

HEALTH AND SPORT COMMITTEE

RCN Scotland submission on the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill

The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect members, shaping national health policies, representing members on practice and employment issues and development opportunities. With around 40,000 members in Scotland, the RCN is the voice of nursing.

Placing the responsibility for the provision of examinations on health boards will also ensure that clinicians undertaking these examinations can refer to other specialities without barriers. Accepting the incidence of rape and sexual assault as a volume crime, which causes levels of complexity for the complainant/patient and clinician, Occam's Razor approach allows us to know that a person will most likely be experiencing an acute trauma, with potential healthcare needs that can be met by onward referral. i.e. mental health, child protection, dental trauma and maxilla facial trauma to suggest a few instances. Having the full services of the NHS available to the referring clinician can help provide equivalence and equity of health care for complainants of rape and sexual assault.

For example, a complainant complaining of throat pain following assault is referred to ENT who visualise and record a blunt force trauma resulting in documentation of injury and also appropriate health care response such as mitigating infection risk and providing assurance for the recovery of the individual by diagnostics which serve to reduce anxiety.

2. What are the key benefits of providing forensic examination on a self-referral basis (whereby victims can undergo a forensic medical examination without first having reported the incident to the police)? What problems may arise from this process?

RCN Scotland welcomes the provisions in the Bill to provide forensic medical examination on a self-referral basis. 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. Health boards will be enabled to collect and retain potentially crucial evidence to support any future police investigation. We strongly agree that a victim should have a right to access a forensic medical examination, appropriate healthcare and person-centred support, whether or not they have reported the crime to the police.

Patients who have been traumatised have conveyed the importance of trust and equity between patient and provider and that the provider be experienced, knowledgeable and non-judgemental (Reeves and Humphries 2018). Positive relationship building, respect and safety are the key elements that counteract shame and mistrust in patients (Muzik et al 2013). Giving the opportunity for people to self-refer to a health care service following rape further demonstrates the provision of equitable health care. People can be diffident in reporting immediately to police for reasons of trauma, culture, gender, religion, safety, and fear. Some will approach on a number of occasions before making a disclosure of sexual assault. If we can accept that the complainant/patient already knows what has happened to them, the provision of self-referral services is an endorsement of the veracity of trauma-informed and person centred care in Scotland.

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.

The legislative framework and guidance must ensure that individuals with a learning disability or other cognitive impairment, or who are deaf or sensory impaired, have their specific needs met when accessing a forensic medical examination.

3. Are there any issues with the 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. Enabling a child under 16 to self-refer provides another route for that child to seek help and receive trauma-informed care and support immediately. While the policy memorandum states that this proposal does not preclude a young person from seeking access to healthcare ahead of a police report, enabling them to self-refer for a forensic medical examination may encourage more young people to come forward.

If people under 16 were able to self-refer then the framework would need to be different to the adult framework, to reflect that fact that it would remain the case that health professionals would still be duty bound to report what has happened to the relevant authorities in line with existing child protection guidance and clinical practice. Yet 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 right 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

the self-referral model and the RCN has been at the forefront of promoting advanced practice development for nurses that work in the field of sexual offences and forensic examination. Jess Davidson, RCN Fellow and Chair of the RCN Nursing in Justice and Forensic Health Care Forum, sits on the CMO Taskforce's workforce and training sub-group as well as the expert group set up to take forward recommendation 6 of the HMICS report to develop the role of Nurse Sexual Offence Examiners in Scotland.

The driving principle for supporting this development and innovation in Scotland, is to provide equity and equivalence 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 for all citizens.

