 further. That wouldn't be surprising, that's a known
 22 fact, isn't it, about detention and detainment?
 23 A. Yes, there's the possibility that long periods of
 24 seclusion, for example, with little access to the
 25 outside world may exacerbate an individual's psychosis.

4

1 Q. Indeed, we know that when he was in prison, by the end
2 of July -- so over a month later -- he was segregated
3 from other prisoners and in early August he assaulted
4 and punched a prison officer?

5 A. (Witness nodded).

6 Q. So he clearly deteriorated in that setting.

7 A. Well, I think that is somewhat of a moot point. He
8 assaults police officers coming out of the police van,
9 for example, but there's certainly a short period in
10 prison where his psychosis is not involving assaults to
11 others, and assaults begin to obtain again, as you note.

12 Q. What informs assaults, as we go through the history, may
13 be different, mightn't it? Sometimes it might be
14 psychosis, sometimes it might be because he's angry or
15 is upset about something; do you agree?

16 A. Yes, and the difficulty is that the psychosis is
17 associated with changes in emotional states and can
18 underpin that anger. So they're not entirely distinct
19 phenomena.

20 Q. It's important, is it, to have a baseline in respect of
21 that, whether someone is angry or has personality
22 features before looking at index offences?

23 A. Absolutely, yes.

24 Q. What do you rely on to get that, the baseline, as it
25 were?

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1 by one particular side, your duty is to aid the court in
2 its consideration of the case.

3 Q. Presumably, if it was as simple as that, there would
4 just be a single joint expert, would there, or just one
5 expert that told the court what the position was?

6 A. Well, there are typically, in adversarial proceedings,
7 there will be reports instructed by the defence and
8 reports instructed by the prosecution, perhaps
9 additional reports instructed by the court, and then, if
10 there are significant differences between those
11 individuals, there will be a joint report between those
12 individuals to highlight areas of agreement or
13 disagreement to help inform the legal process.

14 Q. But in terms of your approach to them, your duty is to
15 the court, but are you taking different factors into
16 account or not?

17 A. No.

18 Q. So that's exactly the same for you, whether you're asked
19 to go and speak to somebody, a defendant, prosecution or
20 defence?

21 A. (Witness nodded). In my view, yes.

22 Q. You helpfully, if we can go back to your witness
23 statement, WITN0308002, page 1, set out the documents
24 that you received in the preparation of your first
25 report. They're also listed in your first report, but

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1 A. Well, you look at the developmental history of that
2 individual, the story that they tell of their
3 development, you're looking carefully for evidence of
4 conduct disorder in childhood, with or without traits of
5 callous unemotionality, and you're drawing on any other
6 materials that you have to triangulate the individual's
7 evidence on those points with, and those might be school
8 information, rarely, or more typically, family
9 information.

10 Q. Dr Milton referred to informants?

11 A. Mm.

12 Q. We heard from him last week, and he referred to the need
13 to triangulate through informants, and presumably the
14 stronger the sources or the variety of sources, the
15 better?

16 A. Yes, absolutely.

17 Q. We know you provided a report for the prosecution in
18 this case and you also provide defence reports, as well;
19 is that right?

20 A. That's correct.

21 Q. What's the difference from the psychiatrist's point of
22 view when you're instructed by the prosecution and
23 defence, if any?

24 A. Well, the overarching principle is that your duty is to
25 the court, so you're not -- although you're instructed

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1 I think you'd had more time to look at it, so let's go
2 to the Inquiry document. WITN0308002, page 1, please.

3 So this is the material that you are provided with.
4 You set out various witness statements divided into
5 chapters. Various exhibits. You get CCTV and imagery.

6 A. (Witness nodded).

7 Q. You had CCTV of the attacks, didn't you?

8 A. Yes, I did.

9 Q. Did you have what was called the timeline, CCTV timeline
10 prepared by the officers as well, showing where VC was
11 at different times?

12 A. Yes, I did.

13 Q. Then if we go to page 2, please, you had medical and
14 University material. We see that you got those on
15 20 November 2023, they came later to you. What was the
16 University material?

17 A. That was, again, some of his academic tutors reflecting
18 on their interactions with him, is my memory of that.

19 Q. So statements about how he was --

20 A. Yes.

21 Q. -- progressing there?

22 A. Yes.

23 Q. Then, at 13, you had police interview transcripts from
24 June 2023. Were you ever sent the videos of the police
25 interviews?

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1 A. Yes, there were, I think, six discrete interviews, and
 2 I was sent those.
 3 Q. Did you watch those?
 4 A. I did.
 5 Q. Did you observe anything in particular about the
 6 questions he chose to answer and the ones he didn't?
 7 A. Yes. He largely gave "No comment" interviews
 8 throughout. He engaged appropriately with the
 9 interviews in the presence of an appropriate adult and
 10 his solicitor. He followed instructions, for example,
 11 he was asked to stand up at one point to look at his
 12 height, and he does that. He engages with all the
 13 materials so he looks carefully at all the video footage
 14 and listens to the audio footage.
 15 Q. When you say carefully, he pulls his seat forward and
 16 really looks, doesn't he, concentrates --
 17 A. Absolutely, concentrates.
 18 Q. -- (*overspeaking*) -- looking at.
 19 A. The only thing that stands out, I think, from
 20 a psychiatric perspective is that -- is his blunted
 21 affect throughout. So there is no emotional reaction
 22 despite the highly arousing materials which he has to
 23 view, there's nothing.
 24 Q. Indeed, that's a feature we see going through the
 25 interviews, isn't it? He doesn't emotionally respond.

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1 behaviours, his violence to others, are all informed by
 2 his psychosis. So the intrusions on the flats, the
 3 assault on the police officer, et cetera. So they are
 4 all driven by his psychosis. So you would not make, or
 5 I did not make a separate diagnosis of an antisocial
 6 personality disorder, and the features which may look
 7 cross-sectionally like a personality disorder, exactly
 8 as you mentioned, the sort of lack of remorse, the
 9 blunted affect, the failure of any emotional resonance
 10 with what he has done, emerge understandably from the
 11 psychosis and are not attributable to a separable
 12 personality disorder.
 13 Q. That document can come down, thank you. What about his
 14 level of calculation? He is very calculated, isn't he,
 15 in a number of ways -- we're going to go through it --
 16 calculated in his actions and in his thoughts?
 17 A. Yes, he's an intelligent man.
 18 Q. Is he superior? You see through all of his notes how --
 19 medical notes and writings -- that he is convinced he
 20 doesn't have a mental health illness, and those who are
 21 treating him are wrong, and he knows better than that,
 22 and they don't understand that, et cetera. Is that
 23 arrogance or superiority?
 24 A. No, I don't think so. I take that as evidence of his
 25 lack of insight. I think he does on occasions seek

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1 Even when he's in prison, when you see him and he's had
 2 medication, he is blunted in his affect about that.
 3 A. Absolutely, yes.
 4 Q. Did you ever assess him for a personality disorder?
 5 A. Yes, that's routine in cases like this.
 6 Q. And did you think that demonstrated a personality
 7 disorder, or aspects of it, that he showed no emotion or
 8 tears for any of this?
 9 A. Yes, I think the impact of psychosis on personality is
 10 a complicated issue. I think you have to look at the
 11 individual developmentally. There is very little
 12 evidence of conduct disordered behaviours in childhood,
 13 which is the precursor of an antisocial personality
 14 disorder in adulthood, which is required to make
 15 a diagnosis of an antisocial personality disorder in
 16 adulthood, certainly according to American diagnostic
 17 systems such as the DSM.
 18 So, in the absence of clear evidence of conduct
 19 disorder in childhood or adolescence, you do not
 20 typically make a diagnosis of an antisocial personality
 21 disorder in adulthood.
 22 So developmentally he does not show evidence of
 23 irritability, aggressivity, impulsivity --
 24 Q. In childhood?
 25 A. In childhood and in adolescence. His antisocial

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1 reassurance or further discussion. For example, at one
 2 point he wishes to go back to speak to Dr Seedat about
 3 what he's experiencing, and that speaks of someone who,
 4 at that early stage of his illness at least, is
 5 interested in discussing what he's experiencing with
 6 others.
 7 Later, I think, with a lack of insight, he does
 8 become entirely convinced of his own view of what is
 9 happening.
 10 Q. And does he bear responsibility for that? He's seen by
 11 a lot of psychiatrists, and we're going to hear from
 12 them and what they did or didn't prescribe him, but does
 13 he bear responsibility for the lies he told them about
 14 the medication and the calculation around that?
 15 A. Well, I think then we have to deal with the clinical
 16 notion of insight. There are three aspects to that.
 17 One of which is can he re-label what he's experiencing,
 18 voices, delusions, thought insertion, thought
 19 withdrawal, thought broadcast, et cetera, can he
 20 re-label those as pathological symptoms? Can he accept
 21 the doctors telling him that these are auditory
 22 hallucinations, which we know emerge in psychotic
 23 illnesses like schizophrenia. And he appears to do
 24 that, perhaps superficially, during inpatient
 25 admissions, but not --

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1 Q. That's significant, isn't it? That's significant.
 2 A. *(Witness nodded)*.
 3 Q. Because he's appearing to do something that enables him
 4 to be discharged by appearing to recognise things when,
 5 when we go to his zip files and records, he has a deep
 6 and abiding belief in something different.

7 So you say lack of insight. Is there a reason
 8 psychiatrists don't say he lied about that? Because
 9 he's telling them he recognises voices, but it's a lie
 10 when we see what we're seeing now.

11 A. Well, if we complete the idea of insight first --

12 Q. Please do.

13 A. -- and then come back to that idea, perhaps. So that
 14 that first idea is can they re-label their symptoms as
 15 pathological? The second, is, come up a level, can they
 16 realise that these symptoms are part of an illness,
 17 schizophrenia? And then the final part of insight is,
 18 can they use that to determine their adherence or
 19 compliance with medication? I've got an illness,
 20 therefore I'll take the medication the doctor suggests.

21 And there's a suggestion that perhaps, with
 22 monitored compliance with aripiprazole in some of those
 23 inpatient admissions he achieved some sort of effect on
 24 his symptoms. So it's not necessarily completely a lie
 25 when he says he's not experiencing things. There may

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1 the evidence was when he appeared to accept medication
 2 and what he did with it, but it's a very complex
 3 picture, isn't it, and it makes it difficult to say he
 4 seemed to be lucid when he had medication if we don't
 5 know when he had the medication? He may have been lucid
 6 without medication. There are periods when it appears
 7 he was.

8 A. Yes, I think he was a complex man to assess.

9 Q. The complexity particularly, because it's not
 10 straightforward to see when he's taking medication and
 11 appears to be improving, or psychiatrists would say,
 12 because of the medication, and when he wasn't because
 13 you don't know when he was taking it actually?

14 A. That's right, there would have been a greater degree of
 15 supervision of medication compliance in the inpatient
 16 setting, the CPN would be keeping an eye and asking
 17 about that, perhaps checking tablets in his flat on
 18 occasion. But you are not secure with any oral
 19 medication, the only medication you'd be secure about
 20 would be the depot antipsychotic.

21 Q. You'd hope so, wouldn't you, but in September 2021, in
 22 an assessment, there was a bag of unused medication
 23 dating back to February 2021 found in his room. So
 24 we're dealing with somebody who's not been taking
 25 medication and managed to complete a university degree?

15

1 have been some useful impact of the medications. But
 2 certainly, individuals with psychosis, intelligent
 3 individuals with psychosis, can lie.

4 Q. You were told by him that he'd stopped taking his
 5 medication in October 2020?

6 A. Mm-hm.

7 Q. Did you challenge him on that and say, "Why was that?
 8 Who did you tell about that?"

9 A. Sorry, this in the first year of the illness?

10 Q. Yes, yeah.

11 A. Yes, so that's what he told me, but that's not what he
 12 was telling his clinicians at that time.

13 Q. So when you realised that duplicity, did you say, "Why
 14 did you not tell the clinicians that?" Would that be
 15 something that you'd challenge him on?

16 A. No, I think that emerges understandably from his
 17 understanding of his illness at that time, that he did
 18 not believe he had a major mental illness and therefore
 19 he would not -- and he had not experienced significant
 20 impact of the low dose of the medication used, and he
 21 had ceased taking it.

22 Q. We know back in July 2020, after he's forced his way
 23 into a neighbour's flat, a box of his aripiprazole had
 24 been obtained by the police and there was a 14-tablet
 25 strip left. So we are going to examine in detail what

14

1 A. That's correct.

2 Q. We'll come to that later, but it's an extraordinary
 3 combination of lucidity, isn't it, with the illness that
 4 you say propelled him into assaults?

5 A. Mm.

6 Q. Can I just ask about a couple of other things you were
 7 sent, going back to that. Thames House. You were sent
 8 Thames House body-worn video footage of him around in
 9 London in May 2021. Were you sent that or not? Perhaps
 10 you weren't, Professor?

11 A. At the MI5 building?

12 Q. Yes.

13 A. No, I was not sent that.

14 Q. So you never saw that?

15 A. That emerged after my November report, I was aware of it
 16 at the time of the sentencing hearing.

17 Q. Right. So you hadn't seen that?

18 A. *(No audible answer)*.

19 Q. So you wouldn't know how that was described in the
 20 sentencing hearing or what that represented because it
 21 wasn't something you looked at?

22 A. No, as I said, I was aware of it at the time of the
 23 sentencing hearing, his desire confirming his delusional
 24 belief about interference by MI5 that he wanted them to
 25 desist.

16

1 Q. What was your understanding for the sentencing hearing
2 that happened at MI5 or at that -- during that event?
3 A. That he'd been spoken to by the police, and then made
4 his way away.
5 Q. Did you know if he'd spoken to the police about what he
6 was worried about or anything like that, or not?
7 A. I'm not sure I knew that level of detail.
8 Q. Fair enough. You had statements from a student called
9 Sebastian.
10 A. Yes.
11 Q. You didn't, I don't think, have the 999 calls from
12 Sebastian; would you have been sent any 999 calls?
13 A. I may have been. I was sent, I think, the 999 calls,
14 and the police investigation for this process, but
15 not -- I think I was just sent the witness statement of
16 Sebastian --
17 Q. That's right --
18 A. -- for my report writing.
19 Q. So did you get the audio of his call or not?
20 A. I don't remember listening to any audio, no.
21 Q. And you probably would, it's quite long, it's about ten
22 minutes longer.
23 It's helpful, isn't it, as professionals it's
24 helpful to see and hear things to make an assessment.
25 A. Of course.

17

1 conspiracy was intent on harming him; he considered that
2 intelligence agencies and the police were behind the
3 plot; in this fearful state he headbutted the police
4 officer who executed the Section 135 warrant. He was
5 admitted to inpatient services ..."
6 So that's what he tells you.
7 A. Mm.
8 Q. He was fearful and headbutted the officer in those
9 circumstances.
10 A. **(Witness nodded)**.
11 Q. Did you have anything to test that account by? It
12 sounds like you didn't because you didn't have the
13 footage.
14 A. No, I don't think I did.
15 Q. Would it have been helpful -- and we've all seen it and
16 it's a matter for the Chair, but if I tell you what that
17 footage demonstrated in part: he is visited by mental
18 health professionals who call upon the assistance of the
19 police. He says he's not going to go into an ambulance,
20 he doesn't need to go into an ambulance. Clearly we
21 know he's thinking he's not ill, he doesn't need to go.
22 A. **(Witness nodded)**.
23 Q. And as the officers come into the room there's a number
24 of female officers and one male officer. And he takes
25 his glasses off -- you don't notice it until the benefit

19

1 Q. Because you -- we'll go to it later -- but refer to
2 a stalking incident that wasn't a stalking, or the
3 police didn't say it was a stalking, which is right: the
4 Inquiry has heard evidence about that, they didn't deal
5 with evidence about stalking.
6 A. **(No audible answer)**.
7 Q. But as an independent person reporting to the court,
8 would you have found it helpful to listen yourself to
9 what the young man was saying about his experience and
10 what had happened?
11 A. Yes, any further information would have been potentially
12 helpful.
13 Q. Were you sent the body-worn video of the assault on
14 PC Pritchard when Dr Lomas as well was present?
15 A. I don't think I was, no.
16 Q. That's really important footage, isn't it, the assault
17 on the police officer? And you have got Dr Lomas there
18 as well who provided a witness statement following that
19 assault.
20 You'd remember if you'd seen it. You haven't seen
21 it by the sounds of it.
22 A. I don't think I have, no.
23 Q. You assessed, or VC's version -- I'll tell you what VC's
24 version of that assault was to you:
25 "He told me that he had been highly fearful that the

18

1 of hindsight -- he takes his glasses off, puts them on
2 the windowsill and then says, "I'd like you" -- to the
3 male officer -- "you to take me out. I don't harm
4 women, I don't -- I want you to take me out." And only
5 one of the officers picks up what he's indicating: that
6 he wants to assault a male officer not a female officer,
7 and from zero to 100 that happens really quickly. He
8 selects the male officer.
9 A. Mm-hm.
10 Q. Would that have been helpful for you to see how that
11 unravelled: that he chooses who he's going to assault
12 and he assaults them?
13 A. Yes, I don't think that's countervailing evidence to the
14 fact that he's psychotic at that moment, but --
15 Q. But he can target, he can target, he targets for sure,
16 doesn't he?
17 A. Yes.
18 Q. In that scenario he targets an individual that he wishes
19 to assault and continues to try and assault him. It's
20 not as he's described to you, head butting, he continues
21 to try to resist and use the handcuffs in fact, try and
22 use the handcuffs in respect of the officer as well.
23 So it's a serious assault but nobody sent that to
24 you to have a look at.
25 A. Not that I'm aware of, no.

20

1 Q. Would it have been helpful?
 2 A. It could have been, yes, although I'd certainly bear in
 3 mind that he's perfectly capable of assaulting female
 4 officers, later on at least.
 5 Q. Well, the targets may change, right?
 6 A. *(No audible answer)*.
 7 Q. But the fact is he is capable of assessing in those
 8 circumstances, whatever his psychosis, of who he wants
 9 to attack and why.
 10 A. Yes. Quite why he chooses that male is not entirely
 11 clear simply from that footage.
 12 Q. But it's a choice?
 13 A. *(Witness nodded)*.
 14 Q. Mental health tribunal documentation. You didn't get
 15 that, I think, as well. He had a mental health review,
 16 a hearing.
 17 A. This is for the third admission.
 18 Q. Yes. So 23, 24 September 2021. When he was sectioned
 19 he appealed against that. Were you ever sent that?
 20 A. No. That was made available to me for these
 21 proceedings.
 22 Q. And you'll see in that "VC", the tribunal decision
 23 records:
 24 "VC has given evidence that he accepts that he
 25 suffers from psychosis." *(As read)*

21

1 A. No.
 2 Q. Have you seen it since?
 3 A. I have, yes.
 4 Q. So you see him being held in a headlock.
 5 A. *(Witness nodded)*.
 6 Q. With VC using his body weight to keep him in that
 7 headlock.
 8 A. *(Witness nodded)*.
 9 Q. He has given evidence to the Inquiry, if it needed to be
 10 said, how fearful he was in that situation.
 11 A. *(Witness nodded)*.
 12 Q. You see VC permitting one of the flatmates to leave and
 13 not the other two --
 14 A. *(Witness nodded)*.
 15 Q. -- and circling back. He moves round and round and
 16 comes back to towards where Christopher is and doesn't
 17 let him leave, and the police are called twice: once and
 18 then again when he's persisting with this.
 19 Would you agree that that behaviour was bullying and
 20 intimidating?
 21 A. Well, he's psychotic at this point. He's hearing
 22 screams elsewhere in the flat. He's had a conflict with
 23 that flatmate about his hygiene, as I understand it.
 24 But yes, he is clearly asserting his physical dominance
 25 over that flatmate.

23

1 A. *(Witness nodded)*.
 2 Q. So again, we know he doesn't accept that and we know
 3 what his explanations are. Would you have seen that as
 4 evidence of manipulation?
 5 A. Well, again we have to bear in mind the possibility that
 6 medication has had some impact on his symptoms at this
 7 point, and perhaps there is a slight change in his
 8 approach, but he's certainly not truthful with the
 9 tribunal; he's telling the tribunal that he takes
 10 medication consistently, et cetera.
 11 Q. And of course, it's 3 September that they find all of
 12 the medication backdating to February, so at most, on
 13 your assumption, it would be 17, 18 days of medication,
 14 something like that?
 15 A. Yes.
 16 Q. That's --
 17 A. He's had an injected haloperidol and oral aripiprazole
 18 at that point.
 19 Q. And this is an enduring illness, so what do you think
 20 the likelihood after three weeks that he's going to have
 21 that realisation?
 22 A. Well, as I say, there may be some impact of that period
 23 of medication on his understanding.
 24 Q. The video footage of the assault on Christopher, one of
 25 his flatmates, did you have that?

22

1 Q. Let's deal with the issue of conflict because we see
 2 this variously described as conflict or an altercation.
 3 Let me give you factual the background. VC leaves the
 4 bathroom in a state and this is getting worse, and this
 5 flatmate asks him to clean the bathroom up, basically
 6 "Your mess, you do it."
 7 And VC challenges that and says, "No, I'm not going
 8 to," and "What are you going to do if I don't do it?"
 9 And the flatmate says, "I'm going to call you
 10 a dirty bastard."
 11 So that's the precursor. Won't clear the bathroom
 12 up, doesn't think he should clear the bathroom up. So
 13 he's annoyed by that, clearly didn't want that to be
 14 said to him and he's annoyed by that. So why do you say
 15 psychosis permits him or enables him to do what he did
 16 next, in effect, because he's cross with this guy, in
 17 fact.
 18 A. Absolutely, absolutely, but in the context of psychosis,
 19 your modulation of your anger is potentially impaired,
 20 and that is different to somebody without a psychotic
 21 illness, and their approach.
 22 Q. But you agree that's anger: that the response is anger?
 23 He's angry.
 24 A. Absolutely, yes.
 25 Q. So are you in a secure position in assessing what the

24

1 cause of that anger, is because people can be angry for
 2 different reasons, can't they?
 3 **A.** Of course, but that anger emerges in the context of
 4 a psychotic illness.
 5 **Q.** When the police arrive, they speak to them separately,
 6 and VC wants an apology. He's done what you've -- I've
 7 described to you, and he wants the other person to
 8 apologise to him. What do you make of that?
 9 **A.** Well, he feels insulted for the "dirty bastard" comment,
 10 and that's what he's seeking an apology for.
 11 **Q.** What does that say about a personality, if you seek
 12 an apology for that after all you've done about how your
 13 sense of your own importance in that? Is he affronted,
 14 is it arrogance? What is it that would make you want an
 15 apology when his behaviour had been as I've described?
 16 **A.** Yes, I don't see it as arrogance; it's his reaction to
 17 the insult and seeking an apology for it.
 18 **Q.** Because we know he is working with students on projects
 19 and those students are never attacked by him, the people
 20 that he's working with and depends upon. Who knows if
 21 they may have directly or inadvertently insulted him,
 22 who knows. But one way or another they avoid this kind
 23 of behaviour from him. What do you take from that, if
 24 anything? That those he depends on to work with and get
 25 through the degree don't seem to endure anything like

25

1 certainly recognised and described that in the context
 2 of being bullied by others he could fight other
 3 children.
 4 **Q.** Did you accept that: that he would have been the person
 5 bullied as opposed to bullying; is that how it works?
 6 **A.** No, you're describing what he has told you, and you try
 7 to triangulate that with other information. The
 8 information available to us from his family members
 9 didn't suggest a particular problem in fighting other
 10 children.
 11 **Q.** His brother's statement to the police -- we don't need
 12 to put it on the screen -- referred to "VC could not get
 13 on with his father's rules"; did you explore that with
 14 VC?
 15 **A.** That's later on in adolescence before he leaves home and
 16 there is, I think, some conflict about religious beliefs
 17 at that time, but he did not spontaneously talk about
 18 that.
 19 **Q.** Did you ask him about that?
 20 **A.** No, I did not.
 21 **Q.** It's an important feature, isn't it, how that manifested
 22 itself?
 23 **A.** Yes, in later adolescence, conflicts with parents, yes,
 24 that could have been important to explore.
 25 **Q.** So why didn't you?

27

1 this?
 2 **A.** Yes. I think, as I say, there is not evidence of
 3 a pre-morbid antisocial personality, which is amplified
 4 by a psychosis. Any interpersonal aggression,
 5 et cetera, occurs in the context of his psychosis. But,
 6 in the context of that psychosis, his anger may be
 7 amplified, his impulsivity may be angered, his
 8 irritability may be amplified, but these occur in the
 9 context of a psychosis.
 10 **Q.** If we go to your report, please, so CPSE0000011, page 5.
 11 This is where you give the background history provided
 12 by the defendant and supplement it with medical records
 13 and family information.
 14 So if we see at the top paragraph:
 15 "[VC] ... remembered ... teachers had complained
 16 that he 'spoke a lot' and could disrupt the class as a
 17 result; ... he ... fought other children when those
 18 others had sought to bully him; ... denied any further
 19 features suggestive of conduct disorder ..."
 20 As you described earlier. But he was telling you he
 21 was disruptive and in effect was in fights with people
 22 but it was their fault; is that the position? He was
 23 being bullied.
 24 **A.** Yes, his mother says that he was bullied by his peers,
 25 in other accounts that he was happy and popular. But he

26

1 **A.** Because there were so many other features to think about
 2 and consider, and I was quite happy to accept that there
 3 had been some degree of conflict.
 4 **Q.** Were you, in effect, happy to accept he had psychosis,
 5 so therefore this was all explicable, the index offences
 6 were the context of psychosis?
 7 **A.** No, I'm carefully exploring whether there's any evidence
 8 of pre-morbid before the psychosis, evidence of
 9 anti-sociality, or of substance misuse, for example,
 10 which are both very important additional factors which
 11 you have to consider.
 12 **Q.** If we go to paragraph 20, at the end:
 13 "He was a mature student ... stated ... he had
 14 established friendships and lived with other students."
 15 Just dealing with the friendship point. In fact,
 16 we've had no evidence that he had friendships at
 17 university, either from those who were working with him
 18 or those who were living with him. He is described very
 19 much as a loner. Did you have anything else to
 20 contradict that, even from the family?
 21 **A.** No, clearly he maintained contact with his family and in
 22 particular with his brother Elias.
 23 **Q.** Up to a point, but we'll come to that.
 24 **A.** Yes, it's not particularly unusual for individuals with
 25 psychosis, perhaps, to think that they've established

28

1 a greater degree of friendship than they actually have.
 2 As you mentioned, there was work with others in his
 3 degree course.
 4 **Q.** It's not the same as friendships, is it? Getting
 5 alongside -- you know what I mean when I say a loner --
 6 working in parallel with people wherever they are is not
 7 the same as having friendships. Did he give you a name
 8 of any friend or anyone who was close to him?
 9 **A.** No, I don't think he did give me that sort of
 10 information, no.
 11 **Q.** Because he didn't have it to give, presumably; he didn't
 12 have friends?
 13 **A.** I don't think he had close relationships. I think
 14 that's true.
 15 **Q.** So what did that say about him? And this wasn't just
 16 from 2019 either, by the way, was it? You were being
 17 asked: "You're asking for a history, he's not getting in
 18 with people from school, he's not getting on, it would
 19 appear, in adolescence from what you were told,
 20 certainly with his father, and then he goes university".
 21 So there aren't friends emerging, or a warmth,
 22 a capacity to have friendship, is there?
 23 **A.** Yes. Again, that is not atypical in individuals who go
 24 on to develop psychosis, difficulties in establishing
 25 close friendships. That is a well-recognised pre-morbid

29

1 fair to say, or is that something you've come across
 2 before?
 3 **A.** Well, clearly individuals can have idiosyncratic
 4 responses to THC. Perhaps that does speak to his
 5 underlying vulnerability to psychosis, that there's such
 6 an extreme reaction to one dose of THC.
 7 **Q.** What's the link, then, with cannabis and psychosis?
 8 **A.** Cannabis and its main psychotogenic component, THC,
 9 significantly increases the risk of developing
 10 psychosis.
 11 **Q.** Would the one bad experience have that effect if it was
 12 dramatic and --
 13 **A.** No, it would typically be significant use, particularly
 14 from teenage years, but we know for sure that there's
 15 a significantly increased risk of psychosis in those
 16 using those drugs consistently, partly because of the
 17 increased strength in cannabis that's now available.
 18 It's a very different substance to what was available in
 19 the seventies, for example, weed.
 20 **Q.** Paragraph 25, page 7, please. These are VC's
 21 experience:
 22 "... concerned that his flatmates were monitoring
 23 him and his internet behaviours ... changed his mobile
 24 phone ... rented a second apartment hoping the
 25 experiences would resolve, but they did not. In

31

1 feature for those who go on to develop schizophrenia,
 2 for example.
 3 **Q.** Is it something that can be relevant to other features
 4 in personality types or disorders as well?
 5 **A.** Yes, it could speak to, you know, what you're looking
 6 for is -- for example in antisocial personality
 7 disorder, you're looking for evidence of irritability,
 8 aggressivity, impulsivity, which he's not showing. That
 9 difficulty in establishing friendships is more
 10 suggestive of schizoid-type features, another
 11 personality disorder, Cluster A personality disorder,
 12 which, as I say, is seen pre-morbidly in those who go on
 13 to develop schizophrenia.
 14 **Q.** You record here:
 15 "... he ... experimented with cannabis ... on one
 16 occasion ... but did not like the effects ..."
 17 Did you discuss that with him or find out what the
 18 effects were?
 19 **A.** No, I didn't go into that in detail. I think he
 20 revealed the effects in a separate interview with
 21 Dr Mirvis when he was in Ashworth.
 22 **Q.** And he said that he thought his arm was going to drop
 23 off and he was going to die.
 24 **A.** Yes.
 25 **Q.** Pretty extreme response, if it was cannabis; is that

30

1 telephone contact with his family members (parents and
 2 brother), he appeared agitated and tearful; he admitted
 3 to his brother that he was hearing voices ... he was
 4 experiencing 'the darkest thoughts ... wanted to hurt
 5 ... permanently ..."
 6 So here he's talking about harming the people he's
 7 hearing; is that what you understand from that?
 8 **A.** Potentially, yes. I think these are messages,
 9 particularly to Elias, where he's worried about going
 10 insane, and his brother is trying to interpret in a more
 11 religious framework, but there's clear evidence from
 12 those messages of psychotic experiences.
 13 **Q.** I'm not going to ask you further questions about that
 14 but Elias will give evidence himself in due course, so
 15 I'm not necessarily going to accept what that was or was
 16 not a response about.
 17 If you look at, please, CPSE0000019, page 1. This
 18 is a letter from VC's mother, giving the background
 19 after the attacks to the police for VC's mental health
 20 history. And if we look at that first paragraph in
 21 summary, we see:
 22 "[VC -- four lines down] ... was always adamant that
 23 what happened was not just an episode but ongoing, and
 24 he started developing delusions that the voices in his
 25 head were from an external source which was able to

32

1 communicate directly with his mind using advanced
2 technology/AI and he believed that MI5 and other
3 services in Nottingham were behind this and covering it
4 up - his elusive behaviour was, in his opinion, a way of
5 keeping us safe."

6 And if we go overleaf, please, page 3, that's
7 page 2. Page 3, please:

8 "On 11th July [so 4 paragraphs down] [VC] drove all
9 the way to our house in [Wales] and stayed in his car
10 all day until we came home. He refused to come in
11 because he was adamant that the people in his head would
12 be able to see inside our home and it would again put us
13 in danger".

14 You see there his concern that if he went into the
15 home, they could see -- and it would happen to his
16 family too -- they'd end up seeing their thoughts and in
17 their home. That was his concern, yes?

18 **A.** Yes.

19 **Q.** Can we go, please, to some Inquiry Legal Team documents.
20 That can come down. We sent these to you,
21 Professor Blackwood, and it makes looking at zip files
22 and phone records a lot more simple. And I dare say,
23 and it's a serious point, it might have been useful for
24 you if you'd had some kind of factual summary of this
25 material in advance of preparing your report, would it,

33

1 continued at Brook Court. From 2021 onwards
2 surveillance was again carried out at accommodation in
3 Salisbury Street." (*As read*)

4 He linked, if we go to page 3 please, at the end:

5 "[He] linked the conduct to his mental health and
6 criminality and said throughout this period the
7 complainant was repeatedly told via this communication
8 that the personal information acquired was being passed
9 to local authorities and even members of the public to
10 entice him to harass them and be detained. To ensure
11 that the complainant had little recourse to substantiate
12 his claims and seek redress, the system curated an
13 express that could plausibly be dismissed as a sudden
14 mental illnesses. The objective of the activity, as far
15 as the complainant can ascertain, is to harass and
16 misinform him so as to drain him mentally, to coerce him
17 to commit criminal activities that retroactively justify
18 the illegal surveillance that the agency has committed.
19 The complainant asserts that the local police department
20 is aware and involved in the illegal activity, and the
21 avenue for resolution is non-viable." (*As read*)

22 So setting out clearly his beliefs in May 2022.

23 **A.** Yes.

24 **Q.** And that he's being asked to commit criminal activities
25 to make it look as though he's mentally ill.

35

1 rather than be sent all these zip files and records?

2 **A.** I think there was such a wealth of information for this
3 report. I was happy to look at it as it was presented
4 to me. Of course, a factual summary may have been of
5 further help but I don't criticise the CPS for that.

6 **Q.** INQY0000003, page 1, please. One of the documents would
7 not have been available to you because we have recently
8 obtained VC's complaint to the Investigatory Powers
9 Tribunal and, for those who aren't clear, the
10 Investigatory Powers Tribunal is an independent judicial
11 body, provides rights of redress to anyone who believes
12 they've been the victim of unlawful action by a public
13 authority using covert investigative techniques, and it
14 considers complaints about the conduct of UK
15 intelligence services.

16 So VC chose, as we set out here, in May 2022 to make
17 a complaint. If we go over to page 2, he complained
18 organisations had:

19 "... carried out continuous intrusive surveillance
20 and harassment and recorded information about all
21 aspects of his life, primarily doing this in Nottingham.
22 His devices DS were accessed everywhere. If another
23 agency is responsible then local authorities are
24 complicit. When it happened: the conduct began around
25 September 2019 at the accommodation on Salisbury Street,

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1 **A.** That's correct.

2 **Q.** If we go to page 6, and you refer to this in your
3 report, these are some of the zip files that have been
4 sent. Just to be clear, they may have been sent to
5 Elias on the morning of the attacks but they were the
6 same files that had been sent in 2022.

7 **A.** (*Witness nodded*).

8 **Q.** So nothing fresh in that, this is information that they
9 had had or been broadly aware of.

10 **A.** That's correct.

11 **Q.** "ReadmeFirst", if you see at the bottom you see he says:
12 "... it was clear that what was happening was that
13 some kind of communication that obviously required
14 technology. There is a system communicating in my mind.
15 Initially, I had no information about the nature of this
16 technology, who the operators were, or their intentions.
17 I now have some information, and I want you to
18 understand this because, all to the type of experience
19 I have had in recent years is not common, there are
20 several other identical cases. Apart from that, the
21 technology interacts with the entire population -- this
22 is part of what I mean by 'greater experience' -- but
23 most people just don't realise it, and that is by
24 design." (*As read*)

25 If we go to page 16, three-page document within

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1 these zip files:
 2 "Complaint to the FBI of Satellite Surveillance and
 3 Remote Neural Monitoring ..."
 4 Stating, if we go to page 17:
 5 "This is NOT a conspiracy theory it's a real life
 6 situation and the public needs to know. Please review
 7 my letter to the FBI and DOD regarding a current active
 8 shooter campaign being conducted by ... contractor
 9 (*unclear*) Inc[orporated]. It is also how the Aaron
 10 Alexis Washington Navy Yard shooter was driven to commit
 11 his crimes."

12 So this document in the zip files, at paragraph 45,
 13 summarises:

14 "... discusses details of the 'equipment' before
 15 referring to the Washington Navy Yard shooting as
 16 follows:

17 ""This is the exact activity reported by Aaron
 18 Alexis prior to his Washington Navy Yard shooting. His
 19 heinous crimes were committed at his former workplace
 20 ... I suspect this Nanotechnology was used to harass him
 21 in order to drive him to commit crimes. It is my
 22 assumption that they may be using this technology to
 23 create domestic terror events for profit." (As read)

24 If we go to page 27, this -- moving forward in time,
 25 the prison notes that he's written in prison, and he

37

1 down and entered. I searched the entire apartment. No
 2 one was in. ... started to hear the same commotion ...
 3 from another apartment."

4 And so he continues. So if we go to 29 the end of
 5 the first paragraph:

6 "This was my introduction to the technology some
 7 call neural remote monitoring, others synthetic
 8 telepathy, voice2skull, silent sound, and so on."

9 So we see there what he is setting out and the
 10 continuity about that. I'm going to ask you more about
 11 this later. What emerges post-arrest and in prison is
 12 more about his family being in physical danger or hurt.
 13 In fact, what we see in the earlier writings is that
 14 he's worried that they'll be subject to mind control.
 15 Do you see any difference in that, whether the courts do
 16 is a different matter for a moment, but he's referring
 17 to them being subject to the same mind control which is
 18 very different from "They will be killed and I need to
 19 kill people to stop them being killed"?

20 A. Yes, he's fearful for their safety and that they will be
 21 subject to the same experiences that he is experiencing.

22 Q. Which is not the same as "They will be killed"?

23 A. That's correct.

24 Q. That's important, isn't it, or it may be important?

25 A. Yes, his concerns about his family's safety or their

39

1 describes -- and this is a document you've extracted --
 2 how it started in 2019. If we go halfway down:

3 "When I finished my work I noticed my body was
 4 shaking. I was having tremors. It was from the top of
 5 my head to my feet. I felt the ground
 6 shaking/pulsating. The noise was there the following 2
 7 days and then it stopped. The people around said they
 8 could not hear it and it was not coming from the place
 9 I thought."

10 If we go over the page, please, at the top:

11 "I felt a sensation building up, some difficulty in
 12 the chest, some sort of internal tension. What came to
 13 my mind was I'm being given a heart attack. I called an
 14 ambulance and went to the hospital."

15 Further down that paragraph:

16 "I started to feel anguished. About half an hour
 17 later a new plot started. I now started to hear vividly
 18 people screaming for help in the next apartment.
 19 I recognised the voices, these were not strangers but
 20 people I knew and cared about. They were an hour
 21 earlier ... [That's] the first time it had happened to
 22 me. Now they're in danger. The voices were narrating
 23 what was happening. They themselves are the
 24 perpetrators. I went to the apartment and knock[ed] on
 25 the door. No one came to open. I then knocked the door

38

1 potential involvement in what is happening to him does
 2 potentially change across time.

3 Q. We know -- well, actually, I'll come to it later. Let's
 4 go to this document, please. That can come down.
 5 EMAS0000002, page 1.

6 This fits with his attendance to hospital. Have you
 7 seen this before? I wasn't sure if you were sent it.

8 A. Yes, I have.

9 Q. So we can see 23 May, he calls an ambulance. He is
 10 described, the details at the top, we see there:

11 "Acute behavioural disturbance ? mental health,
 12 [complaining of] chest pain and hearing mumbling."

13 We see "Comments" at the bottom:

14 "States pain to [left] side of chest. Pain
 15 developed at rest while sat outside earlier. Denies any
 16 drug use. Says he's been agonising tonight."

17 We go over the page, please:

18 "State: Anxious."

19 At the bottom:

20 "Medical/surgical history

21 "Patient admits to having mental health problems in
 22 past but would not say what. Not currently medicated
 23 for anything on questioning."

24 This is in May 2020, so this is when he first comes
 25 to the attention of mental health services then, but he

40

1 does refer to having mental health problems in the past.
2 Had you picked that up? It's very well concealed that,
3 in that document?

4 **A.** Yes, and I picked up that he'd told me exactly about
5 this event, in paragraph 26 of my original report, and
6 the only additional thing in this document is that
7 hearing mumbling is present. But that's clearly
8 available from discussions he was having with his
9 brother Elias at this time, that he was hearing voices
10 in his head, and "they were speaking about what I was
11 thinking in realtime" et cetera. So it's consistent
12 across these two different sources of information.

13 But in my interview with him, he focused more on the
14 physical effects and his concern that "Am I having
15 a heart attack?" And that's why he'd taken himself to
16 A&E.

17 **Q.** But what about the fact that he says mental health
18 problems in the past in the surgical history because
19 this is 2020. So did you ask him, how much prior to
20 that?

21 **A.** He documented that clearly with me: that, as in my first
22 report, that in -- certainly in his current account,
23 that his difficulties had emerged in late 2019.

24 **Q.** Right. And we see on the next page, page 3, details:
25 "Hyperactive, [Glasgow Coma Score is] 14 [out of] 15."

41

1 **Q.** Or what the substances are?

2 **A.** Well, it would refer to drugs.

3 **Q.** And they would do drug testing in those circumstances if
4 they thought they had -- (*overspeaking*) --

5 **A.** They may have done.

6 **Q.** So if it's not cannabis, what's your explanation, if you
7 have one, or what would you think this event depicted?

8 **A.** I think this is evidence of him with an untreated
9 psychosis, and he's hearing voices, and potentially he's
10 talked elsewhere about having somatic hallucinations, of
11 tremors and resonances throughout his body, and internal
12 tension. So any of these things, I think, underpin this
13 presentation.

14 **Q.** So anxious, not calm? He's anxious?

15 **A.** Potentially. He doesn't understand what's happening to
16 him, or to his body.

17 **Q.** In terms of earlier history or not, can I ask you,
18 please, to look at this document: WITN0428001. The
19 existing one can obviously come off the screen. Now
20 this is a statement obtained by the Inquiry from a woman
21 who spoke to the police at the time of the
22 investigation, and she shared accommodation with VC
23 between 2014 to 2015. If we go to page 2, please:

24 "My first impression of VC was that he was quiet,
25 unfriendly and did not appear to want to socialise with

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1 **A.** Mm-hm.

2 **Q.** So what would you take from that? How was he
3 physically?

4 **A.** That's all right.

5 **Q.** "Presenting like under the influence of drugs or acute
6 mental health but denies drug use. Hearing voices,
7 mumbling, erratic behaviour."

8 He has described an extreme reaction to cannabis on
9 the one occasion to Dr Mirvis, arguably that could have
10 been this occasion.

11 **A.** Potentially. I think there's an entry the following day
12 which says that bloods taken were clear of substances.
13 I've never seen those results, but it's mentioned in the
14 records on the following day. But, yes, we can't rule
15 out the possibility of a drug effect yeah.

16 **Q.** Are these hospital bloods that were taken?

17 **A.** Yeah.

18 **Q.** Would they routinely be checked for drugs or illegal
19 drugs, or not?

20 **A.** They may have been, as I say, in the next day --

21 **Q.** Is that right?

22 **A.** -- of the notes, there's an emergency department
23 assessment that had said that the bloods were clear of
24 substances. I'm not sure of the truth or otherwise of
25 that statement but it's in the records.

42

1 the other people living in the house. I would sometimes
2 try to start conversations with him, but these were
3 usually met with one-word answers and he would often
4 leave the conversation as soon as possible.

5 "During the time we lived in the property, [VC]
6 organised the Wi-Fi for the house. If someone was late
7 paying their share, the password would be changed. When
8 this happened, the person would have to go to his room
9 to ask for the new password. When doing this, [VC]
10 would typically open the door only slightly, speak
11 through the gap and pass a piece of paper written on it
12 through the door."

13 "I ... observed behaviour that I considered unusual.
14 I would see [VC] during the daytime and evening as
15 normal, but during the night I would frequently wake up
16 to the sound of someone in the kitchen, which would turn
17 out to be him. This would happen several times during
18 the ... night. Because of the layout of the house, my
19 bedroom window looked out into the kitchen area, so I
20 could see that it was him moving around there.
21 I remember wondering how he was able to sleep if he was
22 up so often during the night and during the day.

23 "On other occasions during the early hours of the
24 morning, I heard repetitive noises and what I would
25 describe as screaming coming from his room. A friend

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1 who was staying with me at the time also heard these
2 noises."

3 There was also, if we go to the next page:

4 "I also recall him standing in the garden in the
5 dark on a few occasions, not doing anything in
6 particular, but simply standing there."

7 "There was also an incident involving food going
8 missing from the house. One of my housemates asked
9 everyone in the house about this. When she asked [VC]
10 about it, he raised his voice and asked why she was
11 accusing him, which I found intimidating. He then
12 walked away and the issue was not discussed further."

13 We were speaking earlier, just before I continue,
14 about personality traits, so this is when he is 23/24,
15 so it is 2014 to 2015, and he was intimidating.

16 **A.** Yes, again, I think this is -- was not available to me
17 at the time I wrote my initial report. So this would
18 suggest that there are pre-morbid features of psychosis
19 earlier than by his own description. So he talks about
20 the illness developing in 2019.

21 There may be earlier features, as I discussed, of
22 a degree of coldness, a degree of suspiciousness,
23 potentially the first experience of voices if he's
24 screaming in his room at night, so I think this speaks
25 to perhaps a longer timeline of his psychotic

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1 police. She was concerned about mental health and
2 behaviours, including unusual patterns of activity
3 during the night, loud noises coming from his room and
4 interactions with housemates.

5 Would that have been useful to have had earlier?

6 **A.** Well, it confirms to me the presence, very clear
7 presence, of the pre-morbid features of a psychotic
8 illness. It would have given us a longer timeline for
9 the development of the illness. As I say, I have
10 considered that because of the cognitive decline at 17,
11 which is a typical feature, pre-morbidly, with
12 schizophrenia. But we didn't have this sort of
13 information. So that would have filled out the earlier,
14 potentially, onset or course of the illness.

15 **Q.** That can come down, please.

16 Can we have INQY0000001. This is going back to the
17 Inquiry legal team documents and analysis from phone
18 evidence.

19 So there's a lot of downloads from his phone. If we
20 go to page 3, I'm just going to highlight some: "... two
21 videos -- a longer ..." -- page 3 at the top, please.

22 "... a longer and shorter version - of the 2022
23 Buffalo shooting."

24 And:

25 "... a video of the 2019 Christchurch Mosque

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1 experiences than any particular personality features,
2 and that would be consistent with, despite being highly
3 intelligent, his academic performance somewhat fell off
4 at the age of 17. He completed his AS levels and then
5 should have been entirely capable of going on to
6 complete his A levels, but decided to stop his education
7 at that point and then is working in quite an ordinary
8 job well below his intellectual abilities for that
9 period.

10 So I think it speaks more to potentially a longer
11 timeline for the development of his psychotic illness
12 rather than any separable evidence of personality
13 difficulties.

14 **Q.** It can be both, can't it? He doesn't look like he likes
15 to be accused of anything.

16 **A.** Yes, but we have to bear in mind what we know of
17 individuals who go on to develop the illness
18 schizophrenia and, as I've already mentioned, there is
19 evidence of difficulty and interpersonal relationships
20 in anomalous experiences, some degree of paranoia, etc.
21 And, therefore, you have to be careful at not
22 attributing those to a separable set of personality
23 difficulties.

24 **Q.** We see a description of another incident at the bottom,
25 and over the page, this witness's contact with the

46

1 shootings ...

2 "... and another video of the ... Buffalo shooting."

3 Did you ask him why he had these on his phone?

4 **A.** No, I did not.

5 **Q.** Did you notice or see that he had been watching these?

6 **A.** Yes, I did.

7 **Q.** What did you make of that?

8 **A.** I interpret those in the context of his untreated
9 psychosis. He's angry. He is perplexed: "why are my
10 thoughts being monitored? Why are either the Government
11 or a rogue computer program, etc, why am I being
12 tormented by these individuals?"

13 And, you know, and in the context of thinking about
14 such things, he is looking at different information
15 about Hitler, the Nazis, shootings, et cetera.

16 **Q.** Well, he's looking at terrorism, isn't he? He's looking
17 at shootings?

18 **A.** Yeah.

19 **Q.** So what did you make -- are you suggesting that
20 psychosis is a precursor to looking at terrorist videos;
21 I am just trying to understand the connection now.

22 **A.** Well, no, clearly anyone can look at such videos, but it
23 may be that he's searching for an understanding, he's
24 looking at the way in which others have reacted to these
25 things. It may be that he already has murderous

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1 intentions by this point and that's why he's looking at
 2 such material, so all these things are possible.
 3 **Q.** He's a dangerous man, isn't he?
 4 **A.** I think his risk to others has increased as a result of
 5 his psychotic illness, yes.
 6 **Q.** If we go to page 5, images of a knife, adjustable
 7 wrench, partial image of what appears to be a large gun;
 8 image of a sword. Looking at weapons. Again, what did
 9 you make of that in the context of a man who was before
 10 the court for killings?
 11 **A.** Yes, as I say, this may be reflective of the fact that
 12 he's beginning to have murderous intentions. We know
 13 that he buys a knife in 2022, he buys knife-sharpening
 14 equipment, et cetera. So there is new interest in
 15 weaponry at this point.
 16 **Q.** Interestingly, Professor Blackwood, if we go to page 6,
 17 at the same time he's looking at policy documents,
 18 including copy of the Mental Health Act, copy of General
 19 Data Protection Regulations and other documents relating
 20 to police powers and regulations, so understanding
 21 police custody, police powers, et cetera.
 22 **A.** Yes, he's concerned that the powers that be are
 23 interfering in his mind, and he is furious about this.
 24 This is illegal. He's trying to understand, he thinks
 25 that his internet materials, et cetera, have been

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1 your way to frustrate that aim. So there's nothing in
 2 his police interviews that I would ascribe to
 3 manipulation.
 4 **Q.** What about when he's in hospital and he is suggesting,
 5 he understands his psychosis and the need for medication
 6 so that he can leave? Is that manipulation?
 7 **A.** Yes, I think that's not uncommon in individuals who
 8 realise what needs to be said, secure discharge, and
 9 that's commonly found in individuals who simply do not
 10 want to be in hospital, and think they know what needs
 11 to be said to secure their discharge. So if he is
 12 manipulative in another context, it's something that is
 13 used by many, many individuals with psychosis who do not
 14 want to be in hospital.
 15 **Q.** How do you, when you're doing forensic assessment, take
 16 that characteristic or ability to be manipulative into
 17 account? How do you make sure he's not doing that to
 18 get what he wants from your assessment?
 19 **A.** You're triangulating what he tells you with what you
 20 have available from all other sources, including the
 21 assessments across time, of your psychiatric colleagues
 22 or other mental health professionals.
 23 **Q.** Because we know one of your psychiatric colleagues, was
 24 it Dr Shaffiullha, found that he was insane.
 25 **A.** Yes.

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1 monitored. So he's trying to understand the legality of
 2 this, and that's how I would take those policy
 3 documents.
 4 **Q.** It also may explain why he's so clear when he is
 5 interviewed about the difference between evidential and
 6 non-evidential questions. So as you said earlier,
 7 watching the police interviews, he engages with the
 8 requests of him, the formalities, what's happening,
 9 what's being asked about, why, does he understand what
 10 murder is? But as soon as it's the specifics of his
 11 crimes, he says, "No comment". He is able to understand
 12 the distinction.
 13 **A.** Absolutely, yes.
 14 **Q.** And what does that say about him? One he's intelligent,
 15 but two, is it manipulative to appear cooperative in
 16 that way?
 17 **A.** No, I don't read that as manipulation.
 18 **Q.** Is there anything in his behaviour that you view as
 19 manipulation?
 20 **A.** Well, let's first have a secure understanding of your
 21 understanding of manipulation. What do you mean by
 22 that?
 23 **Q.** What do you mean by manipulation?
 24 **A.** Well, manipulation is being aware of what an individual
 25 is seeking and, while being aware of that, going out of

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1 **Q.** By the time he sees Dr Shaffiullha, there are references
 2 in that report to him saying, "I don't know right from
 3 wrong, I didn't know the consequences" and the like. We
 4 do see an emerging characterisation of his own actions
 5 through the reports; would you agree with that? And
 6 certainly by Dr Shaffiullha's?
 7 **A.** I think we'd have to look at Dr Shaffiullha's report
 8 again to be secure in that. Dr Shaffiullha isn't
 9 a forensic psychiatrist so I don't think his thoughts
 10 about insanity necessarily hold up.
 11 **Q.** So you tell us what insanity is, the definition of
 12 insanity.
 13 **A.** Well, he would have had to have failed to understand the
 14 nature and quality of his acts at the time of the fatal
 15 assaults, and that what he was doing was legally wrong.
 16 And in my view, and three other instructed
 17 psychiatrists, that was not the case. He knew he was
 18 engaged in potentially fatal assaults and knew that that
 19 was legally wrong.
 20 **Q.** And why do you say that? Why did you conclude that?
 21 **A.** Well, because he told me that he knew he was using
 22 a knife to assault others, and there's the evidence that
 23 when he speaks to his brother Elias, that when he says
 24 about doing something stupid, he says, "I already have
 25 done." So he realises what he has done.

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1 Q. When you say a knife, did you see what the weapon looked
2 like that he used for the attacks?
3 A. Yes, I think there was a picture of that available to me
4 in the exhibits.
5 Q. So it's a dagger, nearly a foot long -- is how the
6 police describe it in the interview.
7 A. Mm-hm, mm-hm.
8 Q. Were you aware how many weapons he had in the rucksack
9 that night?
10 A. Yes, I think there were four in the rucksack, and
11 there's the piece of piping is it that he uses to try to
12 get into Seely Hirst.
13 Q. So you refer to him buying a knife in 2022, but clearly
14 he'd bought other knives, hadn't he, and other weapons
15 as well? So it's not one knife; it's a number of
16 weapons.
17 A. That's correct.
18 Q. Calculated to cause harm, when you're getting weapons
19 like that; would you agree?
20 A. Absolutely, they speak to his murderous intentions.
21 Q. Did you know that in his rucksack he had a piece of
22 paper with the names of three students on it that he'd
23 lived with them, including one that he'd taken offence
24 to, for the -- (*overspeaking*) --
25 A. Yes, that was in the unused materials.

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1 I didn't explore it further.
2 Q. I'm not really interested in his own account; I'm
3 interested in the evidence of planning. So you have in
4 that rucksack evidence of planning. And knowing more
5 about it, you clearly attributed weight to the fact the
6 knife was bought in 2022, when that dagger was obtained,
7 when, how, what; they were relevant questions to
8 planning, weren't they?
9 A. Yes, we don't know that those three names on a piece of
10 paper speak to planning, necessarily.
11 Q. But the only person who could have told you that was
12 him, if you accepted what he said.
13 A. That's correct.
14 **MS LANGDALE:** Chair, that might be a good moment for the
15 morning break.
16 **THE CHAIR:** Yes. We'll take a break now until 11.35, thank
17 you.
18 (11.15 am)
19 (A short break)
20 (11.34 am)
21 **MS LANGDALE:** Can we have on the screen, please, your report
22 again, Professor Blackwood, CPSE0000011, page 11,
23 paragraph 43.
24 This is where you deal, Professor Blackwood, with
25 the assault on the Arvato employee. He described:

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1 Q. What did you make of that?
2 A. I didn't know what to make of that.
3 Q. Well, he's written the names out, hasn't he and he's put
4 them in his bag and he's found in the city in a similar
5 part of an area where students are and students live.
6 A. Mm-hm.
7 Q. And we know with Sebastian and Christopher at this point
8 that he's assaulted students.
9 A. Mm-hm.
10 Q. One stalked, one assaulted, to be technical, and he's
11 got their names in the bag with a number of weapons.
12 A. (*Witness nodded*).
13 Q. So does that make you think that he had a view about
14 students at that point, or wanting to attack students?
15 Or those specific students? Why have their names there?
16 A. Yes, I don't know.
17 Q. And you didn't ask him that?
18 A. No, I did not.
19 Q. Did you know about the names in the bag?
20 A. Yes. As I say, they were in the unused materials.
21 Q. Right, but why didn't you ask him about that, and the
22 number of weapons?
23 A. I knew of the number of weapons. I knew of the writing.
24 But his own account of those who he chose to assault
25 clearly didn't involve those three individuals, so

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1 "[VC] noted [at the end of that paragraph] the
2 co-worker had been rude to him [and] ... voices told him
3 he had to assault the worker."
4 The Inquiry has heard evidence about how that arose,
5 and VC had requested to use a piece of equipment or
6 a cart that the victim was using, and he said
7 effectively no, he was training someone, he'd speak
8 later to VC, and then this unprovoked assault occurred,
9 and not just on the man he'd spoken to but also on the
10 female victim who stood in front of him.
11 Did you ask more about what might have provoked that
12 or why that occurred?
13 A. No, I think that's a summary of our conversation about
14 that -- those two assaults.
15 Q. And did he have any remorse or recognise the effects of
16 that at all?
17 A. No, I don't think he expressed regret about those
18 assaults, no.
19 Q. Did you give him a chance to? Could he have done?
20 A. Yes, I think he could.
21 Q. Paragraph 47, please. You refer here to risks and how
22 risks of violence are calculated. My question for you
23 is: had he had any previous convictions, including
24 assault occasioning actual bodily harm against a police
25 officer, or even a GBH against a member of the public,

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1 would that -- how would that have affected your
2 reasoning at this point, if he had been dealt with
3 through the criminal justice system for earlier events?
4 **A.** Yes, I think it's very important for any criminal
5 behaviours by individuals with psychosis that they are
6 processed through the courts. This helps to ensure that
7 aspects of behaviours are not lost to the records, that
8 they're available to individuals who might come along to
9 do risk assessments. It doesn't now affect, you'll hear
10 later in the piece, I understand, from Professor Fazel,
11 a world expert on risk assessment in psychosis, and at
12 the time of these offences, his violence risk assessment
13 instrument insisted on a form of convictions to inform
14 risk assessments. That has changed in the last
15 three years. He has relaxed that criterion such that
16 exactly the sort of history that Mr VC demonstrates is
17 sufficient to count as prior violence.

18 So for risk assessment, it's very helpful. For any
19 forensic involvement, convictions are important for
20 diverting an individual into forensic services rather
21 than them remaining in general adult services.
22 **Q.** Paragraph 55, please. This is where you deal with the
23 offences. You say and describe his movements. You
24 don't refer to his changes of clothing or footwear. Had
25 you got that from the timeline?

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1 nowhere behind them. That's right, isn't it?
2 **A.** Yes, in my prior paragraph you'll note that I say
3 between 3.15 and 3.29 he remained in the shadows of
4 a pathway off Ilkeston Road and there were no sightings
5 between 3.30 and 4.00 am.
6 **Q.** Did you understand whether or not other people had
7 passed him before his two victims?
8 **A.** I understand that a number of people had passed before
9 the two victims, yes.
10 **Q.** When did you understand that, out of interest?
11 **A.** Within these proceedings.
12 **Q.** Hmm. So when ACC Griffin gave evidence he referred to
13 seven people passing. One assumes it's on the opposite
14 side of the road, but I don't know, the Inquiry is
15 finding that out. But were you told that and would you
16 have been interested to know that?
17 **A.** I think he is in the grip of a strong psychosis at this
18 moment, and the fact that other individuals passed
19 before he decides who to assault, or before coming out
20 to assault others, is informed potentially by that: that
21 there is an internal struggle with command
22 hallucinations, for example. Quite why he chooses this
23 moment to come out and assault two students rather than
24 one person passing by, I do not know.

25 **Q.** He had told Emily Doherty, hadn't he, who did

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1 **A.** Yes, I had.
2 **Q.** What was your understanding about when and how he had
3 changed any of his clothing?
4 **A.** I'm not sure. I was aware that he had changed clothing,
5 but exactly where that was in the timeline, I'm not
6 sure.
7 **Q.** Well, we know he puts a black long-sleeved top on when
8 he is at the station, and we know that he changes his
9 footwear from black trainers with a flashing white sole
10 to all black shoes. And we know he's wearing clothes,
11 including a beanie hat pulled down slightly, that cover
12 him, and he is dressed completely in black.
13 **A.** *(Witness nodded).*
14 **Q.** Did you take that into account at all, those movements,
15 some hours before the attacks, to effectively make
16 himself less visible?
17 **A.** Yes, I bore his change of clothing in mind.
18 **Q.** And you describe at paragraph 56, you say:
19 "[VC] ... fell in behind two students from the
20 University on the Ilkeston Road ..."
21 Was that your ascertaining it from the video, from
22 the footage?
23 **A.** Yes.
24 **Q.** Because he had hidden, hadn't he, for a considerable
25 time, and then appeared from their perspective from

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1 an assessment of him, that he felt that his life wasn't
2 where it should have been at his age, younger people
3 were on the course, studying, and of course he had
4 a younger brother who was doing extremely well, and he
5 attacked younger students, didn't he?
6 **A.** Yes, he attacked younger students, an elderly caretaker,
7 and three other working age individuals.
8 **Q.** At this point, would it be of interest to you at all to
9 know who else passed him? If they were students as
10 well, for example? Or if they weren't?
11 **A.** Potentially.
12 **Q.** Why potentially is that relevant, if he effectively
13 didn't attack other students and then attacked these
14 two, as opposed to didn't attack other members of the
15 public that didn't fulfil that criteria of younger
16 students doing well?
17 **A.** I think you're trying to ascribe too rational
18 a framework to him at this point. You're aware of the
19 depth of his psychosis. That is revealed in multiple
20 writings and communication with his brother shortly
21 before these incidents. And we simply do not know why
22 these two students were the people that he assaulted.
23 **Q.** At paragraph 82 of your report, please, this presumably
24 is the account he gives you:

25 "While walking in Nottingham in the early hours ...

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1 the voices were telling him that he had to harm others:
 2 'Okay, do it now, harm anyone passing you ... commit
 3 a crime and we will leave you alone. Someone else or
 4 you or your family will be hurt'.
 5 "Someone else or you and your family will be hurt".
 6 That does develop more as a theme here, doesn't it, than
 7 the writings that I have taken you to earlier?
 8 **A.** Yes, I think he was concerned about risk to family. You
 9 can see that from the travelling to [Wales], long before
 10 this. So that was an act of concern for some time.
 11 **Q.** If we can go, please, to your second report now, which
 12 is CPSE0000152, page 3. This is your second report
 13 prepared for sentencing, and you say at paragraph 14:
 14 "[VC's] ... retained responsibility for his acts was
 15 at the lower end of the spectrum, and ... his failure to
 16 comply with anti-psychotic medication and wider aspects
 17 of community psychiatric treatment were determined by
 18 his lack of insight into his condition rather than
 19 a culpable omission on his part."
 20 Do you have that? It should be on --
 21 **A.** Yes, thank you.
 22 **Q.** So tell us how you arrive at that conclusion, please.
 23 **A.** With respect to the medication?
 24 **Q.** Yeah, the whole feature, the lower end of the spectrum.
 25 **A.** Yes --

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1 "Responsibilities of psychiatrists who provide expert
 2 evidence to courts and tribunals", CR193.
 3 If we just look at page 5 briefly. You see:
 4 "... the College does not provide endorsement for,
 5 or make any judgement on, any evidence given on
 6 individual cases. The responsibility rests entirely
 7 with the psychiatrist[s] ... and the legal jurisdiction
 8 where it is being provided."
 9 And if we go to "Sentencing and medical
 10 recommendations" at page 13, please:
 11 "The issue of culpability":
 12 "The sentencing judge therefore has to balance the
 13 sometimes-competing purposes of sentencing, taking into
 14 account any medical recommendations."
 15 And if we go overleaf, please, at page 14:
 16 "Culpability is the degree to which a person can be
 17 held morally or legally responsible for their conduct."
 18 If we go to the next paragraph:
 19 "There are many 'causal' factors relevant to
 20 culpability on which an expert may legitimately comment,
 21 such as an offender's psychiatric symptoms, capacity,
 22 insight, decision-making availability, use of illicit
 23 substance or help-seeking behaviour. Nevertheless, this
 24 is in a very different domain from then commenting upon
 25 the level of culpability, which should be resisted.

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1 **Q.** The responsibility at the lower end of the spectrum.
 2 **A.** This is a difficult area about -- in the wake of the
 3 Vowles' finding about experts thinking about
 4 culpability. Ethically, it is troublesome to be
 5 thinking about punishment when a doctor's role should be
 6 about treatment, but it is available to the expert to
 7 offer advice about the causal relevance of any aspects
 8 of his mental health in determining the commission of
 9 the offence.
 10 And his psychosis was of -- his untreated psychosis,
 11 its symptoms, the emotional impact of those symptoms,
 12 his anger, his fear, were such that I argued that his
 13 responsibility for these events was diminished, that
 14 there were substantial impairments in his ability to
 15 form a rational judgement and to exercise self-control,
 16 and that arising, as it did, from an untreated illness,
 17 therefore his retained responsibility should be viewed
 18 as at the lower end of the spectrum, bearing in mind
 19 that is a judicial decision, and I'm offering an opinion
 20 there, and that was certainly emphasised by Mr Khalil
 21 when he was reflecting on that with the Judge.
 22 Then --
 23 **Q.** Shall I take you to that, because you set that out, but
 24 RLIT0000012 is guidance on the role of psychiatrists, as
 25 you've just set out. Royal College of Psychiatrists,

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1 There are other non-medical factors which are relevant
 2 to culpability, which is itself a concept 'outwith'
 3 psychiatry. It is for the court to determine the
 4 ultimate issue of culpability and subsequent need for
 5 punishment, not the expert. To do so is to step outside
 6 one's area of expertise."
 7 That can come down. So very clear guidance there to
 8 assist psychiatrists.
 9 Did you think in this case -- and maybe in others
 10 I don't know -- that you were being drawn something that
 11 went beyond medical illness and went into moral and
 12 legal responsibility?
 13 **A.** No, this is a difficult area. You are instructed to
 14 think about, in this particular case, about whether
 15 diminished responsibility obtains, and then here you're
 16 thinking about retained responsibility.
 17 So while absolutely recognising that this is
 18 a decision for the court to make, for the judge to make,
 19 and that was emphasised by Mr Khalil in his comments in
 20 court, nevertheless, I did comment that I would view his
 21 retained responsibility for his acts as at the lower end
 22 of the spectrum, and further, that the acts would not
 23 have occurred but for his psychosis.
 24 Then you go on to think about things that you're
 25 typically asked about, whether there are any particular

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1 acts or omissions that we should bear in mind when
2 thinking about responsibility, culpability, et cetera,
3 and two typically come up. One is about the potential
4 impact of drug use, which I didn't comment on, because
5 there's no toxicology available to us, although it
6 certainly was not a dominant feature of the case; and,
7 secondly, you're often asked questions about should we
8 view adversely the fact that this individual did not
9 take their medication, despite prompting by medical
10 teams, et cetera?

11 And bearing in mind our earlier discussion about
12 insight, the fact that he lacks insight into his
13 illness, which determines compliance with medication,
14 then him not taking medication should not be viewed as
15 a culpable omission, in my view.

16 **Q.** That's one view, isn't it; another is that he personally
17 resisted taking the medication. He wasn't treatment
18 resistant; he hasn't been on enough medication to see
19 that, but he resisted taking it. He didn't want to take
20 it, did he? He didn't think he was ill.

21 **A.** Yes, so he lacked insight into the fact that he had an
22 illness and did not take the medication prescribed.
23 I think, treatment resistance, if you want me to address
24 that now, I'm happy to do that to make him out later.

25 **Q.** No, I'm interested in what he chose not to do at the
65

1 understanding, driving his lack of compliance, therefore
2 means that his failure to take medication should not, in
3 my view, be viewed as a culpable omission.

4 **Q.** You say you are asked, in looking at which end of the
5 spectrum, to look at drugs, lack of insight. Is another
6 feature relevant to the spectrum personality?
7 Personality disorder at one end, but personality
8 generally?

9 **A.** With respect to?

10 **Q.** Well, where someone falls on the spectrum. You said
11 that when you're looking at whether they're at the lower
12 end of the spectrum or not, as a psychiatrist, you're
13 often asked to look at issues of drugs or issues
14 surrounding lack of insight. Are you asked to look
15 around personality, issues of personality?

16 **A.** Yes, you may well be asked to comment on that, and an
17 individual with significant drug misuse and the
18 personality disorder as part of a broader externalising
19 disorder, is likely to be found to have a greater degree
20 of retained responsibility, but I did not consider, and
21 do not consider, that this man has a separable
22 personality disorder diagnosis.

23 **Q.** So when you describe the complete lack of empathy
24 understanding, care, you say what, that's his
25 personality as a consequence of the psychosis, or what?
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1 moment and why. You have described that as lack of
2 insight despite -- and we will hear from the
3 psychiatrists and mental health teams how much they may
4 have discussed that with him. Maybe they didn't enough,
5 maybe they did. But is it their responsibility that
6 that lack of insight remained and he didn't take them?
7 Does he bear no responsibility for that in your view,
8 simply because he doesn't have insight?

9 **A.** Well, anyone's compliance with the medication is driven
10 about their -- by their beliefs about their illness,
11 whatever that illness is. If you don't believe you have
12 an illness, you're unlikely to take the medication that
13 the doctor prescribes.

14 In psychosis, it's a particularly common feature of
15 an individual's struggle to attribute their symptoms to
16 a mental disorder, and he has come up with his own very
17 detailed account of why he was suffering the things he
18 did, which did not involve a mental disorder, and he
19 maintained that even throughout my interview with him.

20 So that is something that you can work with
21 individuals to do. He himself didn't want to engage
22 with the psychologists within the first episode service,
23 so that wasn't done. So there is some -- clearly it's
24 something we have to work on with our patients, but that
25 lack of insight deriving from his psychotic
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1 **A.** Yeah, there's two ways of thinking about that, and it's
2 not unusual. It's not unusual for individuals with
3 psychotic illnesses to be seen in police stations having
4 killed others to have that degree of emotional blunting,
5 and not seem to have any emotional resonance with what
6 they have done, exactly as you see in the police
7 interviews.

8 So you can view that lack of emotional resonance,
9 the lack of remorse, the lack of reaction to what he has
10 done as part of the emotional blunting arising in the
11 disorder, or you can think further: that, as a result of
12 the disorder, his core ability to empathise or to
13 experience remorse are damaged. And you can either
14 reduce that to blunted affect, a feature of the illness,
15 or you can say there has been a degree of personality
16 deterioration in the context of his psychosis.

17 **Q.** Do psychiatrists have any training or specialist
18 expertise in assessing personal responsibility in these
19 circumstances?

20 **A.** We are trained to consider diminished -- forensic
21 psychiatrists are trained to consider diminished
22 responsibility. As you have noted, it is for the court
23 to consider wider aspects of moral or legal
24 responsibility.

25 **Q.** To understand where he fell on the spectrum, do you
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1 agree that you need a rigorous understanding of the
 2 background facts, including episodes of violence, the
 3 medical treatment, and possible analysis of any lies
 4 told? You say lack of insight, I'm going to say lies,
 5 when somebody doesn't tell you the truth about
 6 something, trying to understand their reasons for it,
 7 it's important --

8 **A.** Yes.

9 **Q.** -- across a whole spectrum of conduct that we're
 10 examining in respect of VC?

11 **A.** Yes, but what is clear is that his violence emerges in
 12 the context of his psychosis.

13 **Q.** Sometimes it doesn't. It's clear that there are
 14 occasions where it may not be linked to psychosis. You
 15 can't say one way or another, can you, not having looked
 16 at those earlier videos of assaults or some of the
 17 previous episodes.

18 **A.** This all clearly describes at a time when he is
 19 psychotic and his treatment is he is under-treated. So
 20 there is no history of violence, there is no offending
 21 before the onset of his psychotic illness. And that's
 22 very important in thinking about whether there's
 23 a separable personality disorder that precedes the
 24 psychosis.

25 **Q.** You gave evidence, as you say, in the sentencing
 69

1 others.

2 **Q.** Well, there's no potential. I mean, the weapon,
 3 a dagger, as long as it was, repeatedly stabbing,
 4 killing people?

5 **A.** Yes. The word "assault" is Mr Khalil's. If you'd said
 6 killing people, then I'd have said yes.

7 **Q.** So the answer is yes, thank you.

8 **A.** Yes.

9 **Q.** Page 30, please, of the same document. Halfway down,
 10 I think this is defence counsel now:

11 "It's in the light of your experience and your
 12 caution that you have analysed and you have seen many of
 13 the documents in this case, and you understand that it's
 14 your duty openly and fairly to assess the level of
 15 retained culpability and responsibility for his actions
 16 ..."

17 **Answer:**

18 "Yes.

19 "And to assess fairly and openly the extent to which
 20 his undoubted mental illness is responsible for what he
 21 did.

22 "Yes.

23 "Your concluded view -- and there are different
 24 levels set out in the Act that governs these things;
 25 high, medium, lesser culpability -- is that he falls
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1 hearing. So if we can have HMCP0000581, page 9. That's
 2 where it begins. And you say at page 17 you are asked
 3 by the prosecution counsel:

4 "You understand the court has to come to its own
 5 conclusions as to the level of retained responsibility,
 6 allowing for the fact that we're dealing with someone
 7 within the realms of the diminished responsibility
 8 spectrum. So far as your assessment is concerned, can
 9 you help us with your conclusions ..."

10 **You say:**

11 "Yes. I would consider ... [his] degree of retained
 12 responsibility for all of the acts was at the lower end
 13 of the spectrum.

14 "Is that because of the level of illness ...

15 "Yes. The assaults, in my view, would not have
 16 occurred in the absence of his psychosis.

17 "Nonetheless, you acknowledge that he understood, as
 18 he was committing those assaults, that what he was doing
 19 was assaulting people --

20 **Answer:** "Yes."

21 Any reason, assaulting people or killing people?
 22 What would you say if the question had been killing
 23 people?

24 **A.** He absolutely understands that he was engaged in using
 25 a lethal weapon in assaulting and potentially killing
 70

1 squarely given within lesser culpability; his mental
 2 responsibility is lesser in this case because of his
 3 mental illness?

4 "Yes."

5 So some pressure there to respond to the question of
 6 culpability?

7 **A.** Yes, moving fluently between culpability and
 8 responsibility in the questions, yes.

9 **Q.** You said it's a complex area and is it an area where
 10 people may have reasonably different views, respectively
 11 different views?

12 **A.** Yes, I think that's fair to say. Some individuals,
 13 perhaps, for example Dr Hallet, would be very clear,
 14 inserting another sentence there that says: "Culpability
 15 is a matter for the court, I have opined about
 16 diminished responsibility, and that's where I'll leave
 17 it."

18 So I think there's a range of approaches.

19 **Q.** Is that a good idea, do you think? Do you think it's
 20 a reasonable position to take that you can express
 21 a view about diminished responsibility, but the next
 22 step about retained responsibility is a moral and legal
 23 question best addressed by the judge or the jury in some
 24 circumstances?

25 **A.** Yes, I think that's true. I think the way in which this
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1 developed in court is that Mr Khalil was very clear
 2 throughout that in seeking an opinion that it was the
 3 court's job, and the Judge's job, to ultimately
 4 determine this matter, and that my approach should only
 5 be viewed as comments or opinions, and not
 6 determinative.

7 **Q.** Thank you. If we can have that down now, please, and go
 8 to HMCP0000629, page 3. This is your interview, I
 9 think, with HMCP SI, when they did an inspection report
 10 into events. If we can go, please, to page 3. You
 11 explain clearly why you found diminished based on both
 12 the second and third limb. You say in that paragraph:

13 "No substance misuse ... no previous offending. His
 14 actions are informed by delusions and hallucinations,
 15 fear that his own family are at risk of harm and anger
 16 that he is being unlawfully interfered with."

17 You say:

18 "He was eloquent in speaking about this. The family
 19 understandably are preoccupied with the fact that he
 20 seems to exert some self-control and rational judgment
 21 in not attacking the security guard but for a moment
 22 a more rational part of himself may have controlled his
 23 actions - who knows exactly why he did not assault [the]
 24 security guard - but the psychosis overwhelms his powers
 25 to resist voices/delusional thoughts, and underpins the

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1 **A.** Not in this form. So I was aware through Mr Murphy
 2 about some of the family concerns, all three families of
 3 the deceased, with a particular focus on, for example,
 4 behaviours at Seely House, behaviours on the trams,
 5 behaviours in the police station, the lack of
 6 toxicology. So I think many of the concerns were
 7 conveyed to me, but not in this format.

8 **Q.** Would it have been helpful, there are number of
 9 documents where they are condensed, this is one of
 10 three, would it have been helpful for you to have seen
 11 them, do you think, than being asked --

12 **A.** I don't think there is anything within -- in this
 13 format, I don't think there is anything here that was
 14 not put to me and I did not consider.

15 **Q.** The Inquiry has sent you them, haven't you?

16 **A.** Yes.

17 **Q.** Do I need to take you to each one?

18 **A.** I think you sent me 800 pages on Thursday afternoon,
 19 yes.

20 **Q.** Much of it you'll have seen before, presumably?

21 **A.** Yes, much of which I've seen before.

22 **Q.** DC Beddoe's report, NGPF0000474.

23 DC Beddoe was an officer who prepared a document in
 24 the case. Did you ever see this?

25 **A.** No, I don't think I did. But again, this is speaking to

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1 fatal assault."

2 You go on at page 4, overleaf, and say:

3 "A question to ask, may be in terms of a society, is
 4 do we treat people with straight/pure psychosis who
 5 commit terrible acts differently? Because he is a man
 6 of good character, a university graduate. We know there
 7 are alleged assaults on co-workers, police, fellow
 8 housemates, etc, but these were all under the influence
 9 of untreated psychosis."

10 When you said a man of good character and
 11 a university graduate, we know now -- you may know more
 12 after the Inquiry -- that there were previous events
 13 with the police that could easily have been charged.

14 What are you referring to there, because he's a man
 15 of good character and a university graduate, what do you
 16 think is different potentially about the treatment of
 17 someone who is a university graduate?

18 **A.** No, I'm referring to the fact that is there evidence of
 19 pre-morbid anti-sociality before the development of his
 20 psychosis? Is there a history of offending behaviours
 21 that predate his psychosis? There is not.

22 **Q.** Thank you. That can come down. Can we have, please,
 23 CPSE0009936, page 1. This is one of a number of
 24 documents prepared by Dr Kumar that was sent to the CPS.
 25 Did any of them ever reach you, Professor Blackwood?

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1 his retained rationality in the police officer's view,
 2 I think. So again, these concerns had been shared with
 3 me, but I don't think I'd seen this document at the time
 4 of writing my reports of.

5 **Q.** Page 2, he has put the point if we can go, please, to
 6 page 2:

7 "Despite all of the above recorded psychotic
 8 episodes [he] ... maintains his studies (with a short
 9 break) ... graduates with a 2:1 ..."

10 I don't know if you appreciated from the chronology
 11 and the University statements, but we know in
 12 September 2021 he assaults the officer, we know that
 13 he's detained, and he arranges an appointment with the
 14 University to go and speak to his assistant, Professor
 15 Rouse, I think it's October 20, 2021, to discuss his
 16 degree and his studies.

17 So at a point where he has been detained, he's
 18 committed an assault, you say no doubt influenced by his
 19 psychosis, and he goes to the University to arrange
 20 that, and arrange his studies, he doesn't mention the
 21 assault and he doesn't mention that he's been detained
 22 and surprisingly, you may think, the University don't
 23 know about either.

24 So in terms of an ability to retain responsibility
 25 at a time when he was deemed in need of treatment and

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1 sectioned, do you find that surprising, that he was able
 2 to do that?
 3 **A.** To arrange with his University to --
 4 **Q.** Yeah, to go and see -- to leave hospital to go and have
 5 that appointment with his assistant professor, James
 6 Rouse.
 7 **A.** No.
 8 **Q.** Why not?
 9 **A.** I think he's an intelligent man that can separate out
 10 his desire to complete his mechanical engineering degree
 11 and any interactions that are required with the
 12 University, and pursue that.
 13 **Q.** Did you have a view quite early on in the case that this
 14 was going to be a case of diminished responsibility?
 15 **A.** I think, when I looked at materials before I'd seen him,
 16 in the early period of beginning to think about the case
 17 it was clear that he had a major mental illness,
 18 schizophrenia, which was untreated at the time of these
 19 events and which re-emerged very clearly in prison.
 20 So my preliminary thought was that this was likely
 21 to be a case of diminished responsibility.
 22 **MS LANGDALE:** Thank you. Those are my questions,
 23 Professor Blackwood. There will be others.
 24 **THE CHAIR:** Yes, Mr Moloney.
 25 **Questioned by MR MOLONEY**

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1 **A.** That's correct.
 2 **Q.** Which is near Liverpool.
 3 **A.** That's right.
 4 **Q.** And so you travelled there for the day and then back
 5 afterwards.
 6 **A.** On the night before and then saw him all on that day,
 7 yes.
 8 **Q.** Thank you. May I ask you just what may seem an obvious
 9 question to start with: do you take notes of the
 10 consultation for -- as an aide memoire for when you come
 11 to write your report, for example?
 12 **A.** Yes.
 13 **Q.** Yes. And second, you have a note of your consultation
 14 so that if you're ever asked about your opinion so, for
 15 example, if someone were to dispute that they had said
 16 something to you, you'd have a contemporaneous record
 17 and it could be checked.
 18 **A.** Yes, it's unusual, but on occasion, typically defence
 19 counsel may ask to see written notes during the course
 20 of a criminal trial.
 21 **Q.** That's when you're giving evidence for the prosecution.
 22 **A.** Well, yes, you'd assume if you were instructed by the
 23 defence and they wanted to see that, they would have
 24 already seen that, but yes.
 25 **Q.** Quite. And do you try to record all significant matters

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1 **MR MOLONEY:** Good afternoon, Professor Blackwood.
 2 **A.** Good afternoon.
 3 **Q.** I'll make it clear from the outset, that I won't suggest
 4 to you at any point that VC did not have a psychotic
 5 disorder from at least May 2020. That's not an issue.
 6 **A.** Yes.
 7 **Q.** What I wish to explore with you is whether there was
 8 a rigorous exploration, not necessarily from you,
 9 whether or not there was a rigorous exploration of the
 10 extent to which VC's criminal actions in June 2023 were,
 11 and are, attributable to that psychotic disorder.
 12 **A.** Yes.
 13 **Q.** Because you're aware, of course, that that would have
 14 impact in relation to the type of disposal of his case.
 15 **A.** Yes.
 16 **Q.** At the very least.
 17 **A.** *(Witness nodded)*.
 18 **Q.** May I, before I ask you questions in relation to that,
 19 ask you about your notes of your interview with VC?
 20 **A.** Yes.
 21 **Q.** You interviewed VC on 14 November of 2023. And you
 22 interviewed him for a total of about five hours; is that
 23 right?
 24 **A.** That's correct.
 25 **Q.** And that was in Ashworth hospital?

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1 an interviewee says to you during the course of the
 2 interview?
 3 **A.** Yes, you write your report quickly after doing that
 4 work. But -- and you are trying to maintain a link with
 5 the individual. So you are writing and talking and
 6 thinking at the same time.
 7 **Q.** Right.
 8 **A.** Yeah.
 9 **Q.** Yeah. And have you reviewed your notes in preparation
 10 for giving evidence today?
 11 **A.** Not in detail, but of course I'm happy to look at them.
 12 **Q.** Can I just look at the structure of your notes.
 13 **A.** *(Witness nodded)*.
 14 **Q.** And the document if we could have it, please, is
 15 WITN0308003. That's WITN0308003. There are 22 pages of
 16 this. You recognise this as the notes of your
 17 consultation with VC?
 18 **A.** Yes.
 19 **Q.** And just -- although you haven't looked at them in
 20 detail, the first 13 pages or so of these notes are
 21 essentially an account of background and index offences.
 22 **A.** Yes.
 23 **Q.** And at pages 9-11 of these notes, you deal with the
 24 account of the index offences.
 25 **A.** Yes.

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1 Q. And then page 12, fitness to plead.
 2 A. *(Witness nodded)*.
 3 Q. And then for the remainder of the notes, are they notes
 4 that -- and perhaps if we could go down to page 14, just
 5 so you can get a glimpse of them. So we see there quite
 6 a detailed chronology, 0502, 0510, 0515, 0529. Were
 7 these notes you made in preparation for the
 8 consultation?
 9 A. Yes.
 10 Q. Following your review of the prosecution materials?
 11 A. Yes.
 12 Q. Thank you. If we could take that down now, please. I'd
 13 like to ask you about the sources of information that
 14 founded your analysis of conclusions.
 15 Now, you've answered questions from Ms Langdale
 16 King's Counsel about the sources that you examined. You
 17 set out the sources at paragraph 16 of your report, and
 18 could we have up, please, CPSE0000011, CPSE0000011.
 19 It's paragraph 16, which I believe is on page 3. No,
 20 further, sorry. There we go.
 21 We see there the following documents:
 22 "... case summary"; "GP records"; "Mental health
 23 records"; "PNC record"; and then at (vii) "Police
 24 custody records"; (viii) Police interview transcripts
 25 from June 2023; "Inmate medical records ..."; "Email
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1 on what he recalls.
 2 A. Yes. So, as I've already mentioned this morning, it's
 3 taking account of what an individual tells you, and then
 4 triangulating that with other evidence sources that you
 5 have.
 6 Q. Of course. You test that evidence against the objective
 7 evidence that you have available to you from, for
 8 example, the prosecution papers.
 9 A. That's correct.
 10 Q. Can we just have a look, please, at your addendum
 11 report, that's your second report, just to emphasise
 12 this, at CPSE0000152. CPSE0000152. And to page 3 of
 13 this, please, to paragraph 13. This is when you're
 14 asked about, essentially, the question that I
 15 foreshadowed at the start of my questions: "To what
 16 extent was the offending attributable to the mental
 17 disorder?" And you say:
 18 "The accounts of the index offences [in parenthesis]
 19 (to his family members before and during the offences,
 20 and to treating clinicians in the wake of the offences)
 21 demonstrate that his condition was a highly significant
 22 cause or contributing factor to the killings. His
 23 offending at the time was clearly attributable to his
 24 mental disorder, which at the time was untreated."
 25 So fundamental to your assessment of that
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1 from Celeste ..."; and the "Psychiatric report ...
 2 [from] Dr McSweeney ..."
 3 They were important sources in developing your
 4 analysis and conclusions.
 5 A. Yes.
 6 Q. Is there any reason why you didn't mention watching the
 7 videos of VC in custody in that list?
 8 A. No, that's at item (viii) there should include police
 9 interview transcripts and videos from June 20 --
 10 Q. So that should be read to include the videos?
 11 A. Yeah.
 12 Q. Yeah. Now, at paragraph 22 of this report, have you
 13 read Dr Latham's report?
 14 A. I have, yes.
 15 Q. He says the assessment of the nature of the symptoms of
 16 somebody's mental health, or VC's mental health, is more
 17 complex because this relies to a greater extent on what
 18 he recalls. Did you agree with that? And is what VC
 19 told important to your analysis and conclusions?
 20 A. Sorry, could you repeat Dr Latham's point?
 21 Q. Yes, the assessment of the nature of the symptoms of
 22 VC's mental health is more complex because this relies
 23 to a greater extent on what he records. So he's
 24 essentially saying the assessment of the nature of the
 25 symptoms of his mental health relies to a greater extent
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1 connection, that causality, is his account given to the
 2 family members and treating clinicians in the wake of
 3 the offences?
 4 A. Yes, so we're not totally or solely reliant on his
 5 account after the events.
 6 Q. And so because, essentially, of what he'd said to family
 7 members?
 8 A. Yes, his contact with his brother in particular.
 9 Q. Absolutely. Now, inevitably, therefore, given the
 10 centrality of his account, his credibility in that
 11 account he gave you was therefore very important to your
 12 analysis and conclusions.
 13 A. That is correct.
 14 Q. And you've accepted today, Professor, that some people
 15 who are suffering from a psychotic disorder are capable
 16 of not telling the truth in pursuit of what they believe
 17 to be their own interests.
 18 A. Absolutely, yes.
 19 Q. And did I recollect correctly in thinking that you said
 20 of course that VC was an intelligent person and --
 21 A. Yes, his psychosis has likely had an impact on his
 22 intelligence. He himself talks about difficulties with
 23 his concentration, et cetera, that were brought up with
 24 his team before these events. But of course he comes
 25 from an intelligent family, and there is no detailed
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1 psychometric testing. That may be available now from
2 Dr Mirvis later this afternoon. At this time, there was
3 not. But I assumed from the way in which he wrote
4 things, the way in which he communicated with me, his
5 past academic results, that this is an intelligent man.

6 **Q.** Whilst we're there, though, and you mentioned his
7 ability to concentrate, did you ever see a record where
8 VC said that he did not like taking his medication
9 because it affected his studies?

10 **A.** I don't remember seeing that.

11 **Q.** Okay. If you felt, when interviewing VC, that he was
12 not telling you the truth about important aspects of his
13 account, then that would be something which you would
14 have at the forefront of your mind, in considering
15 whether or not you could rely on his account of the
16 index offences.

17 **A.** Yes.

18 **Q.** In fact, as you say, in keeping with what you've just
19 said at paragraph 5 of your report, he was
20 an intelligent man who strove to conceal his madness
21 from clinicians.

22 **A.** Yes.

23 **Q.** And you, as you said, would test his account against the
24 evidence available to you.

25 **A.** *(Witness nodded).*

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1 as possible?

2 **A.** Yes.

3 **Q.** As an aside, I assume you're aware that Dr McSweeney did
4 not examine the prosecution papers; he just had an
5 outline of the allegations, issues, and witness
6 statements?

7 **A.** Yes, I'm aware of that.

8 **Q.** Dr Shaffiullha did not have the prosecution papers, just
9 the police report of the offences from 16 June of 2023.

10 **A.** Yes.

11 **Q.** And Dr Mirvis did not have the prosecution papers, just
12 prosecution counsel's opening from November 2023, and
13 the MG5 case summary police document.

14 **A.** Yes, I think it's myself and Dr Latham that had fullest
15 access to all the materials.

16 **Q.** Absolutely. Psychiatrists can only act on the
17 information the police send to you, can't they?

18 **A.** Yes, you can clearly request further information.

19 **Q.** In that vein, I'd like to ask you about some
20 documents -- Ms Langdale has asked you about some of
21 them already -- and if you'd had them, whether or not
22 you might have asked VC about some information.

23 Now the first one I'd like to ask you about is what
24 I'll call the EMAS document, the East Midlands Ambulance
25 Service document that Ms Langdale took you to. That was

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1 **Q.** Is it your view, Professor Blackwood, that it is very
2 important to have read the available prosecution
3 material in detail before reaching a conclusion as to
4 the mental state of a defendant at the time of the index
5 offences?

6 **A.** Yes.

7 **Q.** Would you say, just to build on that, that it is
8 possible that a psychiatrist might come to one
9 conclusion about mental state having not read the papers
10 in relation to one case, and then a different
11 conclusion, having read the papers?

12 **A.** Yes, you might have an initial hypothesis which changes
13 when you review all the materials.

14 **Q.** And in fact, if a defendant has a previous criminal
15 history -- and I believe you touched upon this this
16 morning -- the case papers relating to previous offences
17 can fundamentally inform the assessment of whether the
18 defendant has a psychotic disorder or some other
19 disorder?

20 **A.** Yes, it's important to take into account the record of
21 offending that both potentially pre-dates and post-dates
22 the onset of a psychotic illness.

23 **Q.** So it's important that you have as much material as
24 possible provided to you by the police in order to
25 ensure that your assessment is as informed and rigorous

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1 to do with 23 May 2020.

2 **A.** *(Witness nodded).*

3 **Q.** So the night before he broke down the first door, if
4 I can use that shorthand.

5 **A.** Yes.

6 **Q.** You, as you said, dealt with that at paragraph 26 of
7 your report., saying that -- I don't need to take you to
8 it, but on that date he felt a strong sense of internal
9 tension building up within him which he surmised was
10 a heart attack and he self-presented to A&E.

11 And of course he was actually picked up by the
12 ambulance service and taken to the hospital. That
13 information about surmising a heart attack,
14 self-presented to A&E, where did that come from?

15 **A.** That's from my interview with him.

16 **Q.** Are you sure you saw the EMAS document prior to
17 compiling your report? Are you sure about that?

18 **A.** I can't be 100 per cent sure, no.

19 **Q.** Because it's disclosed by the East Midlands Ambulance
20 Service, and I just want to check this with you,
21 Detective Chief Superintendent Sanders has given
22 evidence to this Inquiry and said he didn't recognise
23 the document. So are you sure you saw that?

24 **A.** No, as I say, I can't be a hundred per cent sure. It
25 does look familiar, but it's possible I did not see it.

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- 1 Q. Do you recollect asking VC directly: "This record says
2 that you told ambulance workers that you had had
3 previous mental health problems? What do you say about
4 that?"
- 5 A. No, I didn't ask that question.
- 6 Q. So it could be that that which is set out in
7 paragraphs 19 and 20, or rather, 23 and 24, about
8 earlier incidents from 2019, that that could be that
9 it's come from VC without you using that document to ask
10 him questions?
- 11 A. Absolutely. That's his account of, in his discussion
12 with me, that his abnormal experiences started in 2019.
- 13 Q. You were also asked about the statement of the lady who
14 lived in South Wales and lived with VC in 2013 and 2014.
15 If you had had that statement or even the source
16 documents, because she rang the police in July of 2023,
17 would you have asked VC about that if you'd known about
18 it at the time?
- 19 A. Yes, I would have done.
- 20 Q. Because, as you've said, just to establish the
21 significance of it, that you would need to know the full
22 developmental history in order to have a proper
23 assessment of whether or not there's a personality
24 disorder?
- 25 A. Yes, you're interested in the development of the

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- 1 with the family of VC, and you knew that VC had lived in
2 South Wales?
- 3 A. Yes.
- 4 Q. This says that they did not know anything about his life
5 in Birmingham, they'd suspected that he was due to move
6 to Newcastle, but had changed his mind and failed to
7 tell his family he'd moved to Birmingham instead. He
8 studied in Birmingham, they believe, but they don't know
9 where or what?
- 10 So there it would seem that there was something of
11 a loss of contact.
- 12 A. Yes, we heard earlier this morning that potentially
13 there were some issues with his dad.
- 14 Q. Well, you can have issues with a dad and still remain in
15 contact, can't you?
- 16 A. Of course.
- 17 Q. Did you see this document?
- 18 A. I was aware of these aspects of his history and he spoke
19 about moving to Birmingham to undertake the access to
20 higher education course.
- 21 Q. Professor Blackwood, obviously I'm not asking you
22 questions about whether or not you went to Birmingham to
23 do a professional -- an access course; I'm asking you
24 whether or not he told you that he lost, essentially,
25 was not in contact with his family at this time?

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- 1 disorder. If it was beginning with anomalous
2 experiences or persecutory beliefs as early as 2013,
3 you're interested in the way in which those play out in
4 the six years between 2013 and 2019.
- 5 Q. Precisely. Did you feel there was any gap in your
6 knowledge as to VC's developmental history?
- 7 A. I think we had a very full dataset. What we don't have
8 is school records, partly because he was partly in
9 Madeira, then Portugal and doesn't come to British
10 school until later on.
- 11 Q. You didn't have any school records?
- 12 A. *(Witness nodded)*.
- 13 Q. You didn't have work records from that time?
- 14 A. That is correct.
- 15 Q. Did you have GP records from that time?
- 16 A. From his childhood in -- *(overspeaking)* --
- 17 Q. From his arrival in this country --
- 18 A. No.
- 19 Q. -- in 2007. Your GP records started in Nottingham,
20 didn't they?
- 21 A. That's correct.
- 22 Q. There were no GP records?
- 23 A. That's correct.
- 24 Q. May we look, please, at CPSE0002953. CPSE0002953.
25 Please go to page 4 of this document. This is contact

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- 1 Did you have this document, Professor Blackwood, we
2 don't have that much time, do you recollect this
3 document?
- 4 A. I don't recollect this particular document and he didn't
5 speak to me about not being in contact with his family
6 while he was in Birmingham.
- 7 Q. Right. Would you like to have known that in preparation
8 for your report, that he wasn't -- his family didn't
9 know what course he was doing, he told them he was going
10 to Newcastle, but he went to Birmingham instead? Even
11 whether it's true or not, the fact that it's been said,
12 would you have asked him about it?
- 13 A. Yes, I perhaps would have asked him a question about "So
14 I understand that you weren't in contact with your
15 family at that time, can you tell me about that?"
- 16 Q. Because of course we've heard that he didn't have
17 friends, he was a loner, here he is moving from one part
18 of the country to another. We have the statement from
19 the lady who talks about his not normal behaviour, can
20 I use that word, that term --
- 21 A. *(Witness nodded)*.
- 22 Q. -- when in the flat that she shared with him.
- 23 There are a few things emerging there that you
24 didn't really know about at the time, aren't there?
- 25 A. That's absolutely correct, yes.

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1 Q. Can we go to the morning of 12 June of -- actually, no,
2 I'll go to somewhere -- I'd like to ask you about
3 a conditional caution. Did you know, were you made
4 aware, that VC was offered a conditional caution for the
5 behaviour which led to Feven having to jump out of the
6 window from VC?
7 A. Unless that's written in text on the PNC, then
8 I wouldn't have known that.
9 Q. No. The Inquiry has heard evidence from PC Collins that
10 he reacted angrily to the offer --
11 A. *(Witness nodded)*.
12 Q. -- said he'd done nothing wrong, and indicated that he
13 wanted to challenge any allegation in court --
14 A. *(Witness nodded)*.
15 Q. -- and that was in July 2021, okay?
16 A. *(Witness nodded)*.
17 Q. You're aware that he was admitted to hospital on 3
18 September 2021 following the execution of a Section 135
19 warrant --
20 A. *(Witness nodded)*.
21 Q. -- and the assault on PC Pritchard?
22 A. Yes.
23 Q. Did you receive the papers, prior to writing your
24 report? I know we have them now, but just because
25 obviously you've been sent a lot of documents as you

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1 Q. Or, if we could go over, actually, to the next page,
2 please forgive me just a moment, Professor Blackwood,
3 yes, it's the next page and it's page 4, paragraph 8.
4 Here we see that he:
5 "... said that he had consistently taken medication
6 for 13 months up to August 2021. He was in the final
7 year of his studies and had taken a year out because of
8 the admissions. He had worked full time and felt he
9 coped well. He said that on the basis of conversations
10 with his parents and hospital staff he had been
11 persuaded that he has psychosis. He felt his mental
12 health was currently quite good and quite calm; he said
13 he thinks he is back to his normal self. He denied
14 having continuing and distressing thoughts - on the ward
15 round he was explaining his research into psychotronic
16 harassment. He said he did not currently hear voices
17 and no longer held those views."
18 Presumably that's psychotronic assessment?
19 A. *(No audible answer)*.
20 Q. "[He] said that he did not agree that he was isolative -
21 he did not really want to interact with other patients
22 as they are mentally unwell. ... he was not aware that
23 he should have come to the clinic to take his
24 medication. He felt 'medication' had possibly helped
25 him but the conversations with staff and his family had

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1 said --
2 A. *(Witness nodded)*.
3 Q. -- Friday afternoon and no doubt you've read them over
4 the weekend in preparation for this ordeal --
5 A. *(Witness nodded)*.
6 Q. -- and you will have seen those tribunal papers this
7 weekend?
8 A. Yes.
9 Q. Are you sure you had them at the time at which you had
10 prepared your report, that they'd been sent to you then?
11 A. No, as I said earlier this morning, I don't think I had
12 seen those tribunal papers.
13 Q. No. Can I take you to them, please. Just to -- and
14 it's PAGR0000016. I'd just like to spend a couple more
15 minutes on them, if I may, with you, please,
16 Professor Blackwood.
17 This is the first page, obviously. We can see that
18 under "Representation" that VC was represented, and then
19 we can see as well further down that, at the bottom,
20 there was a pre-hearing examination of the patient --
21 A. *(Witness nodded)*.
22 Q. -- and that took place at 9 o'clock on 23 September.
23 Then over to the second page, we can see the
24 substance of VC's evidence to this tribunal.
25 A. Yes.

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1 certainly helped. [He] said he would continue to take
2 [his] medication in the community. If discharged he
3 would want to leave hospital straight away but might
4 need to wait a day until the accommodation he has
5 arranged is available ... He wanted to return to
6 university and felt that he could cope with it."
7 To complete:
8 "He said he would have no issues in seeing
9 Ms Birtles [that's Claudia Birtles] and had no concerns
10 that the serious situations which previously occurred
11 could happen again. He said that the voices had not
12 stopped when he was previously discharged and living in
13 the community until August 2021 when they had stopped
14 with no particular prompt."
15 So there is there, essentially persuaded that he had
16 psychosis and there is a lot that is inconsistent with
17 what he told you there, that the voices had stopped for
18 no reason in August 2021, yes?
19 A. Yes.
20 Q. Now, that can't be true on what we know, but -- but he
21 said it in order to attempt to secure his release? You
22 nodded?
23 A. Sorry, yes.
24 Q. Sorry, would you have asked him about all of that if you
25 had known about it?

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1 A. Well, he told me much of this, he talked about
2 psychotropic harassment and so on, so there is much that
3 is inconsistent --

4 Q. No, not psychotropic -- I haven't got much time,
5 Professor Blackwood --

6 A. In terms of him --

7 Q. -- I want to ask about whether or not the voices had
8 stopped in August 2021, he had consistently taken
9 medication for 13 months up to August 2021, and he had
10 given up on psychotropic harassment, and so on. Those,
11 what must be, palpable untruths, if your assessment is
12 right?

13 A. Yes, in his current account it is -- (*overspeaking*) --

14 Q. So would you have asked him about them,
15 Professor Blackwood? That was my question.

16 A. Yes, I may well have done, yes.

17 Q. Yes. Can we please go to paragraph 11, with regards to
18 nature -- and these are the reasons for continuing to
19 detain?

20 A. Yes.

21 Q. "With regards to nature, whilst the clinicians are
22 cautious about prematurely labelling [VC's] illness, the
23 fact that he experiences psychosis is of relevance, and
24 the psychotic disorder is of a relapsing and remitting
25 nature ..."

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1 sufficiently severe and distressing so as to cause him
2 to seriously assault a police officer and require
3 physical restraint. This is the second time his illness
4 has resulted in someone else suffering a significant
5 injury. Whilst [VC] accepts these events occurred, his
6 evidence appeared to minimise them somewhat, describing
7 them as 'unfortunate' (in PHE) ..."

8 That's pre-hearing examination; yes?

9 A. Yes.

10 Q. "... and the consequence of 'poor judgement' which
11 suggests a lack of insight."

12 Now that, of course, is a minimisation of the
13 violence that he inflicted.

14 A. (*Witness nodded*).

15 Q. The tribunal was obviously not impressed his lack of
16 openness around that, yes?

17 A. Absolutely, yes.

18 Q. Now, that was 23 September 2021, and the tribunal made
19 it clear not impressed with that lack of openness. Can
20 we look at NGPF0007677, please.

21 Now, the tribunal was on 23 September 2021, his
22 release was refused, he applied again on
23 27 September 2021, you may be aware of that,
24 Professor Blackwood, but on 23 September 2021, at 8.08
25 in the evening, VC writes to PC Collins. That's the

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1 Would you agree that it was of a relapsing and
2 remitting nature?

3 A. I am not convinced that he ever achieved --

4 Q. Full remission?

5 A. Remission.

6 Q. Full remission?

7 A. Yeah, remission --

8 Q. But there were periods of intensity and periods of
9 relative lack of intensity?

10 A. Potentially, although, in the absence of treatment,
11 I think it's much more likely that this was a continuous
12 disorder, and in his account to me there were, for
13 example, later in this admission, he said the voices did
14 stop, but -- in the context of medication, but he gave
15 that no weight. That didn't seem to impact on the way
16 he approached medication.

17 Q. Paragraph 12 says:

18 "With regards to degree, that [VC] symptoms have
19 clearly improved and his evidence was that he is
20 effectively 'back to normal' ... However, the tribunal
21 prefer the evidence of the clinical team that the
22 disorder remains of a degree warranting [VC's] detention
23 in hospital ... In particular: [and could we go over
24 the page, please, to (iii)]

25 "Less than three weeks ago [VC's] delusions were

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1 PC Collins who said he was angry and he'd done nothing
2 wrong and wanted to deal with it in court; do you
3 remember?

4 A. Yes.

5 Q. And he says here:

6 "Hello, PC Collins".

7 "This is [VC] ... You offered me the option of
8 a conditional caution a couple of months ago.
9 I initially refused but would now like to reconsider.
10 Is it still possible to do so?"

11 Then, on the 4 October, the next email above, he
12 follows up:

13 "Could I have a reply to my last email? Hope to
14 hear from you soon."

15 You weren't aware of those emails, were you,
16 Professor Blackwood?

17 A. No, I was not.

18 Q. It potentially demonstrates a capacity for manipulation,
19 doesn't it?

20 A. Could you explain that further?

21 Q. One of the reasons the tribunal says, "We're not letting
22 you know is because you're minimising your violence and
23 refusing to accept it."

24 Previously, he has said:

25 "I'm not having a conditional caution [in July].

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1 No, I haven't done anything wrong, I'll see you in court
2 [effectively]."
3 Soon on the very same day, he emails from hospital
4 the officer to say, "Can I accept that conditional
5 caution, please?"
6 **A.** *(Witness nodded).*
7 **Q.** That does demonstrate a capacity for manipulation,
8 doesn't it, Professor Blackwood?
9 **A.** Well, it's also a way of resolving the situation, isn't
10 it?
11 **Q.** So you think he's -- what he's trying to do is just
12 resolve the situation?
13 **A.** Well, if he's re-applying to a tribunal he can say,
14 "I've now accepted a conditional caution for this" --
15 *(overspeaking)* --
16 **Q.** Precisely, in order to show that actually he is not
17 minimising his offending, he's accepting his
18 responsibility for it --
19 **A.** *(Witness nodded).*
20 **Q.** -- which of course potentially has the effect of
21 securing his release?
22 **A.** Yes, clearly he is driven at this point by the desire to
23 leave hospital. He's identified that this is
24 a potential barrier and he seeks to address that.
25 **Q.** By writing himself to the officer to ask for

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1 again accepting psychosis. But we go further up and
2 this is dealing with the assault on PC Pritchard:
3 "He did not agree he had a relapse on this
4 occasion -- said he was too stressed and he over reacted
5 when police got involved".
6 Again, a very different account, and one suggesting
7 not informed by psychosis on his account, even though,
8 later on he -- in that same paragraph he accepts
9 psychosis probably triggered by stress in relation to
10 something else.
11 **A.** Yes.
12 **Q.** Can I just ask you about cannabis, just very, very
13 briefly. Could we go, please, to page 2 of your notes.
14 Dr Mirvis described that he felt he was having his arm
15 cut off.
16 **A.** Yes.
17 **Q.** Yes. Page 2 of your notes, which is WITN0308003,
18 WITN0308003. This is what he said to you about
19 cannabis. I'll just find it. You might be able to find
20 it for me.
21 **A.** Yes, in the middle there: "[Zero or] no cannabis, only
22 had once at university ..." -- *(overspeaking)* --
23 **Q.** "Only had once at university, did not like it -- high --
24 not paranoid."
25 **A.** Yes.

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1 a conditional caution.
2 **A.** Yes.
3 **Q.** On the same night that he has said, essentially,
4 something very different to the Inquiry -- to the
5 tribunal.
6 **A.** Yes.
7 **Q.** Yes. I'll just go to one document it's PAGR0000159.
8 PAGR0000159. Could we go, please, to page 3 of this
9 document, and can you see "Patient's views/feedback"?
10 And --
11 **A.** Sorry, before we go on, could you just remind me when
12 this is from?
13 **Q.** This is during his stay. Could we go back to page 1,
14 just to establish the date --
15 **A.** Apologies.
16 **Q.** It's a review and it's 7 October.
17 **A.** Thank you.
18 **Q.** So it's three days after the email --
19 **A.** To the police officer.
20 **Q.** Back to page 3, and this is in respect of the assault on
21 PC Pritchard, and we see:
22 "He appeared to minimise the severity and stated it
23 was only a psychotic episode and probably ..."
24 But further up, we see there he's accepting
25 the psychotic episode and probably triggered by stress,

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1 **Q.** So you've made a note that he said to you that he wasn't
2 paranoid.
3 **A.** Yes.
4 **Q.** On one view, and I appreciate there are others, could be
5 others: he's lied to you understanding the implications
6 of drug use in the development of psychosis.
7 **A.** Yes, that's -- we have to bear that possibility in
8 mind, that he did use drugs to a greater extent. But
9 I don't think that's revealed by, for example, flatmates
10 as a piece of evidence to triangulate it with.
11 **Q.** But he's told you that he wasn't paranoid, when he told
12 Dr Mirvis that he wanted to cut his arm off.
13 **A.** Yes, that's --
14 **Q.** That's the whole point of it. I am not asking about
15 whether or not you can assess from that that he has
16 a longstanding cannabis habit; I'm saying that he's told
17 you he wasn't paranoid, but he told Dr Mirvis he wanted
18 to cut his arm off.
19 **A.** Yes, I don't think that's necessarily paranoia.
20 **Q.** You don't think that's paranoia?
21 **A.** No.
22 **Q.** So you think that's just "high", do you? That's what he
23 told you, he was high and that's not paranoia, fearing
24 he's going to have his arm cut off.
25 **A.** Yes, that could be a bodily hallucination, it doesn't

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1 speak to a persecutory belief, to me.

2 **Q.** So if he was having hallucinations under the influence
3 of cannabis would that be something that would concern
4 you, Dr Blackwood?

5 **A.** Yes, as we discussed earlier this morning, the response
6 to THC is of interest, because if there is evidence of
7 psychotic symptoms in the context then perhaps --

8 **Q.** So the answer is, yes. Can I ask you now about --

9 **A.** It speaks to the vulnerability.

10 **Q.** I'm sorry to be rude (*overspeaking*) --

11 **THE CHAIR:** Can he just finish what he is going to say.

12 **MR MOLONEY:** I'm so sorry. I'm just conscious of the time,
13 Chair.

14 **THE CHAIR:** Yes.

15 **A.** Yes, I'm sorry if I'm being slow. It speaks to the
16 underlying --

17 **MR MOLONEY:** No, not all. I'm sorry for cutting you off
18 there.

19 **A.** It speaks to the underlying vulnerability potentially.

20 **Q.** Yes, absolutely, and of course it's what people say
21 that's important for you to be able to make a proper
22 assessment, isn't it? You need people to tell you the
23 truth.

24 **A.** Yes, I mean I'm used to people not telling me the truth,
25 and I have to use other information to weigh up what

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1 telling to leave the property.

2 Did you have any other accounts of that to consider,
3 apart from his?

4 **A.** I was aware through the video interview, I think, with
5 Phil Mont -- Bill Monteiro that there had been conflict
6 with a neighbour, and Bill Monteiro was cross about that
7 and there was the non-returned key. So I think that was
8 the only other -- and I think I asked about that and
9 I don't think there -- there wasn't a police incident
10 number associated with that, I think. So it hadn't been
11 investigated at that time. That was my understanding.

12 **Q.** It hadn't been investigated.

13 **A.** Yeah.

14 **Q.** Right. Did you pursue it in any way? I don't criticise
15 you if you didn't, but, did you?

16 **A.** With the --

17 **Q.** With the police?

18 **A.** No, I did not. But clearly they were aware of it. They
19 read my report, and perhaps that's in a discussion why
20 I took away the idea that there hadn't been a police
21 investigation of that confrontation.

22 **Q.** And you saw the notes found in his cell in Manchester,
23 didn't you?

24 **A.** Sorry, the notes --

25 **Q.** You saw the notes found in his cell, his handwritten

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1 they tell me.

2 **Q.** Can I ask you about the videos that Ms Langdale asked
3 you about, the ones of mass killings. You didn't ask
4 him about these videos, Professor Blackwood.

5 **A.** No.

6 **Q.** But on one view, what he has involved himself in is mass
7 killing in the same way that these people have.

8 **A.** Yes.

9 **Q.** Wouldn't that not be fundamental to your understanding
10 of his -- the potential underlying motivations for his
11 actions?

12 **A.** It is of potential interest. But I fully accept that he
13 had, from the point at which he's accumulating knives,
14 buying knife sharpeners, that he is beginning to
15 entertain murderous intentions, and that is consistent
16 with some of the things he's looking at.

17 **Q.** That's all down to psychosis, you'd say?

18 **A.** Yes, his psychosis untreated.

19 **Q.** Yes. And the names in the rucksack, you didn't ask
20 about those?

21 **A.** No, I did not.

22 **Q.** And you were told that on the morning of 12 June 2023,
23 and we see it at paragraph 78 of your report, that he'd
24 knocked on a neighbour's door within the building and
25 the neighbour had threatened him with a zombie sword,

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1 notes found in his cell.

2 **A.** Yes, I saw those in Ashworth.

3 **Q.** They were quite an eloquent description of his symptoms,
4 weren't they?

5 **A.** They were.

6 **Q.** Did you ask him about the purpose of those writings?

7 **A.** No.

8 **Q.** Can I just ask you about his appreciation of the
9 difference between right and wrong.

10 **A.** (*Witness nodded*).

11 **Q.** You deal with that at paragraphs 81 and 82 of your
12 report, and if we could possibly put that up now, just
13 to see it. And your report, to remind the document
14 handler, if I may, is WITN-- sorry, CPSE0000011.

15 I'm so sorry, I have it as paragraph 81 and 82 and
16 I'll find it for you in just one moment. It is --

17 **THE CHAIR:** Page 19.

18 **MR MOLONEY:** Thank you very much, Chair.

19 So what he tells you at paragraph 81 is:

20 "He felt 'like an automaton' on his return to
21 Nottingham, 'being carried by the stream' or 'taken by a
22 current'. He was under the control of an outside force.
23 He tried to resist the forces controlling his mind, but
24 ultimately yielded to their commands. He was angry,
25 afraid, and desperate.

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1 "While walking in Nottingham in the early hours of
 2 13th June ... the voices were telling him that he had to
 3 harm others: '... do it now, harm anyone passing you...
 4 commit a crime, we'll leave you alone. Someone else or
 5 you or your family will be hurt'. He resisted until
 6 arriving on Ilkeston Rd. When the students passed him,
 7 he could resist these commands no longer ... desperate
 8 to be left alone. He was in a 'different state of mind'
 9 at the point of assaulting them ..."

10 And then presumably these are his words that you've
 11 noted --

12 **A.** Yes, that's correct.

13 **Q.** And they're taken from his notes these, actually, aren't
 14 they?

15 **A.** Yes.

16 **Q.** "in a fog ... not normal rationality of actions and
 17 consequences... blocked inhibitions... blocked
 18 differences between right and wrong... blocked
 19 judgements... flooded with negative emotions and
 20 thoughts... anger and fear and violence'. He could not
 21 think. He was not jolted out of this state by the
 22 screams or shouts of the teenagers, or by the appearance
 23 of blood. The voices did not react to these assaults."

24 And did that come from him about blocking
 25 differences between right or wrong, or did you ask him

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1 **Q.** Now that would ordinarily mean that he'd realised that
 2 he'd done something stupid, wouldn't it?

3 **A.** Yes, and that's why I questioned him about that and he
 4 said that he didn't consider the stupidity of that.
 5 It's just literally --

6 **Q.** It's just simply related to the facts of the assault.

7 **A.** *(Witness nodded)*.

8 **Q.** And if we could -- could we just look at your notes,
 9 please. Professor Blackwood, you were alive to this,
 10 because we see at WITN0308003, and page 14, if we look
 11 just above 0502, we see "0452 calls Elias", and then,
 12 "are you going to do something stupid" next to "E", and
 13 then "V: I already have done".

14 And these are the notes that you prepared before
 15 going to see him, aren't they?

16 **A.** That's right. So I'm aware that that argues strongly,
 17 I would say, against insanity.

18 **Q.** Against insanity?

19 **A.** Yes.

20 **Q.** That is "X insanity" --

21 **A.** *(Witness nodded)*

22 **Q.** -- which is that it's a counter-indicator --

23 **A.** Yes.

24 **Q.** -- to insanity.

25 **A.** Yes.

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1 about that?

2 **A.** No, I think that was spontaneously told to me.

3 **Q.** And then at paragraph 83:

4 "He again contacted his brother, seeking to protect
 5 him from the malevolent forces at work. In response to
 6 his brother's question "are you going to do something
 7 stupid?" his reply "it's already done [he said to you]
 8 simply related to the fact of the recent assaults; he
 9 did not consider the stupidity or otherwise of the
 10 acts."

11 **A.** Yes.

12 **Q.** Yes. So he was there to you denying any appreciation of
 13 the nature or quality of his acts?

14 **A.** Sorry, the nature of --

15 **Q.** The nature or quality of his acts -- that he didn't
 16 really appreciate the nature and quality of his acts
 17 then.

18 **A.** No, I think he understood exactly what he had done, and
 19 that he had killed these individuals. Paragraph 83 is
 20 to do with whether he considered the stupidity of his
 21 acts, but he very clearly recognises what he has done.

22 **Q.** In response to his brother, he -- and what he said, his
 23 brother's question "Are you going to do something
 24 stupid?" his reply was "It's already done".

25 **A.** Yeah.

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1 **Q.** But he is saying there that he didn't know what he was
 2 doing, and that the reference to -- that he wasn't
 3 saying that the acts were stupid at the time.

4 He said the same to Dr Shaffiulla as well, didn't
 5 he, that he was in a different state of mind where he
 6 wasn't able to think about the consequences, he couldn't
 7 think about the actions and the consequences, and he
 8 said, "I'm not able to tell the difference between right
 9 and wrong" in the way that he said to you that right and
 10 wrong was blocked?

11 **A.** Yes.

12 **Q.** "And the only thing that was in my mind was the voices
 13 and negative thoughts" and so on, you saw that.

14 **A.** Yes.

15 **Q.** He didn't say that, that he didn't know the difference
 16 between right and wrong, to Dr McSweeney, did he?

17 **A.** I'd have to be taken to that.

18 **Q.** Okay. That Dr McSweeney concluded he wasn't labouring
 19 under a defect of reason on the basis of what he'd said
 20 to him.

21 **A.** Yes, he didn't accept full defence of insanity.

22 **Q.** Dr Blackwood -- Professor Blackwood, rather -- isn't his
 23 appreciation of whether or not he was doing something
 24 that was right or wrong fundamental to his account?

25 **A.** Yes, I think that's ... that's why I argued against the

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1 full defence of insanity, as I've said, that he knew
2 what he was doing, he knew what he was doing was wrong,
3 he knew the nature and quality of his acts, but,
4 although insanity was not available to him,
5 nevertheless, his untreated psychosis substantially
6 impaired his ability to form a rational judgment and to
7 exercise self-control and that's why I felt that the
8 partial defence of diminished responsibility was
9 available to him.

10 **Q.** So you rejected his assertion that he did not know the
11 difference between right and wrong?

12 **A.** Yes, I did.

13 **Q.** On one view, he was setting up for himself a defence of
14 insanity by saying those things, on one view.

15 **A.** I think he's recounting in a fairly long stream the
16 impact of his psychotic experiences on him. I don't
17 think -- you know, this is spontaneously told, this
18 isn't me probing at this stage for insanity.

19 **Q.** Now can I just take you to two last matters. The first
20 one, if I could please go to HMCP0000581. HMCP0000 --
21 or is it HMPC -- it's one or the other -- 0000581 and to
22 page 32.

23 Ms Langdale asked you this morning about your
24 appreciation of how many people might have passed, and
25 you said that you had only found out today -- during the
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1 given for his failure to challenge or assault others in
2 respect of whom he came into contact during the course
3 of hours that we saw yesterday?"

4 And you replied:

5 **"Answer:** That is very difficult to judge. He
6 clearly is experiencing hallucinations, paranoia,
7 a sense of being controlled by an outside force as a
8 result of his psychosis but clearly does not assault
9 everybody with whom he comes into contact and has some
10 ability to desist -- some ability -- when challenged,
11 for example, when going to the home which he tries to
12 break into. I think that's the variable nature of the
13 impact of the psychotic symptoms across that period of
14 time."

15 So in essence, are you saying that he was able to
16 desist when challenged at some points but not others?

17 **A.** Yes, at Seely Hirst House, having tried to break into
18 one window, he's confronted by the receptionist or
19 caretaker or security guard, and --

20 **Q.** -- (*overspeaking*) --

21 **A.** -- and he stops, he asks, is it a hostel, is it a hotel,
22 the receptionist or guard -- I'm not sure how you've
23 characterised him -- notes that there is something
24 unusual about him, his eyes, he doesn't smile, he's
25 quietly spoken so he is told to come back later. He
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1 course of these proceedings that seven people had passed
2 him before he attacked Barney and Grace.

3 **A.** Yes.

4 **Q.** Can we have look at your re-examination by Mr Khalil, at
5 where essentially, just you may recollect this part of
6 your evidence, if we go just to get it completely,
7 page 31 at the -- right at the bottom of the page,
8 please. Mr Khalil:

9 **"Question:** Doctor, it was suggested that all the
10 features of planning and so on could be ..."

11 Then over to page 32:

12 "... properly ascribed to being one part of one
13 psychotic episode. Included amongst those was suggested
14 the purchase of weapons. I think you noted in your
15 report that he said he purchased the principal weapon
16 back in 2022.

17 **"Answer:** Yes. I mean that purchase in 2022 is also
18 psychotically informed.

19 **"Question:** Yes, but not part of the episode that
20 occurs in 2023?

21 **"Answer:** No. His psychosis had informed the
22 purchase of that weapon and subsequently informed the
23 assaults.

24 **"Question:** Assaults driven by psychosis. Are you
25 able to assist the court as to what explanation can be
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1 appears to leave and then shortly after he is breaking
2 into another window.

3 **Q.** Is that a function of the variable impact of the
4 psychotic symptoms?

5 **A.** Potentially, I mean, again, it's so difficult to tell,
6 but this is --

7 **Q.** You see, that's just what you say there:

8 "... that's the variable nature of the impact of the
9 psychotic symptoms across that period of time."

10 **A.** Yes, he's doing something deeply abnormal, trying to
11 break into an unknown place to assault other
12 individuals.

13 **Q.** Well, he says to you that he's gone there to kill them,
14 he's carried by a current, he is carried by a stream, et
15 cetera.

16 **A.** That's right.

17 **Q.** Then he stops and is that essentially the variable
18 nature of the impact of the psychotic symptoms across
19 that period of time, but he's able to desist?

20 **A.** Well, it may, of course, simply be the confrontation
21 with an individual that's, you know, helps him to desist
22 from that. But then all --

23 **Q.** But then Grace fought for her friend, didn't she?

24 **A.** She absolutely did.

25 **Q.** And he didn't desist then, did he? She essentially she
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1 could have run away, she stayed and fought and she
 2 fought him to stop him, didn't she?
 3 **A.** She absolutely did.
 4 **Q.** She lost her life because of that?
 5 **A.** She did.
 6 **Q.** It's essentially what he's told you that allows you to
 7 make that distinction between the variable impact of the
 8 psychotic symptoms, isn't it?
 9 **A.** No, I'm being asked to -- at Seely Hirst House, why does
 10 he desist? Why doesn't he just assault the security
 11 guard as well? There's something in that interaction
 12 that means he doesn't. It's not as if this was a 7-foot
 13 tall young man who he was scared of. It was an elderly,
 14 Czech security guard. So there is something that --
 15 he's puzzled about what is this place, there's enough in
 16 that interaction to make him move away briefly and then
 17 he's back doing something deeply abnormal moments later.
 18 **Q.** Just one very final question, please. At paragraphs
 19 89-96 of your report you consider the issue of fitness
 20 to plead.
 21 **A.** Yes.
 22 **Q.** At paragraph 91 of your report, if we could, please,
 23 that's CPSE-- yeah, you have it -- paragraph 91, which
 24 must be page 13.
 25 **THE CHAIR:** It's page 21.

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1 sentence in addition to further hospital treatment"?
 2 **A.** No, I think that would be a further -- and do you know,
 3 I would then go on to talk about the difference between
 4 hospitalisation or the possibility of hospital and then
 5 prison.
 6 **Q.** Yes. The hybrid?
 7 **A.** So I don't think he's spontaneously telling me that, I'm
 8 exploring that with him.
 9 **Q.** But there is no discussion of essentially, so far as you
 10 make clear in this -- essentially, this is what would
 11 happen once you've decided that it's diminished and the
 12 prosecution have agreed to accept the pleas, isn't it,
 13 and this is within your interview with him?
 14 **A.** Yes, we're exploring his understanding of what happens
 15 if he pleads guilty or not guilty to manslaughter.
 16 **Q.** But, of course, at this stage there was no acceptance of
 17 the pleas by the CPS. This was -- he was facing three
 18 murder counts and he was facing three attempted murder
 19 counts. What about if the prosecution decide to proceed
 20 and on the charge of murder?
 21 **A.** Yes, it --
 22 **Q.** It's not there, is it?
 23 **A.** No, you're exploring fitness, his ability to understand,
 24 and in doing that, I'm looking at the possibility of
 25 a finding of manslaughter. That's not coming from him

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1 **MR MOLONEY:** 21, I'm so sorry, Chair. Thank you. It's
 2 difficult with not having the documents here when you've
 3 just got the paragraph.
 4 Paragraph 91:
 5 "[He] understands the nature of the charge. He has
 6 an intellectual awareness of the differences between
 7 pleading guilty and not guilty. Thus, a plea of guilty
 8 meant that 'I did it'; a plea of not guilty that
 9 'I didn't do it'. He was aware of the potential
 10 consequences of different pleas (i.e. that a not guilty
 11 plea to manslaughter would lead to a trial and that
 12 a guilty plea to manslaughter would likely lead to his
 13 sentencing rather than the full trial in court). He
 14 also appeared to understand the possibility of a prison
 15 sentence in addition to further hospital treatment."
 16 Did you ask him questions about that?
 17 **A.** Yes.
 18 **Q.** Did you say, "What would be likely to happen if you
 19 pleaded not guilty to manslaughter?"
 20 **A.** Yes, that was -- (*overspeaking*) --
 21 **Q.** Did you ask him "What would be likely to happen if you
 22 pleaded guilty to manslaughter?"
 23 **A.** Yes.
 24 **Q.** He was able to say, "Well, that will likely be the end
 25 of it, I will be sentenced then and I could get a prison

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1 confidently asserting that it's going to be
 2 manslaughter; that's me using those possibilities to
 3 explore his understanding.
 4 **Q.** Did you write at 17:22 to Mr Murphy to say -- and can
 5 I just get this document up actually, CPSE0008347.
 6 CPSE0008347, and I promise you, Chair, this is the very
 7 last document I'm going to. CPSE0008347, and to page 3.
 8 That's 11.26 Mr Murphy writes to you:
 9 "Hope all is well with you. As you know, your
 10 report is due to be served."
 11 This is 14 November 2023, the day you CVC. Could we
 12 please go back, as it were, to page 2, and then if we
 13 keep going down so that we've got -- thank you. Right.
 14 And this is at 17:22, 5.22 in the evening, you've seen
 15 VC during the course of the day you travelled -- you
 16 stayed overnight in Liverpool the night before. It's
 17 5.22. You've seen him for 5 hours, presumably --
 18 I don't know, were you on the train at this time? It
 19 doesn't matter, and you reply to the earlier email from
 20 Mr Murphy:
 21 "Hi, Alan, spent the day in Liverpool today with him
 22 and his medical records, DR, and a 37/41 disposal to
 23 high secure in my view. Will crack on with report
 24 should be done by Monday 20, close of play ..."
 25 You've decided this straight away after that

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1 meeting, haven't you?
 2 **A.** Yes.
 3 **MR MOLONEY:** Thank you very much, Professor Blackwood.
 4 **THE CHAIR:** Right, well, we'll rise now until 2.05 and then
 5 Mr Straw, you've got some questions and then Ms Carey
 6 has some questions too. So if you can come back again,
 7 Professor Blackwood.

8 (1.08 pm)

(The Short Adjournment)

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