RCPsych in Scotland response to Scottish Government Consultation on Clinical Pathways and Guidance for Healthcare Professionals Working to Support Adults

4th February 2019

**Section 1: The pathway**

1. Is the pathway person-centred?

Yes No

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

No

Although the consultation paper refers to the longer-term consequences of sexual assault and rape, the clinical pathway focuses almost exclusively on management of disclosure of very recent trauma. Although it refers to [The National Trauma Training Framework](https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx), the pathway lacks detail regarding people who delay disclosure, which is more frequent with the presentation overall and also in Mental Health/Addictions services where the initial presentation is usually seen with the long-term consequences of trauma.

3. Is the pathway easy to navigate?

Yes No

If no, what would make it easier?

4. Are there any gaps in the pathway?

Yes

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

The College recognises that there is a need to improve services for male victims of Childhood sexual abuse or sexual assault. While the consultation paper does acknowledge that male survivors have particular difficulty disclosing that they have been victims, there are no suggestions as to how male survivors can be supported to discuss their experiences.

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

Yes No

If no, please be specific with your reasons.

**Section 2: Healthcare**

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

**Section 7.1 and 7.2 of the pathway details the healthcare information.**

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

Yes No

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

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

No

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

Although the consultation paper refers to the longer-term consequences of sexual assault and rape, Section 7.1 and 7.2 of the clinical pathway lacks detail regarding people who delay disclosure, which is more frequently the presentation overall and also in Mental Health/Addictions services where the initial presentation is usually with the long-term consequences of trauma.

3. Do you agree with the healthcare components:

a) Emergency contraception Yes No

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

b) Pregnancy risk Yes No

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

c) Sexually transmitted infections (STIs) –including hepatitis vaccines and HIV post-exposure prophylaxis Yes No

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

d) Psychosocial risk assessment, including domestic abuse and suicide risk assessment Yes No

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

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

**Section 3: Preserving Forensic Evidence**

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

**Section 7.3 of the pathway provides information on preserving forensic evidence.**

Section 7.3

1. Is the forensic examination process person centred? Yes No

Please provide further comments to support your answer.

2. Does the forensic examination process show understanding of trauma and reduce the risk of causing further trauma to an individual? Yes No

Further comments

3. To your knowledge, does the forensic examination component support and enable the legal process? Yes No

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

4. Do you agree with the guidance on colposcopy outlined in this document? Yes No

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

5. Do you agree with the guidance in this pathway on informed consent? Yes No

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

6. Do you agree with the guidance in this pathway on incapacity? Yes No

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

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

**Section 4: Follow-up care and referrals**

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

Yes No

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

2. Does the follow-up care component show understanding of trauma and reduce the risk of causing further trauma to an individual?

No

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

As mentioned in our responses to Section 1, Question 2 and Section 2, Question 2, although the consultation paper refers to the longer-term consequences of sexual assault and rape, the clinical pathway focuses almost exclusively on management of disclosure of very recent trauma. Although it refers to [The National Trauma Training Framework](https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx), the pathway lacks detail regarding people who delay disclosure, which is more frequently the presentation overall and also in Mental Health/Addictions services where the initial presentation is usually with the long-term consequences of trauma.

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

Yes

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

As mentioned in our response to Section 1, Question 4, the College recognises that there is a need to improve services for male victims of Childhood sexual abuse or sexual assault. While the consultation paper does acknowledge that male survivors have particular difficulty disclosing that they have been victims, there are no suggestions as to how male survivors can be supported to discuss their experiences.

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

Yes No

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

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

**Section 5: The National Form**

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

**Section 6: Final comments**

1. Are there any key areas of research missing? Yes No

If yes, what would you like to see considered? Please provide a link to the research/publication where possible and flag which elements of the guidance they relate to.

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

The College does recognise that there is some guidance in place already for some aspects of dealing with survivors of sexual assault and rape. For instance, there is [guidance](https://www2.gov.scot/Resource/Doc/218982/0058805.pdf) in place for frontline staff working with people with a history of Childhood sexual abuse.

There is also recommended psychological treatments for different mental disorders, which are outlined in [The Matrix (2015)](https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/the-matrix-(2015)-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland.aspx). This includes a section on treatments for trauma within the Adult Mental Health section.

In 2018, the Scottish Government published, [Substance misuse services: delivery of psychological interventions](https://www.gov.scot/publications/delivery-psychological-interventions-substance-misuse-services-scotland-report/pages/4/), which outlines a need for trauma-informed approach to care within Addictions Services and different tiers of psychological interventions dependent on individual patient need.

The College recognises that work on [The National Trauma Training Framework](https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx) is ongoing. It would be advantageous to consider the recommendations from this in guidance for management of people who present with delayed disclosure of rape or sexual assault and longer-term consequences to Mental Health or Addictions services.

The College has produced resources that cover helping those with trauma from rape or sexual assault, that would be beneficial reading before any changes to the clinical pathways or guidance are implemented.

The College has produced a position statement on [Managing the impact of violence on mental health](https://www.rcpsych.ac.uk/pdf/PS01_2012.pdf) which, while not directly covering cases that the pathway focuses on, has recommendations on assisting people suffering from violence-based trauma or PTSD, as someone who has suffered from rape or sexual assault might experience.

On our website can be found information on [Coping after a traumatic event](https://www.rcpsych.ac.uk/mental-health/problems-disorders/coping-after-a-traumatic-event), which aims to help those who have/ know someone who has suffered a traumatic event such as rape or sexual assault.