Clinical Pathway for Children and Young People who have disclosed sexual abuse

This pathway is relevant for children under 16 years of age (or up to 18 years of age for young people with vulnerabilities and additional support needs)

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Version History

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Contents

List of abbreviations

ACE	Adverse Childhood Experience
CMO	Chief Medical Officer
CSA	Child Sexual Abuse
FFLM	Faculty of Forensic and Legal Medicine
GDPR	General Data Protection Regulation
GIRFEC	Getting it Right for Every Child
GMC	General Medical Council
HIS	Healthcare Improvement Scotland
IJB	Integrated Joint Board
IRD	Interagency Referral Discussion
JII	Joint Investigative Interview
JPFE	Joint Paediatric Forensic Examination
MCN	Managed Clinical Network
NHS	National Health Service
NSPCC	National Society for the Prevention of Cruelty to Children
PTSD	Post Traumatic Stress Disorder
RCPCH	Royal College of Paediatrics and Child Health
UN	United Nations

1. Introduction

1.1 What is the purpose of this resource?

This pathway is a resource to outline the process for the healthcare response to disclosures by children and young people of sexual abuse of any kind.

1.2 Who should use this resource?

This clinical pathway and guidance is for healthcare professionals in Scotland working to support children and young people who disclose sexual abuse.

This guidance should also be used by NHS Boards, Local Authorities and Integrated Joint Boards (IJBs) to inform the way in which services are delivered and structured locally. It in no way constrains NHS, Police Scotland, or associated partnerships should they wish to enhance the model with innovative elements of service delivery.

Statutory responsibility for forensic medical services currently rests with Scottish Police Authority; however the delivery of healthcare services sits with NHS Boards.

1.3 How should this resource be used?

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

1.4 Who is this guidance applicable to?

This guidance is applicable to the care of children and young people less than 16 years of age (or up to 18 years of age for young people with vulnerabilities and additional support needs), who have disclosed sexual abuse of any kind (Child Protection Guidance for Health Professionals)

The definition of a child in Scotland is dependent on the legal context (Sexual Offences (Scotland) Act 2009). Clinicians and others working with those under 18 years old have a responsibility to assess and respond to the circumstances of the individual child or young person and provide an appropriate service.

1.5 What other documents should be consulted?

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

- National Guidance for Child Protection in Scotland (Scottish Government 2014)
- Child Protection Guidance for Health Professionals (Scottish Government 2012)
- Standards of Service Provision and Quality Indicators for the Paediatric Medical Component of Child Protection Services in Scotland (Child Protection Managed Clinical Networks 2017)
- Getting it Right for Every Child (GIRFEC) (Scottish Government 2017)

- Healthcare and Forensic Medical Services for People who have Experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults Standards (Healthcare Improvement Scotland 2017)
- Healthcare and Forensic Medical Services for People to have Experienced Rape, Sexual Assault and Child Sexual Abuse: Children, Young People and Adults Indicators (Interim) (Healthcare Improvement Scotland 2018)
- Service specification for the clinical evaluation of children and young people who may have been sexually abused (Royal College of Paediatrics and Child Health) (the website address is provided in the resources)
- Faculty for Forensic and Legal Medicine (FFLM Guidance) (Royal College of Paediatrics and Child Health) (the website address is provided in the resources)

1.6 Background of the work

In March 2017, Her Majesty's Inspectorate of Constabulary in Scotland published a report which provided a strategic overview of forensic medical and healthcare services for victims of sexual crime. The report made a number of recommendations. The Chief Medical Officer for Scotland was asked by the former Cabinet Secretaries for Health and Justice to chair a Taskforce which will provide national leadership and oversight in order to help improve service provision in this area.

The Taskforce vision is for consistent, person centred, trauma informed healthcare and forensic medical services and access to recovery for anyone who has experienced rape or sexual assault in Scotland.

A considerable amount of work is being progressed to deliver this vision, as set out in the Taskforce five year high level work plan published in October 2017. Healthcare Improvement Scotland (HIS) has now published National Standards to help ensure a consistency in approach across Scotland as well as Interim Quality Indicators to underpin these.

In parallel, a Clinical Pathways Subgroup was established, including a multi-agency team of experts, to develop national clinical pathways for adults, children and young people that are informed by the views of people with lived experience.

1.7 Who has the developed the guidance?

The guidance has been developed by professionals within the Child Protection Managed Clinical Networks (MCN) Consultant Paediatricians and members of the Chief Medical Officer's Taskforce for the Improvement of Services for Victims of Rape and Sexual Assault.

MCNs for children and young people were set up in the South-East in 2009, West in 2004 and North in 2015. Their aim is to raise standards, promote the delivery of

consistency of approach and outcomes, provide peer support and drive collaborative working and clinical excellence across Scotland.

This guidance is intended to support implementation of the outcomes of the Options Appraisal of the Taskforce (Honouring the Lived Experience). A subgroup of the Taskforce, The Children and Young People Expert Group, has provided advice on tailoring the recommendations of the options appraisal to children and young people. These recommendations are intended to be in line with the Barnahus concept.

1.8 What terminology is used in the resource?

Terminology within this document aligns with Healthcare Improvement Scotland's Standards for Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults (Healthcare Improvement Scotland 2017).

2. Prevalence of Child Sexual Abuse

It is difficult to estimate the prevalence of child sexual abuse in Scotland, for a number of reasons. Children may not disclose abuse until many years later. Patterns of recording and responding to abuse have changed over time. Studies undertaken have used varying definitions and methods, making comparisons difficult between countries and over time.

The prevalence of reported abuse is higher in self-reported surveys than in reports by health, police or social work services.

The Crime Survey for England & Wales (2016) reported that 10.5% of women and 2.6% of men had experienced any form of abuse; 3.4% of women and 0.6% of men had experience of penetrative offences.

The Scottish Crime and Justice Survey asks people about experiences they have had since the age of 16 so there are not comparable figures available for Scotland.

The scoping report published in 2019 by the CSA Centre of Expertise summarises the variations in prevalence data for England and Wales and suggests that some 15% of girls / young women and 5% of boys / young men experience some form of sexual abuse before the age of 16, including abuse by adults and peers.

The table below shows the number of sexual offences against children recorded by Police Scotland for the years 2013-14 to 2017-18. There is an increasing trend of police recordings over the past 5 years, but the reasons for that trend cannot be identified with certainty. It is important to note that these figures cover all types of sexual offences against children under 16 years of age, including those reported years later.

Table 1: Number of Sexual offences against children recorded by the Police

Year	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**
Total	3,101	3,473	3,713	4,096	4,347

The table below shows the number of people proceeded against for sexual crimes relating to children. These figures are based on the year in which the case was concluded, which differs from Table 1 as the statistics provided within table 1 count crimes and offences at the time that they came to the attention of Police Scotland.

Table 2: Number of people proceeded against for sexual crimes relating to children

Year	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**
Total	476	541	595	497	505

It is important to note:

- These figures are based only on those crimes / charges where the age of the victim is specified in the legislation
- Cases are counted in the year that the case was concluded rather than when the crime was (allegedly) committed
- Convictions / proceedings data doesn't include any sexual crimes against children where the age of the victim was not specified in the legislation used to prosecute the offender.
- A person may be proceeded against for more than one crime involving more than one victim in the same proceeding, and there is the possibility that the crime recorded by the police may be altered in the course of judicial proceedings.

3. Aims of the Clinical Pathway

This pathway outlines the health service response to disclosures of sexual abuse and the steps taken in partnership with other agencies to make sure that services for the child or young person and those who care for them are able to promote health, wellbeing and recovery.

Health services caring for children and young people who have disclosed sexual abuse should:

- Work in partnership across agencies with a shared commitment to the best interests of the child. This includes listening to and believing the child.
- Be focused on the reduction of further harm and promotion of the recovery of the child and family, whether or not there is an ongoing criminal justice process.
- Provide appropriate and timely access to health care, emotional, mental health and social support.
- Balance confidentiality with the need to share information to safeguard the child or young person, or other children and young people at risk of harm
- Offer a holistic and trauma-informed approach to therapeutic support (further information about the principles of trauma informed care is available in 4.3.1).
- Ensure that the examination meets the forensic standards required to support any future criminal justice process including the requirement that facilities used for forensic medical examination are appropriately maintained and comply with agreed forensic decontamination processes and procedures.

4. Context

4.1 Who is a Child?

A child can be defined differently in different legal contexts (see Appendix A).

This clinical pathway is applicable to the care of children less than 16 years of age (or up to 18 years of age for young people with vulnerabilities and additional support needs e.g. looked after and accommodated)

4.2 Sexual Abuse

The World Health Organisation, in association with the International Society for the Prevention of Child Abuse and Neglect, defines child sexual abuse in general terms as:

> the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society

The dynamics of child sexual abuse differ from those of adult sexual abuse. It is more likely for a child to experience sexual abuse at the hands of a family member or another supposedly trustworthy adult.

With childhood sexual abuse children are often too young to know how to express what is happening and seek out help. Disclosure tends to be a process rather than a single episode and is often initiated following a physical complaint or a change in behaviour.

Children can be sexually abused by adults or other children who are – by virtue of their age or stage of development in a position of responsibility, trust, or power over the victim.

The Sexual Offences (Scotland) Act 2009 outlines types of offences against younger children (up to 12 years of age) and older children aged 13-15. Although engaging in sexual activity under the age of 16 is illegal, the law draws a distinction between consensual and non-consensual conduct with older children, and in these circumstances a risk assessment to establish and respond to child protection concerns is appropriate. Inter-agency discussion will help to establish how best to proceed in individual cases. (Underage sexual activity: identifying child protection concerns).

4.3 Trauma–Informed Services

4.3.1 Trauma–Informed, Child and Family Centred Care

Trauma informed practice takes into account the impact that sexual violence may have on a child or young person and their family. It seeks to ensure that their experience of trauma is not repeated or triggered during the examination or journey through care. It offers a very different relational experience from child sexual abuse; one which may help to start the healing process rather than hinder it.

Principles of trauma informed practice:

- Realise the prevalence of trauma.
- Recognise the impact of trauma.
- Respond using trauma informed principles, both personally and as an organisation.
- Resist re-traumatisation through offering choice and collaboration, power and control, safety and trust.

4.4 Understanding the Impact of Adverse Childhood Experiences

The dynamics of child sexual abuse differ from those of adult sexual abuse.

When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their ability to think, interact with others and on their learning. When not properly treated, child sexual abuse can result in a lifetime of Post Traumatic Stress Disorder (PTSD), depression and anxiety.

Useful resources

NHS Education Scotland (2017): Transforming Psychological Trauma: A knowledge and skills Framework for the Scottish Workforce

NHS Health Scotland (2018): Gender Based Violence

NHS Lanarkshire: Trauma and the Brain: Understanding Abuse Survivors Responses

NHS Education Scotland (2018): Opening Doors: Trauma Informed Practice for the Workforce https://vimeo.com/274703693

NHS Health Scotland (2018): Adverse Childhood Experiences (ACEs)

4.5 Legal Context

This pathway outlines the response of professionals when they have become aware of concerns or allegations of possible sexual abuse of children. As such they have a duty to respond by considering the safety of the child and other children who may be at risk, as their primary concern, within a child protection context.

Children under the age of 13 cannot consent to sexual activity so concerns must be passed on in accordance with local child protection procedures. Cases where children aged 13 to 15 years have disclosed non-consensual activity must also be passed on.

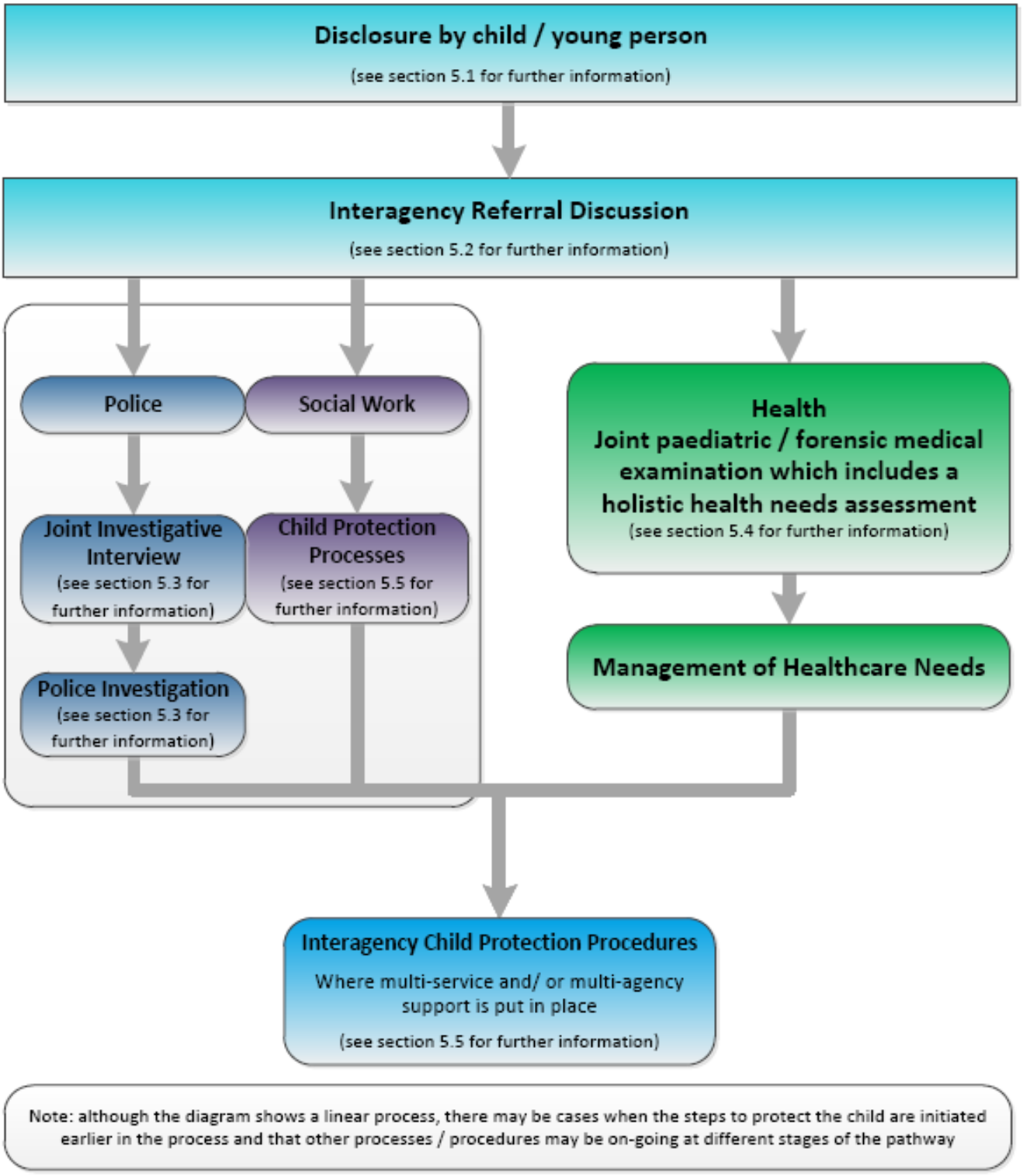
Where young people aged 13 to 15 years are involved in consensual sexual activity it may be necessary to share information to ascertain if this activity is truly consensual and ensure the child is not a victim of exploitation or grooming.

All those working with children and young people should follow their organisation's child protection policies and procedures. A child protection response should still consider the views and wishes of the child.

It is crucial that paediatricians and other professionals involved in care of children who have disclosed sexual abuse have an understanding of the legal frameworks that inform these processes. More detail of the legal context is provided in Appendix B.

5. Clinical Pathway Processes

The diagram below provides a high level summary of the clinical pathway and the specific steps to take during the process. Detail on each of the steps is provided in the sections following the diagram.



5.1 Disclosure by a child / young person

The majority of sexual abuse disclosures in children are historic rather than recent; therefore not all disclosures require an urgent medical response. Young people may self-refer to any agency, including health services. Any disclosure of sexual abuse in child aged under 16 years must be considered as a potential child protection concern.

Children and young people may disclose sexual abuse in many ways, or concerns may be raised from their behaviour or presenting symptoms. It is recognised that often it can take some time for a disclosure to become apparent (NSPCC). It is important that there is a robust, timely, trauma-informed response to cases of acute or recent sexual abuse as well as to disclosures of historical abuse.

At all points in the pathway, the primary focus is the child or young person and their immediate and future wellbeing, informed by the GIRFEC principles and values. The potential impact on those close to the child is acknowledged and the need to offer these people appropriate support as required. Work is being undertaken as part of the CMO Taskforce to explore enhanced provision of family support services.

Sexual abuse in children may present in a number of ways including but not limited to:

- Disclosure by the child of previous / ongoing abuse: A clear allegation is often not made at an early stage in the process as the abuser may groom and/or threaten the child. If the child alleges acute sexual abuse urgent action is required.
- Pregnancy or sexually transmitted infection in a child under 16 years – this should always prompt further enquiry and exploration.
- Behavioural change including sexualised behaviour.
- Unexplained genital bleeding or injury or history not compatible with symptoms and examination.
- Any sexual activity in a child who is under 13 years.
- Foreign body present in vagina or anus.
- Recurrent or new onset wetting or soiling.
- A perpetrator of abuse who may be, or may have been, a victim themselves.

5.2 Interagency Referral Discussion (IRD)

The IRD is an interagency discussion including police, social work and health that usually occurs within the first 24 hours after initial disclosure being received by any agency. It will include consideration of the following:

- Immediate safety of child and any other children living within the house.
- Collection of early evidence by police / health services if required.

- Timing, sequence and site of joint interview and joint paediatric / forensic medical examination.
- Consent for medical examination.

National Guidance for Child Protection in Scotland (2014) advises that health practitioners have a duty of care to share information and plan the response and investigation in line with the child's needs once they are aware of a concern or disclosure of sexual abuse. In Scotland, a range of professionals including health professionals should always be involved in an IRD. The IRD aims to share information and identify the risks to the child (and other children in the household) so that immediate safeguarding measures can be taken. The IRD should also enable planning of possible interview and examination of the child to further investigate the concerns.

The paediatrician involved in the planning discussion should take responsibility for taking the medical assessment forward, agreeing with police and social work colleagues the type of examination, timing and venue (National Guidance for Child Protection in Scotland (2014) and local guidance for IRDs.

5.3 Police and Social Work

Joint Investigative Interview (JII)

JII is the formal interview process carried out by police and social work investigative interviewers mainly for evidential purposes and to assess if necessary, whether the child (or any other child) is in need of protection.

The interview is conducted in a way that treats the best interests of the child as a primary consideration and includes the gathering of evidence when it is suspected a crime may have been committed against or witnessed by the child, and gathering of evidence which may lead to a ground for referral to a children's hearing being established.

Police Investigation

Information obtained during the Joint Investigative Interview is fed back into the IRD process to allow further discussion and decision making.

5.4 Health - Joint paediatric / forensic medical examination and management of healthcare needs

Further information on the joint paediatric / forensic examination is available in section 6 along with considerations for the medical examination and follow up.

5.5 Interagency Child Protection Procedures

For further information on interagency child protection procedures, please refer to:

- National Guidance for Child Protection in Scotland (Scottish Government 2014)

- Child Protection Guidance for Health Professionals (Scottish Government 2013)

For further information on child protection processes, please refer to the interagency child protection guidelines for your local area.

The Child's Plan (GIRFEC) may include access to ongoing therapeutic support for the child and their family members / carers post examination, but also in the months and years following disclosure of Child Sexual Abuse (CSA).

6. Medical Examination

The **primary purpose** of the medical examination is to address the health and wellbeing of the child in a holistic manner. This includes considering the child's physical health, sexual health needs, their immediate and long- term emotional wellbeing, and to arrange appropriate ongoing care. A **secondary purpose** is to collect forensic evidence for police and court proceedings including video documentation of the examination and appropriate forensic swabs in a timely way. This must be carefully managed.

It can be very hard for children and young people to reveal abuse. Often they fear there may be consequences. Some delay telling someone about abuse for a long time, while others never tell anyone, even if they want to. In cases of non-acute sexual abuse that is outside the forensic capture window, a medical examination will still be required for the child. How quickly a non-acute case needs to be seen may vary according to clinical need. It is envisaged that such cases would be seen for paediatric assessment within two weeks (Healthcare and Forensic Medical Services for People to have Experienced Rape, Sexual Assault and Child Sexual Abuse: Children, Young People and Adults Indicators (Interim) of a decision being made that such an assessment is required.

The **joint paediatric forensic examination** (JPFE) combines a comprehensive medical assessment with the need for corroboration of forensic findings and the taking of appropriate specimens for trace evidence including, for example, semen, blood or transferred fibres. The paediatrician is responsible for assessing the child's health and development and ensuring that appropriate arrangements are made for further medical investigation, treatment and follow-up. The forensic medical examiner is responsible for the forensic element of the examination and fulfils the legal requirements in terms of, for example, preserving the chain of evidence. The presence of two doctors in the JPFE is important for the corroboration of medical evidence in any subsequent criminal or children's hearings proceeding and is also good medical practice.

6.1 Considerations for the Medical Examination and Follow Up

When undertaking the medical examination and any follow up treatment, there are a number of points which must be considered:

1. Service locations for the medical examination should be flexible to provide age-appropriate and child and family centred care with access to clinicians with relevant experience for children and young people with complex conditions or additional needs. Further information on age-appropriate care can be found in 'Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland'.
2. Written consent from an individual with parental rights (if child under 16) or child themselves must be obtained for the examination.

a. In the majority of cases, a parent / carer with parental responsibilities and rights (a person holding parental responsibilities and rights in terms of Sections 1 (1) and 2(1) and 5 of The Children (Scotland) Act 1995) will have the capacity to consent and agree to their child participating in JPFE. In cases where this is not clear please refer to MCN guidance on Consent for Joint Paediatric / Forensic Medical Examinations of Children and Young People. (Note a revised version will be available in spring 2019.)
b. The wishes of the child should be respected and consent can be withdrawn at any time during the examination in accordance with the GMC guidance on Consent: patients and doctors making decisions together and the MCN guidance on Consent for Joint Paediatric / Forensic Medical Examinations of Children and Young People.
c. The Victims and Witnesses (Scotland) Act 2014 and the Healthcare and Forensic Medical Services for People who have Experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults Standards both support that the wishes of the child or young person in respect of gender of the examiner should be respected.

3. Timing of medical examination
    a. In recent sexual abuse (up to 7 days)
        i. The immediate health needs of the child are paramount. They include the management of acute injuries, assessment of need for emergency contraception and post-exposure prophylaxis for blood-borne viruses.
        ii. Timing of the JPFE should be agreed as part of IRD process and would not usually place between 20:00 and 08:00 unless there are medical needs of the child which require immediate attention. For specific guidance on timings of examinations, please refer to the FFLM Guidance for the examination of children and the RCPCH "Purple book" (physical signs of child sexual abuse) (the website address is provided in the resources).
        iii. Examination should occur as soon as possible to obtain forensic evidence. Guidelines indicate that likelihood of obtaining positive forensics decreases exponentially with time. This is also true for documentation of injuries as the genital area heals extremely quickly.
        iv. These requirements need to be balanced with consideration of the wellbeing of the child, their ability to consent to examination (for example if the child is intoxicated) and of course their general best interests.
        v. Pre-pubertal children are never examined internally unless the examination is deemed necessary for clinical assessment and done

under general anaesthetic (for example if surgical treatment required at presentation).

b. Historic sexual abuse, neglect or emotional abuse:
    i. The referral should be assessed according to clinical need and requirements of the child protection process. This can be discussed through the IRD. The timing of the medical should be decided by what is in the best interests of the child.

4. A standardised pro-forma (in use across Scotland and available within health services) must be used to document a full medical history, developmental history and examination. This includes the use of line diagrams to document extent, description and measurement of injuries. Examination technique and position should take place in accordance with guidance from RCPCH "Purple book" (physical signs of child sexual abuse) (the website address is provided in the resources).
5. A colposcope should be used for light and magnification with the facility to store recordings. Recordings are taken for quality assurance purposes at clinical peer review or for viewing by an expert witness out with court proceedings. It should be noted that colposcopic images cannot in themselves provide corroboration of the findings of forensic medical examinations.
6. In line with Guidance for best practice for the management of intimate images that may become evidence in court from the Royal College of Paediatrics and Child Health and the Faculty of Forensic and Legal Medicine, intimate images form part of the medical record and are retained by the NHS Boards (RCPCH and FFLM 2014). NHS Boards are therefore the data controller for the images. Images are stored in line with legislative requirements set out in the Data Protection Act (2018) and the General Data Protection Regulation (GDPR). All images should be coded and stored securely with password protection. Sharing of intimate images that form part of the medical record should only be done in circumstances where there is appropriate informed consent, or they are ordered to by a judge, or there is a public interest. Further work on the storage and retention of digital images is being developed at this time; within the pathway will be updated to reflect this.
7. Reports should be produced within four weeks, as per MCN Standards of Service Provision and Quality Indicators for the Paediatric Medical Component of Child Protection Services in Scotland and should include a clear summary of findings, interpretation of these findings in light of current evidence and a clear final opinion. Good practice is that the joint forensic report should be written and agreed by the paediatrician and Forensic Medical Examiner.
8. Follow up for health needs including sexual health screening and blood borne virus prophylaxis should be arranged by the attending paediatrician and communicated to the general practitioner with appropriate consent.

9. Follow up for other needs, for example referral to Children's Reporter or other agencies, should be arranged and documented.
10. Consider giving a brief written summary of findings and outcome as well as a clear list of contacts for follow up at the end of the examination.
11. Sharing of information should follow local policies and guidance.

Useful Resources

General Medical Council (2012) Protecting Children and Young People – The Responsibilities of all Doctors

Scottish Government (2012) Child Protection Guidance for Health Professionals

7. Appendices

Appendix A: Who is a child?

A child can be defined differently in different legal contexts:

In terms of Part 1 of the Children (Scotland) Act 1995 (which deals with matters including parental rights and responsibilities), a child is generally defined as someone under the age of 18. In terms of Chapter 1 of Part 2 (which deals with support for children and families and includes local authorities duties in respect of looked after children and children in need), a child is also defined as someone under the age of 18.

The Children's Hearings (Scotland) Act 2011 now contains the current provisions relating to the operation of the Children's Hearings system and child protection orders. Section 199 states that, for the purposes of this Act, a child means a person less than 16 years of age. However, this section also provides some exceptions to that general rule. Subsection (2) provides that for the purposes of referrals under section 67(2) (o) (failure to attend school), references in the Act to a child include references to a person who is school age. School age has the meaning given in Section 31 of the Education (Scotland) Act 1980.

Additionally, children who turn 16 during the period between when they are referred to the Reporter and a decision being taken in respect of the referral are also regarded as children under the Act. Children who are subject to compulsory measures of supervision under the Act on or after their 16th birthday are also treated as children until they reach the age of 18, or the order is terminated (whichever event occurs first). Where a sheriff remits a case to the Principal Reporter under Section 49(7)(b) of the Criminal Procedure (Scotland) Act 1995, then the person is treated as a child until the referral is discharged, any compulsory supervision order made is terminated, or the child turns 18.

The United Nations Convention on the Rights of the Child applies to anyone under the age of 18. However, Article 1 states that this is the case unless majority is attained earlier under the law applicable to the child.

The meaning of a child is extended to cover any person under the age of 18 in cases concerning: Human Trafficking; sexual abuse while in a position of trust (Sexual Offences (Scotland) Act 2009) and the sexual exploitation of children under the age of 18 through prostitution or pornography (Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005)

Under the Children and Young People (Scotland) Act 2014 a child is be defined for the purposes of all Parts of that Act, as someone who has not attained the age of 18.

The individual young person's circumstances and age will dictate what legal measures can be applied. For example, the Adult Support and Protection (Scotland) Act 2007 can be applied to over-16s where the criteria are met. This further heightens the need for local areas to establish very clear links between their Child and Adult Protection Committees and to put clear guidelines in place for the transition from child to adult services. Young people aged between 16 and 18 are potentially vulnerable to falling between the gaps and local services must ensure that processes are in place to enable staff to offer ongoing support and protection as needed, via continuous single planning for the young person. The Getting It Right For Every Child approach and provision of the Named Person service for 16-18 year olds are key to ensuring that wellbeing needs can be identified and addressed.

Where a young person between the age of 16 and 18 requires protection, services will need to consider which legislation or policy, if any, can be applied. This will depend on the young person's individual circumstances as well as on the particular legislation or policy framework. Under the GIRFEC policy similar to child protection interventions, all adult protection interventions for 16 and 17 year olds should be managed through the single Child's Planning framework. The priority is to ensure that a vulnerable young person who is, or may be, at risk of significant harm is offered support and protection.

Appendix B: Legal Context

The below links provide further information on the legal context surrounding Children and Young People who have disclosed sexual abuse:

Age of Legal Capacity Act 1991

Children (Scotland) Act 1995

Sexual Offences (Scotland) Act 2009

Children and Young People's (Scotland) Act 2014

Vulnerable Witnesses (Criminal Evidence) Scotland Bill

Underpinned by UN Convention on the Rights of the Child and GIRFEC, this Act establishes a structure for the integrated planning around the child and ensures that there is a single planning framework (The Child's Plan). It provides for the child / young person to have a Named Person who is a clear point of contact for the child or young person and parents and is made available to provide information, advice, support and to help access service to promote, support or safeguarding the child's wellbeing.

Useful Resources

There have been a number of documents published which have set quality standards, and described the evidence underpinning them.

Paediatricians and Forensic Medical Examiners working in this field should be familiar with the following:

- FFLM Quality standards for doctors undertaking paediatric sexual offence medicine.
- Child protection companion (2nd edition).
- The physical signs of child sexual abuse: an updated evidence-based review and guidance for best practice (2nd edition) (the website address is provided in the resources)
- Guidelines on paediatric forensic examinations in relation to possible child sexual abuse.
- Sexual offences: pre pubertal complainants and post pubertal complainants.
- Guidance for best practice for the management of intimate images that may become evidence in court.
- Peer Review in Safeguarding. (the website address is provided in the resources)

Ref: Service specification for the clinical evaluation of children and young people who may have been sexually abused. RCPCH September 2015

References

CSA Centre of Expertise (2019) *Measuring the Scale and Changing the Nature of Child Sexual Abuse and Child Sexual Exploitation* [cited 12 April 2019]

Managed Clinical Network for Child Protection (2017) *Standards of Service Provision and Quality Indicators for the Paediatric Medical Component of Child Protection Services in Scotland* [cited 23 April 2018]

Managed Clinical Network for Child Protection (2018) *Consent for Joint Paediatric Forensic Examination of Children and Young People* [cited 9 December 2018]

NHS Healthcare Improvement Scotland (2017) *Standards for Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults* [cited 9 November 2018]

National Society for the Prevention of Cruelty to Children (2011) *Sexual Abuse: A Public Health Challenge* [cited 9 November 2018]

National Society for the Prevention of Cruelty to Children (2017) *NSPCC Right to Recover* [cited 9 November 2018]

Office for National Statistics (2016) *Crime in England and Wales: year ending Mar 2016* [cited 12 April 2019]

Regional Managed Clinical Network for Child Protection (2018) *Standards of Service Provision and Quality Indicators for the Paediatric Medical Component of Child Protection Services in Scotland* [cited 9 November 2018]

Royal College of Paediatrics and Child Health (2015) *Physical signs of child sexual abuse - evidence-based review* https://www.rcpch.ac.uk/shop-publications/physical-signs-child-sexual-abuse-evidence-based-review [cited 9 November 2018]

Scottish Government (1980) *Education (Scotland) Act 1980* [cited 9 November 2018]

Scottish Government (1995) *Children (Scotland) Act 1995* [cited 9 November 2018]

Scottish Government (2005) *Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005)* [cited 9 November 2018]

Scottish Government (2007) *Adult Support and Protection (Scotland) Act 2007* [cited 9 November 2018]

Scottish Government (2007) *Delivering a Healthy Future: an Action Framework for Children and Young People's Health in Scotland* [cited 6 December 2018]

Scottish Government (2009) *Sexual Offences (Scotland) Act 2009)* [cited 9 November 2018]

Scottish Government (2010) *Underage Sexual Activity: Identifying Child Protection Concerns* [cited 26 November]

Scottish Government (2011) *Children's Hearings (Scotland) Act 2011* [cited 9 November 2018]

Scottish Government (2013) *Child Protection Guidance for Health Professionals* [cited 9 November 2018]

Scottish Government (2014) *Children and Young People (Scotland) Act 2014* [cited 9 November 2018]

Scottish Government (2014) *National Guidance for Child Protection in Scotland* [cited 9 November 2018]

Scottish Government (2017) *Taskforce for the Improvement of Services for Victims of Rape and Sexual Assault* [cited 9 November 2018]

Scottish Government (2018) *Honouring the Lived Experience, Chief Medical Officer's Taskforce to Improve Services for Victims of Rape and Sexual Assault Option Appraisal Report* [cited 9 November 2018]

Scottish Government (2018) *Recorded Crime in Scotland 2017-18* [cites 18 April 2019]

Scottish Government (2019) *The Scottish Crime and Justice Survey* [cited 12 April 2019]

Scottish Government (2019) *Criminal Proceedings in Scotland 2017-2018* [cited 18 April 2019]

World Health Organisation (2004) *Guidelines for Medical-Legal Care for Victims of Sexual Violence* [cited 23 April 2019]

Resources

Faculty of Forensic & Legal Medicine (2012) *Guidelines on paediatric forensic examinations in relation to possible child sexual abuse* [cited 13 November 2018]

Faculty of Forensic & Legal Medicine (2014) *Guidance for best practice for the management of intimate images that may become evidence in court* [cited 13 November 2018]

Faculty of Forensic & Legal Medicine (2016*)* *Post pubertal complainants* [cited 13 November 2018]

Faculty of Forensic & Legal Medicine (2016) *Sexual offences: pre pubertal complainants* [cited 13 November 2018]

Faculty of Forensic & Legal Medicine (2017) *Quality standards for doctors undertaking paediatric sexual offence medicine* [cited 13 November 2018]

General Medical Council (2012) *Protecting Children and Young People – The Responsibilities of all Doctors* [cited 14 February 2019]

General Medical Council (2008) *Consent: Patients and Doctors Making Decisions Together* [cited 1 April 2019]

Managed Clinical Network for Child Protection (2017) *Standards of Service Provision and Quality Indicators for the Paediatric Medical Component of Child Protection Services in Scotland* [cited 23 April 2018]

NHS National Education Scotland (2017) *Transforming Psychological Trauma: A knowledge and skills Framework for the Scottish Workforce* [cited 23 April 2019]

NHS National Education Scotland (2018) *Opening Doors: Trauma Informed Practice for the Workforce* [cited 9 November 2018]

NHS Healthcare Improvement Scotland (2017) *Standards for Healthcare and Forensic Medical Services for People who have Experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults Standards* [cited 03 December 2018]

NHS Healthcare Improvement Scotland (2018) *Healthcare and Forensic Medical Services for People to have Experienced Rape, Sexual Assault and Child Sexual Abuse: Children, Young People and Adults Indicators (Interim)* [cited 28 February 2018]

NHS Health Scotland (2018) *Gender Based Violence* [cited 9 November 2018]

NHS Health Scotland (2019) *Adverse Childhood Experiences* [cited 23 April 2019]

NHS Lanarkshire (2015) *Trauma and the Brain: Understanding Abuse Survivors Responses* [cited 9 November 2018]

Paediatric Care Online (2013) *Child protection companion (2nd edition)* [cited 13 November 2018]

Royal College of Paediatrics and Child Health (2012) *Peer Review in Safeguarding* https://www.rcpch.ac.uk/resources/peer-review-safeguarding [cited 13 November 2018]

Royal College of Paediatrics and Child Health (2015) *The physical signs of child sexual abuse: an updated evidence-based review and guidance for best practice* https://www.rcpch.ac.uk/shop-publications/physical-signs-child-sexual-abuse-evidence-based-review (2nd edition) [cited 13 November 2018]

Royal Colleague of Paediatrics and Child Health (2015) *RCPCH "Purple book" (physical signs of child sexual abuse)*. *https://www.rcpch.ac.uk/shop-publications/physical-signs-child-sexual-abuse-evidence-based-review* [cited 9 January 2019]

Royal Colleague of Paediatrics and Child Health (2015) *Service specification for the clinical evaluation of children and young people who may have been sexually abused https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people* [cited 9 January 2019]

Royal Colleague of Paediatrics and Child Health (2017) *Faculty for Forensic and Legal Medicine (FFLM Guidance)* https://www.rcpch.ac.uk/resources/faculty-forensic-legal-medicine-fflm-guidance [cited 9 January 2019]

Scottish Government (1991) *Age of Legal Capacity (Scotland) Act 1991* [cited 23 April 2019]

Scottish Government (1995) *Children (Scotland) Act 1995* [cited 9 November 2018]

Scottish Government (2009) *Sexual Offences (Scotland) Act 2009)* [cited 9 November 2018]

Scottish Government (2012) *Child Protection Guidance for Health Professionals* [cited 14 February 2019]

Scottish Government (2014) *Victims and Witnesses (Scotland) Act 2014* [cited 9 November 2018]

Scottish Government (2014) *Children and Young People (Scotland) Act 2014* [cited 9 November 2018]

Scottish Government (2017) *Getting it Right for Every Child (GIRFEC)* [cited 9 November 2018]

Scottish Government (2019) *Vulnerable Witnesses (Criminal Evidence) Scotland Bill* [cited 17 April 2019]

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Respondent Information Form

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

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

Are you responding as an individual or an organisation?

☐ Individual ☐ Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

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

☐ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

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

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

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☐ Yes ☐ No

CMO Taskforce: Clinical pathway for children and young people who have disclosed sexual abuse (2019)

Overview

This clinical pathway and guidance is for Healthcare Professionals working to support children under 16, (or up to 18 years of age for young people with vulnerabilities and additional support needs) who have disclosed sexual abuse in Scotland.

It outlines:

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

Why we are consulting?

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

Consultation questions

<u>Section 1: Introduction</u>

1. Do you believe the pathway would improve and standardise services for children who have disclosed sexual abuse and their families?

☐ Yes

☐ No

If not, what improvements would you suggest?

2. Are there any key areas of research missing, or any general amendments you would suggest?

3. Do you have any further general comments on the pathway document?

Section 2: Context

1. Do you agree with the context given in the pathway document?

☐ Yes

☐ No

If not, which key areas or research you would like to be added, amended or removed?

Section 3: Clinical Pathway

1. Do you agree with the aims of the pathway?

☐ Yes

☐ No

If not, why not?

2. Do you agree with the layout and content of the pathway process?

☐ Yes

☐ No

If not, what improvements would you suggest?

Section 4: Medical Examination

1. Do you agree with the medical examination section of the pathway?

☐ Yes

☐ No

If not, why not?

2. Do you have any further comments or suggested amendments to the medical examination section of the pathway document?

Section 5: Appendices

1. Do you have any comments on the appendices of the pathway document?

Section 6: Final comments

1. Do you have any comments or additions on topics which are not covered in previous sections? Please be specific in your reasons and include any resources or references we should consider.

Responding to the Consultation

We are inviting responses to this consultation by Tuesday 30th July.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (http://consult.gov.scot). Access and respond to this consultation online at https://consult.gov.scot/cmo/clinical-pathway. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of Tuesday 30th July.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Directorate of the Chief Medical Officer for Scotland

Scottish Government

St Andrews House

Regent Road

Edinburgh, EH1 3DG

Handling your response

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

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

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at http://consult.gov.scot. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at Vicky.Carmichael@gov.scot

Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: http://consult.gov.scot. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
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