

## **About the RCPCH**

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 18,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

## **Equally Safe - A consultation on legislation to improve forensic medical services for victims of rape and sexual assault**

1. Should a specific statutory duty be conferred on Health Boards to provide forensic medical services to victims of rape and sexual assault, for people who have reported to the police as well as for those who have not?

### **Yes**

Please provide reasons for your response in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

**RCPCH Scotland Child Protection committee agrees that responsibility should be conferred on Health Boards to provide forensic medical services towards people who report rape and sexual assault, regardless of whether they have reported it to police. However, in terms of children and young people (CYP), Health Boards also have a duty under child protection procedures to report any assault and this must be clearly outlined in any legislation.**

2. Do you have any views on how a legislative framework for the taking and retention of samples, personal data and other evidence in the case of police referral should operate?

### **No**

Please provide reasons for your response in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

**Although the committee has no suggestions for a legislative framework in the case of police referral, members agree there is a need to ensure there is a clear forensic chain of evidence from health to police in these cases.**

3. Do you have any views on how a legislative framework for the taking and retention of samples, personal data and other evidence in the case of self-referral should operate?

**Yes**

Please provide reasons for your response in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

**From the perspective of paediatricians, we would not consider self referral an appropriate pathway for children and young people because of the duty to consider child protection and involve police in all cases of alleged rape or sexual assault.**

4. More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on data protection and privacy (the handling of personal data including "special category" data about health)?

**No**

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

5. How might legislation help safeguard victims' rights to respect for their dignity?

**See below**

Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

**Legislation to consider dignity will feed into national standards and quality indicators that have already been developed by Health Improvement Scotland, the Managed Clinical Networks and the Chief Medical Officer taskforce. How this is documented may not be as simple as responding to a request for a specific gender of examiner - despite more paediatricians being female, there is still no ability in acute settings to offer a gender specific examiner. In addition, the requirement for a joint paediatric forensic examination leads to there often being both male and female examiners present but the need to corroborate and support the challenges of an examination means that both are usually "hands on". The needs of the CYP are taken into account but this is by no means always possible. A joint examination is exactly that and the 2 skill sets of paediatrician and Forensic physician complement each other during what is often a complex and challenging examination to get right for a CYP.**

6. More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on human rights (including economic, social and cultural rights such as the right to the highest attainable standard of physical and mental health)?

**No**

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider. For example, any particularly relevant general comments, recommendations or other guidance by treaty monitoring bodies on the interpretation and implementation of treaties – and any relevant international obligations not mentioned in this consultation paper.

7. Should special provisions be included in legislation to reflect the distinct position and needs of children and young people? Do you have any views on how such special provisions should operate?

**Yes**

Please provide reasons for your response in the box below and, if Yes, outline what special provisions might be required. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

**For CYP under 16 years, child protection procedures are paramount and as such the protection of the CYP overrides confidentiality in cases of sexual abuse or assault. Self-referral would therefore be in direct conflict with the correct child protection procedure as adherence to the guidance means a CYP cannot be left to self refer.**

**It would be helpful for legislation to specify that examinations would be carried out in premises suitable for the age and developmental stage of the child or young person - the environment should be welcoming for young people, not intimidating or overly clinical. The Barnahus model provides for the wellbeing of children and young people in the way in which all the care and support is delivered in an unthreatening environment in which they can feel safe.**

Please refer to our full service specification for the clinical evaluation of children and young people who may have been sexually abused for more detailed information on the provisions that are required for children. RCPCH-FFLM, 2015, Available at: [https://fflm.ac.uk/wp-content/uploads/2017/01/Service-Specification\\_FINAL.pdf](https://fflm.ac.uk/wp-content/uploads/2017/01/Service-Specification_FINAL.pdf)

8. More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on children and young people including their human rights or wellbeing?

**Yes**

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider. For example, any particularly relevant general comments or other publications by the International Committee on the Rights of the Child.

**Members of the committee welcome the statutory duty placed on the health boards to provide services for victims of sexual assault which will provide governance over the provision of forensic services.**

**As for all child protection service provision, the philosophy of the service is underpinned by the principles set out in the United Nations Convention on the Rights of the Child (UNCRC)<sup>13</sup> and the**

European Convention on Human Rights (ECHR). This emphasises the child as an individual, as part of a family, and part of a community who has rights which should be recognised and upheld.

CYPs are amongst the most vulnerable people in our society – they struggle to be heard and even more so when they have a disability or the younger they are. It is therefore essential that the service they require is suitably responsive to their needs.

In addition, it is important to recognise that people in this group of victims may experience some of the longest lasting effects. For example child sexual abuse in girls can set in motion a cycle of violence against women the re-emerges in adolescence and early adulthood<sup>1</sup>.

Allowing CYPs to give pre-recorded evidence would also benefit their wellbeing. Attending court to give evidence on the day of the trial can be a source of immense stress and anxiety to a vulnerable child and young person.

9. Do you have any views on potential impacts of the proposals in this paper on equalities (the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?

**Yes**

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

**Although the consultation covers all different characteristics and covers them in the background information, it does not fully explore the age factor of CYP in regards to self referral.**

10. Do you have any views on potential impacts of the proposals in this paper on socio-economic equality (the Fairer Scotland Duty)?

**No**

11. Do you have any views on potential impacts of the proposals in this paper on people in rural or island communities?

**Yes**

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

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<sup>1</sup> Does Childhood Sexual Abuse Set in Motion a Cycle of Violence Against Women?: What We Know and What We Need to Learn, Jennie G. Noll <https://journals.sagepub.com/doi/abs/10.1177/0886260504267756>

It is very challenging to deliver an equitable service in rural or island communities and even more so for children and young people, as the numbers of specialists who can carry out the relevant assessments are small. The modification of people's expectations for these communities may be required.

In practice models depend on a skilled workforce at a central hub. The workforce either travels to the child to allow examinations to occur locally, or the child continues to travel to the central hub. Alternatively support could be offered via IT telemedicine systems to help facilitate interpretation of injuries from centres of excellence from afar. This will result in quite different looking services. If the child in a remote region has to travel to the central hub for examination, this should not preclude the development of a complementary local holistic service where psychological and follow up healthcare support can be delivered in a child-friendly environment.

The central hub must be designed to meet the demands of forensic evidence collection, i.e. capable of being forensically cleaned and capable of storing forensic samples, as well as providing a child friendly environment.

Regardless of the location, the service should have:

- Full laboratory facilities (i.e. microbiology, virology, radiology, neuroradiology, haematology, medical illustration) and chain of evidence mechanisms for STI screening.
- Colposcope or colposcopic-equivalent equipment for high quality photo-documentation and video-documentation of anogenital findings.
- Additional non-clinical provision including dedicated access to Information Communication Technology such as telemedicine and telephone; IT; private office space; and facilities for peer review, audit and training meetings.

It is important that wherever the child is assessed the appropriate quality standards for the service are securely in place.

To provide suitable and equitable services to CYPs in these communities will take significant resource and investment by health boards and Government.

12. Do you have any views on the financial implications of the proposals in this consultation paper for NHS Scotland and other bodies?

**No**

13. Finally, do you have any other comments that have not been captured in the responses to the other questions you have provided?

In order to be of high quality, paediatric forensic assessments must adhere to the following quality standards, which are underpinned by evidence:

FFLM & RCPCH. *Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse*. May 2012. <http://fflm.ac.uk/upload/documents/1352802061.pdf>

FFLM. *Quality Standards in Forensic Medicine: GFM and SOM*. July 2013. <http://fflm.ac.uk/upload/documents/1378397186.pdf>

RCPCH. *Child Protection Companion* (2<sup>nd</sup> <http://www.rcpch.ac.uk/improving-child-health/child-protection/publications/child-protection-publications> Ed.). March 2013.

RCPCH. *The physical signs of child sexual abuse: an updated evidence based review and guidance for best practice*. 2015. RCPCH London.

FFLM & RCPCH. *Sexual offences: pre-pubertal complainants*. May 2013.  
<http://fflm.ac.uk/upload/documents/1369999406.pdf>

FFLM & RCPCH. *Sexual offences: post-pubertal complainants*. May 2013.  
<http://fflm.ac.uk/upload/documents/1369999423.pdf>

FFLM, RCPCH, ACPO. *Guidance for best practice for the management of intimate images that may become evidence in court*. May 2014. <http://fflm.ac.uk/upload/documents/1400752731.pdf>

RCPCH. *Good practice recommendations: peer review in safeguarding*. May 2012.  
<http://www.rcpch.ac.uk/sites/default/files/page/Peer%20review%20final.pdf>

**For further information about any aspect of this consultation response, please contact Louise Slorance, RCPCH Scotland at [louise.slorance@rcpch.ac.uk](mailto:louise.slorance@rcpch.ac.uk)**