Faculty of Forensic & Legal Medicine

Forensic Examination - Adult Victim of Suspected Assault/Non-Accidental Injury (NAI)

(for individuals aged 18 years and over)

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Confidential

Note: This form has been designed by Dr Elisabeth Alton and Prof Margaret Stark on behalf of the Academic Committee of the Faculty of Forensic & Legal Medicine for use by Forensic Clinicians. It is provided to assist the examining clinician in the assessment of an adult complainant of assault. 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

Location _____

Date of examination _____

Time of arrival _____

Time examination commenced _____

2. Forensic Clinician details

Name _____

Regulatory No _____

GP details of complainant

_____

Consent to access GP records YES ☐ NO ☐

3. Social worker Details

Name of social worker _____

Workplace _____

Mobile number _____

4. Others present

Name and relationship to complainant _____

_____

5. Details of Victim

Name _____

Date of birth _____

How do they describe their gender? _____

Is this the same as at birth? _____

Ethnicity _____

Marital Status: Single ☐ Married ☐ Separated ☐

Divorced ☐ Civil partnered ☐

Accommodation type _____

Address _____

_____

_____

6. Capacity to consent to examination and report

"I consent to a forensic clinical examination as explained to me by

_____ ."

(insert name of forensic clinician)

to include (cross out as appropriate):

a. Full clinical examination as appropriate
b. Taking photographs for the record and evidential purposes
c. Consent for the use of anonymised data from this pro forma to be used for audit/research/clinical governance purposes
d. My place of care may change
e. My carers may change
f. The alleged perpetrator may be prosecuted
g. The information may be shared with adult social care and the police

"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)."

Lacks Capacity (attach capacity assessment) Yes/No

Consent gained via:

LPA for health and welfare ☐ Court appointed deputy ☐

Best interest decision (MCA 2005) ☐ Wider public interest ☐

Signed/verbal consent _____

Date _____

Names of those consulted for best interest decision

_____

_____

_____

Complainant's name	DOB	Age	Date

7. History of assault from Social Worker

Briefing from Social Worker (note name and contact details)

Local authority paperwork YES ☐ NO ☐

Viewed by forensic clinician YES ☐ NO ☐

Body diagram YES ☐ NO ☐

Relevant history from other professionals e.g. name/ profession/place of work

Communication Needs

8. History from Victim

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

Are you hurt anywhere?

And how did that happen?

Did you have any injuries before this incident?

Did the alleged perpetrator sustain any injuries?

(details)

Were any other people present during the alleged assault? (details)

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

(details)

Have you visited any other doctors, nurses, paramedics/ ambulance crew, clinics or hospitals with injuries relating to previous alleged physical abuse 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, need to move to sexual assault referral centre, (SARC), and change pro forma

Complainant's name	DOB	Age	Date

9. Medical History

Past medical/surgical history. What care and support needs makes the person unable to protect themselves?

Medication, especially if they affect clotting

Allergies

Learning Disabilities (including neurodevelopmental disorders)

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. General physical examination

Consider forensic samples as per the FFLM guidelines

Name(s) of person(s) present _____

Height _____ BMI _____ Weight _____

Skin colour _____ Hair Colour _____

Demeanour _____

Physical examination		
Detail below and record on body diagrams. Include measurements, colour, shape, site and forensic type of injury, tenderness and signs of healing etc. Document negative findings. Consider photo documentation.		
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 including knees	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	

Recommendations

To whom and why? _____

_____

_____

_____

_____

_____

_____

_____

Complainant's name	DOB	Age	Date

Advice given to victim/carer YES ☐ NO ☐

(details)_____

_____

_____

_____

_____

_____

Time examination concluded _____

Time notes concluded_____

Date and signed by forensic clinician

_____

12. Safeguarding considerations and referrals

What does the complainant need to keep them safe?

_____

_____

_____

_____

Do any close contacts need a safeguarding referral/being made safe?

_____

_____

_____

_____

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

What is the relationship of the alleged perpetrator to the complainant?

_____

_____

_____

What is the plan for alleged perpetrator? _____

_____

_____

_____

_____

13. Initial conclusions/advice to social worker/police

(continue overleaf if necessary)

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Complainant's name	DOB	Age	Date

Additional Notes *(use additional information page as required and tag to this form)*

Complainant's name	DOB	Age	Date

Additional Notes *(continued)*

Complainant's name	DOB	Age	Date

Additional Notes *(continued)*

Prepared by Dr Elisabeth Alton and Prof Margaret Stark
on behalf of the Faculty of Forensic & Legal Medicine
(adapted from the Domestic Violence pro forma)
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Send any feedback and comments to forensic.medicine@fflm.ac.uk