



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

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

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

8. History from the complainant

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

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

(details) _____

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

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

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

(details) _____

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

Are you hurt anywhere?

Any weapon used? YES NO

(details) _____

And how did that happen? _____

Damage to clothing? YES NO

(details) _____

Did you have any injuries before this incident? _____

Did the alleged assailant sustain any injuries?

YES NO UNKNOWN

(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) _____

| Head to Toe Survey | | | |
|--|---------------------------|---|-----------------------|
| 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. | | | |
| Scalp/hair | | Fingers & nails R/L (note if cut/broken/false/bitten) | |
| Face | | Front of chest | |
| Eyes | Ears | Breasts | |
| Lips | Inside mouth/palate/teeth | Abdomen | |
| Neck | | Legs R/L | Feet/ankles/soles R/L |
| Back | Buttocks | Additional details, e.g. jewellery injuries, items lost at scene, self-harm marks, tattoos, piercings | |
| Arms R/L | Hands/wrists R/L | | |

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 |
|--------------------|-----|-----|------|
|--------------------|-----|-----|------|

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
