

Pamela Pinkston Scenario

Experiential Video Training Guide

Abuse and Neglect Prevention Training

Resident-to-Resident Sexual Assault

In a Nursing Home

caregivers

PREVENT  PROTECT  PROMOTE
abuse/neglect clients dignity
Wisconsin DHS Caregiver Project

www.uwosh.edu/ccdet/caregiver

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This training project is sponsored by the Wisconsin Department of Health and Family Services in partnership with the University of Wisconsin-Oshkosh Center for Career Development. The project was originally funded by a federal grant from the Centers for Medicare and Medicaid Services.

The primary goal of the training is to reduce the incidence of abuse, neglect, and misappropriation. The training is designed for direct caregivers and managers in nursing homes, long-term care hospitals, facilities serving people with developmental disabilities, hospices, home health agencies, community-based residential facilities, adult family homes, personal care worker agencies, etc.

How to Use this Guide

This training can be used for new employees, to fulfill your on-going training needs, or to address a specific incident that has recently occurred. In addition, the training can be used to train one caregiver, a group of caregivers, as a stand-alone training, or as one piece of a larger training. This Guide provides all the materials you need to get started.

Note: Although the scenarios take place in specific care settings, the setting is not central to the story. The scenario's Learning Points apply to caregivers across the long-term care spectrum. Be creative in helping your caregivers apply the lessons learned from this scenario to their day-to-day jobs.

Note: This scenario deals sexual assault. Some caregivers, who have personal experiences with sexual assault, may find this training difficult. It is very important to inform staff of the topic of the training several days prior to the event and to give caregivers a confidential process to address any concerns they may have. Some caregivers may find it more comfortable to complete the training individually.

Individual Training

As an individual training, the caregiver follows the self-guided instructions on the Training Worksheet and on the video. The training should take approximately 45 minutes to complete, including a 10 minute follow-up discussion with the supervisor.

Before beginning the training, the caregiver receives a copy of the Training Worksheet and all of the scenario handouts. Make sure the caregiver knows how to pause the video after Scene 3 to answer the questions on the Training Worksheet. The caregiver will then restart the video, watch the final scene, and complete the Professional Action Plan.

After the caregiver views the scenario and completes the Training Worksheet, it is important that the supervisor meet with the caregiver to review his/her answers. For this discussion to be productive, the supervisor must be familiar with the scenario and its Learning Points. The supervisor can refer to the answers in the Scenario Discussion section of this Guide while reviewing the Training Worksheet with the caregiver. End the meeting with a discussion of the Professional Action Plan highlighting the steps the individual caregiver will take to apply these Learning Points to his/her daily work. Whenever possible, incorporate your agency's own policies and procedures into this discussion.

What you will need to get started:

- Access to the Caregiver Experiential Video
- Training Worksheet

- All handouts
- Pencil or pen

Note: Caregivers with limited literacy skills may find the self-guided training difficult. Supervisors can modify the training by using the Training Worksheet as a guide for a one-on-one conversation about the scenario. Be sure to discuss the contents of each handout.

Group Training

In group training settings, a facilitator from your organization guides participants through the video scenario, individual reflection, and group discussion. The training should take approximately 60 minutes to complete.

Before beginning the training, the facilitator should be familiar with the scenario. The Background Information section provides a summary of the scenario, a list of the characters, and the scenario Learning Points. The Facilitator Notes section provides instructions on how to facilitate and lead the Scenario Discussion. The facilitator should also watch the video and review all the handouts prior to facilitating.

During the training, the Learning Points are introduced on the video by the narrator. The facilitator reinforces these through the Scenario Discussion. Each individual completes a Participant Observation Sheet and a Professional Action Plan, which demonstrates how caregivers will implement the scenario Learning Points in their daily work.

The Facilitator Notes section provides time markers to help keep this training to a 60-minute session. The facilitator may choose to expand this time according to the discussion needs. Whenever possible, incorporate your agency's own policies and procedures into this discussion.

What you will need to get started:

- A facilitator
- Caregiver Experiential Video
- A copy of all handouts for each participant
- Pencils or pens
- Whiteboard or flip chart with markers (optional)
- Learning Points poster (optional)

Expanded Training

Facilitators may choose to incorporate this scenario into a larger training. Below are some ideas on how to use this training:

- Explore sexual assault services in your community. Invite your local sexual assault service provider to speak on the services available in your community. The expert can also provide more detailed information on the signs and symptoms that an assault has occurred as well as more information on identifying red flags that an individual may be a sexual predator. Visit Wisconsin Coalition Against Sexual Assault's website at www.wcasa.org for a full list of local service providers and to access more information regarding sexual assault resources.
- Review individual Care Plans for residents at your agency. Who are the residents at your facility who may be attractive targets for sexual predators? Do their Care Plans have measures in place to reduce their risk? Review any agency policies and procedures that may be in place to reduce the risk of sexual assault for these individuals.
- Review your agency's protocol if a sexual assault occurs. What are the steps the facility would take to ensure the safety of the resident? What role would a direct caregiver play? Why is it important for the victim to see a Sexual Assault Nurse Examiner (SANE) within 96 hours of the assault? What information would be shared with caregivers and what information would be kept confidential? Caregivers, who are aware of the full process, are more likely to trust that process if a sexual assault occurs even when they are not fully informed of details of that specific case.
- Review/establish with managers your agency's process for responding to sexual assaults. Study the DDES Memo 2004-03: Domestic Violence in Later Life and Sexual Assault Incidents Occurring in Facility Settings—A Resource Memo. You can find this memo on DHFS's website at: http://www.dhs.wisconsin.gov/dsl_info/InfoMemos/DDES/CY_2004/DDES_info2004-03.pdf

Additional Training Materials

In addition to the Caregiver Experiential Video Abuse and Neglect Prevention training, the project also offers numerous classroom-style trainings available cost free at the project's website:

<http://www.uwosh.edu/ccdet/caregiver/home.htm>

Training materials for each training include:

- Facilitator Guide

- Accompanying PowerPoint presentation including short video clips
- Participant Guide
- Handouts
- Posters and other supporting materials

Background Information

Summary of the Scenario

This incident occurs in Pleasant Hills Nursing Home and Rehabilitation Center, a large facility with over 120 residents. Pamela Pinkston is a 51-year-old resident who is recovering from a brain injury sustained in a car accident. She has been here for two months and is receiving rehabilitative services. Pamela is having trouble speaking clearly and loudly enough to be heard in conversation. Sometimes, she is unable to speak at all. In addition, her thinking (cognitive) skills have diminished, affecting awareness of her surroundings, attention to tasks, memory, problem solving, etc. Her husband, John, has power of attorney for health care and is her health care agent.

Pamela has been making steady progress, but recently her family and nursing staff have noticed a decline in her condition. Her recent decline coincides with a series of late night visits from another Pleasant Hills resident. Although caregivers Linda Fuller and Mai Lee have noticed another resident hanging around Pamela's room, they have been too busy to gather any details about the visitor. Suspicions arise when Pleasant Hills' Social Worker Jason Brodsky overhears resident Lyle Rawlings bragging about having a girlfriend who can't talk and rarely leaves her room. After an investigation, Pleasant Hills' staff discover that Lyle has sexually assaulted Pamela.

Characters

- **John Pinkston**, husband
- **Andrea Pinkston**, daughter
- **Linda Fuller**, CNA
- **Mai Lee**, CNA
- **Jason Brodsky**, Social Worker
- **Carl Hamilton**, Maintenance
- **Melanie Wilson**, Director of Nursing

Note: This scenario is a work of fiction intended to convey specific learning points. Names, characters and places are a product of the developers' imagination or are used fictitiously. Any resemblance to actual events, locales, or persons living or dead is entirely coincidental.

Scenario Learning Points

The scenario is built around a set of Learning Points. The goal of the training is for caregivers to understand the Learning Points, demonstrate that understanding through the discussion period, and integrate the lessons learned into their daily work. The Learning Points are emphasized throughout this training in several ways:

- The facilitator posts the Learning Points in the training room using the Learning Points poster found in the Handouts section of this Guide or by writing the Learning Points on a flip chart or blackboard.
- The video narrator will introduce the Learning Points at the beginning of the video and she will review the Learning Points at the end of the scenario, pointing out how the actions of the caregivers illustrate the Learning Points.
- The crucial learning period, however, is the Scenario Discussion. Use the Facilitator Notes to lead this discussion, making sure that participants have the opportunity to demonstrate their understanding of each Learning Point.

Learning Points – As a result of this session, participants will:	Participants will demonstrate this by:
1. Recognize the signs and symptoms of sexual assault.	<ul style="list-style-type: none"> • Identifying physical and behavioral red flags of a victim of sexual violence. • Identifying behavioral red flags of sexual predators. • Understanding that sexual assault could have occurred even if there is no clear sign of physical harm.
2. Understand how to prevent sexual assault.	<ul style="list-style-type: none"> • Identifying possible policies and procedures that could prevent sexual assault. • Understand promising practices for direct caregivers that could prevent sexual assault.
3. Know how and where to report sexual abuse of a resident, and how to support victims of sexual assault.	<ul style="list-style-type: none"> • Understanding the necessity to report. • Naming the facility staff person who must receive the report. • Identifying the process that ensures thorough follow-up and support for the victim.

Facilitator Notes for Group Training

This section provides step-by-step instructions on how to facilitate a group discussion around this scenario. Suggested language for the facilitator is provided in **bold**. Please note that you do not need to read this information verbatim. This is only a guide. Directions to the facilitator are in [brackets].

Much of this section is organized in a question and answer format. It is important to engage the training participants in the discussion. The questions do not need to be discussed in the order outlined here. Allow the discussion to flow naturally while making sure that all of the key points get addressed.

Welcome

Welcome: 3 minutes; 57 minutes remaining

Welcome! We are going to spend the next hour participating in an interactive video-based training. We'll spend about 20 minutes watching a video, and the rest of the time discussing what we've seen.

Be sure to watch the caregivers closely. Do you agree with their tactics? Are they providing quality, person-centered care? Do you think their actions meet the definitions of abuse, neglect, or misappropriation? Did the caregivers report the incident appropriately? What would you do if you were in their shoes?

[Make sure Learning Points are posted in a spot that is visible to the participants. You do not need to point them out at this time.]

[If the scenario does not specifically use the following hand-outs, "Caregiver Misconduct: Definitions and Examples" or "What You Should Know About Reporting", consider handing them out at this time. These handouts can be found on the website along with the training guides.]

[If your agency is not a nursing home, you may add this:]

Try to focus on the actions of the caregivers and not the setting. This scenario is set in a nursing home. Some of the terms used in the scenario may be different than the terms we use. However, the broader lessons about the important role the caregivers play in providing quality care are universal.

[Facilitator provides any necessary logistical information such as turning off cell phones and directing people to the rest rooms.]

Introduction and Scenes 1 – 3

Video play time: 15 minutes; 42 minutes remaining

Okay, we're ready to watch the first three scenes of the video.

[Group watches Scenario Introduction and Scenes 1 – 3. After Scene 3, the narrator will instruct the facilitator to pause the video. Pause the video and follow facilitator notes below.]

Participant Observations

Participant Observation: 3 minutes; 39 minutes remaining

[Facilitator hands out Participant Observation Sheet to each person.]

Working independently, take a few minutes to reflect on and record your reactions, feelings, and thoughts on the Participant Observation Sheet. I will not be collecting these but we will refer back to them during the Scenario Discussion.

Scenario Discussion

Scenario Discussion: 27 minutes, 12 minutes remaining

Now that you've had a chance to think about what happened in this scenario, let's talk about what went wrong and what could have happened differently.

[Facilitator distributes the handouts for this scenario to each participant.]

[As the facilitator guides participants through the questions, the facilitator (or a participant volunteer) can document answers from participants on tear sheets or white board during the discussion. Possible answers are listed below in italics in case the facilitator needs to spark the conversation.]

[The facilitator does not need to discuss the questions below in the order provided. Allow the conversation to flow while trying to make all the key points in the time allotted. Due to time constraints, the facilitator may choose to focus on only a handful of the following questions.]

1. How do you think Pamela feels and how does she express her feelings?

- *Pamela became withdrawn, turned away from husband and cried.*
- *Pamela's condition declined, which couldn't be explained medically.*

2. Take a look at Pamela's Care Plan for a moment. What do you think the caregivers overlook in Pamela's Care Plan?

- *The Care Plan says to avoid visits after 6:00 and that is when Lyle is in her room.*
- *Pamela's impaired memory, faulty judgment, as well as slowed speech and thinking make her a potential target for sexual predators.*

3. Let's take a look at the handout entitled, "Factors Contributing to Risk of Sexual Assault for People with Disabilities." What are some of Lyle's behaviors – red flags – that could have identified him as a perpetrator of sexual assault?

- *He was spending a lot of time in the area around Pamela's room in the weeks before the assault.*
- *He may have been checking out the situation to see if there was a chance he could be alone with her.*
- *Visiting after hours (there was opportunity and isolation).*
- *Closing the door to Pam's room.*
- *Avoiding staff (looking suspicious, stopped talking when Jason entered the room).*
- *Bringing gifts (magazines).*
- *Hiding the magazines he brought to Pamela's room (pornographic?).*

Why do you think Lyle chose Pamela?

- *Choosing someone vulnerable. Lyle chose Pamela because he saw her as vulnerable and unable to resist. Pamela's disability makes her dependent on others for care.*
- *He chose Pamela because she would have trouble telling anyone about the assault.*

4. Let's review "Indicators of Sexual Assault." What are some of the indicators that Pamela might be a victim of sexual assault?

- *She did not respond to her family.*
- *Pamela withdrew from her husband's touch.*
- *She pulled away when her husband tried to hug her.*
- *She seemed depressed.*
- *Her progress reversed dramatically.*
- *She refused to eat.*
- *She cried.*

Perpetrators may sometimes "groom" potential victims. Let's take a look at some of the grooming behaviors listed in the handout. Are there more?

- *Bringing gifts, doing favors, otherwise ingratiating him/herself with the victim's friends and family.*
- *Favoring the potential victim over others because the victim is so "special."*
- *Touching the future victim lightly as a way to introduce more invasive touching later.*
- *Offering massages to make the victim comfortable with touching.*
- *Gaining the trust of the future victim.*
- *Presenting an overly charming or helpful attitude.*
- *Manipulating or threatening the victim in order to keep the relationship secret or private.*

5. What practices might direct-care staff follow to prevent abuse in the facility?

- *Stop strangers and find out what they want.*
- *Have accessible visitor lists.*
- *Conduct rounds faithfully.*
- *Maintain security measures, i.e., don't prop open locked doors or let unauthorized people into resident areas.*
- *Know whom to report to – report suspicious activity to agency supervisor, social workers, or administrator.*
- *Do not dismiss a suspicious person as harmless because he/she is friendly or charming.*
- *Know the signs of sexual assault; learn to recognize the behaviors of victims and predators.*

- *Remember that some signs of sexual abuse are subtle and that perpetrators require secrecy.*
- *Be aware of the environment and report any odd behaviors or things that just don't feel right.*
- *Trust your gut and **when in doubt, report it!***
- *Report any and all injuries, including minor ones.*

6. Carl mentioned that he hesitated to report Lyle's visits because "they were both adults" and deserved privacy. Do you think Pamela was able to consent to sexual activity?

- *Pamela cannot give her consent because of her physical condition (she is NOT competent to give informed consent to any kind of sexual contact).*
- *Pamela suffers from a mental deficiency that renders her temporarily or permanently incapable of good judgment in appraising others' conduct.*
- *While resident privacy is protected, staff must be aware of all visitors and be vigilant about checking in with residents when visitors appear at odd hours.*

7. Let's look at the handout "Statistics on Sexual Assault of Older Adults and of People with Disabilities." Note how often sexual assaults are reported among older adults and people with disabilities. Why do you think people are reluctant to report sexual assaults?

- *The victim may be afraid of not being believed.*
- *The victim may be afraid that the abuse will get worse.*
- *The victim may think that it's his/her own fault.*
- *The victim may be ashamed.*
- *The victim may be afraid of being perceived as "dirty."*
- *The victim's family may be embarrassed if others find out.*
- *The victim's family may think the ordeal of a sexual assault examination or an investigation may be too much for the victim.*
- *The facility may worry about bad publicity.*

8. What steps might a facility take to ensure thorough follow-up and support for the victim?

- *Keep in mind the victim's right to confidentiality as well as his/her ability to make own decisions (NOTE: In this case, Pamela was unable to make decisions for herself; her husband John is her health care agent.)*
- *Immediately protect the resident from further harm.*

- *Immediately assess the emotional and physical needs of the resident.*
- *After assessment, offer appropriate services such as medical care, counseling, etc. (NOTE: Pamela or her agent has the right to accept or refuse any services that are offered. While the provider is responsible for responding to concerns arising from sexual assault, the resident has the right to refuse any services that are offered.)*
- *Contact law enforcement.*
- *Notify the family or guardian and discuss options for safety and supportive services.*
- *Ensure that Director of Nursing and other medical staff at facility are informed and consulted.*
- *Request an examination with a Sexual Assault Nurse Examiner (SANE) if the assault is recent (within 96 hours).*
- *Encourage staff members who are not trained as professional counselors to be kind and supportive, but to refrain from offering counseling on their own.*
- *Maintain zero tolerance for gossip about the situation or for any discussion that blames the victim.*
- *Encourage caregivers to report such conversations to a supervisor or social worker.*
- *Contact sexual assault service provider for assistance.*
- *Learn the nature of evidence and how to protect it by training someone within the agency in the identification and handling of evidence.*
- *Begin an investigation immediately.*
- *If a perpetrator is known or suspected, isolate that person from vulnerable residents and report to the Division of Quality Assurance.*

[End with a discussion of your agency's policies and procedures regarding sexual assault. Discuss resources in your community. Visit the Wisconsin Coalition Against Sexual Assault (WCASA) website www.wcasa.org for a full list of local service providers and to access more information regarding sexual assault resources. WCASA is a statewide coalition of individual, affiliate, and sexual assault service provider members.]

Scene 4 and Concluding Remarks

Video play time: 6 minutes; 6 minutes remaining

Scene 4 “rolls back the clock” to a version of the scenario in which caregivers and staff respond more appropriately. Let’s take a look at the last scene and see how the caregivers do this time.

[Group watches Scene 4.]

Wrap-Up Discussion

Wrap-up: 6 minutes

So, what did you think about Scene 4? How was it different? Did the caregivers address the concerns that we raised?

[Facilitator gives participants a minute or two to discuss.]

Now let’s think about how we can apply the lessons learned from this scenario to our daily work. I’d like to ask each of you to take a few minutes to complete a Professional Action Plan. What changes can you make based on what you learned in this scenario?

[Facilitator hands out a copy of the Professional Action Plan to each participant. Facilitator can choose to have caregivers turn in the Professional Action Plan or keep it. This generally only takes a few minutes. Additionally, the facilitator could lead the group in a discussion about what would happen if this incident occurred at your agency.]

Handouts

All of the handouts for this scenario are included in the back of this guide and can be copied for each participant prior to training. Unless otherwise noted, handouts listed should be used for both individual and group trainings.

- Training Worksheet (individual session only)
- Participant Observation Sheet (group session only)
- Care Plan¹
- “Factors Contributing to Risk of Sexual Assault for People with Disabilities”
- “Indicators of Sexual Assault”
- “Statistics on Sexual Assault of Older Adults and of People with Disabilities”
- Professional Action Plan
- Participant Evaluation (optional)
- Learning Points Poster (optional)²

¹ Depending on the scenario, the Care Plan may also be referred to as an Individual Service Plan (ISP), an Individualized Care Plan, an Individualized Plan of Care, an Individual Program Plan, or a Service Plan. This Guide uses those terms interchangeably.

² The Learning Points Poster may be printed and posted in the room. You may print it on a standard 11” by 17” piece of paper or send it to your local copy shop to be printed in a larger form on laminated paper.

Training Worksheet

After watching the first three scenes of the scenario, pause the video when the narrator prompts you. Answer the following questions before turning the video back on to watch Scene 4.

1. How do you think Pamela feels and how does she express her feelings?

2. What do you think the caregivers overlook in Pamela’s Care Plan? (Review Pamela’s Individualized Care Plan)

3. What are some of Lyle’s behaviors – *red flags* – that could have identified him as a perpetrator of sexual assault? Why do you think Lyle chose Pamela? (Review “Factors Contributing to Risk of Sexual Assault for People with Disabilities”)

4. What are some of the indicators that Pamela might be a victim of sexual assault? What are some of the indicators that Lyle was “grooming” Pamela? (Review “Indicators of Sexual Assault”)

5. What practices might direct-care staff follow to prevent abuse in the facility?

6. Carl mentioned that he hesitated to report Lyle’s visits because “they were both adults” and deserved privacy. Is Pamela able to consent to sexual activity?

7. Note how often sexual assaults are reported among older adults and people with disabilities. Why do you think people are reluctant to report sexual assaults? (Review “Statistics on Sexual Assault of Older Adults and People with Disabilities”)

8. What steps might a facility take to ensure thorough follow-up and support for the victim?

When you’ve completed this worksheet, turn the video back on and watch the rest of the scenario. Complete the Professional Action Plan and discuss your answers with your supervisor.

Participant Observation Sheet

How do you feel about what has happened so far?

What are some of the *red flags* that things aren't right?

What do you wish would have happened?

Pamela Pinkston, Individualized Care Plan

(excerpted)

Diagnosis:

51-year-old woman, admitted after 5-day admission at Badger Memorial for traumatic brain injury suffered in a car accident.

Intracranial injuries have caused hemorrhaging resulting in excessive sleepiness, impaired memory, faulty judgment, as well as slowed speech and thinking. Patient requires assistance in most activities of daily living.

Husband, John P. Pinkston, is resident's health care agent due to patient's severely reduced capacity to make health care decisions.

Requires Assistance with:

- bathing
- transferring
- speech therapy
- medication management
- range-of-motion exercises with arms and legs

Safety:

Walking and movement are still problematic. Patient requires assistance. May walk independently with ambulatory aides, such as a cane or walker.

Avoid visits after 6:00p.m.

Factors Contributing to Risk of Sexual Assault for People with Disabilities

- **Perceived Vulnerability:** Perpetrators target individuals who they think will be unable to tell anyone or will not be believed if they tell anyone.
- **Learned Compliance:** Many individuals with disabilities are dependent on others to provide personal care (bathing, toileting, dressing, etc.). The intimate nature of this care coupled with the inherent power difference that results between the caregiver and the care receiver makes a person susceptible to abuse. Individuals with disabilities have been socialized to comply with the instructions of "those in charge." If the person in charge is sexually abusing her/him, this learned compliance will undermine a person's power to seek protection or support.
- **Isolation:** People with disabilities are often segregated from the general public in education, employment, and/or housing, which limits their participation in common social settings. This isolation increases an individual's dependence on family members, service providers, peers, or other people who are involved in their lives. Perpetrators take advantage of this in order to maintain power and control over a victim and sexually abuse her/him.
- **Education:** People with disabilities are often not educated about healthy relationships, healthy sexuality, appropriate boundaries, correct names for body parts, sexual abuse, legal rights, and individual rights, such as, the right to live free from violence. If a person does not understand what is healthy and what is abusive, or what options are available when they are assaulted, it can be difficult to prevent abuse and seek services or support.

Information for this handout was provided by the
Wisconsin Coalition Against Sexual Assault
www.wcasa.org.

Indicators of Sexual Assault

Physical indicators are abnormal physiological occurrences that point to the possibility that a sexual assault has occurred. However, these indicators serve only as possible **red flags** that require more investigation. You should always tell someone anytime there is a noticeable change in a client's physical condition.

Physical indicators include:

- Bleeding, bruising, infection, scarring, irritation to a person's genitals, rectum, mouth or breasts
- Genital pain or itching
- Difficulty walking or sitting
- Ongoing unexplained medical problems such as stomach aches and headaches

Behavioral indicators are seemingly unexplained changes in the behavior of an individual. A person with a physical, sensory, or cognitive disability may regularly exhibit some of the behaviors described below; therefore, a behavioral indicator of possible sexual assault/abuse would involve a significant change in behavior.

Behavioral indicators include:

- Sudden change in mood: acting out, aggression, attention-seeking behaviors
- Depression, withdrawal, and suicidal feelings
- Suddenly avoiding specific people, specific genders, or situations
- Inability to concentrate or difficulties with learning
- Resisting examination by doctors
- Shying away from being touched
- Sexually inappropriate behaviors, compulsive masturbation, promiscuity

A perpetrator may display warning signs which could indicate that he/she may be abusive:

- Treats the person like an object
- Does not follow directions when providing personal care
- Is overly intrusive during personal care
- Exhibits "grooming" behaviors

Grooming involves "testing the waters" to see how a potential victim might react. Possible grooming behaviors include: giving the person gifts or treats, giving massages, and setting up "private time" when others might not be around.

Harmful genital practices involve unwarranted, intrusive, and/or painful procedures in caring of genitals or rectal area. This includes applications or insertion of objects when not medically prescribed and unnecessary for the health and well being of the individual. The practices do not meet the health or hygiene needs of the client. Individuals with disabilities that render them unable to independently bathe, use the toilet, and attend to other personal needs are vulnerable to these practices.

Information for this handout was provided by the
Wisconsin Coalition Against Sexual Assault
www.wcasa.org

Statistics on Sexual Assault for Older Adults and People with Disabilities

Older Adults

- 18% of women raped each year are sixty years of age or older.
Cries from the Heartland Video, 1995.
- About 70.7% of older victims were assaulted in a nursing home; 14.6% of older victims were assaulted in the home of the perpetrator; 12.2% were sexually assaulted in their home; 2.4% were assaulted in an adult care residence.
Teaster, P., Roberto, K., Duke, J., Myeonghwan, K. 2000. "Sexual Abuse of Older Adults: Preliminary Findings of Cases in Virginia. Journal of Elder Abuse and Neglect. Vol. 12 (3-4).
- In one-third of the 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 No. 3.
- According to one study more than ½ of nursing home residents, who were victims of sexual assault, died within 1 year of their victimization.
Burgess, A., Dowell, E., Prentky, R. Sexual Abuse of Nursing Home Residents. Journal of Psychosocial Nursing, Vol. 38, No. 6. June 2000.
- In 90% of all elder abuse cases, the perpetrator was a family member. Two-thirds of the offenders were adult children or spouses.
Administration on Aging, 1998. National Elder Abuse Incidence Study.

People with Disabilities

- Among adults who are developmentally disabled, as many as 83% of females and 32% of males are victims of sexual assault.
Johnson, I., Sigler R. 2000. "Forced Sexual Intercourse Among Intimates," Journal of Interpersonal Violence. 15 (1).
- 40% of women with physical disabilities reported being sexually assaulted.
Young, M.E., Nosek, M.A., Howland, CA., Chanpong, G., Rintala, D.H. 1997. Prevalence of Abuse of Women with Physical Disabilities. Archives of Physical Medicine and Rehabilitation Special Issue. Vol.78 (12, Suppl.5) 534-538.

- 49% of people with developmental disabilities, who are victims of sexual violence, will experience 10 or more abusive incidents.
Valenti-Heim, D., Schwartz, L. 1995. The Sexual Abuse Interview for Those with Developmental Disabilities.
- Only 3% of sexual abuse cases involving people with developmental disabilities are ever reported.
Valenti-Heim, D., Schwartz, L. 1995. The Sexual Abuse Interview for Those with Developmental Disabilities.
- Of the women with disabilities who have been married, 38% experienced sexual violence by their partner.
Statistics Canada, Centre for Justice Statistics, 1994 in Roeher Institute (1995). Harm's Way. Ontario: Roeher Institute.
- 33% of abusers are friends or acquaintances, 33% are natural or foster family members, and 25% are caregivers or service providers.
Sobsey, D. (1988) "Sexual Offenses and Disabled Victims: Research and Practical Implications." Visa Vis, Vol.6 NoA.

Professional Action Plan

Name: _____ Date: _____

As a result of today's training, please identify some specific actions you will take in the next three days when you are back on the job.

How will you better document, report, and review Care Plans? (example: identify preferences of residents)

What you will do	When you will do it	Who will support you

How will you better recognize warning signs of abuse, neglect, or misappropriation? (example: identify patterns of behavior)

What you will do	When you will do it	Who will support you

How will you work better to protect people in your care? (example: regularly review each resident's Care Plan)

What you will do	When you will do it	Who will support you

When you return to work, what will you share with others?

Participant Evaluation

Which scenario(s) did you watch?

1) _____ 2) _____

Did you learn more about:

1 = learned nothing

5 = learned very much

How to protect residents and patients and prevent abuse and neglect? 1 2 3 4 5

How to recognize the signs and red flags of abuse and neglect? 1 2 3 4 5

How, when, and why an incident should be reported? 1 2 3 4 5

How to respond better in serious situations? 1 2 3 4 5

Your feedback and comments:

1 = not at all

5 = very much

Will you use the materials we gave you? 1 2 3 4 5

Did you like this style of training? 1 2 3 4 5

Would you recommend this training to coworkers? 1 2 3 4 5

What did you like most about this training? _____

What did you like least? _____

Use the back for more comments

Thanks for your input!



PAMELA PINKSTON

LEARNING POINTS

- Recognize the signs and symptoms of sexual assault
- Know how and where to report sexual assault and how to support victims
- Understand how to prevent sexual assault

