**Notification Form – to request the convening of a**

**Domestic Homicide Review Decision Panel Meeting**

This form should be completed when any agency is made aware of a death or suicide, [**you only need to complete pages 2 – 4** **to request a decision panel**] and the relationship between the two individuals involved corresponds with the Home Office Domestic Abuse definition 2021 as below;

**2021 DA definition:**

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if A and B are each aged 16 or over and are personally connected\* to each other, and the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following:

a) physical or sexual abuse

b) violent or threatening behaviour

c) controlling or coercive behaviour

d) economic abuse

e) psychological, emotional or other abuse

It does not matter whether the behaviour consists of a single incident or a course of conduct.

\*Personally connected: They are, or have been, married; civil partners; have agreed to marry one another; have entered into a civil partnership agreement; are or have been in an intimate personal relationship; they have or have had a parental relationship in relation to the same child; or are relatives.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Suicide: where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if the suspect is not charged with an offence or they are tried and acquitted.

If submitting in relation to a DHR, then a DHR Decision Panel will review the information on this form, along with other agencies information, to confirm if the case meets the following criteria or not:

'Under Section 9(1) of the 2004 Act, domestic homicide means a review of the circumstances in which the death or suicide of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

1. A person to whom he/she was related or with whom he/she was or had been in an intimate relationship,

OR

1. A member of the same household as him/herself,

held with a view to identifying the lessons to be learnt from the death / suicide, in line with the Home Office '*Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews'.*

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| **Referrer's Details:** |
| Name of Agency: |  |
| Name of Referrer: |  |
| Job Title: |  |
| Contact Details: |  |
| Date of Referral: |  |

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| FOR THE PURPOSES OF A POLICE REFERRAL ONLY: |
| Authorising Officer (if appropriate): |  |
|  | Name: | Contact Details: |
| Senior Investigating Officer: |  |  |
| Family Liaison: |  |  |

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| **Victim’s Details:** |
| Surname (**Including pronunciation**): |  |
| Forename[s] (**Including pronunciation**): |  |
| Other names used (**Including pronunciation**): |  |
| Date of birth: |  |
| Date of death: |  |
| Specify if death or suicide: |  |
| Address: |  |
| Any other known addresses: |  |
| Type of Relationship: |  |
| Length of Relationship: |  |
| Ethnicity: |  |
| Religion: |  |
| Gender: |  |
| Disability: |  |

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| **Alleged Perpetrator’s Details:** |
| Surname (**Including pronunciation**): |  |
| Forename[s] (**Including pronunciation**): |  |
| Other names used (**Including pronunciation**): |  |
| Date of birth: |  |
| Address: |  |
| Any other known address: |  |
| Religion: |  |
| Gender: |  |
| Ethnicity: |  |
| Disability: |  |
| Please state the current status of any police investigation: |  |

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| **Any Minor Children related to the victim and / or perpetrator living with or elsewhere:****OR****Any family member, adult child, friend or anyone of relevance to this case:** |
| Please provide details: |
|  | Name (**Including pronunciation**): | DOB or age | Address/contact details | Relationship to the victim / perpetrator |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

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| **Have either victim or alleged perpetrator been heard at MARAC:** |
| State who was heard at MARAC: |  |
| Date of MARAC: |  |

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| **Details of Incident:** |
| Date of Incident: |  |
| Date of death if different to incident: |  |
| Address where incident occurred: |  |
| Was the death of the victim a Murder / Suicide or Other [please state]: |  |
| Please provide details of the incident and brief overview of the case: |
|  |
| Please give details of any other relevant parallel internal or external processes / investigations underway: |
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**ONCE COMPLETED RETURN THIS FORM VIA YOUR SECURE EMAIL TO:**

* **DHR Administrator, Safer Communities, Lincolnshire County Council.**

[DHR@lincolnshire.gov.uk](https://csprod.lcc.cloud.opentext.eu/contentserverdav/nodes/34761847/DHR%40lincolnshire.gov.uk)

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| **To be completed by DHR Administrator** |
|  | **Action** | **Date** | **Completed by** |
| 1. | Referral received |  |  |
| 2. | Decision panel set [to be within a month of receipt] |  |  |

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|  **Decision Panel Outcome:** |
| Decision Panel Date: |  |
| Decision to hold a Review: | No | Yes |
| Unique Reference Number: |  |
| **Proposed DHR Panel Representatives:** |
|  | Name | Job Title | Agency | Contact Details |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |

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| **Is the Decision panel satisfied they have all the information needed in the Notification part of this form:** |
|  | **i.e.** | **Name of SIO or Family Liaison or details of Other investigations.** |
|  | **Yes/No** | **Details:** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

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| **To be completed by DHR Administrator / DA Community Safety Strategic Co-ordinator.** |
|  | **Action** | **Date** | **Completed by** |
| 1. | Inform ALL agencies, Home Office and Coroner of Decision |  |  |
| 2. | Complete this form; send to the Home Office and all agencies. |  |  |
| 3. | Inform the Family that a Review is to be held. |  |  |

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| **Details of any agencies working with the victim or alleged perpetrator:** |
|  | Name | Job Title | Agency | Contact Details |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |