

# Adult Support and Protection and Sexual Harm in Care Homes

## Staff Guidance

### Contents

Background.....	1
What is sexual harm?.....	1
Capacity and Consent.....	1
Indicators of Sexual Harm.....	2
What should you do if you are concerned about sexual harm?.....	2
Prevention and support.....	4
Support for staff.....	5
How to best support your staff as a manager/team leader.....	5
Conclusion.....	5
Contact details.....	6

## Background

North and South Lanarkshire Adult Protection Committees recognise the challenges that come with recognising, responding and supporting people who have been subject to sexual harm and abuse. It requires a sensitive and supportive approach that is responsive to the survivor's needs. There are added complexities when the survivor and/or person who have caused the harm are living in a care home and have additional support needs.

This guidance aims to provide an overview of what sexual harm is and the actions you should take to support and protect the survivor if you witness or are made aware of it. It also outlines how to support and protect the person who has caused the harm when they themselves are vulnerable, for example due to cognitive decline that has resulted in increased or changed sexualised behaviour. Finally, it considers the importance of managerial oversight and how managers can best support their staff.

There is also a [7-minute briefing](#) connected with this guidance.

## What is sexual harm?

Sexual harm and abuse can occur in any setting, including care homes. It may be perpetrated by someone visiting, working or living in the care home. Sexual harm and abuse occur when a person engages in either physical acts—penetrative or non-penetrative—or non-physical sexual activity, such as visual or auditory exposure to sexually explicit material, with a survivor who is unable to consent to or refuse such activity. Examples include rape, indecent assault, sexualised language, inappropriate touching, or forcing someone to view indecent images or videos.

## Capacity and Consent

Regardless of the nature and impact of an adult's illness or disability, our starting point should always be that an adult:

- has the right to live their life free of harm and coercion and feel safe in their choices irrespective of sexual orientation or gender
- has the capacity to consent to a sexual relationship

Giving consent (or 'consenting') means giving permission for something to happen. By law, everybody involved in sexual activity must give consent, and this consent can be withdrawn at any time. A person consents if they: **agree by choice and have the freedom and mental capacity to make that choice.**

Capacity in respect of sexual relationships involves the person having fundamental understanding of the nature of sexual acts, possible consequences of these and their right to choose whether or not to engage in sexual acts/relationships.

If there are concerns regarding a person's capacity to consent general good practice principles around establishing capacity or incapacity, as is laid out in [Consenting Adults - Mental Welfare Commission \(2021\)](#) should be applied.

The Mental Welfare Commission guidance highlights that although there is always a presumption that an adult has capacity to consent to sex and/or a sexual relationship; it is clear that **consent is not given** where the person:

- has capacity and does not give consent
- lacks capacity to consent to sexual activity and is therefore unable to give it
- has capacity but feels coerced into sexual activity because the other person is in a position of trust, power and authority

It is therefore really important to understand a person's capacity and decision-making ability – especially when they have additional support needs and live in a care home.

## Indicators of Sexual Harm

A person who has been sexually harmed and abused may not be able to verbalise what has happened to them. This could be due to the trauma of what has happened, feelings of shame and embarrassment but also potentially due to their cognition and ability to communicate verbally.

It is therefore important to consider early indicators of sexual harm for example (not in order and not an exclusive list):

- Sudden reluctance to have contact with a particular person or place
- Secrecy
- Depression
- Disclosure/ coded disclosure
- Change in sexualised behaviour or language
- Wetting or soiling
- Difficulty walking, passing urine, physical disorders in the genital area
- Pregnancy in women unable to consent to intercourse
- Sexually explicit art/drawings

## What should you do if you are concerned about sexual harm?

Support the survivor

Regardless of the survivor's age, capacity or ability they require and have the right to receive support and care. If you are concerned about someone having been subjected to sexual harm or abuse or if someone discloses that this has happened to them, please ensure that they are safe and that you take what they say seriously.

Even if the person is not able to disclose that they have been sexually harmed it is important that if you witness or notice signs of sexual harm that the survivor receives the right support.

If the person is at **immediate risk and/or requires immediate medical attention**, contact NHS.

Further information can be found here:

- [Where to find support if you've been raped or sexually assaulted](#)
- [SARCS 7 Minute Briefing](#)
- SARC Nurse - 0141-211-8175 for professional advice  
If disclosure and sexual assault happened within last 7 days forensic examination can be carried out. If there are concerns that the person lacks capacity it is important to involve appropriate professionals including police and social work. If someone is able to self-refer and a forensic examination carried out, samples can be stored in event of police involvement later.
- [LRCC - Lanarkshire Rape Crisis Centre - Support for sexual abuse survivors](#) or call 01698 527003
- [My Body Back Project - Rape and sexual assault support](#) – service available in London and Glasgow. Lanarkshire provide similar service. Please contact [Sexual Health Services in Lanarkshire](#) for further support.

Contact Police Scotland

If a resident in your care home has been sexually harmed, please contact Police Scotland **immediately the same day** - this is a potential crime.

If a resident within your care home has been sexually harmed, regardless of whether they or the alleged harmer has been deemed to have capacity or not it is important to contact Police Scotland on **101**.

It is Police Scotland's duty to make appropriate inquiries regarding criminality. The safety and wellbeing of the survivor is always a priority and medical assistance and/or forensic medical examination is also considered by Police Scotland.

In general, the following principles should be followed:

- *Does the survivor want to report to police? Can you support them to report to Police Scotland or report it yourself. Call 101 and request Police attendance. Police may arrange Forensic Medical Examination with SARCS*
- *Is the survivor unsure about reporting to Police? If possible, you should support them to contact NHS24 on 111 who will direct their call to the most appropriate SARCS. You can also call 0141-211-8175 and a Forensically Trained Nurse will be able to speak to patient and discuss their options. FME/ Support / Sexual Health.*
- *Is the survivor sure they DO NOT wish to report to Police/SARC at any time? You still have a responsibility to report a crime that has happened within your care home. Consider safety, immediate health risk assessments. SARC Nurse 0141-211-8175 for professional advice.*

**Irrespective of the survivor's capacity or adult at risk status** every effort should be made to communicate and discuss the concern with them and their legal proxy (if applicable and appropriate) and involve them in discussions and processes.

## Adult Support and Protection (Scotland) Act 2007

Where you **know or believe** that the sexual harm involves an “adult at risk of harm” as defined by the [Adult Support and Protection \(Scotland\) Act 2007](#) you have a duty to report this to the local Social Work’s Adult Duty Team immediately, same day.

[North Lanarkshire Council Social Work Contact Details](#)

[South Lanarkshire Council Social Work Contact Details](#)

Social work will liaise directly with Police Scotland, the care home and any other relevant partners to determine how to best progress without interfering with any Police investigation.

## Prevention and support

Healthy consensual sex and intimacy is normal and a human right for all adults. However, sometimes due to people’s age, frailty and/or condition/disability this may seem difficult to support and manage. It is important to be open and supportive and seek help where this is required.

Further information can be found here:

- Section 12 of the [Consenting Adults - Mental Welfare Commission \(2021\)](#) provides helpful information for how practitioners should respond to requests for assistance in sexual matters
- [Sexuality and dementia - Alzheimer Scotland \(2011\)](#)
- [Busting the myths around brain injury and sex | Headway](#)
- [Care Cameo - Let’s Talk About Sex...uality](#)
- [Making Choices Keeping Safe NHS Lothian \(2016\)](#)

## When sexualised behaviour change

**However**, sometimes due to people’s conditions such as dementia or a brain injury their sexual behaviour may change. This can be due to changes in the brain’s ability to control behaviour and emotions. This could in some situations lead to harm to themselves or others.

It is therefore important to consider what assessment and potential support is required.

When an individual, regardless of their sex, presents with behaviour that is deemed sexually inappropriate or not within their normal known behaviour – it is important to assess their needs and any risk to themselves or other people. Staff should follow their assessment and review processes to:

1. Observe and monitor
2. Assess
3. Record – be clear on what the issue / change/ next step is
4. Act
5. Plan

...**and repeat / escalate** if required via medical professionals including Primary Care and Community Mental Health Team.

## Support for staff

We all hold different personal values and attitudes about sex and relationships. Because of this, many practitioners may feel a significant degree of discomfort when discussing their own or others' sexual attitudes, histories, or preferences within a professional context. Others may approach these conversations in a more relaxed, matter-of-fact way.

Research shows that practitioners often feel insufficiently equipped to respond to sexual harm or to manage situations involving increased sexualised behaviour. Many highlight a range of barriers, including limited training, lack of confidence, lack of support from their employer and uncertainty about how to handle complex or sensitive situations appropriately.

Section 11 of the [Consenting Adults - Mental Welfare Commission \(2021\)](#) provides some additional guidance on how you can approach these difficulties.

[Skills For Care](#) also talks about this topic and highlights some important areas for consideration.

### How to best support your staff as a manager/team leader

As a manager or team leader, it is important to speak openly with your staff about the complexities surrounding sexual harm and changes in sexualised behaviour. Creating a safe space to explore these issues during supervision sessions or team meetings can help staff feel more confident and supported in their roles.

Skills for Care also provide a training programme and facilitator's guide which may be useful, including the [Relationships and sexuality awareness raising training programme- facilitators guide](#)

As a manager or team leader, you play a key role in supporting and guiding your staff. Consider what actions may be required when someone discloses sexual harm or when a staff member has witnessed sexual harm, ensuring that appropriate processes are followed and support is available. Including:

- Immediate support including medical support for the survivor
- Has Police Scotland been contacted
- Consider Adult Support and Protection referral if you know or believe that the adult is an adult at risk
- Assessment, review and ongoing monitoring of someone's sexualised behaviour - contact appropriate services for support as required
- Consider whether members of staff require wellbeing support

## Conclusion

Everyone has the right to feel safe and to be protected from harm. Staff working in care homes have a duty to provide care, support and protection for adults. Sexual harm and abuse can be difficult to talk about, and staff may feel ill-equipped to support adult survivors in care home settings. This briefing highlights key components on how to support the survivor, the person who has caused the harm when they have additional support needs, and the staff involved in these situations.

## Contact details

Should you have any questions or comments in regard to this guidance please contact North or South Lanarkshire Adult Protection Committees.

North Lanarkshire Adult Protection Committee	Email	<a href="mailto:adultprotectioncommi@northlan.gov.uk">adultprotectioncommi@northlan.gov.uk</a>
	Website	<a href="https://publicprotectionnl.co.uk/">https://publicprotectionnl.co.uk/</a>
South Lanarkshire Adult Protection Committee	Email	<a href="mailto:PublicProtectionOffice@southlanarkshire.gov.uk">PublicProtectionOffice@southlanarkshire.gov.uk</a>
	Website	<a href="http://www.adultprotectionsouthlanarkshire.org.uk/">www.adultprotectionsouthlanarkshire.org.uk/</a>

This guidance was approved by	North Lanarkshire Adult Protection Committee	South Lanarkshire Adult Protection Committee
Date:		
Date to be Reviewed:		
Any queries please contact	Johanna Johnston, Senior Officer APC, <a href="mailto:johnstonjoh@northlan.gov.uk">johnstonjoh@northlan.gov.uk</a>	Alison Burns, Senior Officer APC, <a href="mailto:alison.burns@southlanarkshire.gov.uk">alison.burns@southlanarkshire.gov.uk</a>