

1. Introduction

1.1 What is the purpose of this resource?

This Clinical Pathways and Guidance is for Healthcare Professionals in Scotland working to support adults (age 16+) who present having experienced sexual assault or rape.

It outlines:

- processes for supporting the immediate health and wellbeing of individuals.
- processes for initiating recovery using trauma informed practice.
- guidance on how to assess and manage clinical risk, ongoing safety, and the provision of ongoing support and follow up.
- processes for collection of forensic evidence, if required.
- the legal framework and policy context in Scotland.
- processes for providing evidence for judicial purposes.

1.2 Who should use this resource?

This guidance should be used by NHS Boards and Health and Social Care Partnerships to inform the way in which services are delivered and structured locally. It in no way constrains NHS, Police Scotland, or associated partnerships should they wish to enhance the model with innovative elements of service delivery.

Responsibility for the delivery of clinical care and healthcare and forensic medical services sits with NHS Boards. Statutory responsibility for forensic medical services rests with Police Scotland / Scottish Police Authority.

Further detail on the ‘multi-agency approach to service delivery that will ensure all those working in the field of forensic medical examination, social work and third sector organisations can deliver the highest quality of care, treatment and support to survivors’ can be consulted within [Honouring the Lived Experience, Chief Medical Officer’s Taskforce to Improve Services for Victims of Rape and Sexual Assault Option Appraisal Report](#)

1.3 How should this resource be used?

It is not intended for this resource to be read from cover to cover, rather, this resource is split into the following chapters, for easy access. Where possible, for all resources referenced or referred to within this document, a hyperlink to the document is provided.

Section 1	How to use the resource
Section 2	Understanding and responding to the needs of individuals This section focuses on the societal and cultural context of gender based / sexual violence and abuse and outlines the need

	for services that respond appropriately to the needs of people who have experienced rape, sexual assault or sexual abuse.
Section 3	Prevalence of rape and sexual assault This section sets out the numbers in relation to rape and sexual assault.
Section 4	Legislation and Policy Context This section sets out the legislation and policy context for the provision of services to people who have experienced rape and sexual assault and the legislative framework for prosecution of people who commit acts of rape and sexual assault.
Section 5	Service Models and Service Ethos
Section 6	Coordinated Multiagency Sexual Assault Response and Review Pathway
Section 7	Healthcare and Forensic Medical Examination This section sets out the processes for undertaking a healthcare and forensic medical examination. Including: <ul style="list-style-type: none"> • Healthcare examination • Psychosocial Risk Assessment • Preserving Forensic Evidence • Forensic Medical Examination • Role of Colposcopy in Sexual Assault Forensic Examination • Specific Healthcare Needs • Immediate and Long Term Follow Up
Section 8	Consent to Healthcare and Forensic Medical Examination
Section 9	Corroboration This section explains the requirement of corroboration and the role of witnesses and the disclosure of records
Section 10	Information Sharing

Section 11	<p>The Criminal Justice Process</p> <p>This section explains the criminal justice process,</p>
-------------------	---

1.4 Who is this guidance applicable to?

This guidance is designed to cover adults aged 16 and above who have experienced rape and sexual assault.

For those under 16, please consult:

- [National Guidance for Child Protection in Scotland](#) (Scottish Government 2014)
- [Child Protection Guidance for Health Professionals](#) (Scottish Government 2013)
- [Standards of Service Provision and Quality Indicators for the Paediatric Medical Component of Child Protection Services in Scotland](#) (Child Protection Managed Clinical Networks 2017)
- Children and Young People’s Pathway – this pathway is currently being developed by the Clinical Pathways subgroup. Consultation on the Children and Young People’s Pathway will be scheduled upon completion of the consultation for the Adult Pathway.

There may be occasions, due to capacity or other additional needs or vulnerabilities where it is appropriate for a person over 16 to have a joint examination with a paediatrician. This should be decided at an Interagency Referral Discussion (IRD). For further details on Interagency Referral Discussions, see the Glossary.

1.5 What other documents should be consulted?

The guidance is intended to supplement but does not replace existing national guidance and standards such as¹:

- [Health and Social Care Standards: My support, my life](#) (Scottish Government 2017)
- [Standards for Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults](#) (Healthcare Improvement Scotland 2017)
- [Compendium of Healthcare Associated Infection Guidance](#) (Health Protection Scotland, 2018)
- [Recommendations from the Faculty of Forensic and Legal Medicine \(FFLM\)](#)
- [Clinical Guidance: Emergency Contraception](#) (Faculty of Sexual and Reproductive Health 2017)

¹ This list is not exhaustive.

- [UK Guideline for the use of HIV Post-Exposure Prophylaxis Following Sexual Exposure](#) (British Association of Sexual Health and HIV (BASHH) 2015)

1.6 Who has developed the guidance?

The Guidance has been developed by professionals who are part of the [Police Care Network](#) and members of the Chief Medical Officer's [Taskforce for the Improvement of Services for Victims of Rape and Sexual Assault](#).

The Police Care Network aims to support consistency in service quality and healthcare outcomes for individuals who receive services across Scotland, recognising that different NHS Boards will have differing service models in place which meet the needs of their population and geography. It has a role in developing guidance to support and improve service delivery, establishing data collection and quality improvement mechanisms, and supporting the workforce through peer support and exchanging good practice training and education. More information and resources can be found on the website - www.policecare.scot.nhs.uk.

1.7 What terminology is used in the resource?

To align with Healthcare Improvement Scotland's [Standards for Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults](#) (Healthcare Improvement Scotland 2017)

Wherever possible, generic terminology which can be applied across all settings has been used. The term 'person' or 'people' is used to refer to the person receiving care or support.

Throughout this document, we have used the phrase 'Forensic Examiner' to refer to the professional carrying out the clinical forensic examination. It is acknowledged that, depending on wishes of the person who has experienced rape or sexual assault, it may be that there is only a requirement for a healthcare assessment and associated follow up and this may be done by a broader range of healthcare professionals.