



Sexual Safety Resource Kit for Care Homes

Reporting a Sexual Safety Incident

We understand how difficult it can be to tell someone about a sexual assault or incident.

Please talk to a member of staff that you trust as soon as possible, or contact the Police or Local Authority. We will listen with compassion and provide you or your loved one with support so you can feel confident and safe to talk about what has happened.

We will talk to you or your loved one about your options so you can make a choice about what to do next.

Ask questions about what is being done. Talk to staff if you wish to have someone else present during interactions with staff.

You and your loved one have the right to be treated with respect and dignity.

You will be advised to not share personal details to other adults.



Having difficult conversations

It can be difficult to find the words to explain what happened to you or your loved one.

This page allows you or your loved one to get the support needed without having to discuss why you may need it. You can fill it in alone or with support from a staff member, an interpreter or friend.

I or my loved one prefers staff that are:

Male

Female

Sexual Safety and your rights as a Care Home resident



What is Sexual Safety?

Sexual safety can mean different things to different people and can take many forms. However, in general it means that everyone has a right to feel safe and free from:

- Inappropriate sexual comments or questions
- Being asked for sex or sexual favours
- Unnecessary exposure of a person's body parts
- Any sexual act without consent
- Inappropriate touching
- Harm caused by another person's sexually disinhibited behaviours

This is not an exhaustive list, so it does not mean that an incident has to be on this list to count.

What is expected of you

To respect yourself and treat other residents with respect and dignity.

Not to harass another resident sexually or try to talk them into any sexual activity.

To be aware of your behaviour if this causes distress or makes other residents uncomfortable, to ask for help if you need support to manage this.

To ensure that you talk to care home staff about any previous trauma that may have affected your loved one.

To respect the right of everyone to have privacy in regards to personal sexual fulfilment.

To speak to staff if you are hurt, harassed or sexually assaulted, or you are aware of another resident experiencing any unwanted sexual safety incident.

You should feel able to make requests and receive care that takes into account your individual needs and any past experiences of trauma; this is called trauma informed care.

What to expect from staff

Staff will do their best to provide an environment where you or your loved one will be supported to feel safe from harm.

Staff will listen and respond accordingly to yours or your loved one's concerns. Staff will work with you and your loved one to devise a care plan that enables you to stay safe, even if your health conditions cause you to behave in a disinhibited manner.

Staff will be vigilant and take appropriate action if any of the behaviours described are observed or reported.

Staff will inform you and your loved one of their options if a sexual safety incident occurs.

This may include the involvement of the Safeguarding Team, the Local Authority and the Police if necessary.

SAFETY IS EVERYBODY'S RESPONSIBILITY!

Sexual Safety Intervention Guide

The aim of this at-a-glance guide is to prioritize the dignity, safety, and autonomy of residents while ensuring appropriate boundaries and consent are upheld.

The examples within this guide can be formulated within a care plan for sexual safety interventions to address the unique needs and challenges of individual residents while promoting their autonomy, dignity, and well-being. The implementation of such a care plan, creates a supportive and empowering environment that promotes sexual safety and well-being for all residents.

Interventions

- These can be divided into 'Proactive', 'Active' and 'Reactive' responses/interventions to challenging behaviours.
- Proactive **Green** interventions are interactions, activities that happen every day when providing fundamental care and support for residents.
- Active **Amber** interventions are those least restrictive interventions that may be required to promote the dignity, safety, and well-being of residents.
- When **Green** and **Amber** behaviours are displayed, a combination of 'Proactive' and 'Active' interventions can be utilized commencing with the least restrictive to de-escalate a situation.
- Reactive **Red** interventions are for those behaviours/incidents that require an immediate response and escalation.

**Remember to ensure you report any of these behaviours to your
Unit Manager or Nurse in Charge**

Sexual Safety - Examples of Behaviour and Interventions

Green behaviours • Mistaking the other person for their spouse • Expressing affection • Wanting companionship • Healthy expression of sexual feelings and desires [perhaps reminiscing of their loss] • Holding hands [consensual] • Going into bedrooms [mistaking it for their own]	Proactive responses/interventions ✓ To make sure residents are occupied with a range of leisure activities to provide distraction, appropriate stimulation, to relieve boredom and to reduce feelings of loneliness and isolation ✓ Helping a restless person get some physical exercise ✓ Communal areas must be closely supervised ✓ Corridors where residents are bed-bound should be supervised ✓ Respond with sensitivity and empathy to the sexual behaviour of people with dementia, respecting people's feelings, and their dignity ✓ Consistent assessment of a person's possible unmet need e.g. Is the person lonely? Bored? Anxious? Frightened? Restless? An unmet need for intimacy and or companionship? Need to go to the toilet?
Amber behaviours • Single incidents • Holding hands [non-consensual] • Demands/requests for affection • Going into bedrooms [seeking a person out or following them] • Mistaking the other person for their spouse and getting into bed with them • Walking out of a bathroom partially clothed • Disrobing in communal areas • Frequent touching of genital areas • Sexual language/insults/homophobia	In addition to Proactive responses/ interventions Active responses/interventions ✓ Distraction ✓ Verbal de-escalation. Calmly explain the situation to the person and be aware that this person may need frequent reminders, during personal care for instance ✓ Staff need to gently remind them who the person [target] is and let them know when they will be seeing their husband or wife ✓ Guide away from immediate area ✓ Change of staff member if a target
Red behaviours • Misperception of physical contact • Mistaking personal care for sexual activity • Misinterpretation of personal care for a sexual advance by staff leading to accusations of abuse • Kissing or touching of breasts/vagina/ penis/bottom • Masturbating in communal areas • Rape	In addition to Active responses/interventions Reactive responses/interventions ✓ Distraction ✓ Verbal de-escalation, calmly explain the situation to the person and be aware that this person may need frequent reminders, during personal care for instance ✓ Change of staff member if a target ✓ Restraint ✓ Removal from area ✓ Increasing observations ✓ Involve Police

****At all stages always consider raising a Safeguarding Referral****



**IF YOU SUSPECT A
SERIOUS SEXUAL
OFFENCE HAS
OCCURRED:
INITIAL RESPONSE
FOR CARERS**

THINK

SAFEGUARDING

SEPARATE PARTIES UNTIL POLICE ARRIVE

SECURE EVIDENCE

DO NOT PROVIDE PERSONAL CARE, WASH HANDS OR GIVE FOOD/DRINK
IF POSSIBLE, CLEAR OFFENCE LOCATION OF PEOPLE

HELP

CALL **999**, THIS IS AN EMERGENCY. STAY CALM, HELP IS AT HAND.

REASSURE

KEEP THE PARTIES CALM AND REASSURED

SEXUAL SAFETY PROJECT- TO BE USED IN CONJUNCTION WITH POLICE POSTER

This item has been designed by Staffordshire Police in conjunction with Staffordshire Safeguarding Board & Partners, to act as a supplementary aide for carers and staff, in the event of a serious sexual offence taking place.

SAFEGUARDING

Please keep involved parties separate until the police arrive.

It would be best if both involved parties are supervised by a member of staff to prevent any loss of evidence via hand-washing, consuming food or drink or providing personal care.

SECURE EVIDENCE

Whilst not asking you to complete the job of the police, this aide is designed to give you a brief context around forensic time limits and securing forensic evidence UNTIL the police arrive.

If you suspect a serious sexual offence has occurred within the last 7 days and by that, we mean any PENETRATIVE OFFENCES or touching intimate areas under clothing ie orally, vaginally or anally. Then we consider the injured party to be FORENSICALLY LIVE.

All that means for you as a carer is to understand that and assist us by not providing any personal care to the involved parties, including hand-washing and not to provide food and drink. The police will arrive asap and they can determine more appropriate actions to take such as the completion of an EEK (early evidence kit).

You do not need to be worried about this, the police will complete the relevant swabs etc. You are simply asked to bear in mind the parties may be forensically live and assist us in not diminishing it in any way until the police get there.

Lastly, if at all possible and practical, clear the scene of the alleged offence and prevent anyone entering until police arrive.

HELP

If you suspect a serious sexual offence has occurred within the last 7 days, call 999.

Stay calm, help is at hand.

REASSURE

Keep all parties calm and reassured. The police are on the way and will treat the parties involved with respect and dignity. The officers are specially trained in sexual offences.

Further reading about supporting adults with care and support needs in their personal relationships:

Alzheimer's Society. Sex and Intimacy in Care Homes. <https://www.alzheimers.org.uk/get-support/daily-living/care-homes-sex-intimacy>

Care Quality Commission (2019). Relationships and sexuality in adult social care services – Guidance for CQC inspection staff and registered adult social care providers. <https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf>

Care Quality Commission (2020). Promoting sexual safety through empowerment – A review of sexual safety and the support of people's sexuality in adult social care. [ASC Sexual Safety +Sexuality Draft.docx \(cqc.org.uk\)](#)

Dementia UK (2023). Sex, intimacy and dementia. <https://www.dementiauk.org/information-and-support/living-with-dementia/sex-intimacy-and-dementia/>

Headway (2023). [Sex and sexuality after brain injury.pdf](#)

National Development Team for Inclusion (2019). The Right to a Relationship: Addressing the barriers that people with learning disabilities face in developing and sustaining intimate and sexual relationships. https://www.ndti.org.uk/assets/files/The_Right_to_a_Relationship_final_July_2019.pdf

National Institute for Health Research (2020). Exploring support for adults with learning disabilities to find loving relationships. https://www.sscr.nihr.ac.uk/wp-content/uploads/SSCR-research-findings_RF122.pdf

Royal College of Nursing (2022). Older people in Care Homes, Sex, Sexuality and Intimate Relationships: An RCN discussion and guidance document for the nursing workforce. <https://www.rcn.org.uk/library/-/media/Royal-College-Of-Nursing/Documents/Publications/2022/September/010-111.pdf>

Social Care Institute for Excellence (SCIE) (2023). Sexual abuse in care homes. <https://www.scie.org.uk/sexual-abuse-in-care-homes/>

Skills for Care (2020). Supporting people who need care and support to have meaningful and safe relationships. <https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Supporting-personal-relationships/SfC-Supporting-Personal-Relationships-Sept21.pdf>