

Medical assessment and securing of evidence

Factsheet

“Homicide is a leading cause of death during pregnancy and the postpartum period.”

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.

Conducting in-person screening for domestic violence proves effective, especially when utilising a valid and reliable screening tool in a private, one-on-one environment. Find more information on “Screening for Domestic Violence” [here](#).

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

- **A medical history needs to be taken.** This should follow standard medical procedures, but it should be remembered that victims who have experienced domestic violence are likely to be traumatised. Any medical reports they may have should be checked and one should avoid asking questions they have already answered.
- **Every aspect of the examination should be explained.** Informed consent should be obtained for every aspect.
- **If a victim considers involving the police,** they should be informed about the need for forensic evidence and its collection process. If they are undecided, the evidence can still be secured and stored.
- **If victims want evidence secured,** they can contact a specially trained provider, such as a violence victim outpatient clinic, who can do this if you do not feel prepared enough to secure evidence.
- **A thorough physical examination should be carried out.** Findings and observations should be recorded clearly and concisely with the help of body maps.
- **The findings in the patient’s medical records are to be documented** in the patient’s own words, but further questions should be also asked if necessary.

Conducting a respectful medical assessment involves minimising power differentials, offering control to the patient, seeking permission, and explaining each step. Address any discomfort or difficulties the patient may have, encourage questions, and periodically check anxiety levels. Maintain eye contact, emphasise the examination’s purpose and benefits, and allocate extra time for a thorough and considerate assessment.



Click [here](#) for an explanation Video on “How to document domestic violence in the Health Sector”.

Documentation



Find detailed information to

how to document sexual violence

[here](#).



Find detailed information on

[gynaecology/obstetrics, emergency room, paediatrics](#) and [dentistry](#).

“The solicitors said there just wasn’t enough evidence on my health records. Nothing to suggest my ex was to blame for my injuries. I was so let down. I thought my doctor had written down everything I said.”

Before you commence documentation, always clarify whether a sexual assault, and thus evidence collection, is the primary focus of the documentation. Always use a documentation sheet and evidence collection kit for documenting injuries and securing evidence. This will guide you through the medical assessment and support you in a systematic approach.

- Describe each **injury** in the **dimensions**: localisation, shape/boundary, size, colour, type.
- If possible, **document** injuries **before** they receive **medical care**.
- **Document purely descriptively!** Refrain from interpreting findings, such as estimating the age of the wound or assessing whether an injury was inflicted externally.
- **Photographs** are particularly informative and can supplement written documentation.
- Create documentation that is easily comprehensible for **non-medical professionals**, including lawyers, police, and members of the judiciary. Avoid the use of abbreviations and complex medical terminology to enhance clarity and accessibility.

Here are some examples for written documentation: ⁽¹⁾

Avoid legal terms or those that imply disbelief or judgment	Use terms that are objective, descriptive if helpful
Patient <i>alleges</i> that his girlfriend burned him with a curling iron.	Patient <i>states</i> that his girlfriend, Olivia, grabbed the curling iron out of her hand and held it against her neck.
Patient <i>denies</i> that girlfriend burned him, claims that he burned herself.	Physical findings of a burn are of size and shape consistent with report that it was caused by a curling iron. Severity and location of the burn <i>appear inconsistent with patient’s report</i> that she burned herself.
Patient <i>became</i> hysterical while describing the incident.	Patient <i>cried</i> and <i>was shaking</i> uncontrollably while describing the incident.

Consent



Consent to undertake the examination should be obtained from the individual or their guardian. The consent should be specific to each procedure (and particularly the genital examination), to the release of findings and specimens, and to any photography. The victim may consent to some aspects and not others and may withdraw consent. The consent should be documented by signature or fingerprint. ⁽²⁾

Confidentiality



The confidentiality of the medical forensic examination is governed by specific privacy laws, which vary based on the patient's age, circumstances, and the examination's location, with potential differences between countries. Generally, physicians have the legal duty to respect patient confidentiality. ⁽³⁾

Helpful sources

They can be found [here](#).

⁽¹⁾ DOCUMENTING CLINICAL EVIDENCE OF ABUSE- "FIRST DO NO HARM" BMC Domestic Violence Program, November 2020, p. 2, accessed 01.12.23.

<https://www.bumc.bu.edu/gimcovid/files/2021/01/Abuse-Documentation-Guide-2020.pdf>

⁽²⁾ World Health Organization (WHO). (2015). Clinical guidelines for responding to intimate partner violence and sexual violence against women, p. 27. Retrieved from

https://www.unodc.org/documents/publications/WHO_RHR_15.24_eng.pdf

⁽³⁾ "A National Protocol for Intimate Partner Violence Medical Forensic Examinations", U.S. Department of Justice Office on Violence Against Women, May 2023, p. 44, accessed 22.11.23.

<https://www.safeta.org/wp-content/uploads/2023/05/IPVMFProtocol.pdf>

Images

1. Image (consent) by [storyset](#) on Freepik
2. Image (confidentiality) by [studiogstock](#) on Freepik