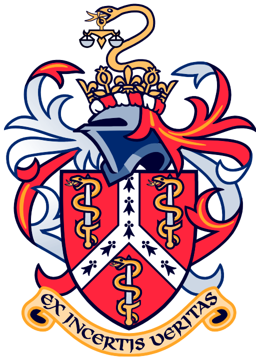

Faculty of Forensic & Legal Medicine

Care of Suspects of Sexual Assault in Police Custody

Jun 2024 Review date Jun 2027 – 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.

Medical History

It is important to conduct a full assessment so that any vulnerabilities are identified and any medical issues that may become relevant in the case, for example a history of diabetes or certain medications that can affect potency. The Forensic Clinician will also need to provide the usual assessment of fitness to be detained and interviewed and manage risks.

Mental Health History and Risk Assessment

Being arrested for sexual offences, especially child sex offences or possession of indecent images, confers a higher risk of suicide upon release from custody.[1] This risk can be increased further if there is a history of mental disorder or self-harm. All detainees need to have a thorough mental health and risk assessment and a plan put in place for *support services on release if needed*. The Lucy Faithfull Foundation[2] contains some useful resources for people accused of child sexual offences in addition to sources of support provided in primary care and secondary mental health services.

As always when assessing the risk of suicide of a detainee in police custody, it is important to explore what this arrest means for this person. The vast majority of detainees will be released on police bail, and it is known that this can be highly stressful and be a risk factor for suicide.[3]

Men with autistic spectrum disorder and intellectual disabilities can be overrepresented in sexual offenders. This is due to a normal drive to develop intimate relationships but poor social skills to allow them to negotiate the complex social interactions necessary. These men may not be known to services and onward referrals should be made from police custody.

Many other physical and mental health problems such as dementia or organic brain disorders can present with sexual disinhibition which can lead to arrest.

In healthcare models where the service is provided by a mix of professionals such as Registered General Nurses or Paramedics, there should be availability of a senior and suitably experienced Forensic Clinician to provide more detailed assessment of mental health and risk.

Safeguarding

Although the Police should ensure the safety of children to whom a suspected abuser has access to, the Forensic Clinician should take a full social history, identify areas of risk, and make appropriate safeguarding referrals. It is the Forensic Clinician's responsibility to identify these issues and make the referrals.[4]

Similarly, a child suspect is likely to have a wide range of vulnerabilities and the Forensic Clinician needs to take full responsibility for assessing these and contacting the relevant Safeguarding Board to make sure that these are addressed and to prevent delay in release due to the need for secure accommodation etc. Forensic Clinicians are reminded of the FFLM's safeguarding referral proforma which can be accessed here *Proforma - Child Safeguarding Summary Referral.*

Forensic Examination of Suspects

A Forensic Clinician should never examine a suspect and a complainant of the same sexual assault allegation as there is the risk of cross contamination[5].

If in exceptional circumstances this is necessary, the Forensic Clinician must record the reason for this being necessary and take *appropriate precautions against cross contamination* recording these precautions in their contemporaneous notes. The forensic laboratory, and later the Courts must be made aware of this.

On occasion, liaison with the Forensic Clinician conducting the examination of the complainant can be helpful, particularly if a complainant may have caused injury to the suspect.

Providers should ensure staff are trained in the taking of forensic specimens and that the examination rooms used[6] for sampling are cleaned to a high enough standard, with suitable cleaning materials, to prevent DNA cross contamination.

Thorough examination for the presence or absence of injuries and careful documentation of any injuries should take place. Photography should be undertaken by a suitably trained professional if relevant.[7] Similarly a note of any distinguishing marks around the genital area such as piercings and their specific location / the presence or absence of pubic hair / birth marks should be noted.

The collection of intimate samples from suspects, as per s64 of the Police and Criminal Evidence Act 1984, requires lawful authorisation by an officer of the rank of Inspector or above and specific written consent.

Further consent needs to be taken from suspects aged 17 and below.[8]

The Forensic Clinician should consider the guidance regarding chaperones, provided by their regulatory body.

Sampling should be in accordance with the *Recommendations for the Collection of Forensic Specimens from Complainants and Suspects*[9] which are updated twice yearly.

Samples should be labelled and submitted in line with the *Recommendations - Labelling Forensic Samples*.[10]

Sexual Health Aftercare

All persons engaging in unprotected sexual intercourse should have regular sexual health checks. In cases of alleged sexual assault all suspects should be advised to attend a Genito Urinary Medicine (GUM) clinic for STI screening. Some sexual encounters are higher risk than others and if the allegation may confer a higher risk of serious infection such as HIV or Hepatitis B a suspect has the right to access post exposure prophylaxis in a timely fashion.[11]

Matters of confidentiality can be critical and each case must be assessed on its merits. It is recommended that the case be discussed with the local Infectious Diseases Consultant on call out of hours or a Genito Urinary Medicine Consultant within hours who can advise on such matters.

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3. Kothari R, Key R, Lawrenson J, Squire T, Farnham F, Underwood A (2021)
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6. FFLM
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8. *Recommendations - Consent from Children and Young People in Police Custody in England and Wales for Medical Examinations*
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10. *Recommendations - Labelling Forensic Samples*
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on behalf of the Faculty of Forensic & Legal Medicine
© Faculty of Forensic & Legal Medicine, Jun 2024 Review date: Jun 2027
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