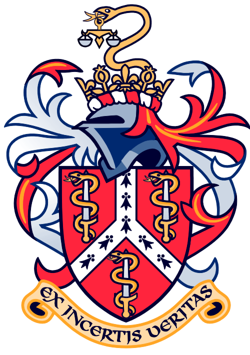

Faculty of Forensic & Legal Medicine

Forensic Science Sub-committee

NEWSLETTER July 2021

Updated versions of the following documents are available in July 2021:

- Recommendations for the collection of forensic specimens from complainants and suspects;
- Recommendations for the collection of forensic specimens from complainants and suspects - the evidence;
- FME form - complainants;
- FME form - suspects;
- Recommended equipment for obtaining forensic samples from complainants and suspects.

Please note:

- It is no longer necessary to exhibit a control swab
- It is no longer necessary to exhibit the couch cover
- In relation to the ground sheet and seat cover, you can exhibit this if there is material on it
- Lubricants will be added to vaginal and anal swab kits
- There are now separate forms (FME forms) for custody and for complainants

Training

It is essential that any Healthcare Professional (HCP) has the appropriate training before taking forensic samples. The questions submitted to the FSSC repeatedly highlight the need for initial and ongoing training and work-place based supervision to ensure that HCPs have the knowledge, skills, and attitudes and are therefore competent to perform the role. Please do not hesitate to contact the FFLM if you need help with training: *https://fflm.ac.uk/resources/publications/recommendations-introductory-training-courses-in-general-forensic-medicine-gfm*.

The next Training Course in General Forensic Medicine is Monday 18 – Friday 22 October 2021 and there will be one day of face to face training where forensic sampling is covered. The rest of the course will be delivered remotely see: *https://fflm.ac.uk/fflm-study-days-and-courses*.

Streamlined Forensic Reporting

The FFLM has appointed Dr Bernadette Butler to the Medical Streamlined Forensic Reporting (SFR) National User Group. We thank Bernadette for volunteering for this role and look forward to updates in due course.

New Guidance is now available ***here*** and this covers Medical SFR reports. For more information see: *https://www.fcn.police.uk/services/science/streamlined-forensic-reporting-sfr*.

Questions to the FSSC

1. **The FSSC received a question from a police officer about the content of page 1 of the FME form. He was concerned that the front page of the FME form may constitute an interview of a suspect and may not be appropriate if forensic samples were being taken in the early stages of an investigation before the suspect had received legal advice.**

   The Committee discussed these concerns. The detailed questions on the front sheet are very important to the forensic scientists in interpreting the results of the forensic samples taken.

   The current form is used for both complainants and suspects and the FSSC decided that although it is essential that HCPs are trained in all aspects of taking samples, there should be separate forms for complainants and suspects. These have been published this month July 2021.

   Unfortunately the relevant information/paperwork regarding samples is not routinely being provided to the forensic scientists. It is recognised that there are alternative versions of these forms, both electronic and paper, and this is perfectly acceptable as long as the relevant information is provided to the forensic scientist. The FME form should be exhibited with the forensic samples by the HCP and given to the officer who takes the samples from the HCP.

2. **An enquiry was received regarding performing forensic sampling on a female complainant that had received non-consensual oral sex on her. I had a look in the latest FFLM guidelines, however I was unable to find relevant information regarding that, therefore I would be grateful if you can inform me the guidance regarding that and also possibly considering putting that in future guidelines updates.**

   The Committee discussed this and felt there was a training issue and advised that it was covered in the *Recommendations* under skin, genital and vulval swabs.

3. **A query was received about the development of a specific kit that would have all the swabs, pen, rulers etc. that have also been ethylene oxided. Whilst we have procedures in place in our SARC for pens, rulers etc., having them in a single use kit form etc. would seem much better. Is this something the FSSC should consider?**

   Pens could be put through ETO treatment, however, there would be a cost implication as it would turn them into single use items. The committee agreed it was an unnecessary expense and that it was a training issue to ensure items were cleaned between examinations.

4. **We are seeing a few cases where the defence argue semen detected on vaginal swabs was introduced by digital penetration. The defence argue that we cannot prove that the amount of semen seen on swabs is from ejaculation and not the introduction of semen from a hand/fingers i.e. ejaculation onto the hands then introduced into the vagina (we are talking about a decent amount of semen, not traces). Is there an expectation that:**

   A. **a significant amount of semen could be introduced into the endocervix via digital penetration.**

   B. **skins cells can be transferred into the endocervix via digital penetration. If it is believed DNA can be transferred via digital penetration should endo swabs be taken for digital penetration allegations or is the fact they are not taken tell us there is no realistic expectation of a DNA transfer into the endocervix from digital penetration?**

   A paper has been published on detecting male DNA on vaginal swabs in sexual assault (listed in the *Evidence document*) and male DNA was found on the endocervical samples in some cases of alleged digital penetration.

   There was a discussion as to whether endocervical swabs should be part of the digital penetration kit and it is advised that the HCP should take the whole set of samples if possible, especially if there is a lack of clarity on the nature of the assault. The committee agreed no changes were required to the recommendations as it was a training issue.

5. **I am looking for some advice please. I work as a sexual offence examiner and I am emailing to ask for guidance on having the option to open windows after a forensic examination i.e. after swabs have been taken to ensure that there is fresh air circulation. As you are aware we are in the middle of a pandemic. I have been told that "We are following forensic guidance that advises against opening windows in the forensic examination suite and instead to employ the ventilation system that we have in place." I have specific concerns about the risk of covid being in an enclosed space for a lengthy period of time. Any guidance on this matter would be deeply appreciated.**

   The committee advised that the windows should be kept closed whilst samples were being taken. However, they could be opened afterwards once the samples had been bagged. The windows would need to be closed again before another examination and before the room is cleaned.

6. **Instructions on the urine collection kit and the early evidence kit appear to contradict each other with regards to retaining the tissue wipe used - what is the reason for this?**

   The toilet tissue should be retained for early biological evidence but this is never required for toxicology purposes.

7. **Could we have clarity over the order of swabs undertaken as it has come to light that we take in different orders:**

   1) Vulval 2) Perianal 3) Low Vaginal 4) High Vaginal 5) Endocervical 6) Anal 7) Rectal

   OR

   1) Vulval 2) Low Vaginal 3) High Vaginal 4) Endocervical 5) Perianal 6) Anal 7) Rectal

   The order of swabs taken is dependent on the agreement of the patient, the position of the person being examined, and the skill of the examiner.

   It is recognised that depending on when the perianal sample is taken, it could be contaminated as the speculum is removed, and if there is a risk of contamination being introduced to the area then the perianal swab should be taken first. It is important to remember that the perianal swab needs to be a true representation as to what was there before the anal and rectal swabs are taken. If anal swabs are to be taken these should be taken first.

   In summary the order of the swabs is dependent on the individual circumstances, and would need to be decided on a case by case basis. However, the order in which the samples are taken must be carefully documented.

8. **Should swabs from the buttocks or breasts/nipples of a female detainee in custody be classed as intimate samples? They aren't included under PACE so wanted to see what the consensus is.**

   The committee advised that although these samples were not classed as intimate samples under PACE and would not need the Inspector's authorisation, HCPs would usually take them.

9. **In relation to the toxicology (not RTA) kits - I realise the kits are being standardised but some forces have two bottles with two white tubs in and HCPs are sending both to the lab, in separate evidence bags. Some forces only have one bottle with one tub. As it's one sample, I would have thought only one was required.**

   If the lab need more than one bottle's worth of blood, maybe a bigger bottle should be manufactured? Or is one (full) yellow bottle generally enough for the lab? Is there any disadvantage of sending two samples (one split sample) in separate white tubs to the lab?

   It is recommended to put both bottles in the same evidence bag and submit this to the laboratory. All the forensic science providers are set up to analyse the samples using the current bottles.

10. **We have been asked by our police force if it is for a healthcare professional in custody to retrieve drugs from the foreskins of male or is there any guidance that is known to support this request.**

    The HCP should retrieve drugs from the foreskin of a male suspect as this is an intimate search.

11. **I have a question about court acceptance of self-taken intimate samples. We have been wondering how often such samples are taken and if the subsequent results are accepted by the court, or are they challenged by the defence? Is there a difference in acceptability of witnessed sampling versus unwitnessed?**

    There is little evidence on this matter as the number of cases with self-taken swabs is still quite low (whether witnessed or not). Although there had been a slight increase in the number of self-taken swabs at the beginning of the pandemic, there was not a significant increase overall.

    There was also the issue that self-taken swabs could not be interpreted as internal swabs. This had not been challenged in court as it was clearly documented that the self-taken swabs could not address penetration as a speculum or proctoscope had not been used. There was also the potential for contamination from the outside into the inside.

    Anecdotally there have been a couple of self-taken swab cases being challenged in court.

Produced by Prof Margaret Stark
on behalf of the Faculty of Forensic & Legal Medicine
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Send any feedback and comments to forensic.medicine@fflm.ac.uk