



# Examination of adult complainant of domestic violence (as per current guidance, for individuals aged 16 years and over)

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## Confidential

Note: This form has been designed by Dr Jeanne Herring and updated by Dr Helena Thornton on behalf of the Academic Committee of the Faculty of Forensic and Legal Medicine for use by Forensic Physicians, Nurses or Paramedics, (Forensic Clinicians). It is provided to assist the examining clinician in the assessment of an adult complainant of domestic violence. It is to be regarded as an aide-memoire and it is therefore NOT necessary for all parts of the pro forma to be completed. On completion, this form is the personal property of the examining clinician.

## 1. Examination details

Venue \_\_\_\_\_

Date of examination \_\_\_\_\_

Time of arrival \_\_\_\_\_

Time examination commenced \_\_\_\_\_

Dependents other than children \_\_\_\_\_

Number of children and their ages \_\_\_\_\_

Occupation \_\_\_\_\_

## 2. Forensic Clinician details

Name \_\_\_\_\_

Regulatory No \_\_\_\_\_

GP details \_\_\_\_\_

Consent to write to GP YES  NO

## 3. Police details

Name of investigating officer \_\_\_\_\_

Collar Number \_\_\_\_\_ Station \_\_\_\_\_

## 4. Others present

Name and relationship to complainant \_\_\_\_\_

## 5. Complainant details

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender: Female  Male

Transgender  (specify) \_\_\_\_\_

Ethnicity \_\_\_\_\_

Marital Status: Single  Married  Separated

Divorced  Civil partnered

Lives with \_\_\_\_\_

## 6. Consent to examination and report

"I \_\_\_\_\_ consent to a forensic medical examination as explained to me by \_\_\_\_\_"

insert name of forensic clinician to include:

- a. Full medical examination from top to toe
- b. Collection of forensic specimens/clothing
- c. Taking photographs for record and evidential purposes
- d. Consent for the use of anonymised data from this pro forma to be used for audit/research/clinical governance purposes (cross out as appropriate)

"I understand that \_\_\_\_\_"

(insert name of forensic clinician)

may have to produce a report based on the examination and that details of the examination may have to be revealed in court.

I have been advised that I may strike out any of the above before I sign, and halt or decline the examination at any time.

"I understand that the information recorded on this form and any photographs taken may be later required by the court."

"I am aware that due to the Children Act (2003) professionals have a duty of care to share information with other agencies for the safeguarding of children."

Signed \_\_\_\_\_

Dated \_\_\_\_\_



Complainant's name

DOB

Age

Date

### 7. History of assault from police

Briefing from officer (note name and contact details) \_\_\_\_\_

Police have full statement/ABE/VRI YES  NO

Viewed by forensic clinician YES  NO

### 8. History from the complainant

Details of alleged assault (try to avoid leading questions but if necessary Record question and answer, verbatim)

Specific questions – has there been any strangulation? If so – nature of strangulation (manual, one-handed or two, symptoms at time, symptoms since)

Use of drugs or alcohol within 24 hours of the alleged assault?

Are you hurt anywhere?

And how did that happen? \_\_\_\_\_

Did you have any injuries before this incident? \_\_\_\_\_

Did the alleged assailant sustain any injuries?

YES  NO  UNKNOWN

(details) \_\_\_\_\_

Had the assailant used drugs or alcohol within 24 hours of the alleged assault? (details) \_\_\_\_\_

Were any children present during the alleged assault? (details)

Have you visited any other doctors or hospitals with injuries relating to previous alleged domestic violence from the same alleged assailant? \_\_\_\_\_

(details) \_\_\_\_\_

Has there been any sexual assault? (record positive response verbatim)

Mouth  Vagina  Anus

**If there is an alleged sexual assault, advise need to move to sexual assault referral centre, (SARC), and change pro forma**

Any weapon used? YES  NO

(details) \_\_\_\_\_

Damage to clothing? YES  NO

(details) \_\_\_\_\_



Complainant's name \_\_\_\_\_

DOB \_\_\_\_\_

Age \_\_\_\_\_

Date \_\_\_\_\_

## 9. Medical history

Past medical/surgical history/hospital visits/fractures/severe injuries?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take medication regularly? (details. NB include prescribed, over-the-counter and recreational drug)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Mental health problems

Have you attended a doctor for mental health problems?

(details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any symptoms of depressed mood? (e.g. anhedonia, anergia, sleep disturbance)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any symptoms of acute or chronic anxiety? (e.g. panic attacks)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of suicide attempts/thoughts/DSH \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Learning difficulties or other vulnerabilities (NB be aware of undiagnosed learning difficulties – ask about schooling, extra help, how do they manage daily life/work?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DASH assessment (domestic abuse, stalking, harassment and honour based violence)

Has a DASH form already been completed by police?  
If so – has the FP seen the completed form?

If not – FP to ensure form is completed:

*DASH form 2009*

*Young People's (YP) DASH form*

## 10. Systems examination *if relevant*

### CVS

Pulse rate/character \_\_\_\_\_ BP \_\_\_\_\_

Heart Sounds \_\_\_\_\_

Other findings \_\_\_\_\_

### RS

Trachea/air entry/PN etc \_\_\_\_\_

Breath Sounds \_\_\_\_\_

PE FR *if indicated* \_\_\_\_\_

### Abdomen

LKKS \_\_\_\_\_

Tenderness/Masses \_\_\_\_\_

Bowel sounds \_\_\_\_\_

### CNS

Pupil size and reactions \_\_\_\_\_

Eye movement/nystagmus \_\_\_\_\_

Conjunctivae \_\_\_\_\_

Balance/Coordination \_\_\_\_\_

Reflexes \_\_\_\_\_



Complainant's name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

11. Examination

Name(s) of person(s) present \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Skin colour \_\_\_\_\_ Hair colour \_\_\_\_\_

Demeanour \_\_\_\_\_ Disability (note type) \_\_\_\_\_

Table with 3 columns and 10 rows for 'Head to Toe Survey'. Includes sections for Scalp/hair, Face, Eyes, Lips, Neck, Back, Arms R/L, Fingers & nails R/L, Front of chest, Ears, Inside mouth/palate/teeth, Abdomen, Legs R/L, Feet/ankles/soles R/L, and Buttocks. Includes instructions: 'Detail below and record on body diagrams. Include measurements, colour, shape, site and forensic type of injury, etc. Document negative findings and record injuries on body diagrams.'

12. After care

After care given YES [ ] NO [ ]

(details) \_\_\_\_\_

Antibiotics given YES [ ] NO [ ]

(details) \_\_\_\_\_

Analgesia/anti-inflammatory given YES [ ] NO [ ]

(details) \_\_\_\_\_

Other medication given YES [ ] NO [ ]

(details) \_\_\_\_\_

Referrals

Referral for Hep B immunisation YES [ ] NO [ ]

(details) \_\_\_\_\_

Referral to hospital YES [ ] NO [ ]

(details) \_\_\_\_\_

Referral to GP YES [ ] NO [ ]

(details) \_\_\_\_\_

Referral for ENT opinion in cases of strangulation YES [ ] NO [ ]

(details) \_\_\_\_\_



Complainant's name	DOB	Age	Date
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Referral to Dentist YES  NO

(details) \_\_\_\_\_

Referral to other support services YES  NO

(details) \_\_\_\_\_

Post-assault leaflet given YES  NO

(details) \_\_\_\_\_

Advice given to complainant YES  NO

(details) \_\_\_\_\_

\_\_\_\_\_

Time examination concluded \_\_\_\_\_

Time notes concluded \_\_\_\_\_

Dated and signed by forensic clinician \_\_\_\_\_

### 13. Safeguarding considerations and referrals

Where is complainant going now? \_\_\_\_\_

\_\_\_\_\_

Where are the child/children of the complainant now?  
(confirm if not applicable)

\_\_\_\_\_

Are there safety concerns for the complainant and/or children at this/these place(s)? YES  NO

Where is alleged assailant now? \_\_\_\_\_

\_\_\_\_\_

What is the plan for alleged assailant if in custody? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Referrals

#### Social Care Emergency Duty Team referral for children

Record date and time of conversation and with whom and their contact details

Confirm written referral sent

And confirm receipt when and by whom

#### Referral to refuge or another safe place for complainant

Place and contact details

#### Complete DASH form

Either local form or

*DASH form 2009*

or for young people *YP DASH form*

#### Referral to MARAC

Confirm when referral sent and details of receipt and by whom

### CONCLUSIONS/ADVICE GIVEN TO POLICE

\_\_\_\_\_

\_\_\_\_\_

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