POLICY

All residents are supported in their right to consent to and enjoy intimacy and or sexual intimacy with other residents.

Staff will use a consistent process for determining residents’ capacity to consent to intimate sexual relationships.

All employees are responsible to report suspected events of sexual abuse or assault to the licensed nurse, Executive Director, adult protective services and law enforcement.

OBJECTIVES

1. To support residents in their need for intimacy, and/or sexual intimacy.
2. To provide a consistent approach and process for staff to follow when residents express a desire for intimacy, and/or sexual intimacy.
3. To prevent sexual assault and/or sexual abuse and exploitation of vulnerable residents.

DEFINITIONS

Intimacy
An act or an expression that serves as a token of familiarity, affection or the like. There are many types of intimacy:
- Cognitive or intellectual where individuals enjoy exchanging thoughts and ideas;
- Experiential, where individuals experience similar things together (can be work, play, or any activity);
- Emotional, where individuals provide each other with emotional support and share feelings; and
- Physical, which may include a wide range of activities such as touching, hugging, and holding hands in addition to sexual intimacy.

There are times when an intimate relationship can become sexual as the bonds of the relationship grow and the individuals become more familiar.

Sexual Intimacy
A form of sensual expression between individuals that may include hugging, kissing, laying down together, touching the body in intimate places, intercourse, or other sensual activities.

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Sexual Abuse
Any form of non-consensual contact including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing and sexual harassment. Includes any sexual contact between a staff person and a resident, whether or not it is consensual.

Acute Sexual Assault
Any non-consensual or unwanted sexual contact that warrants medical treatment or forensic collection.

PROCEDURES

I. Initial Interventions:

If acute sexual assault and/or sexual abuse is suspected, the following procedure shall be initiated:

1. Ensure the immediate safety of the victim and preservation of evidence.
   a. If a perpetrator is suspected, ensure resident is in a secure location that cannot be accessed by the perpetrator.
   b. Assign a staff member to remain with the resident until authorities arrive.
   c. Preserve evidence such as bedding, clothing, pads. Do NOT bathe or brush teeth of victim.
3. Notify Executive Director and licensed nurse. The Executive Director or designee shall report the suspicion to Adult Protective Services (APS).
4. Contact resident's physician and family or responsible party as indicated.
5. Follow the usual procedures for changes and incidents by completing an Incident Report, and documentation in the 24 Hour Book.
6. Local County Crisis Centers are:
Lane County:
Sexual Assault Support Services
24-Hour crisis line: 541-343-7277
24-Hour Toll Free: 1-800-788-4727 (in Oregon)
Office: 541-484-9791
591 West 19th Avenue (corner of 19th & Jefferson)
Eugene, Oregon 97401

Hours: 9:00 AM- 4:00PM, Monday-Friday

Grant County:
Heart of Grant County
24-Hour Hotline: 541-620-1342
Office: 541-575-4335
Fax: 541-575-4336

Columbia County:
Columbia County Women’s Resource Center
24-hour Crisis Line:  503-397-6161
24-Hour Toll Free: 1-866-397-6161 (in Oregon)
Office: 503-397-7110

Linn County:
Mid Valley Women’s Crisis Center
24-Hour Hotline: 1-503-399-7722
24-Hour Toll Free:  1-866-399-7722 (in Oregon)
795 Winter St NE
Salem, OR 97301
Office: 503-378-1572
Fax: 503-364-7998

Spokane County:
Sexual Assault and Family Trauma Response Center (SAFeT)

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When residents express a desire to have an intimate/sexual relationship, the facility Executive Director and the family RN will be notified and immediate steps taken to determine interventions related to the residents’ intimacy and sexual needs.

1. The residents’ service plans will be reviewed in order to determine whether there is already an identified relationship between the residents – meaning the five step evaluation and planning process identified below has been completed and documented.

2. If there is no identified relationship, the Executive Director and facility RN will work with the community, resident, medical provider and family to determine whether sexual intimacy is appropriate and what interventions are called for.

3. If abuse is alleged or suspected, follow the processes described in the Abuse Policies and/or the sexual assault process above.

**II. Evaluation and Planning**

Recognizing behaviors and identifying appropriate interventions involves five steps:

1. **Determine Capacity**

   Capacity must be determined in order to obtain consent. Having *Capacity* means that the person has:

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To help determine capacity staff must:

- Collect data by questioning staff who are familiar with the residents and how they live their life in the community
- Collect data from family members or others who know the residents well
- Discuss the relationship with the residents themselves
- Review the record and evaluations related to the residents' capacity to make decisions
- Check the residents' record to see if the physician has deemed the resident to be capable of choice and/or involve the physician in this step as appropriate
- If the one or both residents have a cognitive impairment or dementia, then it should be considered whether the residents' remaining abilities are sufficient to allow them to choose to be sexually intimate with another person

2. Consent

Consent means to voluntarily agree to make a choice to do something proposed by another, after considering the risks and benefits. Agreement cannot be considered voluntary if the individual is forced, threatened, coerced or under duress. A resident must have capacity in order to consent. Once capacity is determined:

- Continue conversations with family and residents to determine the parameters of consent including the type(s) of sexual intimacy
- Document all conversations in the resident record

3. Involving Children, Spouse, Legal Representatives or Others (such as friends, Ombudsman or others)

It is important for residents, family and other appropriate persons to be involved in the process:

- Check for appropriate decision-making documents such as guardianship and/or healthcare Power of Attorney
- Conference with the family regarding:
  - Capacity
  - Consent
Possible health and safety risks (e.g. injuries, UTI's, incontinence, and sexually transmitted diseases such as HIV and Hepatitis)
- Interventions to minimize general health and safety risks, as well as those associated with the residents’ specific sexual behaviors
- Behavioral interventions
  - Spouse and children may have objections to the sexual intimacy. Identify and discuss these concerns. Consider involving the Ombudsman
  - Family members may not interfere in sexual relationships between two consenting alert, oriented and cognitive intact adults

4. Coupling

Coupling is when residents seek ways and locations for sexual intimacy. Identifying coupling behaviors is a means of determining that a relationship may exist between two individuals. Being aware of residents’ coupling behaviors can help staff evaluate potential health and safety risks and develop appropriate interventions as indicated.

- If coupling is observed, involved residents and families should be made aware of health and safety risks associated with sexual intimacy including injuries, UTI’s, incontinence, and sexually transmitted diseases such as HIV and Hepatitis
- Staff should report if they observe any residents in a documented relationship begin a new relationship with another resident
  - Coupling is a means of determining that a relationship exists between two individuals
  - Coupling means finding ways and locations for intimacy and sexual contact
  - Coupling means identifying and evaluating potential health and safety risks associated with sexual intimacy and developing interventions/safeguards for:
    - Injuries
    - Sexually transmitted diseases such as HIV and Hepatitis
    - Incontinence
    - Other
  - Coupling means identifying potential interventions and offering residents options

5. Care Planning/Service Planning

Care/Service planning should include interventions agreed to by the resident, family, and/or legal representative; and interventions related to the residents’ relationship so that the interventions are communicated to staff.
• Interventions are reviewed in care conferences with the appropriate residents and/or family members quarterly and with any condition changes.
• Document all steps of the process in the clinical records
• If changes in the relationship are noticed, or if either resident forms a new relationship with another resident, the five step evaluation and planning process above will be completed and the care/service plans for all involved residents updated

III. TRAINING AND COMMUNICATION

1. All staff shall be trained on hire and annually on acute sexual assault. Training shall include:
   a. Detection and examples of sexual assault:
   b. What constitutes sexual assault vs. sexual abuse vs. intimacy:
   c. Victim’s right to refuse sexual assault exam:
   d. Only a trained Sexual Assault Examiner (SAE) should perform a Sexual Assault Forensic Exam (SAFE kit):
   e. Exam can detect evidence up to 86 hours after incident;
   f. A partial exam can be done after 86 hours; and,
   g. Victim care, including preserving evidence:
      i. Save bedding/clothing/pads
      ii. Do not bathe or brush teeth of victim

2. Residents and/or family members will be provided information/education about the facility policies and processes related to intimacy/sexual intimacy/sexual assault on admission.