*In reflecting upon your learning from this resource on DVA we have asked you to consider four aspects:*

* Thinking about two cases studies as a health care professional what would raise your concerns about DVA in these cases?
* What would be your initial response and how would this link to the flow diagram and narrative shown earlier?
* What courses of action would you take and what support is available to you?
* What are the main issues when recording your concerns?

*To provide some insight perhaps you might want to consider the following for the two case studies that you choose:*

Example Case Study 1 in the Emergency Department

Things you would consider:

How has the patient arrived in ED, are they accompanied and if so how do they appear around these other people. If they arrived using other services for example, ambulance, police are there some details you could obtain from them about the incident?

Perhaps the perpetrator of the injury is with your patient. Does your patient seem keen to speak to you alone? Is it possible to speak to your patient alone, how could you create an opportunity to speak to the patient alone.

Are you able to locate any previous history of DVA or attending your care facility? Is the victim or perpetrator known to local services, for example social care, do they have a social worker that needs to be contacted?

You should be considering the overall safety of your patient. Ascertain if they feel safe once they have received treatment and discharged Do you need to consider safety of others, for example family members including children, members of the public, other work colleagues? If they attended with friends are you able to get a clear picture of the situation, are they able to verify what happened and how the patient sustained the injury? Are there any concerns about the nature of the injury and if linked to the suspect?

In this case study the patient has disclosed DVA, what procedures are in place to support them? Do you know how to assess the patient in terms of risk (high, medium or low risk) and how is this recorded? What happens to this paperwork and how is it followed up? For example in some UK ED referrals are immediately faxed to a central DART OR MARAC service and paperwork submitted to a central hospital safeguarding team or nominated person.

What information is available that you could provide to your patient now and when they leave your care? Have you explained to your patient about the referral procedure? If children are involved have you explained that a referral will be automatically completed?

What feedback and follow up is available for you. As a healthcare professional are you aware of what support services are available to you?