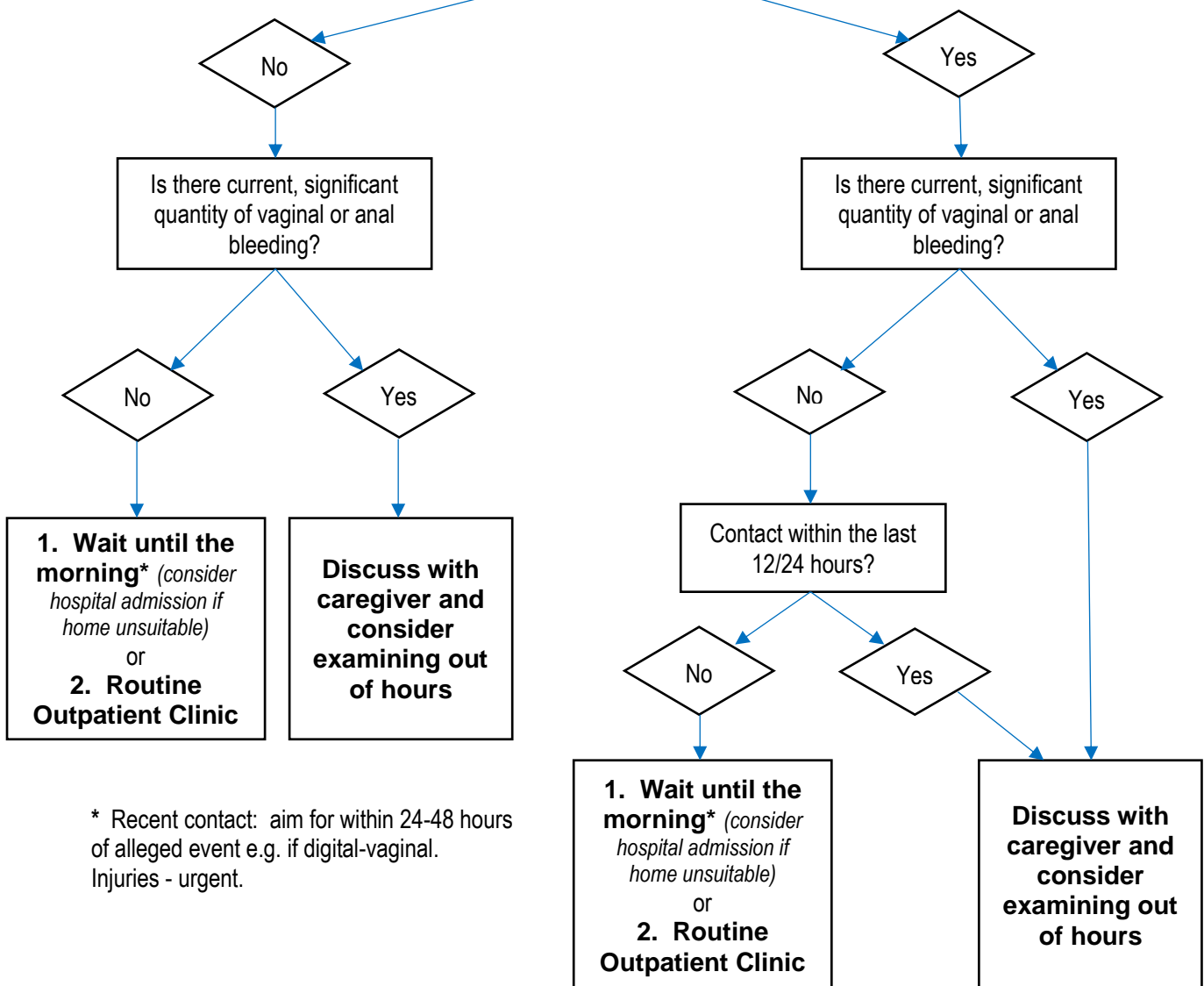


# GUIDANCE FOR TRIAGE OF PRE-PUBERTAL CASES

Gather information from referrer:

1. What exactly happened? (i.e. nature of alleged contact)
2. When did it happen? (or time frames if not known for certain)
3. Has the child bathed / showered / washed?
4. Any symptoms e.g. bleeding, pain?
5. Any other possible cause of symptom?
6. General physical condition of young person.
7. Safeguarding issues including child protection issues.
8. Other possible forensic opportunities such as clothing.

Has there been clear disclosure of skin to skin (i.e. not through clothes) oral, vaginal, or anal - penile or digital penetration or ejaculation on the body surface?



\* Recent contact: aim for within 24-48 hours of alleged event e.g. if digital-vaginal. Injuries - urgent.

# GUIDANCE FOR TRIAGE OF PRE-PUBERTAL CASES

This flowchart must only be used after consideration of the following:

## **Purpose:**

1. Reduce the burden on the child and family/caregivers
2. To take into account ethical use of finite resources

The flowchart is for the use of forensic physician and paediatricians. 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.

- **The needs of the child should always be paramount.**
  - 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.
- 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.