

LEARNING BRIEF:  
ELDER SEXUAL ASSAULT IN  
LONG TERM CARE FACILITIES

**RECOMMENDATIONS  
FOR RESEARCH,  
POLICY, AND PRACTICE**



CANADIAN NETWORK *for*  
the PREVENTION of ELDER ABUSE

RÉSEAU CANADIEN *pour la* PRÉVENTION  
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# THE ACCESS TO JUSTICE PROJECT



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# HOW CAN WE PREVENT, ADDRESS, AND MANAGE ELDER SEXUAL VICTIMIZATION IN LONG TERM CARE FACILITIES?

## RECOMMENDATIONS FOR RESEARCH, POLICY AND PRACTICE

As an add-on to the mini literature review on elder sexual assault in long-term care (LTC) facilities, this learning brief identifies and articulates key recommendations and suggestions for preventing, identifying, and responding to instances of sexual violence in LTC facilities. Recommendations are categorized according to those for research, policy, and practice.

# RECOMMENDATIONS FOR RESEARCH

## NATIONAL PREVALENCE STUDIES AND COHORT STUDIES ARE NEEDED [1]

LTC settings are unique, warranting specific study to understand the contributing factors of institutionalized sexual violence involving older persons [2]. Evidence-based research using ecological models(1)[3] can help in understanding some of the unique context-based risk factors, or combinations of risk factors that are integral to understanding the epidemiology, incidence, and prevalence of sexual violence victimization, and can help to guide the development of effective prevention and intervention strategies [2].

(1) An ecological perspective to studying sexual abuse in LTC facilities provides a framework that takes into account the multi-level factors that influence and interact to influence vulnerability for sexual violence victimization and perpetration. These different factors include but are not limited to victim and offender individual characteristics (e.g. age, gender, and health), relationships between individual level characteristics, the social and environmental context in which the abuse takes place, as well as the large cultural norms and attitudes that influence social response and perception of older adults and their sexuality [3].

# RECOMMENDATIONS FOR RESEARCH

## MORE EVIDENCE-BASED RESEARCH REQUIRED

Currently, there is “virtually no evidence-based research” to guide professionals on ways to prevent or manage resident-to-resident sexual assault [4], or sexual abuse in LTC facilities in general. Suggested research directions include intervention studies which explore the environmental or institutional factors of the LTC setting that lead to increased risk of victimization. Research that examines how institutional or environmental factors (e.g. single-sex housing, female-only caregivers for females with severe cognitive impairments, team-care approaches to caregiving, facility organization and design, or diversity of staff) can help to foster settings that may directly minimize the risk for abuse and can be used to inform legislation on how to manage occurrences of abuse [1, 5-7].

## VOICES OF OLDER PERSONS NEED TO BE INCORPORATED

Additionally, there are many misunderstandings about older person’s sexualities [8]. In order to understand the full perceptual spectrum of elder sexual abuse, research should incorporate qualitative methodologies that include the voices of older persons, LTC residents, and sexual violence victims [4, 9-11]. The inclusion of older persons in the discussion and research will allow their unique experiences to be included in social and justice-based responses and governmental policy on sexual violence [10].

# RECOMMENDATIONS FOR POLICY

Within residential settings it is imperative that active prevention policies balance older persons' rights with protection from potential instances of abuse [12]. Currently there is a lack of institutional policies outlining clear ways to handle and report cases of sexual abuse and victimization, especially when victims have cognitive deficits [10, 13-15]. Varied and inconsistent reporting practices in suspected cases of sexual abuse justify the need for clear policies regarding reporting practices within LTC homes.

## NEED FOR MULTI- SECTORAL COLLABORATIVE STRATEGY

Researchers have emphasized the need for a comprehensive, multi-sectoral collaborative federal strategy designed specifically to address elder abuse and the different types of abuse experienced by both community-residing adults and adults in long term care facilities [16-18]. Without such policies in place, systematic reporting for sexual abuse in LTC facilities will not be possible. There needs to be guidelines and procedures outlining best practices, such as when staff should be calling the police to investigate or how to respond and intervene in cases where perpetrators have dementia [1].

# RECOMMENDATIONS FOR POLICY

## NEED FOR CLEAR SEXUAL HEALTH POLICIES FOR OLDER ADULTS

In a comparative overview of sexual health policies in Australia, Canada, the USA, and the UK, researchers uncovered that none of these countries had specific sexual health policies for midlife or older adults [19].

Clearly, there is a gap in our knowledge and understanding of older person's unique sexual health needs and the unique impacts of sexual violence involving older persons. The development of a federal sexual health policy that supports and promotes not only positive sexual relationships among older persons, but one that is attentive to the specific health needs of older and midlife adults is essential [19, 20].

Sexual health policies specific to older women can provide guidance and understanding regarding sexuality, aging, and associated age-related cognitive declines, they can challenge societal (mis)conceptions that older women are asexual and thus inherently safeguarded from sexual violence victimization [21-24], and can help provide alternative methods to examine and treat older victims of sexual violence [25].

# RECOMMENDATIONS FOR PRACTICE

A predominant theme throughout the literature is the lack of training, guidelines, and policies or procedures for responding specifically to sexual violence in LTC facilities. In fact, research in Canada suggests that unregulated, non-professional workers provide anywhere from 75 to 80 percent of direct care to residents in care facilities [26]. Moreover, in their survey of 1,381 care aides in a representative sample of 30 urban nursing homes across three Canadian provinces, researchers found staff reported high levels of turnover and burnout, while very few reported educational sessions, as minimum standards for education and training vary substantially [26]. Given this, education and training comprise many of the practical elements suggested for preventing, managing, and intervening in cases of sexual abuse in LTC facilities [2, 8].

## MORE ATTENTION TO TRAINING AND EDUCATION

Professionals often lack understanding of the laws protecting older adults [27], as do nurses and physicians (Almogue et al., 2010), highlighting the need to improve knowledge, training, and education for staff and caregivers.

## INCREASED PUBLIC AWARENESS

General prevention strategies should include public awareness campaigns directed at caregivers, older persons, LTC residents and their families, and the public more generally. These educational awareness campaigns should clearly articulate what constitutes elder sexual abuse and what actions can and should be taken if one experiences, witnesses, or suspects potential instances of elder sexual abuse.



# RECOMMENDATIONS FOR PRACTICE

## SCREENING GUIDELINES

Specifically, guidelines are needed to help assist care providers when screening for and assessing the vulnerability of residents for sexual abuse [10]. Staff should also be trained on appropriate ways to assess for indicators of abuse within LTC facilities [28, 29]. Key suggestions for training include ways to recognize and identify injuries consistent with abuse compared with what is expected with normal aging [17]. Nurses, medical professionals, and residential staff should be aware of the forensic biomarkers characteristic of elder sexual abuse including bruising and genital tears or lacerations [8, 15], type and location of injuries, the presence of sexually transmitted infections, and behaviours consistent with genital injuries including difficulty walking or sitting, as these are important for identification and disclosure [15, 30].

- Care providers also need to take cases seriously [10] and be trained in appropriate ways of preserving potential evidence [31, 32]. This means staff should be attentive to potential psychological changes that occur in the aftermath of sexual abuse [30, 31], so they can make the appropriate report and facilitate early screening processes and response [8].
- The prevention and identification of sexual abuse of older women by their caregivers requires setting clear standards and boundaries for interactions between caregivers and clients [6, 21]. Moreover, a team approach to care, whereby multiple staff are responsible for individual patients, especially those with cognitive impairments, should be enacted as prevention measures [21].

# RECOMMENDATIONS FOR PRACTICE

- Staff should be trained in managing resident-to-resident conflict [2], including ways of managing residents with dementia who express themselves sexually [22]. Such training should not be isolated instances but continuing opportunities with the potential to improve quality of care for residents [26] and potentially reduce and/or better manage instances of sexual abuse victimization in LTC facilities.
- Staff in LTC facilities would also benefit from trauma-informed training to better identify and respond to instances of sexual victimization and have a better understanding of the cumulative effects of trauma [33]. This approach is relevant for both assessing and treating older adults who have experienced sexual victimization [33].
- Resident-to-resident sexual abuse prevention may include pharmacological strategies to manage sexually aggressive behaviours as well as behavioural modification strategies [4].
  - o Alarms to prevent resident wandering
  - o Clear explanations of what is and is not appropriate
  - o Removing or keeping residents prone to sexualized aggression separate from potential victims (i.e. women with severe cognitive impairments)
  - o Enforcing that residents wear pants that have no front zipper or that open in the back can impede male residents who expose or fondle themselves publicly
  - o Encouraging activities that keep residents' hands busy such as folding towels or the presence of stuffed animals and baby dolls, and even having live pets in the nursing home to increase resident sensory stimulation.

# RECOMMENDATIONS FOR PRACTICE

- In cases of resident-to-resident sexual relationships, and relationships between LTC resident's (who may or may not have cognitive impairments) and their community-residing partners or spouses, guidelines are required to assist care providers in evaluating whether consent is present [4, 22, 34]. For instance, it should be determined that the individual knows who the person is and their relationship to them, the resident should be able to identify appropriate and inappropriate times and places to engage in sexual activity, and the resident should be able to understand risks and benefits of sexual relationships, express levels of comfort and discomfort, and avoid sexual exploitation [10, 30, 35].
- While staff training is integral it is not enough [1]: "Vulnerability is not a random situation but is created by practices and strategies that have been implemented" [36](p. 78).

Instances of sexual abuse demand sensitivity to victims and perpetrators, appropriate resources, and specialized training and intervention [37]. To address the vulnerable status of older residents in LTC facilities, practices and strategies must be enacted that specifically address these vulnerabilities – that is, vulnerabilities created out of the intersection of aging, gender, disability, and associated dependence. Key recommendations for this include the importance of talking therapies and expressive therapies that utilize music and art to convey comfort and safety when inquiring about or responding to potential victimization [31, 38].

- Practical institutional and organizational prevention strategies include single-sex housing in LTC facilities, increased supervision and security, as well as regular employee background checks, mandatory registries for care aids working in LTC houses, and policies that task female staff to be in care of female residents [6, 39].

# SUMMARY

## Research

- **A national prevalence study** on instances of sexual victimization of older adults in LTC facilities.
- **Evidence-based research** that accounts for the complex interplay and intersection of multiple vulnerabilities (e.g. gender, disability, ethnicity) that are related to sexual victimization in LTC facilities (e.g. research that uses the ecological model, and research that examines environmental and institutional factors that can influence vulnerabilities and risk).
- **Research that seeks to better understand sexuality in older age** which can be used to inform sexual health policies or older adults.

## Policy

- Development of a comprehensive, multi-sectoral collaborative federal strategy to address elder abuse including sexual abuse in LTC facilities.
- Policies that outline clear ways to handle and report cases of sexual victimization. Guidelines should include not only when and how to respond to sexual victimization in LTC facilities in the broad sense, but also specifically how to respond when victims have cognitive impairments and/or dementia, when perpetrators are other residents with dementia, and in cases when suspected perpetrators are other staff members, victim family members, or strangers.
- Development of sexual health policies specifically for older adults.

## Practice

- Regular staff training should include education on what constitutes sexual abuse of older adults, how to assess for indicators of abuse, including ways to recognize injuries or behavioural changes consistent with sexual abuse, appropriate ways of preserving evidence, and ways to assess whether or not consent is present when a LTC resident is engaging in sexual relations with their spouse or another resident.
- Team approach to care where multiple staff are responsible for patients, and where female staff are responsible for female residents.
- Incorporation and integration of screening tools that include open-ended questions, talking therapies, and other expressive therapies should be utilized when assessing for or responding to sexual victimization.
- Mandatory and regular employee background checks for all employees working in LTC facilities, as well as mandatory registries for care aids working in LTC facilities.

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