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Royal College of Paediatrics and Child Health



Faculty of Forensic & Legal Medicine

Sexual offences: POST-PUBERTAL complainants

Oct 2022 Review date Oct 2025 – check www.fflm.ac.uk for latest update

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:

If the complainant is a child, i.e. under 18 years of age, this flowchart is for the use of relevant forensic clinicians and paediatricians. It is also important to consider who holds parental responsibility.

If the complainant is an adult, i.e. over 18 years of age, this flowchart is for the use of forensic clinicians.

It is intended to help the decision making process when deciding if a forensic medical examination is warranted between the hours of midnight and 7am, or can wait and be done by the day team.

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 clinician on call and/or paediatrician, as appropriate.

The needs of the child should always be paramount as is also the case for an adult complainant.

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3. Any delay will not significantly compromise opportunity

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

to obtain trace evidence, e.g. if the complainant

defecates or showers.

affect the retention of evidence.

page 2

Has a Sexual Offence Medicine (SOM) trained In all cases consideration must be given to: Forensic Clincian / Paediatrician with the 1. General welfare of young person/complainant. requisite training, experience & qualifications 2. Medical needs including; considered these issues? a. Injuries b. Emergency contraception c. Post-exposure prophylaxis d. Advice on STI screening 3. Safeguarding issues including child protection issues. Yes 4. Early Evidence, including Early Evidence Kits (EEKs). Has there been oral, vaginal or anal – penile or digital penetration or ejaculation on the body surface? No Yes Consider waiting until the morning if issues in Box A have Within the last 12 hours? No been considered and don't indicate an earlier examination **Reconsider these factors** Wait until not intoxicated Is the complainant intoxicated Yes In the meantime consider other to a degree that they do not forensic opportunities such as have capacity to consent to a EEK, clothing etc forensic medical examination? **Box A** No 1. The extent of allegations in terms of sexual activity are 2. Relevant early evidence collection, including EEKs has been undertaken. Examine without delay,

Produced in Jan 2016 by Dr Catherine White on behalf of the of the Faculty of Forensic & Legal Medicine

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Send any feedback and comments to forensic.medicine@fflm.ac.uk

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including out of hours