



Policy:

CG 008 - Sexual Safety Policy

Executive Director lead	Executive Director of Nursing, Professions and Operations & Deputy Chief Executive
Policy Owner	Director of Quality
Policy Author	Patient Safety Specialist

Document type	Policy
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Approved by	Policy Governance Group
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Date for review	31/05/2025

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
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Keywords	Sexual safety, vulnerability, safe care, Trauma informed care
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Storage

This is version 2 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.

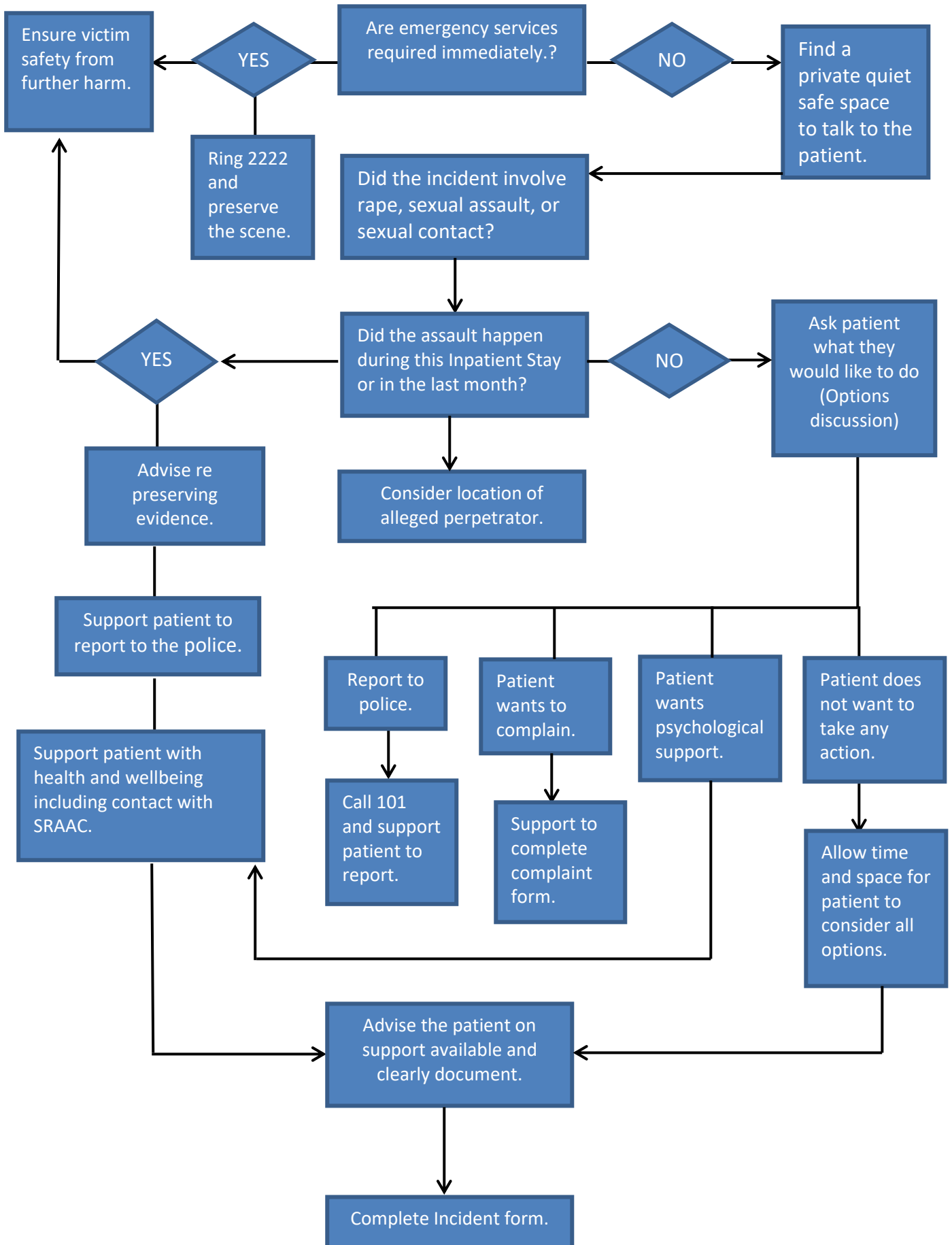
Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
1.0	New draft policy created	01/10/2019	New policy commissioned by EDG approval of a Case for Need.
2.0	Version 2	30/04/2022	Amendments made during consultation, prior to ratification.

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2. Flowchart



AIM OF THE POLICY

- To provide a safe environment for every person using and working in our services.
- To ensure that any incidents of a sexual nature are responded to appropriately and promptly, and that service users and staff feel respected and heard.
- To embed a proactive culture of preventing sexual safety incidents through a range of initiatives including:
 - Ensuring our environments have safe spaces for men and women and that communal and public areas are supervised safely so sexual incidents of any kind are minimized and responded to (recognizing that same sex sexual assault also occurs).
 - Posters will be visible in all care environments with Trust commitment to this issue and help lines to call.
 - Safeguarding training, clinical risk assessment training, trauma informed training will all include reference to sexual violence issues
 - Providing clear guidance on the decision-making process ensuring an effective and robust response to disclosures or reports of sexual assault and harassment.
- The policy aims to increase staff members' confidence in responding positively and respectfully to disclosures, altering the experience of service users and others experiencing sexual assault and harassment so that they are reassured that any incident of abuse or harassment against them is considered important and taken seriously.
- Ensure sexual harassment, intimidation and sexual assaults are recognized as crimes that are rarely due solely to a mental health condition. Staff should not have to tolerate criminal behaviour as part of their working role, nor should any service user or visitor to a service.
- Support disclosure of historical abuse. Often people do not feel able to tell when This policy, leaflets and posters aim to embed a culture where people feel they can tell when something happens. However, it is never too late to tell and staff and service users can get support from national help lines and can be supported to contact the police. Reporting historical abuse may be the beginning of recovery for a person and this piece of information may be crucial in taking a case forward and protecting others.

1. Introduction

A sexual safety incident can happen to anyone, of any sex, sexual orientation, or gender identity. Such an incident can cause significant lasting distress to the person and have a negative effect on their recovery.

In 2018, CQC found 1,120 sexual safety incidents (out of 60,000 reports) had occurred over a three-month period across NHS trust mental health wards affecting service users, staff, and visitors. NHS England & NHS Improvement commissioned NCCMH to develop standards and guidance on improving sexual safety in inpatient environments. Establishment of national QI Sexual Safety Collaborative supports inpatient mental health teams in NHS mental health trusts to embed the standards and achieve improvement in ward sexual safety.

This collaborative has four guiding principles

People's rights

The right to be safe from sexual harm, and to feel safe and supported on a ward. The right to have safe and age-appropriate relationships, to express their sexuality and to have personal sexual needs met in private (though not to engage in sexual activity with another person on hospital premises).

Organisational responsibility

Sexual safety needs to be supported at every level of the organisation to ensure the right support, structures, and resources are in place

Trauma-informed approach

Acknowledge and understand any previous trauma that a person may have experienced and how it has affected them in the past and in the present. Provide a physical environment conducive to sexual safety, and provide care that makes people feel physically and psychologically safe.

Safeguarding

Safeguarding and sexual safety are system-wide responsibilities. These are the responsibility of all staff. Sexual safety standards must be integrated into each organisation's safeguarding policies and practices.

Sheffield Health & Social Care NHS Foundation Trust is committed to pro-actively ensuring the environment and staff protect people who are sexually vulnerable or predatory. 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 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. Link to safeguarding policy

2. Scope

All people who either work in or use SHSC Services

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	Sexual health is not just the epidemiology of sexually transmitted infections (STIs). It encompasses a wide range of interrelated themes such as sexual identity, expression, assault, reproduction, and contraception (Royal College of Nursing (RCN) 2018). The World Health Organization (WHO) (2006) defines mentalhealthpractice.com PEER-REVIEWED volume 23 number 4

	<p>/ July 2020 / 33 sexual health as ‘a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled’</p>
Sexualised Behaviour	<p>Acts, words, or behaviours designed or intended to arouse or gratify sexual impulses or desires.</p>
Abuse	<p>Abuse is a violation of an individual’s human and civil rights by another person or persons.</p>
Sexual Abuse	<p>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.</p>
Sexual assault	<p>Victim Support UK defines Sexual Assault as occurring when someone:</p> <p>“Grabs or touches you in a sexual way that you don’t like, or you are forced to kiss someone or do something else sexual against your will: that is sexual assault. It includes sexual touching any part of someone’s body, makes no difference whether you are wearing clothes or not”.</p>
Sexual harassment	<p>Sexual harassment is behaviour characterised by the making of unwelcome and inappropriate sexual remarks or physical advances.</p>
Sexually disinhibited behaviour	<p>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.</p>

<p>The sexual safety standards adopted by SHSC are applicable to all people within the inpatient environment and can be used to keep everybody safe: those receiving care, staff and visiting staff, families, friends, and visitors. The standards and guidance should be read with these four key principles in mind:</p>	<p>Everyone has the right to be safe from sexual harm, and to feel safe and supported on a ward. People of legal age to consent also have a right to have a safe and age-appropriate relationship with another person, to express their sexuality and to have their personal sexual needs met, such as through masturbation in private. Organisations should have the right structures in place for staff to understand these rights, and support people to meet their needs safely (though not to engage in sexual activity with another person on hospital premises). This is especially important for people who are on an inpatient ward for a long time.</p> <p>Organisational responsibility. Organisational responsibility, commitment and leadership is crucial to ensuring that all people in inpatient settings are safe from sexual harm. Sexual safety needs to be supported at every level of the organisation, to make sure that the right support and structures and resources are in place to enable the standards to be implemented.</p> <p>Trauma-informed approach. Organisations that use a trauma-informed approach aim to acknowledge and understand any previous trauma a person may have experienced, and how it has affected them in the past and present. Being on an inpatient ward can itself be a traumatic experience, so action should be taken to provide a physical environment that is conducive to sexual safety. Care should be delivered in a way that makes people feel physically and psychologically safe without inadvertently traumatising or re-traumatising people.</p> <p>Safeguarding. Safeguarding and sexual safety are system-wide responsibilities. The safeguarding and sexual safety of people within inpatient settings is the responsibility of all staff. These sexual safety standards must be integrated into each organisation's safeguarding policies and practices, as well as the organisations following their statutory duties over the sexual safety of the</p>
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	<p>people in their care. Additional general principles are that: people are encouraged to voice their needs or concerns at any time staff are made aware of how they can immediately access support from other members of staff if they need it, particularly if they have safety concerns while some groups of people might appear more vulnerable than others, individuals may still have the capacity to make decisions about their care. Judgements over capacity will be made in line with the Mental Capacity Act 2005.</p>
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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 always maintained

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, section 17 leave 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; everyone has the right to have an age-appropriate relationship that is based on mutual consent with whomever they choose. This right also applies to people accessing mental health or learning disability inpatient care. However, the hospital is a public place in which people are unwell, often at their most vulnerable, and may not be free to leave. Hospitals are legally designated 'places of safety' in which safeguarding is a priority, so sexual relationships are not appropriate and sexual activity with another person is not permitted on the premises, and staff should explain this to people in inpatient care. There may be times where service users form romantic or intimate relationships in hospital. While staff should not promote or encourage this, they may be able to encourage the safety and health of relationships between legally consenting people. Staff have a duty to check with each person how they feel about the relationship, to ensure that they have capacity to consent to it, that it is mutual and that it feels safe to them. A person who has been admitted to an inpatient ward has the right to fulfil their personal sexual needs alone and in the privacy of their room. Masturbation should be done discreetly, and the right to do so must be respected.
- 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 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. Update here re single sex wards
- 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 wellbeing or otherwise.
- Trauma-informed care requires a system to make a paradigm shift from asking, 'What is wrong with this person?' to 'What has happened to this person?' Holding this principle, Trust staff are provided with training and education to enable them to use formulation-based approaches which promote strategies to support sexual safety and prevent further trauma, it also supports staff 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 peoples, that may compromise or breach their own or another person's sexual safety, develop self-protective behaviours, and establish and maintain good sexual health. SHSC aim to improve sexual safety in all areas. People should not feel at risk and should be able to talk to someone about their concerns. The aim is to support staff to build the confidence and skills to have these conversations proactively, for them to be able to approach these conversations in a way that is appropriate for the individual and that does not seek to judge or stigmatise.
- SHSC will promote clear expectations and boundaries which apply to staff and service users alike and ensure that this is reflected in Job Descriptions and SU information. Language and terminology are crucial, i.e., knowing of how to use pronouns. SHSC will support and understand patients right to pursue safe sexual relationships and for them to see sexual health and safety as an essential part of the recovery journey.

6.1. Promoting and maintaining sexual safety- asking about trauma at admission

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. All staff need to practice trauma informed care principles and the trust needs to ensure that training is mandatory in all SHSC settings.

The overall aim of this policy is to provide a framework which supports staff:

- to improve sexual safety so people don't feel at risk and can talk to someone about their concerns
- to normalise this topic so that it is not a taboo subject or the 'elephant' in the room any more
- to build the confidence and skills of all team to have these conversations
- to be able to approach these conversations in a way that is appropriate for the individual
- to have clear expectations and boundaries which apply to staff and service users alike
- to appreciate and be aware of language and terminology i.e., knowing of how to use pronouns
- to understand the clients right to pursue safe sexual relationships and what sexual safety is to them
- to see sexual health and safety as an essential part of someone's recovery journey.

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 Access to specialised sexual safety support

All people within the inpatient environment should be given the opportunity to access an independent service or designated member of staff who can offer specialised sexual safety advice, advocacy and support in a way that is age- and culturally appropriate, and that meets the person's needs. Support might include: a clear route for raising concerns about sexual safety and sexual violence advice, guidance, advocacy and support for concerns about personal sexual safety advice on sexual safety and appropriate sexual behaviours advice on sexual violence, both physical and psychological consistent guidance and support through any legal proceedings, if required support to access sexual health screenings and SARC's, if necessary support when making a disclosure, followed by ongoing, consistent support throughout the processes that follow. When needed, staff in services should help people anonymously access this support, to disclose any sexual safety concerns or incidents while receiving care, visiting, or working on the ward. Services should build close relationships with local SARC's, to understand current levels of capacity, so that people can receive the right support at the right time. This support should be extended to all service users, visitors, and staff

6.5. 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**.

6.6. 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 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 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.

6.7. 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

6.8. Promoting appropriate boundaries between patients and staff

This area is 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 because of the findings and recommendations of a serious incident investigation. It reflects the recent CQC report, Sexual safety on mental
Sexual Safety Policy Version 2 April 2022

health wards 2018 and has been developed in consultation with the National Sexual Safety Collaborative, clinical leaders, experts by experience and the Clinical Quality and Safety Group.

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public. Name/Date: Vin Lewin, Patient Safety Specialist 05.05.2022

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age			
Disability			
Gender Reassignment			
Pregnancy and Maternity			
Race			

Religion or Belief			
Sex			
Sexual Orientation			
Marriage or Civil Partnership			

Please delete as appropriate: - no changes made.

Impact Assessment Completed by: Vin Lewin, Patient Safety Specialist Name /Date 05.05.2022

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
National collaborating Centre for mental health 2020 commissioned by NHS England	Review,	Clinical Quality and Safety Group	2 yearly unless subject to National guidance	Quality Assurance Committee	Clinical Quality and Safety Group	Clinical Quality and 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 – 30/04/2025.

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		
Make team aware of new policy	Team manager		

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	28/11/2020	28/11/2020	5/12/2020	
2.0	May 2022	May 2022	May 2022	
3.2				
4.0				

11. Training and other resource implications

Training in relation to sexual safety is delivered as a part of the clinical risk mandatory training package.

The Trust is a member of the National Patient Safety Improvement Programme in relation to sexual safety and further role specific training is available via the FutureNHS Collaboration Platform.

Continual Development of our approach to sexual safety training is being overseen by the Sexual Safety Group in conjunction with the Training Department.
Implementation, review, and audit will be overseen by the Clinical Quality and Safety Group.

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

- Serious Incident Management Policy
- Safeguarding Adults and Children policy

13. Contact details

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

14. Appendix 1



Sexual safety
booklet - word.docx

Appendix 2



Standards for Sexual
Safety Issue 7.1.doc