

Promoting Sexual Safety Procedure

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Promoting Sexual Safety Procedure

1 Introduction

The Tavistock and Portman NHS Foundation Trust (the 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. Although, unlike most other mental health trusts, the Trust does not have any in-patient beds, and, therefore, is not involved in decisions to allow or prohibit sexual activity involving in-patient service users, the Trust fully recognises the importance of having robust arrangements in place to ensure the sexual safety of all of its patients, whether on site or in the community. Moreover, some of the Trust's clinical services, such as the Portman Clinic, the Tavistock Children's Day Unit, the Fitzjohns Unit and others, will be assessing and treating service users who are at higher risk of sexual abuse and exploitation.

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 Purpose

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

3 Scope

This procedure is intended for use by all staff who have contact with patients.

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 safety incident	Types of behaviour that can breach and/or compromise the sexual safety of a mental health patient: <ul style="list-style-type: none"> • Sexual assault and harassment • Consensual sexual activity in an inappropriate context or setting • Sexually disinhibited behaviour

5 Duties and responsibilities

4.1 Chief Executive

The Chief Executive as accountable officer 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.

4.2 Medical Director

Will provide the professional leadership and expertise for the implementation of these procedures.

4.3 Associate Medical Director (Patient Safety and Clinical Risk Lead)

The associate director has day-to-day responsibility for ensuring that the Trust is operating within the procedures set out in this document and will liaise with the Lead Advisor for Adults at Risk, and the Named Professional for Child Protection in the Trust.

5.3 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, in ensuring the sexual safety of their patients.

5.4 Qualified Clinical Staff

Clinical staff will follow the principles within this procedure to ensure the sexual safety of their patients during their assessment and/or treatment and to protect them from sexual incidents. Clinical 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 care planning and in communication with relevant others (e.g. GP, referrer, and other members of the patient's care team).

5.5 Clinical Trainees

Clinical trainees will follow the principles within this procedure to ensure the sexual safety of their patients during their assessment and/or treatment and to protect them from sexual incidents. Trainees 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 care planning and in communication with relevant others (e.g. GP, referrer, and other members of the patient's care team.) In addition, trainees will refer to their supervisor in all circumstances when a sexual issue or risk arises that requires action outside the scope or capability of the trainee, and ensure that their supervisor signs off any associated documentation.

6 Procedures

This section outlines the actions to be taken to promote sexual safety, to prevent sexual incidents and to respond to sexual safety incidents.

6.1 Core Principles

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

- All patients are entitled to be sexually safe.
- 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.

- 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.
- 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 education 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.

6.2 Promoting and maintaining sexual safety

6.2.1 Fostering a therapeutic environment

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 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.

6.2.2 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, 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.

6.2.3 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 Children and the Management of Suspected Child Abuse, and the Safeguarding of Adults at Risk Policy and Procedure.

6.2.4 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 Procedure for Clinical Supervision.

6.3 Preventing a sexual safety incident

6.3.1 Assessing vulnerability

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 condition
- 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

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:

- Trauma Service
- Refugee Service
- Fitzjohn's Unit
- Lifespan ASD and Learning Disabilities Service
- Young People's Drug and Alcohol Service
- Gloucester House, Tavistock Children's Day Unit

- Gender Identity Development Service
- Early Intervention Service

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.

Recognising and identifying categories, patterns, signs and indicators of sexual abuse are detailed in the Trust's Policy and Procedures for Safeguarding Children and the Management of Suspected Child Abuse, and the Safeguarding of Adults at Risk Policy and Procedure.

6.3.2 Assessing risk of sexual offending

Patients may also be at risk of perpetrating sexual offences and abuse. This is particularly the case at the Portman Clinic, which offers assessment and treatment to patients who present for help with violent and/or sexual behaviours, including sexual offending. However, patients in other clinical services within the Trust may also be at risk of exhibiting sexual offending behaviours. 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 disinhibitive behaviours
- Acute drug intoxication e.g. methamphetamines

Assessing risk of sexual offending is detailed in the Trust's Clinical Risk Assessment Procedure

6.4 Maintaining professional boundaries

Staff in mental health services must conduct themselves in a way that promotes public confidence and trust in their organisation. They have a duty of care to service users, as well as to other staff. Whilst it is recognised that staff must establish a good rapport or therapeutic relationship with patients, their relatives and carers, they are also responsible for establishing and maintaining appropriate

professional boundaries, including sexual boundaries, between themselves and those who use services in the Trust.

Following several inquiries into the sexual abuse of patients by health professionals, the Department of Health has recommended that:

- Healthcare professionals must establish and maintain clear sexual boundaries
- Healthcare professionals sexually attracted to patients should immediately seek advice from a colleague and may have to transfer that patient's care to another colleague
- Obtaining a patient's consent does not justify a sexual relationship
- Each case should be judged on its own merit, however recommendations state relationships are unprofessional if: the patient is exploited, was vulnerable, or that the professional relationship was terminated in order to start a sexual relationship.

Further details can be found in guidance from the Council for Healthcare Regulatory Excellence: Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals.

Staff also need to be aware of any guidance on sexual boundaries from their own professional bodies (e.g. the General Medical Council), as well as Sections 38 to 44 inclusive of the Sexual Offences Act 2003 which relates to criminal offences by care workers who carry out sexual activity with a person known to have mental disorder, cause sexual activity to take place or who engage in sexual activity in the presence of those who they know have a mental disorder.

6.6.4.1 Promoting appropriate boundaries between patients

6.4.2 Group therapy patients

Although the Trust does not have any in-patient beds, there may be situations that arise in the Trust in which patients may get to know other patients, for example in therapy groups, and may occasionally become involved in sexual relationships with each other. An essential component of group therapy at the outset is to establish appropriate group boundaries, which usually includes the strong recommendation that group members should not meet outside of the group socially, or become involved in personal relationships with each other. Any sexual contact between group patients, even where both parties mutually consented, would usually be considered to be a gross breach of these boundaries and would potentially lead to the patients involved being expelled from the group. Such incidents should be fully discussed within clinical teams and in clinical supervision so that the best course of action for the patients concerned is followed. This may include a patient terminating group therapy and being reassessed for a different therapeutic intervention.

6.4.3 Tavistock Children's Day Unit

Developing pupils' ability to build effective relationships and behave in an appropriate manner is promoted and taught through the Personal, Health and Social Education (PHSE) curriculum, which includes Sex and Relationship

Education (SRE) (please see the Gloucester House Personal, Social, Health, Education and Citizenship Policy, and the Sex and Relationship Education Policy).

Sexual behaviour that is a cause for concern includes:

- Where there is a significant age difference (4+ years) between children.
- Sexually abusive/coercive behaviour involving threats, bribery or force (irrespective of age difference)
- Where a level of sexual knowledge is displayed that is inconsistent with what would normally be expected given the child's age and level of development.

5 Training Requirements

The Trust has conducted a training needs analysis in respect of training in sexual safety and concluded that training will be delivered in the following way:

- Trust induction (all staff) includes a brief introduction to risk management which will include sexual safety, by the Associate Medical Director (Patient Safety Lead).
- Trust Clinical Induction (all clinical staff) includes a session by the Associate Medical Director (Patient Safety Lead) on how to conduct a clinical risk assessment, which includes sexual safety.
- Trust Inset (all staff) includes brief update by the Associate Medical Director (Patient Safety Lead) on clinical risk assessment and signposting to all policies and procedures pertaining to clinical risk assessment and management which includes the Sexual Safety Policy and Procedure.
- On-going training and support regarding sexual safety will be delivered to clinicians at Directorate level supervision and team meetings

6 Process for monitoring compliance with this Procedure

The Associate Medical Director (Patient Safety and Clinical Risk Lead), reporting to the Medical Director is responsible for monitoring compliance with this procedure. It will do this in a variety of ways including:

- receiving information on incidents relating to sexual safety
- advising the Trust on the need for further action on receipt of external advice or guidance in relation to sexual safety of mental health patients
- monitoring action plans arising from either of the above
- reporting to the Management Team by exception

- reporting assurance to the Clinical Quality, Governance and Risk Work Stream

7 **References**

Council for Healthcare Regulatory Excellence (2009) Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals. Professional Standards Authority:

www.professionalstandards.org.uk

Lampard and Marsden (2015) Themes and lessons learned from NHS investigations into matters relating to Sir Jimmy Savile OBE report

Sexual Offences Act (2003) Sections 38 to 44

8 **Associated documents¹**

Policy and Procedures for Safeguarding Children and the Management of Suspected Child Abuse

Safeguarding of Adults at Risk Policy and Procedure

Clinical Risk Assessment Procedure

Safeguarding and Child Protection Procedures for Gloucester House, The Tavistock Children's Day Unit

Personal, Social, Health, Education and Citizenship Policy, Gloucester House, The Tavistock Children's Day Unit

Sex and Relationship Education Policy, Gloucester House, The Tavistock Children's Day Unit

Clinical Supervision Procedure

Procedure for Audit of Health Records (contains health record keeping standards)

Incident Reporting Procedure

Procedure for the Investigation of Serious Incidents

[Admitting Very Important Persons and Celebrities to Trust Premises Procedure](#)

¹ For the current version of Trust procedures, please refer to the intranet.

Recruitment and Selection Policy and Procedure

Social Media Procedure

Appendix A : Equality Impact Assessment

1. Does this Procedure, function or service development impact affect patients, staff and/or the public?

YES

2. Is there reason to believe that the Procedure, function or service development could have an adverse impact on a particular group or groups?

NO, it is a procedure that is used according to clinical need and is not dependant on equality issues, or the needs for specific groups

3. If you answered **YES in section 2**, how have you reached that conclusion? (Please refer to the information you collected e.g., relevant research and reports, local monitoring data, results of consultations exercises, demographic data, professional knowledge and experience)

4.. Based on the initial screening process, now rate the level of impact on equality groups of the Procedure, function or service development:

Negative / Adverse impact:

Low.....

(i.e. minimal risk of having, or does not have negative impact on equality)

Positive impact:

High for persons who are at risk or vulnerable due to the mental state

Date completed December 2015

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