

MENTAL HEALTH SERVICE PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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| FUNCTIONAL GROUP(S) | Mental Health |
| KEY TERMS | Sexual, safety, mental health, consumers |
| SUMMARY | This document outlines the procedures to be followed to ensure that the sexual safety of mental health consumers is maintained, including how to prevent sexual safety incidents and how to respond to and report sexual safety incidents in mental health settings across SESLHD. This procedure is effectively coordinated in alignment with the National Safety and Quality Health Service Standards (NSQHS) |

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS) ensures that the sexual safety of mental health consumers in acute inpatient, non-acute inpatient, rehabilitation and community settings is upheld, consistent with the [NSW Health Policy Directive PD2013_038 Sexual Safety – Responsibilities and Minimum Requirements for Mental Health Services](#), the [NSW Health Guideline GL2013_012 Sexual Safety of Mental Health Consumers](#) and the [National Standards for Mental Health Services 2010](#).

2. BACKGROUND

Sexual safety refers to the recognition, respect and maintenance of an individual's physical (including sexual), psychological, emotional and spiritual boundaries when interacting with others. The sexual safety of mental health consumers is particularly important given their psychological vulnerability. Mental health consumers are exposed to various potential risks relating to their own behaviour as a result of their mental illness, the behaviour of other consumers, or sexual safety risks arising from their care or treatment. Exposure to these risks, especially when acutely unwell, increases their susceptibility to sexual assault and sexual harassment.

2.1 DEFINITIONS

The following definition is relevant to this procedure:

Historical sexual assault is a term used to describe a sexual assault that has occurred in the past (*distant / years or recent / months*).

There are various types of behaviour that can be considered a violation of one's sexual safety in the mental health service setting. Refer to 'definitions' under [PD2013_038 Sexual Safety – Responsibilities and Minimum Requirements for Mental Health Services](#) and [GL2013_012 Sexual Safety of Mental Health Consumers](#)

All conduct must be supportive of and aligned with the with NSQHS (second edition):

- Standard 1 - Clinical Governance, Diversity and High Risk Groups, 1.15
- Standard 1 - Clinical Governance, Safe Environment, 1.30
- Standard 2 - Consumer Partnership, Healthcare rights, 2.3
- Standard 5 - Comprehensive Care, Minimising Harm, Predicting, preventing and managing aggression and violence, 5.33 and 5.34

3. RESPONSIBILITIES

All levels of staff must:

- Respect the rights of consumers and account for an individual's cultural background, gender, sexual orientation and personal experiences. Communicate clear information and advice to consumers including existing sexual safety standards, support services for victims and how to manage sexual health issues (e.g. safe sex practices and contraception).

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- Read the information provided to them about sexual safety within the mental health service and ask questions to support their understanding (where necessary).
- Respond in a supportive, non-judgmental, compassionate and understanding manner when a sexual safety incident has been disclosed, organising prompt treatment and explaining the options available to the complainant. The complainant's desired option must always be respected unless this action contravenes any existing legislative obligations.
- Adhere to the sexual safety standards that define appropriate behaviour for the service setting.
- Implement and monitor compliance with Sexual Safety Guidelines to maintain the sexual safety of consumers, staff, visitors, family and carers who have contact with the MHS, including conducting a clinical review/sentinel event review of every sexual safety incident.
- Ensure that consumers are protected from further contact with the alleged perpetrator, regardless of whether this person is a member of staff, another consumer, a relative of the consumer, a friend, carer, or a casual visitor.
- Ensure that consumers are aware that they do not have to/are free from pressure to engage in sexual activity with anyone, including their partner or spouse, and may decline at any time.

4. PROCEDURE**How to Ensure Sexual Safety and Prevent Sexual Safety Incidents****4.1 Foster a Culture that Supports Sexual Safety**

- Establish and maintain a transparent and trustworthy environment for mental health consumers to feel sexually safe.
- Establish and maintain a culture that supports free flowing communication and encourages consumers to report a sexual safety incident.
- Train and educate staff to build a culture that upholds and supports the sexual safety of all people, including a consumer's family and/or carer as they are an integral part of the care team.
- Empower consumers in the decision-making process and activities through active participation in mental health service education.
- Advise consumers on the complaints process, their rights and responsibilities within the service, and provide access to sexual education programs, resources in community languages, interpreters and Aboriginal Liaison staff.
- Train all frontline mental health staff and managers in managing sexual safety, including gender sensitivity, cultural sensitivity and trauma informed care principles.
- Offer education to consumers on matters relevant to the environment they are in, such as building individual social skills to develop and maintain relationships, sexuality education and sexual health education, and cultivating and maintaining respectful ethical relationships.

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- Display posters, pamphlets and brochures in accessible high traffic areas along with regular communication to promote sexual safety within the service.
- Collaborate with other relevant stakeholders e.g. families and carers, General Practitioners (GPs), the [NSW Ministry of Health Sexual Assault Services](#), and the NSW Police Force for effective education and promotion, and to respond appropriately to a sexual safety incident.

4.2 Prevent a Sexual Safety Incident

- Mental health consumers are particularly vulnerable to being sexually assaulted or harassed due to the nature of their illness.
- An assessment of the specific risk factors that increase the consumer's vulnerability should be undertaken on and throughout the consumer's admission and contact with the service.
- The assessment must be documented with an action plan for inpatients, communicated to all staff and which specifies how the vulnerabilities and risks identified will be managed and mitigated.
- Risk factors increasing sexual safety vulnerability must be included in all screening processes (see [APPENDIX A: Sexual Assault History Screening Process](#)). Assessment of vulnerability will also include:
 - A history of being a sexual assault victim
 - Gender (females are at higher risk)
 - Sedation from effects of medication
 - Having an intellectual disability
 - Impaired communication skills (e.g. limited competency in English)
 - Having Aboriginal or Torres Strait Islander heritage
 - History of trauma
 - If the person discloses they were a perpetrator as well as a sexual assault victim.
- Where a consumer is assessed as being at acute risk because of disinhibition, immediate measures should be taken to ensure safety. Timeliness is of the essence as even short delays in providing appropriate care may result in an adverse incident (see [APPENDIX B: Managing Disinhibited Behaviour](#)).
- It is essential that staff who have undertaken appropriate training as per [NSW Health Policy Directive PD2020_006 - Responding to Sexual Assault \(adult and child\) Policy and Procedures](#) conduct the documentation of sexual assault history, respond to disclosures, and engage in consumer assessments to provide safe and coordinated patient care.
- Mental health service staff must also recognise gender differences within their care provision, and be gender sensitive to women, gay, bisexual or transgender consumers who may have increased vulnerability to sexual victimisation. An audit should be carried out annually to assess the current level of gender sensitivity within the service to determine priorities for action.
- Mental health service managers must also distribute information to staff and consumers on trends and situations where an offender may attack another person or play on vulnerabilities to coerce somebody into performing sexual acts.

How to Respond to a Sexual Safety Incident and How to Report It**4.3 Responding to Disclosure of a Sexual Safety Incident**

- The disclosure should be **acknowledged and affirmed** so that the alleged victim feels heard, believed and treated as legitimate. Staff need to act sensitively, showing compassion, understanding and reserving judgment promptly after the disclosure.
- The consumer who has disclosed the sexual assault should be immediately taken to a safe and private area.
- Staff should **explore the disclosure** by allowing the consumer to describe the incident in their own words, asking open questions, and once the consumer is ready, ask them the identity of the alleged offender, where the incident happened, and if there are any injuries or medical concerns requiring attention. Refer to Appendix C [Responding to a Disclosure of a Sexual Safety Incident - Checklist](#).
- An assessment of the consumer's clinical mental state must be made by the Consultant Psychiatrist (where not involved in the allegation) within 24 hours for an acute inpatient setting and within 48 hours for all other settings.
- Additional support to be sought from local Sexual Assault Service, where required. Note: Sexual Assault Counselling staff can provide support and guidance on how to speak to the consumer.
- For a **historical** sexual assault disclosure, the treating team need to be aware and team leader informed as soon as practical.
- For a **historical** sexual assault disclosure where a staff member is involved, the matter should be escalated to the Operations Manager and Service Director or treating Consultant Psychiatrist as soon as practical.
- A **safe environment must be immediately established and maintained**, assessing whether the consumer is in current danger and whether special accommodations need to be made to make the consumer feel safe. The complainant should only be moved from the facility if specifically requested or if extenuating circumstances require it. Refer to [Section 4.6: Recording of Disclosure](#) for accurate documentation. Do not inform the perpetrator before arrival of NSW Police.
- Any **evidence** that may be used in a forensic investigation must be secured, including clothing worn by the consumer at the time of the assault.
 - All items should be stored in separate clean bags
 - Evidence is only handled by the consumer
 - If it is necessary for staff to handle this material gloves should be worn
 - The location of the alleged assault should if possible be preserved
 - Staff must contact and follow the direction of the Sexual Assault Service in regard to evidence preservation.
- It is important to **provide the consumer with advice**, informing them of the **options** so they can decide how they want to proceed. The consumer's wishes must be respected unless legislatively prohibited or, they lack the capacity to make an informed decision.
- The incident can be reported to the NSW Police at the request of the consumer. The NSW Police need to gather evidence of the assault, which involves a forensic medical examination. In some cases, a Forensic Medical examination may be offered prior to NSW Police involvement.

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- The incident must be recorded in the IMS+.
- Ensure that the Service Director is advised of the incident and contacted regarding any relevant CCTV evidence.
- Access to further medical care, through the local **Sexual Assault Service**, hospital and counselling services can be provided as additional support.

Eastern Suburb MHS (02) 9515 9040**St George MHS (02) 9113 2494****Sutherland MHS (02) 9113 2494**

- It is important to remember a consumer can withdraw from the NSW Police or legal process at any time if the mental health consumer feels unable to proceed with legal action. The [NSW Ministry of Health Sexual Assault Services](#) can store evidence from forensic medical examinations for up to three months while the individual decides whether to proceed with legal action. A Forensic Medical examination can be done without the consumer making a formal statement to NSW Police.
- The victim also has the option not to report the incident to NSW Police and receive a medical assessment and access counselling support.
- The consumer should be encouraged to seek counselling and **immediate medical care** to identify and treat physical injuries and discuss issues such as the risk of infection or pregnancy and risk of HIV.
- An **evaluation of the consumer's capacity** to understand their options and exercise their rights must be made, and decisions which can safely be delayed until the consumer's capacity is restored.

4.4 Sexual Safety incidents involving Mental Health Staff

- Allegations or disclosures of sexual assault against NSW Health staff members must be reported to SESLHD Chief Executive via SESLHD MHS General Manager and to the NSW Police Force or to the Child Protection Helpline (depending on the current age of the victim).
- An immediate risk assessment must be conducted before investigations commence.
- Sexual involvement with a consumer by a MHS staff member breaches professional and ethical boundaries of the [NSW Ministry of Health Policy Directive PD2015_049 - Code of Conduct](#) and may also constitute a sexual offence under various sections of the Crimes Act 1900 (NSW).

4.5 Reporting the Disclosure

A Reportable Incident Brief (RIB) must be submitted via an Internal Briefing to SESLHD Chief Executive, via SESLHD MHS General Manager, using the [SESLHD Internal Briefing to Chief Executive - self-initiated](#).

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- To the Team Leader/Nursing Unit Manager, who must inform the Senior Manager.
- Through the Reportable Incident Brief (RIB) system – RIB must be submitted within 24 hours when:
 - the alleged perpetrator is a staff member; or
 - the consumer who has been assaulted is under 16 years of age; or
 - the consumer who has been assaulted is over 16 but under 17 years of age and is in a care relationships with the alleged perpetrator.
- Through the Root Cause Analysis (RCA) investigation process.

Externally**To the NSW Police Force when:**

- the consumer requests this and an assessment of the consumer's clinical mental state does not preclude this as a relevant step;
- the alleged perpetrator is a staff member; or
- the consumer is under 16 years of age; or
- the consumer is over 16 but under 18 years of age and in a care relationship with the alleged perpetrator; or the consumer does not have the capacity to make an informed decision, and the senior clinician has a duty of care to formally report the assault.

To the Child Protection Helpline (13 36 27) when:

- the consumer is a child under 16 years of age. The Helpline must also be contacted if the consumer is a child at risk of significant harm (which includes when they have had consensual sexual intercourse); or
- the consumer is over 16 but under 17 years of age and in a care relationship with the alleged perpetrator.

4.6 Recording the Disclosure

- The sexual safety incident must be clearly and accurately recorded in the healthcare record of the consumer who has made the allegation and in the healthcare record of the person whom the allegation has been made against (if this person is a MHS consumer), including (where possible) descriptions, wording and accounts of the events according to the consumer.
- Clinician will need to follow [NSW Health PD2023_034 Open Disclosure](#) when communicating with friends, carers and/or a third party.
- Recording of the incident in the ims+ should include a summary of key points with reference to the document location in the consumer's healthcare record for more detailed documentation.

4.6.1 Consumer making the complaint:

- The consumer who has disclosed the incident should (where possible) have specific details of the nature, time and location of the allegation and any witnesses recorded in their healthcare record by staff. Information must also be documented regarding the consumer's mental state at the time of the incident, whether the consumer understands their rights, to whom the incident has been reported, the actions taken, and the options the consumer wishes to pursue.

Consumer Sexual Safety in Mental Health Settings**SESLHDPR/293****4.6.2 Consumer whom the complaint is made against:**

- Specific details – including the time and location of the incident, witnesses, whether the person whom the allegation has been made against has been informed of the allegation, their legal rights, to whom the incident has been reported and the actions taken – should be recorded by staff in the healthcare record of the person whom the allegation has been made against.

4.6.3 Staff member whom the complaint is made against:

- All recorded information is to be recorded by the service's senior Manager and kept separately from the staff member's Human Resources file.
- Specific details must be noted including the time and location of the incident, witnesses, whether the person whom the allegation has been made against has been informed of the allegation and their legal rights, to whom the incident has been reported, when and how it was reported, and the actions taken.
- Details of any investigation, all documentation, the investigation report, any submissions from the staff member, signed and dated file notes of all written and verbal conversations, and all email correspondence must be included in the investigation records.

4.6.4 Subpoenaed Files

- Medical Records staff need to be provided with clear information about the information to be provided if a consumer's file is subpoenaed for legal proceedings in response to a sexual assault investigation. In particular, [Sexual Assault Communications Privilege](#) must be considered.
- The consumer should be referred to the *Sexual Assault Communication Privilege Section* of **Legal Aid** for **free legal advice**. SESLHD MHS has an obligation to their consumers to take steps to protect confidential sexual assault counselling communications from being disclosed where disclosure would harm the consumer. This obligation is most critical where the consumer is a child, or where the disclosure is sought in relation to criminal proceedings and the victim of the assault does not have legal representation. **In these cases, SESLHD may consider obtaining legal representation to challenge the production of documents under the subpoena.**
- In rare and unusual cases where there is considered a **high risk of serious harm** such as, for example, a high likelihood of suicide or self-harm to the consumer if the records are disclosed, SESLHD MHS may consider obtaining legal representation to challenge the production of material in response to the subpoena.

5. AUDIT

The '*Prevention and Response Sexual Safety Checklist – Mental Health Inpatient Unit*' should be used as the audit tool, carried out annually to assess the current level of gender sensitivity within the service, and inform priorities for action.

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This should firstly be submitted to the St George MHS, Sutherland MHS or Eastern Suburbs MHS Clinical Governance Committee, then to the SESLHD MHS Clinical Governance Committee for endorsement.

6. DOCUMENTATION

- IMS+
- Self-Initiated Briefings (where applicable)
- Investigation Reports (where applicable).

7. REFERENCES

NSW Health

- [PD2013_038 - Sexual Safety – Responsibilities and Minimum Requirements for Mental Health Services](#)
- [GL2013_012 - Sexual Safety of Mental Health Consumers](#)
- [PD2020_006 - Responding to Sexual Assault \(adult and child\) Policy and Procedures](#)
- [PD2015_049 - Code of Conduct](#)
- [PD2023_034 Open Disclosure](#)

Others

- [National Safety and Quality Health Service Standards: \(1.15, 1.30, 2.3, 5.33, 5.34\)](#)
- [National Standards for Mental Health Services 2010 Standard 4. Diversity Responsiveness \(4.1\)](#)

8. VERSION AND APPROVAL HISTORY

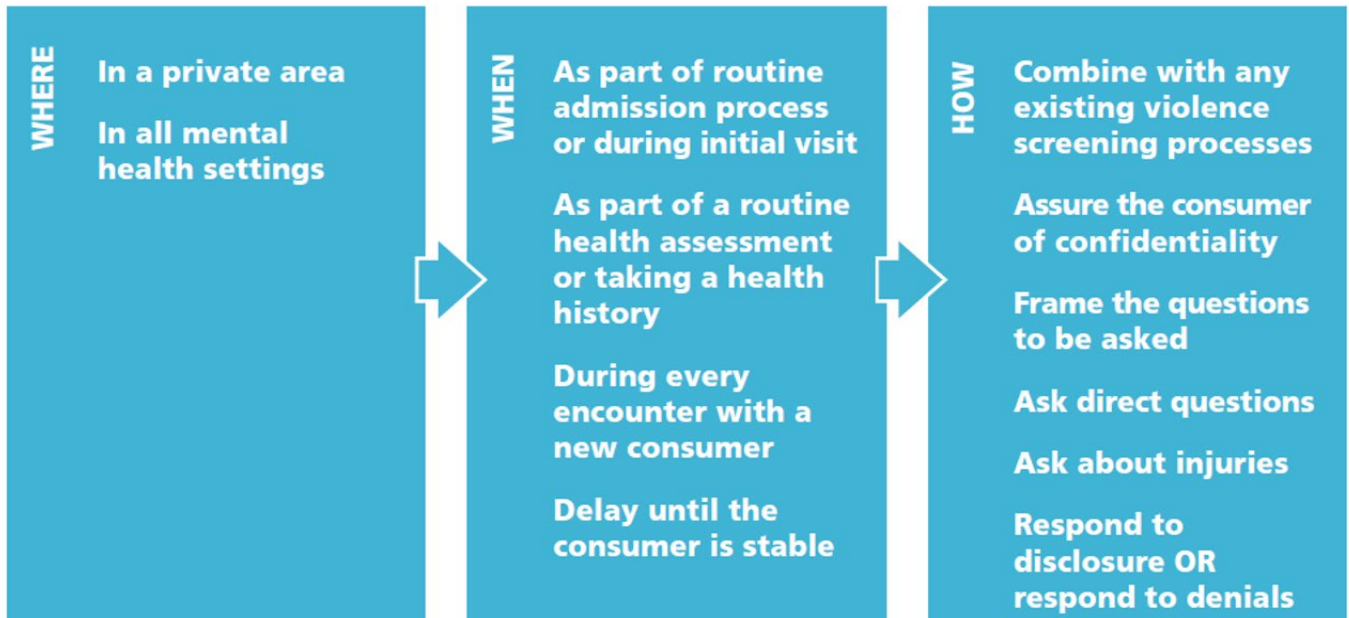
| Date | Version No. | Author and approval notes |
|----------------|-------------|--|
| January 2014 | draft | Endorsed by SESLHD Mental Health Service Clinical Council. |
| July- Aug 2015 | 1 | Initial updates prepared by Victoria Civils-Wood, SESLHD MHS Policy and Document Development Officer. Minor edits in response to feedback by staff and MHS District Document Development and Control Committee. |
| October 2015 | 1 | Document endorsed by Executive Sponsor and MHS Clinical Council. |
| November 2017 | 2v1 | Under review by Professional Head of Social work, ESMHS. |
| March 2018 | 2v2 | Consulted with Sexual Assault Services, RPA. Feedback under review and considered by SESLHD MHS Head of Social Work and District MHS Policy Officer; request for update of flowchart. |
| April 2018 | 2v3 | Amended by District Policy Officer: removed duplicate content, updated structure, language and Appendix D. Disseminated to Workforce Capabilities Educator, ESMHS Clinical Operation Manager, and A/Professional Head of Social Work for review. Flowchart incorporated feedback from Director of Sexual Assault |
| May 2018 | 2v4 | Revised by DDDCC. Consulted Clinical Nurse Manager to amend flowchart to meet service needs. Amended audit from 2 yearly to annually. |

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| June 2018 | 2v5 | Consulted Sexual Assault Service, Nurse Educators. Revised by Clinical Nurse Educator, Angela Karooz. Final reviewed by Clinical Operation Manager; Sharon Carey (TSH) and Gareth Marr (ESMHS). Pending review by SESLHD MHS A/Clinical Director, Dr. Peter Young. |
| July 2018 | 2v6 | Endorsed by DDDCC. Endorsed by MHS Clinical Council with no further amendments. |
| August/ September 2018 | 2 | Major review. Draft for Comment period. No further feedback received. |
| September 2018 | 2 | Processed by Executive Services prior to progression to Clinical and Quality Council. |
| October 2018 | 2 | Approved by Clinical and Quality Council for publishing. |
| December 2021 | v3.0 | Minor review. NSQHS standards updated to second edition, minor changes to wording only. Endorsed Document Development and Control Committee. |
| January 2022 | v3.0 | Endorsed by Executive Sponsor for publication |
| 15 January 2025 | 3.1 | Routine review commenced. All links checked – <i>PD2023_034 Open Disclosure</i> updated. Minor review only as waiting on revised PD from NSW Health. 12 month review period only. Endorsed for publication by Executive Sponsor. |

APPENDIX A: Sexual Assault History Screening Process



APPENDIX B: Managing Disinhibited Behaviour

Talk About Behaviour

- Educate and inform family, friends, staff about the behaviour and strategies to manage it
- Talk to the person about their behaviour and what you expect
- Let them know if the behaviour is not appropriate
- Let them know how the behaviour makes you feel e.g. "I feel uncomfortable when..."
- Let other people know what strategies to use

Provide Feedback About Behaviour

- Provide the person with frequent, direct and clear feedback. Feedback should:
 - Be immediate, direct and early
 - Be concrete and describe the behaviour
 - Give direction and be consistent
 - Not reinforce/encourage behaviour
 - Help the person learn
 - Not be demeaning or humiliating
 - Not impose own values

Manage the Environment

- Try to predict situations where the behaviour is more likely to happen
- Work out strategies ahead of time to cope with the behaviour
- Restrict any opportunity to engage in inappropriate behaviour
- Limit any "at risk" social activities
- Provide cues re behaviour - what the person should/should not do
- Limit the amount of time a person spends in each situation
- Provide alternative activities e.g. small groups vs large groups
- Keep a comfortable distance so the person cannot touch, grab or get too close

Provide Supervision and Structure

- Increase the level of nursing presence and care to help maintain the patient's boundaries and explain the reasons for this
- Supervise any "at risk" situations
- Ensure the patient is adequately clothed
- Counsel patients about their behaviour and remaining safe
- Maintain clinical vigilance to prevent patients acting in ways that are uncharacteristic of them
- Redirect, distract or divert the person or change the activity or task

Plan Ahead

- If a person has a history of severe disinhibited sexual behaviour it is essential that staff plan ahead regarding personal safety
- **Consider** having two persons provide care, or relocate the home visit to a community centre or limit access to certain environments
- **In the person's home**, always visit with another person or make sure someone knows you are there when you visit
- Take a mobile phone with you and carry it at all times
- Have your car keys in your pocket
- Get familiar with the home, so you know where the doors are located
- Keep a comfortable distance e.g. sit across a table, sit close to the door

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APPENDIX C: Responding to a Disclosure of a Sexual Safety Incident – Checklist

| Issue to be considered | | Yes | No | Action Required | Date Action Taken |
|------------------------|---|-----|----|-----------------|-------------------|
| A. | Is the consumer in current danger? | | | | |
| B. | Do special accommodations need to be made to make the consumer feel safe? | | | | |
| C. | Has the Nurse in Charge/Team Leader been informed? | | | | |
| D. | Is this a historical sexual assault? If yes, proceed to Section (X) below | | | | |
| E. | Has the consumer been informed of the following: <ul style="list-style-type: none"> I. That their immediate medical needs are first priority. Forensic medical examination is also important to obtain evidence should they want NSW Police to investigate II. They can have the support of family, friend, key worker or other significant person in any interviews III. They can have access to sexual assault services for counselling, help in completing a NSW Police report or to simply assist them making informed choices or decisions IV. Their right to privacy and confidentiality, within the limits of the legislation, is to be respected at all times V. Their informed decisions are to be respected at every stage of the process VI. It is their decision whether or not to involve the NSW Police and participate in a NSW Police investigation VII. NSW Police are to decide whether or not to proceed with charges and, if the matter goes to court, the consumer may be required to give evidence | | | | |
| F. | Has any evidence related to the assault been secured? | | | | |
| G. | Does the consumer want a member of their family or their carer informed? | | | | |
| H. | Does the consumer want to report the assault to the NSW Police? | | | | |
| I. | Does the consumer want to talk to a Sexual Assault Service or other counselling service? | | | | |
| J. | Has the consumer been assessed by the consultant psychiatrist regarding her/his capacity to make an informed decision in relation to their assault? | | | | |
| K. | Does the consumer have any acute injuries that need medical attention? | | | | |
| L. | Does the consumer want or need a forensic exam to be performed by the specialist sexual assault service? | | | | |
| M. | If the assault happened within the past 120 hours, and the consumer is female, does she want or need emergency contraception? | | | | |
| N. | Does the consumer want or need prophylaxes for HIV or other sexually transmitted infections? | | | | |
| O. | Does the consumer want or need follow-up care, for either physical or psychological injuries? | | | | |
| P. | Has the Mental Health Executive or Service Director been informed? | | | | |
| Q. | Has an IMS+ Incident Report been attended? | | | | |
| R. | Has the Duty Consultant Psychiatrist and/or the Treating Consultant Psychiatrist been contacted? | | | | |
| S. | Has the sexual safety incident been clearly and accurately recorded in the healthcare record of the consumer making the complaint? | | | | |
| T. | Has the sexual safety incident been clearly and accurately recorded in the healthcare record of the alleged perpetrator? | | | | |
| U. | Is the consumer under 16 years of age? | | | | |
| V. | Is the consumer over 16 years but under 17 years of age and in a care relationship with the alleged perpetrator? | | | | |
| W. | Is the alleged perpetrator a staff member? | | | | |
| X. | For a historical sexual assault disclosure, the treating team need to be aware and team leader informed as soon as practical. For a historical sexual assault disclosure where a staff member is involved, the matter should be escalated to the Operations Manager and Service Director or Treating Consultant Psychiatrist as soon as practical. | | | | |

APPENDIX D: Responding to a Disclosure of a Sexual Safety Incident

| STEP | ACTION | INFORMATION |
|------|---------------------------------------|---|
| 1 | Acknowledge and affirm the disclosure | Be non-judgemental, compassionate and understanding when a consumer discloses their experience of sexual assault or harassment and respond promptly, in accordance with the Sexual Safety of Mental Health Consumers Guidelines , whether the assault occurred prior to or after the consumer’s admission. Document any change in mental and physical state. The consumer’s verbatim relating to the disclosure should be recorded by the clinical staff. |
| 2 | Explore the disclosure | Provide the consumer with a safe, quiet, private space and gently encourage them to provide information about the assault. Determine if this is a historical or current disclosure. Follow Appendix C . For a historical assault disclosure, discuss the matter with the Service Director or Executive On Call, Social Work Professional Head and treating Consultant Psychiatrist. Ensure an assessment of the consumer’s clinical mental state is undertaken within 24 hours in an acute inpatient setting and within 48 hours in all other settings before proceeding with next steps. Document the name of the alleged perpetrator, time, location, and any injuries or other concerns that requires attention. |
| 3 | Establish and maintain safety | Assess whether the consumer is in current danger and the need for special accommodations to make the consumer feel safe, being mindful that it is the alleged perpetrator and not the consumer who has been assaulted that should be moved from the facility if required, unless the consumer who has disclosed the assault specifically requests otherwise or there are other extenuating circumstances. Do not inform the perpetrator before arrival of NSW Police. |
| 4 | Secure any evidence | Ensure that the Consultant Psychiatrist, Service Director or Executive On-call is advised of the incident. Keep any clothing worn by the consumer at the time of the assault, ensure only the consumer handles these clothes, and secure the location of the assault if possible along with any CCTV footage of the area in which the incident occurred. Evidence is to be secured for both parties if possible. It is preferable for the room to be left undisturbed and locked until arrival of NSW Police. If this not possible, wear gloves and ensure other safety process are in place to secure the evidence. |

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| | | Advise the consumer to avoid showering, eating, drinking, brushing teeth, and using mouth wash. |
| 5 | Offer support and options | Provide the consumer with advice and information regarding their options (Appendix D of the Sexual Safety of Mental Health Consumers Guidelines) so they can decide how they want to proceed. The consumer's wishes regarding how to proceed must be respected unless legislatively prohibited or they lack the capacity to make an informed decision (see Step 6 and 7). Document the recommended support, consumer's decision, and plan of action. |
| 6 | Organise medical care and Specialist Sexual Assault Service Advice | Encourage the consumer to seek immediate medical care to identify and treat any physical injuries and to discuss issues such as the risk of infection or pregnancy. Offer counselling as required and ensure consent is obtained for any forensic exam. The mental health doctor is to contact the sexual assault service doctor for handover and further advice – refer to site specific local number . For ESMHS dial (02) 9515 9040. For SGH/TSH dial (02) 9113 2494. If in doubt of consumer's capacity, seek guidance from the senior treating team. |
| 7 | Assess capacity to make informed decisions | This assessment will need to include an evaluation of the consumer's capacity to understand their options, process and communicate information and effectively exercise their rights. If they are assessed by a Consultant Psychiatrist as not having the capacity to make an informed decision regarding their options, any such decision should be delayed if possible until the consumer's capacity is restored. Alternatively, urgent application can be made for a Guardian to make some decisions. |