



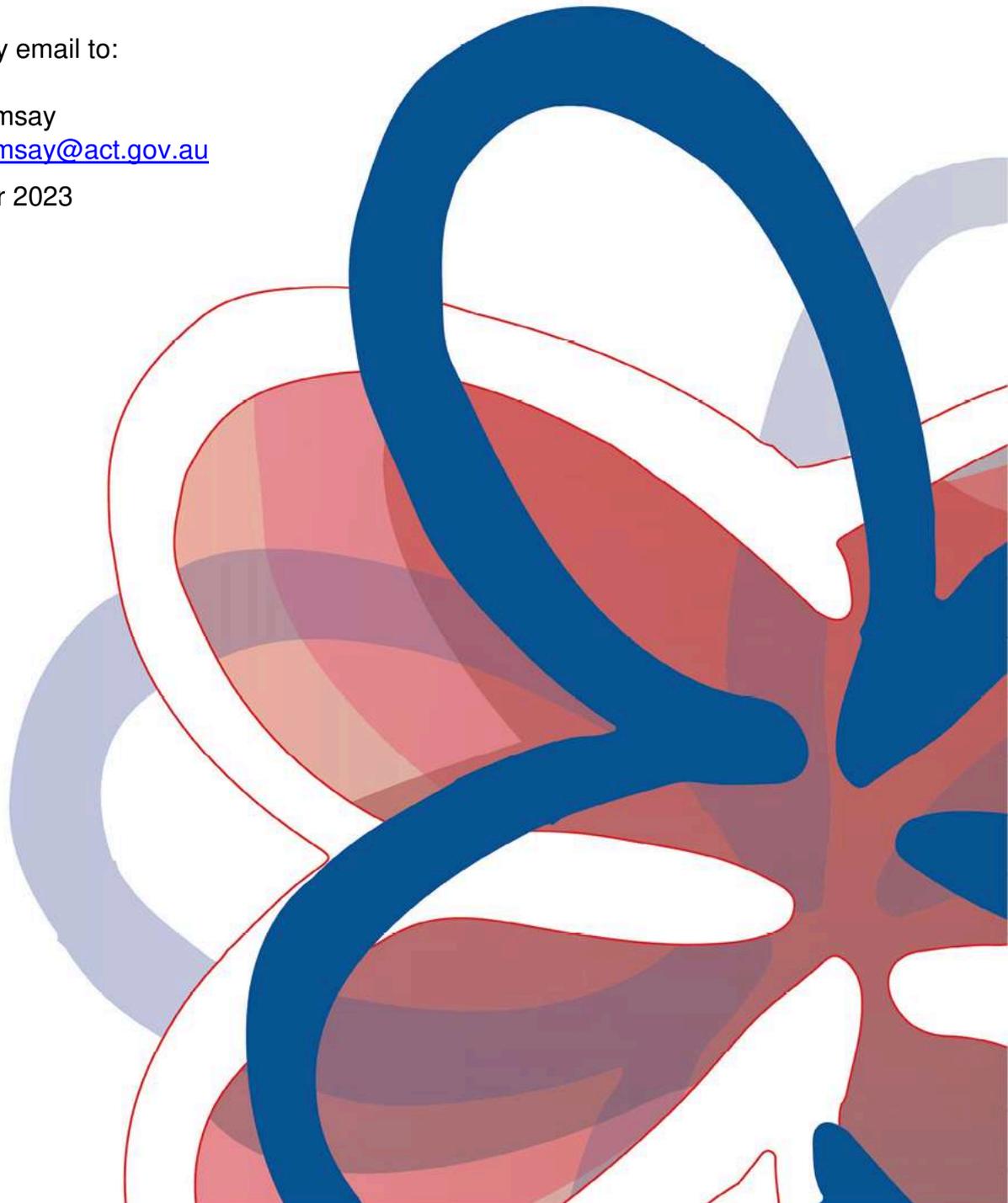
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**Submission:**  
**Review of Canberra Health Services Procedure: Intimate  
Body Care and/or Examination of Patients/Clients by Health  
Care Workers.**

Submitted by email to:

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## **Submission: Canberra Health Services Procedure: Intimate Body Care and/or Examination of Patients/Clients by Health Care Workers.**

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from Canberra Health Services (CHS).

The Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

A consumer hybrid discussion group was held, and additional feedback was sought via email in relation to the CHS – Procedure: Intimate Body Care and/or Examination of Patients/Clients by Health Care Workers (the IBC procedure). Written and verbal feedback was received from several consumers. This submission incorporates both the written feedback and verbal feedback received.

### ***Acknowledgement of Country***

We wish to acknowledge the traditional owners and custodians of the land upon which we sit. We pay our respects to their Elders past, present and emerging, and extend this respect to other Indigenous Australians who may be reading this submission. We recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

### ***Acknowledgement of people with lived experience***

We also acknowledge people with lived and living experience of mental illness as consumers and their important lived experience expertise and ongoing contributions to the mental health sector.

### **General comments**

The Network welcomes this opportunity to contribute to the IBC procedure document. The IBC procedure should ideally be written in plain language and should include illustrations such as flow-charts etc.

Consumers welcomed the IBC procedure's focus on patient consent and the explicit

endorsement of a consumer's rights in relation to choosing which health care workers undertake the procedure as well as, where needed, witness or chaperone. As well, consumers approved of the clear statement of principles and definitions contained in Section 1 regarding intimate body care and examinations.

While approving of the consent focused approach outlined in the IBC procedure, consumers nonetheless agreed that there was insufficient attention given to the significant role of trauma informed care in the context of intimate body care and/or examinations. It is vital that trauma informed care approaches are integrated with intimate body care and examination procedures insofar as the potential for triggering patients with trauma histories is especially heightened when intimate body care and examinations in medical settings need to be conducted.

As an extension of this point, consumers expressed concern regarding the insufficient emphasis placed on the what the possible negative effects of intimate body care and/or examinations can be. Namely, intimate body care and examinations bear an inherent potential to be traumatic, and/or re-traumatising, for consumers. Indeed, should the care and/or examination be improperly conducted or inappropriate, they may even rise to the severity of sexual assault.

As such, consumers recommended that the procedure should be strengthened by including statements regarding the importance of practicing trauma informed care while conducting intimate body care and/or examinations. As well, the inherent risks that intimate body care and/or examinations have for causing and/or triggering trauma in patients should also be highlighted. Per this, consumers noted the following sections as meriting revision in view of these points: Purpose, Section 1 – Background, and Section 2 – Consent for Intimate Body Care and/or Examination.

Consumers expressed serious concerns regarding the statement on page 5 in Section 3 with reference to the conduct of intimate examinations of minors. Consumers understood that there may be reasonable circumstances where a minor may require an examination without the presence of a family member, guardian, or support person. However, consumers stressed that in such circumstances it is imperative that a much higher duty of care and accountability is exercised by healthcare workers.

While additional safeguards concerning intimate examinations of children may be included in the referred section of the *Consent and Treatment Policy*, consumers

nevertheless agreed that there must be no ambiguity regarding the elevated levels of responsibility and accountability that healthcare professionals must exercise when conducting intimate examinations for minors. For instance, it is not sufficient that a minor understands the need for a procedure to occur, but also what the procedure entails. As such, consumers agreed that this paragraph on page 5 should be amended. A proposed revision is included in the Recommendations section.

With regards to Section 5 and the topic of health care workers working alone, consumers noted that adequate forward planning should be undertaken by staff prior to a home visitation so that a support person/witness/chaperone is in attendance for any intimate examinations or care that needs to be provided.

Though not directly related to the procedure at hand, consumers commented that a consumer's right to have a health care worker of their preferred gender conduct and/or witness an intimate examination does not entail a right to discriminate against health care workers who are themselves transgender and/or intersex. Though clearly this concern is beyond the scope of this procedure, recent events have made this a salient issue and one that consumers hope will be handled with erudition by CHS and its staff.

### **Canberra Health Services – Procedure: Intimate Body Care and/or Examination of Patients/Clients by Health Care Workers.**

Recommendation 1: *Trauma informed care & the inherent trauma risks of intimate body care and examinations.*

Consumers recommended that the following sections be revised to include clear statements reinforcing the importance of practicing trauma informed care in the course of conducting intimate body care and examinations: Purpose, Section 1 – Background, and Section 2 – Consent for Intimate Body Care and/or Examination.

Recommendation 2: *Strengthen statement on intimate examinations on children in Section 3.*

The following paragraph needs to be revised:

*Intimate examinations of children should not occur without the presence of a family member/support person and a witness/chaperone. If a child presents in the absence of a parent or guardian, the healthcare professional must ascertain if they are capable of understanding the need for the examination before*

*progressing with the intimate examination. For further information on mature minors please refer to the Consent and Treatment Policy-Section 5.*

A proposed revision is as follows:

*Intimate examinations of minors must not occur without the presence of a family member/support and/or a witness/chaperone. If a minor presents in the absence of a parent or guardian, the healthcare professional must not proceed with the examination without first arranging for a witness/chaperone who is to be present whilst the healthcare professional ascertains if the minor has capacity to understand the need for the examination and what the examination entails.*

*Only when both the healthcare professional and witness/chaperone are satisfied that the minor has capacity to understand both the need for the examination as well as what the examination entails, should the examination proceed. The healthcare professional must also make a written note to be included on the clinical record that includes: the reason why the minor presented without a parent or guardian, the name of the witness/chaperone, and the clinical reason for proceeding with the examination without the presence of a parent or guardian. For further information on mature minors please refer to the Consent and Treatment Policy-Section 5.*

Recommendation 3: Alert Statement in Section 2.

Consumers found the Alert statement on page 4 in Section 2 to be misplaced and agree would be more appropriately located in the Alerts Section. As such, consumers recommended that this Alert statement in Section 2 on page 4 should be integrated into the Alerts Section on page 2.

**Editorial Recommendations.**

The following edits are recommended:

- p.3: “a member of the opposite sex”, should be replaced with “a member of the opposite gender”.
- p.2, 4: “a substitute decision maker”, should be replaced with “parent, guardian, carer and/or nominated person”.