

SEXUAL SAFETY STANDARD OPERATING PROCEDURE

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Name of Trust Strategy/Policy/Guidelines this SOP refers to:	Safeguarding Adults Policy Managing Concerns Against Individuals in a Position of Trust Safeguarding Children Policy Clinical Supervision Policy Safeguarding Supervision Guidelines Supporting Transgender Patients and Service Users Policy

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	21/08/2019	New SOP
1.1	17/12/2020	Full review, minor changes. Addition to the reporting of incidents section regarding psychological and physical harm. Approved at QPaS (17 December 2020). Extended until end of November, as plan to now implement a joint policy and procedure to replace SOP. Extension approved by director sign-off (Rosie O'Connell confirmed agreement with Hilary Gledhill and Kate Baxendale – 19 March 2024).

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1. INTRODUCTION

Humber Teaching NHS Foundation Trust is committed to improving mental health and wellbeing. This includes promoting sexual safety and sexual health. Sexual safety refers to the recognition, maintenance and mutual respect of the physical (including sexual), psychological, emotional and spiritual boundaries between people. The Trust fully recognises the importance of having robust arrangements in place to ensure the sexual safety of all of its patients and staff in all services, whether on site or in the community.

In addition, the Trust recognises the importance of having clear arrangements to deal manage 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 or staff sexual safety.

2. SCOPE

This document outlines the core principles in ensuring sexual safety and sets out the way in which the Trust will seek to meet these core principles. This document is aimed at all Trust staff and seeks to support service users by implementation of robust processes for sexual safety.

3. DUTIES AND RESPONSIBILITIES

This clearly states the accountability and responsibility of staff at all levels including the standard operating procedure lead and as appropriate; heads of service, departmental heads, key personnel and Trust staff.

Chief Executive

The chief executive as accountable officer has overall responsibility for ensuring the implementation of procedures set out in this document to promote and maintain the sexual safety of patients and to prevent sexual safety incidents.

Medical Director

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

Director and Deputy Director of Nursing, Allied Health and Social Care Professionals

The deputy director has day-to-day responsibility for ensuring that the Trust is operating within the procedures set out in this document and will liaise with the Safeguarding leads for adult and child safeguarding. Directors and associate clinical directors will promote the principles set out in this document within their service, and will ensure that adequate supervision arrangements are in place to support all clinical staff, including trainees, in ensuring the sexual safety of their patients.

Qualified Professionals

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

All Staff in Clinical Areas

All staff members will follow the principles within this procedure to ensure the sexual safety of their patients during their assessment and/or treatment and to protect them from sexual incidents. Staff will ensure that any issues in relation to sexual safety of their patients are documented fully and accurately and that where risk factors are identified, these are considered in care planning and in communication with relevant others (e.g. GP, referrer and other members of the patient's care team). In addition, staff will refer to their supervisor manager in all circumstances when a sexual issue or risk arises that requires action outside the scope or capability of the staff member.

4. PROCEDURES

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

4.1. Core Principles

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

All patients and staff are entitled to be sexually safe.

Appropriate actions are taken to prevent and appropriately respond to sexual safety incidents.

Service users and staff are supported to adopt practices and behaviours that contribute to their sexual safety.

The Trust's services develop individual sexual safety standards appropriate for their particular setting, in collaboration with all members of the service including staff, patients, carers, advocates.

The physical environment of the Trust takes account of the need to support the sexual safety of patients and staff in its layout and use.

Service user's and their families, carers and advocates, are given access to clear information regarding their rights, and appropriate mechanisms for complaints and any redress actions regarding sexual safety issues.

All Trust staff foster a compassionate and open culture that encourages reporting of incidents relating to the sexual safety of patients.

Disclosures from service users or staff 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. With the utmost regard for the service user's privacy and dignity, past trauma, cultural background, gender, religion, sexual identity, age and the nature of their mental health illness or difficulties.

Supporting a victim of sexual assault

- Don't judge them, don't blame them. A sexual assault is never the fault of the person who is abused.
- Listen to the person, but don't ask for details of the assault. Don't ask them why they didn't stop it. This can make them feel as though you blame them.
- Offer practical support, such as going with them to appointments.
- Respect their decisions, for example, whether or not they want to report the assault to the police. Bear in mind that if this is a criminal issue and there is a risk to the service user or other this may not be something you can support.
- Bear in mind they might not want to be touched. Even a hug might upset them, so ask first.
- Don't tell them to forget about the assault. It will take time for them to deal with their feelings and emotions. You can help by listening and being patient. [Find your nearest rape and sexual assault services](#), including SARCs.
- www.nhs.uk/live-well/sexual-health/help-after-rape-and-sexual-assault.

Trust staff are provided with training and education to enable them to promote strategies to support sexual safety and prevent sexual assault and harassment, and to respond appropriately and sensitively to sexual safety issues involving patients, both within the service environment and within the community. This is delivered as part of safeguarding level 3 training and also through a bespoke sexual safety training package.

Service users are supported to access education to enable them to effectively recognise and respond to behaviours, both their own and other people's, that may compromise or breach their own or another person's sexual safety, develop self-protective behaviours and establish and maintain good sexual health.

Staff and service users are able to safely and confidently escalate any sexual safety concern which includes escalating to line managers, discussing with specialist services, and supporting them in a person-centred way with a variety of information and supportive measures.

Staff should adhere to the safeguarding adult policy and safeguarding allegations against staff policy which underpins staff practice for recognising and reporting abuse of any kind.

Sexual abuse is a crime and consideration should always be given to reporting any sexual abuse incidents to the police.

Considerations can be given to:

- Sexual health clinic/advice
- Sexual Assault Referral Centre (SARC). Alleged perpetrators on the same ward – move ward (single gender) or alternative area
- Sexual harassment and grooming behaviours
- Review risk/care plan and consider least restrictive protective factors, e.g. engagement levels leading up to seclusion/long-term segregation
- MSP – Making Safeguarding Personal – involve the person at risk at all times in the process
- Additional psychological support where required/external charity or non-profit providers, e.g. [The Survivors' Trust](#), [Rape Crisis](#), [Victim Support](#)
- MCA 2005 – Best Interest
- Consider criminal aspects (statutory rape or sexual assault)

4.2. Promoting and Maintaining Sexual Safety

4.2.1. Fostering a therapeutic environment

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

4.2.2. Use of the internet and social media

Although use of the Internet and social media offers many positive opportunities for learning and communication, it may also increase the sexual risks to service users by allowing access to inappropriate or illegal internet pornography, e.g. child, 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 staff in awareness of service user's digital lives and how this contributes to risk assessment is, therefore, essential.

Patient use of digital technology is of course supported but all patients are entitled to privacy and this is referenced in the information governance policy for the Trust.

4.2.3. Safeguarding

Training in the safeguarding of children and adults at risk for all staff is also essential for all staff in maintaining sexual safety for all patients. This is detailed in the Trust's [Safeguarding Children Policy and Procedure](#) and the [Safeguarding Adults Policy and Procedures](#). This is part of mandatory training requirements for all staff. The [Managing Concerns against Individuals in a](#)

[Position of Trust](#) clarifies the process when allegations are made against staff members and ensures that immediate action is taken.

Sexual safety is a safeguarding issue and allegations of sexual abuse should always be reported via the safeguarding/Datix process as identified in the adult and child safeguarding policies and procedures.

4.2.4. Clinical supervision

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

5. PREVENTING A SEXUAL SAFETY INCIDENT

5.1. Assessing Vulnerability

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

- Identifying as female as there are a significantly higher incidence of assault against females. However, it is important to note that any identified individual of any gender can be at risk of sexual assault. This includes individuals who identify as transgender which is referenced in the transgender policy and identifies the vulnerabilities of this group
- Transitioning service users
- LGBTQ+ service users
- Under 18 years of age
- Having a past history of being sexually assaulted
- Being heavily medicated
- Being intoxicated and/or having a co-morbid drug and alcohol condition
- Having an intellectual disability
- Being a refugee and/or past history of torture and trauma
- Psychosis
- Experience of domestic violence
- Sexual disinhibition
- Having a cognitive impairment
- Impaired communication skills, e.g. English competence, hearing speech or visual impairment

The Sexual Safety SOP is there to support a consistent approach from staff, to reduce sexual abuse incidents and ensure that patients are given sensitive and skilled support.

Reporting of incidents

Staff will always consider the reporting of sexual safety incidents via:

- Datix
- Safeguarding
- Trust security
- Line manager
- On-call manager
- Police

Staff will always discuss such incidents with their manager or on-call manager and always inform the police if any patient has reported a sexual assault.

When determining the level of harm caused, psychological harm should be considered as well as physical harm. This relates to staff as well as patients.

6. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Safeguarding Children Policy

Safeguarding Adults Policy

Managing Concerns Against Individuals in a Position of Trust

Supervision Policy (Clinical, Practice and Non-Clinical)

Safeguarding Supervision Adults and Children Guidance

Safeguarding Domestic Violence and Abuse Policy

Supporting Transgender Patients and Service Users Policy