Supporting Women's Sexual Safety in Acute Mental Health Settings

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Background

It is widely recognised that the violation of a person's sexual rights can have significant and long-term effects, for example it may negatively affect their self-worth and they may blame themselves for the violation (Johnstone et al 2018).

Breaches of sexual rights particularly affect people who experience mental health issues, with rates of sexual violence and sexual victimisation higher among them (Ashmore et al 2015).

In addition, it has been identified that they have worse mental health outcomes following sexual assault compared with the general population (Campbell et al 2009).

Care Quality Commission Report September 2018:

"In 2017, following concerns raised on an inspection of a mental health trust, we carried out a review of reports on patient safety incidents that staff had submitted through the NHS National Reporting and Learning System. We found that many reports described sexual safety incidents, including sexual assault and harassment"

"Our analysis of nearly 60,000 reports found 1,120 sexual incidents involving patients, staff, visitors and others described in 919 reports – some of which included multiple incidents. More than a third of the incidents (457) could be categorised as sexual assault or sexual harassment of patients or staff"

It is acknowledged that sexual safety is a patient safety issue relevant to mental health settings. Despite this there is limited evidence available from the perspectives of those who use mental health services. Therefore the current study aimed to use focus groups to explore the first hand experiences of women who had accessed acute inpatient mental health care, specifically in relation to their sexual safety.

Method

The appropriate ethics committee and organisational approvals were obtained before the project took place. The research project was undertaken over a period of approximately six months in 2019-2020.

Information and an invitation to contact the project lead were circulated to potential participants through a patient involvement centre. Those who were interested in discussing the project were able to contact the project lead directly.

Data collection was undertaken in a dedicated environment. The project involved a series of four focus groups with four women who accessed inpatient mental health services in a variety of settings. Following the focus groups, the participants were contacted by involvement centre staff to ensure that participants felt supported.

The focus group recordings were analysed using The Framework Method of thematic analysis. (Ritchie & Lewis, 2003). Four main themes emerged from the thematic analysis.

Results

Experiences of sexual safety – During the project group meetings women emphasised how the effects of trauma had affected their subsequent mental health, and expressed why having their voices heard in relation to past experiences was relevant to their present experiences of care.

Experiences of nursing care, inpatient wards and wider organisational structures – The women raised the issue of their being "dichotomy" of inpatient admission, being sectioned for their safety but feeling acutely unsafe on the wards. It was clear that wider organisational pressures were understood and it had been considered what this meant for frontline staff in terms of care delivery. There was some trepidation about the future and how valued and experienced members of staff might be replaced.

Experiences of safety being maintained – The women spoke about ways in which they could keep themselves safe but also ways in which staff could assist them. The women spoke about a culture of supporting and looking out for other women on mixed wards. Peer support was important, as were interpersonal skills and boundaries. Trust and connection with staff were central to assisting in maintaining safety.

Experiences of disclosure – There was a clear importance of disclosing a series of events of vulnerabilities over their lifetime and in different contexts. All of the women had differing experiences of disclosing sexual safety incidents. The women described how professional curiosity could play a role for them in disclosing their prior experiences. They also talked about how they relied on approaching staff members who they thought would be receptive or willing to listen to their disclosure, which was not always successful.

Impact on patient safety

- a co-production approach was adopted, whereby the researchers worked together with the project participants to explore sexual safety and to develop the materials and format for a teaching and learning resource. As of January 2022, 183 users had accessed the training resource
- the research informed production of a poster, fact sheet and leaflet to be placed on inpatient wards informing service users of their rights in relation to sexual safety
- a CPD article has now been published in Mental Health Practice

'It has become a lot safer on the wards. Because, you know, I've been on the wards when it was mixed and I had men getting in bed with me and it felt [unsafe], but you didn't feel safe [just because it was a single-sex ward], because all you'd got was a curtain [between the beds]. You're in a dormitory and it was quite scary, not just from men, it was scary from other [women].'

'The staff are in there, safe, and you're out here [on the ward], you know having to cope with different people's delusions and coping with your own delusions.'

Experiences of inpatient care

'What I want to say about what you said at the beginning – "how important is sexual safety?" – I mean it is really important because the majority of people who have psychotic episodes have suffered some kind of trauma and very often it's child sexual abuse, so it is really important.'

'.....I would freak out if anybody came near me... In the last couple of years I'm starting to get used to that, but for me that would have been intimidating just for somebody putting their, just to give me a hug. [They] wouldn't have meant anything, but to me it would probably mean they might be looking for something.'

Experiences of sexual safety

'I do remember there were some very vulnerable women, obviously, and even though I didn't think I was [vulnerable], I was. And there was a male who was inappropriate to me, and I did tell one of the staff, who didn't really believe it, but he went on to be inappropriate to some other people.'

Experiences of safety being maintained

'And that's what I got angry for and frustrated for at the end, because it took me 48 years to be heard and yet I'd been shouting from about [the age of 18 years old] and never got heard... I've been telling [people] it about a hundred times... but nobody's ever actually picked it up or my behaviours [as] a result of things. Nobody ever bothered to ask me "why are you doing these things?" or "why is this happening to you?", but if they had asked me they would have found it was all down to sexual trauma, everything was down to sexual trauma.'

Experiences of disclosure

Making a Difference
Trust Honesty Respect Compassion Teamwork

References:

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