



*The Detection and Prevention of
Sexual Assault of Aging Clients and
LTC Residents*

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RIGHT TO BE FREE FROM
ABUSE

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RESIDENTS HAVE THE RIGHT TO

- ✓ Be free from abuse
- ✓ Participate in planning their care
- ✓ Receive adequate appropriate care
- ✓ Refuse medication and treatment
- ✓ Make personal decisions
- ✓ Reasonable accommodations
- ✓ Privacy and Confidentially
- ✓ Be treated with respect and dignity
- ✓ Self-determination
- ✓ File a complaint
- ✓ Visits

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Sexual Assault Research

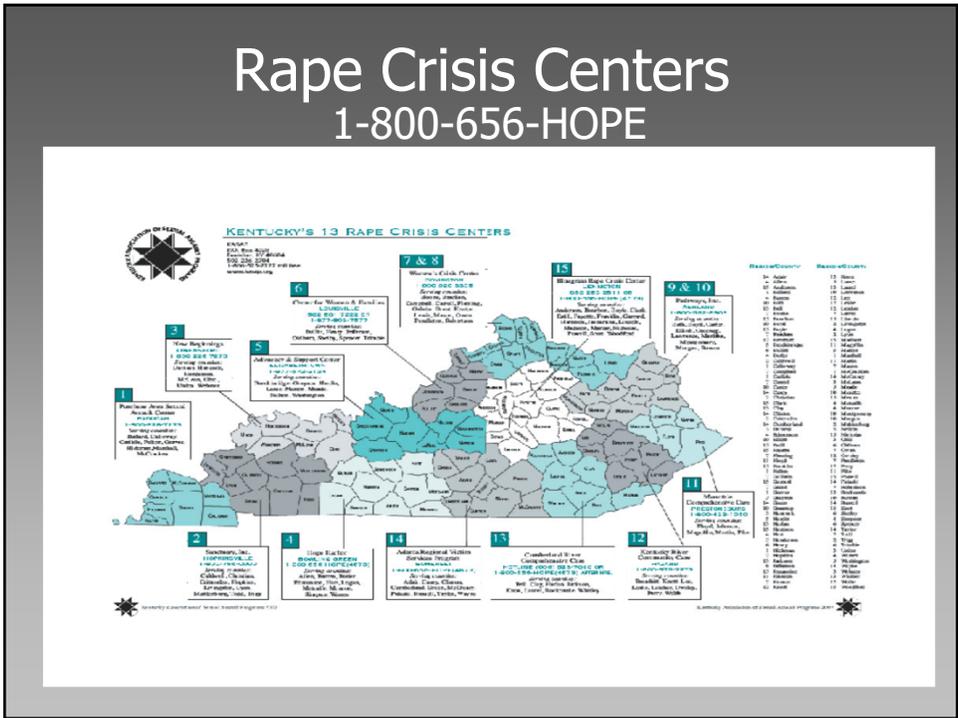
A study of *Medicaid Fraud Reports* revealed that almost 10% of nursing home abuse cases involved sexual assault.

People with disabilities are 1.5 to 5 times more at risk of suffering a sexual assault than members of the general population.

Residents in long-term care settings are especially vulnerable to abuse, neglect, and exploitation, as they often present with dementia

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Rape Crisis Centers 1-800-656-HOPE



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Education

- Define Sexual Harassment and Assault
- Signs and Symptoms
- Responding
- Risk Reduction
- Safety Planning

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Goals of Sexual Assault Education

- Increasing awareness
- Reducing risk
- Giving staff tools to handle disclosures
- Reducing prevalence of sexual assault in nursing homes

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Sexual Harassment

- Unwanted attention that is sexually based
- Can be physical, verbal or visual
- The TARGET gets to decide what attention is wanted or unwanted
- Can include obscene comments, comments about sexual orientation, dirty jokes, touching, or comments about sexual experiences (or lack of), unwanted flirting or other romantic attention.

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Defining Sexual Assault

- A person is physically forced into contact
- A person is threatened, manipulated or tricked into contact
- A person is unable to give consent to the activity
- A service provider engages in sexual contact with a client

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Range of Behaviors

- Hands-on offenses
- Hands-off offenses
- “Harmful genital practices”
– *term developed by Holly Ramsey-Klawnsnik, Ph.D.,*

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Perpetrators

- **Alleged sexual perpetrators ranged from 16 - 96 years, with a mean age of 42.4; 74% were male. Of confirmed perpetrators, 22% were employees and 60% were residents.** (Ramsey-Klawnsnik, H. & Teaster, P. (Under review). Sexual Abuse of Health Care Facility Residents: Adult Protective Services and Facility Practice Implications. Generations.)
- **In 2003, researchers published a study finding an “overwhelming number of identified perpetrators were facility residents aged 70 and over”. This study calls for appropriate staffing levels based on resident needs and “the necessity of correct...monitoring of residents in nursing homes.”** (Teaster, P.B., & Roberto, K.A. (2003). Sexual abuse of older women living in nursing homes. *Journal of Gerontological Social Work*. 40(4), 105-119.)

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Why aging clients do not report

- **Some things just aren't talked about**
- **No one will believe me anyway**
- **I might be kicked out of the nursing home if I tell**
- **I might get hurt worse if I tell**
- **I'm not sure if what's happening to me is sexual abuse**
- **If I tell, no one will be able to do anything about it**
- **I'm totally dependent on this person (abuser). I like them and can't understand why this is happening.**

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Know the Signs and Symptoms Someone's life depends on it!

11 out of 20 nursing home residents died of trauma within the first year following an attack.

(Burgess, A.W. (2000). Sexual predators in nursing homes. *Journal of Psychosocial Nursing & Mental Health Services*, 38(8), 26-35.)

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Signs and Symptoms

- Direct or indirect disclosure
- An individual reports witnessing sexually abusive behavior
 - In 1/3 of cases, sexually abusive acts towards elders were witnessed by others (Ramsey-Klawnsnik, H. 1991). Elder Sexual Abuse: Preliminary Findings. *Journal of Elder Abuse and Neglect*. Vol 3 (3).**
- Trauma is displayed about an individual's genitals, rectum, mouth, breasts
- Diagnosis of a sexually transmitted disease

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Signs and Symptoms

- Evidence of forcible restraint
- Evidence of severe physical abuse
- Displayed shame or guarded response when asked about physical signs
- Displayed fear toward a particular caregiver, nursing home staff person or family member
- Individual displays extreme upset during provision of personal care
- Inappropriate boundaries
- Caregiver is overly intrusive during provision of personal care

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Reactions

- Embarrassment
- Guilt
- Anger
- Hostility
- Increased awareness of vulnerability
- Withdrawal
- Depression

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Responding to Disclosure

- I believe you
- Control your emotions
- Let the survivor describe the assault in their own words and go at their own pace
- Validate feelings
- Give options
 - *Medical attention v. Evidentiary exam*
- Make sure they understand what you are asking and why
- Stress confidentiality



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Reporting is mandatory in KY

Adult Protection [1-800-752-6200](tel:1-800-752-6200)

Local Law Enforcement

State Police

Office of Inspector General

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Everyone is responsible for making
nursing homes and other living
environments for seniors safe

- Staff to resident ratio is important
- Check references and don't hire individuals with a criminal background
- Investigate changes in resident/client behavior
- Encourage "whistle blowing"
- Supervisors should have clear presence

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"It is tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander **do nothing**. He appeals to the universal desire to see, hear and speak no evil.

The victim, on the contrary, asks the bystander to **share the burden of the pain**.

The victim demands action, engagement and remembering."

Judith Herman, MD
Trauma & Recovery

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KY State LTC Ombudsman

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