Policy:

CG 008 - Sexual Safety Policy

Executive Director lead	Deputy Chief Executive
Policy Owner	Director of Quality
Policy Author	Lead Nurse for Clinical Investigations and Risk

Document type	Policy
Document version number	Version1
Date of approval	21/11/2019
Approved by	Executive Directors' Group
Date of issue	26/11/2019
Date for review	31/01/2022

Summary of policy
This policy provides staff with guidance on maintaining the sexual safety of patients under the care of the Trust.

Target audience	All staff

Keywords	Sexual safety, vulnerability, safe care

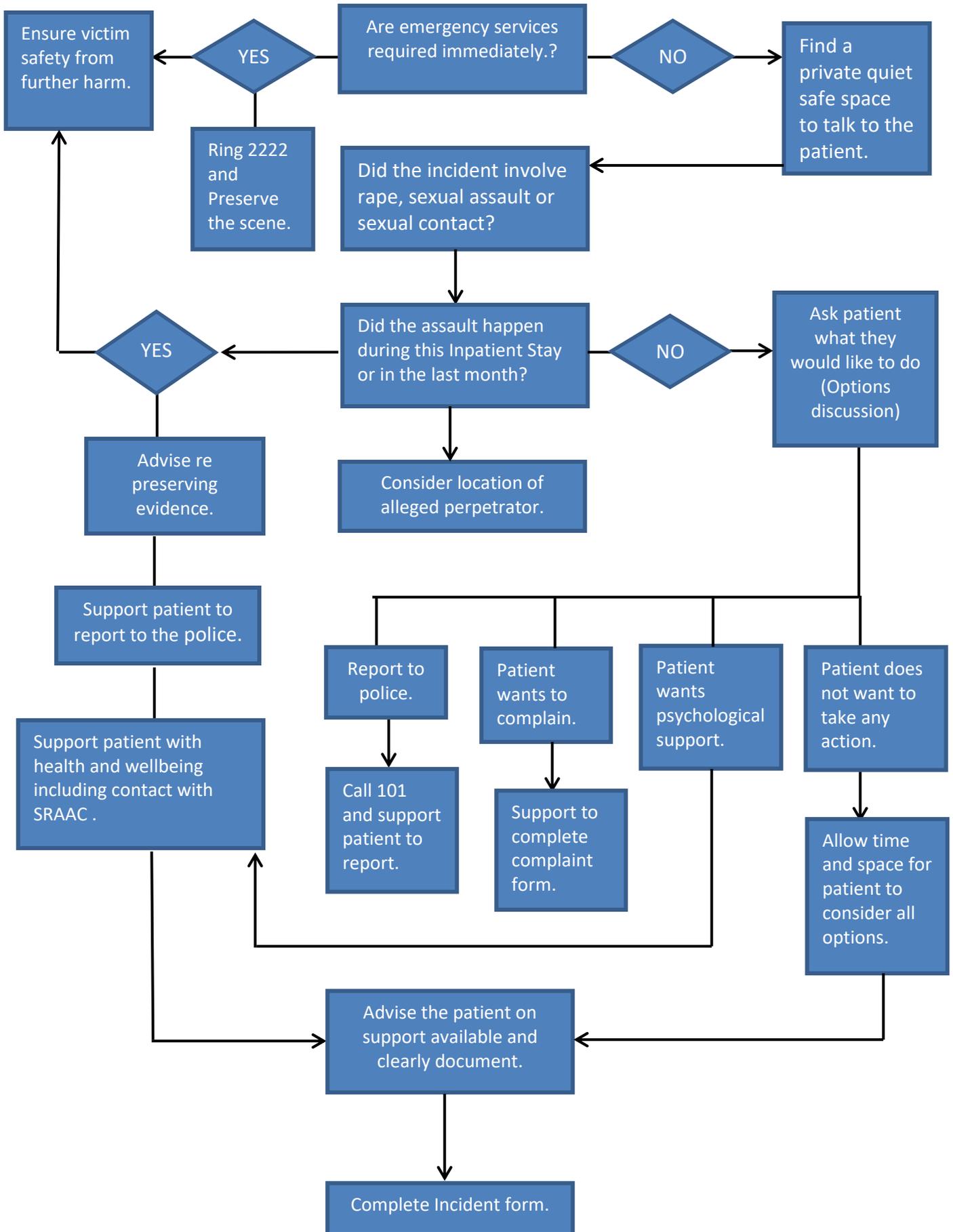| Storage |
|---|
| This is version 1 of this policy.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. |

Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	01/10/2019	New policy commissioned by EDG on approval of a Case for Need.
1.0	Approval and issue	MM/YYYY	Amendments made during consultation, prior to ratification.

Contents

2.   Flowchart

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Ensure victim        ← YES ←  Are emergency services  → NO →  Find a
safety from                   required immediately.?          private quiet
further harm.                                                 safe space
                         │                                    to talk to the
                         │                                    patient.
                      Ring 2222                                    │
                      and              Did the incident involve    │
                      Preserve    ←    rape, sexual assault or   ←─┘
                      the scene.       sexual contact?

                                             │
                                             ▼
        YES  ←  Did the assault happen  → NO →  Ask patient
                during this Inpatient Stay       what they
        │       or in the last month?           would like to do
        │                                        (Options
   Advise re          │                          discussion)
   preserving         ▼                               │
   evidence.    Consider location of                  │
                alleged perpetrator.                  │
        │                                             │
        ▼                                             │
   Support patient to                                 │
   report to the police.                              │
        │                                             │
        │     Report to    Patient    Patient     Patient does
   Support patient with   police.    wants to    wants        not want to
   health and wellbeing             complain.   psychological  take any
   including contact with    │          │        support.     action.
   SRAAC .              Call 101        │                          │
                        and support  Support to                    ▼
                        patient to   complete               Allow time
                        report.      complaint              and space for
                                     form.                  patient to
                                                            consider all
                                                            options.

                     Advise the patient on
        ───────→     support available and    ←───────
                     clearly document.

                             │
                             ▼
                     Complete Incident form.
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1.   Introduction

In 2017, following concerns raised on an inspection of a mental health trust, the CQC carried out a review of reports on patient safety incidents that staff had submitted through the NHS National Reporting and Learning System.

Their analysis of nearly 60,000 reports found 1,120 sexual incidents involving patients, staff, visitors and others described in 919 reports – some of which included multiple incidents. More than a third of the incidents (457) could be categorised as sexual assault or sexual harassment of patients or staff.

Providers and people who use services told the CQC:

1.   People who use mental health inpatient services do not always feel that staff keep them safe from unwanted sexual behaviour

2.   Clinical leaders of mental health services do not always know what is good practice in promoting the sexual safety of people using the service and of their staff

3.   Many staff do not have the skills to promote sexual safety or to respond appropriately to incidents

4.   The ward environment does not always promote the sexual safety of people using the service

5.   Staff may under-report incidents and reports may not reflect the true impact on the person who is affected

6.   Joint-working with other agencies such as the police does not always work well in practice

Sheffield Health & Social Care NHS Foundation Trust is committed to improving mental health and well-being. This includes promoting sexual safety and sexual health. Sexual safety refers to the recognition, maintenance and mutual respect of the physical (including sexual), psychological, emotional and spiritual boundaries between people. The Trust fully recognises the importance of having robust arrangements in place to ensure the sexual safety of all of its patients and in addition, the Trust recognises the importance of having clear arrangements to deal promptly and professionally with any suspicions raised of sexual abuse or exploitation, and to respond appropriately to incidents that breach or compromise any service user's sexual safety.

2.   Scope

This policy is intended for use by all staff and in particular those who have contact with patients.

3.   Purpose

This document outlines the core principles and standards in ensuring sexual safety and sets out the way in which the Trust will seek to meet these core principles and standards during the delivery of services.

4.   Definitions

Sexual Safety	Sexual safety refers to the respect and maintenance of an individual's physical (including sexual) and psychological boundaries.
Sexual Health	A state of physical, emotional, mental and social well-being related to sexuality, including the absence of disease, dysfunction or infirmity; a positive and respectful approach to sexuality and sexual relationships; the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence, and; respect for the sexual rights of all persons (WHO).
Sexualised Behaviour	Acts, words or behaviours designed or intended to arouse or gratify sexual impulses or desires.
Abuse	Abuse is a violation of an individual's human and civil rights by another person or persons.
Sexual Abuse	Any kind of unwanted or inappropriate sexual behaviour; this includes sexual intercourse, oral sex, anal sex, being touched in a sexual way and being persuaded to touch someone else.
Sexual assault	Sexual assault is when a person is coerced or physically forced to engage against their will, or when a person, male or female, touches another person sexually without their consent. Touching can be done with any part of the body or with an object. Sexual penetration is when a person (male or female) penetrates the vagina or anus of another person with any part of their body or an object without that person's consent.
Sexual harassment	Sexual harassment is behaviour characterised by the making of unwelcome and inappropriate sexual remarks or physical advances.
Sexually disinhibited behaviour	Disinhibited sexual behaviour can be defined as a person not following social rules about when and where to say or do something. This means that sexual thoughts, impulses or needs are expressed in a direct or disinhibited way, for example: in inappropriate situations, at the wrong time.
Sexual safety standards	The standards by which all Trust staff work and maintain in order to keep all patients safe from harm.

5.   Duties
Chief Executive

The Chief Executive has overall responsibility for ensuring the implementation of procedures set out in this document to promote and maintain the sexual safety of patients and to prevent sexual safety incidents.

Executive Medical Director

The Executive Medical Director provides professional leadership and expertise for the implementation of these procedures across all clinical services.

Executive Director of Nursing and Professions

The Executive Director of Nursing and Professions has overall responsibility for the safeguarding of patients in the care of the Trust and ensuring that their sexual safety is maintained at all times

Directors and Associate Clinical Directors

Directors and Associate Clinical Directors will promote the principles set out in this document within their service, and will ensure that adequate supervision arrangements are in place to support all clinical staff, including trainees and support staff, in ensuring the sexual safety of their patients.

Staff working with patients

Trust staff will follow the principles within this policy to ensure the sexual safety of their patients during their assessment and/or treatment and to protect them from sexual incidents. Trust registered staff will ensure that any issues in relation to sexual safety of their patients are documented fully and accurately and that where risk factors are identified, these are considered in collaborative risk and care planning and in communication with relevant others (e.g. GP, referrer, and other members of the patient's care team).

6.   Procedure
This policy is based on the following core principles of sexual safety in mental health settings:

- All patients are entitled to be sexually safe. Sexual Safety Standards ensure everyone understands and respects standards of behaviour.
- Sexuality is a normal part of life, but there should be no sexual activity between service users while in hospital.
- Appropriate action is taken to prevent and appropriately respond to sexual safety incidents.
- Patients are supported to adopt practices and behaviours that contribute to their sexual safety.
- The Trust's services develop individual sexual safety standards appropriate for their particular setting, in collaboration with all members of the service including staff, patients, carers, advocates.
- The physical environment of the Trust takes account of the need to support the sexual safety of patients in its layout and use in line with eliminating mixed sex accommodation (EMSA) principles.

- Patients, and their families, carers and advocates, are given access to clear information regarding the service user's rights, and appropriate mechanisms for complaints and redress regarding sexual safety issues using the principles of the **Being open and Statutory Duty of Candour** policy.
- Trust staff and clinicians foster a compassionate and open culture that encourages reporting of incidents relating to the sexual safety of patients.
- Disclosures from patients about incidents that compromise or breach their sexual safety are taken seriously and addressed promptly and empathetically, regardless of the identity or affiliation of the alleged perpetrator, and with the utmost regard for the complainant's privacy and dignity, past trauma, cultural background, gender, religion, sexual identity, age and the nature of their mental health illness or difficulties.
- Trust staff are provided with training and education to enable them to promote strategies to support sexual safety and prevent sexual assault and harassment, and to respond appropriately and sensitively to sexual safety issues involving patients, both within the service environment and within the community.
- Patients are supported to access information to enable them to effectively recognise and respond to behaviours, both their own and other people's, that may compromise or breach their own or another person's sexual safety, develop self-protective behaviours, and establish and maintain good sexual health.

6.1. Promoting and maintaining sexual safety

Promoting sexual safety is an important component of any strategy to prevent sexual safety incidents. The most effective way to promote sexual safety is through the adoption of an ethos that promotes, encourages and models mutual respect in its relationships between staff, between staff and patients, and between patients. Developing a trusting therapeutic relationship with the patient is an essential foundation for all medical and psychological treatments, and is necessary for patients to feel safe to disclose any history of sexual abuse or to report current sexual incidents or behaviour.

6.2. Use of the Internet and social media

Although use of the Internet and social media offers many positive opportunities for learning and communication, it may also increase the sexual risks to patients by allowing access to inappropriate or illegal internet pornography, sexual chat rooms, and opportunities for grooming etc. Younger adults, adolescents and children, who are more likely to use the Internet and social media, may be particularly at risk. Training for clinicians in awareness of patients' digital lives and how this contributes to risk assessment is, therefore, essential.

6.3. Safeguarding

Training in the safeguarding of children and adults at risk for all staff is also essential for all staff in maintaining sexual safety for all patients. This is detailed in the Trust's Policy and Procedures for **Safeguarding processes**.

6.4. Clinical supervision

Having clinical supervision systems in place will also support staff in developing their understanding of sexual issues encountered in clinical practice, promoting sexual health in patients, and maintaining professional boundaries. Arrangements for clinical supervision are detailed in the Trust's policy for **Clinical Supervision**.

6.5.   Preventing a sexual safety incident

It is important to identify individual service users who may be particularly vulnerable to experiencing sexual trauma and abuse. People with mental health difficulties in general are more vulnerable to being sexually assaulted or harassed. Other factors that increase the risk for a patient of being sexually assaulted include:

- Being female
- Under 18 years of age
- Having a past history of being sexually assaulted
- Being heavily medicated
- Being intoxicated and/or having a co-morbid drug and alcohol needs
- Having an intellectual disability
- Being a refugee and/or past history of torture and trauma
- Psychosis
- Experience of domestic violence
- Sexual disinhibition
- Having a cognitive impairment
- Impaired communication skills e.g. English competence, hearing speech or visual impairment

A breach of sexual boundaries occurs when another person displays sexualised behaviour towards a person. This includes a range of behaviours like sexual humour or innuendo, and making inappropriate comments about a person's body, through to criminal acts like sexual assault or rape.

This can include things like:

- Inappropriate sexual or demeaning comments.
- Being asked inappropriate questions about sex or sexual orientation.
- Ask for, or accepting an offer, of sex.
- Unnecessary exposure of a person's body.
- Any sexual act without consent.
- Taking photographs that are not consented to.
- Watching someone undress.
- Inappropriate touching.
- The exchange of goods (including drugs and alcohol) or services for sexual favours.

All clinical services within the Trust may have patients who are vulnerable to sexual abuse and exploitation. Those which have patients who are likely to be at higher risk of sexual abuse due to the presence of some of the above factors include all bed based services.

Knowledge about a patient's previous history of being subjected to sexual assault, harassment or abuse can inform staff of the patient's particular needs and inform therapeutic interventions. Some patients may be reluctant to disclose a history of sexual abuse unless they are asked directly. This reluctance may be due to a range of factors, including denial, fear of stigmatisation, inability to trust, loyalty to the perpetrator, feelings of shame, inability to identify the experience as abuse, fear of retaliation by the perpetrator or others, or fear of being labelled as a liar, attention-seeking or out of touch with reality. Accordingly, taking a

patient's sexual abuse history is critical to enable staff to adequately support the patient, both in terms of their mental health difficulties and their sexual safety while involved with the service.

6.6.   Assessing risk of sexual offending
Patients may also be at risk of perpetrating sexual offences and abuse. It is important to recognise that some individuals may be both victims and perpetrators of sexual abuse.

Risk factors for sexual offending include:

- Young age
- Being male
- History of sexually offending behaviour
- History of domestic violence offending
- Violent and threatening behaviours
- Intimidating behaviours including sexual harassment
- Sexually disinhibited behaviours
- Acute drug intoxication e.g. methamphetamines

6.7.   Promoting appropriate boundaries between patients and staff
This area is this clearly covered in the existing policy document: **Relationships between Service Users and Staff Policy 2019.**

7.   Development, consultation and approval
The Sexual Safety policy has been developed as a result of the findings and recommendations of a serious incident investigation. It reflects the recent CQC report, Sexual safety on mental health wards 2018 and has been developed in consultation with clinical leaders, experts by experience and the Service User Safety Group.

8. Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Sexual safety and National guidance	Review,	Service User Safety Group	3 yearly unless subject to National guidance	Quality Assurance Committee	Service User Safety Group	Service User Safety Group

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date should be written here – 31/01/2022.

9. Implementation plan
The policy will be available on the Trusts intranet and stored in the usual way.

Action / Task	**Responsible Person**	**Deadline**	**Progress update**
Upload new policy onto intranet and remove	Policy Governance	*30/11/2019*	
Make team aware of new policy	Team manager	30/11/2019	

10. Dissemination, storage and archiving (Control)

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	28/11/2019	28/11/2019	5/12/2019	
2.0				
3.2				
4.0				

11. Training and other resource implications

It is anticipated that a training plan will be required and options are currently under consideration and being overseen by the Service User Safety Group in conjunction with the Training Department. It is anticipated that the training role out will begin formally in February 2020.

Implementation, review and audit will be overseen by the Service User Safety Group.

12. Links to other policies, standards (associated documents)

- Relationships between Service Users and Staff Policy 2019.
- Serious Incident Management Policy
- Safeguarding Adults and Children policy

13. Contact details

Title	Name	Phone	Email
Clinical Risk Manager	Vin Lewin	6379	Vin.lewin@shsc.nhs.uk

14. Appendix 1

Sexual safety
booklet - word.docx

Standards for Sexual
Safety Issue 7.1.doc