

Evidence Extraction Sheet

Review of HSCP 1, HSCP 3 and HSCP 4 for placement, abuse, disclosure, impact and contradictory evidence

Applicant	Yvonne Jamieson - DOB 10 March 1982
Core placement evidence	Self-reported placement in foster care in Fife from approximately age 10 until age 16; a care-home placement in Glenfarg; all siblings reportedly entered care; childhood support at Pollpark Family Centre.
Eligibility limitation	These health records are corroborative clinical records, not the underlying placement file. No formal admission/discharge form, care order, Children's Hearing decision, exact foster address, placing local authority, funding record or controlling organisation was found.
Review method	All PDF pages were reviewed. HSCP 3 and HSCP 4 are scans and were reviewed using page images plus OCR. OCR wording has been checked and normalised in this schedule, but the highlighted originals remain authoritative.

Key findings and evidential assessment

- **Placement:** The strongest entries are HSCP 1 p.13, HSCP 3 pp.9-10 and HSCP 4 pp.85-86 and 90. They provide age range, Fife, Glenfarg and foster-care/care-home references, but not formal placement authority evidence.
- **Abuse:** Records contain reports of repeated physical punishment by the father, childhood sexual assault by a family friend, sexual abuse while in family/foster care, abuse by a brother while both were in care, and broader physical/sexual/verbal abuse before entry to care.
- **Disclosure and response:** A disclosure to services is recorded as leading to foster care; later records document RASAC support and police reporting/investigation concerning the brother.
- **Impact:** Complex PTSD/PTSD, intrusive memories, flashbacks, sleep disturbance, emotional dysregulation, repeated overdoses/self-harm, disrupted education, unemployment, unstable housing and abusive adult relationships are repeatedly recorded.
- **Contradictory/qualifying evidence:** One record says there was "no trauma whilst in care" despite other records describing sexual abuse during foster care. Some assessments record no current flashbacks, no current suicidality or a settled presentation. These are retained as point-in-time evidence and should be addressed rather than omitted.

Evidence classification

Direct = the clinical record directly records the applicant's account or a disclosure. Corroborative = a later/independent health record repeats the history. Impact = consequences or treatment. Counter/qualifying = apparently inconsistent, negative or minimizing evidence.

HSCP 1 (1)(1).pdf

14 scheduled entries. PDF page numbers refer to the supplied document, not any handwritten/internal numbering.

01	PDF page 11 Internal Assessment form p.1	Date Assessment recorded 06/11/2024 Author Lyn Jack, CPN (assessment signed on p.16)		
Care setting	Adult CMHT assessment	Category	Identity; mental-health impact	
Evidence type	Corroborative	Format	Mixed native text and scanned forms	
Short factual extract				
Records the applicant as Yvonne Jamieson, date of birth 10 March 1982, and notes diagnoses including EUPD and CPTSD.				
Relevance to the application				
Confirms identity and the mental-health diagnostic context used throughout the bundle.				

02	PDF page 12 Internal Assessment form p.2	Date 06/11/2024 Author Lyn Jack, CPN		
Care setting	Adult living circumstances / Women's Aid	Category	Emotional abuse; mental-health impact; relationships	
Evidence type	Impact	Format	Mixed native text and scanned forms	
Short factual extract				
Recently moved to Greenock after fleeing an abusive relationship and had resided in a Women's Aid refuge. The record refers to previous trauma, abusive relationships throughout life, earlier sleep difficulty and voluntary psychiatric admissions because of suicidal thoughts.				
Relevance to the application				
Corroborates later-life abuse, trauma-related distress, sleep disturbance and crisis-service use. It is not proof of a childhood care placement.				

03	PDF page 13 Internal Assessment form p.3	Date 06/11/2024 Author Lyn Jack, CPN		
Care setting	Foster care / family care; Perth childhood	Category	Placement; physical abuse; sexual abuse; emotional abuse; education	
Evidence type	Direct	Format	Mixed native text and scanned forms	
Short factual extract				
States that Yvonne lived in foster care and with family members; was sexually abused by an aunt's partner while in their care; had a difficult and abusive childhood; her father was abusive and hit her and her siblings; after her father died when she was 10, her mother left with a neighbour and Yvonne entered foster care; she remained in foster care until age 16 and reported sexual abuse during that time. She attended primary and secondary school, was bullied, left school at 16 with no qualifications, and later had difficulty completing college courses and maintaining employment.				
Relevance to the application				
Strongest placement evidence in HSCP 1 and a direct clinical recording of childhood physical and sexual abuse, placement duration, education disruption and life impact. It does not name a foster address, placing authority, legal basis or exact admission/discharge dates.				

04	PDF page 14 Internal Assessment form p.4	Date 06/11/2024 Author Lyn Jack, CPN	
Care setting	Adult social circumstances	Category	Sexual-abuse disclosure; mental-health impact; employment; substance use
Evidence type	Impact	Format	Mixed native text and scanned forms
Short factual extract			
Records unemployment and longstanding difficulty maintaining work; a pending court case after reporting sexual abuse by an ex-partner's father; longstanding trauma and poor relationships affecting emotional regulation and coping. She denied current alcohol/drug use or dependence and said she had only dabbled in drugs when younger.			
Relevance to the application			
Corroborates disclosure, occupational impact and trauma-related functioning; also records relevant negative substance-use evidence.			

05	PDF page 15 Internal Assessment form p.5	Date 06/11/2024 Author Lyn Jack, CPN	
Care setting	Adult CMHT assessment	Category	Mental-health impact; contradictions/qualifying evidence
Evidence type	Counter/qualifying	Format	Mixed native text and scanned forms
Short factual extract			
Summary records prior trauma, a recent abusive relationship, domestic violence, Women's Aid support, ongoing stressors, previous suicidal ideation and overdoses, but no current thoughts, plan or intent. The mental-state examination recorded bright/reactive presentation and no observed emotional instability at that appointment.			
Relevance to the application			
Supports impact and risk history while preserving point-in-time evidence that she appeared settled and denied current risk.			

06	PDF page 16 Internal Assessment form p.6	Date 06/11/2024 Author Lyn Jack, CPN	
Care setting	Adult CMHT assessment	Category	Mental-health impact
Evidence type	Corroborative	Format	Mixed native text and scanned forms
Short factual extract			
Lists additional diagnoses of PTSD and complex trauma and records suitability for psychological therapy.			
Relevance to the application			
Clinical corroboration of trauma-related psychiatric impact.			

07	PDF page 27 Internal SCI Gateway p.2 of 4	Date 25/07/2024 referral Author Dr Brian Kerr / SCI Gateway	
Care setting	Adult mental-health referral	Category	Mental-health impact; self-harm; medical consequences
Evidence type	Impact	Format	Mixed native text and scanned forms
Short factual extract			
Past medical history includes psychological trauma/childhood trauma, intentional self-harm, depression and repeated drug overdoses in 2013, 2020 and 2023.			
Relevance to the application			
Longitudinal medical corroboration of trauma, self-harm and repeated overdose.			

08	PDF page 36 Internal Self-referral form	Date 30/05/2024 Author Self-referral form; signature recorded as Susan Cassels		
Care setting	Women's Aid refuge, Greenock	Category	Identity; adult safeguarding context	
Evidence type	Corroborative	Format	Mixed native text and scanned forms	
Short factual extract				
Records Yvonne Jamieson, date of birth 10 March 1982, at a Women's Aid refuge address in Greenock.				
Relevance to the application				
Corroborates adult refuge residence and domestic-abuse context, not childhood care eligibility.				

09	PDF page 39 Internal Letter p.1 of 1	Date 18/11/2023 assessment; letter 14/12/2023 Author Nick McIntyre, Senior Unscheduled Care Nurse		
Care setting	MHAU / adult community	Category	Disclosure; mental-health impact; self-harm	
Evidence type	Impact	Format	Mixed native text and scanned forms	
Short factual extract				
Records discussion of past abuse, flashbacks when engaging in work, suicidal thoughts and superficial scratches to the arm for relief. It also notes taking extra medication to sleep and a very limited support network.				
Relevance to the application				
Corroborates later disclosure and psychological/behavioural impact.				

10	PDF page 42 Internal Detailed print p.1 of 4	Date 18/11/2023 Author Stephen Anderson, NHS24 call taker		
Care setting	NHS24 mental-health call	Category	Sexual-abuse disclosure; mental-health impact; contemporaneous crisis disclosure	
Evidence type	Direct	Format	Mixed native text and scanned forms	
Short factual extract				
Clinical summary records night terrors, CPTSD, trauma, sexual abuse and that the father of her partner raped her, together with attempted cutting of the forearm with suicidal intent and a history of suicide attempts and deliberate self-harm.				
Relevance to the application				
Direct crisis-record disclosure of adult sexual violence and severe psychological impact. It does not identify the childhood care setting.				

11	PDF page 43 Internal Detailed print p.2 of 4	Date 18/11/2023 Author NHS24 / mental-health practitioner		
Care setting	NHS24 mental-health call	Category	Mental-health impact; substance use; life impact	
Evidence type	Impact	Format	Mixed native text and scanned forms	
Short factual extract				
Records attempted wrist cutting, isolation, very poor occupation since leaving supported accommodation, and recent alcohol use described as self-medication when overwhelmed.				
Relevance to the application				
Corroborates self-harm, isolation, occupational impairment and alcohol as a coping mechanism.				

12	PDF page 44 Internal Detailed print p.3 of 4		Date 18/11/2023 Author NHS24 / mental-health practitioner	
	Care setting	NHS24 mental-health call	Category	Mental-health impact; contradictions/qualifying evidence
	Evidence type	Impact	Format	Mixed native text and scanned forms
	Short factual extract			
	Records strong suicidal feelings, impulsivity and inability to plan safely after relationship stress, while also noting that the superficial scratching did not break the skin or require treatment.			
Relevance to the application				
Evidence of severity and crisis presentation, with the recorded physical consequence preserved accurately.				

13	PDF page 1 Internal Letter p.1 of 2		Date 27/01/2025 review; letter 28/01/2025 Author Dr Brian Hart, Locum Consultant Psychiatrist	
	Care setting	Crown House CMHT	Category	Mental-health impact; medical consequences
	Evidence type	Impact	Format	Mixed native text and scanned forms
	Short factual extract			
	Records an impulsive overdose after a lonely and unpleasant Christmas/New Year, immediately regretted, followed by hospital assessment.			
Relevance to the application				
Later evidence of overdose and continuing vulnerability; the record does not expressly link this episode to childhood care abuse.				

14	PDF page 8 Internal Letter p.1 of 3		Date 16/12/2024 review; letter 20/12/2024 Author Dr Brian Hart, Locum Consultant Psychiatrist	
	Care setting	Crown House CMHT	Category	Mental-health impact; relationships; sleep
	Evidence type	Impact	Format	Mixed native text and scanned forms
	Short factual extract			
	Diagnosis is complex PTSD. The letter records poor sleep requiring medication and describes moving to distance herself from a toxic relationship.			
Relevance to the application				
Clinical corroboration of complex PTSD, sleep disturbance and relationship impact.				

HSCP 3(1).pdf

14 scheduled entries. PDF page numbers refer to the supplied document, not any handwritten/internal numbering.

15	PDF page 9 Internal Letter p.1 of 2	Date 19/01/2021 Author Dr Julie Cottrell, Clinical Psychologist		
Care setting	Foster care in Fife; care home in Glenfarg; Pollpark Family Centre	Category	Placement; physical abuse; sexual abuse; neglect; disclosure; frequency	
Evidence type	Direct	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Records that low mood dated to early childhood; her mother was physically and emotionally absent and often drinking; her father administered physical punishment every Sunday; she alleged sexual assault by a family friend between ages 8 and 10; after disclosing this to services she was placed in foster care in Fife; all siblings were in care; and during a care-home placement in Glenfarg she tended to run away and once lifted a knife to a foster carer. It also records childhood attendance at Pollpark Family Centre.				
Relevance to the application				
Key direct placement and abuse evidence: approximate age range, Fife placement, Glenfarg care-home name, disclosure to services, repeated physical punishment and absconding behaviour. No address, legal order, authority or exact dates are stated.				
16	PDF page 10 Internal Letter p.2 of 2	Date 19/01/2021 Author Dr Julie Cottrell, Clinical Psychologist		
Care setting	Childhood schools / foster care	Category	Neglect; education; emotional abuse; life impact; adult physical abuse	
Evidence type	Direct	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Records three primary schools, bullying and liaison-base/Pollpark Family Centre support; after leaving school she moved frequently and lived in homeless accommodation. It records an ex-husband holding her by the throat in a public building, witnessed by others. The clinical summary states neglect by her mother, physical punishment by her father, childhood sexual assault, placement in foster care, disrupted schooling, bullying and longstanding low mood and anger.				
Relevance to the application				
Corroborates the placement pathway, neglect, school disruption, bullying, emotional impact and a witnessed adult assault.				
17	PDF page 1 Internal Letter p.1 of 2	Date May-August 2021; letter authorised 23/08/2021 Author Dr Gillian Bailey, Clinical Psychologist		
Care setting	Adult clinical psychology	Category	Mental-health impact; frequency/pattern	
Evidence type	Impact	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Records distressing memories and a flashback-like memory after trauma work, an impulsive medication overdose with intent to die, and anger at her mother for not protecting her. Emotional dysregulation was noted.				
Relevance to the application				
Corroborates trauma triggers, perceived failure to protect, emotional dysregulation and overdose.				

18	PDF page 2 Internal Letter p.2 of 2	Date 23/08/2021 Author Dr Gillian Bailey, Clinical Psychologist	
Care setting	Adult clinical psychology	Category	Contradictions/qualifying evidence; mental-health impact
Evidence type	Counter/qualifying	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Records that she had not reported re-experiencing symptoms at that stage and trauma-focused CBT was considered not indicated; mood later improved and she agreed to discharge.			
Relevance to the application			
Point-in-time clinical evidence that may appear inconsistent with later PTSD/flashback records; it does not disprove past abuse.			

19	PDF page 4 Internal Letter p.1 of 2	Date 18 and 25/03/2021; letter 05/05/2021 Author Dr Gillian Bailey, Clinical Psychologist	
Care setting	Adult clinical psychology	Category	Contradictions/qualifying evidence
Evidence type	Counter/qualifying	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Records trauma-focused referral but denial of current flashbacks, nightmares or dissociation; difficult past memories were described as located in the past and CORE-10 score was in the mild range.			
Relevance to the application			
Preserves apparently inconsistent/negative symptom evidence from a particular review date.			

20	PDF page 15 Internal Letter p.1 of 2	Date 30/07/2020 Author Dr Richard Day, Consultant Psychiatrist	
Care setting	Adult psychiatry	Category	Sexual-abuse disclosure; mental-health impact; qualifying evidence
Evidence type	Corroborative	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Records a request for psychological therapy partly in relation to past sexual abuse and negative thinking, while noting no suicidal ideation at that review.			
Relevance to the application			
Corroborates disclosure and continuing psychological impact, with the contemporaneous negative risk finding.			

21	PDF page 27 Internal Assessment p.2 of 3	Date 29/01/2020 assessment; letter 30/01/2020 Author Carol McLean, Crisis Resolution/Home Treatment Team	
Care setting	Adult crisis assessment	Category	Placement; physical abuse; life impact
Evidence type	Corroborative	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Personal history records childhood physical abuse by her father, time in care, a poor relationship with her mother, domestic abuse by her son's father, her son entering kinship care, unemployment and financial pressure.			
Relevance to the application			
Corroborates care history, physical abuse and later relationship/occupational impacts.			

22	PDF page 44 Internal Letter p.2		Date 28/02/2019; authorised 01/03/2019 Author Dr Richard Day, Consultant Psychiatrist	
	Care setting	Adult psychiatry	Category	Sexual abuse; mental-health and employment impact
	Evidence type	Impact	Format	Scanned PDF; OCR-assisted review
	Short factual extract			
	Records estrangement from her mother linked to childhood sexual abuse; seeing a care-home resident abused at work activated memories of her own abuse; she remained affected by childhood abuse and had been unemployed for two years.			
Relevance to the application				
Corroborates childhood sexual abuse, trauma triggers and occupational impact.				

23	PDF page 84 Internal Discharge summary p.2	Date Admission 06/01/2013; discharge summary dictated 21/01/2013 Author Dr Seonaid McCallum / Dr Fionnuala Williams, Psychiatry		
	Care setting	Adult psychiatric admission / homeless accommodation	Category	Sexual abuse; life impact; mental-health impact
Evidence type	Impact	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Personal history records living in homeless accommodation, a past history of rape and abuse, unemployment, school bullying, and her son being taken into care in 2009 amid sexual allegations involving the child's father.				
Relevance to the application				
Corroborates abuse history, homelessness, unemployment, bullying and family impact. It is not evidence of the applicant's childhood placement dates.				

24	PDF page 85 Internal Discharge summary p.3		Date Admission January 2013 Author Dr Fionnuala Williams / Dr Seonaid McCallum	
	Care setting	Adult psychiatric admission	Category	Mental-health impact; qualifying evidence
	Evidence type	Impact	Format	Scanned PDF; OCR-assisted review
	Short factual extract			
	Records that an incident involving a man believed to have sexually assaulted a friend triggered the applicant's past sexual-abuse issues and anxiety. Suicidal ideation later reduced and she was discharged more settled.			
Relevance to the application				
Corroborates trauma triggering and preserves improvement/negative-risk evidence at discharge.				

25	PDF page 93 Internal Letter p.1	Date 22-23/08/2012 Author Perth City CMHT (author not fully legible in scan)	
Care setting	Anchor House / adult CMHT	Category	Sexual abuse; mental-health impact; relationships
Evidence type	Impact	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Records depression with insomnia, anorexia, poor motivation and passive suicidal thinking; Mindspace counselling because she was sexually abused; her son in kinship care after abuse by her ex-husband; and an alcohol-dependent mother.			
Relevance to the application			
Early clinical corroboration of sexual-abuse disclosure and multiple psychological/family consequences.			

26	PDF page 94 Internal Letter p.2	Date 23/08/2012 Author Perth City CMHT (author not fully legible in scan)	
Care setting	Adult CMHT / Anchor House	Category	Contemporaneous disclosure; institutional response; contradictions/qualifying evidence
Evidence type	Direct	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Psychiatric history records a November 2004 referral with depression and mood lability, reported childhood sexual abuse, and the alleged assailant living nearby and masturbating on the stairwell. The 2012 clinician considered current suicide risk low and did not identify a severe mental disorder, describing some presentations as possible communication of distress or attempts to improve housing.			
Relevance to the application			
Important early disclosure and proximity/safeguarding concern, together with a clinician's potentially adverse or minimizing interpretation that should be addressed rather than omitted.			

27	PDF page 99 Internal Assessment p.2	Date 22/06/2012 assessment Author Dr Amy Jones, GPST2 in Forensic Psychiatry	
Care setting	Childhood care / adult housing	Category	Placement; sexual abuse; education; life impact
Evidence type	Corroborative	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Records that she was sexually abused as a child, attended multiple primary schools and was in care. It also records unemployment/voluntary work, difficult housing and a social worker seeking alternative accommodation.			
Relevance to the application			
Independent earlier corroboration of childhood care, school movement, sexual abuse and later social impact.			

Care setting	Adult housing / mental health	Category	Mental-health impact; contradictions/qualifying evidence
Evidence type	Counter/qualifying	Format	Scanned PDF; OCR-assisted review

Short factual extract

Records depressive illness and anxiety; the applicant believed her problems related to her upbringing and current housing. The clinician said causation was difficult to ascertain and declined further appointments because no severe and enduring illness was observed.

Relevance to the application

Corroborates the applicant's expressed link to upbringing while preserving a clinician's qualifying view.

HSCP 4(1).pdf

23 scheduled entries. PDF page numbers refer to the supplied document, not any handwritten/internal numbering.

29	PDF page 3 Internal Letter p.1 of 2	Date 27/01/2025 review; letter 28/01/2025 Author Dr Brian Hart, Locum Consultant Psychiatrist		
Care setting	Crown House CMHT	Category	Mental-health impact; medical consequences	
Evidence type	Impact	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Records an impulsive overdose following distress and loneliness, with subsequent hospital assessment.				
Relevance to the application				
Later evidence of overdose and vulnerability; no express causal link to childhood care in this entry.				

30	PDF page 6 Internal Letter p.1 of 3	Date 16/12/2024 review; letter 20/12/2024 Author Dr Brian Hart, Locum Consultant Psychiatrist		
Care setting	Crown House CMHT	Category	Mental-health impact; relationships; sleep	
Evidence type	Impact	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Diagnosis is complex PTSD; medication was provided for poor sleep; and the letter describes moving away from a toxic relationship.				
Relevance to the application				
Corroborates complex PTSD, sleep impact and relationship consequences.				

31	PDF page 9 Internal Emergency letter p.1 of 2	Date 29/12/2024 Author Inverclyde Royal Hospital Emergency Department		
Care setting	Emergency department	Category	Medical consequences; self-harm	
Evidence type	Impact	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Emergency record documents a potential overdose of approximately 750 mg quetiapine and 50 mg zopiclone.				
Relevance to the application				
Objective medical evidence of overdose and hospital attendance.				

32	PDF page 10 Internal Emergency letter p.2 of 2	Date 29/12/2024 Author Emergency Department clinician		
Care setting	Emergency department	Category	Mental-health impact; qualifying evidence	
Evidence type	Impact	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Clinician notes record that she felt suicidal, had taken overdoses previously and did not wish to speak to the available mental-health team.				
Relevance to the application				
Corroborates suicidal intent and previous overdoses.				

33	PDF page 22 Internal Triage form	Date 20/06/2024 Author James Graham, Primary Care Mental Health Nurse		
Care setting	Primary Care Mental Health Team	Category	Mental-health impact; qualifying evidence	
Evidence type	Counter/qualifying	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Records diagnoses of EUPD and CPTSD, previous CPN/psychologist/psychiatrist support, and no current concerns regarding self-harm or suicide.				
Relevance to the application				
Corroborates diagnoses and service intensity while preserving a point-in-time negative risk assessment.				

34	PDF page 28 Internal Letter p.1	Date 18/11/2023 assessment; letter 14/12/2023 Author Nick McIntyre, Senior Unscheduled Care Nurse		
Care setting	MHAU / adult community	Category	Disclosure; mental-health impact; self-harm	
Evidence type	Impact	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Records past abuse, flashbacks triggered by work, suicidal thoughts, superficial scratches for relief, taking extra medication to sleep and limited support.				
Relevance to the application				
Corroborates disclosure and psychological/behavioural impact.				

35	PDF page 30 Internal Letter p.1 of 2	Date 15/11/2023 review; letter 17/11/2023 Author Dr Claire McGhee, Consultant Psychiatrist		
Care setting	Adult CMHT / supported accommodation	Category	Sexual abuse; mental-health and life impact	
Evidence type	Impact	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Records a period in supported accommodation, emotional dysregulation and heightened evening visions relating to previous sexual abuse.				
Relevance to the application				
Corroborates trauma symptoms and temporary adult supported accommodation.				

36	PDF page 47 Internal OOH report p.1	Date 31/12/2022 Author NHS Greater Glasgow and Clyde OOH		
Care setting	Out-of-hours mental-health call	Category	Mental-health impact; self-harm	
Evidence type	Impact	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
Records a medication overdose with intent to die and a request that her partner use a knife against her, with a history of suicide attempts.				
Relevance to the application				
Evidence of severe crisis and repeated self-harm pattern.				

37	PDF page 50 Internal Letter p.1 of 2	Date 30/11/2022 Author Adult psychiatry, Brand Street Resource Centre	
Care setting	Adult psychiatry	Category	Childhood trauma; qualifying evidence
Evidence type	Counter/qualifying	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Diagnosis was under review because of disclosed childhood trauma. No suicidal thoughts or psychotic symptoms were disclosed at that review.			
Relevance to the application			
Corroborates childhood-trauma disclosure and a contemporaneous negative risk finding.			

38	PDF page 51 Internal Letter p.2 of 2	Date 30/11/2022 Author Adult psychiatry, Brand Street Resource Centre	
Care setting	Adult psychiatry	Category	Contradictions/qualifying evidence
Evidence type	Counter/qualifying	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Records denial of ongoing flashbacks or nightmares and states PTSD appeared unlikely at that time, subject to review.			
Relevance to the application			
Potentially inconsistent with later PTSD diagnoses and flashback records; a point-in-time clinical opinion, not disproof of abuse.			

39	PDF page 52 Internal Transfer letter p.1	Date 24/08/2022 transfer letter Author NHS Tayside General Adult Psychiatry	
Care setting	Adult mental-health transfer	Category	Disclosure; sexual abuse; police response; mental-health impact
Evidence type	Corroborative	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Records difficulty following recent disclosure of abuse by her brother, contact with RASAC, and that police had been informed of the alleged childhood abuse.			
Relevance to the application			
Corroborates disclosure, specialist survivor support and police reporting.			

40	PDF page 54 Internal Letter p.1 of 2	Date 11/07/2022 review; letter 03/08/2022 Author Melanie McGill, Advanced Nurse Practitioner	
Care setting	Adult CMHT	Category	Disclosure; institutional response; mental-health impact
Evidence type	Corroborative	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Records disclosed childhood trauma, an ongoing report to police involving her brother, CORE-10 score of 19 and continuing stress.			
Relevance to the application			
Corroborates police involvement and measurable psychological distress.			

41	PDF page 55 Internal Letter p.2 of 2		Date 03/08/2022 Author Melanie McGill, Advanced Nurse Practitioner	
	Care setting	Adult CMHT	Category	Institutional response; mental-health impact
	Evidence type	Corroborative	Format	Scanned PDF; OCR-assisted review
	Short factual extract			
Records that support was needed in relation to abuse being investigated by police and recommends continuing diagnostic/psychological review.				
Relevance to the application				
Evidence of an active investigation and clinical response.				

42	PDF page 56 Internal Letter p.1 of 2		Date 21/06/2022 review; letter 24/06/2022 Author Melanie McGill, Advanced Nurse Practitioner	
	Care setting	Adult CMHT	Category	Mental-health impact; medical consequences
	Evidence type	Impact	Format	Scanned PDF; OCR-assisted review
	Short factual extract			
Records disclosed childhood trauma and an A&E admission following overdose on 19 June 2022.				
Relevance to the application				
Corroborates trauma history and immediate medical consequence.				

43	PDF page 57 Internal Letter p.2 of 2		Date 24/06/2022 Author Melanie McGill, Advanced Nurse Practitioner	
	Care setting	Adult CMHT	Category	Emotional abuse; mental-health impact; disclosure
	Evidence type	Impact	Format	Scanned PDF; OCR-assisted review
	Short factual extract			
Records feeling unsupported by family in relation to childhood abuse, being blamed for her son's upbringing, trauma as a main catalyst for mental-health presentation, dissociation and overdose after distressing thoughts.				
Relevance to the application				
Corroborates family blame, lack of support, dissociation and trauma-linked overdose.				

44	PDF page 76 Internal Transfer letter p.1		Date 24/08/2022 transfer letter (duplicate/alternate scan) Author NHS Tayside General Adult Psychiatry	
	Care setting	Adult mental-health transfer	Category	Disclosure; sexual abuse; police response
	Evidence type	Corroborative	Format	Scanned PDF; OCR-assisted review
Short factual extract				
Repeats that she was struggling with disclosure of abuse by her brother, was receiving RASAC support and had informed police of the alleged abuse when younger.				
Relevance to the application				
Duplicate/alternate scan providing corroborative page reference within this document.				

45	PDF page 80 Internal Communication to GP		Date 21/06/2022 Author Blairgowrie Community Hospital / General Psychiatry	
	Care setting	Adult psychiatry	Category	Childhood trauma; treatment response
	Evidence type	Corroborative	Format	Scanned PDF; OCR-assisted review
	Short factual extract			
	Communication records bipolar diagnosis with past childhood trauma and planned psychology input for past trauma.			
Relevance to the application				
Corroborates childhood-trauma history and referral response.				

46	PDF page 85 Internal Liaison assessment p.1 of 2		Date 20/06/2022 assessment Author Psychiatry Liaison, NHS Tayside	
	Care setting	Foster care (age 10 onward)	Category	Placement; physical abuse; sexual abuse; frequency/pattern; mental-health impact
	Evidence type	Direct	Format	Scanned PDF; OCR-assisted review
	Short factual extract			
	Records an intentional overdose after a church discussion of fostering/adoption triggered childhood memories. Her brother had disclosed that he attempted to sexually assault her while she was in foster care. It states that all children were put in care at age 10 because of physical, sexual and verbal abuse by parents and babysitters.			
Relevance to the application				
Key evidence of age at entry, reason for care, sexual abuse during foster care, and trauma-linked overdose. No specific foster address, controlling authority, legal basis or exact dates are given.				

47	PDF page 86 Internal Liaison assessment p.2 of 2	Date 20/06/2022 assessment Author Psychiatry Liaison, NHS Tayside		
Care setting	Care from age 10 to 16	Category	Placement; sexual abuse; contradictions; mental-health impact; substance use	
Evidence type	Counter/qualifying	Format	Scanned PDF; OCR-assisted review	
Short factual extract				
States that all five children entered care; “albeit there was no trauma whilst in care” the experience was traumatic; she left care at age 16; had abusive relationships and ongoing sexual abuse by uncles; and had significant trauma. It records PTSD, overdose intent, no ongoing suicidal ideation at assessment, and denial of alcohol or illicit substance misuse.				
Relevance to the application				
Confirms duration to age 16 and major impact, but contains an apparent inconsistency with records of sexual abuse during foster care. It also preserves negative current-risk/substance findings.				

48	PDF page 90 Internal Assessment letter		Date 20/06/2022 Author Liaison Psychiatry, NHS Tayside	
	Care setting	Care placement (unnamed)	Category	Contemporaneous disclosure; sexual abuse; police response; mental-health impact
	Evidence type	Direct	Format	Scanned PDF; OCR-assisted review
	Short factual extract			
	Records that her brother disclosed he sexually assaulted her while they were in care, that she reported this to police, and that adoption-related memories contributed to an intentional overdose. PTSD-type symptoms were noted.			
Relevance to the application				
Strong corroborative disclosure and institutional response (police report), though the care setting and dates are unnamed.				

49	PDF page 93 Internal ED record p.2 of 3		Date 19/06/2022 Author Ninewells Hospital Emergency Department	
	Care setting	Emergency department	Category	Sexual abuse; mental-health and medical consequences
	Evidence type	Impact	Format	Scanned PDF; OCR-assisted review
	Short factual extract			
	Records an overdose with suicidal intention after her brother admitted attempting to sexually abuse her approximately 30 years earlier. The history lists PTSD, rape, repeated suicide attempts, loss of custody and her child's sexual abuse by an ex-partner.			
Relevance to the application				
Objective emergency record linking processing of childhood abuse disclosure to suicidal overdose, with wider life impact.				

50	PDF page 95 Internal Letter p.1 of 2		Date 18/03/2022 review; authorised 19/04/2022 Author Melanie McGill, Advanced Nurse Practitioner	
	Care setting	Adult psychiatry	Category	Mental-health impact; frequency/pattern
	Evidence type	Impact	Format	Scanned PDF; OCR-assisted review
	Short factual extract			
	Records intrusive memories occurring every other day, feeling as if the traumatic event was happening again (flashbacks), avoidance, reduced interest, difficulty experiencing positive emotion, anxiety and hypervigilance.			
Relevance to the application				
Detailed evidence of frequency and PTSD-type symptom pattern.				

51	PDF page 96 Internal Letter p.2 of 2	Date 18/03/2022 review Author Melanie McGill, Advanced Nurse Practitioner	
Care setting	Adult psychiatry	Category	Mental-health impact; qualifying evidence
Evidence type	Counter/qualifying	Format	Scanned PDF; OCR-assisted review
Short factual extract			
Records sleep difficulty and irritability but positive future planning and no current suicidal ideation, self-harm plan or intent.			
Relevance to the application			
Supports continuing symptoms while preserving the contemporaneous negative risk finding.			

Coverage and gaps against the requested categories

Category	Finding
Proof of placement and eligibility	Present, but only as retrospective clinical history. Fife foster care, Glenfarg care home, ages approximately 10-16 and all siblings in care are recorded. Formal placement records are absent.
Direct physical abuse	Present: father hit the children and administered physical punishment every Sunday; broader physical abuse by parents is also recorded. No contemporaneous injury records were found.
Direct sexual abuse	Present: family friend ages 8-10; aunt's partner while in family care; sexual abuse during foster care; brother attempted/committed sexual assault while both were in care; abuse by uncles. Perpetrator identities are usually relational rather than named.
Emotional/psychological abuse	Present: emotionally absent mother, no happy childhood memories, bullying, family blame and abusive adult relationships.
Neglect	Present mainly as maternal physical/emotional absence and alcohol use. No institutional basic-care/medical-neglect evidence was found.
Disclosures and complaints	Present: disclosure to services before placement; 2004 health disclosure; 2022 disclosure by brother, RASAC support and police reporting/investigation.
Institutional knowledge/failure to act	Limited. The bundles do not contain staff complaints, disciplinary files, inspections, incident logs or evidence of a care institution's management response.
Frequency/duration/pattern	Father's punishment is recorded as every Sunday; sexual assault is dated approximately ages 8-10; care approximately ages 10-16; PTSD symptoms every other day; repeated overdoses over years.
Mental/physical consequences	Extensive mental-health evidence and repeated overdose treatment. No contemporaneous childhood injury, scar, fracture or assault-treatment record was found.
Substance/coping	One record describes alcohol self-medication when overwhelmed; several other records deny dependence or current misuse. Causation should not be inferred beyond the wording used.
Education/relationships/life impact	Multiple schools, bullying, leaving without qualifications, unstable housing, unemployment/job retention difficulty, repeated abusive relationships and family/parenting impacts are recorded.
Contradictory evidence	Included throughout: "no trauma whilst in care"; no current flashbacks/risks at some appointments; improving mood; clinicians questioning PTSD/severe mental illness; denials of substance use.