



Sexual Safety Policy

1. Purpose

The WA Country Health Service (WACHS) aims to provide all consumers with a safe, protective, and healing environment to aid their recovery and long-term wellbeing. This includes ensuring sexual safety in mental health care settings.

The policy sets out the requirements governing the provision of sexual safety and the response to breaches of this policy. It supports consistent and safe practice by linking to the governing documents, procedures and guidelines already in effect. This policy applies to all mental health services within WACHS and includes Inpatient Units, Mental Health Community Centres, and Safe Havens.

This policy is to be read in conjunction with the:

- [CAHS Guidelines for Protecting Children 2020](#)
- [Chief Psychiatrist's Standard for Sexual Safety of Consumers of Mental Health Services](#)
- [Chief Psychiatrist's Guidelines for the Sexual Safety of Consumers of Mental Health Services in Western Australia](#)
- [MP 0192 Responding to a Recent Sexual Assault Policy](#)
- [MP 0166/21 Mandatory Reporting of Child Sexual Abuse Training Policy](#)
- [MP 0175/22 Consent to Treatment Policy](#)
- [MP 081/24 Safety Planning for Mental Health Consumers Policy](#)
- [WACHS Child Safety and Wellbeing Policy](#)
- [WACHS Consent to Treatment Policy](#)
- [WACHS Family and Domestic Violence Policy](#)
- [WACHS Mental Health Visitor Management Policy](#)
- [WACHS Responding to Recent Sexual Assault Policy](#).

2. Policy

The policy is guided by the principles of prevention, communication and escalation as outlined in the Chief Psychiatrist's Sexual Safety Guidelines.

WACHS aims to maintain sexual safety by:

- embedding trauma-informed care into all service delivery; recognising that many consumers have experienced trauma and ensuring that this informs universal and targeted sexual safety strategies
- modelling respectful relationships across all interactions — between staff, consumers, carers, and peers — and adopting behaviours that promote safety, dignity, and inclusion
- upholding inclusive and culturally safe practices by supporting consumers to express their gender, sexuality, and body diversity in ways that affirm their identity, dignity, and respect
- delivering services free from harm including abuse, exploitation, discrimination, coercion, harassment and neglect

- fostering a culture of openness and compassion, where concerns about sexual safety are heard, taken seriously, and responded to appropriately
- taking appropriate action to prevent sexual safety incidents and appropriately respond when they occur.

Any form of sexual activity or sexual relationship between staff and consumers is strictly prohibited. It is the staff member's responsibility to maintain the professional boundary. Sexual misconduct is an extreme form of boundary violation and includes any behaviour that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the consumer who is in a therapeutic relationship with the health professional. Refer to WA Department [Code of Conduct Policy](#), [Criminal Code Act 1913](#) and the [Equal Opportunity Act 1984](#).

2.1 Sexually safe environment

A sexually safe environment is culturally safe, and trauma informed. It emphasises recovery and is based on the principles of safety, trustworthiness, choice, collaboration and empowerment.

Environmental designs, the use of space and fit out for mental health inpatient units (MHIU) are to follow the [Australasian Health Facility Guidelines](#) and the [Chief Psychiatrist of Western Australia Sexual Safety Guidelines](#); for example, lockable bedroom doors, access to gender specific areas, safe access to bathrooms and toilets. An environmental safety checklist is to be completed at the beginning of each shift as per the [Mental Health Clinical Handover Procedure](#).

Community centres are required to ensure that consumers and carers feel safe in waiting areas, consultation rooms and at Safe Havens.

Consumer information

Clear information is to be shared and readily accessible for consumers, families and advocates regarding individual rights, mutual expectations and responsibilities, acceptable behaviours and the systems of appropriate avenues for raising issues of sexual safety. Information is to be provided in a format and language that is accessible to, and considerate of, the diversity and developmental state of consumers accessing the service.

Consumers are to be provided with an orientation to the inpatient/community setting. Staff allocation will consider consumer preference, clinical and cultural needs and staff availability. Staff rostering is to consider gender ratios where appropriate. Consumers should be accommodated according to their self-identified preference. People with identified vulnerabilities to be allocated bedrooms closest to the nursing station for maximum visibility.

Visitors to the MHIU

The service must have allocated visiting areas that facilitate privacy and ensure safety. In accordance with the [Mental Health Visitor Management Policy](#), visitors are restricted from entering consumer communal areas and bedrooms and exceptions are considered on a case-by-case basis. Staff are to monitor visitor interactions for inappropriate behaviour (e.g. verbal, physical aggression, sexually inappropriate behaviours).

The Chief Psychiatrist's Sexual Safety Guideline (section 2.2.2) recommends providing information to consumers and visitors that sexual activity is not permitted on an inpatient unit; however, consumers are to be provided with information that explains that this is for safety reasons and not to disempower and restrict them.

2.2 Risk assessment and management

All consumers must be assessed in respect of potential sexual safety risks, both for the consumer and others:

- Assessment of individual risk factors (sexual vulnerability risk factors **Appendix A**).
- Assessment of physical environment, social and relational context risk factors (e.g., other consumers, family situation, disclosure of FDV, concerns relating to visitors or online safety).
- Acknowledgement that alcohol and substances or prescribed medications can increase vulnerability or disinhibition and may require an increased level of observation.

For consumers assessed as being vulnerable to breaches of sexual safety or at risk of affecting others, the assessment and management of risk is to be documented in the:

- [MH Risk Assessment and Management Plan SMHMR905](#) (RAMP)
 - Where possible the RAMP should be developed in collaboration with the consumer and their support person to ensure a sense of sexual safety.
- [MH Assessment Form SMHMR902](#)
- [MH Treatment, Support and Discharge Plan Form SMHMR907](#), ongoing sexual safety strategies discussed at multidisciplinary team (MDT) meetings and at clinical handover in line with the Department of Health [Clinical Handover Policy](#)
- relevant alerts systems as necessary

In accordance with the [Therapeutic Observations in Mental Health Inpatient Unit Policy](#) and [Therapeutic Interactions for Mental Health Inpatient Units](#) the level of observation is to be individualised according to a consumer's clinical presentation, risk and therapeutic need.

The [Chief Psychiatrist's Sexual Safety Guidelines](#) provide sexual safety risk mitigation strategies for the following vulnerable and diverse groups:

- vulnerable women, women in the perinatal period
- Aboriginal people
- people from CALD backgrounds, including refugees
- children and young people under 18
- LGBTIQ+SB
- people who are deaf or hearing impaired
- people with intellectual, developmental, cognitive and physical disabilities
- older people
- vulnerable men

Identifying vulnerable consumers and consumers who may breach others' sexual safety is essential when providing individualised strategies to prevent breaches of sexual safety. People identified as at risk are to be closely monitored and regularly assessed throughout their admission and at times of transition, such as movement to high or lower dependency areas, or imminent discharge.

The [Consent to Treatment Policy](#) and the [Chaperone Policy](#) are to be followed for all physical health assessments.

Aboriginal Consumers

Ensuring a culturally and sexually safe environment for Aboriginal consumers in Mental Health Services requires service provision that is culturally informed and that is inclusive of cultural and spiritual beliefs, values, practices and the language needs of the consumer, their family and community.

It is essential that all mental health staff obtain local knowledge and understand the cultural protocols that are adhered to by the local communities and take these practices into account when providing sexually safe environments for Aboriginal people.

Aboriginal Mental Health Workers (AMHWs) are available to provide specialist cultural consultation when working with Aboriginal consumers and their carers and provide guidance to clinicians for appropriate engagement and culturally responsive care. The involvement of AMHWs is key to achieving sexually safe environments for Aboriginal people.

Children

WACHS is committed to providing environments that promote safety and minimise the opportunity for children and young people to be harmed, including when they are visitors. The safety and wellbeing of children is paramount. Children displaying sexually disinhibited behaviours may indicate sexual abuse and require appropriate investigation and reporting.

In accordance with the [Child Safety and Wellbeing Policy](#), any employee or volunteer who has concerns about any form of harm to a child is to promptly raise their concern with a supervisor.

Children admitted to adult MHIU

Children under 18 years old admitted to an adult mental health unit are to have a chaperone for the duration of the admission.

Under the [Mental Health Act 2014](#) S.303(2):

A child cannot be admitted by a mental health service as an inpatient unless the person in charge of the mental health service is satisfied that —

- (a) the mental health service can provide the child with treatment, care and support that is appropriate having regard to the child's age, maturity, gender, culture and spiritual beliefs; and*
- (b) the treatment, care and support can be provided to the child in a part of the mental health service that is separate from any part of the mental health service in which adults are provided with treatment and care if, having regard to the child's age and maturity, it would be appropriate to do so.*

The mental health service must provide a written report to the child's parent or guardian outlining the measures in place to protect the child whilst meeting their individual treatment

and care needs. A copy of the report must be in the child's healthcare record and provided to the Chief Psychiatrist.

2.3 Recognising and responding to mental state deterioration

Sexual safety risks may be a trigger for escalation of care needs. Refer to the [Recognising and Responding to Acute Deterioration Policy](#) and [Procedure](#). It is the responsibility of the treating medical officer to undertake a comprehensive assessment of the consumer and, where necessary, to escalate to colleagues with appropriate expertise in physical or psychological conditions.

2.4 Personal Electronic Communication Devices, Photography and Video

Staff are to inform consumers and their visitors of their rights, responsibilities, ward rules and acceptable use regarding recording and sharing of images of themselves and others online and via social media, in accordance with the [Photography and Filming of Clinical Care by Patients, Carers, Relatives, Visitors or Contractors Policy](#), [Mental Health Personal Property Management Policy](#) and the [Child Safety and Wellbeing Policy](#).

Closed Circuit Television Footage (CCTV) is used for visual monitoring and may be used for the purpose of enhancing the safety and welfare of consumers and others by enabling an appropriate response in the event of any identified risk to a consumer or other person. Mental health team leaders and clinical nurse managers are to ensure the provision of orientation and education to relevant staff on the use of CCTV in mental health settings in accordance with the [Closed Circuit Television Footage and Security Data Policy](#).

2.5 Reporting and Response to Sexual Safety Breach

Staff are to ensure disclosures from consumers about incidents that compromise or breach their sexual safety are taken seriously and addressed appropriately and promptly with regard for the consumer's privacy, dignity, past trauma, cultural background, gender, religion, sexual identity, age and illness. It is the responsibility of all staff to take timely affirmative action.

The MP 0192/25 [Responding to a Recent Sexual Assault Policy](#), WACHS [Responding to Sexual Assault Policy](#) and the WACHS [Responding to Allegations of Sexual Safety Breaches Procedure](#) are to be followed where a consumer alleges that their sexual safety has been breached or it is alleged that a consumer has breached the sexual safety of another person. Immediate action should be taken to protect the person at risk from further harm.

In cases where consumers disclose family and domestic abuse, staff should refer to the [Family and Domestic Violence Policy](#) to identify, respond and support a consumer who may be experiencing abuse.

The MP 0121/19 [Responding to the Abuse of Older People Policy](#) provides best practice guidance to staff on how to identify, respond to, support and refer a client who they suspect is experiencing elder abuse.

2.6 Promoting and assessing sexual health needs

Mental health services play a role in promoting healthy sexual and reproductive health. Where appropriate, consumer information and means around sexually transmitted infections, contraception and pregnancy is to be made available. Clinicians must monitor the effect of psychiatric medications on sexual and reproductive functioning.

The Department of Health [Sexual health and blood-borne viruses](#), and WACHS [Public Health](#) intranet page provides strategies, consumer information, and referral agencies for sexually transmitted infections.

2.8 Training and Education

WACHS staff must be familiar with this policy and local processes that outline their responsibilities in promoting a sexually safe environment and responding appropriately to sexual safety breaches, incidents, disclosures, and reports.

All doctors, nurses, midwives and psychologists must complete training as stipulated in the Mandatory Reporting of Child Sexual Abuse Training Policy via [MyLearning](#):

- Mandatory Reporting of Child Sexual Abuse (mandatory training every three years)
- Early response to sexual assault in WA (SARC)
- SARC - Sexual trauma and responding to disclosures of sexual assault.
- Aboriginal Cultural eLearning: Aboriginal Health and Wellbeing (2021).

Reflective practice is provided to support staff to develop their understanding of gender sensitive practice, trauma-informed care, professional boundaries and sexual safety practices.

2.7 Resources

The following resources are available to assist staff in supporting consumers and carers to understand sexual safety in the healthcare setting:

- Chief Psychiatrist's [Sexual Safety Guideline](#)
- [King Edward Memorial Hospital - Sexual Assault Resource Centre \(SARC\) information and resources for health professionals](#)
- MyLearning - Family and Domestic Violence: Screening and Responding-Mental Health (FDVMH EL2) 2025
- Aboriginal Cultural eLearning: Aboriginal Health and Wellbeing.

3. Roles and Responsibilities

The **District Director** is responsible for the operational management of the mental health service in consultation with the Regional Executive Director, Clinical Directors, Nursing and Medical Directors and Mental Health Clinical Nurse Managers and Mental Health Managers.

Mental Health Clinical Directors have overall responsibility for clinical governance of WACHS Mental Health Services.

The **Consultant Psychiatrist** is responsible for the psychiatric/medical management of consumers in consultation with the multidisciplinary treatment team.

The **Clinical Nurse Manager/Mental Health Manager** in collaboration with senior clinical staff is responsible for:

- implementation of this policy
- Ensuring staff complete mandatory sexual safety training as relevant to their role.

Aboriginal Mental Health Workers are responsible for providing support to Aboriginal consumers and the multidisciplinary team to ensure cultural considerations are appropriately addressed with reference to the [WACHS MR23 Cultural Information Gathering Tool](#) at multidisciplinary team meetings.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

All breaches of the Sexual Safety Policy should follow the usual Clinical incident management procedures of reporting (including where reporting is mandatory), documenting, and seeking advice, support, and guidance. Sexual safety matters are monitored via Datix as per the MP 0122/19 [Clinical Incident Management Policy](#) and investigated in line with the associated processes.

Any incident that meets the criteria for a notifiable incident as defined by the *Mental Health Act 2014* (WA) must be reported to the Chief Psychiatrist in accordance with the Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist. The Office of the Chief Psychiatrist actively monitors and reviews reported notifiable incidents for all Health Service Providers.

Evaluation of this policy is to be carried out by the Mental Health Directorate in consultation with regional Mental Health Services.

5. References

Australasian Health infrastructure Alliance (AHIA) [Australasian Health Facility Guidelines 2025](#) [Accessed 12 May 2026]

Government of Western Australia, Office of the Chief Psychiatrist (WA) [Internet] [Standard for Sexual Safety of Consumers of Mental Health Services](#) Perth, WA: Office of the Chief Psychiatrist (WA); 2024 [Accessed 12 May 2026]

Government of Western Australia, Office of the Chief Psychiatrist (WA) [Internet] [Sexual Safety Guidelines](#) Perth, WA: Office of the Chief Psychiatrist (WA); 2024 [Accessed 12 May 2026]

Royal Australian and New Zealand College of Psychiatrists [Sexual safety in mental health services in Australia and New Zealand | RANZCP](#) 2023 [Accessed 12 May 2026]

6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Child	Pursuant to section 3 of the <i>Children and Community Services Act 2004</i> , child means a person who is under 18 years of age, and in the absence of positive evidence as to age, means a person who is apparently under 18 years of age.
Disinhibition	a reduction or loss of restraint over behaviour, emotions, or impulses.
Sexual safety	Sexual safety refers to being and feeling psychologically and physically safe, including being free of, and feeling safe from, behaviour of a sexual nature that is unwanted, or makes another person feel uncomfortable, afraid, or unsafe. This includes sexual assault and harassment. It also extends to being spoken to using sexualised language or observing other people behaving in a sexually disinhibited manner, including nakedness and exposure or masturbation, being made to watch or shown pornographic images and lacking privacy and dignity when naked (<i>Chief Psychiatrist's Guidelines for Sexual Safety of Consumers in Mental Health Services</i>)
Sexual Safety Incident	The term used to refer to an incident that breaches or compromises the sexual safety of a person accessing health services, and which is recognised as either sexual assault or harassment, consensual sexual activity in an inappropriate setting or sexually disinhibited behaviour.
Sexual Harassment	Sexual harassment includes any behaviour that is characterised by inappropriate sexual remarks, gestures or physical advances which are unwanted and make a person feel uncomfortable, intimidated, or degrade their dignity
Sexual assault	Sexual assault can be any sexual behaviour or act which is threatening, violent, forced, coercive, or exploitive and to which the person has not given consent or was not able to give consent.
LGBTIQA+SB	This acronym includes people who may identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual, Sistergirl, Brotherboy and other sexuality, gender, and bodily diverse people
Trauma informed care	A strengths-based model which is founded on the principles and practice of safety, trust, collaboration, choice, and empowerment. It recognises the importance of individuals and organisations in providing appropriate care in a manner which is non-judgemental and sensitive to the needs of individuals affected by trauma.
Support person	A carer, close family member, parent, guardian or nominated person of someone accessing mental health services who is involved in supporting them.

Mandatory Reporter	Pursuant to section 124B of the <i>Children and Community Services Act 2004</i> , and the <i>Child and Community Services Amendment Act 2021</i> , a mandatory reporter is a person who has a statutory duty to report sexual abuse of children. Relevant health professionals include doctor, nurse, midwife, psychologist. The Act identifies those specified persons, who: (a) believes on reasonable grounds that a child — (i) has been the subject of sexual abuse that occurred on or after commencement day; or (ii) is the subject of ongoing sexual abuse; and (b) forms the belief — (i) in the course of the person's work (whether paid or unpaid) as a specified person; and (ii) must report the belief as soon as practicable after forming the belief.
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7. Document Summary

Coverage	WACHS
Audience	WACHS Staff
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	Mental Health Act 2014 Criminal Code Act 1913 Children and Community Services Act 2004
Related Mandatory Policies / Frameworks	MP 0095/18 Clinical Handover Policy MP 0121/19 Responding to the Abuse of Older People (Elder Abuse) Policy MP 0122/19 Clinical Incident Management Policy MP 0124/19 Code of Conduct Policy MP 0125/19 Notifiable and reportable conduct policy MP 0155/21 Statewide standardised clinical documentation (SSCD) Guideline MP 0166/21 Mandatory Reporting of Child Sexual Abuse Training Policy MP 0175/22 Consent To Treatment Policy MP 0181/24 Safety Planning for Mental Health Consumers Policy Responding to a Recent Sexual Assault: Supporting Information
Related WACHS Policy Documents	CACH Sexual Health and Healthy Relationships Chaperone Policy Child Safety and Wellbeing Policy Clinical Handover Policy Closed Circuit Television Footage and Security Data Policy Consent to Treatment Policy Family and Domestic Violence Policy Mental Health Clinical Handover Procedure Mental Health Personal Property Management Policy Mental Health Visitor Management Policy Photography and Filming of Clinical Care by Patients, Carers, Relatives, Visitors or Contractors Policy

	Responding to Allegations of Sexual Safety Breaches Procedure Responding to Sexual Assault Policy Responding to the Abuse of Older People Policy Therapeutic Observations in Mental Health Inpatient Unit Policy
Other Related Documents	Australasian Health Facility Guidelines Chief Psychiatrist's Guidelines for the Sexual Safety of Consumers of Mental Health Services in Western Australia Chief Psychiatrist's Sexual Safety Guideline Poster and Brochure WA Aboriginal Health and Wellbeing Framework 2015-2030 WA Women's Health and Wellbeing Policy Responding to a Recent Sexual Assault Procedure Responding to an allegation of sexual assault disclosed within a public mental health service Policy
Related Forms	MH Assessment Form SMHMR902 MH Risk Assessment and Management Plan SMHMR905 MH Treatment, Support and Discharge Plan Form SMHMR907 MR23 Cultural Information Gathering Tool
Related Training	Available from MyLearning : <ul style="list-style-type: none"> • Early response to sexual assault in WA (SARC) • Family and Domestic Violence: Screening and Responding-Mental Health • Mandatory Reporting of Child Sexual Abuse (Mandatory every three years). • SARC - Sexual trauma and responding to disclosures of sexual assaults • Supporting Older People: Trauma Informed Care • The Impact of Trauma on the Child Declaration
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5790
National Safety and Quality Health Service (NSQHS) Standards	2.05, 5.02, 6.11
Aged Care Quality Standards	NA

<u>Chief Psychiatrist's Standards for Clinical Care</u>	<u>Chief Psychiatrist's Standards for Clinical Care</u> <u>Chief Psychiatrist's Standard for Sexual Safety of Consumers of Mental Health Services</u>
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8. Document Control

Version	Published date	Current from	Summary of changes
1.00	9 June 2026	9 June 2026	First issue – new policy

9. Approval

Policy Owner	Executive Director Mental Health
Co-approver	Executive Director Medical Services
Contact	Senior Project Officer - Policy
Business Unit	Mental Health Directorate
EDRMS #	ED-WA-26-258184

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Appendix A: Risk factors of sexual vulnerability

Consumer information	Trauma History	Physical health, mental health and cognition
Sex recorded at birth as female	Sexual trauma	Impaired cognitive function
Aboriginal person	Childhood trauma	Impaired communication skills
CaLD (culturally and linguistically diverse)	Refugee/torture survivor	High levels of distress
Identifying as part of the LGBTIQ+SB community	Victim or survivor of family and /or domestic violence/ institutional abuse	Co-occurring alcohol and/or other drug use
Young person/minor	Social isolation	Mental illness/experiencing psychosis
Older person	History of sexual offending	High levels of sedation
Having a disability		Sexual disinhibition
		Intellectual disability
		Neurodivergent