

# LEARNING FROM DOMESTIC ABUSE RELATED DEATH REVIEW

## THANDI 2022

### WHAT HAPPENED?

- Thandi died by hanging in November 2022. The coroner ruled that this was suicide.
- She was in her early thirties and had come to the UK from Africa with her husband Leo for employment here. Thandi was white and English speaking and was the mother of two young children with Leo. Thandi worked in the film industry for some of the time she was in the UK.
- Thandi and her husband Leo were separated at the time of her death, although they were living in the same property. When she died she had a flight booked to return to her country of origin.
- Thandi had reported domestic abuse from Leo to the Police (7 contacts in the 10 days leading up to her death) and to Sheffield Teaching Hospitals NHS FT. She alleged physical assaults on more than one occasion, financial abuse, animal abuse and that Leo's behaviour was narcissistic. Leo also made a counter allegation that Thandi had threatened him when she had been drinking.
- Thandi was diagnosed in Africa with a depressive disorder. Soon after her arrival in the UK she presented to a GP in London with symptoms of low mood. She was prescribed anti-depressant medication. Thandi presented with self-harming behaviour and suicidal ideation in her contact with ambulance, police and hospital services in Sheffield just before she died. Her contact with hospital services in November 2022 occurred after she had reported domestic abuse to the police.
- Thandi was worried that Leo would make "life difficult" about seeing the children and take legal action against her
- Leo told the police that their relationship

breakdown was due to Thandi's drinking.

### WHAT DID IT TELL US?

A referral to mental health services was declined and the advice was given for the GP to refer Thandi to alcohol and drug services which was not followed up.

Responding to domestic abuse requires effective management of a perpetrator's behaviour to protect the victim combined with person-centred relationship-based care that addresses trauma. The police response in Sheffield when Thandi made her initial disclosure was influenced by her saying she was leaving the UK imminently.

The absence of referral to mental health or safeguarding professionals in the hospital removed an opportunity for better engagement with Thandi.

There are no arrangements for border force services to notify local areas about the arrival of children in local areas or ensure that people arriving in the UK are aware of how to register for education and health services.

### LESSONS LEARNT:

A more trauma-informed approach to understanding what lay behind Thandi's poor mental health and her use of substances with greater curiosity and inquiry about domestic abuse would have been a better response. The coping mechanisms may have become part of the problem, but to someone like Thandi, they are survival strategies that have kept them going for several years.

Arrest and interview strategies for alleged perpetrators where victims are still on the same property need to take account of the potential for escalation

### WHAT CAN WE DO NOW?

Raise awareness of the link between domestic abuse and suicide risk.	Health professionals should ask about relationships and domestic abuse when patients present with symptoms of low mood and substance use or refer to problems at home.	Information on police systems about recent self-harm or mental health concerns should be routinely checked and considered during contact with a victim or perpetrator of domestic abuse.	Improve how emergency healthcare staff routinely record non-clinical risk-based follow-up action in a patient's notes such as completing a DASH, a referral to IDAS, or a mental health assessment.	The new patient registration form to request the details of all adults who have parental responsibility for children under 18.  (NHS South Yorkshire Integrated Care System)
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