

# Human Sexuality Rights, Consent, and Abuse in Long Term Care

Julie Myers, DrPH, CPHQ  
OSDH Protective Health Services

*Civil Monetary  
Penalty Fund*

OKLAHOMA STATE DEPARTMENT OF HEALTH



# Objectives

- Face ageism and reality by discussing sexuality in long term care residents
- Examine sexual consent and policies that support human sexuality as a right
- Define sexual abuse and review reporting requirements
- Explore ways to reduce harm while preserving the sexual rights of residents and protecting staff and the organization



# Objectives: Answer Sheet

- **Face ageism:** sexuality is fluid, expressions change over time, sexual activity is not limited by age
- **Sexual consent:** Establish policies that assess the needs, desires, and capacities of each person in your care. Use policies to support human sexuality as a right.
- **Define sexual abuse:** can be physical and/or verbal and is often hidden by the victim. You are required to report actual and suspected abuse
- **Reduce harm:** Preserve privacy and dignity, prevent infection, skin tears, and sexually transmitted disease.



# Sexuality in Long-Term Care

- The need for intimacy does not go away just because a person ages or enters a care facility
- This is a grey area that has no easy answers
- Having the discussion now can improve the quality of life and quality of care for long-term care residents



# Video: Consent is for Old People, Too

<https://youtu.be/IdETVtjR6E>



Consent Is For Old People, Too



Stuff Mom Never Told You - HowStuffWorks ✓

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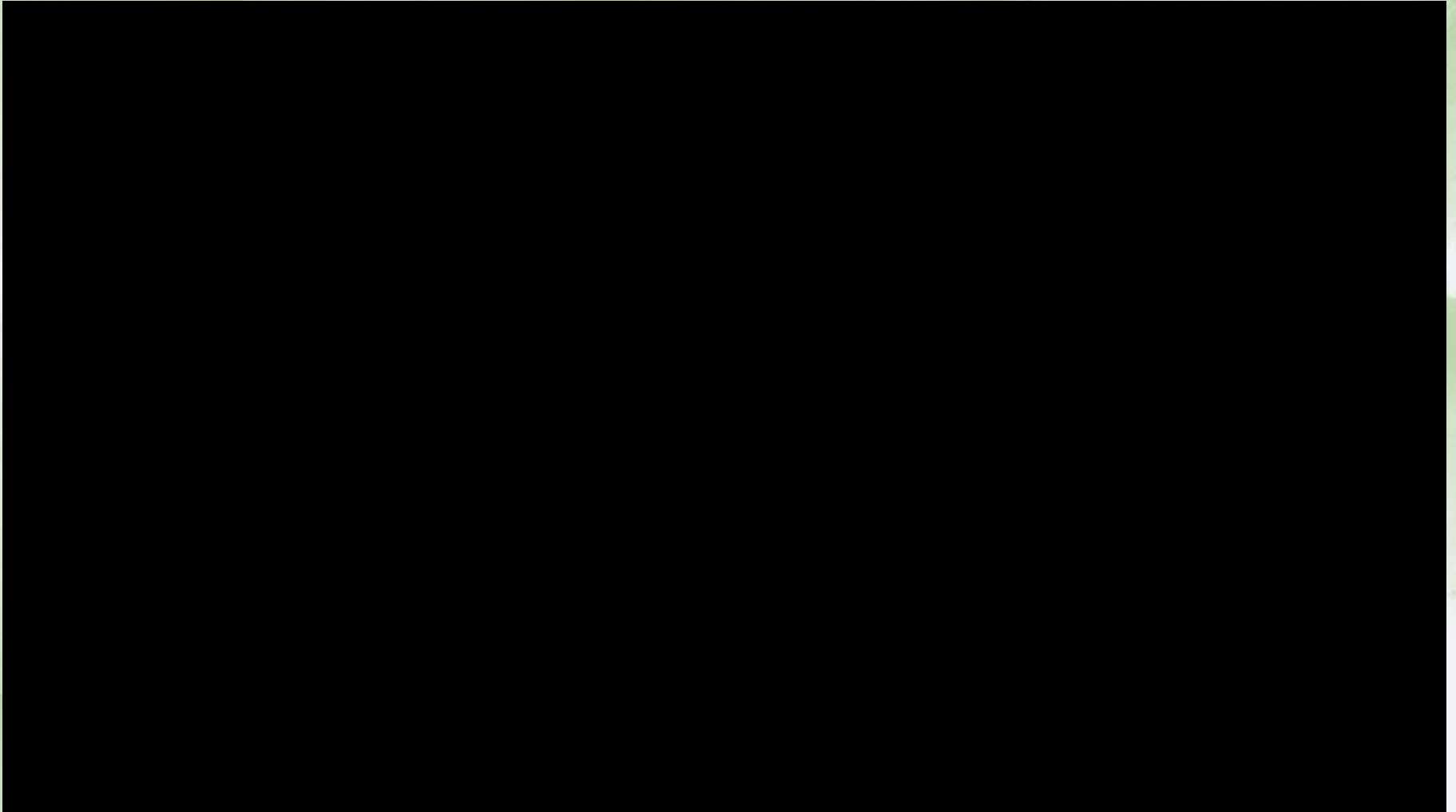
214,572

12,364 views



Video: Consent is for Old People, Too

<https://youtu.be/ldETVtjR6E>



# Prevent & Respond

- Physical signs
- Behavioral clues
- Reporting requirement
- Creating a safe space for residents
- Supporting employees



# Elderly Perpetration of Sexual Abuse

As with any population, sexual abuse can be

- Verbal
  - Sexual harassment
  - Unwanted flirting
- Physical
  - Unwanted sexual touching





# Oklahoma Adult Protective Services Act

- Sexual Abuse Defined: O.S. 43A 10-103
  - a) oral, anal, or vaginal penetration of a vulnerable adult by or through the union with the sexual organ of a caretaker or other person providing services to the vulnerable adult, or the anal or vaginal penetration of a vulnerable adult by a caretaker or other person providing services to the vulnerable adult with any other object, or



# Oklahoma Adult Protective Services Act

- Sexual Abuse Defined: O.S. 43A 10-103

B) for the purpose of sexual gratification, the touching, feeling or observation of the body or private parts of a vulnerable adult by a caretaker or other person providing services to the vulnerable adult, or



# Oklahoma Adult Protective Services Act

- Sexual Abuse Defined: O.S. 43A 10-103

C) indecent exposure by a caretaker or other person providing services to the vulnerable adult;

- “Indecent exposure” means forcing or requiring a vulnerable adult to:

- 1- look upon the body or private parts of another person or upon sexual acts performed in the presence of the vulnerable adult, or
- 2- touch or feel the body or private parts of another



# Mandatory Reporting

## Title 43A 10-104

- Who must Report? Persons required to make reports pursuant to this section shall include, but not be limited to:
  1. Physicians;
  2. Operators of emergency response vehicles and other medical professionals;
  3. Social workers and mental health professionals;
  4. Law enforcement officials;
  5. Staff of domestic violence programs;
  6. Long-term care facility personnel, and
  7. **Any person having reasonable cause to believe** that a vulnerable adult is suffering from abuse, neglect, or exploitation.



# Social Media/Handheld Devices

- Posting a photo or video to Facebook that includes personal and identifying characteristics of a resident.
- Sending or posting a photo on Snapchat or Instagram that includes any parts of a resident's body.
- Having an image or video of a resident on your Snapchat storage or on your camera storage without the resident's written consent or knowledge.
- Taking a video or photo on your phone of another employee mistreating or degrading a resident and not reporting it to your direct supervisor.



# Consent or Abuse?



# Quick Facts

- About 2% of persons age 65 or older experienced sexual abuse
- Older victims are most often females over age 70 who are totally dependent or functioning at a poor level
- Older victims suffer more genital trauma from sexual assault than younger victims



# Reporting

- For every report of abuse or neglect, it is estimated that FIVE go unreported
- Sexual abuse faces even more barriers to reporting than physical abuse or misappropriation

• **STIGMA**





# Physical Signs of Sexual Abuse

- Physical injuries such as cuts or bruising in the area of the genitals
- New pain when seated or moving
- Sexually transmitted disease or infection



# Behavioral Signs of Physical Abuse

- Unusual fear or anxiety, particularly in a specific place or when a specific person is nearby
- Depression, withdrawal, refusal to communicate
- Psychosomatic complaints: Men will most often complain of stomach aches, while women tend to complain of headaches



# Behavioral Signs of Physical Abuse

- Changes in the way the individual shows affection, such as being touched, especially when this behavior is a sudden change or deviates from typical behavior
- Changes in sleep patterns, including nightmares or difficulty sleeping



# Perpetration

- Perpetrators are likely to be paid or unpaid male caregivers

But can also be

- Other residents
- Resident's own family members or visitors
- Visitors/Family of other residents



# Intervening in Sexual Abuse

If you see or suspect sexual abuse

- Ensure that the victim is separated from the abuser and safe. Provide medical help if necessary.
- Follow your organization's policy
  - Contact supervisor and authorities
  - Contact your local rape crisis center for assistance with SANE exams 1-800-522-7433 (Oklahoma Safeline)



# Intervening in Sexual Abuse

Contact local law enforcement when appropriate – know your facility policy

- Do not disturb evidence
  - Bathing
  - Removing bedding
  - Wiping down surfaces



# Prevention and Safe Places



# Creating a Safer Environment- Hiring

- Background checks
  - Prior sexual crimes including ‘low-level’ such as public indecency
  - Prior history of protective orders or restraining orders





# Creating a Safer Environment Supporting Staff

- Ensure that staff who experienced sexual abuse don't come into contact with the abuser as much as possible.
- Provide supervisor support to intervene if a patient is behaving sexually inappropriately.



# Creating a Safer Environment- Supporting staff

- Use a two person team approach
  - Provides a witness
  - Documentation is critical to protect staff and other residents from harm



# Creating a Safer Environment- Responding to Complaints

- Complaint policy
- Increase awareness of policy
  - Staff
  - Patients and families

**Hotline:  
1.800.747.8419**



# Creating a Safer Environment

## Social Norms

- “Be Nice” is a recipe for disaster
  - Watch for non-verbal signals of discomfort



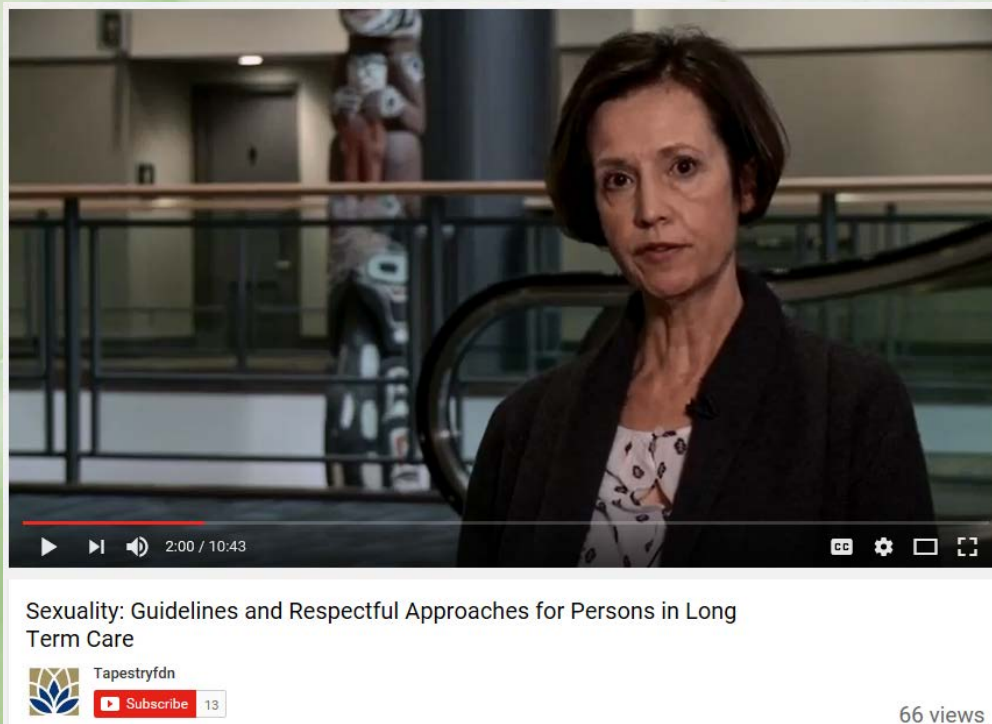
# Considerations for Residents

- Consent is possible at any age – but not in all cognitive states
- Families must be treated with transparency and respect
- Rights vs. Consent
- Preserve Dignity through privacy
- Reduce Harms (physical and emotional)



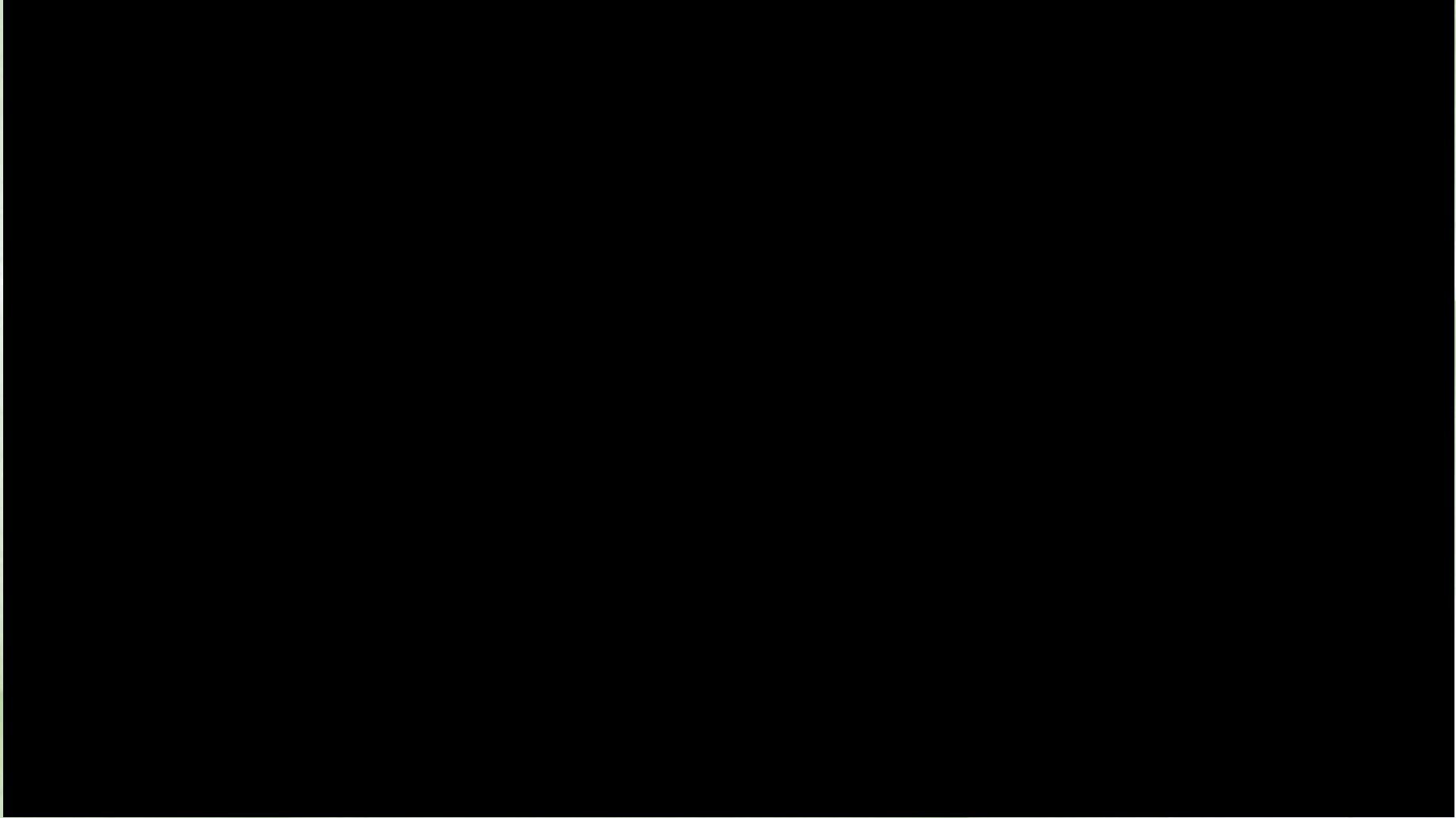
# Video: Sexuality: Guidelines and Respectful Approaches for Persons in Long Term Care

- <https://youtu.be/JksjZ6rxNtl?t=1m55s>



**Video:**  
**Sexuality: Guidelines and Respectful Approaches for Persons in Long Term Care**  
**Start at 0:00, Stop 4:35**

<https://youtu.be/JksjZ6rxNtI?t=1m59s>



# Culture, Rights, Consent

- Less than 25% of nursing homes have policies on intimacy and sexual behavior
- AMDA White Paper “Capacity For Sexual Consent In Dementia In Long-term Care” Accessed 9/21/2016:

[http://www.paltc.org/sites/default/files/A16\\_White%20Paper\\_Sexuality%20in%20Dementia%20in%20LTC.pdf](http://www.paltc.org/sites/default/files/A16_White%20Paper_Sexuality%20in%20Dementia%20in%20LTC.pdf)





# A Flexible Approach in Policy

- Consider “indicators” such as a loving relationship, the impact of ageism, risk and safety when developing policies regarding sexual relationships.
- “Taking this flexible, recommended approach can facilitate the development of policies and procedures that capture the resident/consumer voice, protect against harm and support safe sexual expression for individuals living in nursing homes.”
- Syme, M. L., Yelland, E., Cornelison, L., Poey, J. L., Krajicek, R. and Doll, G. (2016), Content analysis of public opinion on sexual expression and dementia: Implications for nursing home policy development. *Health Expect.* doi:10.1111/hex.12509



# What is LBGQTQ *in LTC*?

- Presume you have LGBT residents.
- Do not assume you can identify an LGBT person.

Source: *Gay and Gray: Welcoming LGBT Elders in Long Term Care*, by Services and Advocacy for GLBT Elders (SAGE) and the National Resource Center on LGBT Aging.  
[www.lgbtagingcenter.org](http://www.lgbtagingcenter.org)



# Admissions regardless of LGBTQ

- Do remember a client's sexual orientation and gender are only two aspects of a person's overall identify and life experience.
- Source: *Gay and Gray: Welcoming LGBT Elders in Long Term Care*, by Services and Advocacy for GLBT Elders (SAGE) and the National Resource Center on LGBT Aging. [www.lgbtagingcenter.org](http://www.lgbtagingcenter.org)



# Welcoming not Harassing

- Do ask your residents about their sexual orientations and gender identities in a safe and confidential manner.
- Remember that while it is important to ask, LGBT people have significant histories of discrimination and stigma, which make them far less willing to disclose these parts of their identities.
- Ask the questions as you would any other factual question, but do not force anyone to answer. If a resident looks uncomfortable, anxious, or refuses to answer, move on to the next question.

**Source:** *Gay and Gray: Welcoming LGBT Elders in Long Term Care*, by Services and Advocacy for GLBT Elders (SAGE) and the National Resource Center on LGBT Aging.  
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# Equity and LGBTQ

- Do not assume that treating everyone the same, regardless of sexual orientation or gender identify, is effective or will make LGBT elders feel safe or welcomed.
- More often than not, treating everyone the same translates to treating everyone as heterosexual, and glosses over challenges LGBT elders may have faced, including discrimination, physical and emotional stress, and violence.
- First Impressions: What does welcome look like?

**Source:** *Gay and Gray: Welcoming LGBT Elders in Long Term Care*, by Services and Advocacy for GLBT Elders (SAGE) and the National Resource Center on LGBT Aging.  
[www.lgbtagingcenter.org](http://www.lgbtagingcenter.org)



# Dignity & Harm Reduction

- Sexuality and gender identification
- Privacy
- Intimacy is defined differently by the individual

**BOOM  
SHAKA  
LAKA**



# Harm Reduction

- Ambient Noise
- Privacy & Respect
- STD Prevention
- Skin tear prevention
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



# Test your Knowledge

- Are you required to report actual or even suspected abuse?
- Can you be fired for making a report?
- Can you lose your personal license and or certificate if you fail to report it?





# A care provider's best protection:

- ✓ Clear policies
- ✓ Staff that know and practice the policies
- ✓ Prevention through hiring and conversation
- ✓ Discussing sexual activity at as part of the initial assessment and periodically
  - the resident
  - Family members
  - mental health providers
  - And your medical director



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# Resources

- *Hebrew Home at Riverdale. Policies and procedures concerning sexual expression at the Hebrew Home at Riverdale. 2013.*  
<http://static1.squarespace.com/static/5520af09e4b0c878b5733095/t/56328f20e4b04afbbe92827d/1446154016232/sexualexpressionpolicy.pdf>.
- Copyright protected so email them for permission if you want to use it verbatim
- “Caregiver Misconduct – Use of Handheld Devices and Social Media” is available at  
<https://www.dhs.wisconsin.gov/caregiver/social-media.htm>



# Questions?

State Long-Term-Care  
Ombudsman

William “Bill” Whited

405-521-6734

William.Whited  
@okdhs.org



CMP Fund Program

Julie Myers, DrPh, CPHQ

405-271-5288.o

405-623-4350.m

[CMP@health.ok.gov](mailto:CMP@health.ok.gov)

<http://CMP.Health.ok.gov>

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