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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

Issue Date 3 September 2019

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 (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.

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).

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 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 & Management (CRAM) framework to document and manage identified risk factors. Clinicians may use a variety of assessment methods to assess this risk; including clinical, actuarial and structured professional judgment risk assessment for sexual harm. Refer to Justice Health and Forensic Mental Health Network (the Network) policy 1.078 *Care Coordination, Risk Assessment, 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 their sexual safety;
- appropriate action from clinical staff to prevent and respond to sexual safety incidents;
- implementation and promotion by clinical staff of 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 standards and these have been discussed with all patients;
- a physical environment that 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 & Responsibilities

Director of Nursing & 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; and
- Reporting sexual health and safety issues to the DNS.

FH Manager Practice Development & Education is responsible for:

- Providing mandatory sexual safety education to staff.

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 & Management (CRAM) framework to assess a patient's sexual vulnerability 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, have current risk for re-offending or sexual harm and documenting strategies in the patient's TPRIM addressing 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; and
- Ensuring that patients are appropriately transferred to the partnering Local Health Districts (LHD). 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;
- Complete 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 completion of mandatory sexual safety education;
- Ensuring patients are screened for blood borne viruses and sexually transmissible diseases and followed up accordingly;
- Ensuring their 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, 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 FH Population & Sexual Health Nurse (FH PSHN) or Psychiatry Registrar must gain consent prior to completing a basic sexual health assessment during the Population Health Early Detection assessment process. Where the patient does not provide consent the assessment must not be completed. The MDT must ensure a comprehensive sexual health assessment is completed on admission and as clinically indicated by the MDT.

A sexual health assessment must be documented in the patient's health record with any highlighted issues handed over to the MDT and highlighted in the patient's TPRIM and Care Plan. Another 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 same gender as 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.

A sexual health assessment for **female** patients may include:

- Menstruation history
- Pap Smear history
- Breast Examination History
- Obstetric history
- Gynaecological history
- Contraception history
- Sexual contact history
- History of sexually transmissible infections (STI)
- History of sexual dysfunction
- Abdominal, vaginal and pelvic examination
- History of sexual vulnerability

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

A sexual health assessment for **male** patients may include:

- Sexual contact history
- History of sexually transmissible infections (STI)
- History of sexual dysfunction
- History of prostatic enlargement
- History of sexual vulnerability

3.2 Sexual Behaviour

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 gender sensitive practices must be considered to ensure the health and safety of all patients, these could include establishing female/male areas with clear signage, ensuring bedrooms are locked at all times and/or increasing patient observation levels or increased vigilance in the patient areas at all times.

Masturbation in a private space (bedroom/bathroom) is considered an ordinary expression of an individual's patients 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 Planning and Review*. Previous sexual assaults and current disinhibited or overtly sexual behaviour must be considered throughout clinical assessment and review.

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

- Sexual vulnerability, risk factors and management strategies must be documented in the patient's health record and TPRIM;
- The identified sexual vulnerability 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;
  - decreased *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 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 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 a domestic violence history.

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; and
- The patient must not have any contact (via telephone, by visitation or written correspondence) with the victim of the patient's sexual offending behaviours until further assessment and the MDT contact the victim where appropriate.

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 as soon as practicable;
- An *Incident Information Management System* (IIMS) report must be logged within 24 hours; and

- The Registrar should refer the patient to the PSHN or 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 is not mentally competent 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 the *Pathway for Responding to Allegations of Sexual Assault.*

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 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 staff member(s) initially responding to the patient's allegation of sexual assault must inform the NUM/NiC or AHNM immediately.
3. 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.
4. The staff member must record the patient's account of the alleged assault using the patient's own words and clear descriptions of behaviours wherever possible in the patient's health record.
5. 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).
6. The patient must be offered a suitable support person during all assessment and examinations.

7. 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 same 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.
8. 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;
   - 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 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;
   - 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;
     - Process and communicate information and effectively 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 patient's assessment of capacity;
     - Documentation of the IIMs report;
     - The actions taken so far.
9. The patient must be provided with a safe environment to ensure no further contact with the alleged perpetrator.
10. 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 (within the crime scene tool box) **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.

11. The MO and NiC must provide the NUM/AHNM with a detailed handover after initially assessing the patient.
12. 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.
13. The NUM/AHNM must inform the DDoN immediately of the alleged sexual assault; the DDoN then informs the DNS and the Clinical Director Forensic & Long Bay Hospitals (CDFLBH) within 24 hours.
14. The DNS in turn informs the Co-Director Forensic Mental Health (Co-DFMH), who then informs the Executive Director Clinical Operations (EDCO) and Chief Executive (CE).
15. The CE or delegate must report any allegations of sexual assault to the Secretary NSW Health.
16. The patient's allocated nurse must inform the Network CNC Sexual Health/Hepatitis or Population Health delegate to discuss management strategies.
17. The AHNM/DDoN or Manager Security & 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.
18. 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. The 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.

19. 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.
20. 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 36 27) or online at http://sdm.community.nsw.gov.au/mrg
    - In the instance that a sexual assault allegation is against a staff member this must be reported to the NSW Ombudsman (02 9286 0904) or via online www.ombo.nsw.gov.au
21. 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.
22. 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.
23. The NiC must ensure an IIMS is completed as soon practicable and part of the initial response.
24. The DDoN must ensure that the Clinical and Corporate Governance Unit is notified as soon as practicable.
25. A RIB must be completed in accordance with Policy 2.030 *Incident Management* 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. Attempts and actual contact must be documented in the patient's health record.
26. The NUM/AHNM must complete an Incident Notification Form within 24 hours of the incident.
27. The MDT must ensure ongoing sexual assault counselling is provided to the patient either through SAS or a qualified member of staff.
28. The *Incident Notification Form* must be forwarded to the FH Incident Notification Distribution List FH-Incident-Notification@justicehealth.nsw.gov.au
29. The DDON will allocate a team to investigate the incident and complete a *FH Incident Investigation form*.
30. Once the investigation has been completed the *FH Incident Investigation form* 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 *Forensic Hospital Incident Investigation form* 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 & 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 consider increasing 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
- CDFLBH
- 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. This applies equally to situations where the patient has a mental illness. 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.

Masturbation

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

Must

Indicates a mandatory action required to be complied with.

Non-consensual sexual activity

Sexual activity person 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.

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 (Forensic Provisions) Act 1990*
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* *Pathway for Responding to Allegations of Sexual Assault*

	FH Procedure Medical Emergencies *FH Procedure Physical Health Assessment and Care of Mental Health Patients in the Forensic Hospital*
Network Forms	JUS200.301 *Referral to Emergency Department Following an Allegation of Sexual Assault*
NSW Health Policy Directives and Guidelines	GL2013_012 *Sexual Safety of Mental Health Consumers Guidelines* PD2005_287 *Victims' Rights Act 1996* PD2013_007 *Child Wellbeing and Child Protection Policies and Procedures for NSW Health* PD2013_038 *Sexual Safety - Responsibilities and Minimum Requirements for Mental Health Services*
Others	WHO (2006a). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002. Geneva,World Health Organization

Appendix 1

Promoting Recovery and Sexual Safety in the Forensic Hospital. Sexual Safety Standards of Behaviour for the Forensic Hospital

The Forensic Hospital strives to be a safe place for all consumers to recover from mental illness. We acknowledge that while everyone has sexual needs all consumers in the Forensic Hospital are potentially vulnerable and need to be able to recover in a safe environment free from unwanted sexual advances, sexual harassment and sexual assault.

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

Standard 1 I respect myself.

Standard 2 I treat others with respect, dignity and courtesy.

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

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

Standard 5 I try to be aware of how my behaviour makes others feel, and will change my behaviour if someone tells me it makes them uncomfortable, or I will ask for help with this if I need to.

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

Standard 7 I understand that fulfilling my own sexual needs through masturbation must be conducted privately and discreetly.

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

Standard 9 I 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 & Documentation Table			
Sexual Safety Incident Type	Response	Reporting	Documentation
Victim - Patient	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	1. Inform the NiC/NUM 2. NUM to inform the DDON 3. DDON to inform the DNS & CD 4. DNS to inform CD-FMH 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	1. Health record 2. TPRIM 3. IMMS 4. RIB 5. Incident notification Form 6. End of Shift Report 7. AHNM Shift Report 8. NSW Ombudsman Notification form Part A
Perpetrator - Patient	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	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 **Adolescent Patient only:** NSW Ombudsman	1. RIB 2. Incident notification Form 3. Provide information to the MCCC Committee
Victim - Staff Member	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	1. RIB 2. Incident notification Form 3. IIMS