

Gender safety

People receiving mental health and wellbeing services may have **specific safety needs or concerns based on their gender**. Consideration is therefore to be given to these needs and concerns, and access is to be provided to services that:

- are **safe**
- are responsive to any current experience of **family violence and trauma** or any history of family violence and trauma
- recognise and respond to the ways **gender dynamics** may affect service delivery, treatment and recovery
- recognise and respond to the ways in which **gender intersects** with other types of discrimination and disadvantage.


Ask what a person needs to feel safe and dignified:

Reassure them they do not need to explain why. Incorporate their needs into their care and treatment. Promote autonomy and choice. For example, ask whether a person prefers to be treated by staff of a particular gender, or for bed-based services, accommodation in a gender-sensitive area of the unit.

Be responsive to trauma: Understand that certain incidents, environments or practices – such as inpatient settings, compulsory treatment, and experiencing or witnessing restrictive practices – may have an additional impact on people based on their prior life experiences, including trauma.

Create safety with and for people with diverse gender identities: Seek training and be guided by lived and living experience advice wherever possible. For example, to help people feel safe – ask what they need to feel safe and supported, follow what the person tells you about their name and gender, respect choices about disclosing sex, gender identity or sexuality in certain settings or circumstances and ask about and respect preferences to be treated by staff of a particular gender where possible.

Recognise and respond to family violence: Comply with the MARAM Framework's requirements, for example, screen for family violence risk using approved tools, provide information, make referrals, and escalate concerns as needed. Practical steps in a bed-based environment include asking consumers sensitively about relationships – exploring strengths and concerns – and clarifying who they would like to be able to visit them or who they do not want to receive visits from.

 **Do not share information if you reasonably believe doing so would place someone at risk of family violence:** This applies even if sharing the information is allowed by the Act or agreed to by the person whose information it is.

Recognise how gender and other types of discrimination and disadvantage intersect: Identify barriers that may prevent people from accessing or having their needs met in mental health and wellbeing services. For example, for women and gender diverse people who are also multicultural, Aboriginal, have a disability, are LGBTIQ+, or have migrant or refugee backgrounds.

Recognise how different life stages (for example, adolescence, parenthood) may impact mental health.

Recognise how gendered medical conditions or experiences may impact the mental health of girls, women and gender-diverse people³. Explore physical health symptoms thoroughly.

Promote and protect sexual safety in line with the Chief Psychiatrist's guidance.

3 Department of Health (2025) *Bridging the gender pain gap inquiry report*.