



The Scottish Parliament
Pàrlamaid na h-Alba

Anne Salter,
Clackmannanshire and Stirling
Child Protection Committee

Via email only

Health and Sport Committee
T3.40

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21 May 2020

Dear Anne,

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

On the 20 May 2020, the Committee heard evidence from Chloe Riddell, Policy Manager at Children 1st in relation to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill.

Following the session, the Committee are keen to hear the Clackmannanshire and Stirling Child Protection Committee's views on the issues highlighted and topics discussed during the session.

The following resources are now available:

- [The Official Report](#)
- [Broadcast recording of the session](#)

In Annexe A, we enclose below a list of questions that we put to Ms Riddell during the session. We are particularly interested to hear your views on the evidence presented in relation to these questions, to ascertain if there are areas of agreement or disagreement and if you have any additional evidence to add.

On behalf of the Committee, I request a response by Wednesday 3 June 2020 and I look forward to hearing from you.

Yours sincerely

A handwritten signature in blue ink that reads "Lewis Macdonald". The signature is written in a cursive style with a blue underline beneath the first letter of the first name.

Lewis Macdonald
Convener, Health and Sport Committee

List of questions from the Health and Sport Committee meeting on 20 May 2020

Please note, you do not need to reply to each question unless you have additional evidence to add to Ms Riddell's evidence from the session.

Integrated services for children following rape and sexual abuse

1. What are your views on the general principles of the Bill in relation to children and young people?

As Ms Riddell indicates the situation in relation to children and young people is complex and would require significant further exploration but the general principle of integrated services is as relevant for children as for adults.

2. Would you would like to see any additional provisions in the Bill and if so what they should cover?

If the Bill is to include children and young people it needs to sit within the wider child protection framework and provide reference to relevant child protection legislation and guidance.

Barnahus

3. Do you consider that the provisions in the Bill support the Barnahus approach? Is the Bill Barnahus ready?

The provisions in the bill do support the Barnahus approach but only in relation to the specific area of sexual abuse whereas Barnahus relates to all aspects of child abuse. As Ms Riddell indicates there is a danger that the Bill may create confusion in relation to other activity both within Scottish Government and at a practice level in relation to Barnahus.

4. What changes could be made to ensure that there aren't any unintended consequences in relation to the development of a Barnahus approach?

The Bill would need to clarify the interface between the proposed actions in relation to child sexual abuse and the wider Barnahus model.

5. Would you prefer children to be included in this Bill or addressed in separate legislation?

It is appropriate that children are included in the Bill provided appropriate reference is made to relevant child protection legislation and guidance and to the wider Barnahus context as above.

Self-referral

6. Do you consider that the provisions in the Bill to restrict self-referral of forensic medical examinations to young people over the age of 16 are appropriate?

It may be appropriate to reduce the age limit to 13 and over. We know that the number of 13-15 year old victims of sexual crime is on the rise but it is often not reported due to fear of reporting to police, parents finding out or being charged with under age sex. Current child protection procedures and processes would then require to be taken into account to ensure the ongoing safety of the young person.

7. Should the age at which self-referral services are available be lowered or raised and why?

As 6.

8. Is there a possibility that the promotion of self-referral for those aged over 16 may unintentionally act as a barrier to younger victims?

Yes. As 6.

9. Would there be any situations when self-referral for people under the age of 16 would be appropriate? There may be the situation where a young person would not want to involve the police but may wish to self-refer so that any evidence could be used in the future.

As 6.

Child protection and age of the child

10. Are the provisions in the Bill, or should they be, in line with child protection guidance?

The provisions in the Bill should be in line with child protection guidance and reference them appropriately. As Ms Riddell says, forensic medical examinations should form part of a holistic multiagency approach to protection needs which should include an assessment of where the child is living and how they can access appropriate support and justice while remaining safe in their current situation.

11. If the expectation is that a self-referral by a 16 or 17 year old may initiate child protection processes, why should the self referral process not extend to people under 16 years old?

As 6.

12. Are there specific issues that relate to looked after children, over the age of 16, in accessing self-referral services?

There needs to be a recognition that looked after children, over the age of 16, may need additional support in accessing self referral services but the response to all children should then be consistent as all children have the same rights under the UNCRC.

Children with additional needs

13. Are there specific issues that relate to children with children and young people with disabilities or additional needs that should be considered as part of the Bill?

As for looked after children, children with additional needs will need extra support in accessing services but their needs and rights should be recognised as the same as all children again as per the UNCRC.

Children and young people alleged to have perpetrated sexual assault and abuse

14. Do you consider that the provisions in the Bill should be extended to cover alleged child perpetrators of sexual assault and rape?

The provisions in the Bill should be extended to cover alleged child perpetrators of sexual assault and rape with an additional focus on the need for therapeutic interventions to address harmful sexual behaviour. The UNCRC is again relevant here.

Data protection

15. Are there specific data protection issues that need to be addressed in relation to children and young people?

Specific issues include the need to ensure children's best interests are at the heart of any decision to share information held by all partner agencies including police and NHS with potential perpetrators of abuse.

16. Should information from forensic medical examinations be linked/be part of an individual's healthcare record?

Yes with the reservation made in 15 (above) that information should not be shared with potential perpetrators of abuse which may include parents.