

Gender safety principle

1. What do **the Act** and relevant guidance say?

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 (s 26).

This clause is intended to promote safe and responsive service delivery, having regard to the specific needs of people of all genders, including trans and non-binary people (Explanatory memorandum to the Mental Health and Wellbeing Bill 2022, p 25). This principle, alongside the diversity principle, requires gender safety to be considered through an intersectional lens.

Relevant guidelines and documents that will support compliance with this principle include:

- Department of Health (2023c), Improving sexual safety in mental health and wellbeing services: Chief Psychiatrist's guideline
- Safer Care Victoria's Mental Health Improvement Program Improving sexual safety within Victorian mental health inpatient units initiative and associated resources
- Family Safety Victoria's (2018) Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework and associated resources
- Department of Health (2025b) Implementing the MARAM framework in mental health and wellbeing services - Chief Psychiatrist's guideline
- Department of Families, Fairness and Housing (2023) Our equal state: Victoria's gender equality strategy and action plan 2023-2027

2. How do **human rights** relate to this principle?

The gender safety principle enshrines the right to equality and non discrimination in section 8 of the Charter. Gender is also a protected attribute in the *Equal Opportunity Act 2010*. This principle embeds a human rights-based approach by requiring services to apply an intersectional lens to a person's experiences of discrimination and disadvantage.

Related mental health and wellbeing principles include:

Dignity and autonomy
Least restrictive
Supported decision making
Family and carers
Diversity
Cultural safety
Wellbeing of dependents

Related decision making principles include:

Consequences of compulsory assessment and treatment and restrictive interventions
Autonomy

3. How might a **consumer** experience this principle?

When gender safety needs are recognised and responded to:

- I am asked what is important to me and what will help me feel and be safe. My needs are heard, respected and prioritised. I am supported to make decisions about my own treatment and care.
- I am seen as a whole person. My experiences, perspectives and concerns, and how these impact me in the context of my life – are taken seriously and responded to.
- I feel physically and emotionally safe in the service, including in shared environments. I can speak up if something does not feel right, and I know I will be heard and supported.
- My gender identity, name and pronouns are respected and correctly recorded, and I do not have to keep correcting people to be seen as myself.
- If I have experienced trauma or family violence, staff acknowledge without judgment, and offer care that is sensitive, trauma informed, supportive, and empowering.
- I am supported with knowledge and skills about what makes a healthy, safe, equal and respected relationship. I feel safe, hopeful, and empowered to address my needs.



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- I am supported to access services and supports that reflect my needs including family violence services, gender-specific care, and gender-diverse peer workers.
- I can choose who is involved in my care - whether family, partners, or chosen supporters and I decide what information is shared and with whom.
- How staff speak to me, support me, and respond to safety concerns shows they are skilled in trauma-informed and gender sensitive care.
- My safety needs - including who provides my care, where I'm placed, and how staff interact with me - are taken seriously and respected at all times.

4. How might **carers, families and supporters** experience this principle?

When gender safety needs are recognised and responded to:

- I am confident that the care and treatment of my family member/person I care for is free from gender expectations, stereotypes, unconscious bias and assumptions.
- I feel confident that the service recognises and responds to the gender-based safety needs of the person I care for.
- I am confident that the service is aware, acknowledges and is respectful of the gender identity of the person I care for.
- The service recognises that people may have experienced discrimination, trauma, or violence, and takes an intersectional, gender-responsive, trauma-informed approach.
- I am supported to understand how gender, trauma, and discrimination may affect the mental health, treatment, and recovery of the person I care for.
- I am treated with respect and not excluded or overlooked based on my gender, cultural background, or caring role.
- I am encouraged and supported to contribute to service planning and decision making in ways that reflect the specific gendered and cultural needs of my family member and family.
- I trust that the service understands how gender and caregiving responsibilities can affect my wellbeing and offers support when I need it.

5. How can **services** put this principle into practice?

This section gives an overview of requirements and good practice suggestions for putting the gender safety principle into practice. As noted earlier in this guidance, the dignity and autonomy and supported decision making principles underpin all other principles and must always be considered.

Explore the key topics covered in this section:

- Create safety with and for people with diverse gender identities
- Respond to the impact of gender dynamics and of the intersection of gender and other types of discrimination and disadvantage
- Identify and respond to current or past family violence and trauma
- Uphold sexual safety

Create safety with and for people with diverse gender identities

Requirements include:

- Seek training to ensure practice is free from gender expectations, stereotypes, unconscious bias and assumptions.
- Seek and follow guidance developed with lived and living experience wherever possible.
- Check that the clinical record correctly reflects a person's pronouns and preferred name at your first meeting, and update it if needed (s 726 - accuracy of information principle). Follow what the person tells you about their name and gender.
- Be aware that some consumers may not wish to disclose their sex, gender identity or sexuality in certain settings or circumstances. Respect these choices (Department of Health 2023d, p 41).
- Accommodate inpatients in a part of the unit that is most appropriate for them, based on their identity, preferences and risk assessment (Department of Health 2023d, p 41).
- Link consumers, families, carers and supporters to services and groups that meet their needs. For example, gender-specific groups, LGBTIQ+ specific groups, ACCHOs, women's and gender-diverse health care services. See diversity of care principle.

- Be sensitive to consumers whose gender identity or body does not match society's expectations. This includes being particularly conscious of privacy, and considerate when undertaking procedures such as a medical review (Department of Health 2023d, p 41).
- Consider the needs of consumers undergoing gender transition, and the impacts of treatments such as hormone therapies (Department of Health 2023d, p 41).
- Take an inclusive approach to family, and be mindful that for some LGBTIQ+ consumers, their identity may be a source of conflict with their family of origin. Acknowledge and include the consumers' family of choice (Department of Health 2023d, p 41).
- Recognise how different life stages (for example, adolescence, parenthood) may impact mental health. Specifically, recognise how gendered medical conditions or experiences (for example, endometriosis or menopause) may impact the mental health of girls, women and gender-diverse people. Ensure that physical symptoms are fully explored and taken seriously.
- Recognise that women's health needs have been systemically overlooked and women are disproportionately impacted by chronic pain, yet 'face dismissal, misdiagnosis, unaffordable care, and long wait times when seeking help' (Department of Health 2025d, p 3). Respond proactively to women reporting pain.

Good practices may include:

- Actively show that you respect diverse gender identities. For example, show that you are gender-affirming by introducing yourself using pronouns or wearing a pronoun badge, using inclusive language.
- Ask what a person needs to feel safe and supported. Assure them that staff will take any feedback or concerns about actions of staff or other consumers seriously (including options to give anonymous feedback), and will work to provide safe, gender-affirming care.
- Ask if a person prefers to be treated by staff of a particular gender, and meet their preference where possible. If not possible, explore other options for supporting the person to feel safe. For example, support from a different staff member of the preferred gender, or a family member, carer, or supporter present during treatment.

Respond to the impact of gender dynamics and of the intersection of gender and other types of discrimination and disadvantage

Good practices may include:

- Recognise barriers that may prevent people from accessing mental health and wellbeing services - or expressing and having their needs met once in the system - particularly culturally and linguistically diverse people, Aboriginal people, people with disability, LGBTIQ+ people, people from migrant or refugee backgrounds, women and gender diverse people.
- Be aware and responsive to the fact that women with disability are twice as likely as other women to experience sexual violence (Royal Commission into violence, abuse, neglect and exploitation of people with disability, 2023, p 109).

Identify and respond to current or past family violence and trauma

Requirements include:

- Provide trauma-informed and responsive care to all consumers, recognising the high prevalence of previous trauma among people accessing mental health and wellbeing services. For example, promote autonomy, choice and supported decision making, and least restrictive approaches. See dignity and autonomy, supported decision making and least restrictive principles.
- Complete relevant training on the MARAM framework and comply with the framework's requirements (Family Safety Victoria 2018), 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.
- Comply with information sharing requirements including the requirement to not share information, even if permitted by the Act or even if the person whose information it is has agreed for the information to be shared, if you reasonably believe sharing it would place someone at risk of family violence (s 31).

Good practices may include:

- Ensure that people do not have to repeatedly talk about previous trauma to explain what is important to them. For example, ask what a person needs to feel safe and dignified and reassure them that they do not need to explain why they need those things (see also dignity and autonomy principle). Areas to explore or suggest may include:
 - telling a person about gender-sensitive areas of the unit that they could access
 - incorporating a person's responses about what helps them to be and feel safe into their care plan and also noting things to avoid
 - reassuring the person that staff want to hear, and help, if the person does not feel safe
 - if the only accommodation option is mixed-gender and this is something that feels unsafe for the person, explore community-based options, or ways to help the person feel safer in that environment.
- Understand that certain incidents, environments or practices - such as inpatient settings, compulsory treatment, and experiencing or witnessing restrictive practices - may have a different or additional impact on people based on their prior life experiences, including trauma.

Uphold sexual safety**Requirements include:**

The Chief Psychiatrist's *Guideline on Improving sexual safety in mental health and wellbeing services* (Department of Health 2023d) outlines detailed actions that clinical mental health and wellbeing services must take. Other service types should use and adapt this guideline as appropriate to their setting. Some key actions from this guideline include:

- From the start of and throughout an admission, engage with consumers and, with consent, their family, carers or supporters about what will help them be and feel safe. For example, access to gender-specific services or areas, bedroom placement closer to staff, ability to lock bedroom doors, safe bathroom access, reassure that staff will respond to concerns.
- For bed-based services, ensure orientation and admission processes clearly state that sexual activity is prohibited. Services with a home-like setting such as Community Care Units (CCUs), may set their own policies but must still prohibit sexual activity if they cannot ensure it can be engaged in safely.

- If an incident is reported, observed, alleged or suspected, ensure the consumers involved are supported to be and feel safe in accordance with their needs as expressed directly, in an advance statement of preferences, or by a nominated support person or another support person.
- Support the person to exercise their rights. For example, to access sexual assault support services, make a complaint to the service or the Commission, or to make a report to Victoria Police. The consumer's consent to making a police report must always be sought. Consumers must also be advised that in some circumstances reporting may occur even without their consent (see the Chief Psychiatrist's guideline pp 27-29).
- Ensure all people receive the support, referrals and reporting responses required by the Chief Psychiatrist's guideline, regardless of views about whether the events they describe are plausible.
- Avoid minimising someone's experience based on another consumer's perceived intent or mental state (for example, when a person enters a consumer's room by mistake, or when a co-consumer gets too close to the person, or is disinhibited).
- Avoid relocating someone who reports being subjected to or witnessing sexual harassment or sexual assault to a more restrictive environment, unless they prefer this.
- Continue to support a person after an incident including revisiting external and internal supports. Clearly communicate how they can access additional supports as their needs change.
- Recognise that people with a history of trauma - including family violence, sexual violence, or other traumatic experiences - are more vulnerable to being subject to sexual harassment or assault. Some people, including women with disabilities and young people in adult units, are particularly vulnerable - see Chief Psychiatrist's guideline for more detail.

Good practice may include:

- Make improvements based on the lessons learned and resources available from Safer Care Victoria's Mental Health Improvement Program.

Tips for talking about gender safety

- Ask open, curious questions - *Is there anything you'd like us to know about you that will help us provide safe care, that meets your needs?*
- Show your support of diverse identities by consistently using pronouns, for example, by wearing badges or lanyards introducing yourself using your pronouns and asking a person what pronouns they are using, recognising that for some people identity and pronouns are fluid.
- Prioritise feeling as well as being safe - *How can we help you feel safe while you are here/during treatment?* Share strategies and options that may help, for example, lockable doors, peer support, gender-safe areas or units etc.
- Assure people that they have a right to feel and be safe, and that any concerns about safety will be heard and responded to, and let them know how to escalate any concerns.
- Consider the environment and what the person's verbal and non-verbal communication is showing when having these discussions - for example, is the environment private? Noisy/overstimulating? Restrictive? What do the person's words or body language say about whether they are feeling safe or unsafe?

6. How might **services reflect** on practice?

- How do we ask, and know, whether consumers feel safe in our service?
- How do we seek informed consent from the start of and throughout an admission, and ensure each interaction with a consumer is safe and respectful?
- How, when, and how often do we consider whether consumers have specific gender-based needs or preferences?
- How do we ask about and respond to consumers' experiences of discrimination, disadvantage, family violence and trauma?
- How do we recognise and respond to the ways gender intersects with other forms of discrimination and disadvantage?
- How do we clearly communicate information to consumers, carers, loved ones and supporters?
- How do we apply this principle to ensure equally safe and respectful interactions with family, carers and supporters?

7. **Scenario:** respecting diverse gender identity²²

What happened?

19-year-old Jax was admitted for help with their mental health. Noticing that Jax seemed disengaged, their nurse chatted to them, checking if the service could do anything to help Jax feel comfortable and safe. Responding to their nurse's genuine care, Jax shared that they are non-binary and they had been misgendered in past experiences with other services. Jax asked the nurse to let all staff know to please use their pronouns (they/them).

²² Note: The scenarios in this guidance are adapted from real examples. These simple scenarios focus on the application of one principle and are intended to show that applying the principles is not always complicated. Scenarios that address the principles in more complex situations and ways are available in implementation resources on the Commission's website.

What actions did the service take?

With Jax's agreement, the nurse told the Associate Nurse Unit Manager (ANUM) about Jax's request. At that day's staff meeting, the ANUM reminded staff of the need to respect consumers' pronouns, distributing the hospital's relevant policies as a reminder. Coincidentally it was Pride Week, and plans were already in place to print posters for more visibility and to show support, and to remind staff of expected practice to check in with consumers about their pronouns.

The ANUM also suggested the peer support worker could raise a) Pride Week and b) use of pronouns in the mutual support meeting. Staff discussed that it was important to do this without drawing on Jax as an example - if Jax wished to share their identity with the group that is up to them. The aim of all the activities was to provide a supportive environment with clear expectations around respecting gender.

Jax's nurse also talked to them about strategies to make sure people respect Jax's pronouns and they agreed that a note would be put on Jax's file (nursing notes folder), stating their pronouns. Within a few days the whole floor was consistently using Jax's pronouns.

The service adapted to Jax's pronouns by following Jax's lead and offered Jax pronoun badges that they had for staff as part of Pride Week.

Reflections from Commission lived and living experience staff

Respecting Jax's identity, and showing their commitment to safety and inclusion through systemic actions, helped Jax to feel safe and be heard. Consumer engagement and therapeutic relationships are built on respecting and seeing the whole person.

The example also gave an opportunity for staff to refresh their learning about inclusive language and the gender safety principle.

Which other principles were engaged?

Mental health and wellbeing principle: dignity and autonomy

How would you approach this situation?

What might you do differently?

8. Where can I find more information?

Department of Families, Fairness and Housing (2023) *Our equal state: Victoria's gender equality strategy and action plan 2023-2027*

Department of Health (2023) *Improving sexual safety in mental health and wellbeing services: Chief Psychiatrist's guideline*

Department of Health (2025) *Implementing the MARAM framework in mental health and wellbeing services* - Chief Psychiatrist's guideline

Family Safety Victoria (2018) *Family Violence Multi-Agency Risk Assessment and Management Framework*

RANZCP position statement (2023) *Sexual safety in mental health services in Australia and New Zealand*

Royal Commission into violence, abuse, neglect and exploitation of people with disability (2023)

Resources

Safer Care Victoria - Mental Health Improvement Program Improving Sexual Safety resources <https://www.safercare.vic.gov.au/best-practice-improvement/mental-health-improvement-program/initiatives/improving-sexual-safety>

Zoe Belle Collective and Royal Melbourne Hospital (2021) *Transgender and gender-diverse inclusive-care guide for hospital-based healthcare professionals*