

## **Health and Sport Committee consideration of the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill**

Please find below a response from RCN Scotland in relation to the Committee's request for our views on the issues highlighted and topics discussed during the evidence session on 12 May. Please note that it has not been possible for Jessica Davidson to respond on an individual basis and that this response is from RCN Scotland.

In reading the official report of the Committee's session with Dr Anne McLellan, there are a number of areas of agreement what we would like to highlight in this response.

We strongly agree with Dr McLellan's argument that we should be encouraging self-referral in under 16s and that limiting self-referral to over 16s would be a missed opportunity. As Dr McLellan highlighted a significant number of sexual crimes are against children aged under 18 and we believe the Bill should better reflect the reality that significant numbers of children are the victims of sexual crime and should receive special support. Indeed, the SPICe briefing on the Bill shows that over 1,600 sexual crimes against children aged 15 and under were recorded in 2018-19.

This is a complex issue and the scenarios are often challenging. Giving victims of sexual crime the ability to self-refer for a forensic medical examination increases choice and control for victims and we believe that this is also true for under 16s. 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. Yet despite this important difference, having self-referral as an option available to victims under 16 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. 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.

We also support Dr McLellan's argument that consistent guidance on the examination and retention service is required to ensure consistent, high quality services across the country. It is vital that robust governance, 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. With regards to the retention service, we also agree that there are important and complex practical and ethical considerations that need to be considered and agreed to ensure that a consistent, evidence-based approach is followed.

We agree with Dr McLellan's statement that workforce is a challenge, particularly with regard to the gender of the examiner. 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. We note that 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. Providing expert nurses to undertake this work will improve access and support the provision of trauma informed and person-centred care.

As highlighted in the evidence session on 17 March, 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 undertake 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.