



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 & 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 _____

Location of the children _____

Home Address of the children _____

2. Forensic Clinician details

Name _____

Regulatory No _____

GP details _____

Occupation _____

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 _____

How would you describe your gender? _____

Is this the same as at birth? _____

Ethnicity _____

Marital Status: Single Married Separated

Divorced Civil partnered

Lives with _____

Dependants other than children _____

Names of children and their ages _____

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:

- Full medical examination from top to toe
- Collection of forensic specimens/clothing
- Taking photographs for record and evidential purposes
- 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 a report may have to be produced for court based on the examination and that details of the examination may have to be revealed in court."

"I may cross out any of the options (a) to (d) above before I sign, and stop or refuse to go ahead with the examination at any time."

"I have been given the opportunity to ask any questions."

"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 child safeguarding/protection legislation professionals have a duty of care to share information with other agencies and to share information to keep vulnerable adults safe, including referral to Multi-Agency Risk Assessment Conference (MARAC)."

Signed _____

Date _____



Complainant's name	DOB	Age	Date
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7. History of assault given by police

Briefing from officer (note name and contact details)

Are you hurt anywhere?

And how did that happen? _____

Police have full statement / ABE / VRI YES NO

Viewed by forensic clinician YES NO

Did you have any injuries before this incident? _____

8. History from complainant

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

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)

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

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

Use of drugs or alcohol within 24 hours of the alleged assault (details)

Have you visited any other doctors, nurses, paramedics/ ambulance crew or clinics or hospitals in relation to this incident?

Alcohol use - frequency, amount _____

(details) _____

Have you visited any other doctors, nurses, paramedics/ ambulance crew or clinics or hospitals with injuries relating to previous alleged domestic violence from the same alleged assailant?

Substance use - drug, frequency, amount length of use, escalating or decreasing

(details) _____



Complainant's name	DOB	Age	Date
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Has there been any sexual assault? (record positive response verbatim) Mouth Vagina Anus

Ever prescribed any medication? If so, which?

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

Any weapon used? YES NO

(details) _____

Ever been hospitalised? _____

Any thoughts of taking your own life? Any plans? Any attempts?

Damage to clothing? YES NO

(details) _____

Have you ever self-harmed? _____

Have you ever experienced psychosis? _____

Learning Difficulties

Learning difficulties including neurodevelopmental differences

9. Medical History

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

Medication _____

Allergies _____

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

Has a DASH form already been completed by police?

YES NO

What is the score? _____

DASH form 2009
Young People's (YP) DASH form

If so – has the FC seen the completed form?

YES NO

If not – FC to ensure form is completed:

Are there any restraining / non-molestation orders in place?

YES NO

Mental health problems

Any mental health difficulties or illnesses? _____

Is the case open to MARAC?

YES NO



Complainant's name

DOB

Age

Date

10. Systems examination *if relevant*

CVS

Pulse rate/character _____

BP _____

Heart Sounds _____

Other findings _____

RS

Trachea/air entry/PN etc. _____

Breath Sounds _____

PEFR *if indicated* _____

Abdomen

LKKS _____

Tenderness/Masses _____

Bowel sounds _____

CNS

Pupil size and reactions _____

Eye movement/nystagmus _____

Conjunctivae _____

Balance/Coordination _____

Reflexes _____

Cranial nerves _____

Tone _____

Power _____

Sensation _____



Complainant's name _____ DOB _____ Age _____ Date _____

11. Examination

Consider forensic samples as per the FFLM guidelines

Name(s) of person(s) present _____

Height _____ BMI _____ Weight _____

Skin colour _____ Hair Colour _____

Demeanour _____ Disability (note type) _____

Table with 4 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, Hands/wrists R/L, Breasts, Abdomen, Legs R/L including knees, Feet/ankles/soles R/L, and Additional details.

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

To whom and why? _____

Post-assault leaflet given YES NO

(details) _____
