The Prevention and Detection of Sexual Assault of Nursing Home Residents

Developed by

Nursing Home Ombudsman Agency of the Bluegrass, Inc. (NHOA)
And
Bluegrass Rape Crisis Center (BRCC)

Revised 12-2014

Nursing Home Ombudsman Agency of the Bluegrass and Bluegrass Rape Crisis Center

Acknowledgements

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The Prevention and Detection of Sexual Assault of Nursing Home Residents curriculum was developed for Long Term Care Ombudsman (LTCO) and rape crisis programs to use together in educating people who work in long term care facilities. This manual was written from the LTCO perspective. The intent is that the local LTCO will initiate a relationship with the local Rape Crisis Center and the two programs will collaborate to provide education to people who work in long term care facilities. Those working in the local LTCO and rape crisis programs should become familiar with each other's mission and services. Ombudsmen at the Nursing Home Ombudsman Agency of the Bluegrass learned that it was very important for local rape crisis counselors to thoroughly educate ombudsmen about sexual assault before launching information into nursing homes.

The information in this manual is intended for use by long term care ombudsmen in collaboration with local rape crisis programs. Long-term care ombudsmen programs and rape crisis programs are free to copy and localize materials in this manual. **Citation of the Nursing Home Ombudsman Agency of the Bluegrass, Inc. and Bluegrass Rape Crisis Center as the source is appreciated.**

To order the manual file please email sherryculp@ombuddy.org

HANDOUT #1 or Ombudsman Brochure

The Nursing Home Ombudsman Agency of the Bluegrass, Inc. (NHOA) serves approximately 5,000 nursing home, personal care home and family care home residents and their families (as well as other interested consumers) in a seventeen-county area in Central Kentucky. Its primary objectives are to: Protect the rights of nursing home residents; Identify, investigate and work to resolve residents' concerns; Monitor and work to enact laws protecting older Kentuckians; Be a regular friendly visitor to residents.

The mission of **The Nursing Home Ombudsman Agency of the Bluegrass, Inc.** is to improve the quality of care for residents living in long-term care facilities. NHOA was founded as a group of neighborhood volunteers who were concerned about the treatment of nursing home residents. They established a pattern of visitation to area nursing homes- encouraging residents and reporting problems to state agencies as they were observed. The agency was incorporated as a nonprofit community service agency in 1981.

The Nursing Home Ombudsman Agency of the Bluegrass, Inc. is a nonprofit organization, which relies on donations, grants, and special events for funding. All advocacy services are provided free of charge to those who need them.

What's a Nursing Home Ombudsman?

An advocate and resource for individuals (and their families) who need the services of a long-term care facility.

I'm just thinking about moving to a Nursing Home. Can you help me?

You bet! Making the decision to move into a facility is a new experience for most folks. We can provide information that will help you know what questions to ask and how to evaluate the answers when talking to nursing homes about placement.

I know a nursing home resident who's having a problem. Can I call you?

Please do! While we attempt to regularly visit every nursing home resident in a 17-county area of the Bluegrass, we may not always see what friends or relatives of residents see. It's our job to help resolve residents' complaints and to represent them.

Consumers are unprepared for the long-term care experience. The system is complex; urgency forces decisions with little time for research and reflection. Residents themselves are generally frail and dependent. When placement is achieved, consumers face an alien environment where getting good care can be a challenge. They are uninformed about their rights and standards for good care. Their only source for advocacy and unbiased, accurate, user friendly information service is the Ombudsman program.

PROJECT BASICS

Why is NHOA concerned about sexual assault of nursing home residents?

- θ We are advocates for residents in long-term care.
- θ We receive complaints regarding long-term care.
- θ In one year's time, one in every one hundred complaints involved sexual assault.
- θ Abuse in nursing homes is under-reported.
- θ The majority of residents are physically or cognitively impaired, making them vulnerable.
- θ Residents who are sexually assaulted often do not get timely help.
- θ Residents, families, and nursing home staff ask us for help. They tell us they do not know what to do if they suspect sexual assault, as illustrated in the following quotes:

I woke up in the middle of the night and saw a man come into my room, he looked at my roommate then he looked at me. He walked closer to me and stated to take off his pants. Luckily I got my cane, shook it at him and yelled "you better get OUT of here!" That's when I stated sleeping with my cane. ----Bluegrass Area Nursing Home Resident

My sister was sexually abused in the nursing home. The staff gave her a bath and washed her clothing before sending her to the hospital for an exam. ----Bluegrass Area Nursing Home Resident's Family

It was so helpful to finally learn what we could do to help residents. ----Nursing Home Employee

What do we know about the problem of sexual assault in long term care facilities?

- Forty-two of 4,200 complaints received by the Nursing Home Ombudsmen Agency of the Bluegrass involve sexual assault.
- A study of *Medicaid Fraud Reports* revealed that almost 10% of nursing home abuse cases involved sexual assault. (Payne, B., & Civoic, R. (1996). An Empirical Examination of the Characteristics, Consequences, and Causes of Elder Abuse in Nursing Homes. *Journal of Elder Abuse and Neglect,* 7(4), 61-74.)
- Residents in long-term care settings are especially vulnerable to abuse, neglect, and exploitation, as they often present with dementia (Dyer, Pavlick, Murphy, & Hyman, 2000; Pillemer & Finklehor, 1988; Wolf & Pillemer, 1989).
- Sexual predators know older people with disabilities are easy prey. Many long- term care residents are vulnerable people with disabilities. People with disabilities are 1.5 to 5 times more at risk of suffering a sexual assault than members of the general population. (Sobsey, D. (1994). Violence and abuse in the lives of people with disabilities: The end of silent acceptance. Baltimore: Paul H. Brookes.)
- One study reports that 15 out of 20 sexual assaults of nursing home residents were committed by nursing home staff. (Burgess, A.W. (2000) Sexual predators in nursing homes. *Journal of Psychosocial Nursing & Mental Health Services,* 38(8), 26-35)

- 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.
- A 2002 General Accounting Office (GAO) report noted intolerable levels of physical and sexual abuse in nursing homes. (General Accounting Office. (2002). Nursing homes: More can be done to protect residents from abuse. Washington, D.C., U.S. General Accounting Office.)
- Eleven 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.)
- Sexual assault has no age limits.
- 2009 update- Preliminary study findings lead experts to believe that there is at least one nursing home victim of sexual abuse per state per month in the U.S.

Why train staff?

For the sake of vulnerable residents, it is important for professionals and direct care workers serving residents to learn about sexual assault, recognize it when indicated, and assist victims in gaining protection from further abuse. Many of the nursing home workers we talk to lack training in detection and risk reduction of sexual assault. We hear statements like, **"No one would rape her. She's an old woman. Who would want to have sex with her?"**

We believe that more education is necessary in order to protect residents. Our unique one hour training, offered through a collaboration between long-term care ombudsman programs and rape crisis centers, offers a perfect opportunity to bring community resources into nursing homes while providing valuable education not only to administrative staff in nursing homes, but to direct care workers as well. Training participants include nursing home staff such as nurse aides, nurses, housekeeping, maintenance, dietary, therapy, social services, activities and administration.

Training is the only way staff will know what:

- θ Exactly constitutes sexual assault.
- θ Is expected of them in regards to reporting abuse.
- θ Facility policies and procedures are.
- θ Can be done that might prevent sexual assault.

Why educate residents and families?
Residents and families need to know that, while many residents experience an acceptable level of care in what they consider a generally safe environment, there are times when sexual assault does occur. We want consumers to be prepared for both prevention and detection.

What do we hope happens?

- We hope that by sharing basic information about sexual assault, we are able to dispel myths, open dialogue, and overcome naçve assumptions.
- We hope that residents and their families will no longer feel ashamed and embarrassed to discuss their secret fear of sexual abuse.
- We hope that front line workers in nursing homes will be on alert, recognize signs of abuse, and get residents help.
- We hope long-term care providers will understand that insufficient staffing puts residents at risk of abuse.
- We hope that through education we can reduce sexual assault in nursing homes.
- We hope that residents who are victims of sexual assault are believed and accepted. Abused residents need to regain control, avoid further trauma, get medical treatment regardless of injuries, make decisions, and talk with qualified counselors.

The Plan
As part of a federal mandate in the Older American's Act nursing homes are required to work with Long Term Care (LTC) Ombudsmen. Ombudsmen specialize in resident rights, regularly visit residents, investigate problems, and work to resolve resident complaints. Ombudsmen have professional relationships with long-term care providers and can easily approach administrators about the need for staff education. Ombudsmen programs naturally collaborate with community resources on a regular basis in order to help meet resident needs or protect residents from neglect and abuse. Collaboration between rape crisis counselors and LTC Ombudsman is an effective way to bring resources to the nursing home and improve residents' lives.

How to Set Up Nursing Home Staff Training

The following instructions are written from the perspective that the ombudsman will be the person setting up and coordinating the training. The ombudsman may go to the nursing home's administrator and tell him/her about the training opportunity they have for staff at the facility. The ombudsman can then offer to arrange training sessions of The Prevention and Detection of Sexual Assault of Nursing Home Residents for staff at the nursing home. The training is appropriate for all nursing home staff including nurse aides, nurses, housekeeping, maintenance, dietary, therapy, social services, activities and administration. The training sessions are one hour long and are team taught by ombudsmen and rape crisis counselors. Each person attending a session will receive a training packet. If the administrator needs more information about the training, give him/her a training details sheet (see page 18). Training details is an easy handout you can share with anyone who wants to know more about the program.
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When a facility is ready to schedule training sessions, the ombudsman should contact the rape crisis counselors and the nursing home to coordinate the scheduling of dates and times for nursing home staff to be trained.

BEFORE TRAINING, CALL AND REMIND THE FACILITY ADMINISTRATOR:

#1 The **DATE and TIME of the training sessions** at least three days before the training. Encourage all staff, including administrative staff, to attend a session. We encountered very low attendance and delayed stating time when we forgot to give staff a reminder. Get an estimate of how many workers will attend each training session and prepare enough training packets for everyone.

AND

#2 The need for someone from the administrative department to attend each session and be prepared to briefly (2 minutes) read/explain the **facility abuse policy** at the appropriate time during the training.

Prepare Materials

Each training participant in every session is given a packet of handouts, see pages 20-27 of this manual. Handouts #1 (Ombudsman Program brochure) and #3 (Rape Crisis Center brochure) are not in this manual. When replicating this program we recommend you use your local Ombudsman Program brochure as Handout #1 and your local Rape Crisis Center brochure as Handout #3.

We recommend preparing and transporting educational materials in what we refer to as "the boxes". For around $10 each, you can purchase portable file storage boxes from your local office supply store. We chose tow boxes made of durable plastic with a handle in the lid. One box holds the handouts. We found it helpful to copy each page of the training packet on a different color paper. Participants can follow along easily when you refer to the blue sheet, pink sheet, etc.

The second box contains the following: this manual, sign in sheets, biographical statements for each trainer, abuse regulations (state and federal) for licensed long-term care facilities, pad of paper for notes, motivational candy (have candy on hand to reward the audience for participation and feedback), and pre/post test or speaker evaluations

On training day
Arrive at the nursing home at least 15 minutes early
Make sure the training space is adequate
Set up Sign-in sheets and have each participant sign in
Pass out evaluations to be collected at the end of each training session

Training Session
Ombudsman starts the session.
Begin ON TIME.
Distribute handouts to participants.

1. Welcome/Introductions-**Ombudsman speaking points**
Refer to Handout #1 or Ombudsman Program Brochure.
Use this opportunity to remind staff that ombudsmen are advocates who visit with residents and focus on rights. Residents have the right to be free from abuse including sexual abuse. **See handout #2 Residents Rights.**

Introduce trainers from the Rape Crisis Center using the biographical information they provide. Trainer introductions are important and help participants get to know the rape crisis professionals. Be prepared to assist the trainers. They may need your help. If the trainers decide to organize small group exercises or need a guinea pig for role-playing, be ready to help.

2. Overview of Rape Crisis Center Services- **Rape Crisis Counselor speaking points**
Rape Crisis Centers serve people who have been sexually assaulted as well as their family and friends. Rape Crisis Center services are free and confidential. Rape Crisis Center services can be helpful to you not only at work, but also in your personal life. Rape Crisis Center provides counseling (Emphasis given to crisis counseling services offered on-site at area nursing homes), legal advocacy, hospital advocacy, community education, and crisis line services. The crisis line is open 24 hours a day, 7 days a week, and 365 days a year. The number is the same no matter where you are in the United States. **Refer to Handout #3 Rape Crisis Center Brochures**

3. Why talk about sexual assault? – **Rape Crisis Counselor speaking points**
- θ Because it happens and it can happen here.
- θ Both women and men are sexually assaulted.
- θ Because it's not okay and vulnerable people, like nursing home residents, should be protected.
- θ Because we can make a difference. As nursing home workers, you are a first line of defense and response for residents. Even if you are not a nurse, residents see you every day and may consider you a trusted friend and disclose problems to you.
- θ Because other people are not talking about it. We don't know of any other training quite like this one. You need specialized information for residents.

It is important to make the following statement to participants in each training session:
We are not bringing this subject up just to make people uncomfortable. If you feel like you need to leave the room please feel free to excuse yourself. We will not be offended. It is important that we all take care of ourselves.

4. Definitions to Know – **Rape Crisis Counselor speaking points**

- θ Sexual harassment **See Handout #4 Sexual Harassment**
  -Sexually based unwanted attention
  -The target always gets to decide what attention is wanted or unwanted

Sexual harassment can be visual.

- **Example:** A resident told their ombudsman that her roommate's husband came to visit while his wife was gone to a physical therapy session. The man insisted that his wife's roommate watch pornographic videotapes with him.

Sexual harassment can be verbal such as dirty jokes or obscene comments about the resident's sexual experience/lack of sexual experience, as well as their sexual orientation and/or gender.

- **Example:** Residents complain that staff make unwanted comments about their body while bathing and helping them dress. Residents also complain that visitors and staff sometimes tell dirty jokes or comment about sexual experiences.

Sexual harassment can be physical.

- **Example:** While everyone may think it is cute that Mr. Jones in room number two likes giving other residents a little "love pat" on their bottom. If the targeted residents do not want that attention then it can be considered sexual harassment.

5. Defining Sexual Assault – **Rape Crisis Counselor speaking points**
See Handout #5 What is Sexual Assault

Review the Handout with participants. When reviewing the definitions keep in mind that although it may be very clear to us what behavior constitutes sexual assault, it may not be clear to the victim. It is important to remind participants that residents with disabilities, which render them unable to independently bathe, use the toilet, and attend to other personal needs, are vulnerable.

What is sexual assault?

- θ When a person is physically forced into sexual contact, threatened, manipulated, tricked into contact.
- θ If rape is sex by force without consent, what does it mean when someone submits? Submission means to give in or give up which is different from consent.
- θ When a person is unable to consent to the activity. Might you see this in a nursing home? If so, when? Talk about people who are unable to consent such as those legally incompetent, non-decisional, and demented.
- θ When a service provider engages in sexual contact with a client.

A range of behaviors may be involved in the offense. These include:

"Hands-Off" offenses **–** This type of offense may include exhibitionism (define and give example); voyeuristic activity (define and give example); forcing an individual to view pornographic materials; sexual harassment and threats (define and give example).

"Hands-On"offenses **–** This type of offense may include kissing; touching/molesting the breasts, genitals or buttocks; oral/genital contact and penetration of vagina or rectum with penis, fingers, or an object.

Harmful genital practices – This type of offense includes unwarranted, intrusive, and/or painful procedures in caring for the genitals or rectal area. This includes application or insertion of creams, ointments, thermometers, enemas, catheters, fingers, soap or objects when not medically prescribed and unnecessary for the health and wellbeing of the individual. Perpetrators may appear obsessed with the behavior, claim that the harmful practices are required for health or hygiene reasons, or may be reluctant to stop when instructed to do so by health care professionals. Examples mentioned in research include the following: unnecessary fecal checks, genital harm with a washcloth or soap while bathing, and insertion of urinary catheters that were not prescribed. (Ramsey-Klawsnik, H. Wisconsin Coalition Against Sexual Assault. (1999) "Widening the Circle" manual and video available from WCASA, 600 Williamson Street, Suite N-2, Madison, WI, 53703. (608) 257-1516.)

6. Statistics- **Rape Crisis Counselor speaking points**

How often are residents sexually assaulted? We do not really know. Sexual assault is underreported. Nevertheless, we do know…

- θ One in six women and one in thirty-three men report being victims of sexual violence sometime in their lifetime.
- θ Despite the stereotypes, sexual assault has no age limits.

What are some stereotypes about the elderly and sexuality? Ask for audience feedback and discussion.

- θ People with disabilities are 1.5 to 5 times more at risk of suffering a sexual assault than members of the general population.
- θ Eleven out of twenty nursing home residents died of trauma within the first year following an attack.

7. Why are residents vulnerable? – **Rape Crisis Counselor speaking points**

- θ Perceived as easy targets
- θ Seen as less likely to report
- θ Reports less likely to be believed
- θ Physical or mental condition may make them unable to report
- θ Isolation-loss of family and friends
- θ Low self esteem due to poverty, changing roles, decline in health
- θ Reduces physical resilience
- θ Increased dependence

8. Who abused residents? – **Rape Crisis Counselor speaking points**
All studies suggest that more research is needed. Some studies show greater risk of caretakers abusing residents. Other studies found resident-to-resident assaults more common.

9. Why don't residents report sexual assault?

Exercise

Print the following statements on a sheet of paper, cut them apart, and pass them out to individual training participants in the audience. Ask each participant who received a slip of paper to read the quote and explanation aloud. In the spirit of promoting discussion, encourage participants to reflect and expand upon the statements. We found it helpful to pass out candy to those who shared their thoughts and questions with the group. Before we knew it everyone was sharing!

"Some things just aren't talked about"

-Residents may feel that talking about abuse is shameful or off limits. Generations ago and some people today feel that they shouldn't talk about abuse.

"No one will believe me anyway"

-Some people have tried to get help in the past and have negative experiences. Those experiences may lead them to give up on asking for help.

"I might be kicked out of the nursing home if I tell"

-Residents may feel that they will be labeled as a troublemaker. This fear of being moved to another facility and having their lives uprooted by change could be too much of a threat to tell anyone about the abuse.

"I might get hurt worse of I tell"

-The fear that the abuser will hurt them worse out of anger at being found out can keep victims silent about abuse.

"I'm not sure if what's happening to me is sexual abuse"

-The victim may not have knowledge about what constitutes sexual abuse. The victim may also question her judgment if she has cognitive impairments.

"If I tell, no one will be able to do anything about it"

-The survivor may feel that she can't trust that staff will have the authority or resources to stop the abuse.

"I'm totally dependent on this person (abuser). I like them and can't understand why this is happening.

-The resident may fear that his/her needs won't be met if she talks about the abuse. Residents may have mixed feelings about the abuser because they are good to them at times.

Review additional reasons why residents may not report

- θ Unable to communicate due to severe disability- loss of speech, vision, hearing, cognitive abilities, etc…
- θ Generational differences
  -*Sorry darling, some things are just not talked about. I would never talk about what happened to me.*
- θ Negative past experiences
  - *I told someone about the rape and they accused me of lying.*
- θ No one would believe them
  - *Everyone here thinks I'm crazy and they dismiss whatever I say*
- θ Lack of knowledge
  - *I didn't know that what happened to me was sexual assault. I thought it was just a bad sexual experience.*
- θ Dependence or fear of caregiver
  -*They won't give me my oxygen therapy if I tell*.
  -*She said she'd smother me with a pillow if I told.*
  -*I'll be kicked out of the nursing home if I tell.*
  -*No one wants to take care of a troublemaker.*

10. Signs and Symptoms – **Rape Crisis Counselor speaking points**

See Handout #6. Review the handout with participants.

- θ Demented residents are at risk for sexual assault. Residents with dementia may not be able to report sexual assault so it is important that any changes in their condition or behavior be examined.
- θ Less than 2% of all sexual assault reports are false. Believe residents who report abuse, look for signs and symptoms, and get residents help.

11. Reactions – **Rape Crisis Counselor speaking points**

What are some common reactions that people may feel after sex assaulted?

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

12. Responding – **Rape Crisis Counselor speaking points**

See Handout #7

- θ Believe the resident – **"It is not your fault" and "I believe you" are the two most important statements to make.**
- θ Let the survivor describe the assault in his/her own words. Don't try to add labels or descriptors to what the survivor is saying. For example, a survivor may not be ready to label what happened as sodomy. If you insist on categorizing and labeling the acts, the survivor may feel you are not listening and stop talking. Use the victim's wording and language. Practice active listening.
- θ Keep emotional responses to yourself. If you cry or get angry, are you still supporting the victim or taking care of your own needs?
- θ Don't express anger toward the perpetrator
- θ Validate the survivor's feelings – "That must have been very scary for you."
- θ Go at the victim's pace
- θ Ask pertinent questions. When? Where? What? Make sure the victim understands what they are being asked.
- θ Ask victim what they need (intervention)
- θ Stress confidentiality – "I will not discuss what you tell me with other residents and their families."
- θ Let the survivor make his/her own choices. **Sexual assault is about power and control. If a person's power and control are taken away from them, you must try to help them regain power and control by letting them make decisions and choices.** Residents who are presented with options can make decisions about how to proceed after they report an assault. Give residents choices about everything possible from who they want you to call to come be by their side to what they are going to eat and wear tomorrow.

13**. Role Play**

At this point in the session two of the presenters perform a role-play demonstration. One of the presenters portrays a resident who is reporting a sexual assault. The other presenter portrays an employee of the nursing home. **Don't skip the role-play**. Our audience feedback rated the role-play as one of the most helpful segments of the training session.

In the first role-play demonstration the resident, who is sitting, stops an employee of the nursing home, who is hurriedly walking by, to tell them that they have a problem they would like to talk about. The employee of the nursing home is insensitive to the resident's request to talk about a problem. The employee looks at their watch, says they are really too busy right now, and reluctantly agrees to listen. The resident requests a private area to talk and the employee insists that the resident talk to them in the hallway because they are in a hurry. The resident describes an incident where in the middle of the night someone touched private areas of their body. The employee dismisses the touching as care. The resident tells the employee that the person wasn't caring for them, but hurt them and violated them. The employee asks the resident who touched them. When the resident says that they think it was another resident the employee gets extremely upset and vows to have the other resident prosecuted to the fullest extent of the law. The employee looms over the resident and demands that the resident identify the perpetrator by name and give a detailed account of what happened. The resident sinks into his/her chair, begins to doubt that they should have reported the assault, looks down, and stops talking. The players stop, turn to the audience and ask *What did the employee do wrong?*

In the second role-play demonstration the resident, who is sitting, stops an employee of the nursing home, who is hurriedly walking by, to tell them that they have a problem they would like to talk about. The employee of the nursing home stops and squats down to eye level with the resident and asks how they can help the resident. The resident requests a private area to talk and the employee suggests that they can talk in her office, the conference room, or the resident's room. The players then pretend they have moved to the private area. The employee sits in a chair beside the resident. The resident describes an incident where in the middle of the night someone touched private areas of their body. The employee repeats the exact statement the resident made and asks if they understood them correctly. The resident tells the employee that the person hurt them and violated them. The employee says to the resident **"It is not your fault" and "I believe you".** The employee asks the resident who touched them. When the resident says that they think it was another resident the employee asks if they know the person's name or can describe anything about them. The resident describes the person who assaulted them to the best of their ability. The employee is calm and accepting of what the resident is saying, listens to what the resident says, repeats the message back to the resident for confirmation, the resident continues to share his/her concerns. The players stop, turn to the audience and ask *What was better about the second role-play? What did the employee do right? How was the resident different in the second role-play verses the first role-play, why?*

14. Survivor options – **Rape Crisis counselor speaking points**
Nursing home residents deserve the same services and options offered to any other survivor of sexual assault.

- θ Call the Rape Crisis Center Hotline
- θ Call family or a friend
- θ Call the police
- θ Medical attention- describe the purpose of this intervention
- θ Evidence exam – describe the purpose of this exam. It is a very detailed exam in which evidence is collected. The exam can take up to six hours. Some hospitals have special sexual assault nurse examiners who perform the exam.
- θ The hospital can call a rape crisis center and an advocate will meet the survivor at the emergency room.

15. Reporting – **Ombudsman Speaking Points**
See bottom of Handout #7

- θ Kentucky law
- θ Kentucky's Cabinet for Health and Family Services Department for Community Based Services Abuse Hotline
- θ Affordable Care Act Requirements and Police

16. Risk Reduction – **Ombudsman Speaking Points**
See Handout #8.

- θ Review handout with participants.
- θ How does short staffing effect resident safety from abuse? More eyes to monitor may reduce risks.
- θ Reinforce that residents should always be believed.

17. Thinking about Safety? – **Ombudsman Speaking Points**
See Handout #9. Review the worker's plan for safety. Encourage participants to fill in the blanks. Ask participants to discuss the nursing home's abuse policy. Sometimes participants are unaware of what the facility policy says they should do if they suspect abuse. Having someone from the administrative staff in the room and ready to describe the facility's plan is important.

Ask participants to complete evaluations. Collect left over training materials, evaluations, and sign-in sheets. Let someone from the nursing home copy the participant sign in sheet for his or her training records.

Closing comments

The program is easily adaptable and can be shared with residents and their families. We developed a brochure called My Body My Rights to help educate residents and families during ombudsman visits to the nursing home. Ombudsmen in the Bluegrass have discussed sexual assault with residents and their families either one on one or in group meetings such as Resident and Family Council. Ombudsmen can help residents and families understand that while nursing homes are generally a safe environment, there are times when sexual assault does occur. Consumers as well as staff should be prepared for both prevention and detection of assault. To request copies of My Body My Rights and other resident/family education pieces please contact Sherry Culp at the Nursing Home Ombudsman Agency of the Bluegrass at toll free 859-277-9215, sherryculp@ombuddy.org or 1530 Nicholasville Road, Lexington, Kentucky 40503. Visit us on the web at www.ombuddy.org

Training Details

Prevention and Detection of Sexual Assault of Nursing Home Residents

Presenters: Brandy Hamby, CSW Bluegrass Rape Crisis Center, Holly Barnett, CSW Bluegrass Rape Crisis Center, and Sherry Culp, CSW, Certified LTC Ombudsman

Length of presentation: one hour

Handouts: *Residents Rights, What is Sexual Assault?, Signs and Symptoms of Sexual Assault, Responding, Risk Reduction, Safety Planning, and Resource Contact Information.*

Learning Objective: Audience will learn rape/sexual assault facts through lecture and discussion. The training intent is to: confront rape myths, educate on the range of sexual assault, educate on appropriate response to sexual assault disclosure from residents, reporting laws in Kentucky, community resources, and explore vulnerability, prevention, as well as safety planning in the nursing home setting.

HANDOUTS

Resident Rights

Residents' rights are part of the Nursing Home Reform Law enacted in 1987 by the U.S. Congress. The law requires homes to promote and protect the rights of each resident and places a strong emphasis on individual dignity and self-determination. Nursing homes must meet residents' rights requirements to participate in Medicare or Medicaid.

Quality of Life

The Nursing Home Reform Act requires each nursing home to care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident. This statement highlights an emphasis on dignity, choice, and sef-determination for nursing home residents.

Providing Services and Activities

Each nursing home is required to provide services and activities to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident in accordance with a written plan of care which is initially prepared, with participation to the extent practicable of the resident, the resident's family, or legal representative. This means that a resident should not decline as a direct result of the nursing facility's care.

Specific Rights

The Nursing Home Reform Act also grants nursing home residents these specific rights:

The Right to Be Fully Informed, including:

- The right to be informed of all services available as well as the charge for each service;
- The right to have a copy of the nursing home's rules and regulations, including a written copy of their rights;
- The right to be informed of the address and telephone number of the State Ombudsman, State licensure office, and other advocacy groups;
- The right to see the State survey reports of the nursing home and the home's plan of correction;
- The right to be notified in advance of any plans to change their room or roommate;
- The right to daily communication in their language;
- The right to assistance if they have a sensory impairment.

The Right to Participate in Their Own Care, including:

- The right to receive adequate or appropriate care; The right to be informed of any changes in their medical condition;
- The right to participate in planning their treatment, care, and discharge;
- The right to refuse medication and treatment;
- The right to refuse chemical and physical restraints;
- The right to review their medical record.

The Right to Make Independent Choices, including:

- The right to make independent personal decisions, such as what to wear and how to spend free time;
- The right to reasonable accommodation of their needs and preferences by the nursing home;
- The right to choose their own physician;
- The right to participate in community activities, both inside and outside the nursing home;
- The right to organize and participate in a Resident Council

The Right to Privacy and Confidentiality, including:

- The right to private and unrestricted communication with any person of their choice;
- The right to privacy in treatment and in the care of their personal needs;

- The right to confidentiality regarding their medical, personal, or financial affairs;

The Right to Dignity, Respect, and Freedom, including:

- The right to be treated with the fullest measure of consideration, respect, and dignity;
- The right to be free from mental and physical abuse, corporal punishment, involuntary seclusion, and physical and chemical restraints;
- The right to self-determination.

The Right to Security of Possessions, including:

- The right to manage their own financial affairs;
- The right to file a complaint with the State survey and certification agency for abuse, neglect, or misappropriation of their property if the nursing home is handling their financial affairs;
- The right to be free from charge for services covered by Medicaid or Medicare.

Rights During Transfers and Discharges, including:

- The right to remain in the nursing facility unless a transfer or discharge: is necessary to meet the resident's welfare; is appropriate because the resident's health has improved and the resident no longer requires nursing home care; is needed to protect the health and safety of other residents or staff; is required because the resident has failed, after reasonable notice, to pay the facility charge for an item or service provided at the resident's request;
- The right to receive notice of transfer or discharge. A thirty-day notice is required. The notice must include the reason for transfer or discharge, the effective date, the location to which the resident is transferred or discharged, a statement of the right to appeal, and the name, address, and telephone number of the state long-term care ombudsman;
- The right to a safe transfer or discharge through sufficient preparation by the nursing home.

The Right to Complain, including:

- The right to present grievances to the staff of the nursing home, or to any other person, without fear of reprisal;
- The right to prompt efforts by the nursing home to resolve grievances.

The Right to Visits, including:

- The right to immediate access by a resident's personal physician and representatives from the health department and ombudsman programs;
- The right to immediate access by their relatives and for others subject to reasonable restriction with the resident's permission;
- The right to reasonable visits by organizations or individuals providing health, social, legal, or other services.

SEXUAL HARASSMENT

Harassing Behaviors, Attitudes, Language

- Calling people "Baby" or "Honey" etc., and not by their name. It is better to acknowledge them by no name, or let them know that you forgot their name than go for an overly friendly or intimate label.

- No means no. If someone does not want your physical contact, or asks you not to be so close, respect their personal space and their request. It is with the second request that harassment begins.

- Unwanted sexual jokes, comments, flirtatious or personal remarks are forms of sexual harassment.

- If confronted with having used sexist language or having had sexist expectations, listen to the other person's reality as being true for them and do not attempt to kid or intimidate your way out of the situation.

- Common areas need to be free of any sexual/sexist materials.

- Placing any sexual/personal expectations on an employee/resident for the purpose of that employee/resident maintaining employment or housing is sexual harassment.

- If in another context you would feel the comment, attitude, language or ideation were racist and harassing, then what's going on is sexually harassment.

- <u>Examples of Sexual Harassment:</u>

Spreading sexual rumors	Telling sexually explicit jokes
Unwanted touching	Discussing sexual behavior
Showing sexually explicit materials	Making sexual requests

SEXUAL HARASSMENT Makes the receiver feel: Bad Angry/sad Demeaned Ugly Powerless Guilty	**FLIRTING** Makes the receiver feel: Good Happy Flattered / Pretty / Attractive In control
SEXUAL HARASSMENT Results in: Negative self-esteem Self-blame Confusion Isolation	**FLIRTING** Results in: Positive self-esteem
SEXUAL HARASSMENT Is perceived as: One-sided Demeaning Invading Degrading	**FLIRTING** Is perceived as: Reciprocal Flattering Open A compliment
SEXUAL HARASSMENT is: Unwanted Power-motivated illegal	**FLIRTING** is: Wanted Equality-motivated legal

What is Sexual Assault?

For the purpose of this presentation, we use the term sexual assault as a blanket term in reference to all sexual offenses including but not limited to sexual abuse, sexual harassment, rape, molestation, and sodomy.

Sexual contact which occurs under the following conditions is abusive:

- 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.

Sexual Abuse

Sexual Abuse is defined as non-consensual sexual contact of any kind with a nursing home resident. Sexual contact with a person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.
www.elderabusecenter.org

A range of behaviors may be involved in the offense. These include:

"Hands-Off" offenses – This type of offense may include exhibitionism; voyeuristic activity; forcing an individual to view pornographic materials; sexual harassment and threats.

"Hands-On" offenses – this type of offense may include kissing; touching/molesting the breasts, genitals or buttocks; oral/genital contact; and penetration of vagina or rectum with penis, fingers, or an object.

Harmful gential practices – This type of offense includes unwarranted, intrusive, and/or painful procedures in caring for the genitals or rectal area. This includes application or insertion of creams, ointments, thermometers, enemas, catheters, fingers, soap, or objects when not medically prescribed and unnecessary for the health and well being of the individual. Perpetrators may appear obsessed with the behavior, claim that the harmful practices are required for health or hygiene reasons, or may be reluctant to stop when instructed to do so by health care professionals. (Ramsey-Klawsnik, H. Wisconsin Coalition Against Sexual Assault. 1999)

Signs and Symptoms of Sexual Assault

- An individual makes statements suggesting sexual assault.

  Disclosures may be clear and direct such as:
  "Another resident forces me to have sex with him. Can you help me keep him away?"

  Statements may be less clear but hint at possible sexual abuse such as:
  "I don't want to look too pretty. I'm afraid that might get me in trouble."

- An individual reports witnessing sexually abusive behavior directed toward an individual with special needs.

- Trauma is observed around an individual's genitals, rectum, mouth, breasts (bleeding, bruising, injury, infection, scarring, redness, pain, and irritation).

- An individual who is uninvolved in consenting sexual relations is diagnosed with a sexually transmitted disease.

- Evidence of forcible restraint of an individual is observed (tying, finger imprints, etc.)

- Evidence of severe physical abuse is present, including human bite marks and inflicted burns.

- An individual displays shame or guarded response when asked about the above physical signs.

- An individual displays fear or strong ambivalent feelings toward a particular caregiver, nursing home staff person, or family member.

- An individual displays extreme upset during provision of personal care.

- Inappropriate boundaries exist between a resident and a caregiver.

- A caregiver is overly intrusive regarding provision of personal care.

*Gathered from Widening the Circle: Sexual Assault/Abuse and People with Disabilities and the Elderly

Responding to Sexual Assault of Nursing Home Residents

Help sexually abused residents by:

- Believing the resident.
- Telling the resident that you are there to listen and give support whenever he/she is ready to talk, but do not push. Give the resident permission to tell by saying things like "I think you must have been hurt, and it wasn't your fault. I want to understand what happened, so I can help you feel safe. Will you tell me what happened?
- Controlling *your* emotions
- Letting the resident know that he/she did the right things during the assault. Do not question or judge what he/she did to survive. Survival is evidence that he/she handled the assault correctly.
- Reassuring the resident that you still love and care for him/her.
- Seeing and excepting the resident's hurt emotions and recognizing that a resident is expressing his/her needs through his/her behavior.
- Allowing the resident to be in control of decision making. This is important for large and small decisions. Respect his/her decisions.
- Getting medical attention for sexually abused residents. Assaulted residents may be in shock, have internal and/or external injuries, have been exposed to sexually transmitted diseases, become pregnant, or wish to have evidence collected for criminal prosecution.
- Getting help for yourself so you can deal with what has happened to your resident. The Bluegrass Rape Crisis Center at 1-800-656-HOPE can offer help and support to those who are dealing with sexual abuse.

Kentucky's Mandatory Reporting Laws

Kentucky's mandatory reporting laws require that abuse, neglect, and exploitation be reported when the victim is a child (under 18), the spouse of the offender, and an otherwise vulnerable adult. KRS 209.020. KRS 209.030. KRS 620.630

Even if you are told that the matter has already been reported, applaud that action and state that you too must call in a report. As a Kentuckian it is your duty to report. Duplicate calls to the Department for Community Based Services' Adult Protective Services will not hurt anyone and may ensure that the resident get the help needed.

The Affordable Care Act of 2010's Elder Justice Requirements

Each LTC facility that receives Federal funds and each employee, manager, agent, contractor, owner, and operator has an obligation by law to report to the Office of Inspector General (OIG) AND AT LEAST ONE LOCAL LAW ENFORCEMENT ENTITY any reasonable suspicion of a crime against a resident. If the events that cause the reasonable suspicion result in serious bodily injury, the report must be made immediately after forming the suspicion (but NOT later than 2 hours after forming the suspicion). If serious bodily injury is not suspected, the report must be made not later than 24 hours after forming the suspicion. Individuals as well as LTC facilities are subject to civil money penalty for failure to meet reporting obligations.

Who to call

- The statewide abuse hotline at **1-800-752-6200** or your local Department for Community Based Services Adult Protection office.
- Local law enforcement or State Police. Call 911 if a resident is in immediate danger.
- The Office of Inspector General (OIG): Lexington (859) 246-2301 or London(606) 330-2030 offices

Please feel free to call the long term care ombudsman who visits residents at your facility. The ombudsman's phone number should be easily found on a poster hanging in the nursing home or you may call the Nursing Home Ombudsman Agency of the Bluegrass at 1-877-787-0077. If in doubt, it is always better to call and talk with a trained professional about what has come to your attention. Persons acting upon reasonable cause in the reporting of known or suspected abuse, neglect, or exploitation are immune from civil and criminal liability. This immunity exists with respect to the reporting, the investigation, and any judicial proceedings, resulting from the report. The source of a report of abuse, neglect or exploitation is kept confidential unless it is ordered released by a court according to KRS 209.140. Also, the facility may not retaliate against an individual who lawfully reports a reasonable suspicion of a crime under section 1150B of the Social Security Act.

Risk Reduction

- Don't be naïve – **Potential for abuse in any setting where dependent people are cared for is high. Everyone should be aware and vigilant about preventing all kinds of abuse.**

- Sufficiently staff nursing homes. More caregivers, more eyes to monitor, more support.

- Hire carefully. Be selective. Interview carefully. Go over scenarios of what can go wrong in the nursing home. Ask applicants how they would handle abuse specific situations.

- Check & document references. Check work histories. Ask applicants to sign releases so prospective employers can gather more information.

- Don't hire workers with criminal histories.

- Supervisors should have clear presence on the unit floors. Make it obvious that administration and others are on the lookout for abuse.

- Encourage "whistle-blowing". Administrators should encourage staff to confidentially report inappropriate behaviors by staff. Advocates have repeatedly encountered situations where direct caregivers were aware of abusive staff members, or had heard rumors, but never felt comfortable telling a supervisor. Sometimes nursing assistants try to warn supervisors, but are ignored. It is important to make a comfortable atmosphere for everyone to share suspected abuse.

- BELIEVE IT CAN HAPPEN!! Listen to nursing home residents. Investigate changes in their condition and care preferences. Why do they not want care provided by a certain worker?

Information gathered from Abuse Proofing Your Facility by Dr. Pillemer, Diane Menio, Beth Keller

The Nursing Home Worker's Sexual Assault Safety Plan

Why safety plan?

Planning ahead can help you function professionally during times of crisis when residents need you most. While many of you are well trained to handle the day to day care needs of residents, you may lack training in specialized areas of sexual assault and crisis. Your job is stressful, and you are often in difficult situations which cause you to need a plan. When you create a safety plan, you identify tools and techniques which may help prevent sexual abuse in your facility and help residents who are abused get the help they need.

My Plan

The following steps are my plan for increasing the safety of residents. I am preparing to protect residents from sexual abuse. Although I can't control an abuser's violence, I do have a choice about how I respond and how I can help keep residents safe. I know that residents are frail and need immediate attention if they are assaulted. I know the signs of sexual assault. I know that sexual assault perpetrators can be coworkers, residents, family or other visitors.

I will tell _____ if I suspect a resident is being sexually
(Name and phone number)
abused/assaulted. If that person does not listen to me and take immediate action to protect and get appropriate help for the resident I will tell_____.

If the abuser is still in the building I can _____.

A resident may choose me to be part of their safety plan. If they tell me a code word or signal which means they need help, I will remember the code word/signal _____ and get help for them if they ever use the code word/signal. No matter what I think about their state of mind I will get help for a resident who uses their code word/signal.

People who abuse nursing home residents know that it is easier to harm residents when there are no witnesses. If the facility is not staffed with enough workers to monitor residents the I will call _____who can get more in the building. (Name and phone number)

If I know of a coworker who has lied about their references, work history, credentials, or criminal history, I will report it to _____.

If I notice that a resident is acting out sexually towards other residents I can _____to protect other residents from them.

I report suspicious visitors to _____.

Sexual Assault Training Test

This test consists of fill in the blank, multiple choice, and true/false questions. Please indicate the best answer for each question.

1. How would you define sexual abuse?

2. Sexual contact is considered abusive under which of the following conditions
   a. A nurse jokes about a resident's erection while repositioning him in his bed.
   b. A resident tricks another resident into touching her between the legs.
   c. A physical therapist engages in sexual contact with a resident.
   d. All of the above

3. The more disabled a resident is the more likely he/she is to be sexually assaulted.
   a. True
   b. False

4. Sexually abused residents may be withdrawn, hostile, and angry after being attacked.
   a. True
   b. False

5. Which of the following may be a sign of sexual assault?
   a. A resident displays fear of a particular caregiver
   b. A caregiver insists on inserting a catheter that is not medically prescribed
   c. A resident has burn marks on his or her arm
   d. All of the above

6. Who is **most** likely to be a sexual assault perpetrator in the nursing home? Please choose one answer.
   a. Another resident
   b. A Relative
   c. A Staff member
   d. A Visitor

7. When a resident tells you he or she has been sexually assaulted you should
   a. Call the Centers for Medicare/Medicaid regional office
   b. Tell the resident to try not to think or talk about the assault
   c. Believe the resident's story and listen
   d. Ignore the resident by quickly changing the subject

8. According to state law, only physicians and social workers are required to report suspected sexual abuse to the Department for Community Based Services.
   a. True
   b. False

9. What was the most useful information you gained from today's training session?

10. What did we not cover today that you would like to learn more about?