



Clinical Pathways and Guidance for Healthcare Professionals Working to Support Adults who Present Having Experienced Rape or Sexual Assault in Scotland

Consultation Document

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:
<https://beta.gov.scot/privacy/>

Are you responding as an individual or an organisation?

Individual
 Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

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

Publish response with name

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

- Publish response only (without name)
- Do not publish response

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
- No

CMO Taskforce: Clinical pathways for adults who have experienced rape or sexual assault (2018)

Consultation Questions

Overview

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

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.

Why we are consulting

'The Chief Medical Officer's vision is for consistent, person centred, trauma informed healthcare and forensic medical services and access to recovery for anyone who has experienced rape or sexual assault in Scotland. The findings of this consultation are a key part to how this vision will be delivered'

Section 1: The Pathway

1. Is the pathway person-centred?

Yes
 No

Further comments.

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

Yes
 No

Further comments.

3. Is the pathway easy to navigate?

- Yes
- No

If no, what would make it easier?

4. Are there any gaps in the pathway?

- Yes
- No

If yes, please provide details on where the gaps are and how they can be filled:

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

- Yes
- No

If no, please be specific with your reasons:

Section 2: Healthcare

In terms of the healthcare guidance, we have developed this with a person centred approach.

Section 7.1 and 7.2 of the pathway details the healthcare information

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

- Yes
- No

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

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

Yes
 No

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

3. Do you agree with the healthcare components:

a) Emergency contraception

Yes
 No

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

b) Pregnancy risk

Yes
 No

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

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

Yes
 No

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

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

Yes
 No

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

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

Yes
 No

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

Yes
 No

If no, please be specific with your reasons.

Section 3: Preserving Forensic Evidence

In terms of the forensic examination process, we have developed this with a person centred approach

Section 7.3 of the pathway provides information on preserving forensic evidence

1. Is the forensic examination process person centred?

Yes
 No

Please provide further comments to support your answer.

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

Yes
 No

Further comments:

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

Yes
 No

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

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

Yes
 No

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.

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

Yes
 No

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
- No

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

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

Section 4: Follow-up care and referrals

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

- Yes
- No

If no, please be as specific as you can with your reasons and include any resources or references about this topic 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
- No

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

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

- Yes

No

If yes, please be as specific as you can with your reasons and include any resources or references we should consider.

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

Yes

No

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

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

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

Section 5: Follow-up care and referrals

1. How would a national form support implementation of this pathway?

Section 6: Final comments

1. Are there any key areas of research missing?

Yes

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.