



## Consultation Response

Equally Safe: A consultation on legislation to improve forensic medical services for victims of rape and sexual assault

The Scottish Commission for  
Learning Disability  
May 2019



The Scottish Commission for Learning Disability (SCLD) welcomes the opportunity to respond to this important consultation. SCLD is an independent charitable organisation and strategic partner to the Scottish Government in the delivery of Scotland's learning disability strategy, The keys to life (2013)<sup>1</sup> and The keys to life Implementation Framework (2019-2021)<sup>2</sup>. The implementation framework defines a learning disability as follows:

*"A learning disability is significant and lifelong. It starts before adulthood and affects a person's development. This means that a person with a learning disability will be likely to need help to understand information, learn skills and live a fulfilling life. Some people with learning disabilities will also have healthcare needs and require support to communicate."*

(The keys to life; 2019-2021, p.9)

SCLD is committed to finding new and better ways to improve the lives of people with learning disabilities and is focused on sharing innovation and good practice so that those providing services and interventions can learn from each other. SCLD also aims to be a knowledge hub and to build an evidence base, sharing how policy is being implemented and building on an understanding of what really works. This response has been written with a focus on the implementation framework of The keys to life (2019-2021)<sup>3</sup>.

In focusing our response on the experience of people with learning disabilities, SCLD has chosen to concentrate on the following areas,

- Support for a statutory duty to be conferred on health boards (Question 1)
- Information sharing and data collection (Questions 2, 3 & 4)
- Applying rights in practice (Questions 5, 6 & 9)

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<sup>1</sup> [The keys to life \(2013\)](#)

<sup>2</sup> [The keys to life \(2019-2021\)](#)

<sup>3</sup> [The keys to life \(2019-2021\)](#)

- Children and young people (Questions 7 & 8)

To support the development of this response, SCLD engaged with [The Mental Welfare Commission for Scotland](#) and [Engender](#).

Prior to responding to the key questions. This response will set the context for people with learning disabilities with regard to gendered experiences of rape and sexual assault, the experience of children with learning disabilities and barriers to people with learning disabilities in accessing justice.

## **Learning Disability, Gender, Rape and Sexual Assault**

SCLD recognises there is significant data and research gaps in a Scottish context with regard to learning disability, gender and the experience of rape and sexual assault. Within this, there is an even more significant gap in research which addresses the appropriateness of support services and forensic examinations.

However, from the existing research, we know that people with learning disabilities may experience higher rates of sexual abuse, (Solley & Doe, 1991 cited in Lund, 2011<sup>4</sup>). McCarthy (1998)<sup>5</sup> has highlighted the multiple disadvantages which have been experienced by women with learning disabilities and how this can result in an increased risk of abuse in both institutional and community settings, from men both with and without learning disabilities. More recent reports from Scotland have identified high prevalence rates of domestic abuse and sexual assault among women with disabilities (See Wise Women, 2015)<sup>6</sup>.

SCLD recognises that the experience of rape and sexual assault is not limited to women and any principles of good practice in the area of forensic medical services need also to be applied to men and boys with learning disabilities. However, as the Equally Safe Strategy focus is on eradicating violence experienced by girls and

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<sup>4</sup> [Lund \(2011\)](#)

<sup>5</sup> [McCarthy \(1998\)](#)

<sup>6</sup> [Wise Women \(2015\)](#)

women, SCLD has chosen to focus this response on women, children and young people.

## Children and young people with learning disabilities, rape and sexual assault

Evidence has demonstrated the increased risk of rape and sexual assault of children and young people with learning disabilities. Westcott's (1991)<sup>7</sup> review of literature highlighted characteristics thought to place disabled children at risk of abuse including:

- Lack of choice and control over their own lives
- Compliance taught as being well behaved
- Limited knowledge of sex and relationships
- Isolation and exclusion
- Challenges in communication

(Cited from Brown & Craft; 1989<sup>8</sup> & Craft; 1987<sup>9</sup>)

Despite outlining characterises presumed to put children and young people with learning disabilities at risk, Westcott<sup>10</sup> asserted that it is in fact societies failing of disabled children which creates risk. The author cites from Garbarino (1987)<sup>11</sup>, stating:

*"...Gambarino (1987) discusses a 'license' to abuse disabled children in a society within which they are repeatedly stigmatised. It is, therefore, society's response to*

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<sup>7</sup> [Westcott \(1991\)](#)

<sup>8</sup> Brown & Craft (1989) *'Thinking the unthinkable: Papers on sexual abuse and people with learning difficulties.'*

<sup>9</sup> [Craft \(1987\)](#)

<sup>10</sup> [Westcott \(1991\)](#)

<sup>11</sup> [Garbarino \(1970\)](#)

*disability that may lead to increased abuse and vulnerability of disabled people, more than the disability or any other attribute of the abuse victim.”*

(Westcott; 1991)<sup>12</sup>

This is validated by findings from ‘Underprotected, Overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation’<sup>13</sup>. This stated that labelling children with learning disabilities, difficulties or autistic spectrum conditions as ‘challenging’ may lead to exclusion which will increase their risk of experiencing child sexual exploitation.

## **Barriers facing people with learning disabilities in accessing justice**

For women with learning disabilities, gaining access to justice in matters relating to sexual crimes has been shown to be a significant challenge. Research from New Zealand examined cases of rape and sexual assault which did not proceed to trial or further in the investigation process. This research found that of the 164 cases 55% of the cases in which the police did not believe the complaint, the complaint had a learning disability or mental ill health (Jordan, 2004)<sup>14</sup>.

The same research<sup>15</sup> discussed a case involving a woman with a learning disability who alleged that a male friend had sexually assaulted her during a visit to her home. The police officer noted in their report that there appeared to be no animosity between the two individuals as the woman waved goodbye to the man following the offense. However, professional advice had been given to the police that the woman had limited understanding of sexual appropriateness and assault. It

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<sup>12</sup> [Westcott \(1991\)](#)

<sup>13</sup> [Barnardo's \(2015\)](#)

<sup>14</sup> [Jordan \(2014\)](#)

<sup>15</sup> [Jordan \(2004\)](#)

was recommended that the complaint be examined in the same way as any other case with additional support provided. However, this advice was not followed.

Moreover, evidence from Australia has demonstrated the considerable barriers faced by women with learning disabilities in making a statement to police about sexual assault (Keilily & Connelly, 2001)<sup>16</sup>. Barriers to accessing justice for women with disabilities in an international context was also identified by Ortoleva and Lewis (2012)<sup>17</sup> who stated that,

*“Stereotypes about the competency and believability of witnesses with disabilities, compounded by the fact that in many cultures women are not viewed as credible, works to systematically deny women with disabilities access to the witness stand...”*

(Ortoleva & Lewis; 2012, p.122)

To counter this the authors recommended:

- Promoting equity of access to ensure women with disabilities can act as witnesses
- Ensuring women with disabilities are involved in the many different levels of the justice system, including building legislation

## **Support for a statutory duty conferred to health boards**

1. *Should a specific statutory duty be conferred on Health Boards to provide forensic medical services to victims of rape and sexual assault, for people who have reported to the police as well as for those who have not?*

In considering the potentially high levels of rape and sexual assault among women, children and young people with learning disabilities and the barriers to justice experienced by women with learning disabilities, SCLD welcomes a statutory duty

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<sup>16</sup> [Keilily and Connelly \(2010\)](#)

<sup>17</sup> [Ortoleva & Lewis \(2012\)](#)

be conferred on health boards to provide forensic medical services to individuals who have experienced rape and sexual assault. This service should be available for both those who have reported the incident/s to the police and those who have not.

SCLD believes this to be vital where women with learning disabilities have not yet chosen to report offences to police. Women with learning disabilities may be disinclined to immediately report a crime to the police. Keilty and Connelly (2001)<sup>18</sup> have suggested that social myths around people with learning disabilities lying or being unreliable witnesses may stop people with learning disabilities coming forward, as well as challenges in communication.

Benedet and Grant (2007)<sup>19</sup> support this and stated that all women may be unlikely to report instances of sexual assault due to fear of judgment and removal of privacy and suggested that these fears would be intensified in women with learning disabilities. Women with learning disabilities may also be more likely to have their credibility as a witness questioned throughout the legal process. An example of this is given by Berendt and Grant.

*"In Harper,' the complainant, who was living in a nursing home, notified nurses using her emergency bell and described a sexual assault against her by a relative of another resident who was subsequently found in the hall, severely intoxicated. She was found with her clothes in disarray and a strong smell of alcohol in the room. Physical injuries supported her claim of sexual assault. The complainant had well-established problems forming long-term memories but, instead of looking to her statements immediately following the alleged assault, the court applied more traditional indicators of credibility. For example, in assessing the complainant's credibility as a witness, the judge commented on the fact that the complainant did not know the floor or room number in which she lived on the date of the sexual assault."*

(Benedet & Grant; 2007, p.543-545)

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<sup>18</sup> [Keilty and Connelly \(2010\)](#)

<sup>19</sup> [Benedet & Grant \(2007\)](#)

Further, in Keilty and Connelly's (2010)<sup>20</sup> study identifying barriers to making a statement to police about sexual assault in Australia, the authors interviewed police officers and sexual assault support workers and found that there were a number of barriers experienced by women with learning disabilities. This included but was not limited to:

- Myths about sexuality and disability
- Desire to protect individuals from the court process
- People with learning disabilities deemed as not having the capacity to give evidence
- Influence of third parties including support staff or families
- Assaults by men with learning disabilities against women with learning disabilities being taken less seriously.

While these findings are from Australia, it is likely that similar barriers may present in a Scottish context. Further research into the barriers in reporting sexual assault experienced by women with learning disabilities in Scotland will be required (please refer to recommendation 1).

In examining these findings, SCLD welcomes a statutory duty being conferred on health boards. SCLD believes that in doing this people with learning disabilities can have the opportunity to ensure important evidence is gathered even if they do not immediately choose to press criminal charges. In doing this, thoughtful consideration will need to be given to the appropriateness of evidence gathering and the correct processes and pathways for information sharing which is outlined in the following section.

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<sup>20</sup> [Keilty and Connelly \(2010\)](#)

## Information Sharing and Data collection

*2. Do you have any views on how a legislative framework for the taking and retention of samples, personal data and other evidence in the case of police referral should operate?*

*3. Do you have any views on how a legislative framework for the taking and retention of samples, personal data and other evidence in the case of self-referral should operate?*

*4. More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on data protection and privacy (the handling of personal data including “special category” data about health)?*

SCLD supports the consultation’s documents clear commitment to a work plan which includes the Biometric Data Bill and a model data sharing agreement. However, to ensure the needs of women with learning disabilities, are appropriately addressed SCLD welcomes women with learning disabilities specific needs, abilities and circumstances being robustly addressed in the proposed impact assessment.

Further, SCLD would welcome consideration being given to how proposed legislative frameworks could potentially link and learn from existing pathways to ensure that individuals with learning disabilities, who have experienced rape and sexual assault, get access to appropriate support. For example, NHS Health Scotland is in the process of drafting ‘Guidance for Practitioners on Learning Disability and Gender-Based Violence’. This includes a referral pathway outlining the process which should be taken following disclosure of gender-based violence. In high-risk situations this will include referrals for Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) Assessments or Multi-Agency Risk Assessment Conferences (MARAC). Where a person is thought to be at high risk, it may be necessary for referrals to be made from health boards into these support pathways. Judgments on these matters will need to be balanced with consideration to the rights of the individual, risk of overprotection and any risk of further abuse or harm to a person. SCLD recommends that further conversations take place between NHS Health Scotland, The Mental Welfare Commission and those working in adult support and

protection to consider the value and suitability of an integrated approach (please refer to recommendation 2).

In relation to information gathering and sharing, further consideration needs to be given to women with learning disabilities' capacity to consent to forensic examinations as well as information collection and sharing.

Capacity to consent is a particularly complex issue which requires careful consideration. SCLD highlights Chave-Cox (2014) in which the author states that any decision to carry out examination and sample collection of a person deemed to lack capacity must be in their best interests and the least restrictive in terms of their human rights. As the consultation document correctly identifies, in relation to forensic examinations and the collection of samples, there is a risk of re-traumatising the individual. Sequeria and Hollins' (2003) article on the clinical effects of sexual abuse of women with learning disabilities stated that individuals with learning disabilities were likely to experience post-traumatic stress, depression, and anxiety following an assault (in line with the wider population).

To avoid further distress, SCLD would welcome an approach which ensures that a person is supported to make their own informed decision. By ensuring women with learning disabilities are supported to make their own decisions, SCLD believes the risk of re-traumatising or adding additional stress to a person who has experienced rape or sexual assault will be reduced.

SCLD is clear that assumptions about an individual's capacity to make decisions in their own best interest should not be made based on negative ideas about learning disability and instead should take an asset or strengths based approach which considers an individual's strengths and potential resilience.

In SCLD's earlier response to, 'Clinical pathways and guidance for professionals working to support adults who present having experienced rape or sexual assault'<sup>21</sup>,

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<sup>21</sup> [SCLD \(2019\)](#)

SCLD stated that consideration should be given to how information is presented and how this may impact a person with learning disabilities' decision-making process. SCLD said,

*"Individuals should be able to accept or refuse treatment and examination based on an understanding of the outcomes of their choice. People with learning disabilities may require support to help them reach an understanding and a decision. This support can be provided by an advocate or support worker. However, in cases where this provision is not made available, it is the responsibility of those conducting the examination to ensure:*

- *The person has received all the necessary information*
- *The person is given the information in a way they understand*
- *The person is given the opportunity to ask any questions"*

(SCLD; 2019, p.9)

In the same consultation response, SCLD also discussed the potentially negative impact that a potential 'framing effect' can have. SCLD cited Chan et al (2017)<sup>22</sup> analysis of the Montgomery case in which the author stated:

*"...the communication process has a strong influence on how patients understand, remember, and evaluate information – all of which are essential to informed consent. The doctor's role is to ensure that relevant information is presented to enable the patient to use it meaningfully."*

(Chan et al; 2017, p.2)

The potential for a framing effect and the power imbalances in doctor-patient relationships, especially where a person has a learning disability should be given further attention. Opportunity should be explored to involve other medical professionals such as learning disability nurses or skilled speech and language

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<sup>22</sup> [Chan \(2017\)](#)

therapists to provide information to a person with learning disabilities should be examined. This could potentially reduce the likelihood of information being framed incorrectly and misinterpreted (please refer to recommendation 3).

Other points regarding the taking and retaining of samples of critical importance are:

- Ensuring health staff evaluate the potential for fluctuation in capacity
- Ensuring health staff understand the dynamics of power imbalances and how they may have the ability to sway or influence a person's decision making
- Balancing the rights and autonomy of women with learning disabilities with protection

SCLD would propose further engagement on this critical issue between SCLD, The Mental Welfare Commission, The Scottish Government, and other relevant parties.

## Applying rights in practice

*5. How might legislation help safeguard victims' rights to respect for their dignity?*

*6. More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on human rights (including economic, social and cultural rights such as the right to the highest attainable standard of physical and mental health)?*

*9. Do you have any views on potential impacts of the proposals in this paper on equalities (the protected characteristics of age, disability, gender reassignment, marriage, and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?*

With regard to question 5, SCLD believes giving full legislative powers to health boards may increase the likelihood of important evidence being gathered which could become vital to later criminal prosecutions. This will support a right to justice

as outlined under Article 13 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)<sup>23</sup>.

To ensure an individual with learning disabilities' rights are respected, by providing accessible information to inform decision making, will be critical. For further detail on this please refer back to section 3 of SCLD's response to 'Clinical Pathways and Guidance for Healthcare Professionals Working to Support Adults who present having experienced Rape and Sexual Assault'<sup>24</sup>.

In line with this earlier response, SCLD would welcome a mandatory training requirement for forensic examiners on communication with people with learning disabilities and accessible communication techniques (see recommendation 4) as well as the provision of advocacy support. The role of advocacy will be to facilitate decision making and support understanding information pre and post examination (please refer to recommendation 5).

Ensuring advocacy provision as part of this process for people with learning disabilities will meet a commitment to Article 12 of The UNCRPD as well as The Mental Health Care and Treatment Act (2003) which provides a legal right to advocacy for people with learning disabilities and places a responsibility on local authorities and health boards to 'take reasonable steps' to ensure individuals are informed about advocacy services, their remit and how to access these services.

Implementing both recommendations 4 and 5 of this response will also support Article 9 of the UNCRPD regarding accessibility which outlines member states responsibilities to:

*"...enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure persons with disabilities access, on an equal basis with others, to the physical environment,*

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<sup>23</sup> [United Nations Convention on the Rights of Persons with Disabilities \(2006\)](#)

<sup>24</sup> [SCLD \(2019\)](#)

*to transportation, to information and communications, including information and communications technologies and systems..”*

(UNCRPD; 2006)

In considering question 6, SCLD believes that high quality accessible forensic examination for women with learning disabilities will support what T.H Marshall defined as ‘Civil Citizenship’. This is that individuals will have rights to freedoms including freedom of speech, thought, and faith. In addition to owning property and to holding contracts. Critically this also includes a right to justice. As Marshall stated, *“The last is a different order from the others because it is the right to defend and assert all one's rights on the terms of equality with others and by due process of the law”*

(Marshall; 1950, p.10-11)

What Marshall means here is that without justice, all other rights and freedoms can become compromised. Justice is the keystone to civil, political and social citizenship. It is therefore imperative that health boards robustly implement the new powers with due consideration to the necessary training, practice and skill development of forensic examiners. This should sit alongside guidance which addresses the needs and strengths of people with learning disabilities. This is addressed in SCLD earlier response<sup>25</sup>.

This leads us to question 9 and ensuring that women with learning disabilities rights are meaningfully ensured in practice. This was addressed in Engenders (2018)<sup>26</sup> report which highlighted significant concerns regarding women with disabilities accessing support following sexual assault or rape due to fear of negative assumptions, lack of inclusive communication and a lack of specialist equipment or

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<sup>25</sup> [SCLD \(2019\)](#)

<sup>26</sup> [Engender \(2018\)](#)

knowledge. Based on these findings Engender recommended that the Scottish Government and health boards should work together to:

*“Improve provision of appropriate equipment, procedures and accessible information within healthcare services regarding violence against disabled women.”*

(Engender; 2018, p.38)

SCLD understands that forensic medical services play a central role in evidence gathering which may form the basis of a successful conviction. Providing the appropriate and timely forensic examination service for women with learning disabilities will, therefore, be critical. The importance of improving women with disabilities' access to justice was acknowledged by The Committee on the Elimination of Discrimination against Women<sup>27</sup> who stated,

*“The Committee welcomes the adoption of measures to combat violence against women and girls including... Equally Safe: Scotland's national strategy to prevent and eradicate violence against women and Girls in Scotland. Nevertheless, the committee remains concerned about the lack of uniform protection for women and girls from all forms of gender-based violence... it also expresses concern that: ... Women with disabilities face challenges in accessing justice and seeking protection for gender-based violence, particularly when violence is perpetrated by their caregivers.”*

(CEDAW; 2019, p.10)

For all people with learning disabilities to have their human rights met and respected within the forensic medical examination process, SCLD would welcome the Scottish Government and health boards developing and implementing the earlier recommendation made by Engender regarding the accessibility and appropriateness of information, procedures, and equipment. SCLD fully supports and endorses this recommendation. SCLD believes this will help to mitigate concerns raised by CEDAW (please refer to recommendation 6 of this response).

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<sup>27</sup> [Committee on the Elimination of Discrimination Against Women \(2019\)](#)

## Children and young people

*7. Should special provisions be included in legislation to reflect the distinct position and needs of children and young people? Do you have any views on how such special provisions should operate?*

*8. More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on children and young people including their human rights or wellbeing?*

Due to the significant risk of sexual assault and rape experienced by children and young people with learning disabilities, SCLD supports special provisions in legislation for children and young people. As highlighted in the consultation document, disabled children and young people are at greater risk of sexual abuse. Additional research from Hershkowitz et al (2007)<sup>28</sup> identified that children with learning disabilities were more likely to fail to disclose abuse than their peers (38% compared to 46%) and that of the children who disclosed abuse those with learning disabilities were more likely to delay disclosure (80.5% and 78%) compared to other children and young people (74.8%).

In considering this, SCLD supports the proposed work to develop a Clinical Pathway for Children and Young People and the Child's Rights and Wellbeing Impact Assessment. SCLD welcomes the approach noted in the consultation document towards a holistic and trauma-informed practice which balances the right to recover with the right to justice. To ensure that children and young people with learning disabilities are appropriately considered in both the pathway and impact assessment, SCLD suggests The Scottish Government closely consults with children's organisations with experience of complex cases of abuse involving children and young people with learning disabilities. This should include Barnardo's with regard to their work on 'Underprotected, Overprotected: meeting the needs of young people with learning disabilities who experience or are at risk of sexual

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<sup>28</sup> [Hershkowitz et al \(2007\)](#)

exploitation<sup>29</sup> and a range of other services. This should include but not be limited to NSPCC and relevant child protection professionals. SCLD also welcomes consultation with adult survivors of child sexual abuse, particularly those with learning disabilities. Please refer to recommendation 7). In particular, SCLD believes that further consultation will be required with regard to point 8.1 on page 24 of the consultation document which states,

*"In law, younger children do not have the capacity to consent to medical procedures such as taking samples, therefore a non-abusing parent or guardian must give consent for them."*

Further attention to this statement will be required, as there may be instances in which:

- a parent or guardian may be abusing
- a parent or guardian is protecting an individual with a relationship to the family who is abusing
- a parent or guardian is protecting a trusted caregiver
- A parent or guardian does not believe the child or young person.

SCLD highlights analysed data from NSPCC whose 2011 report suggested that 90% of sexual abuse of children and young people in the UK was committed by someone the child knew<sup>30</sup>. SCLD does, however, acknowledge that this does not mean that it is likely the abusing person will be a parent or carer. Figures from the same NSPCC report highlighted that a small portion of those sampled (13.4% of 2,275 children aged 11 to 17) reported an offense was committed against them by their parents or guardians. In circumstances in which there are specific concerns to suggest a parent is withholding consent to conceal abuse, further legal process should apply.

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<sup>29</sup> [Barnardo's \(2015\)](#)

<sup>30</sup> [NSPCC \(2011\)](#) The 90% figure was not published in the report but is based on additional analysis of the data

It is important to recognise that children and young people with learning disabilities are subject to a wide range of inputs and engagements from adults due to additional support needs and, at times, intimate care needs. This could at times present an additional potential exposure to abuse. Therefore the proposed pathways and impact assessments will need to be cognisant of this.

## Summary

This consultation response follows on from SCLD's recent response to 'Clinical Pathways and Guidance for Healthcare Professionals Working to Support Adults who present having Experienced Rape or Sexual Assault in Scotland'<sup>31</sup>. SCLD welcomes this response being read in conjunction with this earlier submission.

SCLD believes that everyone has a right to live free from sexual assault and rape. Unfortunately, SCLD knows that in particular women and children with learning disabilities are at increased risk from these types of crimes. To ensure that people with learning disabilities have equity of protection and access to justice SCLD welcomes statutory responsibility being conferred to health boards to ensure the provision of forensic medical services. However, this will need to be a considered process in which people with learning disabilities are provided with appropriate support to ensure they can make informed decisions around the collection, retention, and sharing of medical evidence. This will involve a commitment to:

- Training of forensic medical examiners on learning disability and accessible communication
- Advocacy provision
- Examining the potential to draw on pre-existing professional expertise and relationships.

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<sup>31</sup> [SCLD \(2019\)](#)

The above will support recommendations made by Engender about ensuring accessibility of this type of service. Exploration regarding building an integrated approach that ensures ongoing support for people who have experienced rape and sexual assault would also be helpful.

Finally, with regard to children and young people, considerable thought is required around ensuring children under the legal age of consent are appropriately able to access forensic medical services. SCLD, therefore, welcomes a further detailed discussion on this issue with relevant parties, which should consider the particular needs of children and young people with learning disabilities.

SCLD believes that in addressing the below recommendations, the Scottish Government can ensure that women, children and young people with learning disabilities have equitable access to justice. This will support the Scottish Governments' vision for a safe, strong and successful Scotland in which sexual assault and rape crimes are duly prosecuted.

## Recommendations

1. Scottish Government commissions research examining the barriers to, and good practice in, reporting sexual assault and prosecuting cases involving victims with learning disabilities
2. Scottish Government in partnership with health and social care services as well as the third sector, explores the potential for an integrated approach. This could link information gathered by health boards to further support mechanisms in high-risk situations. This should take into consideration the need to balance individual rights and risk
3. Health boards examine the potential for learning disability nurses or skilled speech and language therapists having role in the relaying of information about forensic examinations to a person with a learning disability

4. Health Boards provide mandatory training for forensic examiners in accessible communication techniques and learning disability awareness
5. The Scottish Government considers a need for the provision of advocacy support for individuals with learning disabilities with regard to deciding on having an examination as well as to support with understanding information pre and post examination
6. The Scottish Government implements fully Engenders (2018)<sup>32</sup> recommendation to *"Improve provision of appropriate equipment, procedures, and accessible information within healthcare services regarding violence against disabled women"* and extend this provision to cover men with learning disabilities
7. The Scottish Government closely consults with children's organisations (Barnardo's and NSPCC) with experience of complex cases of abuse involving children and young people with learning disabilities, child protection professionals and adult survivors of child sexual abuse including people with learning disabilities.

SCLD thanks The Scottish Government for the opportunity to respond to this consultation.



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<sup>32</sup> [Engender \(2018\)](#)

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