# Request for Domestic Homicide Review

# Part 1: DHR Request Form

## Criteria for DHR

A Domestic Homicide Review means a review of the circumstances in which the death 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 was related or with whom he was or had been in an intimate relationship, or
2. A member of the same household as himself,

held with a view to identifying the lessons to be learnt from the death

*Extract from* [*Home Office Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews, December 2016*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf)

Where the definition set out in this paragraph has been met, then a Domestic Homicide Review should be undertaken.

## Request Form

Anyone can submit a referral to be considered for a Domestic Homicide Review where they believe a case meets the criteria. Before submitting this referral, please discuss the case with the relevant agency representative on the Safeguarding Adult Review / Domestic Homicide Review (SAR/DHR) sub-group. If you are not sure who your representative is, please contact [KBSP@bristol.gov.uk](mailto:KBSP@bristol.gov.uk) for advice.

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| **Referrer details** | |
| **Name:** | Click or tap here to enter text. |
| **Job Role and organisation (if applicable):** | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. |
| **Telephone number:** | Click or tap here to enter text. |
| **Date submitted:** | Click or tap to enter a date. |

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| **Victim Details** | | | |
| **Full Name:** | Click or tap here to enter text. | **Date of birth:** | Click or tap to enter a date. |
| **Date of death or critical incident:** | Click or tap to enter a date. | **Age at time of incident:** | Click or tap here to enter text. |
| **Gender:** | Click or tap here to enter text. | **Ethnicity:** | Click or tap here to enter text. |
| **Sexual Orientation (if known):** | Click or tap here to enter text. | **Nationality:** | Click or tap here to enter text. |
| **Languages Spoken:** | Click or tap here to enter text. | **Employment Status:** | Click or tap here to enter text. |
| **Disability (if yes, please state which):** | Click or tap here to enter text. | **Religion (if known):** | Click or tap here to enter text. |
| **Any other vulnerabilities:** | Click or tap here to enter text. | | |
| **Children and Schools attended:** | Click or tap here to enter text. | | |
| **Home address:** | Click or tap here to enter text. | | |
| **Housing status (if rented landlord/ housing association):** | Click or tap here to enter text. | | |
| **Full Details & Circumstances of the Case:** | Click or tap here to enter text. | | |
| **Agencies Believed to be Involved:** | Click or tap here to enter text. | | |
| **Any Other Information Relevant to Decide Whether to Instigate a DHR:** | Click or tap here to enter text. | | |

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| **Perpetrator Details** | | | |
| **Full Name:** | Click or tap here to enter text. | **Date of birth:** | Click or tap to enter a date. |
| **Relationship to Victim:** | Click or tap here to enter text. | **Age at time of incident:** | Click or tap here to enter text. |
| **Gender:** | Click or tap here to enter text. | **Ethnicity:** | Click or tap here to enter text. |
| **Sexual Orientation (if known):** | Click or tap here to enter text. | **Nationality:** | Click or tap here to enter text. |
| **Languages Spoken:** | Click or tap here to enter text. | **Employment Status:** | Click or tap here to enter text. |
| **Disability (if yes, please state which):** | Click or tap here to enter text. | **Religion (if known):** | Click or tap here to enter text. |
| **Any other vulnerabilities:** | Click or tap here to enter text. | | |
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| **Full Details & Circumstances of the Case:** | Click or tap here to enter text. | | |
| **Agencies Believed to be Involved:** | Click or tap here to enter text. | | |
| **Any Other Information Relevant to Decide Whether to Instigate a DHR:** | Click or tap here to enter text. | | |

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| --- | --- | --- | --- |
| **Information about any other relevant adults** | | | |
| **Name** | **Relationship to adult** | **Date of Birth** | **Address** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |

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| **Explain why the case is being referred to the KBSP SAR/DHR subgroup, considering the DHR criteria (above).** |
| Click or tap here to enter text. |

# Please return to [KBSP@bristol.gov.uk](mailto:KBSP@bristol.gov.uk) once completed in full.

## What happens next in the DHR referral process?

Upon receival of a ***Part 1: DHR Request Form***, the KBSP Business Unit will circulate the form to SAR/DHR sub-group members and arrange a sub-group meeting to take place within one month of receiving the referral.

SAR/DHR sub-group members will research information held by their agency and prepare to bring sufficient information and analysis to the sub-group meeting.

At the sub-group meeting, a decision will be made about whether a DHR needs to be commissioned; and if not, it will be agreed what other action needs to be taken.

This decision is recommended to the KBSP Independent Chair who makes the final decision whether to commission a DHR.