

## Sexual Safety on Inpatient Units

### Procedure Responsibilities and Authorisation

|  |                              |
|--|------------------------------|
| <b>Department Responsible for Procedure</b>  | Mental Health and Addictions |
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| <b>Target Audience</b>   | Inpatient unit staff         |
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### Procedure Review History

| Version | Updated by   | Date Updated | Summary of Changes  |
|---------|--------------|--------------|---|
| 2.0     | Kylie Balzer | October 2023 | Acute inpatient changed to mental health inpatient<br>Added clinical staff responsibility to ensure that the physical health needs of tāngata whaiora are addressed<br>Inclusion of supported decision making |

## Sexual Safety on Inpatient Units

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## Sexual Safety on Inpatient Units

### 1 Overview

#### 1.1 Introduction

Mental Health and Addictions Service (MH&AS) is committed to recognising and responding to diversity and improving the mental health and wellbeing of all tāngata whaiora; this includes promoting sexual safety and sexual health.

All people have the right to feel and be sexually safe when accessing mental health inpatient treatment. Mental health services have an obligation to provide a safe, therapeutic environment for all tāngata whaiora and to take all reasonable steps to ensure that people's sexual safety is maintained. Services need to recognise the prevalence of trauma among people accessing mental health inpatient facilities.

All tāngata whaiora, staff and visitors have the right to a safe environment in adult inpatient services.

Our attitudes and the service's response to the disclosure of an alleged breach of sexual safety can significantly impact a tāngata whaiora experience and longer term well-being. Therefore, any allegation of an alleged breach of sexual safety is a serious matter and a consistent approach needs to be taken to the assessment, recording, reporting and follow-up of allegations. A failure to take a trauma-informed approach to care can also trigger re-experiencing of past trauma.

Staff may become accustomed to sexualised ideas, comments and behaviour within a mental health inpatient setting and may attribute a tāngata whaiora complaint of an alleged breach of sexual safety to their mental illness. At times it may be difficult to decide when to involve police, particularly when those tāngata whaiora involved are acutely unwell.

A tāngata whaiora may not know how to make a complaint about an alleged breach of sexual safety, and some may not recognise what constitutes a breach. When a tāngata whaiora sexual safety is allegedly breached in an inpatient environment, they may find it difficult to disclose the event for fear of perceived repercussions. Staff should be mindful that a tāngata whaiora may require support to pursue an allegation because perceived power relationships may leave the tāngata whaiora reluctant or unable to do so.

Tāngata whaiora may disclose allegations of sexual abuse / assault either as an inpatient or post discharge. Follow up post discharge will follow the complaints process aligned with this procedure.

The following procedure guides staff to manage alleged sexual safety breaches to support a safe environment.

#### 1.2 Purpose

This document sets out the expectations for staff within the mental health inpatient services to:

- Promote, maintain and foster the sexual safety and sexual health of tāngata whaiora admitted to inpatient mental health services;
- Identify and appropriately respond to sexual safety risks;
- Respond appropriately to alleged breaches of sexual safety.

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### 1.3 Staff group

Includes all staff working with tāngata whaiora admitted to the Mental Health and Addictions Service inpatient services.

### 1.4 Patient / client group

All mental health and addictions tāngata whaiora who are inpatients.

### 1.5 Exceptions / contraindications

Nil

### 1.6 Definitions and acronyms

|                                   |  |
|-----------------------------------|--|
| <b>Consensual sexual activity</b> | A tāngata whaiora consents to sexual activity if they do it actively, freely, voluntarily and consciously without being pressured into it and have the capacity to consent (NZ Police, 2017).  |
| <b>Sexual assault</b>             | “Sexual assault is a term used to describe a range of sex crimes committed against a person. It is any unwanted or forced sex act or behaviour that has happened without a person’s consent” (NZ Police <a href="http://www.police.govt.nz/advice/sexual-assault/sexual-assault-and-consent">http://www.police.govt.nz/advice/sexual-assault/sexual-assault-and-consent</a> ).   |
| <b>Sexual disinhibition</b>       | “Poorly controlled behaviour of a sexual nature where thoughts, impulses or needs are expressed in a direct or disinhibited way, such as in inappropriate situations, at the wrong time or with the wrong person” (Mental Health Complaints Commission, 2018).   |
| <b>Sexual harassment</b>          | Any unwelcome or offensive sexual behaviour that is repeated, or is serious enough to have a harmful effect, or which contains an implied or overt promise of preferential treatment or an implied or over threat of detrimental treatment (Human Rights Act, section 62(2), 1993).  |
| <b>Sexual health</b>              | “A state of physical, emotional and social wellbeing related to sexuality; not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all tāngata whaiora must be respected, protected and fulfilled” (World Health Organisation, 2010). |
| <b>Sexual safety</b>              | “Feeling and being sexually safe in acute mental health inpatient environments, including being free from sexual activity, sexual harassment and alleged sexual assault” (Mental Health Complaints Commission, 2018).  |
| <b>Sexual safety breach</b>       | “An experience in which a tāngata whaiora is not, or does not feel, sexually safe, including experiences of sexual activity, sexual harassment and alleged sexual assault (Mental Health Complaints Commission, 2018). This includes being exposed to sexually disinhibited and inappropriate behaviours associated with mental unwellness.  |

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|-----------------------------|---|
| <b>Trauma-informed care</b> | “A trauma informed care approach orientates staff and systems towards the needs of people who have experienced trauma and best practice approaches that support recovery and prevent additional trauma” (Te Pou, 2017). |
|-----------------------------|---|

## 2 Clinical management

### 2.1 Roles and responsibilities

#### Team Leader / Charge Nurse Manager

- Ensure all team members are fully orientated to this procedure and adhere to its processes
- Take appropriate action to address alleged sexual safety breaches as a matter of urgency and report to the appropriate clinician/manager
- Promote a culture of sexual safety on the unit
- Provide appropriate direction to staff when responding to alleged sexual safety breaches.

#### Responsible Clinician / Doctor

- In collaboration with the team leader / charge nurse manager, coordinate the response to allegations of breaches of sexual safety regarding the tāngata whaiora
- Conduct a review within 24 hours of an allegation of a breach of sexual safety
- Determine the threshold for reporting allegations of breaches of sexual safety to the police on a case-by-case basis in accordance with legal requirements, this procedure and in consultation with the multidisciplinary team (MDT).

When an allegation of a potential crime has been made:

- Coordinate and oversee the response to an allegation, ensuring timely and accurate documentation in the clinical record
- Evaluate the tāngata whaiora capacity to consent to reporting to the police and appropriate follow-up
- Assess the role of the tāngata whaiora mental state in the allegation and discuss this with a senior medical officer.
- Decide in consultation with the tāngata whaiora and relevant others the reporting of an allegation to the police
- A Datix incident form must be completed
- Consider any immediate systemic or practice issues related to the incident, and inform the appropriate clinical / managerial personnel as appropriate.

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## Sexual Safety on Inpatient Units

### Clinical staff

- Familiarise themselves with the content of this procedure and adhere to its requirements
- Promote sexual safety of all tāngata whaiora in inpatient services
- Staff should assist police to conduct their investigation and make themselves available as appropriate
- After the police have interviewed a tāngata whaiora, staff should also assess the impact of the interview process on the tāngata whaiora and any clinical implications arising from this, and take appropriate action to respond to the tāngata whaiora needs.
- Ensure that the physical health needs of tāngata whaiora are addressed.

### 2.2 Competency required

Competencies as per clinician's and manager's role requirements.

### 2.3 Equipment

- Clinical Workstation
- Datix incident reporting system

### 2.4 Procedure

#### Team Leader / Charge Nurse Manager

- Staff are required to be vigilant for any signs of sexual activity between tāngata whaiora and others and have a low threshold for raising their concerns with the clinical team
- Sexual relationships in a mental health inpatient unit are not permitted.

#### Physical Environment

- A tāngata whaiora will not be permitted to enter another tāngata whaiora bedroom
- Vulnerable tāngata whaiora will be allocated a bedroom that affords the greatest level of safety, e.g. near the nurses' office
- Same sex tāngata whaiora will be assigned adjacent bedrooms, wherever possible
- Where current environmental constraints allow, provide female specific lounge areas
- Staff will be aware of areas on the unit where visibility is reduced and monitor accordingly.
- Staff need to maintain awareness of safety in all areas of the ward.

#### Orientation to the Unit

On admission tāngata whaiora will be provided with information on the ward expectations.

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### Family and Whānau Involvement

- Next of kin of competent tāngata whaiora are only advised of sexual safety breaches with the express consent of the tāngata whaiora (subject to very limited exceptions)
- A decision about communication with the next of kin of tāngata whaiora who are considered not to have the capacity to consent is made by the responsible clinician which may include discussion with the DAMHS and District Inspector. A supported decision making process is advised as per the Ministry of Health guidance on “Human Rights and the Mental Health (Compulsory Assessment and Treatment) Act 1992” (2020) <https://www.health.govt.nz/publication/human-rights-and-mental-health-compulsory-assessment-and-treatment-act-1992>
- Whānau, as appropriate, should be assisted to support a tāngata whaiora who has reported allegedly experiencing sexual assault or harassment
- Staff should consider whether whānau may have been or continue to be the perpetrators of abuse, and this must be considered when organising whānau visits, approving / planning leave or arranging review meetings.

### Assessment of Sexual Safety Risk

- A risk assessment related to all clinical risks, including sexual safety is completed as part of the admission assessment and planning, both on admission and throughout the admission.

### Management of Identified Sexual Safety Risk

- An overall management plan for all risks, including sexual safety, will be developed in collaboration with the tāngata whaiora and their whānau (as appropriate) when allegations of vulnerability to a breach of sexual safety is identified (Appendix A - Considerations for identifying sexual risks in the overall risk plan)
- All staff must be aware of the recovery plan
- The recovery plan will be regularly reviewed by the treating team and as part of the multidisciplinary team meetings (Appendix B - Considerations for supporting the development of an overall recovery plan).

### Sexual Safety Breaches

- Any breach of sexual safety occurring in the inpatient unit will be taken seriously and reported immediately to the team leader / charge nurse manager / responsible clinician
- Staff are required to be vigilant for any signs of sexual activity between tāngata whaiora. The threshold for raising their concerns with the clinical team must be low.
- A Datix incident notification must be completed.

### Responding to sexual activity between tāngata whaiora

- Staff intervene immediately requesting that the sexual activity stop and request assistance from a senior clinician as required.

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- If staff suspect sexual activity may not be consensual, follow procedures set out in section “Responding to allegations of breaches of sexual safety in the mental health inpatient service, including a potential crime (e.g. sexual assault)” of this document
- Staff create an opportunity for discussion with the tāngata whaiora involved
- Staff support and sensitively counsel those involved about the difficulty of assessing consent in a mental health inpatient setting and the inappropriateness of sexual activity on the unit.
- Review the tāngata whaiora mental state, risk and treatment plan
- The tāngata whaiora is to be offered a physical assessment as soon as practicable and when the tāngata whaiora is ready. Note, if the sexual activity has the potential to be reported as a potential crime, then the physical examination must be completed by an appropriately qualified medical practitioner, and occurs via the police.
- Identify strategies to reduce the likelihood of a recurrence
- Raise the incident with the treating clinical team
- Clearly document the incident in the clinical record and log a Datix incident notification.

### Responding to allegations of breaches of sexual safety in the inpatient service, including a potential crime (e.g. sexual assault)

- All allegations of breaches of sexual safety, particularly sexual assault or harassment, must be taken seriously and followed up immediately
- Reporting a potential crime to the police in the absence of the tāngata whaiora consent (through refusal or lack of capacity to consent)<sup>1</sup> must be considered when any of the following occur:
  - there is evidence apart from the tāngata whaiora testimony of a potential crime
  - the tāngata whaiora suffered harm
  - the tāngata whaiora decision was made not to report and their reasons given
  - there is a threat from the perpetrator of future violence or abuse
- Any reporting needs to be done by the CNM / Unit Manager or delegate.
- When a decision is made not to report an allegation to the police, details of the clinical assessment and decision along with the rationale for not reporting must be fully documented in the clinical record. This decision needs to be supported by the SMO.
- Physical examinations for the purposes of obtaining evidence of a potential crime must only be undertaken by an appropriately qualified medical practitioner (normally this occurs through the police) and with the tāngata whaiora consent.

<sup>1</sup> “It is important to note that there is a distinction between fulfilling a duty to report a potential crime to police, and by doing so to protect other potential victims, and respecting an individual’s wish to not participate in a police investigation. Both of these objectives can be achieved if a tāngata whaiora does not subsequently wish to pursue a police investigation” (Mental Health Complaints Commission, 2018)

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Procedure:

- Assess the situation and ensure a safe environment for the tāngata whaiora, alleged perpetrator, other tāngata whaiora and staff
- Re-establish safety ensuring there is appropriate staff support
- Remove the alleged perpetrator to a safe environment to prevent contact with the tāngata whaiora. Transfer the alleged perpetrator to another unit if appropriate
- Notify the responsible clinician / doctor, nurse in charge / operational manager. If the incident is after hours notify the after-hours ACNM Bureau and on-call staff.
- Discuss with the Charge Nurse Manager / lead clinician / responsible clinician (or after hours SMO and/or after hours duty coordinator) and assess the tāngata whaiora and develop a management plan and/or update the current management plan
- The CNM / Unit Manager or delegate will discuss with the tāngata whaiora whether they wish to involve the police if there is an alleged / potential crime and notify the police according to service tāngata whaiora wishes
- Preserve any evidence following a potential crime as appropriate (see Appendix C for more information on preserving evidence)
- Assess needs of the other tāngata whaiora on the unit and consider options to ensure a safe unit environment
- If able, offer access to Victim Support and rape crisis services (as appropriate) and ensure that support is available to facilitate this. (The treating team will consider how best to facilitate access, particularly if the tāngata whaiora has no leave.)
- Obtain support for the tāngata whaiora, e.g. consumer advisor, whānau, kaumatua or cultural support, tāngata whaiora advocate, clinician or other tāngata whaiora of their choosing, during any interviews, as appropriate
- If appropriate the risk of infection or pregnancy should be discussed with the tāngata whaiora, and testing recommended
- A debriefing should be offered to those affected by the event to support those involved and facilitate the ongoing functioning of the unit
- Complete a Datix incident notification once safety has been re-established, and document all assessments and associated interventions in the appropriate tāngata whaiora' clinical record.

### **Allegations of sexual activity between a tāngata whaiora and staff**

- Any allegation that an employee has engaged in sexual behaviour, or any observation of an employee behaving in inappropriate sexual behaviour with a tāngata whaiora, then the following procedure must be followed.
- Allegations or observations should be investigated by the CNM / Unit Manager in accordance with relevant human resource policies and guidance from senior manager and human resources.

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## Sexual Safety on Inpatient Units

Procedure:

- Staff will notify their line manager
- Line manager to notify the head of discipline of the staff member and operations manager
- Advise the tāngata whaiora and their whānau (if appropriate) of the obligation to follow up on the matter and provide appropriate support to the tāngata whaiora
- Report the matter to the team leader / charge nurse manager immediately
- Maintain confidentiality about the incident outside of the reporting obligations
- Accurately document all information provided and the action taken, and complete a Datix incident notification as soon as is practical.

### 2.5 Discharge and follow-up care

- Consideration must be given in discharge planning to the tāngata whaiora ongoing needs for support, therapies and referral to other agencies
- The handover between the inpatient and community team and discharge summary must clearly record any breaches of sexual safety and identify ongoing needs, how they must be met and, where relevant, particular vulnerabilities. There needs to be care on what is reported around clearly recording the breaches given the sensitivity of the matter.
- Specific referrals should be made where appropriate, e.g. ACC sensitive claims, health screening services or other relevant agencies.

## 3 Patient information

Tāngata whaiora will be advised of ward expectations which include not entering the bedrooms of other tāngata whaiora.

Vulnerable tāngata whaiora will be allocated a bedroom that affords the greatest level of safety, e.g. near the nurses' office.

## 4 Audit

### 4.1 Indicators

#### Documentation

- A Datix incident notification must be entered for all alleged and/or proven sexual safety breaches
- Clinical documentation is to include (but not limited to):
  - date, time, place and description of the alleged incident based on available and reported information

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- any clinical assessments and interventions implemented following the alleged breach
- details on steps taken to preserve evidence (where relevant)
- all discussions with the tāngata whaiora including any referrals and follow-up
- the name of the alleged offender and any witnesses
- details of those tāngata whaiora notified of the incident.

### **Orientation, Supervision and Training**

- All staff will be fully orientated to this procedure
- Charge nurse manager/team leaders will ensure that all staff maintain an awareness of this procedure to support a safe environment for tāngata whaiora.

## 4.2 Tools

### **Implementation and Monitoring Compliance with / Effectiveness of Document**

- All sexual safety incidents will be reported by staff through the Datix incident system
- All incidents and complaints related to sexual safety will be monitored by the team leader / charge nurse manager
- Trends will be examined and reported to the appropriate clinical governance forum.

## 5 Evidence base

### 5.1 Bibliography / References

#### **Related Documents:**

- Asia Pacific Forum of National Human Rights Institutions and the United Nations Development Programme (2016) Promoting and protecting human rights in relation to sexual orientation, gender identity and sex characteristics: A manual for national human rights institutions. Available online at: <http://www.asiapacificforum.net/media/resource.file/SOGI> and Sex Characteristics Manual 86Y1pVM.pdf
- Council for Healthcare Regulatory Excellence (2009) Clear sexual boundaries between healthcare professionals and patients. Information for patients and carers. London: Council for Healthcare Regulatory Excellence.
- Department of Health (2009) Promoting Sexual Safety, responding to sexual activity and managing allegations of sexual assault in adult acute inpatient units. Chief Psychiatrist's Guideline. Victoria: Department of Health.
- Department of Health (2011) Service guideline on gender sensitivity and safety. Promoting a holistic approach to wellbeing. Victoria: Department of Health.
- Jennings (1994) The damaging consequences of violence and trauma: Facts, discussion points, and recommendations for the behavioural health system.

|   |                    |          |     |             |                              |              |               |
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Alexandria, VA: National Association of State Mental Health Program Directors, National Technical Assistance Center for State Mental Health Planning.

- Mental Health Complaints Commission (2018) “The right to be safe. Ensuring sexual safety in acute mental health inpatient units: sexual safety project report.” Available at [Ensuring sexual safety in acute mental health inpatient units | Single Digital Presence Content Management System \(mhcc.vic.gov.au\)](#). Last accessed 22 August 2023
- Ministry of Health guidance “Human Rights and the Mental Health (Compulsory Assessment and Treatment) Act 1992” (2020)  
<https://www.health.govt.nz/publication/human-rights-and-mental-health-compulsory-assessment-and-treatment-act-1992>
- New South Wales Government (2013) Sexual safety of mental health consumers guideline. NSW: Ministry of Health.
- New Zealand Police (2018) Sexual assault and consent available online at: <http://www.police.govt.nz/advice/sexual-assault/sexual-assault-and-consent>
- Royal Free Hampstead NHS Trust (undated) Transgender Guide for NHS Acute Hospital Trusts
- Te Pou [Trauma informed care | Let's get real | Te Pou](#) last accessed 22 August 2023
- World Health Organisation (2010) Developing sexual health programmes – a framework for action. Geneva: WHO.

### 5.2 Associated Te Whatu Ora Waikato Documents

- Clinical Records Management policy (0182)
- Code of Conduct policy (5674)
- Consumer Feedback and Complaints policy (0101)
- Health Information Privacy policy (1976)
- Incident Management policy (0104)

### Acknowledgements

This procedure has drawn on existing guidelines from New South Wales Government and Victorian Department of Health.

### 5.3 External Standards

- Ngā Paerewa Health and Disability Services Standards NZS8134:2021

### 5.4 Appendices

- Appendix A – Considerations for Identifying Sexual Safety Risks
- Appendix B – Developing a Management Plan
- Appendix C – Information for Preserving Evidence Following a Potential Crime

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### Appendix A – Considerations for Identifying Sexual Safety Risks

A risk assessment of sexual safety is part of the overall risk assessment for a tāngata whaiora. Some suggestions for incorporating risks related to sexual safety in an overall assessment may include (and are not limited to):

- Taking a sexual history including tāngata whaiora characteristics; trauma history; distress and social isolation; vulnerability associated with mental illness; sedation; physical inpatient environment; relational environment; influence of drugs and alcohol; sexually transmitted diseases and contraceptive status. **Careful consideration needs to be given when gathering sexual history as this could place tāngata whaiora and staff in a vulnerable position, and re-traumatise the individual.**
- The tāngata whaiora capacity to manage their sexual behaviour while in the unit (including their understanding of unit roles and assessment of insight into the possible consequences of breaches of sexual safety)
- The likelihood of the tāngata whaiora breaching sexual safety and the possible impact on other tāngata whaiora. Key factors to consider in the assessment include the form the behaviour takes and the context in which it occurs, including whether the behaviour is linked to their mental illness; the frequency of the behaviour; contributing factors or triggers; whether the behaviour is problematic and if so, to whom, and the risks associated with the behaviour. Clinicians will be mindful that a history of trauma is associated with the risk of perpetration of abuse of others, and the risk of being more vulnerable to exploitation. Consideration may need to be given to a forensic psychiatric assessment
- Any concerns relating to visitors that may contribute to the tāngata whaiora vulnerability to breaches of sexual safety.

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## Sexual Safety on Inpatient Units

### Appendix B – Developing a Management Plan

The management of risks related to sexual safety for tāngata whaiora is part of the overall comprehensive management plan.

The following is suggested information and considerations to support the development of the overall comprehensive management plan:

- A tāngata whaiora with a history of trauma or abuse may be fearful of going to sleep at night or being in close proximity to unwell or disinhibited tāngata whaiora. Staff need to be mindful of the tāngata whaiora need for privacy and sense of tāngata whaiora security
- The level of observations required
- The most appropriate bedroom allocation in relation to other tāngata whaiora and staff safety
- Maintaining clinical vigilance
- Increased vulnerability at particular times due to reduced staff availability, e.g. during handover, team meetings and night shifts
- Encouraging participation in unit activities to minimise isolation and vulnerability
- How to reinforce appropriate behaviour
- How to minimise re-traumatisation for those who have experienced previous sexual assault
- Talking to whānau (as appropriate) about how best to understand and respond to their whānau member who may be, for example, acting in a sexually disinhibited way
- Reviewing an advance directive that may be available to inform care
- Ensuring the person is adequately clothed or afforded privacy at all times
- Changes required to the environment to provide safety for other tāngata whaiora and staff, including segregating or removing the suspected perpetrator from the victim's vicinity (which will also provide a more appropriate and private therapeutic environment for the suspected perpetrator)
- How and what to communicate to the tāngata whaiora and their whānau about identified sexual risk and how it can be managed
- Assertive treatment of their acute symptoms and disturbed behaviour where a tāngata whaiora vulnerability to experiencing and/or breaching sexual safety is largely due to their mental state
- Post-incident support should be considered as part of the ongoing management plan
- Regular assessment throughout their admission and during transition periods, e.g. move from more restrictive setting to an open environment. Staff should be alert to the fact that tāngata whaiora who engage in sexually inappropriate activity may use subtle means of coercion, grooming and manipulation, not only overtly violent behaviour
- Communication with the tāngata whaiora should be assertive and direct about the rules of the unit, behavioural expectations, and the consequences of sexual behaviour such as psychological harm, pregnancy or infection, reporting to the police.

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## Sexual Safety on Inpatient Units

### Appendix C – Information for Preserving Evidence Following a Potential Crime

- It is important to preserve any evidence of sexual assault and/or harassment in the event that the tāngata whaiora later chooses to lay a complaint with the police. Advice must be sought from the local police
- Generally the tāngata whaiora should be discouraged from changing their clothes or showering/bathing. The tāngata whaiora should be advised that changing clothes or showering may destroy evidence that could later be used in court proceedings. If the tāngata whaiora feels compelled to wash or change, the clothing they were wearing at the time should be secured in a bag and labelled
- The clothes will be securely stored until such time as the tāngata whaiora has decided to make a report to the police. If a report is going to be made to the police, advice should be sought from the police as to what to do with the clothing. If the tāngata whaiora does not wish to report the matter to the police, clothing should be returned to the tāngata whaiora or destroyed depending on the tāngata whaiora wishes
- Staff should record in the clinical record what evidence has been stored, who took it, how it has been secured and who the evidence has been handed to. The room where the alleged offence occurred should also be sealed off from use until such time as the tāngata whaiora has decided whether or not to make a report to the police, and if so, until police examination, where possible. The names and contact details of any potential witnesses to the assault should be documented.

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