



# IMPRODOVA

## Factsheet

### Documentation in cases of domestic violence

#### Medical examination and securing of evidence

In cases of domestic violence, making accurate and complete notes during an investigation is crucial, as medical records can be used as evidence in court. If the victim agrees to a forensic examination, it may be necessary to consult a forensic pathologist.

The following aspects should be considered after the disclosure of domestic violence:

- The medical history should follow standard medical procedures, but it should be remembered that victims who have experienced domestic violence are likely to be traumatized. Medical records they may have should be checked and one should avoid asking questions they have already answered.
- Every aspect should be explained and informed consent should be obtained for every aspect.
- If they want to go to the police, they are told that they need to have forensic evidence secured and what the evidence gathering would involve.
- If they have not yet decided whether or not to go to the police, the evidence can be secured and stored.
- If victims want evidence secured, they can contact a specially trained provider, such as a violence victims' ambulance, who can do this.
- A thorough physical examination should be performed. Findings and observations should be recorded clearly with the help of body maps. A body map is attached to this factsheet.

- The findings in the patient's medical records are documented in the patient's own words, but further questions are also asked if necessary.

A victim of domestic violence should not be forced to talk about the assault if he or she does not want to. Questions should in all cases be limited to what is necessary for medical care.

#### Documentation

Medical staff have a professional obligation to record the details of any consultation with a patient. In daily practice, however, these records are often very brief. In cases of domestic violence, it is important that the records should reflect what the patient has said in their own words and what they have seen and done.

#### How to document

- Describe exactly what had happened, using the patient's own words.
- For example, the patient states that *"my husband kicked me twice in the stomach"* and not *"the patient claims to have been attacked"*.
- Injuries should be documented in as much detail as possible (including type, extent, age and location) by using body maps to show injuries and to record whether an injury and a victim's explanation for it are consistent.
- For example: *"The patient has four small, two-cent bruises on her upper arm, 2 cm apart"*. The patient reported: *"I fell down, I don't really remember what happened"*.

- Every relevant behaviour observed needs to be recorded, in detail and factually, rather than expressing a general opinion: for example, instead of *"the patient was desperate"*, one writes *"the patient cried during the appointment, trembled visibly and had to stop several times to collect herself before she could answer a question"*.
- Photographs of the injuries should be taken or those taken of the injuries presented at the time of the consultation should be authenticated. File notes should include the date and time and clearly identify the patient. You must clearly identify yourself as the author and sign the record. The records must not contain any generalisations or unfounded opinions. Any errors should be corrected and initialized, the report should be presented in sequence and only approved symbols and abbreviations should be used.
- Detailed records should always be kept of what has been discussed with a patient - even if the suspicion of domestic violence has not led to disclosure. The patient may disclose information in the future.
- For reasons of confidentiality, it must be ensured that only those who are directly involved in the care of the victim have access to the records.
- Police investigations and future legal proceedings can be supported by detailed documentation. However, the information may not be passed on to third parties without the victim's consent.

## Sources

Ali, McGarry (2019): Domestic Violence in Health Contexts: A Guide for Healthcare Professions

Department of Health and Social Care (2017): Responding to domestic abuse: A resource for health professionals:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/597435/DomesticAbuseGuidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/597435/DomesticAbuseGuidance.pdf)

Hegarty (2011): Intimate partner violence – Identification and response in general practice:

<https://www.racgp.org.au/download/documents/AFP/2011/November/201111hegarty.pdf>

RACGP (2014): Abuse and Violence: Working with our patients in general practice:

<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/white-book>

UN Women, UNFPA, WHO, UNDP and UNODC (2015): Essential services package for women and girls subject to violence - Module 2: Health essential services:

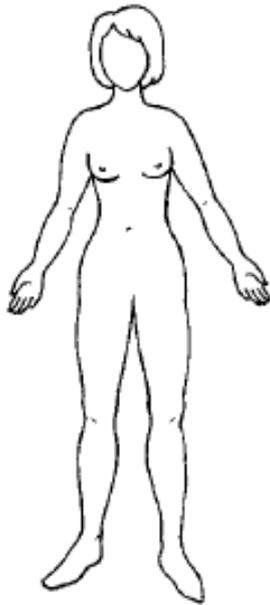
<https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/essential-services-package-module-2-en.pdf?la=en&vs=3835>

Women's Legal Service NSW (2019): When she talks to you about the violence – A toolkit for GPs in NSW:

<https://www.wlsnsw.org.au/wp-content/uploads/GP-toolkit-updated-Oct2019.pdf>

## Example of an injury location chart

Indicate, with an arrow from the description, the location where the injury was observed. Indicate the number of injuries observed. Mark and describe all bruises, scratches, lacerations, and other injuries.



Encounters: \_\_\_\_\_

Cuts \_\_\_\_\_

Bites \_\_\_\_\_

Bruises \_\_\_\_\_

Burns \_\_\_\_\_

Bone fracture \_\_\_\_\_



Source: Adapted from *Improving the Health of Women: A Manual for Health Care Providers*, by Carol O'Leary. San Francisco: The Family Violence Prevention Fund.

---