CONSULTATION

Clinical pathways to support adults who experienced sexual assault (2019)

RAPE CRISIS SCOTLAND

Response ID ANON-PG9S-F92U-9

Submitted to **Clinical Pathways and Guidance for Healthcare Professionals Working to Support Adults who Present Having Experienced Rape or Sexual Assault in Scotland**
Submitted on **2019-01-29 12:04:42**

Section 1: The pathway

1 Is the pathway person-centred?

Not Answered

1. Is the pathway person-centred?:
It has the potential to be person centred but depends really on the delivery by the personnel involved. The narrative makes clear what a trauma informed approach should look like, and that survivors should be given meaningful choice about who they engage with, e.g. whether they report to the Police, and whether they can access a female examiner, but the manner and approach of the people at key points within the pathway determine whether this is meaningfully done and that people don't feel under pressure to report or engage with the Police or specific services.

2 Does the pathway show understanding of trauma and reduce the risk of causing further trauma to an individual?

Yes

2. Does the pathway show understanding of trauma and reduce the risk of causing further trauma to an individual?:
The narrative makes this clear but delivery depends very much on the training, understanding and experience of the personnel involved.

It also depends on whether the services and logistics are in place to ensure that there are female examiners available for everyone, that people do not have lengthy waits where they are unable to wash, and that their access needs are considered.

The biggest retraumatiser and current barrier to forensic engagement which survivors consistently identify to us is the lack of female examiners. Having to wait unwashed for 12 hours to see a female examiner, or have immediate access to an examination by a male is not a meaningful choice and is one which will result in more traumatisation.

3 Is the pathway easy to navigate?

No

If no, what would make it easier?:
It is not clear in the early stages.

What is the 'point of access'? Does this mean any health care service? The journey between point of access and disclosure assumes that services feel able to explore and encourage disclosures. Whilst there is routine enquiry training in some health care services around disclosure the focus is on domestic abuse often with closed questions about feeling safe with your current partner rather than wider risk. Many workers feel unsure and lacking in confidence about proactively exploring presentations and dealing with disclosure, including GP's who are often the gateway to other services. We have had numerous reports from survivors around their engagement with GPs and health professionals where the first response was to call the Police, without consent.

It states that 'pathway choices are offered and supported throughout with informed choice and consent'. This is a vital step and important for health boards to consider who is doing this. Even with the brief guidance at the back of this document it is highly unlikely that a GP/generic health worker would be able to meaningfully talk through with someone about the options around reporting to the Police and the criminal justice process. This requires criminal justice knowledge not just health care, and will not be adequately covered by the information on the justice process within this document. Hopefully the multiagency work would enable a next step which would then enable this, as opposed to assuming generic first responders have this. This is an ideal role for Rape Crisis Advocacy workers and the Rape Crisis Scotland Helpline who have the specialist support and criminal justice knowledge to support this process.

From there it notes that 'trauma support is established' but it is not clear what this means. Does this mean by doing the above that this is in place, or that this is something separate. Important that health boards consider how this is done and by whom.

We agree that these are all key steps which should be in place, however these need to be meaningfully done in order for it to be fully person centred and trauma informed.

4 Are there any gaps in the pathway?

Yes

If yes, please provide details on where the gaps are and how they can be filled.:
It is not clear how the trauma support is established above and who is assisting the survivor to explore their options and choices. It could be interpreted that 'trauma support established' is in the manner of the health care worker such as the GP, and not something more robust and meaningful. Rape Crisis support & advocacy staff would be ideal for providing this, and the evidence noted in the evaluation below highlights how vital having this early access to specialist support and information is in navigating the justice process. The Rape Crisis national helpline, which is currently open 6pm to midnight provides timely access to this support and information and could also play a key role but is limited currently to 6pm to midnight. For both the Nation Advocacy Project and the national helpline there are some issues of capacity and additional funding would be required to ensure timeous specialist access.

Engaging with the criminal justice process can be a daunting one and having early access to support & advocacy can be ‘life changing’ (according to the evaluation of the Rape Crisis National Advocacy Project’.
https://www.sccjr.ac.uk/publications/evaluation-of-the-rape-crisis-scotland-national-advocacy-project-final-report-2018/) Having the support & advocacy option highlighted prior to Police engagement would enable informed choice about engagement.

It is not clear about who would do the psychosocial needs assessment. Is this still the initial health care worker, or a further option? In the box at the bottom it references a number of agencies, but Rape Crisis, the only specialist national organisation working with survivors, is not listed amongst them, albeit listed later in the document. Health professionals can be wary of making referrals outwith the NHS so without overt naming are unlikely to do so. The introduction to the document talks about multiagency and partnership, so this needs to be reflected in the pathway. Given the document is aimed at being used as required it may be when someone needs it they do not have time to read the whole document and will only refer to crucial key information so this should be listed here. Also it states ‘offer a choice of services’. This could mean give a leaflet with a number of organisations, but if many services have lengthy waiting lists this is not really a choice. Given p44 references immediately available there needs to be a review locally of what the capacity is to respond timeously.

Also currently the pathway notes either do people want to report or they don't. There is a further option of intelligence sharing. Rape Crisis Scotland currently facilitates intelligence sharing with the Police through the online EPPIC system. Is this something which could be considered for those who do not feel ready/able to engage? This could be explored, or at least referenced. This is an issue for consideration with Police Scotland.

5 Does the pathway reflect the processes and research outlined in the guidance document?

No

If no, please be specific with your reasons.:
All of this is based on someone making the initial disclosure. Whilst the document talks about what trauma informed practice is it would be useful to include some very brief guidance about enabling and dealing with disclosure.

It might also be helpful to include some research on the role and benefits of advocacy support through the criminal justice process. As well as the full document above there is a summary document here https://www.sccjr.ac.uk/wp-content/uploads/2018/01/RCS-NAP-Evaluation-Summary-Report_2018.pdf

Section 2: Healthcare

1 Is the healthcare component of the pathway person-centred?

Not Answered

If no, please be as specific as you can with your reasons and include any resources or references about this topic we should consider.:
Again much of this depends on the manner and approach of the personnel so trauma informed training is vital. Workers need to recognise the power they hold as health professionals and to ensure the patients feel able to make choices and have as much control as possible. As noted above the gender of the examiner is the key piece of negative feedback around current provision.

2 Does the healthcare component show understanding of trauma and reduce the risk of causing further trauma to an individual?

Not Answered

If no, please be as specific as you can with your reasons and include any resources or references about this topic we should consider.:
Again much of this depends on the manner and approach of the personnel so trauma informed training and ongoing practice development is vital.

Some of the qualitative feedback comments around the forensic examination and how distressing it was relates to the manner, warmth and compassion of the examiner, aside from the gender and the other logistical considerations.

3 Do you agree with the healthcare components:

a) Emergency contraception - a) Emergency contraception:

If no, please be as specific as you can with your reasons and include any resources or references about this topic we should consider.:
No further comment

b) Pregnancy risk - b) Pregnancy risk:

If no, please be as specific as you can with your reasons and include any resources or references about this topic we should consider.:
No further comment

c) Sexually transmitted infections (STIs) –including hepatitis vaccines and HIV post-exposure prophylaxis - c) Sexually transmitted infections (STIs) –including hepatitis vaccines and HIV post-exposure prophylaxis:

If no, please be as specific as you can with your reasons and include any resources or references about this topic we should consider.:
It is helpful you have noted self taken swabs as an option. Collaborative approaches to overcoming barriers to forensic and health care procedures are highly valued by survivors.

d) Psychosocial risk assessment, including domestic abuse and suicide risk assessment - d) Psychosocial risk assessment, including domestic abuse and suicide risk assessment:

If no, please be as specific as you can with your reasons and include any resources or references about this topic we should consider.:
It is positive that the key points highlight that the survivor should not be expected to coordinate multiple follow up appointments. Another key piece of feedback we have had through the monthly Police Direct Referral feedback protocol is where the forensic appointment has not considered the sexual health or pregnancy concerns and that they were signposted to others to address this. Having coordinated and proactive follow up services given the trauma is vital.

4 Do you have any further comments or additions about the healthcare component of the pathway?

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We have heard of people being sent from A&E to forensic services without addressing their injuries for fear of losing forensic evidence. Whilst it notes in the text that injuries may need to be addressed first is there any other guidance for A&E staff which should be considered?

Section 3: Preserving Forensic Evidence

1 Is the forensic examination process person centred?

Not Answered

Please provide further comments to support your answer.:
Again as with 1.1. It has the potential to be person centred but depends really on the delivery by the personnel involved. The narrative makes clear what a trauma informed approach should look like, and that survivors should be given meaningful choice about who they engage with, eg whether they report to the Police, and whether they can access a female examiner, but the manner and approach of the people at key points within the pathway determine whether this is meaningfully done and that people don't feel under pressure to report or engage.

2 Does the forensic examination process show understanding of trauma and reduce the risk of causing further trauma to an individual?

Not Answered

Further comments:
Again as with 1.2 The narrative makes this clear but delivery depends very much on the training, understanding and experience of the personnel involved.

It also depends on whether the services and logistics are in place to ensure that there are female examiners available for everyone, that people do not have lengthy waits where they are unable to wash, and that their access needs are considered.

The biggest retraumatiser and current barrier to forensic engagement which survivors consistently identify to us is the lack of female examiners. Having to wait unwashed for 12 hours to see a female examiner, or have immediate access to an examination by a male is not a meaningful choice and is one which will result in more traumatisation.

3 To your knowledge, does the forensic examination component support and enable the legal process?

Not Answered

If no, please be as specific as you can with your reasons and include any resources or references about this topic we should consider.:
Enabling anonymous storing of forensic samples across the country will significantly increase options for survivors who have not yet had the time to fully consider whether they want to/are in a position to formally report.

4 Do you agree with the guidance on colposcopy outlined in this document?

Not Answered

If no, please be as specific as you can with your reasons and include any resources or references we should consider in relation to colposcopy.:
No further comment

5 Do you agree with the guidance in this pathway on informed consent?

Yes

If no, please be as specific as you can with your reasons and include any resources or references we should consider in relation to informed consent.:

6 Do you agree with the guidance in this pathway on incapacity?

Yes

If no, please be as specific as you can with your reasons and include any resources or references we should consider.:

7 Do you have any further comments or additions about the guidance on preserving forensic evidence?

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No further comment

Section 4: Follow-up care and referrals

1 Is the follow-up care component person-centred?

Yes

If no, please be as specific as you can with your reasons and include any resources or references we should consider.:

2 Does the follow-up care component show understanding of trauma and reduce the risk of causing further trauma to an individual?

Yes

If no, please be as specific as you can with your reasons and include any resources or references we should consider.:
The gender of the support worker should also be considered and not limited to that of the examiner.

3 Are there any gaps (such as services or referrals) in the follow-up care component?

Yes

If yes, please be as specific as you can with your reasons and include any resources or references we should consider.:
See comments re 1.4 -(repeated here) It is not clear how the trauma support is established above and who is assisting the survivor to explore their options and choices. It could be interpreted that 'trauma support established' is in the manner of the health care worker such as the GP, and not something more robust and meaningful. Rape Crisis support & advocacy staff would be ideal for providing this, and the evidence noted in the evaluation below highlights how vital having this early access to specialist support and information is in navigating the justice process. The Rape Crisis national helpline, which is currently open 6pm to midnight provides timely access to this support and information and could also play a key role but is limited currently to 6pm to midnight. For both the Nation Advocacy Project and the national helpline there are some issues of capacity and additional funding would be required to ensure timeous specialist access.

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4 Does the follow-up care component support smooth transitions between services?

Not Answered

If no, please be as specific as you can with your reasons and include any resources or references we should consider.:
This will be very much dependent on how this is put into practice. Building relationships between key partners, which is already underway in a number of health board areas to forge constructive pathways between statutory and third sector services is vital, as is adequate resourcing to enable services to be able to effectively and timeously respond. Identifying who coordinates this will be key.

5 Do you have any views or comments on the information that survivors should receive after accessing healthcare and forensic medical examination services?

5. Do you have any views or comments on the information that survivors should receive after accessing healthcare and forensic medical examination services?:
For information on a survivors' journey through the justice process it would be useful to highlight the online video resources produced by Rape Crisis Scotland featuring NHS, Police Scotland and COPFS. The English language version can be found here https://www.youtube.com/watch?v=xTlDX1hDZjY
It is also available in a number of languages and with subtitles. We did have copies in DVD format though feedback latterly is that online access is preferable. Work is about to begin on updating this resource, through the Scottish Government.

RCS also have a range of support resources which we use all the time and are valued by survivors, the most commonly requested are those looking at trauma https://www.rapecrisisscotland.org.uk/resources/RCS-supportresources-trauma.pdf healing
https://www.rapecrisisscotland.org.uk/publications/RCS-supportresources-healing.pdf and coping strategies
https://www.rapecrisisscotland.org.uk/resources/RCS-supportresources-coping.pdf Edinburgh Rape Crisis also produce a very helpful self help resource; the 'little green book' . https://www.ercc.scot/wp-content/uploads/2016/08/Little-Green-Book.pdf

The Scottish Government recently commissioned us to review this question with a view to reviewing their current resource

https://www2.gov.scot/Publications/2011/06/13141931/0 and how best to meet this need. Survivors noted that having access to PDF versions of these resources as well as hard copies which gave a sense of comfort and companionship where they could interact with a physical copy was very helpful. There is some ongoing work planned from this.

It is important that resources are produced in a number of languages, in easy read format and in BSL/subtitles. This is an example produced by Enable with input from us https://www.rapecrisisscotland.org.uk/publications/enable-abusebooklet-easyread.pdf

In our Police feedback survivors often cannot remember what information they were told so having clear information in written/digital format for later reference is important. Checking whether this information is better given out or whether email is better for later reference. Having clear online access is also helpful for safety and access purposes.

Section 5: The National Form

1 How would the national form support implementation of this pathway?

1. How would a national form support implementation of this pathway?:
No further comment

Section 6: Final comments

1 Are there any key areas of research missing?

No

If yes, what would you like to see considered? Please provide a link to the research/publication where possible and flag which elements of the guidance they relate to.:

Do you have any comments or additions on topics which are not covered in previous sections? Please be specific in your reasons and include any resources or references we should consider.

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The pathway references the importance of having evaluation structures in place and this will be vital in ensuring that the intentions of this work are being met and survivors voices and experiences are being valued and acted upon.

About you

What is your name?

Name:
Sandie Barton

What is your email address?

Email:
sandie.barton@rapecrisisscotland.org.uk

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:
Rape Crisis Scotland

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:
Very satisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:
Slightly satisfied

Please enter comments here.:
I wanted to draft our organisation's response first so it could be shared with colleagues. The documents online don't include a word document and the PDF even when converted had formatting issues which made this impossible. In terms of access it would be better to also include a word version in the online list of documents.