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Preventing Sexual Assault in Long-Term Care Facilities: Identifying Strategies for Facilities and State Survey Agencies

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Identifying the Problem



Licensed long-term care facilities are expected to honor a resident's right to appropriately express their sexuality in an institutional setting. However, situations develop between residents that may be exploitive, especially when residents with dementia are involved.

State Agencies have no specific guidance for investigating cases of alleged sexual assault. Instead, each allegation is addressed on a case-by-case basis.

This results in inconsistent approaches and outcomes, which may negatively affect quality of resident care.

Literature Review

Doll, who researches dementia and sexuality stated, "Because so little effort has been put forth to address this problem at a state or national level, long-term care facilities and advocates must take the lead in creating policies that address the problem" (2016). However, the state and federal entities that are responsible for protecting vulnerable populations cannot continue to abdicate this responsibility. Thus, **leadership** must be exercised in this arena by developing research and guidance that assists facilities with caring for and protecting vulnerable residents, while honoring resident rights that allow for optimum life functioning.

Sexual assault is defined as non-consensual sexual contact of any kind and is considered the most hidden; least acknowledged and reported form of elder abuse (Smith, et. al., 2018).

Literature Review Outcomes

1. Research shows cause for action and leadership.

2. There is a need across the United States for guidance and clarity on addressing sexual assaults and resident sexuality in health care facilities.



Methodology

Qualitative research was conducted by analyzing several types of documents including:

- State Agency staff processes
- Case studies of incidents
- University research departments
- Law enforcement agencies
- Sexual assault advocacy agencies





Findings

Three needs were discovered:

1. Training programs in long-term care facilities must be developed and implemented.

2. Written policy and procedures in longterm care facilities that address resident sexuality and provide staff guidance on addressing potential or actual sexual assaults must be developed.

3. Resident assessments and service plans in long-term care facilities that address resident sexuality must be developed and followed.



What Next?



The research and recommendations from this project will serve as a critical path to enabling State Agencies and health care facilities to work in a collaborative manner on this issue. Vulnerable populations such as elderly or infirmed people are required, by statute and ethical requirements, to be deserving of **protection from harm**.

Appendix A- Guidelines for State Agency Surveyors

Staff Training at Long-Term Care Facilities

1. Does the facility provide an in-service training program that addresses resident sexuality? If so, what areas does it address? Areas that should be considered: resident rights, sexuality in aging, privacy, cognitive impairments, ability to consent, and signs of potential sexual abuse or assault. If there is a suspected or actual sexual assault, does staff indicate knowledge of the mandatory reporting process and facility procedure and policy?

Long-Term Care Facility Policy and Procedures

2. Does the facility have a written policy and procedure that honors resident rights to sexual expression, and provides guidance to staff and management for preventing resident to resident sexual assaults? Does this policy and procedure include areas such as mandatory reporting, protection from harm, and issues surrounding consent? Does the policy and procedure require all staff to participate in an in-service training program? When investigating an alleged sexual assault, SA surveyors should determine if the policy and procedure was followed or not. If not, what failures were evidenced? Were the failures singular or systematic?

Service Planning and Assessments

3. Does the resident assessment or initial history questionnaire include anything about sexual history or sexual expression? Are inappropriate sexual behaviors identified in the assessment? If the resident does exercise the right to appropriate sexual expression, or demonstrate inappropriate behaviors, is this addressed in the service plan? Was the service plan updated to reflect current or potentially required staff interventions?

Additionally, a formal training program will be developed this summer for staff and management at long-term care facilities. The approach will be collaborative, informative, and be applicable across the country.



References

Doll, G. (2016). Dementia and Consent for Sex Reconsidered. *NAELA Journal*, 12(2), 133–144

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