

Faculty of Forensic & Legal Medicine

Sexual offences: PRE-PUBERTAL complainants

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The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

The flow chart overleaf must only be used after consideration of the following:

The flowchart is for the use of forensic clinicians and paediatricians. It is also important to consider who holds parental responsibility.

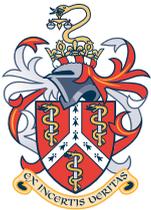
It is intended to help the decision making process when deciding if a forensic medical examination is warranted in 'child-unfriendly' hours, or can wait and be done during the day.

It is intended that it is only a guide. Decisions must be made on a case-by-case basis as to whether an earlier examination is required, with consideration given to external factors as necessary. Record clearly details of any discussions and decisions made, including their rationale

Wherever there is doubt, a discussion should take place between the referring party (usually the investigating officer), the forensic physician on call and/or paediatrician, as appropriate.

It is also important to consider who holds parental responsibility for the child or young person.

The needs of the child should always be paramount.



In all cases consideration must be given to:

1. General welfare of young person.
2. Medical needs including;
 - a. Injuries
 - b. Post-exposure prophylaxis
 - c. Advice on STI screening
3. Safeguarding issues including child protection issues.
4. Other forensic opportunities such as early evidence including Early Evidence Kits (EEKs), clothing, nappies, bedding etc.

Has a Sexual Offence Medicine (SOM) trained forensic clinician and/or paediatrician with the requisite training, experience & qualifications considered these issues?

Yes

Has there been oral, vaginal or anal – penile or digital penetration or ejaculation on the body surface?

No

Consider waiting until the morning if issues in Box A have been considered and don't indicate an earlier examination

No

Within the last 12 hours?

Yes

Reconsider these factors

Examine without delay, including out of hours

Box A

1. The extent of allegations in terms of sexual activity are known.
2. Relevant early evidence collection, including EEKs has been undertaken.
3. Any delay will not significantly compromise opportunity to obtain trace evidence, e.g. if the complainant defecates or showers.
4. Providing that the delay does not push the examination outside any of the maximum time frames for relevant forensic samples as per the most recent FFLM *Recommendations for the collection of forensic specimens from complainants and suspects*. Remember the chances of obtaining trace evidence are not consistent within the recommended maximum time frames, but decreases within that timeframe, reducing the likelihood of recovery. Washing, wiping, urinating, defecating, contact with clothing and bedding etc. will affect the retention of evidence.