

## Sexual Safety in NSW Mental Health Services - Guidelines for the Promotion of- 2nd Edition

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**GUIDELINES FOR THE PROMOTION OF SEXUAL SAFETY  
IN NSW MENTAL HEALTH SERVICES  
2<sup>nd</sup> Edition**

This Circular and the attached Guidelines replace in full circular 99/20, *Guidelines for the Promotion of Sexual Safety in NSW Mental Health Services*.

This circular and the attached *Guidelines for the Promotion of Sexual Safety in NSW Mental Health Services, 2<sup>nd</sup> Edition* have been developed to assist in the promotion of sexual safety and the prevention and management of allegations of sexual assault in mental health services in NSW. All mental health staff and services, consumer support workers, Emergency Departments and Sexual Assault Services, should adopt the content of the Guidelines.

As well as providing strategies for the promotion of sexual safety in mental health services, the Guidelines provide a framework for effectively dealing with allegations of sexual assault in the following circumstances:

1. Reports of sexual assault against a client of a mental health service.
2. Reports of sexual assault against a NSW Health employee and other contracted health workers.

This Circular does not apply to the sexual assault of children or young people. Specific policies exist for the management and reporting of allegations of child or young persons sexual abuse including:

*2003/16 Protecting Children and Young People – Recognising and Reporting Suspected Risk of Harm and Responding to Requests from the Department of Community Services*

*NSW Health Frontline Procedures for the Protection and Care of Children and Young People (2000)*

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

*Children and Young Persons (Care and Protection) Act 1998*

*Circular 99/65 Ombudsman Amendment (Child Protection and Community Services) Act 1998 – Allegations of Child Abuse.*

*Circular 97/80 Procedures for Recruitment and Employment of Staff and Other Persons – Vetting and Management of Allegations of Improper Conduct*

*Circular 2000/69 NSW Department of Health Policy on Employment Screening Using Criminal Record Checks*

The person in mental health care is often extremely vulnerable and may not have knowledge of, or access to, mechanisms of complaint about sexual assault or, in some cases, understanding of what constitutes sexual assault. Many victims of sexual assault do not tell anyone what has happened to them. Victims who are assaulted in a service that provides mental health care may have greater difficulty in disclosing a sexual assault.

The *Guidelines for the Promotion of Sexual Safety in Mental Health Services 2<sup>nd</sup> Edition* have been developed and revised by the NSW Health Department in consultation with consumers, carers, non-government organisations, service providers and other government departments. These guidelines establish a clear framework for the promotion of sexual safety and effective response to reports of sexual assault in a range of mental health services. The intent of the 2<sup>nd</sup> edition of the Guidelines has not substantially altered from the previous, however assessment, management and reporting requirements have been reviewed in light of current Department policy for dealing with sexual safety and sexual assault.

These guidelines clarify the rights and responsibilities of clients and staff at all levels and will provide the impetus necessary to further promote sexual safety in mental health services in NSW.

The Guidelines were first released in 1999 and many health services have implemented the recommendations, established local policy and procedures, and provided training on sexual assault and sexual safety to mental health staff. The 2<sup>nd</sup> Edition of these Guidelines underscores the commitment that is required from every Area Mental Health Service to the ongoing priority of sexual safety for consumers of mental health services in NSW.

Every mental health service in NSW should now review its sexual safety policy in the context of this revised 2<sup>nd</sup> edition.

Robyn Kruk  
**Director-General**

# Guidelines for the promotion of sexual safety

in NSW mental health services  
*(second edition)*

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# Foreword (second edition)

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The *Guidelines for the promotion of sexual safety in NSW mental health services* were developed in 1998/99 by the NSW Department of Health through consultation with consumers, carers, non-government organisations, service providers and other government departments. By providing clear guidelines, the NSW Department of Health aimed to promote sexual safety, prevent sexual assault and improve response strategies in mental health services.

A commitment to evaluate the effectiveness and appropriateness of the Sexual Safety Guidelines following service implementation was undertaken by the Department at that time. Chief Executive Officers and Directors for Mental Health representing the State's 17 Area Health Services and Corrections Health Service were asked to provide details about local implementation of the Guidelines, including overall usefulness and potential need for amendments. Comment on the Guidelines was also invited from other relevant organisations and service providers.

It is pleasing that the findings of this feedback reveal that the Guidelines have been widely adopted, as a planning tool in relation to service development, as part of mental health services' quality systems and in designing new facilities. Furthermore, the Guidelines

were seen to provide directions for services to better meet the needs of consumers in matters related to sexual safety, inform the development of partnerships, and improve workforce training.

This second edition of the Guidelines has been updated with regard to current policy and circular requirements, and changes to the response section have been strengthened in line with current NSW Health recommendations for dealing with sentinel events.

Mental health is a priority of the NSW government. The development and dissemination of guidelines such as these support key initiatives in mental health. The release of the second edition of these Guidelines reflects NSW Health's continuing commitment to quality mental health services for consumers in NSW and the promotion of sexual safety in NSW mental health services.



Robyn Kruk  
Director-General

# Executive summary

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**These Guidelines aim to provide practical tools for the promotion of sexual safety in Mental Health Services. Three key areas are identified to support this aim:**

## 1. Promotion of sexual safety

Safety is paramount in the provision of mental health care to vulnerable populations (National Standards for Mental Health Services, 1996). Mental health services can facilitate this safety by ensuring that systems for the identification of risk and potential risks are well established and that policies to promote sexual safety are in place which address the following:

- Risk assessment is the first step in the prevention of sexual assault. All clients of mental health services should have ongoing assessment of their potential to harm others and the presence of factors which increase vulnerability to sexual assault.
- Local guidelines are needed for the effective management of sexually disinhibited behaviour.
- Sexual activity in acute mental health facilities is unacceptable.
- Safety and design of mental health facilities can assist in the provision of an environment safe from sexual assault.

## 2. Effective response

Providing an effective, compassionate and timely response to victims of sexual assault is part of the duty of care of all health services. These guidelines provide a framework to support this response, including:

- recognition of the rights and needs of someone who has been sexually assaulted
- reactions to disclosure or suspicion of sexual assault
- responding to sexual assault

- re-establishing safety
- recording the incident
- referral and reporting
- follow-up.

Responding to reports of sexual assault requires collaboration between a number of agencies and sectors. From first disclosure, initial response, discharge planning through to follow-up, each agency has a complementary role to play.

## 3. Workplace culture and learning

Developing and supporting a workplace culture which promotes learning in relation to sexual safety, and provides active support for victims and those who report sexual assault, is essential to the provision of a safe environment and prevention of this crime. Key strategies to achieve this include:

- development of a comprehensive mental health service policy
- support for staff reporting sexual assault
- education and training in issues relating to sexual assault for mental health professionals and consumers
- development and dissemination of resources for mental health professionals and consumers.

## Implementation, monitoring and evaluation

Monitoring and evaluation are an integral part of promoting sexual safety in mental health services.

# Guidelines

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## 1. Promotion of sexual safety

- 1.1 As part of the usual assessment process, an initial and ongoing assessment of vulnerability and potential to harm is required for every client of a mental health service. Clients assessed as being vulnerable to sexual assault should be placed in situations where privacy and security can be maximised, such as a single room. Clients assessed as having the potential to harm others should be on close observation and prevented from accessing vulnerable clients.
- 1.2 As part of a comprehensive sexual assault policy, mental health services should develop guidelines for the effective management of clients exhibiting sexually disinhibited behaviours.
- 1.3 Mental health services need to develop a clear and relevant policy to address the complexities of sexual relationships for clients whilst in the care of that service. Policies should state that sexual activity in acute admission units is neither appropriate nor acceptable due to the acute vulnerability of the client population.
- 1.4 All planned new mental health units must have single bedroom accommodation available, with access to ensembles. Rooms should be able to be arranged into clusters which are capable of being separated to provide secure and separate space for males and females. Where possible, existing units should provide areas of single sex accommodation and gender specific toilets and bathrooms.

## 2. Effective response

- 2.1 Mental health services have a duty to protect the rights and needs of an individual disclosing sexual assault. This includes believing and listening to what is said, and providing information on an individual's rights.
- 2.2 Sexual assault is a criminal offence; therefore for the protection of all concerned, all reports should be investigated and followed up.
- 2.3 On suspicion that a sexual assault has occurred, senior management must be immediately notified. Senior management is then responsible for coordinating the immediate and ongoing response to the situation services must contact and consult the local sexual assault service.
- 2.4 Re-establishing safety is of paramount importance for the victim, other clients and staff. The alleged perpetrator should be separated from the victim.
- 2.5 Keep notes only of what is actually said, heard and observed. Terms, language and conjecture, which may be open to different interpretations, are to be avoided.
- 2.6 Interagency meetings between mental health Services, the local sexual assault services and the NSW Police (where applicable), should be held in the event of a report of sexual assault.
- 2.7 Incidents of sexual assault should be subject to a critical incidents/sentinel events review. A collaborative management plan for follow-up with victims of sexual assault must be in effect.

## 3. Workplace culture and learning

- 3.1 Each Area mental health service is required to develop a local policy with regard to sexual safety, and for dealing with allegations of sexual assault as outlined in these Guidelines. This policy should detail implementation of these Guidelines specific to the local service environment.
- 3.2 An education and training plan for staff about sexual assault in mental health services, including the mental health needs of adult survivors of sexual abuse, should be developed by each Area mental health service. Orientation programs for all mental health staff must include training in effective prevention of, and response to, sexual assault.
- 3.3 Information and resources should be readily available, including pamphlets outlining procedures for complaint and redress, and where to find appropriate counseling and legal assistance. These resources should be visible to staff and clients, and available in different community languages.

# Introduction

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Promotion of sexual safety in mental health services can prevent sexual assault occurring in this vulnerable population. Sexual assault occurring in mental health services may be perpetrated by other clients, mental health professionals, visitors or members of the public. The victims of this crime can be male or female, and same sex assaults may occur.

Research supports the understanding that perpetrators often consciously target vulnerable populations (Abel et al, 1988). The person in mental health care is often extremely vulnerable and may not have knowledge of, or access to mechanisms of complaint about sexual assault or, in some cases, understanding of what constitutes sexual assault. Many victims of sexual assault do not tell anyone what has happened to them. Victims who are assaulted in a service that provides mental health care may have greater difficulty in disclosing the assault. This is particularly true of clients who are assaulted by a person in a position of power, for example a mental health professional. People from diverse cultural backgrounds or Aboriginal people who have experienced past abuse and disempowerment may also be more reluctant to disclose. This is cause for serious concern because

as long as victims of sexual assault feel unable to tell anyone, they are deprived of the help and support they need. Providing an open culture where clients may disclose a sexual assault and be supported is part of a service's basic duty of care.

Effective sexual assault prevention and management strategies are essential for the protection and compassionate care of clients. Education and training supports the important role that mental health professionals have to play in the provision of a safe and therapeutic environment.

An immediate, effective and caring response to a reported sexual assault is crucial in reducing the effects of trauma from such an event. As well as assisting in a person's recovery, improved responses from mental health services may encourage victims to report the crime to police. This in turn will lead to better knowledge of the real incidence of sexual assault, increased community education and awareness and ultimately, better prevention. The failure to report such crimes prevents appropriate action being taken against the perpetrator and may lead to further assaults occurring.

# Definitions

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For simplicity, the terminology in this strategy favours certain words rather than longer, more accurate, descriptive phrases. For instance:

**Victim** refers to ‘a person who has experienced sexual assault’.

**Client** refers to ‘a consumer of mental health services whether in an inpatient or community setting’.

**Alleged perpetrator** refers to ‘a person who is alleged to have sexually assaulted a client’.

**Mental health service** is any establishment, or any unit of an establishment, which as its primary function, provides mental health care, for example: community mental health centres; rehabilitation centres; group homes and inpatient units, both acute and subacute.

**Sexual assault** means any action in which a person is forced, coerced or threatened into sexual acts against their will. The range of acts committed against a person who experiences sexual assault may include fondling, masturbation, fellatio, cunnilingus, and anal, oral or vaginal penetration by a penis, finger or foreign object.

**Sexual disinhibition** is an inability to restrain sexual impulses, and involves behaviour or talk which is considered inappropriate for a particular environment. Disinhibition may be due to the side effects of medication or the symptoms of a mental illness. A client may engage in sexual activities for which they are not able to give informed consent. A key feature of the behaviours is that when well, the person would not have engaged in these behaviours, and/or would not have chosen to do so with these particular partners (Davidson, 1997).

**Sexual harassment** is unwelcome sexual advance, unwelcome request for sexual favours or when a person engages in unwelcome conduct of a sexual nature in relation to another person.

**Sexual safety** is a state in which physical and psychological boundaries of individuals are maintained and respected. Individuals can promote their own sexual safety by engaging in protective behaviours, assertive communication and respectful relationships. Systems can promote sexual safety by developing and operationalising policies and procedures which:

- support the right to physical and psychological safety
- encourage the monitoring of professional boundaries
- encourage and provide professional development
- respond appropriately to breaches in boundaries.

Assessment and identification of persons as being at risk of potential to harm, or of increased vulnerability to sexual assault are also important to the promotion of sexual safety. Identification of risk should be made at initial assessment and regularly reviewed throughout any period of hospitalisation (see NSW Mental Health Outcomes and Assessment Training Project). A clear plan outlining how any risk is to be dealt with must be articulated as part of that person’s care plan.

# Child sexual abuse

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These Guidelines are targeted to adults with a mental health problem or disorder accessing mental health services in NSW. A number of services are available for children and adolescents with mental health needs and specific policies exist for the management and reporting of allegations of child sexual abuse.

Immediate notifications are to be made to the local office of the Department of Community Services.

Appendix A provides a list of documents that give detailed information and guidance with respect to child sexual abuse.

# Aims and key principles of the guidelines

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## Aims of the guidelines

1. To promote sexual safety and therefore prevent the occurrence of sexual assault in mental health services.
2. To ensure that mechanisms for the effective response to reports of sexual assault are available, accessible, caring, effective and responsive to the needs of the client.
3. To promote awareness of sexual assault, a workplace culture that promotes sexual safety and ongoing learning about these issues in mental health services.

## Key principles of the guidelines

1. Sexual assault is a crime for which the offender is solely responsible.
2. Sexual assault and sexual harassment are always unacceptable.
3. All persons have the right to the provision of a safe and secure environment whilst in the care of mental health services.
4. All persons have the right to be treated with humanity, dignity and respect.
5. Area Health Services have the responsibility to provide effective and comprehensive education and training, and policies and procedures aimed at preventing violations and abuse.
6. Consumer involvement is essential in the development of policies and procedures.
7. Clear mechanisms for reporting and investigating allegations of sexual assault are essential and all reports must be followed up immediately with an effective and caring response.
8. Specialist sexual assault services should be involved in responding to all reports of sexual assault in mental health services.



# Implementing strategies for the promotion of sexual safety

# 1

Safety is paramount in the provision of mental health care to vulnerable populations. Providing an environment safe from sexual assault encompasses a range of strategies. Appendix B, *A checklist for the promotion of sexual safety in mental health services*, provides guidance for developing strategies that contribute to the provision of a safe environment in these services.

## 1.1 Risk assessment and management

### **Guideline 1.1**

As part of the usual assessment process, an initial and ongoing assessment of vulnerability and potential to harm is required for every client of a mental health service.

Clients assessed as being vulnerable to sexual assault should be placed in situations where privacy and security can be maximised, such as a single room. Clients assessed as having the potential to harm others should be on close observation and prevented from accessing vulnerable clients.

Many clients who display aggressive behaviours are maintained in the same acute care facilities as some of the most vulnerable clients. Special care is required in these facilities to ensure the safest possible environment exists. Thorough and regular assessment is required to ensure that clients at risk, or those with a potential to harm others, are identified. Transitions from one environment to another (for example at discharge from an inpatient unit) may be associated with a heightened risk of harm to self or others. Assessment of vulnerability and potential to harm others should therefore be considered not only on intake, but also at transition points.

Clinicians are referred to The NSW Mental Health Outcomes and Assessment Tools (MH-OAT).<sup>1</sup>

### **Assessment of potential to harm others**

On admission to any mental health service, an assessment of potential to harm others needs to be undertaken by the admitting officer. This assessment should include:

- previous history/reports of sexual violence, including sexual harassment, sexual exploitation and sexual assault
- violent behaviour
- abusive language
- threats and intimidation
- disinhibition
- previous history of domestic violence.

Staff should be aware that persons who sexually assault might use coercion, grooming and manipulation, not only overtly violent behaviour.

If a client is assessed as being at risk of harming others, a specific management plan must be developed and implemented. All steps should be taken to ensure a safe environment exists for staff and clients alike.

The management plan should consider the level of observation required and give consideration to accommodation options in relationship to others in the unit. If a client, who is known to be an alleged perpetrator, presents for admission at the same service in which the victim of the assault is also receiving treatment, the alleged perpetrator must be admitted to another facility or effectively separated from the victim.

<sup>1</sup> At the time of publication, risk assessment criteria and care planning were under review. The revised edition of MH-OAT will make reference to the recommendations for assessment and care planning contained in this document.

### **Assessment of vulnerability**

The relationship between abuse in childhood and the development of mental health problems in adulthood has been clearly demonstrated (Beitchman et. al., 1992, Finklehor, 1990). Mental health professionals therefore require an acute level of awareness of the possibility of past sexual abuse experiences of clients and their increased vulnerability to subsequent sexual assault.

A person's reduced ability to protect her/himself or disclose an assault may contribute to increased vulnerability. This is important as some perpetrators may target a person specifically because they are vulnerable. In order to provide a safe and therapeutic environment with a focus on the promotion of sexual safety, an ongoing assessment of vulnerability is necessary. Factors to be assessed include:

- disinhibition
- intellectual impairment
- cognitive impairment, eg acute delirium, dementia
- history of sexual assault
- history of domestic violence
- psychosis
- torture and trauma experiences, for example, of people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander people
- communication skills including competence with English language and hearing, speech and/or visual impairment
- sedation from medication
- persons under 18 years of age.

Consideration should then be given to formulation and implementation of a management plan, which promotes the safety of that individual. Consideration should be given to observation level, proximity of bedroom to the nurses' station and appropriate accommodation options such as single room or single sex.

### **Past experiences of sexual assault**

Given the high prevalence of childhood sexual assault amongst mental health clients, service providers should be aware of the particular concerns this may raise for clients in a mental health inpatient unit. The client may need a sense of safety, control and choice. The client may experience fear of going to sleep at night, of being in close proximity to unwell and disinhibited people and fear of staff members is also possible.

If the previous sexual assault has occurred in the current mental health facility, staff should be guided by the following:

- The client may wish to be accommodated at another facility and every effort should be made to accomplish this.
- Do not place a client back in the same room or bed where a previous assault has taken place.
- The offender must not be accommodated in the same unit.
- Be aware of triggers that may be distressing for the client.

## 1.2 Sexually disinhibited behaviour

### **Guideline 1.2**

As part of a comprehensive sexual assault policy, mental health services should develop guidelines for the effective management of clients exhibiting sexually disinhibited behaviours.

Some clients exhibit sexually disinhibited behaviours as part of their illness or as a side effect of some medication (Davidson, 1997). Sexual disinhibition may involve an increase in sexual thoughts, activities and demeanour or a general disinhibition, which has a sexual element. Behaviours may include:

- removing clothes inappropriately
- wearing inappropriate clothing
- being over-familiar, over-friendly or touching of others inappropriately
- hyper sexuality, eg sexually provocative behaviour, masturbation in public, approaching staff and other clients for sex, engaging indiscriminately in sexual activities.

Whilst sexual activity is a normal part of life, an acute episode of a mental health problem or disorder may adversely affect that person's ability to make sound judgements. An inpatient mental health unit is not a normal social environment and therefore staff have a duty of care to clients in this regard. Where a client is exhibiting disinhibited behaviours, protection of the client and others from physical and sexual assault is paramount. Whilst in this mental state, a client may 'agree' to engage in sexual activity. However, informed consent cannot be given when the person does not have the requisite mental capacity to give consent. Equally a client who is sexually disinhibited may attempt to coerce another vulnerable client into sexually inappropriate behaviour. Sexual activity in these circumstances is not acceptable.

Where a client is assessed as being at acute risk due to sexual disinhibition, immediate measures should be taken to ensure safety. Timeliness in this situation is of the essence. Even a short delay between assessment and organisation of high level supervision, may result in an adverse incident occurring.

## 1.3 Sexual activity

### **Guideline 1.3**

Mental health services need to develop a clear and relevant policy to address the complexities of sexual relationships for clients whilst in the care of that service. Policies should state that sexual activity in acute admissions units is neither appropriate nor acceptable due to the acute vulnerability of the client population.

Sexual activity and sexual relationships for clients of mental health services require careful examination in the context of informed consent, impaired judgement and vulnerability. Confusion may exist for staff, and therefore clients, regarding when and where the right to a sexual relationship should apply. A poor understanding of the range of behaviours that constitute sexual assault may compound this. It is important to note that consent to a relationship does not automatically confer consent to all sexual encounters with that person.

All people have the right to engage in consensual adult sexual activity. However many clients in acute inpatient units may have impaired judgement due to an illness or medication and may therefore be unable to give informed consent. In addition to this, accommodating clients with different levels of vulnerability and potential to harm in the same space makes sexual activity in acute inpatient units inappropriate and unacceptable.

Flexible policy will need to be developed according to local need; for example, sexual activity between consenting adults in a residential setting may be acceptable, while in other settings this may not be considered appropriate.

## 1.4 Safety and design of mental health units

### **Guideline 1.4**

All planned new mental health units must have single bedroom accommodation with access to ensuites available. Rooms should be able to be arranged into clusters, which are capable of being separated to provide secure and separate spaces for males and females.

Where possible, existing acute units should provide areas of single sex accommodation and gender specific toilets and bathrooms.

Inpatient unit design has been cited as a contributing factor to the reduction of safety in facilities (Davidson 1997). Standard 11.4.E.14, of the National Standards for Mental Health Services (1996) states; ‘The mental health service provides a physical environment for inpatient care that ensures protection from harm, adequate indoor and outdoor space, privacy and choice’. An example given of meeting this standard would be the ability to segregate clients on the basis of gender.

The mental health facility planning guidelines, *DS26/Kit Adult and Adolescent Mental Health Inpatient Unit 2002*, give direction for design of inpatient mental health units in line with current policy directions. In the design of any new unit, consideration is to be given to its ability to provide separation of males and females as required. This separation provides for both personal and/or cultural preference and to effect sexual safety for clients at risk. Despite the protective mechanism offered by separation, staff should remain aware that same sex assaults can occur and remain aware of this possibility.

Units should have an observation (secure) cluster which is capable of separation from the remainder of the unit, and should have defined areas for male and female clients. Accommodation in this area is ideally single rooms with individual ensuites. The preferred layout option is for bedrooms to be grouped into clusters that can be defined for distinct groups. It is preferable for these groupings to have access to an adjacent recreational space. Clients should have access to staff and there should be good sight lines from the staff station.

The general inpatient cluster should also allow grouping of bedrooms with adjacent lounge/activity space and should have a high ratio of single rooms. A number of two-bed room units would allow for the option of a mother child room.

Proximity and accessibility to staff is essential for maintaining a sense of safety. Bedrooms should be fitted with a nurse call button. All recreational areas must be clearly observable; however a balance of observation and privacy is required. The level of observation should be determined with reference to the assessment of potential to harm and vulnerability. The NSW Mental Health Inpatient Unit Guidelines should be consulted for a full account of all design and planning considerations.

Existing mental health units should give consideration to modifying unit design to provide facility for single sex accommodation, and separate male and female bathrooms.

Clear signage in inpatient units is to be considered, the aim being to stop inadvertent accessing of male/female areas, and to increase ease of reading environmental cues. The nature of being acutely unwell can mean an individual’s usual cognitive abilities may be impaired. Labels should be easily understood, with accepted symbols given preference over written language, where available. Consideration should be made as to the expected client population; for example people from non-English speaking backgrounds, people with a visual impairments or people with cognitive impairments or diminished understanding.

# Responding effectively to reports of sexual assault

# 2

Effective response to reports of sexual assault involves more than simply reporting the incident. Responding includes the following elements (McNamara and Wilson 1997):

- recognition of the rights and needs of someone who has been sexually assaulted
- reactions to disclosure or suspicion of sexual assault
- responding to sexual assault
- re-establishing safety
- recording the incident
- referral and reporting.

Follow-up for the victim must also be considered.

## 2.1 Recognition of the rights and needs of someone who has been sexually assaulted

### **Guideline 2.1**

Mental health services have a duty to protect the rights and needs of an individual disclosing sexual assault. This includes believing and listening to what is said, and providing information on an individual's rights.

Belief is the first step in appropriately responding to a disclosure of sexual assault. Disbelief or minimisation of the significance and impact of a sexual assault can result in a victim being questioned in an accusatory way, or the disclosure being dismissed as delusional.

It is important not to make assumptions about what has happened, or how a person feels about sexual assault. Let the person tell you in their own words and at their own pace about their experience and concerns. Avoid unnecessary or repeated questioning as this may cause distress. An interpreter should be made available for people who experience communication difficulties, for example people with a limited knowledge of the English language or those with hearing impairment.

The safety of a person who has been sexually assaulted is paramount. It may be important not to leave the person on their own, and reassurance about their safety may be necessary. The person should not be placed in a situation where they will have continued contact with the alleged perpetrator.

Implicit in the provision of caring and effective mental health care should be the understanding that no-one ever deserves to be sexually assaulted. A judgmental or indifferent response to a disclosure can influence how well the victim is able to resolve the sexual assault experience.

Sexual assault can be experienced as a life-threatening experience and the person's trauma is often unrelated to physical injury. The threat of violence and/or death, or threats to integrity of the self are often the more significant sources of distress.

The person who is sexually assaulted must be allowed to regain control over her/his life. The person should always be involved in making decisions about who will be informed of the assault, including other health professionals and family and friends. The decision to attend a sexual assault service (SAS), make a statement to the police or to undergo a medical examination should, wherever possible, involve the person who has been sexually assaulted. All possible support and encouragement should be given to the client to pursue the matter where she/he feels this may be an option.

The client should be provided with information about their rights and options in order to assist them to make their own decisions. Bilingual professionals or interpreters should be provided where required. Access to Aboriginal mental health workers should be arranged where requested.

Information about the following should be provided when appropriate:

- Sexual assault services, which can also provide further information on legal processes, counselling and medical care, including testing for sexually transmitted diseases, pregnancy and/or forensic medical examinations.

- Avenues for complaint such as the Health Care Complaints Commission (HCCC). HCCC patient support officers are also available.
- Consumer support workers where applicable.
- The *Victims Rights Act 1996* establishes standards for the appropriate treatment of victims of crime. This includes a statutory Charter of Victims Rights, the Victims of Crime Bureau and the Victims Advisory Board (see Circular 97/114). Any client of a mental health service who is a victim of crime should be made aware of the role of these agencies when appropriate.

It is not uncommon for a person to minimise their feelings about an assault or to feel that they don't deserve any assistance. The fear of not being believed, an issue for many who are assaulted, may be heightened for clients with a mental health problem or disorder. The stigma that often surrounds mental health problems or disorders can result in a person feeling that their experiences are not valid. Support can help to validate a person's experience, and assist a person to take appropriate steps to deal with a sexual assault. Support and reassurance that there are services and professionals willing to provide assistance and advocacy is therefore an important response.

## 2.2 Reactions to disclosure or suspicion of sexual assault

### **Guideline 2.2**

Sexual assault is a criminal offence; therefore for the protection of all concerned, all reports should be investigated and followed up.

Disclosing an incident of sexual assault can be traumatic. This may be due to the fear of not being believed, fear of the perpetrator, fear of authority, a sense of guilt, a sense of powerlessness, a belief that nothing will change or the shame still associated with this particular crime.

For clients with a mental health problem or disorder, disclosure can be complicated by the effects of medication, the symptoms of their illness or because of vulnerabilities associated with a past history of sexual abuse and assault. As a result, a disclosure may be given in a manner that may seem at odds with having been sexually assaulted.

Disclosure can be extremely difficult for staff called upon to address the issue. An allegation made against a staff member can bring about feelings of divided loyalties, disbelief, betrayal, anger and confusion for any team. However, where this is managed sensitively and in a balanced manner, there is potential to positively effect future responses to this issue and may further assist the promotion of sexual safety. Support and a professional approach for all team members is vital following such a disclosure. It is imperative that through this difficult time a caring, supportive and respectful response to the client is maintained.

Disclosure of sexual assault outside the mental health service, for example in a boarding house or in supported accommodation, can sometimes occur. In this instance, provide support and encourage the client to seek assistance through the Sexual Assault Service. Be aware that the person disclosing the sexual assault may be particularly vulnerable to further assaults. Steps should be taken to maintain ongoing client safety in this circumstance. Follow up of the report is essential. Immediate steps should be taken to separate the victim from the alleged perpetrator. Under no circumstances should the alleged perpetrator continue to live in an unsupervised setting with the victim.

### **Suspicion of a sexual assault**

Sometimes, staff may have suspicions that a sexual assault has occurred but a disclosure may not be forthcoming from the client. Clients may not disclose sexual assault due to the reasons outlined above. Willingness to disclose may also be affected by the individual's sense of responsibility to protect the perpetrator. The suspicion of sexual assault should be reported, and as per Guideline 2.2, any sexual assault should be investigated and followed up.

### **Retraction of disclosure**

Clients may at times retract a disclosure. This may be due to a failure of staff to believe, and/or undue pressure with negative outcomes for a client who persists with a disclosure. In the case of individuals who have experienced a refugee background, mistrust of authorities such as health services due to previous political persecutions or torture may result in a retraction. A retraction does not mean that an assault did not occur and that no investigation should take place. Pursuing the issue may be difficult without clear

support. However should a client retract a disclosure, the procedures, outlined previously, of recording, reporting, observing, and investigating should still be implemented.

## 2.3 Responding to sexual assault

### **Guideline 2.3**

On suspicion that a sexual assault has occurred, senior management must be immediately notified. Senior management is then responsible for coordinating the immediate and ongoing response to the situation. Services must contact and consult the local Sexual Assault Service.

Senior management must be notified immediately of any allegation of sexual assault. It is their responsibility to coordinate the following procedures and follow up on actions taken.

### **Responding to the victim**

The person who has allegedly been sexually assaulted should be taken immediately to a safe, quiet and private space. A staff member familiar to the client should provide support and an interpreter made available where required:

- Provide a calm and supportive environment and allow the person to talk at their own pace. Reassure the client that their safety is a priority.
- Once the client is able, a brief assessment needs to be taken including:
  - the name of the alleged perpetrator
  - where and when the alleged assault took place
  - the broad nature of the sexual assault to assist the sexual assault service (SAS) in determining the need for urgent forensic examination
  - any apparent injuries
  - name of witnesses, if any
  - client's clinical state, including mental state.

***It is not the role of mental health staff to ascertain the validity of the allegation from the client.***

- The senior clinician (where not involved in the allegation) must be notified because of the potential impact on the client's condition. The client must be seen by a senior clinician within 24 hours if in an inpatient facility and 48 hours in community settings.

- Explain the role of the SAS and encourage the client to accept assistance. A phone call to the local SAS may help the client to feel more comfortable, and to gain information.
- Offer the opportunity to consult with the appointed consumer support worker.
- Some clients may want to shower immediately post assault. If there has been oral, vaginal or anal penetration, showering is not recommended. Assist the client to speak with the local SAS to discuss the need for forensic evidence.
- Ensure adequate follow up and continued support is available through sensitive and appropriate discharge planning in conjunction with the alleged victim.
- The Department requires various reporting protocols (see section 2.6 *Referral and reporting* and Appendices D and E).

### **The consent for forensic examination**

In order for a person to give informed consent to any medical treatment, including a forensic examination, they must first:

- understand the nature and effect of the proposed treatment
- understand any alternative treatments available
- understand the risks associated with the proposed treatment and alternatives
- be able to make a choice freely
- be able to communicate their choice to the treating health professional.

The SAS is able to discuss these issues with the client and their expertise should be employed.

Where the treating doctor is satisfied that a forensic examination can be performed as an adjunct to appropriate medical treatment, the procedure is a minor medical treatment, to which a 'person responsible' can provide a valid substitute consent, provided there are no objections from the victim.

If the treating doctor considers there is no medical reason why an examination should be undertaken and the only reason for such an examination is the collection of forensic evidence, the procedure is not medical treatment and the 'person responsible' has no authority to consent to such an examination.

In such circumstances, an application should be made to the Guardianship Tribunal for the appointment of a guardian who is authorised to give (or withhold) consent to a forensic examination.

The decision to release a Sexual Assault Investigation Kit to the police, where the person remains unable to consent to the release of the kit, is also a matter for the Guardianship Tribunal. Where the client is unable to give informed consent to the forensic examination, the Guardianship Tribunal should be notified in conjunction with the SAS. Where a forensic examination is indicated, the SAS should co-ordinate this.

## **Responding to the alleged perpetrator**

### ***Where the alleged perpetrator is a client***

If the alleged perpetrator is a client, always respond in the first instance by ensuring the victim, other clients and staff are safe. Following initial assessment of the incident, the alleged perpetrator should be transferred to another facility. Where this is not possible, the alleged victim may be transferred. Care should be taken in explaining the reasons for the transfer to the alleged victim and the alleged perpetrator.

### ***Where the alleged perpetrator is a NSW Health employee***

The NSW Health system has a duty of care to all clients receiving services. This is reflected in the NSW Health System Code of Conduct. Immediate action is required following a report of sexual assault.

Where the alleged perpetrator is a NSW Health employee, Circular 97/80, *Procedures for recruitment and employment of staff and other persons – vetting and management of allegations and improper conduct* should be followed (employees include all staff and visiting practitioners as well as students and any other person in a health service in any capacity).

Allegations must be addressed promptly. In instances where parallel investigations are being undertaken, the Area Health Service should liaise with other investigative agencies, for example the Health Care Complaints Commission, to ensure their procedures are not compromised.

Where appropriate, the alleged perpetrator of a sexual assault should be informed of the allegation made against them and the duty of the hospital/health service to investigate the matter. Where this may compromise the investigation or the safety of the alleged victim, discretion may be exercised. The employee is to be advised of avenues of support; their union, legal representation, staff counsellor or employee assistant program. The employee is to be placed under direct supervision, relocation or suspension in accordance with Circular 97/80. (See also Circular 2001/112, *A framework for managing the disciplinary process in NSW Health*). Reporting requirements are listed in Section 2.6 *Referral and reporting*.

## **Consumer support workers**

Consumer support workers, as employed by mental health services, are expected to follow these Guidelines with regard to responding to, and reporting any incidents of alleged sexual assault.

## **Community mental health services**

Some clients of mental health services may be vulnerable to sexual assault in community settings. They may also be less likely to disclose an assault. Therefore all relevant preventive strategies to support a sexually safe environment should be taken by community mental health centres, residential settings, rehabilitation centres and related community based mental health services. Care should be taken to avoid the situation of alleged victims and perpetrators attending a community setting at the same time.

Responses to reports of sexual assault should be the same regardless of the mental health setting. All reports are to be immediately reported to senior management and investigations and responses initiated.

## 2.4 Re-establishing safety

### **Guideline 2.4**

Re-establishing safety is of paramount importance for the victim, other clients and staff. The alleged perpetrator should be separated from the victim.

- The victim should be separated from the alleged perpetrator, placed in a safe place and sensitively observed. The reason for this observation should be explained.
- The alleged perpetrator should be moved rather than the victim. This helps to avoid the feeling of blame and/or self-blame that can sometimes be attached to the victim of this particular crime.
- The client may ask to be moved to another unit/facility. Where possible this request should be accommodated.
- It is important that a client not be placed back in the same room or bed where an assault has taken place.
- Where the sexual assault takes place in an inpatient unit, protection of other clients and staff is a priority.
- Support to other clients and staff in the mental health service should be made available where necessary.
- The victim should be allowed a support person of their choosing. They may wish to have a consumer support person, a family member or a staff member of the same sex.

## 2.5 Recording the incident

### **Guideline 2.5**

Keep notes only of what is actually said, heard and observed. Terms, language and conjecture, which may be open to different interpretations, are to be avoided.

Documentation of reports of sexual assault is essential in providing an effective response to this issue.

Documentation should include the following:

- Record information about the reported assault in the client's file. Reports should include actual accounts of events rather than use of terms or language, which can be interpreted in different ways. For example 'inappropriate behaviour' should be replaced with a brief description of the behaviour.

- Ensure that appropriate information on the client's clinical state is also recorded including client's mental state, effects of the assault, management strategies and follow up.
- Record the incident in the alleged perpetrator's file, making sure to make additional file notes following results of any necessary investigation. Outcome of any investigation should also be recorded.
- Record the incident on an appropriate local Accident and Incident Report.

## 2.6 Referral and reporting

### **Guideline 2.6**

Interagency meetings between mental health services, the local sexual assault service and the NSW Police (where applicable), should be held in the event of a report of sexual assault.

### **Referrals**

Referral to other agencies is part of a comprehensive response to reports of sexual assault. These agencies can offer expertise, advice, guidance and support in effectively pursuing these allegations. The victim should be consulted and informed about any proposed course of action.

To make informed decisions, victims of sexual assault should be provided with relevant and accurate information. The following referrals may provide information and expertise in the area of sexual assault:

- local sexual assault service (where a client chooses not to attend, SAS can be consulted by staff for information and advice)
- local police.

### **Reporting**

Senior manager must formally notify the following:

- Area Mental Health Director
- Area Chief Executive Officer or their delegate
- local sexual assault service
- local NSW Police Service
- where the alleged victim is under 18 years of age, notification must be made to: the Department of Community Services Office (see Circular 2003/16,

*Protecting children and young people – responding and reporting suspected risk of harm and responding to requests from the Department of Community Services)*

- Health Care Complaints Commission, where appropriate
- NSW Department of Health by way of Reportable Incident Briefing Form, which is forwarded to the NSW Department of Health as per Circular 97/58, *Incidents reportable to the Department* (currently under review).

Where the alleged perpetrator is a NSW Health employee or contracted health worker, (including staff, students, volunteers or any other person employed or engaged in any capacity in a health service), notification **must also** be made to the Manager, Employment Screening and Review Branch, NSW Department of Health.

### **Interagency collaboration**

The failure to involve other services in the event of a sexual assault can mimic the dynamics of sexual assault, where the response may be to maintain silence around the issue. The creation of an environment where silence cannot flourish will promote a sense of safety. Other services can provide consultation, advice and support for mental health professionals. For mental health staff, the benefits of networking with agencies specifically trained and sensitive in the area are:

- access to other knowledge and information
- consultancy on issues of sexual assault
- supportive debriefing where appropriate
- breaking down staff isolation
- introduction of new ideas and strategies from people who are outside the mental health system
- support and advocacy for staff addressing the needs of clients.

Interagency collaboration also ensures an increased understanding of the complexities of mental health problems for sexual assault services and the police.

### **Working with sexual assault services (SAS)**

The role of the SAS is to provide:

- crisis intervention specifically in the area of recent sexual assault and child sexual assault
- information on sexual assault and the services available to the victim
- medical care and collection of forensic evidence
- ongoing medical support in relation to pregnancy, sexually transmitted infections and HIV
- court preparation support and information about the legal system
- ongoing counselling and support, where a sexual assault has occurred
- interpreters and bilingual workers as required.

Sexual assault services are available 24 hours a day. (Appendix H)

### **Working with the police**

Sexual assault is a serious criminal offence and the police should be notified of all reports of sexual assault occurring in NSW mental health services. Police and SAS can give victims of sexual assault information regarding relevant legal process and can ensure that they have the opportunity to discuss and consider all options and possible implications.

The role of the police is to:

- investigate a complaint of sexual assault
- provide well trained and informed officers experienced in taking statements regarding sexual assault
- assess the case and decide if there is adequate evidence to proceed with an investigation or to charge an assailant
- apprehend and charge an alleged perpetrator with sexual assault.

Some police officers have specific training in taking sexual assault statements from victims in a sensitive and respectful way. Staff can request to have a female police officer, where possible, interview a client who has been sexually assaulted.

The Memorandum of Understanding between NSW Police and NSW Health (Centre for Mental Health and NSW Ambulance) was developed and released in 1998, and updated guidelines and flowcharts added in 2002. The Memorandum seeks to provide an effective framework for the management of people with mental health problems and disorders when the services of the NSW Police Service and NSW Health are required. The Memorandum states ‘police and health staff should not presume that because a person is receiving treatment for a mental illness or is detained in a mental health facility that no action can be pursued in respect of alleged criminal acts’.

Although participating in a police investigation and court proceedings can be traumatic for victims, receiving formal recognition of the wrong done to them can be extremely important for some people. SAS staff are experienced in the provision of information and advocacy to victims of sexual assault

#### **Health Care Complaints Commission (HCCC)**

The NSW Health Care Complaints Commission is independent of the NSW Department of Health and receives and deals with complaints about the professional conduct of health care practitioners or about health services, which affect the clinical management or care of individual clients. In the case of reports of sexual assault by a NSW Health employee, the HCCC should be notified (Appendix G).

#### **Patient support officers**

Patient support officers provide a support service to health care consumers who require assistance to resolve concerns with health services at a local level through the provision of information, encouragement and assistance. They are independent of all health services (Appendix G).

#### **Official visitors**

Official visitors are appointed by the Minister for Health under the *NSW Mental Health Act 1990*. Official visitors investigate whether the rights and dignity, and treatment and care of people being treated under the *Mental Health Act* are being respected. Official visitors can review such circumstances when this treatment and care is believed to be compromised. The official visitors may request to see documents related to the management of allegations of sexual assault, and must be afforded access to all such records and registers (Appendix G).

#### **Supporting staff**

Staff reporting sexual assault require support, especially where the alleged perpetrator is another staff member. Senior management should be available to advise and support clinical teams or workplaces. A range of supports such as general, peer, and defusing counselling should be available. At an appropriate time after the incident, it is important to review team or work unit morale. In the case of ongoing difficulties, it may be appropriate for referral to counselling services. A review of the incident, and provision of support and formal guidance may be helpful in dealing with anxieties regarding the assault. This is the role of senior clinical staff. The Employee Assistance Program may also be of benefit, and information on how to contact the program should be made readily available.

Staff accused of being the perpetrator of a sexual assault, where the allegation has been found to be false, will require sensitive understanding and support from management, and may require the range of supports outlined above. Clear feedback on the outcomes of investigations to staff will also assist in this process.

#### **Supporting families**

The support needs of families and carers should be recognised, and a plan made to offer support, including referral to other avenues of support, as required. Where there is a risk that the sexual health of a partner may be compromised, careful consideration should be given to disclosure of information. In this instance advice may be sought from the local sexual assault service. Any communication with family is subject to the usual confidentiality requirements, which protect the rights of patients.

## 2.7 Follow-up

### **Guideline 2.7**

Incidents of sexual assault should be subject to a Sentinel Events Review/Root Cause Analysis.

A collaborative management plan for follow-up with victims of sexual assault must be in effect.

### **Critical incidents/sentinel events review**

Incidents of sexual assault should also be the subject of a local Sentinel Events Review or a Root Cause Analysis as per the Department's *Reportable Incidents Briefs to the NSW Department of Health* (Circular 2003/88). Consideration should be given to involving a representative from the local Sexual Assault Service in any review process.

### **Follow-up for the victim**

A clear follow-up management plan must be articulated for the alleged victim. This should be done in collaboration with the client and other involved agencies, such as the SAS. Sensitive and appropriate discharge, if the client is an inpatient, must be completed in collaboration with other involved agencies prior to discharge.

### **Feedback on outcomes of investigations**

Feedback mechanisms should be developed to ensure transparency of process, with due regard paid to privacy of individuals concerned. Feedback on the investigations would be expected to be given to the complainant.

# A supportive workplace culture and learning in relation to sexual safety in mental health services

# 3

A supportive workplace culture is one that prevents any form of abuse of clients and provides effective counselling and medical services to victims. All staff should actively seek to protect vulnerable persons from abuse. Developing and supporting a workplace culture in relation to sexual safety and providing active support for victims, and those who report abuse, are essential to preventing this crime. Improving awareness of the potential for sexual assault in mental health services, and the increased risk for clients with a past history of sexual assault, will do much to contribute to more effective prevention and responses to this issue.

Circular 97/80, *Procedures for recruitment and employment of staff and other persons – vetting and management of allegations of improper conduct* contributes to this culture by ensuring that all NSW Health staff, official visitors, students, volunteers and persons engaged in any other capacity are vetted for a history of sexual assault prior to employment.

## 3.1 Mental health service policy

### **Guideline 3.1**

Each Area mental health service is required to develop local policies and procedures with regard to sexual safety, and for dealing with allegations of sexual assault as outlined in these Guidelines. This policy should detail implementation of these Guidelines specific to the local service environment.

Local policy development aims to foster sexual safety in mental health services by providing guidance for staff and consumers on standards of care and attitudes. Consideration should be given to specifying local policies in relation to boundaries in client/staff relationships. Clear guidelines on dealing with allegations of sexual assault will ensure that any occurrences are dealt with swiftly, consistently and fairly, with due regard to all involved.

Local policies should detail procedures in each part of the service, including communication networks with other agencies. Where appropriate, the development of service agreements or memorandums of understanding with other agencies should be considered. In particular, mental health services are encouraged to formalise service agreements with local sexual assault services. Recognition of the differing philosophical/ideological bases of the two practices can be made, whilst at the same time recognising the benefits to both clients and services of a well-coordinated and collaborative approach.

Where a mental health service funds a non-government organisation to provide a service to mental health consumers, consideration should be given to the inclusion in any service agreements or contracts, of clauses relating to the promotion of sexual safety and processes for dealing with instances of alleged sexual assault.

Ensuring a culture of understanding, support and learning starts from orientation to the mental health service. Orientation for staff should include awareness of local sexual safety policies and procedures, and introduction to the local sexual assault services.

Orientation should also aim to increase the new staff member's awareness and understanding of sexual safety and encourage staff to report all incidents of sexual assault.

### 3.2 Education and training

#### **Guideline 3.2**

An education and training plan for staff about sexual assault in mental health services, including the mental health needs of adult survivors of sexual abuse, should be developed by each Area Mental Health Service.

Orientation programs for all mental health staff must include training in effective prevention of, and response to, sexual assault.

An informed workforce, which is open to ongoing learning, is an essential element of a mental health system that provides a supportive and safe environment for clients. Regular and updated education and training, that improves the knowledge, skills and attitudes of all staff employed in mental health services can do much to support this, and therefore prevent sexual assault occurring. Every effort should be made to ensure that staff are released from duties to attend training.

Education of staff about the effects of past and recent sexual assault is an important element for the client's ongoing clinical care.

Education and training for clients and consumer support workers is another important strategy to increase awareness and improve knowledge, skills and attitudes to sexual assault amongst this population. Other relevant bodies such as official visitors have a role to play in prevention and effective responses to sexual assault, and as such, training is to be provided to official visitors at the annual conference and in initial training.

### 3.3 Resource and information dissemination

#### **Guideline 3.3**

Information and resources should be readily available and include pamphlets outlining procedures for complaint and redress, and where to find appropriate counselling and legal assistance. These resources should be visible to staff and clients, and available in appropriate community languages.

An effective implementation plan for supporting a culture of understanding and learning should include the development and dissemination of resources for mental health professionals and clients. These resources should be available in a range of community languages as well as in English, and should accommodate varying literacy skills.

# Implementation, monitoring and evaluation

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The NSW Department of Health through consultation with consumers, carers, non-government organisations, service providers and other government departments developed the *Guidelines for the promotion of sexual safety in NSW mental health services* in 1998/99.

In April and June 2001, Area Health Services were asked to report on local implementation of the Guidelines. All Areas reported implementation of the Guidelines, although the extent and effectiveness of this implementation varied between Areas. The Guidelines have been extensively used as an adjunct to planning in Area Health Services, specifically in relation to service development, quality systems (including local policy development) and facility design. The Guidelines have been seen as providing directions for services to better meet the needs of consumers, in matters related to sexual safety, the development of partnerships and improved workplace training.

Implementation and compliance with this second edition of the Guidelines will again be monitored at a state level, with Area mental health services being requested to submit a report on compliance. Some Area mental health services have rigorously developed local policies as a result of the first edition of the Guidelines, and therefore implementation of this second edition will focus on review and maintenance of established processes, partnerships and training strategies. For those mental health services where implementation to date has been limited, priority will need to be given to local policy development, development of collaborative partnerships and staff training.

An audit will be completed 12 months post publication and distribution of this second edition of the Guidelines.

At a local level, implementation of the Guidelines should be recorded through existing mechanisms such as orientation program checklists and staff education and training registers.

Mental health services should be proactive in seeking intra and interagency collaboration. Complex cases require collaboration, case conferences and coordinated management plans between different agencies. Agencies, which might be involved in this are: mental health services, sexual assault services, non-government organisations involved in local mental health service delivery, Department of Community Services, Department of Education and Training, and NSW Police.

## **National Standards for Mental Health Services (NSMHS)**

The *Guidelines for the promotion of sexual safety in NSW mental health services* should also be reviewed in relation to the National Standards for Mental Health Services 1996, which address specific issues relating to sexual assault in the following standards:

- Standard 1 Rights
- Standard 2 Safety
- Standard 5 Privacy and confidentiality
- Standard 6 Prevention and mental health promotion
- Standard 8.2 Integration within the health system
- Standard 8.3 Integration with other sectors
- Standard 9 Service development
- Standard 10 Documentation
- Standard 11.1 Access
- Standard 11.4 Treatment and support
- Standard 11.5 Planning for exit

Implementation and compliance with these Guidelines should reflect and consolidate the tenets of the National Standards for Mental Health Services.

A review, which measures the extent to which Mental Health Services achieve the NSMHS, could include:

- Critical appraisal of the quality of local policies and procedures related to:
  - implementation of the Guidelines
  - complaints handling
  - safety issues.
- Assessment of the reliability of incident reporting.
- Determining staff knowledge and attitudes related to the provision of care which protects the consumer from risk of sexual assault.
- Determining the extent to which staff have participated in training related to the implementation of these Guidelines.
- Assessment of the efficacy of advocacy options available to consumers.
- Determining the extent to which the mental health service fosters and maintains links with other agencies and services, particularly the SAS and NSW Police.

***NSW Department of Health  
incident reporting system***

A number of processes are currently in place in Area Health Services and the NSW Department of Health for reporting and investigating reports of sexual assault. Managers are referred to the NSW Department of Health's Reportable Incidents Briefings, and the Sentinel Events Review process, which provides an effective mechanism for reviewing preventative measures and any incidents of sexual assault at an Area Mental Health Service level.

# Conclusion

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The promotion of sexual safety in all mental health services, both community and inpatient, will do much to reduce the incidence of sexual assault of people with a mental health problem or disorder. This can be achieved by promoting sexual safety, responding more effectively to reports of sexual assault, and by addressing cultural issues in services that care for this vulnerable population. Mental health services are commended for their implementation of the first edition of these Guidelines. Continued attention to the issue of sexual safety for clients of mental health services is warranted, and as such, a schedule of ongoing review of sexual safety should be integrated into quality activities and the sexual safety of clients considered in all aspects of service delivery.



## Child sexual abuse: related documents

### Circulars

- 97/80 *Procedures for recruitment and employment of staff and other persons – vetting and management of allegations of improper conduct.*
- 99/65 *Ombudsman Amendment (Child Protection and Community Services) Act 1998 – Allegations of Child Abuse.*
- 2000/69 *NSW Department of Health policy on employment screening using criminal record checks.*
- 2003/16 *Protecting children and young people – recognising and reporting suspected risk of harm and responding to requests from the Department of Community Services.*

### Other documents

- NSW Department of Health (2000), *NSW Health frontline procedures for the protection and care of children and young people*. NSW Department of Health.
- NSW Government (1998), *Children and young persons (Care and Protection) Act 1998*. NSW Government Information Service.

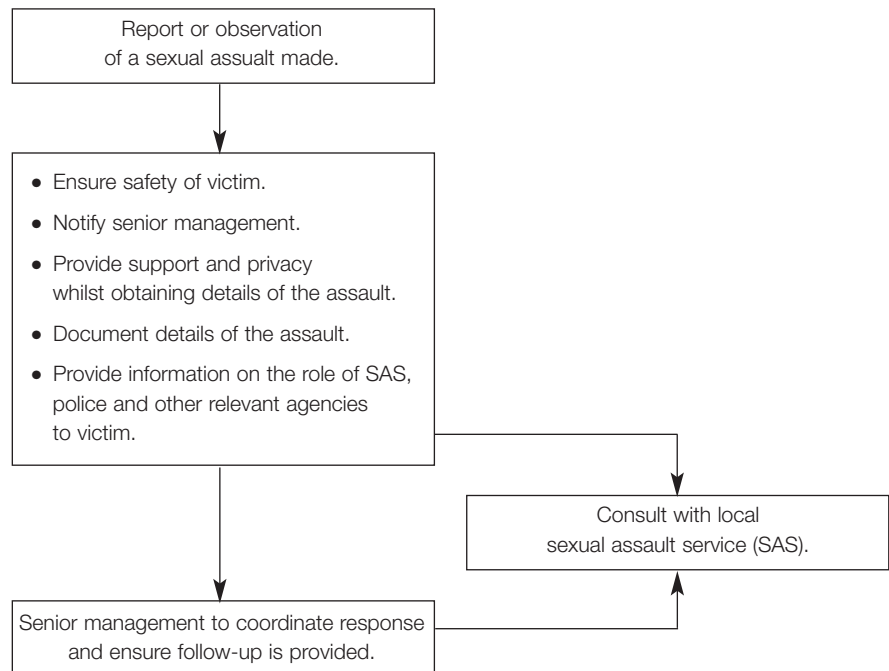
# B

## Appendix B

### Checklist for the promotion of sexual safety in mental health services

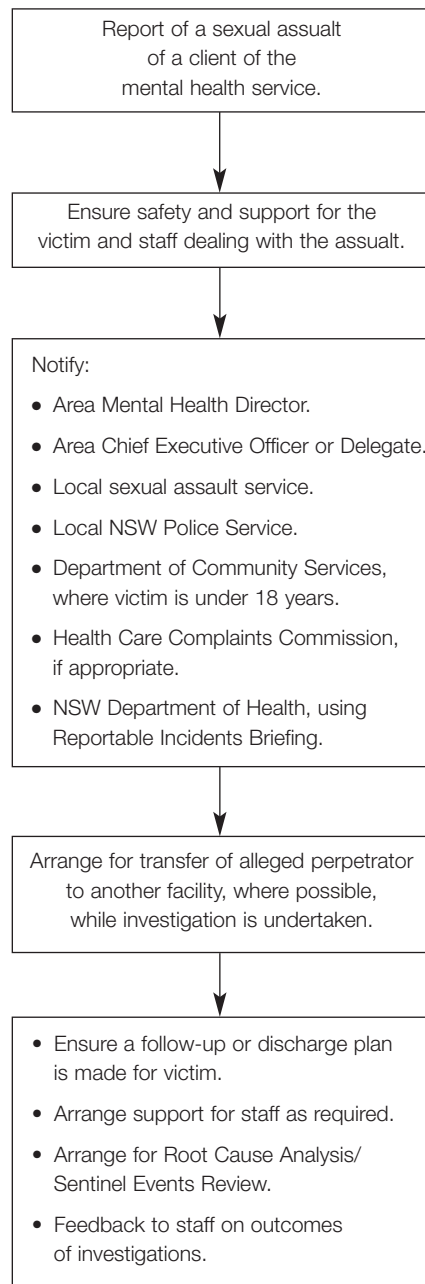
Does the mental health service	Yes	No
1. Have a local and current sexual assault policy and procedure?		
2. Have a local and current policy for the management of sexually disinhibited behaviour?		
3. Review sexual assault and related policies and procedures every three years, in consultation with consumers and sexual assault services?		
4. Provide initial and ongoing assessment of vulnerability, and potential to harm for every client of that service?		
5. Provide education and training on sexual assault and sexual abuse for mental health professionals, managers, non-clinical staff, consumers and consumer support workers?		
6. Consult the sexual assault service in their Area following reports of sexual assault in the service?		
7. Have regular meetings between sexual assault services and the mental health service?		
8. Have a visible contact list of sexual assault services, police and other relevant contacts (eg Health Care Complaints Commission) for the mental health service?		
9. Have established mechanisms for complaints handling by clients of the Mental Health Service?		
10. Conduct Root Cause Analysis/Sentinel Events Reviews of local incidents of sexual assault?		

## Initial response by staff to a report of an alleged sexual assault in an inpatient or community mental health service

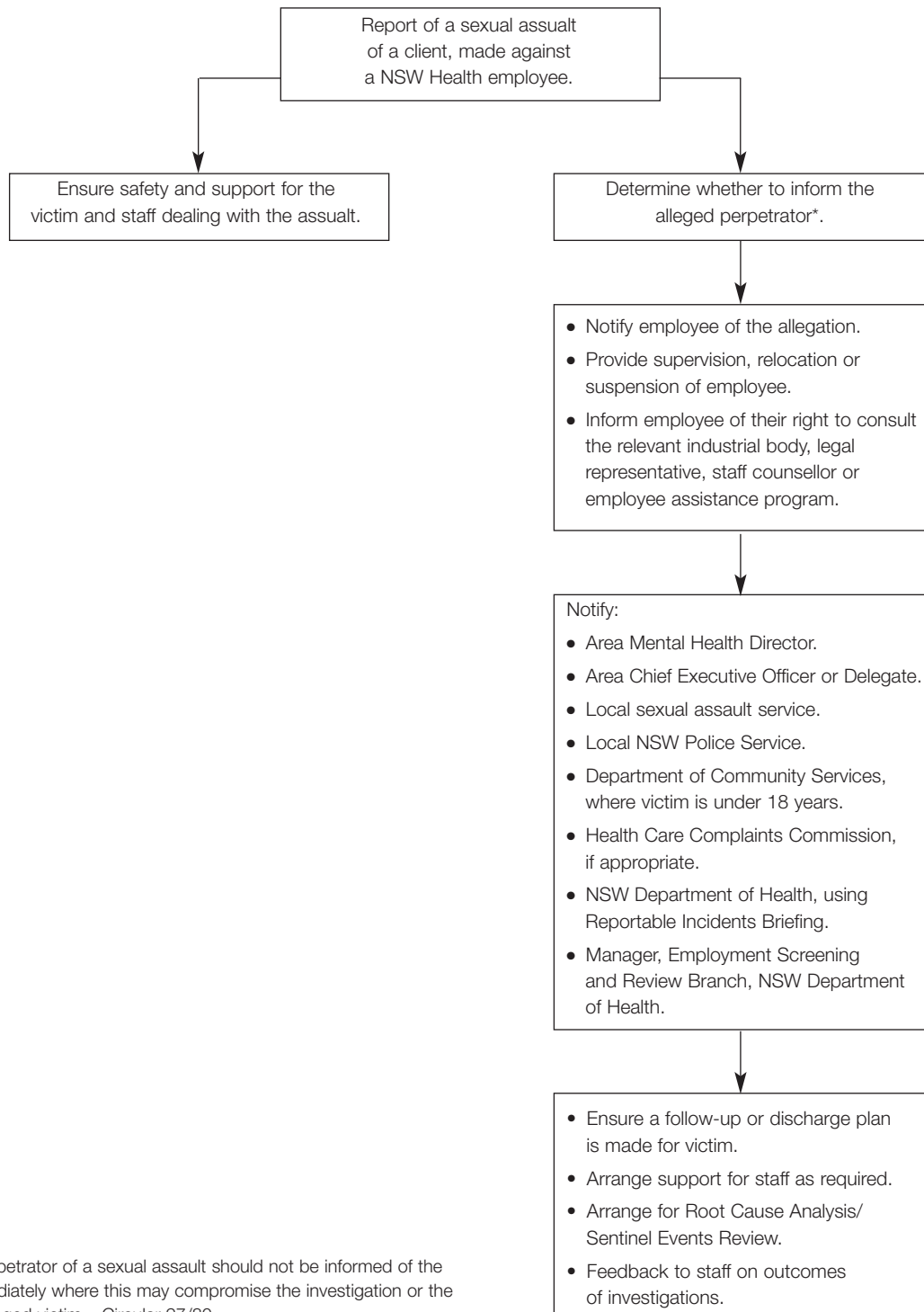


# D Appendix D

## Senior management response to a report of an alleged sexual assault, where both the victim and alleged perpetrator are clients of the service



## Senior management response to a report of an alleged sexual assault, where the victim is a client of the service and the alleged perpetrator is a NSW Health employee or contracted health worker



\* The alleged perpetrator of a sexual assault should not be informed of the allegation immediately where this may compromise the investigation or the safety of the alleged victim – Circular 97/80

## Policies, circulars and resources related to sexual assault in mental health services

### Circulars

- 90/94 *Policies for dealing with assault in psychiatric facilities.*
- 94/74 *Management of complaints about health services and the health system.*
- 97/80 *Procedures for recruitment and employment of staff and other persons – vetting and management of allegations of improper conduct.*
- 97/114 *Victims Rights Act 1996.*
- 98/79 *Principals and minimum standards for the development of health service codes of conduct.*
- 2000/69 *NSW Department of Health policy on employment screening using criminal record checks.*
- 2002/19 *Effective incident response: A framework for prevention and management in the Health workplace.*
- 2003/88 *Reportable Incident Briefs to the NSW Department of Health.*

### Other documents

- Commonwealth of Australia (1996), *National Standards for Mental Health Services*, Commonwealth Department of Health and Family Services.
- NSW Department of Health (2002), *DS26/Kit adult and adolescent mental health inpatient unit 2002.*
- NSW Department of Health (2002), *Interim guidelines to sentinel events management in NSW mental health services*, NSW Department of Health.
- NSW Department of Health and NSW Police (1998), *Memorandum of Understanding between NSW Police and NSW Health, updated guidelines and flowcharts*, NSW Department of Health.

## Other services

### **Health Care Complaints Commission**

#### **Street address**

Level 13  
323 Castlereagh Street  
Sydney NSW 2000

#### **Postal address**

Locked Mail Bag 18  
Strawberry Hills NSW 2012

**Telephone** (02) 9219 7444

**TTY** (02) 9219 7555

**Toll free in NSW** 1800 043 159

**Fax** (02) 9281 4585

**Email** [hccc@hccc.nsw.gov.au](mailto:hccc@hccc.nsw.gov.au)

### **Patient Support Service (officers)**

Penrith/Blue Mountains (02) 4734 3870

Western Sydney (02) 9881 1506

South Eastern Sydney (02) 9382 8129

Northern Sydney (02) 9926 8184

South Western Sydney (02) 9828 5710

Central Sydney (02) 9395 2028

Newcastle/Hunter (02) 4985 3143

Regional NSW 1800 043 159

### **Telephone Interpreter Service**

**Telephone** 131 450

### **Guardianship Tribunal**

#### **Street address**

Level 3/2a Rowntree Street  
Balmain NSW 2041

#### **Postal address**

Locked Bag 9  
Balmain NSW 2041

**Telephone** (02) 9555 8500

**TTY** (02) 9552 8534

**Toll free** 1800 463 928

**Fax** (02) 9555 9049

**Email** [gt@gt.nsw.gov.au](mailto:gt@gt.nsw.gov.au)

### **Official Visitors' Program**

#### **Address**

PO Box 860  
North Sydney NSW 2060

#### **Telephone**

1800 208 218



# Appendix H

## NSW sexual assault services

### **Central Sydney**

Eastern and Central Sexual Assault Service  
Royal Prince Alfred Hospital  
Level 9, Queen Mary Building  
Grose Street  
Camperdown  
**Telephone** (02) 9515 3680  
(02) 9515 6111 (24 hours)

### **Northern Sydney**

Northern Sydney Sexual Assault Service  
Royal North Shore Hospital  
Pacific Highway  
St Leonards  
**Telephone** (02) 9926 7580  
(02) 9926 7111 (24 hours)

Northern Sydney Child Protection Service  
Royal North Shore Hospital  
Pacific Highway  
St Leonards  
**Telephone** (02) 9926 6060  
(02) 9926 7111 (24 hours)

### **South Eastern Sydney**

Southern Sydney Sexual Assault Service  
St George Hospital  
36 Belgrave Street  
Kogarah  
**Telephone** (02) 9350 2494  
(02) 9350 1111 (24 hours)

### **Wentworth**

Wentworth Sexual Assault Service  
Nepean Hospital  
Derby Road  
Penrith  
**Telephone** (02) 4734 2512  
(02) 4737 2000 (24 hours)

### **Western Sydney**

Westmead Sexual Assault Service  
Grevillea Cottage  
Westmead Hospital  
Hawkesbury Road  
**Telephone** (02) 9845 7940  
(02) 9845 5555 (24 hours)

Blacktown/Mt Druitt Sexual Assault Service  
Unit 1, Marcel Crescent  
Blacktown  
**Telephone** (02) 9881 8700

### **South Western Sydney**

Bankstown Sexual Assault Service  
Bankstown Community Health Centre  
36-38 Raymond Street  
Bankstown  
**Telephone** (02) 9780 2777  
(02) 9820 3000 (24 hours)

Liverpool/Fairfield Sexual Assault Service  
Level 3, Campbell and Goulburn Streets  
Liverpool Hospital  
Liverpool  
**Telephone** (02) 9828 4844  
(02) 9828 3000 (24 hours)

Macarthur Sexual Assault Service  
Rosemeadow Community Health Centre  
4 Thomas Rose Drive  
Rosemeadow  
**Telephone** (02) 4633 4100  
(02) 9828 3000 (24 hours)

Wingecarribee Sexual Assault Service  
Wingecarribee Community Health Centre  
Bendooley Street  
Bowral  
**Telephone** (02) 4861 8000  
(02) 9828 3000 (24 hours)

**Illawarra**

Nowra Sexual Assault Service  
Shoalhaven Hospital  
Scenic Drive  
Nowra

**Telephone** (02) 4423 9211

Wollongong Sexual Assault Service

Urunga House  
4 Urunga Parade  
Wollongong Hospital

Wollongong

**Telephone** (02) 4222 5408

(02) 4222 5000 (24 hours)

**Hunter**

Newcastle Sexual Assault Service

Longworth Avenue

Wallsend Campus

John Hunter Hospital

Wallsend

**Telephone** (02) 4924 6333

(02) 4921 3888 (24 hours)

Upper Hunter Sexual Assault Service

Muswellbrook Community Health Centre

Brentwood Street

Muswellbrook

**Telephone** (02) 6542 2062

1800 642 357 (24 hours)

Lower Hunter Sexual Assault Service

Lower Hunter Community Health Centre

58 Stronarch Avenue

East Maitland

**Telephone** (02) 4933 4422

(02) 4921 3888 (24 hours)

**Central Coast**

Gosford Sexual Assault Service

Biala Cottage

73 Holden Street

Gosford

**Telephone** (02) 4320 3175

(02) 4320 2111 (24 hours)

**Macquarie**

Dubbo Sexual Assault Service

Community Health Centre

2 Palmer Street

Dubbo

**Telephone** (02) 6885 8999

(02) 6885 8632 (24 hours)

Coonabarabran Sexual Assault Service

Coonabarabran Community Health Centre

Cassillis Steet

Coonabarabran

**Telephone** (02) 6842 6404

(02) 6885 8632 (24 hours)

**Far West**

Lightning Ridge Sexual Assault Service

Lightning Ridge Health Service

Opal Street

Lightning Ridge

**Telephone** (02) 6829 1022

(02) 6885 8632 (24 hours)

Bourke Sexual Assault Service

Bourke District Hospital and Health Service

Tarcoon Street

Bourke

**Telephone** (02) 6870 8899

(02) 6885 8632 (24 hours – Dubbo)

Broken Hill Sexual Assault Service

Broken Hill Health Service

Thomas Street

Broken Hill

**Telephone** (08) 8080 1554

(02) 8080 1333 (24 hours)

**Mid West**

Orange Sexual Assault Service

129 Sale Street

Orange

**Telephone** (02) 6393 3300

(02) 6393 3000 (24 hours)

Cowra Sexual Assault Service

Cowra Hospital

Liverpool Street

Cowra

**Telephone** (02) 6340 2356

Bathurst Sexual Assault Service  
 Bathurst Community Centre  
 159 William Street  
 Bathurst  
**Telephone** (02) 6331 5533  
 (02) 6339 5281 (24 hours)

Parkes Sexual Assault Service  
 (providing outreach to Condobolin, Lake Cargelligo,  
 Tullamore, Tottenham and Peak Hill)  
 Parkes Community Health Centre  
 Coleman Road  
 Parkes NSW 2870  
**Telephone** (02) 6862 1866

Lithgow Sexual Assault Service  
 Colldrewe Drive  
 Lithgow  
**Telephone** (02) 6350 2750

### ***New England***

Moree Sexual Assault Service  
 Moree Hospital  
 Alice Street  
 Moree  
**Telephone** (02) 6757 3632  
 (02) 6757 9222 (24 hours)

Narrabri Sexual Assault Service  
 Narrabri Community Health Centre  
 Barwon Street  
 Narrabri  
**Telephone** (02) 6799 5100  
 (02) 6792 1666 or (02) 6799 5066  
 (both 24 hours)

Armidale Sexual Assault Service  
 Armidale Community Health Centre  
 Rusden Street  
 Armidale  
**Telephone** (02) 6776 4738  
 (02) 6776 4622 (24 hours)

Glenn Innes Sexual Assault Service  
 Glenn Innes Community Health Centre  
 Macquarie Street  
 Glen Innes  
**Telephone** (02) 6730 2611  
 (02) 6730 2000 (24 hours)

Tamworth Sexual Assault Service  
 Tamworth Community Health Centre  
 Johnston House, Dean Street  
 Tamworth  
**Telephone** (02) 6766 2555  
 (02) 6766 1722 (24 hours)

Inverell Sexual Assault Service  
 Inverell Health Service  
 Campbell Street  
 Inverell  
**Telephone** (02) 6728 8411  
 (02) 6728 8300 (24 hours)

Gunnedah  
 Gunnedah Community Health Centre  
 Marquis Street  
 Gunnedah  
**Telephone** (02) 6740 2888 (24 hours)

### ***Mid North Coast***

Port Macquarie Sexual Assault Service  
 Port Macquarie Community Health Centre  
 Morton Street  
 Port Macquarie  
**Telephone** (02) 6588 2775  
 (02) 6581 2000

Kempsey Sexual Assault Service  
 Kempsey Community Health Centre  
 Polwood Street  
 Kempsey  
**Telephone** (02) 6562 6066  
 (02) 6562 6155 (24 hours)

Taree Sexual Assault Service  
 Taree Community Health Centre  
 64 Pultney Street  
 Taree  
**Telephone** (02) 6592 9638  
 (02) 6592 9111 (24 hours)

Coffs Harbour Sexual Assault Service  
 Coffs Harbour Family Care Centre  
 345 Pacific Highway  
 Coffs Harbour  
**Telephone** (02) 6656 7200  
 (02) 6656 7000 (24 hours)

**Northern Rivers**

Clarence Sexual Assault Service  
 Grafton Community Health Centre  
 Arthur Street  
 Grafton  
**Telephone** (02) 6640 2402

Richmond Sexual Assault Service  
 Indigo House  
 17 Weaver Street  
 Lismore  
**Telephone** (02) 6620 2970  
 (02) 6621 8000 (24 hour)

Tweed Valley Sexual Assault Service  
 Tweed Heads Community Health Centre  
 Cnr Keith Compton Drive and Florence Street  
 Tweed Heads  
**Telephone** (07) 5506 7540

**Southern**

Queanbeyan Sexual Assault Service  
 Queanbeyan Community Health Centre  
 26 Antill Street  
 Queanbeyan  
**Telephone** (02) 6298 9233

Goulburn Sexual Assault Service  
 Goulburn Community Health Centre  
 Cnr Goldsmith and Faithful Street  
 Goulburn  
**Telephone** (02) 4827 3913  
 (02) 4827 3111 (24 hours)

Young Sexual Assault Service  
 Young Community Health Centre  
 Demondrille Street  
 Young  
**Telephone** (02) 6382 1522  
 (02) 6382 1222 (24 hours)

Bega Valley Sexual Assault Service  
 Bega Community Health Centre  
 McKee Drive  
 Bega  
**Telephone** (02) 6492 9620  
 (02) 6492 4416 (24 hours)

Eurobodalla Sexual Assault Service  
 Moruya Community Health Centre  
 River Street  
 Moruya  
**Telephone** (02) 4474 1561  
 (02) 6492 4416 (24 hours)

Cooma Sexual Assault Service  
 Victoria Street  
 Cooma Community Health Centre  
 Cooma  
**Telephone** (02) 6455 3201  
 (02) 6455 3222 (24 hours)

**Greater Murray**

Wagga Sexual Assault Service  
 Wagga Community Health Centre  
 Docker Street  
 Wagga Wagga  
**Telephone** (02) 6938 6411  
 (02) 6938 6666 (24 hours)

Griffith Sexual Assault Service  
 Griffith Community Health Centre  
 39 Yambil Street  
 Griffith  
**Telephone** (02) 6962 3900  
 (02) 6962 1266 (24 hours)

Deniliquin Sexual Assault Service  
 Deniliquin Community Health Centre  
 2 Macauley Street  
 Deniliquin  
**Telephone** (03) 5882 2900

Albury Sexual Assault Service  
 Albury Community Health Centre  
 596 Smollett Street  
 Albury  
**Telephone** (02) 6058 1843  
 (02) 6058 4642 (24 hours)

Tumut Sexual Assault Service  
 (outreach from Wagga Wagga)  
 Tumut Community Health Centre  
 Simpson Street  
 Tumut  
**Telephone** (02) 6947 1811  
 (02) 6938 6666

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