



# Recommendations for the examination of adult female suspects of sexual assault

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## Principles

Suspects of any gender have the right to high quality therapeutic and forensic care from an appropriately trained Healthcare Professional (HCP) (see below).

When performing intimate examinations of adult female suspects of sexual assault under arrest and detained in police custody consideration must be given to the following key principles:

1. The examination must take place in an appropriate environment;
2. The HCP conducting the examination must be appropriately trained (theoretical knowledge) and have the necessary competencies (skills);
3. Cross contamination must be avoided.

HCPs are not necessarily skilled in both General Forensic Medicine (GFM) and Sexual Offence Medicine (SOM). Therefore there may be a need for a joint examination to be performed. Each case should be carefully considered and a decision made on an individual basis. Arrangements should be made to work in partnership with the local SARC.

The Police must ensure that they have in place commissioned services to include the assessment and management of female (including transgender) suspects where intimate samples may be needed.

## Environment

The examination of any suspect should be performed in an appropriate environment with privacy and access to the necessary equipment.<sup>1</sup>

In the case of a female suspect the necessary equipment will include:

- A couch with appropriate lighting to perform a vaginal examination;
- Access to disposable instruments (proctoscope, speculum);
- The full range of forensic kits.<sup>2</sup>

If the examination is to be performed in a police station, the local sexual assault referral centre (SARC) may be able to provide some of the necessary equipment, such as a head lamp from an out-of-SARC examination bag used to perform examinations in sites other than a SARC, e.g. a hospital/prison. Alternatively the local or neighbouring county SARC may be willing to do an examination in the SARC facility.

In either case this may be a joint examination depending on the skill set of the individual practitioner.

If a suspect is moved to a SARC there will be security issues to be addressed. If, on rare occasions, a suspect is taken to the SARC care needs to be taken to avoid coincident or concurrent attendance of the complainant not just for contamination concerns but for the complainant's emotional wellbeing.

## Competencies of the HCP<sup>3</sup>

The HCP should be competent to perform the examination required and must have the following knowledge and skills:

1. Understanding of the law (the requirements of the Police and Criminal Evidence Act (PACE) and the associated Codes of Practice) in relation to those detained by the police and the science behind the taking of forensic samples;
2. Knowledge of the current FFLM recommendations on the range of appropriate forensic samples to be taken from suspects;<sup>4</sup>
3. Competent to perform an ano-genital examination, pass a speculum and proctoscope, identify and document injuries accurately;
4. Colposcopy imaging of injuries may be required, therefore access to a colposcope is essential including an appropriately skilled practitioner to support the HCP;
5. Forensic samples should be taken in line with the *FFLM recommendations*. The HCP should take the intimate samples and self-swabbing should only be considered if the suspect declines to have swabs taken and consents to taking self-swabs. In cases where self-swabs are taken, the HCP should document clearly the discussions with the suspect, including instructions of how to take the samples, where they were taken e.g., examination room, and if anyone observed the swabs being taken.

## Contamination reduction<sup>5</sup>

**Different** HCPs should examine the complainant and suspect from the same incident, in separate facilities, to prevent cross contamination. Disposable barrier clothing should be worn to minimise the risk of contamination.

Appropriate cleaning of the area/facility and equipment to be used for the examination should be carried out using suitable cleaning agents, both pre and post examination.



## References

1. FFLM (2019)  
*Operational procedures and equipment for clinical rooms in police stations & Operational procedures and equipment for clinical facilities in Sexual Assault Referral Centres (SARCs)*
2. FFLM (2021)  
*Recommended equipment for obtaining forensic samples from complainants and suspects*
3. FFLM (2019)  
*Quality Standards in Forensic Medicine and Quality Standards for Nurses and Paramedics*
4. FFLM (2022)  
*Recommendations for the collection of forensic specimens from complainants and suspects*
5. Forensic Science Regulator Guidance (2020)  
*DNA Anti-Contamination – Forensic Medical Examination in Sexual Assault Referral Centres and Custodial Facilities*