

Sexual Safety - Forensic Hospital

Implementation Guide to NSW Health PD2013_038 *Sexual Safety – Responsibilities and Minimum Requirements for Mental Health Services* and GL2013_012 *Sexual Safety of Mental Health Consumers Guidelines*

Policy Number 1.193

Policy Function Continuum of Care

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Summary This policy provides direction for Forensic Hospital staff to be responsive and consistent in their approach to the sexual health and safety needs of a patient. This document provides specific Forensic Hospital guidance and processes in accordance with NSW Ministry of Health PD2013_038 *Sexual Safety - Responsibilities and Minimum Requirements for Mental Health Services* and GL2013_012 *Sexual Safety of Mental Health Consumers Guideline*.

Responsible Officer ED Clinical Operations

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Youth Justice NSW)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.193 (Sep 2019; Jan 2018)

Change Summary Policy is updated throughout.

TRIM Reference POLJH/1193

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

This policy applies to the Forensic Hospital (FH) only and provides direction for FH staff to be responsive and consistent in their approach to the sexual health and safety needs of a patient, including sexual safety incident responses.

This Implementation Guide is to be read in accordance with NSW Ministry of Health [PD2013_038 Sexual Safety - Responsibilities and Minimum Requirements for Mental Health Services & GL2013_012 Sexual Safety of Mental Health Consumers Guideline](#).

“[Sexual health](#) is fundamental to the physical and emotional health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, encompasses the rights of all persons to have the knowledge and opportunity to pursue a safe and threat-free sexual life.” (World Health Organization, 2010, p. 1). Sexual activity is a natural and healthy part of life. However, when it occurs in an inappropriate context or setting, it can be detrimental to those involved.

2. Policy Content

2.1 Mandatory Requirements

Clinical staff must maintain sexual safety practices in accordance with [GL2013_012 Sexual Safety of Mental Health Consumers Guideline](#) that integrates trauma-informed care principles.

Sexual activity with another person is not permitted in the FH. The FH is committed to ensuring the health and safety of all patients. The FH acknowledges that while everyone has sexual needs, all patients in the FH are potentially vulnerable and some may have reduced capacity to consent. All patients need to be able to recover in a safe environment free from unwanted sexual advances, sexual harassment and/or sexual assault.

Each patient’s sexual safety must be assessed using the Clinical Risk Assessment and Management (CRAM) framework to document and manage identified risk factors. Where appropriate, clinicians may use a variety of assessment methods to assess this risk; including clinical, actuarial and structured professional judgment tools to assess any apparent risk of sexual harm. Refer to Justice Health and Forensic Mental Health Network (the Network) policy [1.078 Care Coordination, Risk Assessment, Management, Planning and Review – Forensic Hospital and FH Procedure \[Clinical Risk Assessment & Management \\(CRAM\\)\]\(#\)](#).

All patients admitted to the FH have the right to care and treatment that takes into consideration their sexual health and sexual safety. FH patients are entitled to:

- sexual safety;
- a safe environment;
- support from clinical staff to adopt practices and behaviours that contribute to theirs and others’ sexual safety;
- appropriate action from clinical staff to prevent and respond to sexual safety incidents;
- have access to the *Promoting Recovery and Sexual Safety in the Forensic Hospital. Sexual Safety Standards of Behaviour for the Forensic Hospital* standards (see [Appendix 1](#));

- the assurance that all patients are aware of the relevant [standards](#) and that these have been discussed with all patients;
- information and education in regards to sexual health and sexual safety;
- a physical environment that safely supports patient's sexual safety;
- access to clear information regarding the patients' rights, advocacy services and processes for complaints and questions regarding sexual safety issues;
- promotion by clinical staff of a culture that encourages reporting of sexual safety incidents; and
- the assurance that any disclosures of sexual safety incidents are taken seriously and are addressed promptly and empathetically in accordance with appropriate practices and procedures.

A Sexual Safety Gender Sensitivity Audit must be completed biennially to assess the current level of gender sensitivity within the FH. This audit will be monitored and tabled at the FH Clinical Governance Committee Meeting.

2.2 Implementation - Roles and Responsibilities

Director of Nursing and Services FH (DNS) is responsible for:

- Ensuring that this policy is understood, implemented and adhered to by staff;
- Ensuring the FH has adequately prepared staff in managing the sexual health needs of patients;
- Providing a safe and secure environment that promotes sexual safety;
- Ensuring that the continuous sexual health care needs of the patients are provided for, including sexual health assessment, risk assessment and management, sexual health education and access to specialist sexual assault services;
- Escalating sexual safety issues to the Chief Executive;
- Ensuring that all staff are provided with adequate and appropriate training to undertake their duties and
- Ensuring that adequate resources are provided to staff to undertake their duties.
- Evaluating compliance with this policy; and

Deputy Director of Nursing, Manager Allied Health, Nurse Unit Manager (NUM) and After Hours Nurse Manager (AHNM) are responsible for:

- Ensuring compliance with this policy;
- Ensuring adequate staffing and resources are assigned to enable sexually safe practices to be conducted consistently;
- Providing a safe and secure environment that promotes sexual safety;
- Ensuring staff are provided with the time to complete relevant training;
- Ensuring that a detailed handover relating to a patient's sexual safety is provided to all members of the MDT;

- Reporting sexual health and safety issues to the DNS; and
- Reporting any allegations of sexual assault to the Network CNC Sexual Health/Hepatitis.

FH Manager Practice Development and Education is responsible for:

- Providing mandatory sexual safety education to staff.

The Medical leads of the Multidisciplinary Team (MDT) is responsible for:

- Completing a sexual health assessment for each patient;
- Completing a sexual safety risk assessment using the Clinical Risk Assessment and Management (CRAM) framework to assess a patient's risk of sexually inappropriate behaviour, where such risk is apparent even in the absence of adjudicated sexual offences, and documenting strategies in the patient's Treatment and Management Plan (TPRIM) to address identified risks;
- Identifying and managing patients who have a history of sexual offending, understanding what their current risk for re-offending or sexual harm is through the use of validated structured professional judgement tools, and documenting strategies in the patient's TPRIM to address any identified risks;
- Ensuring that a detailed handover relating to a patient's sexual safety is provided to all members of staff involved in the patient's care;
- Ensuring sexual health and safety education needs are identified and education is provided to individual patients and appointing a member of the MDT to provide this;
- Ensuring that patients are appropriately transferred to the partnering Local Health Districts (LHDs). Once a patient is transferred, the receiving LHD is responsible to manage the ongoing care and follow up of the patient.

All FH staff are responsible for:

- Complying with this policy;
- Completing mandatory sexual safety training;
- Ensuring the processes outlined in this policy are carried out consistently;
- Reporting any alleged or actual sexual safety incidents to their line manager immediately;
- Ensuring patients are offered screening for blood borne viruses and sexually transmissible diseases and followed up accordingly;
- Ensuring their own safety and the safety of others.

3. Procedure Content

3.1 Sexual Health Assessment

Sexual health assessments must occur on admission and throughout the patient's stay in the FH. The MDT must determine the most appropriate timeframe for this assessment to occur for each patient. Sexual Health assessments can be traumatic for patients; the clinician must be non-judgemental, sensitive, responsive, professional and respectful to the patient's trauma history, culture, feelings and needs.

Completing a sexual health assessment can also be challenging for the clinician. The clinician should be cognisant of their own feelings and seek support from their line manager as required. If a staff member experiences [vicarious trauma](#), both support and assistance must be offered via the [Employee Assistance Program](#) (EAP) or alternative support services.

The MDT should ensure a sexual health assessment is completed on admission and as clinically indicated by the MDT or as soon as practicable depending on the patients presentation or needs. The Population Health Early Detection Program (EDP) Mini Risk Assessment is available on JHeHS for completion.

A sexual health assessment and Blood Borne Virus (BBV) assessment must be documented in the patient's health record with any highlighted issues handed over to the MDT and recorded in the patient's TPRIM and Care Plan. A clinician must be allocated to be present with the patient undergoing a sexual health assessment to provide support, with at least one clinician being the preferred or same gender of the patient. The cultural needs of the patients must be considered and culturally sensitive practices utilised prior to initiating the assessment. Where the patient identifies as Aboriginal or Torres Strait Islander, an Aboriginal Mental Health Professional should be offered to the patient to attend this assessment, where culturally appropriate. The MDT must take into account the protocols around Women's business and Men's business. Where the patient identifies as transgender, non-binary or intersex the MDT will consult with the patient to establish an appropriate sexual health assessment.

A sexual health and BBV assessment for **female** patients may include but are not limited to:

- Menstruation history
- Pap Smear history
- Breast Examination History
- Obstetric history
- Gynaecological history
- Contraception history
- Sexual contact history
- History or current sexually transmissible infections (STI)
- History or current sexual dysfunction
- Abdominal, vaginal and pelvic examination
- History or current sexual vulnerability
- History of Intra-venous drug use
- Vaccination status

The Austinmer Women's NUM should liaise with a Network Women's Health Nurse to assist in elements of the sexual health assessment and ongoing screening as appropriate.

A sexual health and BBV assessment for **male** patients may include but are not limited to:

- Sexual contact history
- History or current sexually transmissible infections (STI)

- History or current sexual dysfunction
- History or current prostatic enlargement
- History or current sexual vulnerability
- History of Intra-venous drug use
- Physical examination
- Vaccination status

3.2 Sexual Behaviour

Patient [Sexual behaviour](#) is a complex issue for clinical staff. Staff must be non-judgemental, responsive, professional, respectful and consistent in their approach to the intimacy and sexual needs of the FH patients. Staff must ensure they maintain professional boundaries, ensuring they do not engage in a personal or sexual relationship with patients during or after their admission to the FH.

The FH staff must exercise a duty of care to strictly limit the opportunity for sexual relationships to occur. This is to ensure patients who may not have the [capacity](#) to consent to sexual activity or lack responsibility for their behaviour are protected.

Within the Adolescent mixed gender unit additional sexual safety practices must be considered to ensure the health and safety of all patients. These could include increased or continuous observation levels, room allocations and ensuring bedrooms and bathrooms are locked at all times. Increased risk of sexual behaviour between patients must be reflected on their internal leave conditions within the Forensic Hospital and as part of their TPRIM.

[Masturbation](#) in a private space (bedroom/bathroom) is considered an ordinary expression of an individual's sexuality. The privacy of a patient's bedroom and bathroom should be maintained wherever possible, although security and safety checks must not be compromised.

3.2.1 Sexual Vulnerability

The [sexual vulnerability](#) of the patient must be assessed on admission and regularly through the patient's stay in the FH, as per the clinical review processes outlined in Policy [1.078 Care Coordination, Risk Assessment, Management, Planning and Review](#).

Previous sexual assaults, or problematic sexual behaviour, and/or current disinhibited or overtly sexual behaviour must be considered throughout clinical assessment and review processes.

Where a patient has been identified as vulnerable to sexually inappropriate behaviour, the MDT must ensure the following occurs:

- Vulnerability to sexually inappropriate behaviour must be assessed. Risk factors and management strategies must be documented in the patient's health record and TPRIM;
- The identified vulnerability and risk factors and management strategies must be verbally handed over at clinical handovers and clinical review meetings; and
- Additional consideration must be given to the following patient management strategies:
 - Level of observation required to ensure the safety of patients and others;
 - The patient bedroom allocation in relation to the staff station and other patients' bedrooms;

- *Security Classification And Leave Entitlement (SCALE)*, relating to contact with other patients on the FH grounds;
- Assessing the patient's suitability for attendance at centralised groups; and
- Ensuring the health, safety and wellbeing of staff facilitating patient care.

3.2.2 Patients with Sexual Offending Histories

A patient who has a history of sexual offending behaviour (not necessarily a conviction) must be assessed on admission and regularly throughout their stay in the FH, as per the clinical review processes outlined in Policy [1.078](#) *Care Coordination, Risk Assessment, Management, Planning and Review*. Previous sexual offending or current risk for sexual harm must be considered throughout clinical assessment and review. The *Risk of Sexual Violence Protocol (RSVP)* should be used as an assessment tool for sex offenders, or those at risk of sexual violence. The *Spousal Assault Risk Assessment Guide (SARA)* should be used as an instrument to assess for patients with histories of intimate partner violence. Other risk assessment tools including the *Stalking Risk Profile (SRP)* should be used if for instance the sexually inappropriate behaviour arose in the context of stalking behaviour.

Where a risk of sexual offending has been identified utilising a structured professional judgement approach, the following must occur:

- Sexual offending risk factors and management strategies must be documented in the patient's health record and TPRIM and discussed with the patient;
- The identified sexual offending risk factors and management strategies must be verbally handed over at clinical handovers and MDT Meetings;
- Additional consideration must be given to the following patient management strategies:
 - The level of observation required to ensure the safety of patients and others;
 - Access to other patients which may pose a risk to their health and safety;
 - The patient's bedroom allocation in relation to the staff station and other patients' bedrooms;
 - Assessment of the patient for a decreased SCALE, relating to contact with other patients on the FH grounds; and
 - Assessment of the patient's suitability for attendance at centralised groups.
- Where a victim of a patient's sexual offending behaviour is known, the patient must not have any contact (via telephone, by visitation or written correspondence) with the victim until further assessment. The MDT will contact the victim where appropriate. Results of this assessment and contact must be documented in the patients TPRIM. Routine reviews of the ongoing risk must be completed.

3.2.3 Sexually Active Patients

Sexual activity is a natural and healthy part of life. However, when it occurs in an inappropriate context or setting it can be detrimental to the patients involved. [Consensual](#) or [non-consensual](#) sexual activity is prohibited in any unit within the FH due to the vulnerability of the patient group. This information and requirement must be communicated to the patient on admission and regularly through clinical review processes.

The *Sexual Safety Standards of Behaviour for the Forensic Hospital* ([Appendix 1](#)) promotes safety and recovery in the FH and explicitly requires all patients to adhere to the prescribed standards of behaviour in relation to sexual safety. Clinical staff must discuss the *Sexual Safety Standards of Behaviour for the Forensic Hospital* with patients on a regular basis to ensure patients are aware of these expectations and to promote a sexually safe environment.

Where actual or suspected [consensual](#) sexual activity is occurring, the following must occur (where the sexual activity is deemed [non-consensual](#), management of this type of incident is set out in section [3.3](#) Sexual Assault):

- The staff member who has identified that sexual activity with another person may be/is occurring must discuss this with the MDT members available at the time of identification;
- The MDT must delegate at least 2 clinicians to discuss the actual or suspected sexual activity with the patients. The clinicians must instruct the patient to cease the sexual activity, sensitively counsel the patients regarding the inappropriateness of sexual activity within the unit, remind the patient that sexual activity with another person is not permitted within the FH and complete an assessment on the population health risks related to sexual activity including pregnancy testing, post exposure prophylaxis, HBV immune status and post coital contraception. This discussion and assessment must be documented in the patients' health record;
- The patients' TPRIMs must be reviewed and any management strategies that will assist in reducing the likelihood of reoccurrence must be documented in the TPRIM and implemented;
- The incident must be reported to the NUM or AHNM, Registrar and Consultant Psychiatrist as soon as practicable and documented in the end of shift report;
- The NUM or AHNM must inform the DDoN of this type of incident and the DDoN must communicate this information to the DNS and Clinical Director as soon as practicable;
- An *Incident Management System* (IMS+) report must be logged within 24 hours; and
- The Registrar should refer the patient to the Network PSH Clinician for review within 24 hours.

3.3 Sexual Assault

[GL2013_012](#) *Sexual Safety of Mental Health Consumers Guideline* states that sexual assault occurs when:

- a person is forced, coerced or tricked into sexual acts against their will or without their consent:
or
- a child or young person under 16 years of age is exposed to sexual activities: or
- a young person over 16 and under 18 years of age is exposed to sexual activities by a person with whom they have a relationship of 'special care' e.g. step-parent, guardian, foster parent, health practitioner, employer, teacher, coach, priest, etc.

However, the capacity of the person to consent needs also to be considered. If the patient is an adult then sexual assault also occurs when the person does not have capacity to consent.

Alleged sexual assaults are managed according to the timeframe during which the assault has occurred. The Network CNC Sexual Health/Hepatitis or Population Health delegate will provide FH clinicians with information relating to the specific management strategies. Please also refer to [Sexual Assault pathway](#), or Appendix 2.

It is not the role of Network staff to ascertain the validity of the allegation from the patient; this is the role of NSW Police Force and the Courts. Sexual Assault Services (SAS) will provide the patient with the relevant information regarding the legal process and ensure they have been given the opportunity to discuss and consider all options and possible implications. Network staff do have a role in being non-judgemental, sensitive, responsive, professional and respectful of the patients sexual assault allegation.

3.3.1 Sexual Assault Allegation Management

Where a patient has alleged, including historical allegations, that they have been sexually assaulted the following must occur:

1. The patient's health and safety must be considered at all times.
2. The patient must be provided with a safe environment to ensure no further contact with the alleged perpetrator.
3. The staff member(s) initially responding to the patient's allegation of sexual assault must inform the NUM/NiC or AHNM immediately.
4. If the patient has significant injuries that require treatment at an Emergency Department, staff must arrange emergency transfer to hospital in accord with FH Procedure Medical Emergencies.
5. The staff member must record the patient's account of the alleged assault using the patient's own words wherever possible in the patient's health record.
6. The NUM/AHNM must notify FH Senior managers and Executive team within **one hour** of the incident via SMS alert to 'incident escalation' and email to JHFMHN-FH-IncidentNotification@health.nsw.gov.au. Information must include:
 - Unit;
 - Date;
 - Time;
 - Patient Name;
 - Staff Name;
 - Brief description of the incident;
 - Harm or injury sustained; and
 - Immediate Response.
7. The NiC must ensure that a Consultant Psychiatrist or Psychiatry Registrar reviews the patient as soon as practicable (The patient **must** be reviewed by a Consultant Psychiatrist within **24 hours** if it is not the Consultant that carries out this initial assessment).
8. The patient must be offered a suitable support person during all assessment and examinations.
9. During any sexual assault assessment(s), at least one staff member must be of the same gender as the patient and where ever possible all members should be the preferred gender. Where the patient identifies as Aboriginal or Torres Strait Islander an Aboriginal Mental Health Professional should be offered to the patient to attend this assessment, where culturally appropriate.
10. The Medical Officer (MO) must:
 - Acknowledge the patient's experience and explore strategies to support the patient through this process;
 - Provide the patient with the opportunity to tell them about the alleged sexual assault;

- Gently encourage the patient to provide the MO with the alleged perpetrator's name, when and where the assault or harassment took place and any injuries and/or concerns that may need medical attention;
 - Conduct a physical and mental health assessment;
 - Offer specialised Sexual Assault Services (SAS), Sexual Assault Service Royal Prince Alfred Hospital. The MO must contact this service 9515 9040, Mon – Fri 9am – 5pm and 9515 6111, after hours to discuss the alleged sexual assault. For patients under 16, Randwick Child Protection Unit at Sydney Childrens Hospital can be contacted on 9382 1412;
 - Consider the need for post coital contraception post exposure prophylaxis (PEP). PEP must be commenced within 72 hours of the assault. Hepatitis B vaccination must also be given if immunity cannot be confirmed. If the patient refuses to go to hospital, contact CNC Sexual Health/ Hepatitis or AHNM as a script for PEP can be organised through Sydney Sexual Health;
 - Assess the patient's capacity to:
 - Understand the process of reporting an allegation to NSW Police Force;
 - Communicate and understand information
 - Effectively understand and exercise their rights;
 - Attend a NSW Police Force interview; and
 - Cooperate with an investigation.
 - Document the following in the patient's health record:
 - Nature, time and location of the alleged assault, any witnesses and the patient's account;
 - The patient's mental state, the effects of the sexual assault and immediate management strategies;
 - The support available, offered and provided to the patient;
 - The assessment of the patient's capacity;
 - Documentation of the IMS+ report;
 - The actions taken so far.
11. If the alleged sexual assault has occurred in the last seven (7) days, staff must immediately secure any evidence related to the sexual assault pending NSW Police Force involvement. This involves:
- Keeping any linen or clothes that the patient wore during the alleged sexual assault; this clothing should be placed in a paper bag **by the patient** (not the staff member); and
 - Securing the location of the alleged assault wherever possible and making sure the area is not cleaned until the appropriate approval has been given.
12. The MO and NiC must provide the NUM/AHNM with a detailed handover after initially assessing the patient.

13. Where the patient has agreed to SAS (where a patient initially declines the offer of SAS, this service must be re-offered within the next 48hours), the patient's allocated nurse must complete the following:
 - Advise the patient not to wash their body or clothing until forensic evidence can be gathered; if they need to go to the toilet advise the patient not to wipe afterwards and if the assault has been oral, advise not to drink. Patient comfort should remain the highest priority. If the patient cannot comply with this, do not enforce;
 - Advise the patient that physical forensic evidence can only be collected by a trained MO or Sexual Assault Nurse Examiner (SANE) using a sexual assault investigation kit (SAIK). This may be collected even if the patient does not wish to press charges as they may reconsider at a later date and the evidence can be stored;
 - Contact the SAS - Sexual Assault Service Royal Prince Alfred Hospital, 9515 9040 (Mon – Fri, 9am – 5pm) or 9515 6111 (After hours);
 - Seek advice about when the patient can attend the SAS according to local procedures;
 - Inform the local SAS of the patient's sexual assault allegation, mental state, brief overview of FH escorting processes and any security risks; and
 - Complete form [JUS200.301](#) *Referral to Emergency Department Following an Allegation of Sexual Assault* to ensure that the patient is appropriately assessed.
14. The NUM/AHNM must follow the *Incident Escalation to Senior Managers and Executive-Forensic Hospital* [Flow chart](#) within 24 hours.
15. The Executive Director Clinical Operations (EDCO) informs the Chief Executive (CE).
16. The CE or delegate must report any allegations of sexual assault to the Secretary NSW Health.
17. The patient's allocated nurse must inform the Network CNC Sexual Health/Hepatitis or Population Health delegate to discuss management strategies.
18. The AHNM/DDoN or Manager Security and Fire Safety (MSFS) must notify the NSW Police Force of the alleged Sexual Assault within 24 hours. NSW Police Force Eastern Beaches Local Area Command: Maroubra Police Station - 9349 9299, Supervisor - 9349 9276 (only if Station Officer unable to assist) or Duty Officer - 9349 9257. An exception to this is if the patient is under 16 years old, in which case mandatory reporting will initiate a police report (see point 21 below).
19. Network staff may be requested by NSW Police Force to provide a statement, in the first instance staff must first consult with their line manager. A legal officer from the Network Clinical and Corporate Governance Unit or the Forensic Legal Advisor, as available, should be consulted with by the line manager as required.
20. The NUM/AHNM/DDoN or delegate must be present when FH clinical staff are providing NSW Police Force with information relating to the sexual assault allegation and ensure they receive and document the event number from NSW Police Force.
21. If the alleged sexual assault involves a Young Person who is a patient within the FH:
 - Mandatory reporting is a legislative requirement for health providers requiring them to report suspected or actual child abuse and neglect to appropriate government authorities. Staff must report an allegation of sexual assault involving an Adolescent to the Child Protection Helpline (13 21 11). The Joint Child Protection Response Program, a tri-agency program, will

coordinate a comprehensive response directed by the mandatory reporting. Any available evidence should also be provided at the time of reporting.

- Sexual Assault Services are available at Randwick Child Protection at Sydney Children's Hospital (9382 1412) for young people under 16 years old. This can include forensic medical assessments and short term well-being counselling.
- In the instance that a sexual assault allegation is against a staff member this must be reported to the NSW Ombudsman (1800 451 524) or via online www.ombo.nsw.gov.au

22. The MO must refer to Network policy [1.066 Management of Patients Exposed to Blood or Bodily Fluids](#) and/or contact a Network Population Health delegate when assessing the patient's risk due to exposure to blood or bodily fluids management.
23. Female patients must be offered pregnancy prophylaxis, depending on the nature of the assault. Follow up pregnancy testing must be organised and highlighted in the patient's TPRIM.
24. The NiC must ensure an IMS+ is completed as soon practicable and part of the initial response.
25. The DDoN must ensure that the Clinical and Corporate Governance Unit is notified as soon as practicable.
26. A RIB must be completed in accordance with Policy 2.030 Incident Management.
27. Where consent has been gained by from the patient the MO or delegated staff member must inform the designated carer and/or principal care provider of the alleged sexual assault within 24 hours. For Young Persons under 16 the designated carer and /or principal care provider must be contacted. Attempts and actual contact must be documented in the patient's health record. If the allegation is against the designated carer/principal care provider advice should be sought by Police NSW prior to contact and the MDT and the patient should discuss alternative designated carers.
28. The MDT must ensure ongoing sexual assault counselling is provided to the patient either through SAS or a qualified member of staff.
29. The DDON will allocate a team to investigate the incident.
30. Once the investigation has been completed the investigation must be forwarded to the DDoN for review, once endorsed this will be forwarded to the DNS.
31. The DNS will then forward the endorsed Investigation to the Co-DFMH, who will then forward to the Director of Workforce, EDCO and CE.
32. The DNS must ensure the open disclosure in response to the incident is conducted, in accordance with the National Open Disclosure Standard (Australian Commission for Safety and Quality in Health Care). Open disclosure is coordinated by the Clinical and Corporate Governance Unit. Trained open disclosure advisors support the formal open disclosure.

3.3.2 Sexual Assault Management - Patient is the Alleged Perpetrator

Where a patient is the alleged perpetrator of a sexual assault the following must occur:

1. Staff must ensure that the patient cannot come into contact with the victim. The patient must be moved to a separate area of the unit or moved to an appropriate unit or area.
2. The NiC must ensure a Consultant Psychiatrist or Psychiatry Registrar reviews the patient as soon as practicable (**Please note** - the patient **must** be reviewed by a Consultant Psychiatrist within 24 hours if not done during this initial assessment).

3. The MO must complete a thorough risk assessment to determine the risk the patient poses to others or self, this must include screening for Blood Borne Viruses and Sexually Transmissible diseases.
4. The identified sexual offending risk factors and management strategies must be documented in the patient's health record, TPRIM and verbally handed over at clinical handovers and MDT Meeting.
5. The MDT must ensure, as far as possible, that the patient's bedroom allocation is close to the staff station where increased observation can be easily maintained.
6. The MDT must review the patient's observation level to ensure safety.
7. All ground access leave or group attendance must be suspended until further review can be completed.

3.3.3 Sexual Assault Management - Staff Member is the Alleged Perpetrator

In addition to the guidance in section [3.3.1](#), the following must occur if a patient alleges that a staff member is the perpetrator:

1. The staff member's line manager within office hours and the AHNM, after hours must complete an immediate risk assessment to determine whether there is a risk to the patient or staff member and whether the staff member is required to be relocated to another unit/facility, supervision required or suspension of employment.
2. A *Management of a Complaint or Concern about a Clinician* (MCCC) committee must be convened.
3. The MCCC committee will determine the actions required, including whether an entry on the NSW Health Service Check Register is required.

3.3.4 Sexual Assault Management - Visitor is the Alleged Perpetrator

In addition to the guidance in section [3.3.1](#) the following must occur if a patient alleges that a visitor is the alleged perpetrator:

1. The MDT must support the patient to make a decision ([capacity](#) must be assessed) in relation to the visitor having further access to the patient. This may include an Apprehended Violence Order (AVO) for the patient, the visitor being banned or their visiting rights suspended from the FH.

3.3.5 Sexual Assault Management - Patient has Allegedly Assaulted a Staff member

1. Where a staff member alleges that they have been sexually assaulted by a patient, the NUM/DDON/AHNM/Line Manager must provide the staff member with psychological first aid and offer SAS. Staff must be offered a support person.
2. The NUM/DDON/AHNM/Line Manager must provide support and if the staff member consents, organise for the staff member to attend SAS of their choosing.
3. Taking into consideration the wishes and safety of the staff member, robust support and practical management strategies must be offered and explored prior to the staff member being able to leave the care of the NUM/DDON/AHNM/Line Manager.
4. The NUM/AHNM/Line Manager must inform the DDON immediately of the alleged sexual assault and reporting processes outlined in section [3.3.1](#) must be followed.
5. The NUM/AHNM or DDON must notify the NSW Police Force of the alleged sexual assault.

3.4 Staff Support

Staff who have been involved in the care of a victim of a sexual assault or sexual health assessment processes can access one or more of the following avenues for debriefing:

- NUM
- AHNM
- DNS
- CDFH
- Manager Allied Health
- CNC Sexual Health/Hepatitis
- Clinical Supervisor
- Vicarious Trauma Supervision
- Employee Assistance Program

4. Definitions

Capacity

If a health professional has doubts or concerns about whether their patient has capacity to make a particular decision, then a capacity assessment may be needed. A health professional may query whether that person has the capacity to understand sexual safety principles, consent and sexual assault processes.

Consensual sexual activity

Sexual activity performed with the informed consent of all parties involved where all parties are 16 years of age or over.

Intersex

An intersex person is a person who has physical, hormonal or genetic features that are:

- Neither wholly female nor wholly male
- A combination of female and male
- Neither female nor male

An intersex person must be treated as a member of the gender with which they identify.

Masturbation

The stimulation or manipulation of one's own genitals; sexual self-gratification.

Must

Indicates a mandatory action required to be complied with.

Non-binary

A non-binary person does not identify as exclusively male or female

Non-consensual sexual activity

Sexual activity without the consent of all parties involved that does not meet the requirements of “consensual sexual activity”

Should

Indicates a recommended action to be followed unless there are sound reasons for taking a different course of action.

Sexual behaviour

A person's sexual practices - any activity—solitary, between two persons, or in a group—that induces sexual arousal

Sexual health

Sexual health is fundamental to the physical and emotional health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, encompasses the rights of all persons to have the knowledge and opportunity to pursue a safe and threat-free sexual life (World Health Organization 2010, p. 1).

Sexual safety

Sexual safety is the “recognition, maintenance, and mutual respect of the physical (including sexual), psychosocial, emotional and spiritual boundaries between people”.

Sexual Vulnerability

Sexual vulnerability refers to the susceptibility of a person or group to sex-related injury, or to any unwanted or undesirable sex-related outcomes. Such sex-related injury includes all forms of sexual abuse, sexual manipulation and domination, forced sex or forced sexual practice, unwanted pregnancy, sexually transmitted diseases, and many other undesired outcomes.

Transgender

A person whose gender identity differs from the sex that was assigned at birth. May be abbreviated to trans. A transgender man is someone with a male gender identity and a female birth assigned sex; a transgender woman is someone with a female gender identity and a male birth assigned sex. A non-transgender person may be referred to as cisgender (cis=same side in Latin).

Vicarious Trauma

Vicarious trauma is the result of chronic and cumulative exposure to traumatic material in their professional role. Traumatic material may include information about the patient’s personal trauma history and substantial detail of a patient’s violent offences, both in written and verbal accounts from the patient.

5. Legislation and Related Documents

Legislation

[Mental Health Act 2007](#)

[Mental Health and Cognitive Impairment Forensic Provisions Act 2020](#)

Network Policies and Procedures

[1.066 Management of Patients Exposed to Blood or Bodily Fluids](#)

[1.078](#) *Care Coordination, Risk Assessment, Planning and Review – Forensic Hospital*

[1.363](#) *Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections*

[5.015](#) *Child Protection*

[5.140](#) *Sexual Assault Management*

[Sexual Assault pathway](#)

FH Procedure [Medical Emergencies - Management](#)

FH Procedure [Physical Health Assessment and Care](#)

Network Forms	JUS200.301 <i>Referral to Emergency Department Following an Allegation of Sexual Assault</i>
NSW Health Policy Directives and Guidelines	<p>GL2013_012 <i>Sexual Safety of Mental Health Consumers Guidelines</i></p> <p>PD2005_287 <i>Victims' Rights Act 1996</i></p> <p>PD2013_007 <i>Child Wellbeing and Child Protection Policies and Procedures for NSW Health</i></p> <p>PD2013_038 <i>Sexual Safety - Responsibilities and Minimum Requirements for Mental Health Services</i></p>
Others	WHO (2006a). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002. Geneva, World Health Organization

Appendix 1

Sexual Safety Standards of Behaviour for the Forensic Hospital

The Forensic Hospital aims to be a safe place for all patients. Feeling safe is an important part of recovery. Being safe means being free from unwanted sexual advances, sexual harassment and sexual assault

To promote safety and recovery in the Forensic Hospital we ask all patients to adhere to the following standards of behaviour in relation to sexual safety.

Standard 1 I will respect myself.

Standard 2 I will treat others with respect and dignity, including patients and staff.

Standard 3 I will not engage in any sexual activity with another person while an inpatient in the Forensic Hospital.

Standard 4 I will not try to talk someone else into engaging in sexual activity, or harass another person sexually.

Standard 5 I will try to be aware of how my behaviour makes others feel, and change my behaviour if someone tells me it makes them uncomfortable.

Standard 6 I respect the rights of others to space and privacy to fulfil their sexual needs.

Standard 7 I understand that fulfilling my own sexual needs must be conducted privately without involving others.

Standard 8 I will speak up if I have been hurt, harassed or assaulted either physically or sexually.

Standard 9 I will speak up if I see or hear about someone else being hurt, harassed or assaulted either physically or sexually.

Appendix 2 – Sexual Safety Incident Response, Reporting and Documentation Table			
Sexual Safety Incident Type	Response	Reporting	Documentation
Victim - Patient	<ol style="list-style-type: none"> 1. Acknowledge the patient's experience 2. Establish and maintain the patient's health and safety 3. MO to review patient (reviewed by a Consultant Psychiatrist within 24 hours if not done during this initial assessment) 4. Explore the disclosure 5. Secure evidence 6. Offer and explain Sexual assault Services (SAS) 7. Organise transfer to SAS (where appropriate) 8. Conduct a physical and mental health assessment 9. Consider capacity to make informed decisions 10. Assess and consider post exposure to blood and bodily fluids and prophylaxis 	<ol style="list-style-type: none"> 1. Inform the NiC/NUM 2. NUM to inform the DDON 3. DDON to inform the DNS & CD 4. DNS to inform CD-FMH-Ops via Brief 5. CD-FMH to inform EDCO and CE 6. DDON to notify Clinical & Corporate Governance Unit 7. CE or delegate to inform Secretary NSW Health 8. Notify NSW Police Force 9. MDT member to inform Designated Carer and/or Principal Care Provider 10. Open Disclosure where appropriate 11. Provide Clinical handover Adolescent Patient only: 12. Report to Child Protection Helpline 13. NSW Ombudsman 	<ol style="list-style-type: none"> 1. Health record 2. TPRIM 3. IMS+ 4. RIB 5. Incident notification Form 6. End of Shift Report 7. AHNM Shift Report 8. NSW Ombudsman Notification form Part A
Perpetrator - Patient	<ol style="list-style-type: none"> 1. Establish and maintain the patient's and other patient's health and safety 2. Assess risk to others 3. Assess risk of Sexually Transmissible Diseases 4. Consider bedroom allocation 5. Consider patient's observation level 6. Suspend ground access and group attendance 	As per reporting requirements above	As per documentation requirements above
Perpetrator - Staff Member	<ol style="list-style-type: none"> 1. Consider relocation of unit/facility or suspension of employment 2. Offer supervision/EAP 3. Commence Management of a Complaint or Concern about a Clinician (MCCC) process 	As per reporting requirements points 1 – 8 Brief to MCCC Adolescent Patient only: NSW Ombudsman	<ol style="list-style-type: none"> 1. RIB 2. Incident notification Form 3. Provide information to the MCCC Committee
Victim - Staff Member	<ol style="list-style-type: none"> 1. Acknowledge the staff members experience Establish and maintain the staff members health and safety 2. Offer and explain Sexual assault Services (SAS) 3. Organise transfer to SAS or home 4. Offer continued support and EAP 	As per reporting requirements points 1 – 8 Brief to MCCC	<ol style="list-style-type: none"> 1. RIB 2. Incident notification Form 3. IMS+