

Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill

Stage 1 debate: Briefing from RCN Scotland

Key messages

- RCN Scotland welcomes the Bill which will increase equity of access to healthcare services for people who have been hurt by rape and sexual crime.
- However we disagree with the proposal to restrict access to self-referral services to those over 16 years old and believe the Bill should better reflect the reality that significant numbers of children are the victims of sexual crime.
- Future workforce planning will be central to the success of the self-referral model and the RCN has been at the forefront of the project to develop the role of nurse sexual offence examiners to enable them to undertake forensic medical examinations and give evidence in court. Providing expert nurses to undertake this work will improve access and support the provision of trauma informed and person-centred care.

Statutory duty for health boards

- We strongly support the provision of a clear statutory duty for health boards to provide forensic medical examinations to victims. Setting out in legislation that the responsibility for the delivery and continuous improvement of these services lies with health boards, should provide equity of access to person-centred and trauma-informed services that address an individual's healthcare needs in a holistic way.
- Placing the responsibility for the provision of examinations on health boards will also ensure that clinicians undertaking these examinations can refer to other NHS specialities without barriers.

Self-referral

- Giving victims of sexual crime the ability to self-refer for a forensic medical examination increases choice and control for victims and should encourage more people to come forward by enabling them to access trauma-informed healthcare services without first having to make a police report. We strongly agree that a victim should be able to access a forensic medical examination, appropriate healthcare and person-centred support, whether or not they have reported the crime to the police.
- People can be diffident in reporting immediately to police for reasons of trauma, culture, gender, religion and fear. If we can accept that the complainant/patient already knows what has happened to them, the provision of self-referral services absolutely makes sense to ensure access to trauma-informed and person-centred care.

- It is important that the structure and framework for self-referral is clearly set out in legislation, regulations and guidance to ensure that what will be a new service for most health boards, is consistently delivered across Scotland. It is vital that the correct governance arrangements, high standards and robust inspection regimes are in place to ensure that any evidence collected during forensic medical examinations under the self-referral model support any future court proceedings.

Proposal to restrict self-referral to people over 16 years old

- We disagree with the proposal to restrict access to self-referral services to those over 16 years old and believe that this doesn't reflect the reality of sexual offending. The SPICe briefing accompanying the Bill shows that over 1,600 sexual crimes against children aged 15 and under were recorded in 2018-19. Enabling a child under 16 to self-refer provides another route for that child to seek help and access trauma-informed services immediately, as well as triggering safeguarding.
- If children under 16 were able to self-refer then the framework would need to reflect that fact that it would remain the case that health professionals would be duty bound to report what has happened to the relevant authorities in line with existing child protection guidance and clinical practice.
- In accessing a self referral service, a person under 16 would have access to a trauma informed, person-centred practitioner, such as a Gender Base Violence Nurse or advanced forensic practitioner nurse, in order to make an initial disclosure. It is good to be mindful of the likelihood that children may scope services that they feel confident to approach for disclosure. This would allow care to commence in full knowledge that child protection and safeguarding would be triggered on disclosure. We feel that the ability to disclose to a self-referral service adds another route to safety for children who have experienced sexual violence.
- Despite this important difference, we are of the view that enabling victims under 16 to self-refer without first making a police report would have many of the same benefits as introducing this for adults. They would be able to seek help in a person-centred, trauma-informed environment and have their healthcare needs met. Healthcare professionals would be required to involve the police, but the young person would receive support throughout this process.
- We therefore believe that restricting access to people over 16 is a missed opportunity. The Bill should better reflect the reality that significant numbers of children are the victims of sexual crime and should receive special support.

Workforce

- Ensuring that forensic medical examinations are available locally in a timely manner will require an increase in the workforce, particularly if these changes result in an increase in demand for these services. The Scottish Government estimates that service demand could increase by approximately 10% following the introduction of self-referral.
- Future workforce planning will be central to the success of the self-referral model and the RCN has been at the forefront of the project to develop the role of nurse sexual offence examiners to enable them to undertake forensic medical examinations and give evidence in court.

- The driving principle for supporting this development and innovation in Scotland is to provide equity of healthcare and examination for all people who have been hurt by rape and sexual crime. Timely access to suitably qualified, experienced and skilled professionals should be a right for all citizens in Scotland following rape or sexual assault. Providing expert nurses to undertake this work will improve access and support the provision of trauma informed and person-centred care.
- Having to wait for a forensic medical examination causes significant additional distress and trauma. Delays can be particularly challenging for those who live in rural and island communities. Providing a workforce of suitably trained nurses to do the examination role is part of the solution to providing a consistent and evidence-based service, as specialist nurses can be part of a 24/7 workforce within the Health Boards.

Storing and retaining evidence

- This is a complex issue and it is vital that there are very clear policies regulating the collection and retention of evidence, as well as a robust inspection regime. Such policies will need to address ethical as well as practical governance issues and must ensure that a consistent, evidence-based approach is followed.