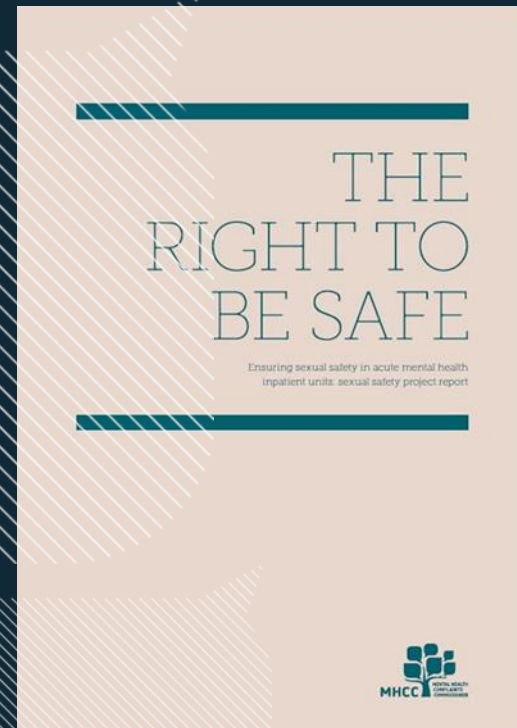


Sexual Safety Project report: findings and recommendations

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THE RIGHT TO BE SAFE

Ensuring sexual safety in acute mental health
inpatient units: sexual safety project report



SUMMARY

THE RIGHT TO BE SAFE

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Introduction: sexual safety

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Introduction: sexual safety

Right to be safe

- Sexual safety: fundamental human right
- Foundational to achieving objectives of the *Mental Health Act 2014*

Breaches of sexual safety are experiences in which a person is not, or does not feel, sexually safe, including experiences of sexual activity, sexual harassment and alleged sexual assault.

Complaints

- Vital window into the gravity and impact of people's experiences
- Offer insights and information not previously available

Background

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Ensuring sexual safety in acute mental health
inpatient units: sexual safety project report



Background

- Issue of sexual safety in acute mental health inpatient units: not new or unique to Victoria
- Many efforts to address the issue (e.g. guidelines, training, targeted infrastructure for women-only/gender-safe areas)
- Themes identified in complaints made to the MHCC and reported by services
- MHCC function: to identify quality and safety issues and make recommendations for service improvement (s 228(j) of the Act)

Project overview

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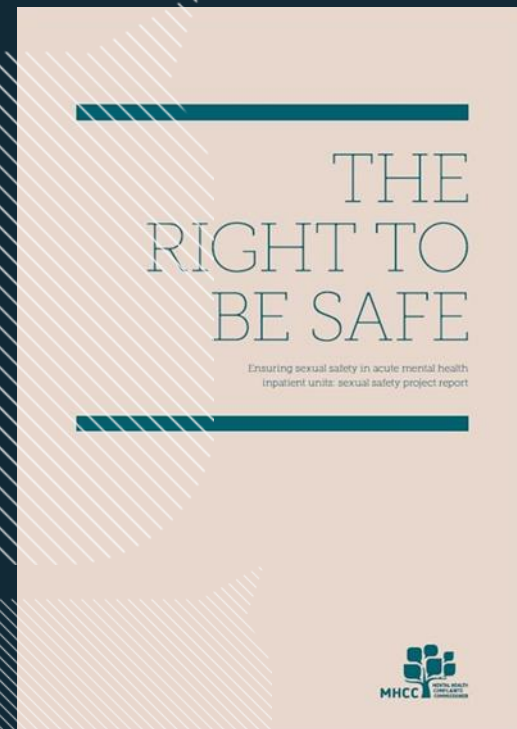
Project overview

Four components

- Findings from **4** investigations
- Analysis of **90** complaints: **40** complaints reported by services, **50** complaints to the MHCC (**23** oral, **27** written)
- Review of national and international literature, research, relevant policies, standards and initiatives
- Consultations with key stakeholders and people with relevant experience and expertise: over **100** people

Scope: acute mental health inpatient units only

Overall project findings



Overall findings: what we know

- Complaints about sexual safety breaches: almost all services
- Incidents can have devastating impacts
- Majority of breaches: male to female (**73%**), consumer to consumer (**77%**), women experienced **80 %** of breaches
- Issues in understanding and explaining why sexual activity is not permitted
- Incidents of sexual harassment and sexual assault: not consistently recognised or accurately described
- Issues in categorising incidents, responses and reporting

Overall findings: what we don't know

- Prevalence and trends in overall incidents and types of sexual safety breaches
- Extent/nature of issues for men, younger and older people, LGBTI people and other priority groups
- Impact and evaluated outcomes of initiatives
- Status of gender-safe infrastructure across services (e.g. separate areas and bathrooms, lockable doors, swipe bands)
- Extent to which gender-safe/women-only areas are not used as intended or need for placement cannot be met

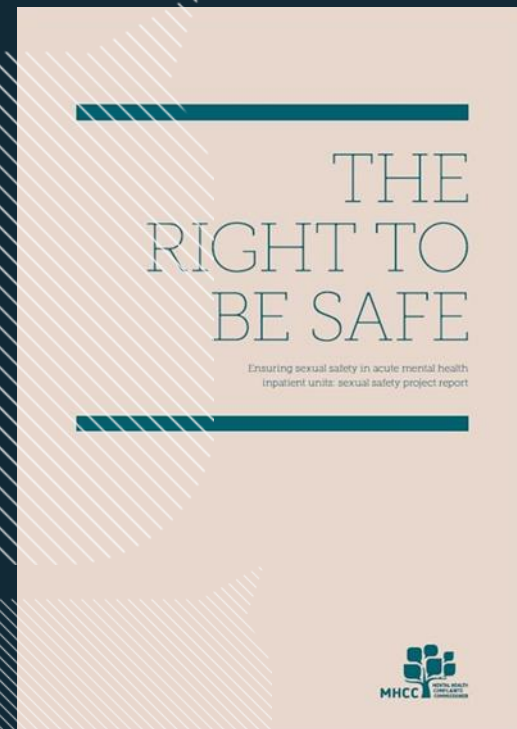
Overall findings: what is needed

A comprehensive sexual safety strategy to plan, coordinate and monitor action to prevent and respond to breaches of sexual safety in acute mental health inpatient units.

Key principles: human rights, violence prevention, trauma-informed care, working with lived experience, recognising and responding to diversity

A clear policy directive: minimum requirements for infrastructure, policies and practices, staff training, reporting, self-assessment and audits

Sexual safety investigations



Events leading up to the complaint

- The admission process and orientation practices
- Assessments, risk assessments and sexual risk assessments
- Strategies to mitigate risk and vulnerability: *what was the plan of treatment and care?*
- Trauma history and trauma-informed care
- Communication and documentation

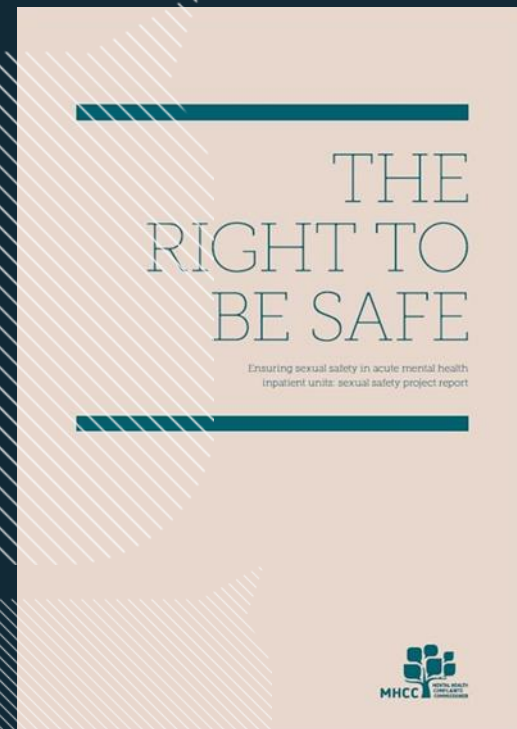
The complaint (incident)

- What happened?
- What actions were taken?
- Were actions consistent with policies and procedures?
- Were policies and procedures adequate?
- Documentation: how are events described?
- Internal review and investigation processes
- Police involvement

Post-incident care

- Open disclosure
- Continuity of care and transfer of information
- Discharge planning

Key project findings: data



Key data findings: who was involved

Gender: majority of complaints about sexual safety relate to men breaching the sexual safety of women (**73%**)

Alleged perpetrators: over three-quarters of complaints identified other consumers as breaching other consumers' sexual safety

Who made complaints?

- **62%** consumer, **38%** family members, carers, support people
- Majority of consumers had previous trauma or other vulnerabilities (**87–94%** of complaints with known data)

Key data findings: type and location

Types of breaches and where they occurred

- Alleged sexual assaults **47%**, gender safety **38%**, sexual harassment **13%**
- Most occurred in adult services: **96%**
- Intensive care areas (ICAs/HDUs): **40%**
- Incidents in bedrooms: **34%**
- Six incidents reported in a women-only area
- Specific environmental factors identified in **22** complaints

Key data findings: reporting and responses

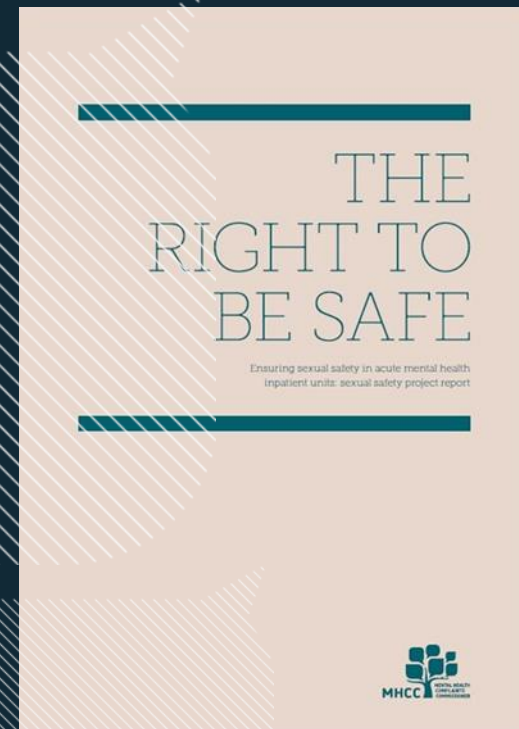
Outcome data (available for approximately half of complaints)

- **39%** alleged sexual assaults reported to Victoria Police
- **11%** resulted in referrals to CASA
- Information on reporting to the Chief Psychiatrist: often not provided in local complaints data
- Where information was provided ($n = 8$), none of the complaints about alleged sexual assaults were reported to the Chief Psychiatrist

Key data findings: complaint outcomes

- Majority of people were not satisfied with the service response (**over 90%**)
- Majority of consumers felt unsafe and traumatised by their experience (**74%**)
- Apology was provided in more than **55%** of complaints, but most only occurred after the complaint was dealt with by the MHCC
- Service improvement actions were more likely to be recorded as outcomes of complaints to the MHCC

Overview of recommendations



Recommendations

Under s 228(j) of the Act, recommendations are made to:

- the Secretary, Department of Health and Human Services
- Chief Psychiatrist
- mental health services

Framework for recommendations

- ***Primary interventions:*** primary prevention
- ***Secondary interventions:*** targeted prevention
- ***Tertiary interventions:*** responses to sexual safety breaches

Primary prevention

Governance

- Sexual safety incident category, service risk registers, statements of priorities

Leadership

- Service cultures, workforce capability, coproduced resources, peer support

Trauma-informed care

- Implement as a primary prevention strategy

Infrastructure

- Audits, minimum requirements, piloting of women-only units, flexible areas, prioritisation for maintenance and repairs

ICAs

- Improvement plan for ICAs, alternative strategies for those at risk/vulnerable
-

Secondary: targeted prevention

Orientation to units

- Clear verbal and written explanations, expectations of behaviour, safety plans

Risk assessments

- Include risk factors associated with vulnerability, dynamics of the unit

Recognising and responding to diversity

- Ensure approaches are informed by understanding and knowledge of diversity of needs and particular risks associated with gender, sexuality, culture, disabilities, age and backgrounds

Tertiary interventions

Trauma-informed responses

- Identify minimum skills, knowledge and capabilities for initial disclosures and to lead responses to allegations and incidents

Open disclosure

- Specific guidance on skills and approaches, supports and training

Reporting to, and working with Victoria Police

- Clear guidance on duty of services to report to police, and collaboration with police on responding to sexual safety breaches

Tertiary interventions (cont.)

Incident reporting

- Minimum ISR 2 and requirements for escalation, oversight and monitoring

Investigation standards

- Guidance and requirements consistent with other service types

Documentation standards

- Requirements for clear and factually accurate terms and records

Discharge planning and referrals

- Information on breach, plans for support/referrals and future admissions

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