Healthcare Improvement Scotland | Evidence
Advice, guidance and intelligence

Healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse: adults, young people and children

Draft standards

November 2024

NHS SCOTLAND

We are committed to advancing equality, promoting diversity and championing human rights. These standards are intended to enhance improvements in health and social care for everyone, regardless of their age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socioeconomic status or any other status. Suggested aspects to consider and recommended practice throughout these standards should be interpreted as being inclusive of everyone living in Scotland.

We carried out an equality impact assessment (EQIA) and children's rights and wellbeing impact assessment (CRWIA) to help us consider if everyone accessing health and social care services will experience the intended benefits of these standards in a fair and equitable way. A copy of the EQIA and CRWIA are available on request.

Healthcare Improvement Scotland is committed to ensuring that our standards are up-to-date, fit for purpose and informed by high-quality evidence and best practice. We consistently assess the validity of our standards, working with partners across health and social care, the third sector and those with lived and living experience. We encourage you to contact the standards and indicators team at his.standardsandindicators@nhs.scot to notify us of any updates that might require consideration.

Healthcare Improvement Scotland

Published November 2024

www.healthcareimprovementscotland.org

Contents

Introduction

The physical and psychological impacts of rape, sexual assault and child sexual abuse are considerable.[1] Health and social inequalities can also impact recovery from traumatic events. Figures estimate that 3.6% of adults in Scotland have experienced at least one type of serious sexual assault since the age of 16.[2] Women are more likely to experience sexual violence with global estimates at one in three.[1] Other population groups which report higher prevalence of sexual assault include minority ethnic groups, people with disabilities, people with mental health problems and sex workers.[1]

Figures estimate that at least one in 20 children in the UK have been sexually abused.[3] Children may not recognise abuse and this may contribute to a delay in disclosure, sometimes many years after the abuse has taken place. Recorded crime statistics in Scotland for 2019-2020 indicate that at least 40% of the sexual crimes recorded by the police related to a victim under the age of 18. Official statistics also show an increase in online child sexual abuse, which includes grooming and exploitation.[4]

The prevalence of sexual violence is most accurately based on population-level studies.[1] There are many reasons why people may delay in disclosing or reporting incidents.

In recent years, there has been an increased focus on taking a public health approach to tackling rape, sexual assault and child sexual abuse. This has been taken forward through the implementation of Scottish Government policies including Equally Safe and Bairns' Hoose. The Scottish Government are committed to developing a trauma-informed and trauma-responsive workforce and services for people who have experienced rape, sexual assault or child sexual abuse.

In Scotland, a Sexual Assault Response Coordination Service (SARCS) is available in each territorial NHS board. This dedicated service provides trauma-informed care and support, including forensic medical examination services in the days following an incident.

People who have experienced rape, sexual assault or child sexual abuse may be re-traumatised by recounting their experiences. A disclosure may occur at any time or in any setting. A coordinated response to disclosure that incorporates effective communication between services helps mitigates this risk of re-traumatisation.

Support is available from NHSScotland, Police Scotland and various charities and support organisations. For more information, refer to NHS Inform: Where to find support.

Policy context

In 2017, a Chief Medical Officer's Taskforce was set up to improve healthcare and forensic medical services for adults, young people and children who have experienced rape, sexual assault or child sexual abuse. The work of the Taskforce led to the development and implementation of legislation, standards and clinical pathways.

In 2021, the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act was introduced. The Forensic Medical Services (FMS) Act provides the statutory basis for the provision of certain forensic medical services and associated healthcare care and support. This includes the person being referred to other services provided by NHS boards.[5]

The SARCS Network (part of NHS National Services Scotland) was established by the Scottish Government to:

- provide NHS leadership and strategic oversight of services
- support the continuous improvement of healthcare and forensic medical services
- coordinate the collation of a range of data, including patient feedback
- support the delivery of coordinated holistic, person-centred, trauma-informed healthcare and forensic medical services across Scotland.

In 2023, Healthcare Improvement Scotland undertook a review of the 2017 standards for healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse. The review recommended that the standards be updated to reflect changes in legislation, policy and service delivery. This led to Healthcare Improvement Scotland being commissioned by Scottish Government to review the 2017 standards.

Children and young people

It is the Scottish Government's ambition to ensure all children in Scotland who have been victims or witnesses to abuse or violence, as well as children under the age of criminal responsibility whose behaviour has caused significant harm or abuse, have access to trauma-informed recovery, support and justice.[6] Scottish Government policy is set out in their Bairns' Hoose approach. This includes Bairns' Hoose standards (2023) and the Pathfinders phase (2023-26) which acts as proof of concept for the Bairns' Hoose model in Scotland.

In addition, the updated National Child Protection guidance was published in August 2023. This includes information on the introduction of the Scottish Child Interview Model (SCIM). The SCIM aims to minimise re-traumatisation and keep the needs and the rights of child victims and witnesses at the centre of the process.

Learning from the implementation of the Bairns' Hoose standards, alongside the rollout of the SCIM, will help provide a blueprint for an incremental national rollout of the Bairns' Hoose model in Scotland.

Related guidance and policy

These Healthcare Improvement Scotland standards are mapped to key legislation and policy.[7, 8] This includes the principles of person-centred and trauma-informed care,[9, 10] human rights and equality.[11-15]

The standards should be read alongside the following (not an exhaustive list):

- Clinical pathway for healthcare professionals working to support adults who present having experienced rape or sexual assault
- Clinical pathway for healthcare professionals working to support children and young people who may have experienced child sexual abuse
- Equally safe 2023 – preventing and eradicating violence against women and girls: strategy
- Equally Safe Delivery Plan
- Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 (FMS Act) and underpinning regulations
- Healthcare Improvement Scotland Bairns' Hoose standards and implementation programme
- Healthcare Improvement Scotland's Healthcare and forensic medical services indicators
- National guidance for child protection
- National guidelines for the management of individuals disclosing sexual violence in sexual health services
- Recommendations for the collection of forensic specimens from complainants and suspects
- Right Decision Service: Disclosure of rape or sexual assault – guidance document for healthcare professionals
- Vision for Justice in Scotland
- WHO addresses violence against women as a gender equality and health priority
- Women's health plan.

Scope of the standards

The standards apply to adults, young people and children who have experienced rape, sexual assault or child sexual abuse. The standards also aim to support, where appropriate, care partners (for example, this may be family or friends) and representatives of people receiving care and support.

Standard 7 specifically reflects the additional responsibilities and requirements for services supporting children and young people.

The standards assist NHS boards in the delivery and coordination of care and support for adults, young people and children who have experienced rape, sexual assault or child sexual abuse. The standards aim to support current and future service provision and improvement. The standards apply wherever people who have experienced rape sexual assault or children above engage with healthcare and forensic medical services. The standards cover all staff involved in the multidisciplinary delivery of relevant services including locum staff and those covered by reciprocal work arrangements.

The standards cover:

- collaborative leadership and governance
- person-centred care and shared decision making
- staff training, education and support
- supporting and responding to initial disclosure
- access to coordinated healthcare and support
- forensic medical examination
- children and young people
- documentation and data collection.

Format of the standards

Healthcare Improvement Scotland standards follow the same format. Each standard includes:

- an overarching standard statement
- a rationale explaining why the standard is important
- a list of criteria describing what is needed to meet the standard
- what the standards mean if you are a person (adults, young people and children) accessing care and support
- what the standards mean if you are a member of staff
- what the standards mean for the NHS board
- examples of what meeting the standard looks like in practice.

Implementation

Healthcare Improvement Scotland has published these standards to inform self-evaluation and improvement. Healthcare Improvement Scotland may use these standards in a range of assurance and inspection activities. They may be used to review the quality and registration, where appropriate, of health and social care services.

The standards sit alongside Healthcare Improvement Scotland's 2020 healthcare and forensic medical services for people who have experienced rape or sexual assault indicators. The indicators support wider monitoring of services and provide data which is published annually by Public Health Scotland.

The Scottish Government will monitor health board performance against the Healthcare Improvement Scotland standards and indicators in line with the NHS Scotland Support and Intervention Framework (NHSSSI).[16]

The Healthcare Improvement Scotland Quality Management System (QMS) Framework supports health and social care organisations to apply a consistent and coordinated approach to the management of the quality of health and care services. More information about this framework is available on the Healthcare Improvement Scotland website.

Terminology

Wherever possible, we have incorporated generic terminology that can be applied across all settings. Terms and definitions are provided in the glossary.

How to participate in the consultation process

We welcome feedback on the draft standards and will review every comment received. We are using different methods of consultation, including:

- online and face-to face engagement
- meeting and event attendance to raise awareness and hear feedback
- an online survey available here.

Submitting your comments

Responses to the draft standards should be submitted using our online survey.

The consultation closes on **6 January 2025.** If you would like to submit your comments using a different format, please contact the project team on his.standardsandindicators@nhs.scot.

Consultation feedback

At the end of the consultation period, comments will be collated and the standards development group will create a response to each comment received on the draft standards. The response will explain how the comments were taken into account in producing the final standards.

A summary of the responses to the consultation will be made available on request from the project team at his.standardsandindicators@nhs.scot.

The final standards will be published in late March 2025.

Summary of standards

Standard 1: Collaborative leadership and governance

NHS boards demonstrate collaborative leadership and effective governance of services for people who have experienced rape, sexual assault or child sexual abuse.

Standard 2: Person-centred care and shared decision making

People can access information and services that are right for them and are supported to participate in decisions about their care.

Standard 3: Staff training, education and support

Staff have the training and skills to deliver care and support for people who have experienced rape, sexual assault or child sexual abuse.

Standard 4: Supporting and responding to initial disclosure

People experience trauma-informed support and care when they disclose rape or sexual assault.

Standard 5: Access to coordinated healthcare and support

People are supported to access coordinated healthcare and support at any time following disclosure.

Standard 6: Forensic medical examination

NHS boards ensure forensic medical examinations are high-quality, age-appropriate, person-centred and trauma-informed.

Standard 7: Children and young people

NHS boards ensure person-centred and trauma-informed care is delivered in the best interests of the child or young person.

Standard 8: Documentation and data collection

NHS boards ensure the consistent recording, collection and monitoring of data using national documentation.

Standard 1: Collaborative leadership and governance

Standard statement

NHS boards demonstrate collaborative leadership and effective governance of services for people who have experienced rape, sexual assault or child sexual abuse.

Rationale

NHS boards have responsibility for effective clinical governance and collaborative leadership in the delivery of services for people who have experienced rape, sexual assault of child sexual abuse.[17-19] Leadership within NHS boards should establish and promote a culture, priorities and values that embed a person-centred and trauma-informed approach to service delivery across the pathway of care.[9, 10, 20]

NHS boards are accountable for service delivery, including SARCS and services for children and young people, in line with these standards, national clinical pathways and relevant statutory requirements.[21] This includes workforce capacity and capability,[22, 23] performance monitoring, adverse event management, whistleblowing, quality improvement and assurance. Local protocols and pathways should describe roles and responsibilities, including senior clinical leadership for children, young people and adult services.

Local care pathways should be in place to support service transition or care provision in other NHS board areas. NHS boards and partners have collective responsibility for adult and child protection and safeguarding in line with national legislation, policies and guidance.[24-26]

NHS boards should work collaboratively to ensure that Regional Centres of Expertise for SARCS are adequately resourced.[17] These Centres of Expertise should support the effective coordination and delivery of SARCS services within their area and the sharing of learning and development opportunities, as appropriate and within the principles of information governance.

Bairns' Hoose is an approach to care, protection and child-friendly justice that requires leadership and effective collaboration between agencies. Bairns' Hoose partnerships across Scotland are currently in development. The Bairns' Hoose standards provide an operational and organisational framework for a new, high-quality model designed around the needs and rights of children.

As part of ongoing commitment to the improvement of services, NHS boards should collect and review feedback from people who access services, staff and partner organisations. This may include the use of equality impact assessments, qualitative or quantitative feedback. Alongside patient safety, people's experiences are a valuable indicator of quality of care.

Criteria

1.1 NHS boards can demonstrate robust governance and assurance arrangements in line with national clinical pathways, which includes:

- clear roles, responsibilities and lines of accountability
- a senior clinician/designated lead for services to provide clinical leadership and supervision
- regular review of current service provision in line with relevant legislation and Healthcare Improvement Scotland standards and quality indicators
- effective cooperation agreements and collaborative working across NHS boards and special health boards to plan and deliver services.

1.2 NHS boards can demonstrate an inclusive, rights based and person-centred culture through:

- trauma-informed and collaborative leadership and management
- value based, compassionate and trauma-informed practice, service planning and delivery
- routinely informing people and their representatives of their rights.

1.3 NHS boards can demonstrate reciprocal arrangements and protocols to support people during their care, which includes:

- pathways of care if a person requests or receives services outwith their NHS board area
- pathways of care to support service transition, for example moving from children and young people's services to adult services
- the provision of preferred sex of sexual offence examiner from other NHS boards, where appropriate
- the provision of key information to minimise the need for someone to retell their experience and to reduce unnecessary delays in the person's care.

1.4 NHS boards can demonstrate service improvement through feedback from people who access services, staff and partner organisations, which includes:

- clear and accessible feedback and complaints processes
- improvement plans with clinical governance oversight.

1.5 NHS boards demonstrate their commitment to addressing health inequalities through:

- undertaking population needs and impact assessments to inform service provision
- meaningful engagement with adults, young people and children
- partnership working with third sector agencies and support services including Violence Against Women Partnerships.

1.6 NHS boards demonstrate collaborative working with the SARCS Regional Centres of Expertise and Bairns' Hoose, as appropriate. This includes:

- supporting and encouraging audit and research to develop and share best practice to inform the continuous improvement of services
- staff and service participation in relevant clinical and strategic networks, where appropriate.

1.7 NHS boards ensure multidisciplinary and partnership working to deliver healthcare and forensic medical services.

1.8 NHS boards ensure processes are in place to support sharing of data and intelligence across organisations and services, which covers:

- reporting, benchmarking and performance to improve patient safety, patient outcomes and quality of care
- audit to ensure care is evidence-based and informed by current practice
- information governance and sharing with other services in line with national guidance and General Data Protection Regulations.

1.9 NHS boards have a robust process for the identification, management and response to risk, incidents and adverse events, which includes:

- a standard and consistent approach to reporting
- clear accountability and responsibility for local review and reporting
- business continuity plans
- processes for monitoring actions and shared learning
- information and support for those impacted by adverse events, as appropriate.

1.10 NHS boards and statutory partners have systems and processes in place to ensure that adult and child protection is embedded into services.[24-26]

1.11 NHS boards have systems and processes to ensure adherence to national Whistleblowing and Duty of Candour guidance.[27, 28]

1.12 NHS boards implement workforce plans that:

- identify required staffing levels for the service, including building capacity and sustainability
- provide clinical and restorative supervision and continued professional development
- are in line with safe staffing policies and professional or clinical competency frameworks.

1.13 NHS boards demonstrate a commitment to internal and external quality assurance and improvement through:

- assessment of current service provision against professional guidance and national standards, including these Healthcare Improvement Scotland standards and quality indicators
- sharing best practice
- feedback from staff and other services, including the third sector
- coordination of services in line with the FMS Act.[21]

What does the standard mean for people receiving care and support?

- You can be confident that services are well run and safe.
- You will be supported by staff who work together to provide you with a high-quality service.
- Staff will coordinate your care, including if you move between services or areas.
- You will have opportunities to provide feedback and participate in decisions about how services are shaped.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- are supported in their roles through effective leadership and clinical governance
- are trained and knowledgeable in local and national clinical pathways, standards and guidance
- encourage and empower people to share their views and experiences of services
- are aware of how to report and escalate concerns, complaints or adverse events
- can raise concerns and understand whistleblowing policies
- work in line with clinical protocols, pathways, standards and guidance

- share feedback to inform service improvements.

What does the standard mean for the NHS board?

NHS boards:

- provide high-quality care and support for people accessing services
- have clear and robust governance and assurance processes that detail responsibilities and partnership working, including for child and adult protection
- have clear processes in place to monitor the performance of SARCS against these standards, the FMS Act and other relevant guidance and protocols
- ensure the implementation of coordinated and person-centred pathways of care
- cooperate in the delivery of services, supported by the regional Centre of Expertise where appropriate
- have systems and processes to ensure adherence to national Whistleblowing and Duty of Candour guidance
- record and monitor data and undertake learning activities to improve service delivery, multi-agency and multi-professional working, care planning and information sharing.

Examples of what meeting this standard might look like

- Documentation describing accountability and governance arrangements for service delivery.
- Local protocols to raise child or adult protection concerns.
- Documentation such as service-level agreements describing any reciprocal workforce arrangements.
- Audit of staff vacancies and safe staffing levels and action plans.
- Provision of information to inform people of their rights, for example to do with consent or sharing of patient information between services.
- Use of equality impact assessments, island impact assessments and children's rights and wellbeing impact assessments.
- Implementation and maintenance of workforce plans.
- Examples of continuous improvement activity in response to performance data and feedback from adults, young people and children who access services.
- Multidisciplinary working, including involvement of professionals across services and settings.

Standard 2: Person-centred care and shared decision making

Standard statement

People can access information and services that are right for them and are supported to participate in decisions about their care.

Rationale

A general principle of healthcare is that people report positive experiences and outcomes when they are fully informed and involved in shared decision making.[7, 8, 20] People are empowered when they are supported to describe what matters to them and when they are respected and listened to.[7] Person-centred, trauma-informed and age-appropriate care and information are essential to support people who have experienced rape, sexual assault or child sexual abuse.

People should be given choice and control over decision making to enhance their feelings of safety and trust. Trauma-informed care should be at the centre of any communications with or about the person. They should be fully informed throughout all stages of their care, including if there is any delay or limitations to their care. This should be discussed with them at the earliest opportunity and communicated in a way that is appropriate to the persons' individual needs. The persons' care partner or representative should be appropriately supported.

Services and staff should work collaboratively to provide timely access to services, care and information. This information should focus on the person's choices, needs and preferences.[9, 29] People should have the opportunity to ask any questions they may have. Staff should work to reduce re-traumatisation and distress. People should be seen in trauma-informed environment. This includes minimising any factors that may trigger a trauma response, such as sights, sounds or smells.

A person-centred approach to service delivery includes being responsive to people's individual needs. NHS boards and partners should consider potential barriers to accessing care. Children and young people may miss school or college. People living in island or remote rural communities may have to travel to access specialist care and support including a SARCS or Bairns' Hoose. Local protocols may include, but are not limited to, coordinating travel to appointments and access to interpreters.[30]

Staff should be trained and competent to deliver trauma-informed and person-centred care and support in line with all relevant policies and pathways. This covers obtaining consent and assessment of capacity, adult and child protection, information sharing and the national clinical pathways.[25, 31-33]

Information about a person’s care should only be shared with their consent and in accordance with relevant legislation and guidance. In some circumstances, professional judgement may determine that information should be shared without the persons’ consent, if this is deemed necessary to protect them, or other people from harm. If this is necessary, it should be discussed with the person so that they understand the reason for this decision.’

Criteria

2.1 People are:

- fully informed
- listened to and taken seriously
- involved and supported through all stages of their care.

2.2 People have access to timely and age-appropriate services that are person-centred, trauma-informed and responsive to the person’s needs, choices and circumstances.

2.3 People can discuss with kind, empathetic, well-informed, compassionate and unbiased staff:

- their needs, concerns and care
- their readiness to access services.

2.4 People are supported by staff and services that:

- recognise and avoid the risk of re-traumatisation
- empower the person to have control over decision making about their healthcare, examination and follow-up care.

2.5 People are offered support and information, in a format appropriate to their age and needs, about:

- their immediate clinical needs
- their immediate and follow-up healthcare, including safety planning
- referral to other healthcare or support services as appropriate
- any delays or limitations to their care
- the consent process including where information may be shared without your consent
- how and when information will be shared with other services.

2.6 People will receive information about what happens to any evidence obtained from the FME and any related consent issues (see Standard 6).

2.7 NHS boards ensure that people have access to timely and high-quality services that are provided as close to home as possible.

2.8 Where specialist services are not available locally, NHS boards ensure robust pathways are in place to access national, regional or suitable local provision.

2.9 NHS boards provide clear, accessible and fair policies for reimbursement of reasonable expenses where a person must travel to access services.[30]

2.10 People are asked their preferred method of communication and this is supported, where possible. This includes alternative languages, translation or easy read.

2.11 The person's care partner or representative are involved in discussions and decisions with the person's consent and where appropriate.

2.12 Where a trusted person is requested, this is recorded and actioned.

2.13 NHS boards use a person-centred and trauma informed approach to ensure people are actively enabled and supported to provide feedback on their care and experiences.

What does the standard mean for people receiving care and support?

- You will be treated with dignity and respect.
- You will be listened to and taken seriously.
- You can access care and support when you need it. Your care will be centred around your individual needs and choices.
- You will be involved in discussions and decisions about your care and support that is at the right time for you.
- You will receive information and support about the care you will be offered.
- Information will be provided at the right time, right pace and in a language and format that is right for you.
- If you need help to make decisions, you will be asked who you would like to support you.
- You will be informed about when your information is confidential and when it needs to be shared. The limits of confidentiality will be covered early in the process.
- Your privacy is important and will be respected. You will be helped to understand if information is being shared about you and why.

- Anyone involved in your care including healthcare professionals, police and social workers, will work together to help you.
- Your care partner or representative will be supported as much as possible.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- listen and actively engage with people to understand their needs and preferences
- take a person-centred and trauma-informed approach to planning healthcare that facilitates informed and shared decision making
- understand social and cultural experiences that may impact on the person
- provide opportunities for people to ask questions about their care
- provide empathetic, respectful and compassionate support
- have knowledge of policies, pathways and services to inform people of the options available to them
- signpost people to current information and support appropriate to their individual needs.

What does the standard mean for the NHS board?

NHS boards:

- have systems and processes in place to provide services that are responsive and support fully informed and shared decision making in line with Realistic Medicine principles
- ensure the availability of appropriate, inclusive, easily accessible and timely information and support
- have mechanisms to record and act upon feedback from people, their care partners and representatives and staff
- incorporate professional and good practice guidance in person-centred care, including communication skills
- work with partners including the third sector, to ensure people are supported in their decision making
- ensure that staff have time and resources to support and care for people.

Examples of what meeting this standard might look like

- Evidence of acting upon feedback, given by people who access the services, to help ensure a trauma-informed approach to service design and environment. This could include, for example, information videos about what to expect from the service.
- Information and support are available and provided in a format that is age-appropriate, including easy-read and alternative languages.
- Access to translation services.
- Accessible services with attendance rates reflecting local population demographics.
- Information on the support available to for people of all ages, their care partner or representatives, for example, advocacy services and third sector organisations.

Standard 3: Staff training, education and support

Standard statement

Staff have the training and skills to deliver care and support for people who have experienced rape, sexual assault or child sexual abuse.

Rationale

To ensure that services are safe, effective, person-centred and trauma-informed, staff are provided with training appropriate to their role, responsibilities and workplace setting. NHS boards should ensure that staff have access to relevant training and information and be trained to the appropriate trauma-informed practice level. Sensitive and compassionate staff are key to minimising the risk of harm and re-traumatisation, as well as in supporting recovery. Training should cover referral pathways and legislation.

The delivery of person-centred and trauma-informed SARCS care requires specialist training and knowledge. At a minimum, specialist staff working in a SARCS must undertake the NHS Education Scotland Essentials training, which incorporates the principles of trauma-informed practice.

The roles and responsibilities of sexual offence examiners, forensically trained nurses and nurse coordinators are defined in the national clinical pathway, guidance and education frameworks.[29, 34]

NHS boards should have policies and procedures to identify and minimise the impact of vicarious trauma on staff.[9, 10] Appropriate services should be available to support their health and wellbeing. Opportunities for clinical supervision, mentoring, peer support and multidisciplinary learning and development should be provided.[22] Staff should be supported to work in collaboration and partnership with other services including Regional Centres of Expertise or Bairns' Hoose.

Criteria

3.1 NHS boards ensure staff supporting people who have experienced rape, sexual assault or child sexual abuse have access to:

- relevant training opportunities including specialist training
- workplace policies and services for staff health and wellbeing
- information and training to support a person-centred and trauma-informed approach to care
- regular clinical supervision
- performance appraisal and continuous professional development opportunities
- engagement and support through networks such as Regional Centres of Expertise or Bairns' Hoose.

3.2 Staff are fully informed about their roles and responsibilities within the national clinical pathways, which includes:

- immediate clinical needs assessment, treatment and onward referral
- child and adult protection
- forensic capture and the secure storage of evidence, where appropriate
- report writing, court skills and the legal process
- completion of national documentation and data collection
- legislative requirements.

3.3 Staff are trained to the relevant trauma-informed practice level to support people, which includes:

- understanding the impact of trauma and how to avoid re-traumatisation
- responding with sensitivity and compassion.

3.4 NHS boards ensure that people are supported by informed and compassionate staff who:

- take time to understand and respect a person's experiences, wishes and personal outcomes
- understand the rights of adults, young people and children
- have communication skills appropriate to the individual needs and age range of people who use services.

3.5 Staff involved in healthcare and FMEs are supported to:

- undertake training, reflective practice or clinical supervision as appropriate to develop and maintain skills, knowledge and competence
- have their education and training needs aligned to professional development frameworks
- access peer support and review
- follow a multi-professional and multi-agency approach to improve knowledge, communication and partnership working.

3.6 Staff have access to individual and group support and supervision to:

- mitigate against vicarious trauma
- address professional and emotional strain and challenges they may experience.

What does the standard mean for people receiving care and support?

- You will be supported by staff who have the training, skills and knowledge to meet your needs.
- You will be treated with respect and compassion.
- Staff will communicate with you using language that feels respectful and comfortable for you.
- You will be listened to, and your concerns and wishes will be taken seriously.
- You will be supported to make choices about your care and support by well-informed staff.

What does the standard mean for staff?

Staff, in line with their roles, responsibilities and workplace setting:

- can demonstrate the required qualifications, skills and competence
- practice self-directed learning and participate in relevant training
- understand their roles and responsibilities to enable them to support people
- receive support for their own mental health and emotional wellbeing
- have the knowledge and skills they require to provide care that meets the aims of trauma-informed services, in line with trauma training developed for all staff.

What does the standard mean for the NHS board?

NHS boards ensure staff:

- have the necessary knowledge and skills, appropriate to their roles and responsibilities, to provide high-quality care and support
- have access to ongoing training, support and continued professional development
- have opportunities for multi-agency and multi-disciplinary training
- have access to support for their wellbeing.

Examples of what meeting this standard might look like

- Provision and uptake of multidisciplinary and multi-agency training.
- Provision of specialist training, for example in child or adult protection or in trauma-informed practice.
- Uptake of accredited training for forensically trained nurses or sexual offences examiners.
- Appraisal data and training and development plans.
- Provision and uptake of clinical and restorative supervision.
- Workplace policies and process to support staff health and emotional wellbeing.
- Provision of a range of appropriate measures to ensure proactive prevention of vicarious trauma, chronic stress and burnout, and reactive measures to support staff when needed.[9, 10]

Standard 4: Supporting and responding to initial disclosure

Standard statement

People experience trauma-informed support and care when they disclose rape or sexual assault.

Rationale

A person may disclose rape, sexual assault or child sexual abuse at any time following the incident. This standard is intended to support healthcare staff when responding to an initial disclosure where there has been no report to Police Scotland. This standard applies wherever the person discloses and includes non-SARCS setting.

Healthcare professionals should respond to an initial disclosure in a trauma-informed, person-centred way. This is a key step to recovery. They should reassure the person and provide information about the pathways of care depending on when the assault happened. Healthcare professionals should support the person to make a decision about the care that is right for them.

Healthcare professionals should immediately undertake, or else make any necessary arrangements for, risk assessments and management of medical conditions requiring immediate attention.

The disclosure of rape and sexual assault: guidance for health care professionals sets out the pathways of care available to the person depending on when the assault happened, as well as information about time-dependent treatment. For example, the need to treat any immediate concerns or medical conditions requiring attention or to make necessary arrangements for this (such as the provision of emergency contraception). Healthcare professionals responding to an initial disclosure should also assess if the person is at risk and follow relevant guidance. Any safety concerns, associated with domestic abuse or non-fatal strangulation for example, should be discussed with the person and appropriate action taken.

In addition, staff should signpost to locally available support services (such as Rape Crisis) for ongoing care and advocacy support. NHS boards should have local protocols in place to support staff to provide information and seek advice where required.

Where a child or young person under 16 years (or under 18 with additional vulnerabilities) discloses child sexual abuse, staff should follow the appropriate child protection procedures for all identified concerns, including the sexual violence.

Criteria

4.1 NHS boards have local protocols or systems in place to support healthcare staff responding to an initial disclosure, which includes:

- access to pathways for care and the guidance for healthcare professionals
- access to relevant training and continuous professional development
- awareness raising of local services including SARCS
- location and contact details for SARCS within their NHS board
- how to access Turn to SARCS information.

4.2 NHS boards ensure staff have the relevant training, in line with their roles and responsibilities, to respond to an initial disclosure of rape or sexual assault.

4.3 When responding to an initial disclosure, healthcare staff should, in line with the disclosure of rape or sexual assault guidance:

- respond in a trauma-informed and person-centred way
- treat any immediate concerns or medical conditions or arrange elsewhere
- provide information, advice, support and available options based on the person's needs and circumstances
- explain the SARCS and appropriate pathways into the services
- contact the local SARCS nurse coordinator (or equivalent) for advice
- signpost the person to local support services and third sector organisations such as Rape Crisis.

4.4 Staff should follow local referral pathways for any adult or child protection concerns raised during initial disclosure.

What does the standard mean for people receiving care and support?
• You will be supported by staff who will listen to you with kindness and compassion. • Staff will explain what care and options are available to you. • You will be supported to make choices about the care you want to receive.

- Any immediate medical conditions or concerns needing attention, will be arranged for you.

What does the standard mean for staff?

Staff, in line with their roles, responsibilities and workplace setting:

- understand their role in relation to responding to initial disclosure
- provide empathetic, respectful and compassionate support
- address any immediate medical conditions or concerns needing attention or make arrangements for this
- supporting the person to access services they may need.

What does the standard mean for the NHS board?

NHS boards:

- provide awareness raising to staff on responding to initial disclosure
- support staff to access relevant training
- provide support for staff responding to disclosure
- provide information to support staff to make appropriate referrals based on the person's needs and circumstances.

Examples of what meeting this standard might look like

- Provision of information to healthcare professionals on responding to initial disclosure.
- Training and support available to staff.
- Provision of information to support a person's decision making.
- Local referral protocols detailing options available to the person based on their needs and circumstances.

Standard 5: Access to coordinated healthcare and support

Standard statement

People are supported to access coordinated healthcare and support at any time following disclosure.

Rationale

A person may disclose rape, sexual assault or child sexual abuse at any time. The guidance for healthcare professionals sets out the pathways of care available to the person depending on when the assault happened.

NHS boards should ensure pathways are in place to provide ongoing care and support for people who have disclosed rape, sexual assault or child sexual abuse. Pathways should describe options available following disclosure that takes account of the person's specific clinical and wellbeing needs. People should be supported to access care and support that is right for them. This care and support may be provided in a range of settings including SARCS. Each NHS board has a dedicated SARCS service that offers specialist healthcare and support to people who have been raped or sexually assaulted. SARCS should work in partnership to ensure people get the care they need, and at time and place that is right for them.

If the rape or sexual assault happened within the last seven days, it may be appropriate for the person to attend a SARCS for a healthcare assessment and Forensic Medical Examination (FME) (see Standard 6).

People over the age of 16 can self-refer to a SARCS through NHS 24, or may be referred following initial disclosure by another healthcare professional. If the person reports to the assault to the police first, the police will make the necessary arrangements for them to access a SARCS for a healthcare assessment and FME. The person should be offered a healthcare assessment, even if they decide not to proceed with the FME.

If a person discloses a rape or sexual assault more than seven days since the assault, it may not be appropriate for them to have an FME, but they can still access coordinated care and support through a SARCS.

SARCS staff are trained to provide a holistic, person-centred and trauma-informed health and wellbeing needs assessment to ensure people receive the care that is right for them. This will include an assessment of the person's immediate healthcare, safety and wellbeing needs. Staff will also assess any follow-up healthcare, support and care that the person might need. Assessments and onward referrals to other services (such as mental health, housing, GP or the third sector), should be made in line with the relevant clinical pathway and guidance.

A nurse coordinator (or equivalent) should coordinate any onward referrals and support for the person. This should be documented and shared with the person in a way that is right for them.

People should be provided with information about how to get back in touch with services, including SARCS, if they wish to re-engage or require further support.

Criteria

5.1 NHS boards have pathways in place to provide clinical and wellbeing care and support, which includes:

- immediate and follow-up healthcare, including sexual health and psychosocial wellbeing support
- an option for an FME, where appropriate
- access to responsive, person-centred and trauma-informed care and support services, safety planning and onward referral.

5.2 Appropriate psychosocial risk assessment for immediate and future safety is undertaken, regardless of setting, which includes:

- an offer of early referral to support services
- ensuring that the setting is psychologically safe
- consideration of the need for referral to appropriate counselling
- information sharing and/or referral to other agencies.

5.3 A healthcare and wellbeing assessment is offered and carried out by SARCS-trained staff, which may include:

- treatment of immediate physical or medical needs
- emergency contraception or pregnancy testing, where required
- appropriately timed sexual transmitted infection screening and/or vaccination
- an emotional wellbeing risk assessment and action plan
- discussion about consent and limits of confidentiality
- information sharing and referrals to other support services as required.

5.4 Where there is an assessed need, the SARCS nurse coordinator ensures appropriate referral to other services.

5.5 People know who to contact for further advice, support and access to services if required.

What does the standard mean for people receiving care and support?

- You will receive the healthcare and support you may need after a rape or sexual assault.
- You will be listened to and supported in your choices.
- You will be supported to access SARCS, if that is right for you.
- If you access a SARCS, you will be supported by staff who are trained in helping people who have experienced the trauma of rape or sexual assault.
- You can decide to pause or stop any aspect of your care at any time.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- follow local pathways of care to support people to access the care and support they need
- are trained and competent to undertake healthcare assessments
- discuss the limits of confidentiality in the process to support decision making
- support onward referral to other services where appropriate
- signpost to information and support organisations.

What does the standard mean for the NHS board?

NHS boards:

- have clear pathways of care for people, including into SARCS for people who want to access this service
- ensure staff providing specialist care and support are trained and knowledgeable
- ensure timely access to assessment at SARCS in line with scheduled, pre-planned care arrangements.

Examples of what meeting this standard might look like
• Documentation detailing decision making relating to a person’s care and onward referral. • Local protocols and referral pathways to other services such as adult mental health or CAMHS. • Local protocols detailing service response depending on how long after the incident the person seeks care and support.

Standard 6: Forensic medical examination

Standard statement

NHS boards ensure forensic medical examinations are high-quality, age-appropriate, person-centred and trauma-informed.

Rationale

If a rape or sexual assault has occurred in the last seven days, the person will be offered a Forensic Medical Examination (FME). For adults, a FME should only be carried out by a trained Sexual Offence Examiner (SOE) at a healthcare facility. The person does not need to report to the police. A person can self-refer to a SARCS for an FME through NHS 24. The person should be told that they can bring a trusted friend or relative with them to their appointment at the SARCS.

For people aged 16 and 17 years old only, a self-referral FME is offered subject to professional judgement and only if considered to be in the best interests of the young person. Examinations of children under 16 years are covered in Standard 7.

FMEs are carried out in age-appropriate, safe, effective, person-centred and trauma-informed healthcare facilities. Staff should follow the national DNA decontamination protocol.[35-37] The Scottish Police Authority undertakes environmental monitoring to ensure NHS boards compliance with protocols. NHS boards should ensure compliance to maintain the forensic integrity of examinations.

A FME should be undertaken within three hours of the SARCS receiving the referral. The timing of the examination should be discussed with the person and documented appropriately.

Staff roles and responsibilities for FMEs is described in the national clinical pathways and guidance.[36, 37] NHS boards have a duty to offer people a preference of the sex of the Sexual Offence Examiner (SOE) involved in their care.[17] A nurse coordinator (or equivalent) should coordinate any onward referrals and support for the person. NHS boards should demonstrate and document how this preference was met.

A forensically trained nurse (FTN) should be present throughout the FME providing care and support in line with the national clinical pathways and associated guidance.

Evidence obtained from the FME is retained in line with relevant legislation, protocols andguidance.[17-19, 38] Informed consent and provision of information to the person is vital throughout the examination.

Criteria

6.1 People can access a timely, trauma informed and person centred FME where appropriate and:

- are provided with information about their appointment at a SARCS
- start receiving their care within three hours of the referral being accepted by SARCS
- are advised what to bring with them
- can bring someone with them to the appointment
- are offered the opportunity to request the sex of SOE involved in their care
- are provided with support and information to make decisions that are right for them
- have access to a nurse coordinator to arrange their onward care and support, as appropriate.

6.2 For people aged 16 years and over, the FME is undertaken within three hours of the acceptance of the referral by a SARCS.

Where there are delays, this is communicated to the person and shared with partner agencies, where appropriate.

6.3 Informed consent for the FME is sought for each element of the examination in line with the national clinical pathways.

6.4 All FMEs are carried out by a trained SOE.

6.5 An FTN is present during all FMEs.

6.6 To maintain the forensic integrity of the examination, protocols are in place to ensure examinations are undertaken:

- where there is no risk that the person will come into contact with the suspect(s)
- preferably by a different SOE from the one who examined the suspect. If this is not possible, the actions taken to mitigate risks and reduce contamination of forensic evidence are identified and documented.

6.7 All FMEs are carried out in a healthcare facility:

- that is compliant with the national service specification[17]
- that has been decontaminated in line with the national decontamination protocol and other guidance[35]
- with access to the relevant equipment and supplies to support examination.

Exceptions to this, for example, a care home, are recorded, shared with partner agencies (where relevant) and discussed with the person or their care partner or representative.

6.8 The location of the examination should maximise privacy and safety for the person.

6.9 SARCS ensure that the collection, retention, destruction and transfer of evidence to the police, is carried out in line with national protocols and legislation.[36, 37]

6.10 There are systems in place to ensure that facilities, equipment and peripherals used in the provision of forensic medical services have:

- regular environmental monitoring to ensure forensic integrity
- planned maintenance and replacement schedules
- a mechanism for routine checks and testing.

What does the standard mean for people receiving care and support?

- You will be supported by healthcare professionals when you arrive and throughout your appointment.
- Your healthcare professional will tell you what you need to bring with you to the appointment.
- Showers and toiletries are available if you wish to use them after the examination. You can bring your own toiletries and clothing if you want.
- You will be offered the opportunity to request an examiner of the sex you feel most comfortable with. Every effort will be made to meet this request.
- You can decide to pause or stop your appointment or examination at any time.
- During a FME, samples will be taken as part of the evidence gathering process.
- If you have reported to Police Scotland, they will take the evidence with them to help inform their investigation.
- If you have self-referred for a FME, the SARCS will keep your evidence safe for up to 26 months, in case you decide to tell the police at a later date. Samples are stored securely and cannot be accessed by anyone without your permission.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- have access and training in the requirements of relevant national protocols, pathways, forms and guidance
- provide support and information that meets the needs of the person
- have safe, appropriate and effective equipment to use
- can access suitable, high-quality and maintained facilities

- will ensure all documentation is stored and shared appropriately.

What does the standard mean for the NHS board?

NHS boards provide:

- safe, effective and person-centred healthcare and FME services
- access to washing facilities and toiletries, refreshments and replacement clothing where appropriate
- well-coordinated referral pathways to ensure timely access to an FME
- a female SOE workforce, so that where people express this preference, it can be met
- an FTN to be present during every examination
- high-quality equipment and healthcare facilities that are decontaminated in line with national protocols and subject to regular environmental monitoring.

Examples of what meeting this standard might look like

- Documentation relating to decision making around the FME, including, where appropriate, the involvement of multiagency staff and professionals, including children's social work services and the police, where appropriate.
- Clear documentation recording any reasons where access to the FME within three hours of referral or contact with a SARCS service has not been for example, person's choice or decision, capacity to consent or significant travel is involved.
- Protocols for decontamination for multi-purpose rooms used for examinations.
- Accessible and trauma-informed facilities and equipment with appropriate washing facilities, refreshments and replacement clothing.
- Documentation demonstrating all FMEs undertaken by SOEs with FTNs in attendance.
- Environmental monitoring documentation to demonstrate compliance with the national decontamination protocol.
- Audit and review of learning from data on timings of FMEs and where the person's preference of sex of examiner is met.
- Information and data on the availability of high-quality FME facilities which comply with national specifications and protocols.
- Evidence of appropriate storage, retention, destruction and transfer of evidence in line with legislation and protocols.

Standard 7: Children and young people

Standard statement

NHS boards ensure person-centred and trauma-informed care is delivered in the best interests of the child or young person.

Rationale

Children and young people who have experienced sexual abuse may have additional requirements which services should consider and provide as appropriate. This standard sets out the additional considerations that services should take into account when implementing standards 1-8.

Care and support for children and young people is underpinned by the UNCRC (Incorporation) (Scotland) Act 2024, whilst aligning with the key policy programmes of Keeping the Promise, Getting it right for every child (GIRFEC) and the National Guidance for Child Protection in Scotland. This includes upholding a child's rights to care, protection, education and recovery. The rights of all children, including refugee children, trafficked children, are upheld without discrimination.

NHS boards and statutory partners should demonstrate implementation of key legislation, policy and guidance, including the national clinical pathway, child protection guidance and Bairns' Hoose standards.[18, 26, 39]

For children or young people under 16 years, an examination should follow all appropriate child protection protocols and after an interagency referral discussion has taken place. This will take into account the best interests of the child or young person. Examination should commence within 12 hours of the referral being accepted. Exceptions to these timeframes may be necessary, and these should be recorded and shared appropriately. The decision about the type of medical examination is informed by the IRD.[18, 26, 39]

Staff should have the specialist skills and knowledge to deliver care and services for children and young people. This includes identification of vulnerabilities and social and cultural factors. For example, children and young people who are asylum seekers or care experienced.

Children and young people should be cared for in an age-appropriate setting. Activities and equipment should reflect the broad range of children and young people who may use the service including access to age appropriate toys, games, outdoor spaces and the internet.[26, 39]

NHS boards should ensure that children and young people have the right support for their age, stage and understanding. This includes consideration of referral of care partners or representatives to support services to retain existing support systems and support the long-term recovery of the child or young person and their care partners or families as a whole.

With consent, information should be shared with the child or young person's GP summarising the outcome of any examination and ongoing care needs. Children and young people, and their care partner or representatives where appropriate, should be supported to understand what information may be shared.

Children and young people, and their care partners or representatives, should be central to the planning, design, delivery and evaluation of services.[39]

Criteria

7.1 Children and young people are:

- listened to and taken seriously
- fully supported to make decisions about their healthcare and wellbeing
- supported to understand and uphold their rights
- supported to understand what information may be shared about them
- able to access appropriate psychological or therapeutic services to support their own mental health and wellbeing as appropriate.

7.2 Children and young people are given care, information and support which is:

- trauma-informed
- accessible
- rights based
- appropriate to their stage of emotional development and chronological age
- appropriate to their specific needs for example, disabled or care experienced young people.

7.3 Care partners or representatives are:

- informed of children and young people's rights
- able to access appropriate psychological or therapeutic services to support their own mental health and wellbeing as appropriate
- provided with information and signposted to third sector organisations for advice as appropriate.

7.4 NHS boards work in partnership to deliver services that are in line with national children protection guidance, national clinical pathway, related policy and guidance.

7.5 NHS boards can demonstrate how the best interests of the child or young person have been considered in assessment and decision making.

7.6 NHS boards have established referral pathways into therapeutic recovery and advocacy support including a Bairns' Hoose where this is available.

7.7 Staff have the knowledge, skills and competencies to work to deliver person-centred and trauma-informed care in the best interests of the child or young person.

7.8 For children under 18 years, the decision for an examination and type of examination is agreed at an IRD and documented by a paediatrician.

7.9 For children and young people under 16 years, examinations are:

- commenced within twelve hours of the referral for examination
- undertaken in an age-appropriate healthcare
- carried out by a clinician with appropriate skills, experience and competency.

7.10 For young people aged 16 and 17 years, staff should use professional judgement in decision making for whether the clinical pathway for adults or children and young people should be followed.

What does the standard mean for children and young people receiving care and support?

- Your rights will always be upheld and people will stand up for your rights.
- Decisions about you are made with your input and in your best interests.
- You will be included in what is happening and given as much choice as possible.
- The information you get will be clear, understandable and useful. You will get it when you need it.
- You will have a chance to be involved to provide feedback and help to shape services.
- You will be able to ask questions and will be helped to understand the information you get.
- Your care partner or representative will be supported to help you recover.

What does the standard mean for staff?

Staff in line with their roles, responsibilities and workplace:

- are knowledgeable and trained in the relevant legislation, the national children and young people clinical pathway, child protection guidance and Bairns' Hoose standards

- understand how to recognise child protection or safeguarding concerns and can provide immediate advice and subsequent assessment
- put the best interests of children and young people at the centre of their work, including respecting privacy and confidentiality, where possible
- involve children and young people in decision making and support them to make choices about their care where possible
- understand social and cultural experiences that may impact on the child or young person such as being a young carer or care experienced
- can refer to the relevant professional or service to provide immediate advice and subsequent assessment, if necessary.

What does the standard mean for the NHS board?

NHS boards:

- uphold the rights of children and young people
- ensure that legislation, care pathways, guidance and standards relating to children and young people are adhered to
- ensure that staff working with children and young people are trained and knowledgeable in providing person-centred care that is trauma-informed
- ensure that staff are provided with opportunities to participate in training and professional development relating to work with children and young people
- promote collaborative working across Bairns' Hoose and other agencies who come into contact with children and young people
- respond to concerns such as safeguarding about a child or young person and follow necessary procedures and protocols.
- work in partnership with agencies to ensure that all children have pathways to therapeutic support and recovery, as appropriate.

Examples of what meeting this standard might look like

- Documentation relating to child protection, including IRD and FMEs and notification of concerns.
- Evidence of alignment of national policies relating to service delivery for children and young people.
- Information provided in alternative formats and languages including videos and online material developed in partnership with children, young people and their care partner or representative.
- Use of Children’s Rights and Wellbeing Impact Assessments and other impact assessments to inform service design and delivery for children and young people.
- Evidence of working with young people and their care partner or representatives in the design, planning and delivery of services.
- Evidence of partnership and multiagency working including Bairns’ Hoose, education, mental health services including Child and Adolescent Mental Health Services and the third sector.

Standard 8: Documentation and data collection

Standard statement

NHS boards ensure the consistent recording, collection and monitoring of data using national documentation.

Rationale

National documentation is in place to ensure data collection for healthcare and forensic medical services within SARCS is consistently recorded. A national IT system is in place to ensure the there is a secure, digital record kept of all relevant patient data in line with e-health requirements. Consistent completion of the national forms and data input to the IT system minimises variation and error and ensures the robust reporting and review of data.

A national feedback form is in place so that people who access services can provide information about their experience if they wish to do so. NHS boards should collect and review this data to identify actions required for quality improvement and assurance of services.

Any data and information shared is subject to the relevant legislation and national and local data sharing protocols, policies and procedures.

Criteria

8.1 NHS boards and staff ensure the consistent completion of the national:

- sexual offences against adults national form health assessment
- sexual offences against adults national form: forensic examination
- child protection proforma.

8.2 Staff support people who access services, to provide feedback about their experiences using the national qualitative feedback form to help inform the continuous improvement of services.

8.3 Following each healthcare and FME undertaken at a SARCS, the relevant national documentation is:

- completed by the healthcare professional(s) involved in the person's care
- recorded on the national IT system in line with the user guidance
- with the consent of the person or their care partner or representative, shared as appropriate between partners, in line with relevant legislation, guidance and practice
- retained in line with existing NHS records management policies
- compliant with relevant data protection legislation.

8.4 For self-referral cases, any paper copies of the forensic forms should be stored securely together with any evidence retained, in line with the national self-referral protocol.

What does the standard mean for people receiving care and support?

- Information about you and your care will only be shared with your consent. You will be told when information is shared without your consent, and the reasons for this.
- Any clinical records, images and evidence (in self-referral cases) will be securely stored.
- None of your personal information or data will be used to compile reports about service performance or improvement.
- You know will know how long information about your care will be kept for.

What does the standard mean for staff?

Staff, in line with their roles, responsibilities and workplace setting:

- consistently record all patient information using the relevant national documentation
- ensure all information is stored and shared securely
- support people to complete the feedback form to gather information about their experiences of services.

What does the standard mean for the NHS board?

NHS boards ensure:

- the completion of national documentation and the use of the IT system in to support the consistency in approach and high standards of reporting and monitoring
- systems are in place for the collection, storage and review of data relating to FMEs for people of all ages
- all documentation and data collection complies with relevant legislation, guidance, policies and procedures.

Examples of what meeting this standard might look like

- Internal audit of national documentation and IT system to ensure consistent use.
- Collection of high-quality and robust data to inform local, regional and national reporting.
- Audit to ensure data collection, storage, retention and destruction is in line with relevant legislation and guidance.
- The collection and use of feedback from people who access services.
- Adherence to information sharing protocols.
- Quarterly submission of SARCS Network Quality Framework data including adults, young people and children.

Appendix 1: Development of the standards

Healthcare Improvement Scotland has established a robust process for developing standards, which is informed by international standards development methodology.[40] This ensures the standards:

- are fit for purpose and informed by current evidence and practice
- set out clearly what people who use services can expect to experience
- are an effective quality assurance tool.

The standards have been informed by current evidence, best practice recommendations, national policy and are developed by expert group consensus. The standards have been co-created with key stakeholders and people with lived experience from across Scotland.

Evidence base

A review of the literature was carried out using an explicit search strategy developed by Healthcare Improvement Scotland's Research and Information Service. Additional searching was done through citation chaining and identified websites, grey literature and stakeholder knowledge. Searches included Scottish Government, PHS, NICE, SIGN, NHS Evidence and Department of Health websites. This evidence was also informed equalities impact assessments.

Standards are mapped to a number of information sources to support statements and criteria. This includes, but is not limited to:

- government healthcare policy
- approaches to healthcare delivery and design, such as person-centred care
- clinical guidelines, protocols or standards
- professional or regulatory guidance, best practice or position statements.

Standards development

Each standard is underpinned with the views and expectations of healthcare staff, third sector representatives, people accessing the service and the public.

The standards development process includes:

- four development group meetings held between October 2023 and October 2024
- an editorial review panel meeting in November 2024
- a six-week consultation on the draft standards.

Information about the development group and editorial panel is set out in Appendix 2 and 3.

Consultation feedback and finalisation of standards

Following consultation, the standards development group will reconvene to review the comments received on the draft standards and make final decisions and changes. More information can be found in the consultation feedback report, which will be available on request following publication of the final standards.

Quality assurance

Development group members were responsible for advising on the professional aspects of the standards. People with lived experience provided input based on their experiences of services. Third sector organisations provided input based on their work with and their knowledge of the experiences of people accessing services. Clinical members of the development group advised on clinical aspects of the work. The Co-chairs had lead responsibility for formal clinical assurance and sign off on the technical and professional validity and acceptability of any reports or recommendations from the group.

Development group members made a declaration of interest at the beginning of the project. They also reviewed and agreed to the development group's terms of reference. More details are available on request from his.standardsandindicators@nhs.scot.

The standards were developed within the Operating Framework for Healthcare Improvement Scotland and the Scottish Government (November 2022). Through independence and transparency, we adhere to the principles of openness, honesty, learning support and constructive challenge to deliver the priorities of Scottish Government.

For more information about Healthcare Improvement Scotland's role, direction and priorities, please visit: https://www.healthcareimprovementscotland.scot.

Appendix 2: Membership of the standards development group

Name	Position	Organisation
Edward Doyle	Co-chair Senior Medical Adviser Paediatrics	Scottish Government
Deborah Wardle	Co-chair Consultant in Genitourinary Medicine & Sexual Health	NHS Greater Glasgow and Clyde
Debbie Ambridge	Service Manager	NHS Greater Glasgow and Clyde
Gordon Bell	Practice Reporter	Scottish Children's Reporter
Caroline Bruce	Head of Programme, Transforming Psychological Trauma	NHS Education for Scotland
Andrew Clark	Programme Manager, Sexual Assault Response Coordination Services (SARCS) Network	NHS National Services Scotland
Angela Cunningham	Justice Healthcare Manager, Forensic Medical Service	NHS Tayside
Jessica Davidson	Lead Nurse, SARCS Network	NHS Lothian
Lucy Dexter	Deputy Head of SARCS Policy Unit Observer	Scottish Government
Caroline Eve	SARCS Patient Advocate	Rape Crisis Scotland
Stephanie Govenden	Consultant Community Paediatrician	NHS Highland
George Laird	Manager, West of Scotland Sexual Health Network and Child Protection Network	NHS Greater Glasgow and Clyde

Name	Position	Organisation
Mhairi MacDonald	Forensic Specialist Nurse, Forensic Services	NHS Highland
Rhoda MacLeod	Head of Adult Services, Sexual Health and Police Custody and Prison Health Care	NHS Greater Glasgow and Clyde
Colin MacRitchie	Detective Inspector	Police Scotland
Tansy Main	Head of SARCS Policy Unit Observer	Scottish Government
Jennifer Nesbitt Thomson	Procurator Fiscal Depute	Crown Office and Procurator Fiscal Service
Anna O'Reilly	Assistant Director, Bairns' Hoose	Children First
Chloe Poole (until May 2024)	Deputy Unit Head, SARCS Policy Unit, Scottish Government	Scottish Government
Carol Rogers	Forensic Operations Lead	Scottish Police Authority Forensic Services
Cliff Sharp	Consultant Psychiatrist and Senior Medical Advisor	
Hazel Somerville	Gender-based Violence and Sexual Assault Service Lead	NHS Forth Valley
Leanne Tee	Lead Forensic Medical Examiner	NHS Highland
Jacquie Whitaker	Chief Midwife	NHS Shetland

The standards development group and editorial panel (Appendix 3) were supported by the following members of Healthcare Improvement Scotland's standards and indicators team:

- Dominika Klukowska – Administrative Officer
- Jen Layden – Programme Manager
- Silas McGilvary – Project Officer (from April 2024)
- Gail Young – Project Officer (until March 2024)
- Fiona Wardell – Team Lead

Appendix 3: Membership of the editorial review panel

Name	Position	Organisation
Lucy Dexter	Deputy Head of SARCS Policy Unit	Scottish Government
Edward Doyle	Co-chair Development Group Senior Medical Adviser Paediatrics	Scottish Government
Jen Layden	Programme Manager, Standards and Indicators	Healthcare Improvement Scotland
Tansy Main	Head of SARCS Policy Unit	Scottish Government
Jennifer Nesbitt Thomson	Procurator Fiscal Depute	Crown Office and Procurator Fiscal Service
Safia Qureshi	Director of Evidence and Digital	Healthcare Improvement Scotland
Fiona Wardell	Team Lead, Standards and Indicators	Healthcare Improvement Scotland
Deborah Wardle	Co-chair Development Group Consultant in Genitourinary Medicine & Sexual Health	NHS Greater Glasgow and Clyde

Glossary

Term	Definition
Accessible and timely	ensuring people can access care when and where they need it.
Care partner or representative	includes a trusted (non-abusing) family member, friend, neighbour or an agreed person who can speak on the person's behalf. A representative may have power of attorney or be a legal guardian. A representative may be formal or informal but only a representative with legal power of attorney can provide consent to healthcare treatment on behalf of the person.[7] **Family** includes parents, siblings, foster carers, kinship carers and siblings, adoptive families and extended families.[41]
Child / children	in line with UNCRC, the term **child** includes young people up to the 18 years regardless of the legal definition in relation to sexual offences.[21, 42, 43] The Sexual Offences Scotland Act 2009 states that: There are other 'protective offences ' for children under 16 years. The term young child refers to a child who is under the age of 13 at the time the offence was committed. The term **'older child'** is used to refer to refer to **a child who is aged 13, 14 or 15 at the time the offence was committed.** This is in relation to specific protective offences for this age group. Accordingly, for the purpose of these Standards, a 'child' or 'children' is used to describe a person under the age of 13. The term 'young person' is used to describe a person aged between 13-18 years.

Term	Definition
Effective	providing care based on evidence and which produces a clear benefit.
Forensic medical examination (FME)	the purpose of the FME following a recent rape or sexual assault is to collect any potential evidence which may support a future judicial process and to identify and support the healthcare needs of the person.
Forensically trained nurse (FTN)	an FTN should be present during every FME to provide trauma-informed support to the person. They also fulfil the requirements of a chaperone and act as corroborating witness. In some areas, the FTN also fulfils the nurse coordinator role.
Immediate healthcare needs	an assessment carried out by a qualified healthcare professional who assesses the healthcare needs of the individual and any treatment required.
NHS board	'Health Board' is defined in the National Health Service (Scotland) Act 1978. These standards apply to all 14 territorial NHS boards in Scotland. Special Health Boards also have a national role in supporting the delivery and continuous improvement of these services.
Nurse coordinator	is responsible for coordinating the follow-up care and support for an individual who attends a SARCS and to help them to navigate the healthcare system, including onward referrals to other services as required. The nurse coordinator may also fulfil the role of the FTN as described above.
Person/people	refers to individual(s) accessing services or receiving care or support. Where this term is used it covers adults, young people and children.
Person-centred care	ensures the people who use services are at the centre of decision making. It ensures that care is personalised and supports what matters to people.

Term	**Definition**
	Person-centred care should be coordinated and enabling so that people can make choices, manage their own health and live independent lives, where possible.
Safe	individuals using health and care services feel safe and the care they receive does not harm them.
Trauma-informed	Systems and services can be said to be trauma-informed if they: • recognise and adapt to the impact of trauma on neurological, biological, psychological cognitive and social development of staff and the people they serve • support recovery • recognise and minimise re-traumatisation. For a service to know and state that it is trauma-informed, it will be able to demonstrate the ways in which it has been informed by feedback from people with lived experience of trauma. For a full definition, refer to the Trauma-Informed Knowledge and Skills framework.[9]

References

1. World Health Organisation. Violence against women: Factsheet. 2024 [cited 2024 Nov 18]; Available from: https://www.who.int/news-room/fact-sheets/detail/violence-against-women.
2. Scottish Government. Scottish crime and justice survey. 2024 [cited 2024 Nov 18]; Available from: https://www.gov.scot/collections/scottish-crime-and-justice-survey/.
3. NSPCC. Statistics briefing: child sexual abuse. 2024 [cited 2024 Nov 18]; Available from: https://learning.nspcc.org.uk/media/jwhpwojz/statistics-briefing-child-sexual-abuse.pdf.
4. Scottish Government. Recorded crime in Scotland, 2021-22. 2022 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/recorded-crime-scotland-2021-2022/documents/.
5. Scottish Parliament. The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 Commencement Regulations 2022. 2022 [cited 2024 Nov 18]; Available from: https://www.legislation.gov.uk/ssi/2022/24/contents/made.
6. Scottish Government. Bairns' Hoose - project plan: progress report and pathfinder delivery plan 2023 to 2025. 2024 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/bairns-hoose-project-plan-progress-report-pathfinder-delivery-plan-2023-25/.
7. Scottish Government. Health and Social Care Standards: My support, my life. 2018 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/health-social-care-standards-support-life/.
8. Scottish Government. National Health and Wellbeing Outcomes Framework. 2015 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/.
9. NHS Education for Scotland. Trauma informed justice. 2023 [cited 2024 Nov 18]; Available from: https://transformingpsychologicaltrauma.scot/traumainformedjustice/home/.
10. NHS Education for Scotland. Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland. 2023 [cited 2024 Nov 18]; Available from: https://www.nes.scot.nhs.uk/nes-current/roadmap-for-creating-trauma-informed-and-responsive-change/.
11. United Nations. International Covenant on Economic, Social and Cultural Rights. 1966 [cited 2024 Nov 18]; Available from: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights.
12. United Nations. Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979. 1979 [cited 2024 Nov 18]; Available from: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women.

13. United Nations. Convention On The Rights Of Persons With Disabilities (CRPD). 2006 [cited 2024 Nov 18]; Available from: https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd.

14. United Nations. General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights). 2016 [cited 2024 Nov 18]; Available from: http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1a0Szab0oXTdImnsJZZVQfQejF41Tob4CvIjeTiAP6sGFQktiae1vlbbOAekmaOwDOWsUe7N8TLm%2BP3HJPzxjHySkUoHMavD%2Fpyfcp3Ylzg.

15. United Nations. Convention on the Rights of Persons with Disabilities – Articles. 2023 [cited 2024 Nov 18]; Available from: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html.

16. Public Health Scotland. Analytics and intelligence for people who access SARCS. 2023 [cited 2024 Nov 18]; Available from: https://www.publichealthscotland.scot/publications/analytics-and-intelligence-for-people-who-access-sarcs/analytics-and-intelligence-for-people-who-access-sarcs-2023/.

17. Scottish Government. Scottish Sexual Assualt Response Coordination (SSARC) - Health Board Service Specification. 2019 [cited 2024 Oct 16]; Available from: https://www.gov.scot/publications/rape-sexual-abuse-or-child-sexual-abuse-medical-services-guide-for-service-providers/.

18. Scottish Government. Healthcare professionals - supporting children and young people who may have experienced child sexual abuse: clinical pathway. 2022 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/clinical-pathway-healthcare-professionals-working-support-children-young-people-experienced-child-sexual-abuse-2/.

19. Scottish Government. Healthcare professionals - supporting adults who present having experienced rape or sexual assault: clinical pathway. 2022 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/clinical-pathway-healthcare-professionals-working-support-adults-present-having-experienced-rape-sexual-assault-2/.

20. NHS Scotland. Realistic Medicine. 2023 [cited 2024 Nov 18]; Available from: https://realisticmedicine.scot/.

21. Scottish Parliament. Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act. 2021 [cited 2024 Nov 18]; Available from: https://www.legislation.gov.uk/asp/2021/3/contents.

22. Scottish Government. Nursing 2030 vision. 2017 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/nursing-2030-vision-9781788511001/pages/1/.

23. Scottish Government. Health and Care (Staffing) (Scotland) Act 2019: overview. 2024 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/.

24. Scottish Government. NHS public protection accountability and assurance framework. 2022 [cited 2024 Nov 18]; Available from:

https://www.gov.scot/publications/nhs-public-protection-accountability-assurance-framework/.

25. Scottish Government. Adult Support and Protection (Scotland) Act 2007: Code of Practice. 2022 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/adult-support-protection-scotland-act-2007-code-practice-3/pages/1/.

26. Scottish Government. National Guidance for Child Protection in Scotland 2023 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/.

27. NHSScotland. Whistleblowing policy. 2021 [cited 2024 Nov 18]; Available from: https://workforce.nhs.scot/policies/whistleblowing-policy/.

28. Scottish Government. Duty of candour. 2023 [cited 2024 Nov 18]; Available from: https://www.gov.scot/policies/healthcare-standards/duty-of-candour/.

29. NHS Education for Scotland. Transforming psychological trauma: a knowledge and skills framework for the Scottish Workforce. 2017 [cited 2024 Nov 18]; Available from: http://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainingframework.pdf.

30. NHS Inform. Help with health costs. 2023 [cited 2024 Nov 18]; Available from: https://www.nhsinform.scot/care-support-and-rights/health-rights/access/help-with-health-costs.

31. Cohen CE CRobotBSVSIG. Patient confidentiality and autonomy: how do we account for coercive control? Sexually Transmitted Infections 2017;93:232-3.

32. British Association for Sexual Health and HIV. National guidelines for the management of individuals disclosing sexual violence in sexual health services. 2022 [cited 2024 Nov 18]; Available from: https://www.bashhguidelines.org/media/1327/bashh-sv-2022.pdf.

33. Faculty of Forensic and Legal Medicine. Recommendations – Consent from patients who may have been seriously assaulted. 2023 [cited 2024 Nov 18]; Available from: https://fflm.ac.uk/resources/publications/recommendations-consent-from-patients-who-may-have-been-seriously-assaulted/.

34. NHS Education for Scotland. Sexual offences examination and clinical management. 2023 [cited 2024 Nov 18]; Available from: https://learn.nes.nhs.scot/2651.

35. Scottish Police Authority. Forensic medical examinations: DNA decontamination guidelines - October 2019. 2019 [cited; Available from: https://www.gov.scot/publications/forensic-medical-examinations-dna-decontamination-guidelines/.

36. Faculty of Forensic and Legal Medicine. Recommendations for the Collection of Forensic Specimens from Complainants and Suspects. 2023 [cited 2024 Nov 18]; Available from: https://fflm.ac.uk/resources/publications/recommendations-for-the-collection-of-forensic-specimens-from-complainants-and-suspects/.

37. Faculty of Forensic and Legal Medicine and Royal College of Paediatrics and Child Health. Guidance for best practice for the management of intimate images which may become evidence in court. 2023 [cited 2024 Nov 18]; Available from:

https://fflm.ac.uk/resources/publications/guidance-for-best-practice-for-the-management-of-intimate-images-which-may-become-evidence-in-court/.

38. Scottish Parliament. The Forensic Medical Services (Self-Referral Evidence Retention Period) (Scotland) Regulations 2022. 2022 [cited 18 Jul 2023]; Available from: https://www.legislation.gov.uk/ssi/2022/89/contents/made.

39. Healthcare Improvement Scotland. Bairns' Hoose Standards. 2023 [cited 2024 Nov 18]; Available from: https://www.healthcareimprovementscotland.scot/publications/bairns-hoose-standards/.

40. International Society for Quality in Healthcare (ISQua). Guidelines and principles for the development of health and social care standards. 2018 [cited 2024 Nov 18]; Available from: https://ieea.ch/media/attachments/2021/08/10/isqua-guidelines-and-principles-for-the-development-of-health-and-social-care-standards-5th-edition-v1.0.pdf.

41. Scottish Government. Keeping the Promise implementation plan. 2022 [cited 2024 Nov 18]; Available from: https://www.gov.scot/publications/keeping-promise-implementation-plan/pages/2/.

42. Scottish Parliament. United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024. 2024 [cited 2024 Nov 18]; Available from: https://www.legislation.gov.uk/asp/2024/1/contents/enacted.

43. Scottish Parliament. Sexual Offences (Scotland) Act. 2014.

Healthcare
Improvement
Scotland

Evidence
Advice, guidance
and intelligence

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
0141 225 6999

www.healthcareimprovementscotland.org