



HM Inspectorate of Constabulary in Scotland

Improving Policing across Scotland

30 March, 2017

PRESS RELEASE

HMICS publishes review of forensic medical services provided to victims of sexual crime in Scotland

A review by HM Inspectorate of Constabulary in Scotland (HMICS) into how adult and child victims of sexual crime access forensic medical services has identified significant variations in availability and quality around Scotland, with services offered to some victims being described as 'unacceptable'.

The report welcomes the announcement of nationwide standards by the Cabinet Secretary for Justice in February 2017 alongside greater clarity around the statutory responsibilities for delivering these services. These will be critical to improving how victims of sexual crime obtain the medical attention they need while ensuring forensic evidence is also gathered for criminal justice processes.

Evidence for the review was gathered over a six month period and identified a number of issues affecting the quality of service delivered to victims of sexual crime in Scotland.

Gill Imery, Assistant Inspector of Constabulary at HMICS, who led the review, said:

“Sexual crimes have a devastating effect on victims and so it is imperative that the support they receive, both from health and criminal justice professionals is high quality and consistent irrespective of where they live.

“The priority of forensic medical examinations should always be to address the immediate health needs and future recovery of the victim, with the gathering of evidence towards potential criminal justice proceedings being an important but not the sole consideration.

“There are many dedicated and committed professionals working across Scotland who are providing quality service to victims, but there is much more to be done if we are to deliver a consistent service which minimises the distress and discomfort to victims who have experienced a sexual crime.”

The report highlighted that the current Memorandum of Understanding (MOU) between Police Scotland and NHS Scotland for the provision of healthcare and forensic medical services should be reviewed urgently.

There is also a need to provide greater clarity around the statutory responsibility for delivering these services.

The review identified ten key recommendations including the need to address the lack of availability of specialist services offered to victims of sexual crime in Glasgow. Although offering a good service to victims, HMICS found that the Archway service in Glasgow was not available for significant periods of time particularly overnight and at weekends, resulting in a 'two-tier' service being delivered to victims of sexual crime with the alternative service delivered in a police station being described as 'inadequate'.

The review found that Scotland was well behind the rest of the UK in respect of the availability of dedicated healthcare facilities which meet both the health care needs of victims and the necessary forensic requirements.

There is an urgent need for Police Scotland to work with NHS Boards to identify appropriate healthcare facilities for the forensic medical examination of victims of sexual crime, phasing out of police premises as soon as is practical.

The report also recognises the need to improve forensic cleaning standards in those police custody settings where suspected perpetrators of sexual abuse are examined.

The report also noted that suspects who were under 16 were being forensically examined and within police custody facilities and recommends that Police Scotland works with NHS Scotland to move these examinations into a more appropriate health care setting.

Assistant Inspector of Constabulary Imery said:

“In order to address the current disparity in forensic healthcare services across Scotland, it is clear that further investment will be required to fund appropriate healthcare professionals, including forensic nurses and the premises and equipment used for forensic medical examinations.

“In cases where victims of sexual crime seek support but are unsure whether they wish to report a crime to the police, they must have the option of a forensic medical examination to capture forensic evidence should they subsequently decide to make a report. It is imperative there is clarity around the process of securing and retaining forensic evidence to allow for investigation at a later stage if the victim subsequently chooses to disclose details of the crime.”

“There are a number of examples of how forensic medical services are provided in other countries, with a victim-centred approach, which would be useful for Scottish Government, Police Scotland, the Scottish Police Authority, NHS Boards and other key stakeholders including those that represent victims to consider.

“At present challenges in staffing of services and access to resources, particularly in remote and rural areas where victims may be required to travel some distance to access services, varies greatly and this is to the detriment of victims of sexual crime.

"Our recommendations have been designed to offer suggestions on how to improve the provision of services currently provided to victims of sexual crime so that they can be assured they will receive the best support from the range of agencies and professionals that they may need to engage with, irrespective of where they live in Scotland."

NOTES TO EDITORS

Key Findings from the Report are listed below.

The HMICS Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime is available to download at the HMICS website www.hmics.org from 09:30 hours on Thursday 30 March, 2017.

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Key findings:

- There are committed and dedicated professionals across the country working towards delivering high quality forensic medical examinations for victims of sexual crime.
- Significant variations in the provision of forensic medical services in Scotland persist, with issues of availability as well as geography making the quality of service offered to some victims of sexual crime unacceptable.
- A lack of strategic leadership and governance over the provision of forensic medical services has limited progress towards improvements.
- A better balance needs to be achieved between the responsibility of the Scottish Government portfolios of Justice and Health to deliver quality forensic medical services. This balance should reflect the fact that the priority of forensic medical examinations should be to address the immediate health needs and future recovery of patients, with the contribution to potential criminal justice proceedings being a secondary consideration.
- There is a need to clarify the legal responsibilities for both the function and delivery of forensic medical services in Scotland.
- The Memorandum of Understanding between Police Scotland and NHS Scotland for the transfer of function to deliver forensic medical services from the police to the NHS is confusing and ineffective. The MOU is not legally binding, which results in difficulties in holding parties to account for delivery.
- Minimum standards of service delivery were accepted in principle by Scottish Ministers in 2013, but not formally issued to NHS Boards.
- No audit or inspection process is in place to ensure quality service provision across Scotland.
- No quality performance indicators have been developed to monitor the standards of forensic medical services being delivered.

- Scotland is well behind the rest of the United Kingdom in respect of availability of dedicated healthcare facilities which meet both the health needs of the victim and the necessary forensic requirements.
- The one SARC at Archway in Glasgow is not available for significant periods of time, particularly overnight and at weekends, which has resulted in a two-tier service being delivered to victims of sexual crime. The alternative service delivered in a police station is inadequate.
- Forensic physicians generally provide both healthcare to people in police custody and forensic medical services to victims of sexual crime.
- The provision of forensic medical services is not currently recognised as a specialism by the General Medical Council. Some stakeholders suggested that more doctors would be attracted to the role of Forensic Physician if this position were to change.
- The majority of forensic physicians in Scotland are men.
- The role of forensic nurse examiners is under developed in Scotland.
- Adult victims of sexual crime continue to undergo forensic medical examinations in police buildings in many areas of Scotland. This is not victim-centred or considered effective practice.
- Lack of availability of services locally leads to delays and lengthy journeys for victims of sexual crime, who can be asked not to wash for a day or more after an assault.
- The options for victims to self-refer to services and to receive a forensic medical examination to secure forensic evidence before deciding to report the crime to the police, are limited in Scotland.
- The legal position relating to collecting and retaining forensic samples in the absence of a report to the police is not clear in Scotland, and no formal guidance exists for NHS Boards or Police Scotland.
- There is no consistent data collection on the provision of forensic medical services to victims of sexual crime in order to understand the volume and nature of demand across the country, and to inform decisions on policy and resources.
- The provision of essential equipment (including colposcopes) for forensic medical examinations is inconsistent across Scotland.
- Forensic cleaning regimes vary across the country and the Faculty of Forensic and Legal Medicine (FFLM) standards are not being met in some areas.
- Suspects of sexual crime are being examined and having forensic samples obtained in police custody settings, which are not always forensically secure environments.
- Children and young people suspected of being perpetrators of sexual crime are being examined and having forensic samples obtained in police custody settings.
- The paediatric component of forensic medical examinations of children who have been sexually abused is generally working well and is always delivered in a medical setting, however, sustaining sufficient numbers of paediatricians with the relevant experience is a challenge.
- Due to the lack of availability of paediatric services in some areas, children who have been sexually abused are having to travel significant distances to be medically examined.
- Adolescents can fall between adult and child services and, in the West of the country when Archway is unavailable, forensic medical examinations can be delayed.

- Opportunities exist to learn from well-established policy and practice in the rest of the United Kingdom, Europe and across the world relating to the provision of forensic medical services to victims of sexual crime.
- Interest is growing in models that provide holistic services to meet the healthcare needs of individuals, as well as secure evidence for potential criminal justice processes.
- The Children's House approach to providing services to children who have been sexually abused is being considered in Scotland. Whilst this holds the potential to improve criminal justice outcomes, the emphasis should be on the health, wellbeing and recovery of children and families affected by child sexual abuse.
- There are examples of good practice in Scotland for the provision of forensic medical services to victims of sexual crime, however victims are being let down by the standard of service available at some times and in some areas of the country.

ENDS