Together for a Safer Croydon

DHR Rasika

Executive Summary of the Domestic Homicide of Rasika in June 2022

Parminder Sahota

DATE REPORT PUBLISHED: 24TH OCTOBER 2025

Preface

Only the author and review panel's names have been disclosed to ensure confidentiality; all other names are pseudonyms.

The independent author and review panel send their deepest condolences to all those impacted by Rasika's untimely passing and thank them for their involvement and support in this process.

The primary objective of a Domestic Homicide Review (DHR) is to permit the learning of lessons from the death of a person in a relationship where domestic abuse was known to have occurred. Professionals must understand what transpired in each instance for these lessons to be thoroughly and effectively assimilated and what must be altered most to reduce the likelihood of such tragedies.

The author thanks the panel and persons who submitted chronologies and materials for their time and cooperation.

Contents

Section One: The Review Process

1.1.1 This summary outlines the process undertaken by the Croydon Safety Community Partnership domestic homicide review panel in reviewing the death of Rasika, who was a resident in the area.

1.1.2 The following pseudonyms have been used in this review for the victim and family to protect their identities:

- The victim: Rasika
- The Daughter: Priya
- The Perpetrator: Tharindu

1.1.3 Rasika was killed at the age of 89; she was of Sri Lankan descent. Rasika maintained an independent living arrangement, yet she relied on Priya and Tharindu to provide care, support, and transportation to medical appointments. Rasika, who spoke limited English, needed the services of a Tamil interpreter.

1.1.4 Rasika was discovered deceased in her home by Priya.

1.1.3 The process began with the Community Safety Partnership meeting on the 26th July 2022 when the decision to hold a domestic homicide review was agreed upon. All agencies that potentially had contact with Rasika and Tharindu before the point of death were contacted and asked to confirm whether they had involvement with them.

1.1.5 Eight agencies contacted confirmed contact with Rasika and/or Tharindu and were asked to secure their files.

1.1.6 Priya expressed her inability to participate in the review and requested that no further communication be made with her; no other contact information was offered for other family or friends. The panel, therefore, selected the pseudonyms.

Section Two: Contributors to the Review

2.1.1 The following agencies and their contributions to this review:

Agency and Profile	**Contribution- Chronology/IMR/Summary/Other**
Adult Social Care (ASC)	Chronology and IMR
Croydon Health Service (CHS) Two hospitals, Croydon University Hospital and Purley War Memorial Hospital, and dedicated community services	Chronology
GP Practice One– Rasika	Chronology and Short Report
GP Practice Two- Tharindu	Chronology

London Ambulance Service (LAS)	Chronology
Metropolitan Police Service (MPS)	Chronology and IMR
South London and Maudsley NHS Foundation Trust (SLaM) – Tharindu Mental Health Services	Chronology and IMR
St Georges University Hospitals NHS Foundation Trust	Short Report

2.1.2 The chronologies and reports were authored by professionals independent of the case management or service delivery.

Section Three: The Review Panel Members

3.1.1 The independent panel members for this review were the following:

Name	Role	Organisation
Alison Eley	Named Nurse for Safeguarding Children	South London and Maudsley NHS Trust (SLaM)
Alison Kennedy	Operations Manager	Croydon FJC (Domestic Abuse Agency)
Angie Middleton	Head of Investigations London	NHS England
Christobel Yeboah	Chief Vision Officer	ERSANA Community Interest Company, Specialist Panel Member
Ciara Goodwin	Domestic Abuse & Sexual Violence Coordinator	London Borough of Croydon
Estelene Klaasen	Designated Nurse Safeguarding Adults	Croydon South West Integrated Care Board (ICB)
Clement Guerin	Service Manager Adult Safeguarding Adult Social Care Operations	London Borough of Croydon Adult Social Care (ASC)
Hamid Khan	Head of Homelessness & Assessments Housing Resident Engagement & Allocations	London Borough of Croydon
Louise Emerson (RIP July 2023)	Croydon Safeguarding Children and Adults Lead	SLaM
Dr Marilia Calcia (commenced October 2023)	Consultant Psychiatrist	SLaM
Dr Shade Alu	Director of Safeguarding	Croydon Health Services NHS Trust (CHS)
Detective Sargeant (DS) Viran Wilshire	DS	Metropolitan Police Service

3.12 The panel met a total of 5 times.

Section Four: Author of the Overview Report

4.1.1 Parminder Sahota is an independent author with over ten years of experience in domestic abuse and safeguarding. Advocacy After Fatal Domestic Abuse provided the DHR Chair training in 2021. She has worked as a mental health nurse in the NHS for over twenty years and is a Director of Safeguarding, Prevent, and Domestic Abuse Lead for an NHS Trust.

4.1.2 Parminder Sahota is independent of all agencies involved and had no prior contact with family members or the Croydon Community Safety Partnership.

Section Five: Terms of Reference for the Review

5.1.1 The statutory guidance sets out the purpose of domestic homicide reviews to:

- Establish the facts that led to the death in June 2022 and whether any lessons can be learned from the case about how local professionals and agencies worked together to safeguard Rasika.
- Establish what lessons will be learned from the death regarding how local professionals and organisations work individually and together to safeguard victims.
- Identify these lessons, both within and between agencies, how and within what timescales they will be acted on, and what is expected to change.
- Apply these lessons to service responses, including changes to inform appropriate national and local policies and procedures.
- Prevent domestic abuse and related deaths and improve service responses for all domestic abuse and abuse victims by developing a coordinated multi-agency approach to identify and respond to domestic abuse at the earliest opportunity.
- Contribute to a better understanding of the nature of domestic abuse.
- Highlight good practice.
- Ensure that Rasika's voice is heard regarding her experiences and the impact of domestic abuse. Allowing her journey to be told and identifying the lessons that may be learnt.

5.1.2 The review's time frame was from April 2021 to June 2022. The selected chronology resulted from Tharindu's engagement with the police and resulting admission to a psychiatric Intensive Care Unit (PICU).

5.1.3 The panel agreed on thirteen terms of reference.

Section Six: Summary Chronology

April 2021

6.1.1 Tharindu came to the attention of the police on four separate occasions between April and May 2021 for aggressive and abusive conduct.

6.1.2 Priya reported Tharindu's abusive behaviour to NHS 111.

6.1.3 Priya informed SLaM that Tharindu was unwell; he was sleeping with a knife and baseball bat as he felt unsafe. Priya initially consented to assist in facilitating a Mental Health Act Assessment. However, she and her family voiced concern that Tharindu would become enraged if they allowed entry to the professionals to conduct the assessment.

6.1.4 Tharindu was detained under Section 2[1] of the Mental Health Act and admitted to the PICU.

May 2021

6.1.5 Tharindu physically assaulted and threatened staff members in the PICU.

6.1.6 Tharindu was detained under Section 3[2] of the Mental Health Act.

June 2021

6.1.7 Tharindu was granted leave from the ward at the request of his family to visit his grandmother, who had suffered a stroke.

July 2021

6.1.8 Tharindu was discharged from the ward to receive Home Treatment.[3] Tharindu asked to reduce his medication as he was concerned about weight gain (a known side effect of the prescribed medication).

6.1.9 Rasika GP practice called her; however, she could not speak English and requested that her grandson (not Tharindu) be contacted. There was no response to the call to the grandson.

August 2021

6.1.10 Rasika was taken to CHS due to chest pain and difficulty breathing. Following hospital advice, a daily care package was suggested. Priya, concerned about COVID-19, declined and stated that Tharindu would move in with Rasika and that she would support them.

[1] Formal detention for up to 28 days for assessment and treatment.
[2] Formal detention for up to six months for treatment.
[3] Alternative to inpatient admission, providing intensive support in the community.

6.1.11 Rasika was issued with a Visual Impairment certificate due to glaucoma.

6.1.12 Priya called SLaM to report that Tharindu was using cannabis.

6.1.13 Rasika accepted ASC's offer of an assessment and inclusion in the sight loss register. It was noted that her grandson was temporarily residing with her and that her family supported her with activities of daily living.

September 2021

6.1.14 When the cardiac team contacted Rasika, her grandson functioned as an interpreter for her because of the language barrier. The team documented that the grandson organised Rasika's medication.

6.1.15 Rasika was not brought to her medical appointment at CHS; Priya, upon being contacted, confirmed that she was not informed of the appointment.

6.1.16 Rasika was notified via text message by GP practice that her request for promethazine was denied, as she had already been provided a 28-day supply thirteen days before.

6.1.17 Rasika was transported to St George's Hospital the subsequent day because of taking an overdose of Promethazine. The GP was notified of the overdose.

6.1.18 Tharindu was seen in person by a member of the Community Mental Health Team (CMHT) after a one-month absence. According to Priya, Tharindu had been engaging in cannabis use and articulating paranoid thoughts. He denied using cannabis during the assessment, and there was no indication of paranoia.

October 2021

6.1.19 The GP reviewed Rasika with Priya present at Rasika’s home, but no conversation on the overdose was recorded. Priya reported that Rasika declined carers, so either she or her son is with her.

6.1.20 Rasika’s decreased appetite and thirst prompted Priya to accompany her to A&E, where she was subsequently admitted to a ward. An offer of a care package was declined, and Rasika was observed to be anxious about returning home. This was not explored.

December 2021

6.1.21 Rasika's fall from her wheelchair resulted in a head injury; therefore, Tharindu dialled 999. Tharindu called back and said he would escort Rasika to the hospital. Rasika accompanied Tharindu to A&E. According to Tharindu, he was taking Rasika to the GP practice for a blood test when her wheelchair collided with a road bump, causing her to fall and strike her head. There was no record to suggest that Rasika was questioned regarding the fall. The GP practice received a report from A&E.

6.1.22 Rasika was allocated a rehabilitation worker from ASC to conduct a sensory assessment.

6.1.23 According to the ASC's records, the rehabilitation worker organised the assessment with Rasika's grandson. Rasika was referred to the older person's team for an additional assessment under the Care Act 2014.

6.1.24 Tharindu called SLaM to request a reduction in his medication due to side effects; the medication was reduced.

January 2022

6.1.25 Rasika attended the orthopaedic clinic for a historical fracture she sustained from a fall while standing.

February 2022

6.1.26 Tharindu called SLaM to report experiencing breathlessness and was advised to attend A&E.

March 2022

6.1.27 Priya called SLaM to report that Tharindu was not taking his medication and his mental state was deteriorating. She reported no concerns for her safety.

6.1.28 Rasika was not brought to her vascular appointment.

6.1.29 The police were called to Rasika's home. Tharindu had threatened to strike her in the face on many occasions after requesting money. The police were present and unsuccessfully attempted to obtain an interpreter; hence, Priya interpreted for Rasika. Rasika, according to Priya, declined to support the police investigation or accept referrals to domestic abuse agencies. The investigation concluded that no further action was needed.

6.1.30 Tharindu and Piya engaged in a verbal dispute over his non-concordance with medication; she requested his departure, but he declined, prompting her to leave her home. Tharindu denied the altercation when questioned by police. No further action was taken.

6.1.31 SLaM contacted Tharindu to discuss the incident with his grandmother. He stated it was a misunderstanding on his grandmother's part. He displayed no overt psychotic or paranoid symptoms. He was offered a long-acting injection in place of his oral medication, which he declined and stated he was not happy with taking the medication.

May 2022

6.1.32 Tharindu's care coordinator, a consultant psychiatrist, and a junior doctor reviewed him. Priya said Tharindu was self-isolating, espousing peculiar beliefs, and had recently been involved in a physical argument with a friend. Additionally, he had changed the locks to the family home.

6.1.33 Tharindu was reviewed by the consultant psychiatrist, who found no indications of psychosis or mood illness. Tharindu was described as composed and refuted any ideas of self-harm or harm towards others. He did not meet the criteria for a Mental Health Act assessment. Priya disclosed that he was smoking cannabis; no other concerns by Priya were recorded. Tharindu requested that the CMHT not divulge his details to his family. He was informed they would not consult with Priya unless there were risks and concerns and would still listen to her if she had concerns.

6.1.34 Police were called as Tharindu was brandishing a knife in public.

6.1.35 The Police notified SLaM that Tharindu had expressed a wish to join the shooting club as a 'new hobby'.

6.1.36 SLaM questioned Tharindu about his suspicions towards his family; he stated he got on well with the family, denied any plans or ideas to harm himself or others, and denied smoking cannabis. He told the SLaM worker he had a knife as he was going to his grandmother's home to open a parcel.

Section Seven: Key Issues arising from the Review/Lessons Learned

7.1.1 **Response to Domestic Abuse.**

7.1.2 Priya had disclosed to SLaM that she feared Tharindu; nevertheless, she was not offered support or information about domestic abuse services, and no safety planning beyond the suggestion for her to leave her home was recorded.

7.1.3 In April 2022, the Department of Health and Social Care published guidance[4] to strengthen the response to domestic abuse.

'Domestic abuse is a serious health and criminal issue. Practitioners are in a key position to identify and help interrupt domestic abuse.'

'Health professionals have a responsibility to address the health impacts on people directly or indirectly affected by domestic abuse. They also must ensure that other agencies are engaged to address the social, environmental, and broader impacts. People experiencing domestic abuse may choose to disclose it to health professionals, including GPs'.

7.1.4 **Language Barrier**

7.1.5 Rasika spoke limited English. Thus, she required a Tamil interpreter. An independent interpreter was not utilised during the review period, so her voice was not heard except with Liaison Psychiatry at St George's Hospital.

[4] https://www.guidelines.co.uk/public-health/responding-to-domestic-abuse-guideline/456939.article

7.1.6 **Risk Assessment**

7.1.7 Tharindu's risk assessment contained incorrect information about his history of domestic abuse perpetration, and there was a lack of professional curiosity about Tharindu's justification for bringing a knife to his grandmother's house.

7.1.8 SLaM did not advise Tharindu's family on managing the risk to themselves beyond advising his mother to contact the police or leave the home if the risk escalated.

Section Eight: Conclusion

8.1.1 Rasika's family felt unable to contribute to the review, and Rasika interacted with the agencies through Pryia or Tharindu. Consequently, Rasika's voice in the review was limited.

8.1.2 The review revealed that health was unaware of Rasika's wishes or if she agreed with her family's recommendation that she not receive a care package.

8.1.3 There was one report of Tharindu committing domestic abuse against Rasika within the review period. Unfortunately, no independent interpreter was present, so Pryia interpreted for Rasika and indicated that Rasika did not intend to pursue the report.

8.1.4 ASC did not consider information within their knowledge, and Rasika and Tharindu's records were not linked. Had they utilised every information, the risk assessment might have been modified to reflect the risk to Rasika. ASC operated under the premise that Tharindu merely provided support to his grandmother despite possessing material that should have alerted them to the fact that Tharindu was experiencing poor mental illness (paranoia and persecutory delusions and carrying weapons) and consequently was a potential risk to his grandmother.

8.1.5 SLaM was familiar with Tharindu, including his forensic past and the fact that he kept weapons in his home and carried a knife in public. Priya reported his risk to SLaM. Tharindu told SLaM CMHT that he was carrying the knife to his grandmother's house to open a parcel. No agency confirmed with Rasika that she had asked Tharindu to bring a knife or that she had a parcel that required opening.

8.1.6 Seven days before Rasika's killing, SLaM assessed Tharindu in response to a police report over his request for a firearms license. He said he planned to join a shooting club with a friend. He stated he got along with his family, but his mother indicated she feared him and had to move in with her other son. Tharindu had paranoid views regarding his family and two elderly neighbours.

8.1.7 Pryia had expressed concern to SLaM at the initial Mental Health Act Assessment in 2021 that she did not wish to allow access to the assessment for fear of repercussions from Tharindu. At his last review with SLaM, this topic was not explored with Pryia. The SLaM report indicated that his family had no concerns regarding his paranoia, despite his mother's statement that he was using cannabis, a recognised relapse indication.

8.1.8 The review revealed that Tharindu's risk assessment did not include his history of domestic abuse perpetration towards his previous partner.

8.1.9 Rasika's inability to access services or communicate with them was limited by a language barrier known to the services caring for her; nonetheless, no measures were taken to ensure her voice was heard.

Section Nine: Recommendations from the Review

9.1.1 **Recommendation One: Response to Domestic Abuse:**

All Participating Agencies

1.1a All agencies represented to review their training strategies to ensure domestic abuse training is included, highlighting the specific risks to older adults.

1.1b All represented agencies are tasked with reviewing safeguarding and domestic abuse policies and procedures to ensure they are easily accessible to practitioners and contribute to the domestic abuse enquiry.

1.1c Assurances of the resources and tools employed by agencies to efficiently address disclosures of domestic violence shall be submitted to the Croydon Community Safety Partnership.

South London and Maudsley

1.1d An audit to be developed to evidence the domestic abuse enquiry and response to disclosures. The audit is to be presented to the Croydon Community Safety Partnership.

9.1.2 **Recommendation Two: Language Barrier**

Adult Social Care, Croydon Health Service and GP Practice

2.1a To determine and review the usage of professional interpreters.

2.1b To ensure that practitioners know the procedures for obtaining independent interpreters within and outside of hours, this should be emphasised in the local induction programme for new staff and in the case notes of service users.

9.1.3 **Recommendation Three: Risk Assessment**

Metropolitan Police Service

(The police have moved to using a Domestic Abuse Risk Assessment DARA)

3.a The MPS will assure the Croydon Community Safety Partnership of their compliance with training and using the DARA.