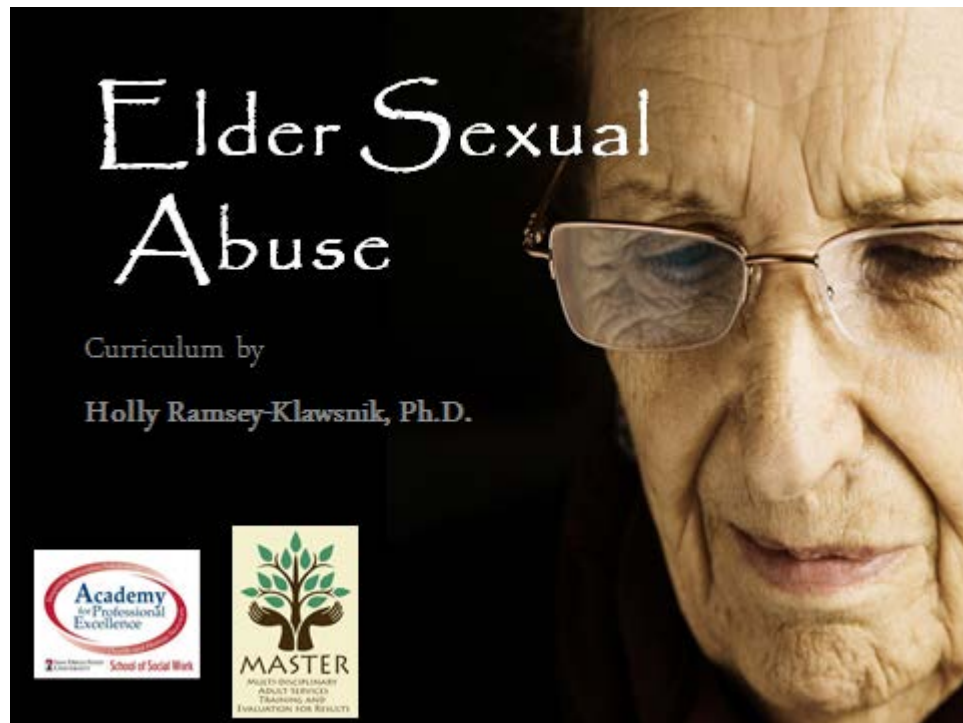


**ELDER SEXUAL ABUSE**

**PARTICIPANT MANUAL**



**MODULE 14**

## PARTICIPANT MANUAL

### ELDER SEXUAL ABUSE



**This training was produced by the Academy for Professional Excellence under 2009-SZ-B9-K008, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this training are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.**

**Curriculum Developer**  
**Holly Ramsey-Klawnsnik**

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## INTRODUCTION

### THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the Elder Sexual Abuse training, developed by Project MASTER, a program of the Academy for Professional Excellence.

The Academy for Professional Excellence was established in 1996 and provides training, technical assistance, organizational development, research, and evaluation to public and private health and human service agencies and professionals.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

The Academy has extensive experience in providing specialized services, including:

- multi-disciplinary competency-based trainings
- curriculum development
- needs assessment
- research
- evaluation
- meeting facilitation
- organizational development consultation services

MASTER is a program of the Academy for Professional Excellence which has the overarching goal is to develop standardized core curricula for new APS social workers and to share these trainings on a national scale. Professional training opportunities are a critical step toward ensuring APS social workers have the appropriate tools to serve their victims. MASTER has worked extensively with state and national partner agencies in the development of this curriculum.

Our partners include:

- National Adult Protective Services Association Education Committee (NAPSA)
- The Statewide APS Training Project of the Bay Area Training Academy
- California Department of Social Services, Adult Services Branch
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CaISWEC)

## PARTNER ORGANIZATIONS

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## ACKNOWLEDGMENTS

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. Project MASTER would like to thank the following individuals and agencies:

### **Agencies**

Bay Area Academy, Statewide APS Training Project  
California Department of Social Services, Adult Services Branch  
California Social Work Education Center Aging Initiative  
Orange County Social Services Agency  
Riverside County Department of Public Social Services  
San Bernardino County Department of Aging and Adult Services  
San Diego County Aging and Independence Services

### **Regional Curriculum Advisory Committee**

Beverly Johnson, LCSW, Staff Development Officer, Riverside County  
Carol Castillon, APS Supervisor, San Bernardino County  
Carol Kubota, LCSW, Staff Development Officer, Orange County  
LaTanya Baylis, Staff Development Officer, San Bernardino County  
Ralph Pascaul, Staff Development Officer, Los Angeles County

### **Committees**

Project MASTER Steering Committee  
APS Core Curriculum Committee  
National Adult Protective Services Association Education Committee  
Protective Services Operations Committee of the California Welfare Directors'  
Association

### **Curriculum Developer**

Holly Ramsey-Klawnsnik, Ph.D.

### **Evaluation Consultants**

James Coloma, Evaluation Consultant  
Jane Berdie, Evaluation Consultant  
Cynthia Parry, Evaluation Consultant

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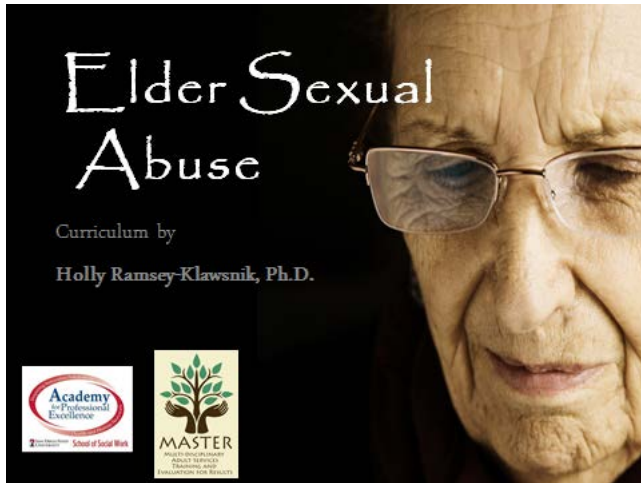
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**COURSE OUTLINE**

<b>Content</b>	<b>Total Time</b>	<b>Activities/Handouts</b>
<b>Welcome &amp; Introductions: Objectives, Overview of project, housekeeping</b>	15 min	Lecture HO: Letter to Participants HO: ID Assignment
<b>Learning Objectives  Developing Awareness of Elder Sexual Abuse</b>	60 min	Lecture Case Discussion
<b>Discussing the Dynamics of Elder Sexual Abuse</b>	40 min	Lecture “Miss Mary” video Discussion
<b>Recognizing Potential Cases of Sexual Abuse</b>	50 min	Lecture Small Group Activity HO: Identifying Sexual Abuse
<b>Lunch</b>	60 min	
<b>Principles of Forensic Interviewing</b>	90 min	Lecture Small Group Activity CDAA video HO: Forensic Interviewing HO: Interviewing for SA
<b>Intervention Strategies for Elderly Sexual Abuse Victims</b>	75 min	Lecture Small Group Activities Evaluations HO: Planning for Interventions HO: Sexual Perpetrators

## TRAINING GOALS AND OBJECTIVES



By the end of this training, participants will be able to:

1. Demonstrate awareness of elder sexual abuse
  - a. List two myths about sexual assault as it relates to older adults.
  - b. List three facts about victims.
  - c. List three facts about perpetrators.
2. Demonstrate ability to discuss sexual abuse by watching a DVD clip and discussing this.
3. Demonstrate ability to recognize potential cases of elder sexual abuse
  - a. List four signs or symptoms of sexual abuse.
  - b. Provide three situations under which cases of sexual abuse may come to the attention of APS workers.
4. Demonstrate ability to effectively screen for sexual abuse and interview clients regarding possible sexual abuse
  - a. Provide a question designed to screen for sexual abuse when interviewing a client who has been referred for reasons other than sexual abuse.
  - b. List three principles to use when interviewing a client regarding a sexual abuse allegation.
5. Demonstrate knowledge of intervention strategies for elderly sexual abuse victims
  - a. Describe three ways in which victims are commonly harmed by sexual abuse.
  - b. List three issues to consider when planning possible intervention.
  - c. Describe three sexual abuse intervention services.



## EXECUTIVE SUMMARY

<b>HANDOUT #1: Executive Summary</b>
--

**Course Title:** *Elder Sexual Abuse*

In this interactive introductory training, participants will develop an increased awareness of elder sexual abuse. They will gain experiencing in discussing sexual abuse with others. They will learn to identify potential cases of elder sexual abuse and learn how to interview possible victims. And, they will learn the basics of intervening with this population.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, case studies); question/answer periods; PowerPoint slides; participant guide (encourages self-questioning and interaction with the content information); embedded evaluation to assess training content and process; and transfer of learning activity to access knowledge and skill acquisition and how these translate into practice in the field.

### **Course Requirements:**

Please note that training participants are expected to participate in a variety in-class and post-training evaluation activities. These activities are designed to enhance the learning experience and reinforce the skill acquisition of training participants as well as determine the overall effectiveness of the trainings.

An executive summary of each training and directions for post-training evaluation activities will be provided to training participants and their supervisors. Certificates of course completion will be awarded upon completion of ALL course activities.

### **Target Audience:**

This course is designed for new APS social workers as well as Vulnerable Adult Abuse partners (e.g. conservatorship investigators, workers in the aging and disability networks). This training is also appropriate for senior staff that requires knowledge and/or skills review.

### **Outcome Objectives for Participants:**

Learning goals by the end of this training, participants will be able to:

1. Demonstrate awareness of elder sexual abuse
  - a. List two myths about sexual assault as it relates to older adults.
  - b. List three facts about victims.
  - c. List three facts about perpetrators.
2. Demonstrate ability to discuss sexual abuse by watching a DVD clip and discussing this.
3. Demonstrate ability to recognize potential cases of elder sexual abuse
  - a. List four signs or symptoms of sexual abuse.

- b. Provide three situations under which cases of sexual abuse may come to the attention of APS workers.
4. Demonstrate ability to effectively screen for sexual abuse and interview clients regarding possible sexual abuse
  - a. Provide a question designed to screen for sexual abuse when interviewing a client who has been referred for reasons other than sexual abuse.
  - b. List three principles to use when interviewing a client regarding a sexual abuse allegation.
5. Demonstrate knowledge of intervention strategies for elderly sexual abuse victims
  - a. Describe three ways in which victims are commonly harmed by sexual abuse.
  - b. List three issues to consider when planning possible intervention.
  - c. Describe three sexual abuse intervention services.

**Transfer of Learning:** *Ways supervisors can support the transfer of learning from the training room to on the job.*

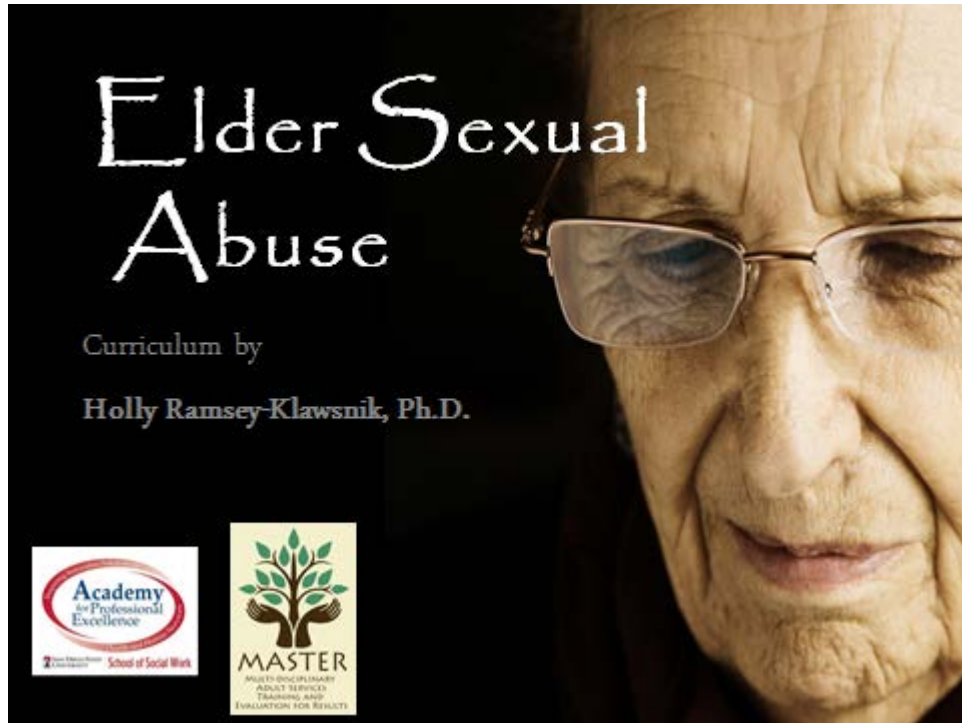
### **BEFORE the training**

Supervisors can encourage line staff to attend the training and help them identify particular strengths and/or challenges that they have had in working with sexual abuse victims in the past. Training participants can share these experiences during training.

### **AFTER the training**

Supervisors can read the training executive summary and instructions for out-of-class transfer of learning activity. Supervisor and training participant will then schedule a time to complete the activity together – at this point the trainees can share what specific skills they obtained from the training. If further staff involvement is available, trainees may present an overview of what was learned to other staff members to encourage collaboration and a culture of learning.

# PRESENTATION



# WELCOME AND INTRODUCTIONS



**TIME ALLOTTED: 15 minutes**

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## Slide 2:



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The National APS Training Project is a project of the Academy for Professional Excellence, San Diego State University School of Social Work

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## Slide 3

### Housekeeping and Introductions

- Schedule for the day
- CEU instructions
- Location of restrooms
- Set cell phones to vibrate
- Introductions
- Please return promptly from breaks and help us keep to the schedule



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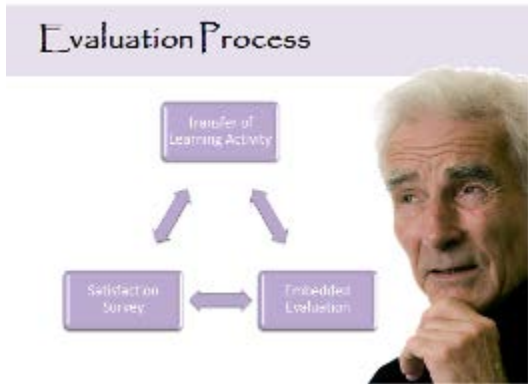
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## Slide 4



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## Slide 5

Developing an ID Code

- What are the first three letters of your mother's *maiden* name? **Alice Smith**
- What are the first three letters of your mother's *first* name? **Alice smith**
- What are the numerals for the DAY you were born? **Nov 29<sup>th</sup>**

Trainee ID Code

S	M	I	A	L	I	2	9
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Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (*Multi-disciplinary Adult Services Training & Evaluation for Results*) has begun a process of evaluating training delivered to Adult Protective Service workers. As part of this evaluation, we need your help.

At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete an embedded skills evaluation within the training day. This embedded skills evaluation will take about 15 minutes. You will be asked to determine what types of questions are being asked in a written interview.

This evaluation has two main purposes:

1. To improve trainings' effectiveness and relevance to your needs, and help you better serve adults and their families; and
2. To see if the training has been effective in getting its points across.

**Our goal is to evaluate training, NOT the individuals participating in the training.**

In order to evaluate how well the training is working, we need to link each person's assessment data using a code. You will generate the code number using the first three letters of your mother's maiden name, the first three letters of your mother's first name, and the numerals for the day you were born. **Please put this 8-digit ID code on each of your assessment forms, exactly the same way each time.** ID code information will only be used to link demographic data to test data to ensure that the training is working equally well for all participants. Once this linking is done, we will only be looking at class aggregate scores, rather than individual scores.

Only you will know your ID code refers to you. All individual responses to evaluation exercises are confidential and will only be seen by the Academy's training program and evaluation staff. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

## ELDER SEXUAL ABUSE: PARTICIPANT MANUAL

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If you agree to participate, you will fill out a questionnaire administered before and after the training. The questionnaire will be coded with a unique identifier system and all responses will be confidential.

There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families in California.

Your participation is voluntary and you may withdraw your consent and participation at any time. Participation or non-participation will have no effect on your completion of this training series.

By completing and submitting the questionnaire, you agree to participate. You further agree to permit us to use your anonymous responses in written reports about the questionnaires.

Your help with this evaluation process is greatly appreciated. Your feedback will be instrumental in helping to improve adult protective service training for future participants. If you have any questions about the evaluation or how the data you provide will be used, please contact:

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San Diego State University – School of Social Work  
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[icoloma@projects.sdsu.edu](mailto:icoloma@projects.sdsu.edu)

# ELDER SEXUAL ABUSE: PARTICIPANT MANUAL

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**HANDOUT #3:  
ID Code Assignment**

Trainee ID Code

Date  /  /   
M M D D Y Y

### YOUR IDENTIFICATION CODE:

In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an *identification code*. We would like you to create your own *identification code* by answering the following questions:

1. What are the first three letters of your mother's *maiden* name?

Example: If your mother's maiden name was Alice Smith, the first three letters would be:

**S M I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

\_\_\_\_\_

2. What are the first three letters of your mother's *First* name?

Example: If your mother's maiden name was Alice Smith, the first three letters would be: **A**

**L I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

\_\_\_\_\_

3. What are the numerals for the DAY you were born?

Example: If you were born on November 29, 1970, the numerals would be **2 9**. If your birth date is the 1<sup>st</sup> through the 9<sup>th</sup>, please put 0 (zero) in front of the numeral (example **0 9**).

\_\_\_\_\_

Combine these parts to create your own identification code (example: **S M I A L I 2 9**). Please write your identification code in the space at the top right corner of all evaluation materials you receive.

***Remember your identification code and write it at the top of every evaluation form provided to you throughout this training.***



# DEVELOPING AWARENESS OF ELDER SEXUAL ABUSE



**TIME ALLOTTED: 60 minutes**

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## Slide #6

### Difficulty of the Material



"Sexual abuse tends to occur in secrecy, involve the violation of deep taboos, and often involve severe violation... These cases involve disturbing acts that raise painful images for workers... Confronting evidence of sexual abuse raises the anxiety of workers... There is a natural tendency... not to want to hear about these cases. These are not stories that one can get used to, nor are they easy to discuss."

Chitowski, & Hughes, 2008, p. 398

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## Slide #7

### Goals of the Course

- Learn the myths and realities of sexual violence as it relates to APS clients
- Learn to discuss sexual victimization
- Recognize potential sexual abuse among their clients
- Effectively screen for and interview clients regarding sexual abuse
- Learn to offer helpful interventions to victims



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## Slide #8

### Common Myths and Misconceptions

- Rape is a crime of passion.
- Sexual assault victims must have "asked for" their assaults.
- The vast majority of sexual assault perpetrators are unknown to their victims.
- Older people are not sexually desirable.
- People with disabilities, including people with dementia, are not of interest to sexual perpetrators as potential victims.



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## Slide #9

### Realities:

- Rape is a crime of power and control.
- We are all responsible for controlling our impulses.
- Most victims are assaulted by people known to them.
- It is not motivated by sexual desire but the desire to overpower and harm a victim
- Sexual offenders seek vulnerable victims



©Neil & Morgan, 2010  
Ramsey-Cassidy, 1991, 2003  
Walters, 2005

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## Slide #10

### Facts About Victims



- Gender (mostly women)
- Age (victims up to 100 yrs old)
- Functional abilities often limited
- Disabilities can limit self help and reporting
- Fear and familial bonds can inhibit victims from reporting or seeking help
- Victims often not deemed credible

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## Slide #11

### Facts About Perpetrators

- Majority are male/ some female
- Wide age range
- Usually know victims through relationships, job or activities
- Sexual DV = spouse, partner, child, grandchild, other relatives
- In care facilities , most often employees (but fellow residents most often substantiated)
- Rarely held accountable



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## Slide #12

### Prevalence is Unknown

<5% seen in ER for sexual abuse are over 60



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## Slide #13

### Underreporting of older victims

- There is widespread disbelief that elders are sexually assaulted
- Victim conditions often prohibit reporting
- Sexual abuse markers are often missed or misinterpreted on older bodies
- Professional training is insufficient
- Response to allegations is often insufficient
- Many cases never reach APS or law enforcement



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## Slide #14

### Range of Sexually Abusive Behaviors

- Contact (“touching”) offenses
- Non-contact (“non-touching”) offenses
- Harmful genital practices



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## Slide #15

### Discussion of a Case

- What specific forms of sexual abuse are present in this case?
- What other forms of abuse are occurring?
- What elder sexual abuse research findings are illustrated by this case?



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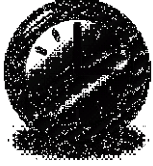
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Mrs. Evelyn W. is a widow who has a serious problem with her son, Lester. He is 53 years old and has always had difficulty coping with life. Throughout his adulthood, he has periodically lived with Evelyn. She finds his drinking and depression hard to tolerate. He does bizarre things – like the strange sexualized drawings with which he covered the walls of his bedroom. When drunk, hung-over, or angry, he walks around Evelyn’s apartment naked, masturbates in her presence, and makes sexually offensive and threatening comments. He is chronically unemployed and therefore she supports him on her on limited fixed income causing her stress and sacrifice. She fears that he will become homeless or incarcerated. These fears, along with her embarrassment and maternal instinct to protect her offspring, prevent her from discussing with others the problems he creates or taking steps to put him out of her apartment (excerpted from Ramsey-Klawnsnik, 2009).

# DISCUSSING THE DYNAMICS OF ELDER SEXUAL ABUSE CASES



**TIME ALLOTTED: 40 minutes**

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## Slide #16



Miss Mary Video

What is it like to  
learn about what  
Miss Mary endured?

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## Slide #17

### Handling Disturbing Cases

"It has been documented that repeated or prolonged exposure to the human suffering of others can prove traumatic to responding personnel."

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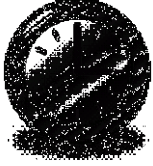
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# RECOGNIZING POTENTIAL CASES OF ELDER SEXUAL ABUSE



**TIME ALLOTTED: 50 minutes**

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**Slide #18**

### *Signs / Symptoms of Sexual Abuse*

- Physical signs
- Psycho-social symptoms
- Victim disclosures and hints
- Eye witness reports
- Suspicious behavior by alleged perpetrators



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**Slide #19**

### *How You Might Learn About S.A.*

- Sexual abuse is the allegation
- During investigations of another allegation, sexual abuse indicators are noticed and explored
- A client may disclose sexual abuse to an APS worker
- A client may provide hints or "coded disclosures" of sexual abuse
- Report of harm without sexual specifics

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Slide #20



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<b>HANDOUT #4: Identifying Sexual Abuse</b>
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## Identifying Sexual Abuse

There are multiple ways in which an APS worker may become aware of potential or actual sexual abuse of a client:

1. Sexual abuse is alleged in an APS report
2. Other allegations are reported and then signs/symptoms of sexual abuse present
3. A client discloses sexual abuse
4. A client provides hints or “coded disclosures” of sexual abuse

Both direct disclosures and hints or “coded disclosures” of sexual abuse may occur prior to APS involvement, during APS investigations, or during APS intervention.

### ***Case Example 1: Sexual abuse allegation reported***

A psychiatrist reported sexual abuse allegations to APS regarding his client, Helen. Helen lived alone and her spouse, John, lived with a son and daughter-in-law due to his extensive care needs. Helen visited John once weekly during which John demanded sexual contact. John would ask Helen to undress then fondle her. Helen reported that she did not want this contact but feared that if she refused her husband would divorce her and cut her off financially. Helen was treated for depression by the psychiatrist who described her as “theatrical.” The reporter stated that he felt that Helen could be fabricating, although he would not entirely discount the allegation (adapted from Chihowski and Hughes, 2008, p. 386).

**Discussion Questions:** What are the signs and symptoms of sexual abuse? How much weight would you attach to the psychiatrist’s statement that Helen was “theatrical” and could be fabricating?



### ***Case Example 2: Signs of sexual abuse noticed during intervention for other maltreatment***

An APS case was substantiated for caregiver neglect. The client, Florence, had also been an APS client prior to this intervention due to substantiated physical abuse and neglect by a nephew. The neglect had been ongoing for a very long time. Florence resided in her home with this nephew. Florence lacked mental capacity to consent and also suffered from mental illness. Historically, the nephew had refused all in-home services for her. However, recently home health aide (HHA) services had been arranged. When the HHA arrived, Florence was typically found unclothed in bed lying in her own waste that the nephew refused to clean. At times, Florence was found outside of the home confused and unclothed. The nephew admitted to pushing Florence one time resulting in a fall. During a routine APS visit, the nephew answered the door pulling a bathrobe over his naked body. Florence declined to visit with the APS worker and the nephew presented as nervous, pacing and breathing hard. The worker became suspicious of sexual abuse. A Protective Order was requested and granted from the court to prevent Florence from returning home and she was placed into a nursing home (adapted from Chihowski and Hughes, 2008, p. 384 – 385).

**Discussion Question:** What are the signs or symptoms of sexual abuse in this case?

### ***Case Example 3: Client discloses sexual abuse to an APS worker***

A male direct care provider employed in a nursing home was accused of digitally penetrating a resident. The female resident had suffered a stroke and was incontinent, yet mentally competent and able to communicate clearly. The resident disclosed to the APS investigator that the aide, who was not assigned to provide care to her, entered her room and forcefully inserted his fingers into her vagina causing her pain and soreness along with significant emotional distress. The investigator felt that the resident was able to clearly articulate her experience of the event and that she seemed emotionally traumatized by it. The investigator further confirmed that the accused aide in fact had not been assigned on the afternoon in question to work on the unit that housed the alleged victim. The alleged perpetrator admitted to the investigator that he had entered the resident's room and inserted his fingers into her undergarment, claiming that he needed to determine if she had urinated and required assistance. He denied that he penetrated the resident's vagina and claimed that he was confused as to the unit on which he was supposed to be working on that day (adapted from Ramsey-Klawnsnik et al., 2008, p. 370).

**Discussion Question:** What are the signs or symptoms of sexual abuse in this case? How might the experience of receiving this disclosure affect the APS worker?

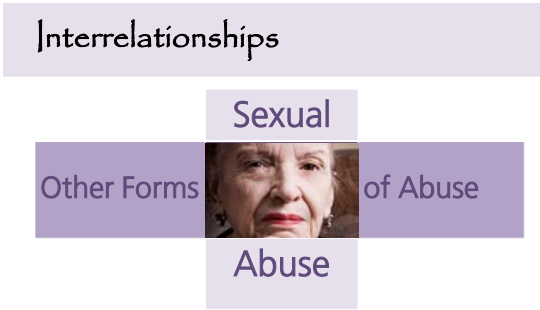
### ***Case Example 4: A client provides hints or “coded disclosures” of sexual abuse***

Rosemary was severely demented and widowed. She lived in her own home with her adult grandson. Four years prior, neglect and financial exploitation of Rosemary by her grandson were substantiated by APS. The court then appointed a guardian for Rosemary. However, Rosemary and her grandson continued to live together. Rosemary wanted to remain in her own home. Three months prior, there had an inconclusive investigation of alleged sexual abuse of this woman by her grandson. Rosemary had commented to her home health aide regarding her grandson, “How come he doesn’t lie on top of you like he does me?” Rosemary’s physician did a pelvic exam resulting in no conclusive findings. Adult Day Health Center staff made a subsequent abuse report after observing bruises above Rosemary’s pelvic bone while assisted her with toileting. Rosemary made statements about “the man doing what he wanted with me. In addition to the bruising in the pubic area there was also bilateral bruising on the shoulders that resembled finger marks. Other statements made by the client included: “He makes me sleep naked and I’m so cold” and “He’s so rough, I wish he would just get it over with.”

The home health aide reported that the elder was more agitated when her grandson was involved in her personal care. The home health aide observed impatience and rough handling by the grandson of Rosemary, especially when he helped her with toileting and dressing. Staff observed the grandson kiss the elder on the lips. She attempted to push him away, but he continued despite being told by staff to stop. The home health aide reported that the grandson never left her alone with the elder. He insisted on being involved in bathing and toileting despite the ability of the home health aid to perform those tasks for Rosemary (adapted from Chihowski and Hughes, 2008, p. 395 - 397).

**Discussion Questions:** What are the coded disclosures of sexual abuse? What other signs or symptoms of sexual abuse are present in this case?

Slide #21



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*Always Screen for Sexual Abuse!*

# PRINCIPLES OF FORENSIC INTERVIEWING



**TIME ALLOTTED: 90 minutes**

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**Slide #22**



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## Handout #5: Forensic Interviewing in Sexual Abuse Cases: Desk Reference

### Before the Interview

- Prepare for the interview using available information
- Arrange the interview to protect the client's privacy and safety
- Also arrange for effectiveness through careful timing, location, etc.
- Do not outnumber the client with multiple interviewers

### Commencement of the Interview

- Introduce yourself and explain your role, affiliation, purpose
- Inform clients how their information will be used
- Explain confidentiality and the limits to this
- Adapt to the client's special needs

### Throughout the Interview

- Build and maintain rapport
- Use a supportive, non-threatening demeanor
- Communicate genuine interest in the client and his or her difficulties
- Use clear, intelligible, well-paced speech and language
- Provide ample response time (older adults require more)
- Balance need to maintain rapport with need to collect information
- Use sensory observations (what is seen, smelled, heard) to assess for danger
- Ask open-ended questions to encourage information sharing
- Progress to specific questions based upon responses
- Defer intrusive, potentially embarrassing questions until later in the interview
- Express concern for safety to help clients tolerate difficult questions
- Ask necessary abuse-related questions but avoid aggressive probing

### *Sample Questions*

- *How do you like living here with ----- (your husband, son, etc.)?*
- *How do you like living here in this facility?*
- *Have you been hurt?*
- *How can I help you?*
- *Are you in danger?*
- *Are you afraid of anyone who lives with you or provides you assistance?*

### Screening for Sexual Abuse When Other Abuse Disclosed

- "I am sorry to hear that. Does \_\_\_\_ do other things that are hard for you?"

### When Clients Hint About Victimization

- Skillfully explore these statements
- The best approach is open-ended questions
- Client: "Ed forces me to do disgusting things."
- Worker: "Can you tell me about those things?"

### **When Sexual Abuse Has Been Reported**

- Build rapport and explain your role, then ask about the reported condition.
- Example: A woman with developmental disabilities who resides in a group home has difficulty walking and reports genital pain following a visit out with a relative.
- The worker might ask, “I understand that you had a visit out. How did that go?”

### **Responding to Disclosures**

- Do not display personal reactions or disbelief
- Validate the client’s expressed feelings
- Remain calm and invite the client to tell you more
- Use open-ended questions to elicit abuse details
- Assess victim’s immediate needs, safety, and well-being
- If immediate safety is in jeopardy, safety plan with the client
- Avoid contaminating possible evidence of sexual assault

## Slide #23

### Before the Interview

- Prepare for the interview using available information
- Arrange the interview to protect the client's privacy and safety
- Also arrange for effectiveness through careful timing, location, etc.
- Do not outnumber the client with multiple interviewers



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## Slide #24

### Commencement of the Interview

- Introduce yourself and explain your role, affiliation, purpose
- Inform clients how their information will be used
- Explain confidentiality and its limits
- Adapt to the client's special needs



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## Slide #25

### Throughout the Interview

- Build and maintain rapport
- Use a supportive, non-threatening demeanor
- Communicate genuine interest in the client and his or her difficulties
- Use clear, intelligible, well-paced speech and language
- Provide ample response time (older adults require more)
- Balance need to maintain rapport with need to collect information



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## Slide #26

### Throughout the Interview



- Use sensory observations to assess for danger
- Ask open-ended questions to encourage information sharing
- Then progress to specific questions
- Defer intrusive or embarrassing questions until later in the interview
- Express concern for safety to help clients tolerate difficult questions
- Ask necessary abuse-related questions but avoid aggressive probing

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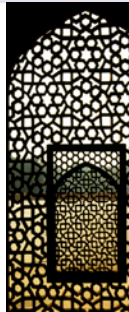
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## Slide #27

### Sample Screening Questions

- How do you like living here with --- -- (your husband, son, etc.)?
- How do you like living here in this facility?
- Have you been hurt?
- How can I help you?
- Are you in danger?
- Are you afraid of anyone who lives with you or provides you assistance?
- Have you been forced into things that you don't want to do?



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## Slide #28

### Screening for Sexual Abuse ... When Other Abuse Disclosed



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## Slide #30

### When Sexual Abuse Has Been Reported

- Build rapport and explain your role, then ask about the reported condition.
- Example: A woman with developmental disabilities who resides in a group home has difficulty walking and reports genital pain following a visit out with a relative.

"I understand that you had a visit out. How did that go?"



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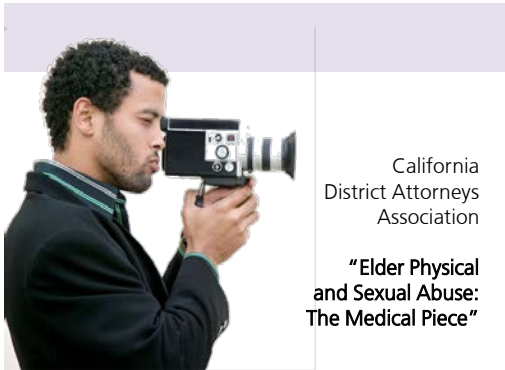
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## Slide #31



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## Slide #32

### Small Group Work - Interview Practice



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### Handout 6 - Interviewing for Possible Sexual Abuse

A report was received at your agency on Wednesday, November 3. The client, Mabel Howard resides at an Assisted Living Facility. The facility administrator filed the report and provided the following information:

On Monday, November 1<sup>st</sup>, Mabel approached an aide mid-morning and reported that she had been grabbed sexually by another resident. Mabel stated that this occurred about 7:30 AM in the dining room before breakfast. She had entered the dining room to wait (breakfast is served at 7:45 AM). There was only one other person in the room, Steven Watkins. Mabel stated that Steven walked up to where she was seated in her wheelchair, inserted his hand into her blouse, grabbed and pinched her breast, and said, "I want to play with your breast."

Mabel has had a stroke and has resided at the facility for over a year. She is widowed with no children. Steven entered the facility two months ago. Mabel and Steven have been observed watching television together and conversing in the past.

The facility has looked into this allegation and it is not true. They questioned Mabel several times about it. While Mabel said that this happened early in the morning, she did not report it until hours later. Furthermore, Mabel did not scream when this allegedly happened. Facility staff has also interviewed Steven and he is adamant that he did not do this. He is angry and has told his son. The son has confronted facility management and threatened to sue for harassment and slander. Mr. Watkins is a good man from an upstanding family and he would not do such a thing. He is very upset about this allegation and the facility does not want him interviewed, as it will further upset both him and his son. Since Monday morning, Mabel has stayed in her room. She has even requested that meals be brought to her room.

#### Small Group Tasks:

1. Discuss this report briefly and together construct a list of possible questions to ask Mrs. Howard during an investigative interview. Also discuss concerns to be aware of when planning and conducting the interview.
2. Identify one group member to play the role of Mrs. Howard. Have other group members take turns asking her questions on the list, as well as posing follow-up questions in response to her answers. Use the forensic principles discussed. Mrs. Howard is to pay attention to her feelings while being questioned.
3. Process with each other how these questions seemed to work. What was it like for Mrs. Howard to be asked these questions? What was it like to be the person asking them? To hear her answers?

INTERVENTION STRATEGIES FOR ELDERLY SEXUAL ABUSE VICTIMS



TIME ALLOTTED: 75 minutes

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Slide #33

Impact of Sexual Abuse

- Sexual abuse can harm victims in multiple and severe ways
- Physical harm, psycho-social harm, and unwanted changes in lifestyle are among the ways that victims can be adversely affected



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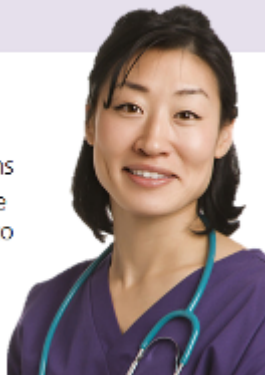
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Slide #34

Physical Impact

- Genital injuries occur with more frequency and severity in older than in younger victims
- Older victims are more likely to be admitted to a hospital following sexual assault



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## Slide #35

### Psycho-social Harm Incurred by Incest Victims



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## Slide #36

### Trauma Symptoms Among Victims in Facilities

- Demonstrated symptoms of post-traumatic stress
- Symptoms included intrusive memories, fear, anxiety, uncontrollable crying spells, and attempts to flee from the facility
- Even victims with dementia demonstrated trauma symptoms



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## Slide #37

### Unwanted Changes in Lifestyle

- As a result of sexual abuse, victims may experience unwanted changes in their lives
- These may include relocation and loss of contact with relatives or care providers



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## Slide #38

### Responding to Disclosures

- Do not display personal reactions or disbelief
- Validate the client's expressed feelings
- Remain calm and invite the client to tell you more
- Use open-ended questions to elicit abuse details
- Assess victim's immediate needs, safety, and well-being
- If immediate safety is in jeopardy, safety plan with the client
- Avoid contaminating possible evidence of sexual assault

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## Slide #39

### Following Disclosures Interviews

- Carefully and factually document all information without delay
- Seek supervision to effectively manage the situation



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## Slide #40

### Primary Goals of Intervention

- Prevent further sexual abuse
- Facilitate victim recovery from harm incurred



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## Slide #41

### Issues to Consider in Planning Possible Intervention

		
Victim, perpetrator, and abuse specifics	Available resources and options	Cultural, gender, disability, and age-related issues

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## Slide #42

### Victim Specifics to Consider

- What are the victim's wishes?
- How has the victim been harmed?
- Does the victim have capacity to consent?
- Does the victim remain in danger of continued abuse of any type?
- What are the victim's needs?



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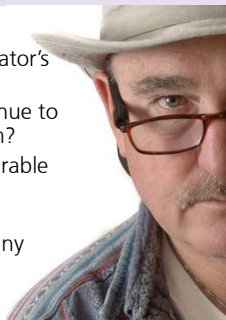
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## Slide # 43

### Perpetrator Specifics to Consider

- Who is the perpetrator?
- What, if any, is the perpetrator's relationship to the victim?
- Does the perpetrator continue to pose a danger to the victim?
- Pose danger to other vulnerable adults?
- Has the perpetrator held responsibility for meeting any victim needs?



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## Slide #44

### Abuse Specifics to Consider



- How recent is the sexual abuse?
- What sexually abusive acts occurred?
- Did other maltreatment also occur?

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## Slide #45

### Consider Available Resources

- What personal resources of the victim may be helpful?
- What APS agency resources exist to assist this victim?
- What community resources may be helpful?



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## Slide #46

### Specific Interventions in S. A. Cases

- Use interventions typically provided to APS clients, for example, emergency or short-term housing or home care services
- However, specific intervention services are often needed when sexual abuse has occurred



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## Slide #47

### Ethics in Intervention

- The interests of the client are the first concern of intervention
- Seek informed consent from the client before providing services
- Maximize the client's independence and choice to the extent possible based on the client's capacity
- Use the least restrictive services first
- Do no harm



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## Slide#48

### Culture, gender, age, disability considerations

"Today's elder victims grew up on a world of sexism, where even the rape crisis movement discriminated on the basis on age, race, and gender. This affects how elders experience and view sexual victimization."



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## Slide #49

### Sexual Abuse Specific Interventions



Forensic examinations



Civil court orders for protection



Referral to and collaboration with law enforcement



Sexual assault center services

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## Slide #50

### Forensic Exams



- Offer all alleged SA victims the opportunity to receive a forensic examination
- Sexual Assault Nurse Examiners (SANE) are specially trained to meet the health care needs of victims and to collect and preserve evidence
- Forensic sexual assault exams should take place without delay
- Alleged victims should not be bathed /clothing and bed linens should not be laundered prior to evidence collection.

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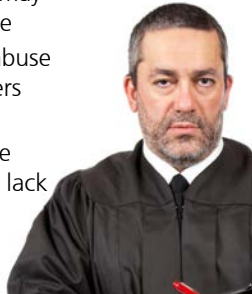
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## Slide #51

### Civil Court Orders of Protection

- A variety of civil orders may help to keep victims safe
- Restraining orders, no abuse orders, no trespass orders may help
- Protective orders may be needed for victims who lack capacity to consent



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## Slide #52

### Referral to Law Enforcement



- State laws vary regarding APS mandates to report alleged criminal activity to law enforcement
- Follow all state laws, as well as agency protocol, in making police reports
- Support and advocate for the victim during criminal justice procedures

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Slide #53

Sexual Assault Advocates

- Offer to help victims obtain the services of a sexual assault advocate
- Advocates are skilled in supporting victims during forensic exams and throughout steps in the criminal justice system
- Advocates also provide counseling in the aftermath of sexual violence



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Slide #54

Small Group Work ~ Planning Intervention



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Slide #55

Multi-disciplinary Collaboration



- Professionals from many disciplines are often involved in sexual abuse cases
- Multiple professionals with varied roles can overwhelm clients
- They may inadvertently work at cross-purposes and harm the client
- Collaborate and coordinate to maximize the best interests of the client

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### Handout 7 - Planning Possible Intervention

A report was received by your agency alleging suspected sexual abuse of Mr. Jose Rodriguez. A nurse at a bilingual neighborhood health clinic filed it. Jose came to the clinic due to flu symptoms. He was physically examined and interviewed. As a result, rectal bleeding and small anal tears were discovered. Jose spoke very limited English. A Spanish-speaking nurse questioned him about these symptoms. Jose hesitantly revealed that he and his grandson shared a bed and that his grandson “bothers him.”

A Spanish-speaking APS worker investigated and worked with the clinic staff to gain opportunity to interview Jose privately at the clinic. It was learned that Jose lived in a small, second floor inner-city apartment with his extended family and that he shared a bed with his 18-year-old grandson, Victor. The worker learned that this had been the sleeping arrangement for several years. Jose disclosed that Victor “bothers him” when he sleeps. Upon gentle probing, Jose revealed ongoing anal rape by Victor. He wanted to escape from this, but felt much embarrassment and shame about the abuse. He was also worried for his family. He told the worker that much shame would be brought on his family if others learned of the assaults. He did not want his grandson to face criminal consequences, nor did he want to reveal the abuse to any family members. Jose agreed to accept services from APS, but was unwilling to give the worker permission to reveal the sexual abuse to others.

Jose is 82 years old; he uses a cane and walks with difficulty, rendering it very difficult for him to climb stairs. Besides the symptoms for which he is being treated at the clinic, he is in stable health. He receives a small monthly income from social security, which he contributes to the family to help pay for rent and communal food.

#### Small Group Tasks:

- Discuss the cultural, gender, age, and disabilities issues to consider when planning possible intervention for Jose, along with other victim, perpetrator, and abuse specifics.
- What intervention services might be helpful, and acceptable, to this victim?

### Handout 8: Sexual Perpetrators (Optional Activity)

#### Small Group Tasks:

- Discuss these cases, focusing on the information provided about the perpetrators.
- What are the similarities and differences among the perpetrators?
- Does the perpetrator information indicate that there is a “typical profile” of sexual offenders?
- Does the information suggest that an APS worker can determine “why” a person sexually assaults a vulnerable adult?

Below are case vignettes that provide known information about the involved perpetrators:

#### **Evelyn W.**

Mrs. Evelyn W. is a widow who has a serious problem with her son, Lester. He is 53 years old and has always had difficulty coping with life. Throughout his adulthood, he has periodically lived with Evelyn. She finds his drinking and depression hard to tolerate. He does bizarre things – like the strange sexualized drawings with which he covered the walls of his bedroom. When drunk, hung-over, or angry, he walks around Evelyn’s apartment naked, masturbates in her presence, and makes sexually offensive and threatening comments. He is chronically unemployed and therefore she supports him on her on limited fixed income causing her stress and sacrifice (excerpted from Ramsey-Klawnsnik, 2009, 3).

#### **Mrs. V.**

“Sixty year old Mrs. V. has been married for forty-one years, and is the mother of six children. She is diagnosed with clinical depression, onset during menopause. Her son sought assistance for her due to marital rape. Mrs. V. acknowledged that throughout her marriage she had been repeatedly hit and forcibly sexually assaulted by her husband. There was also an extensive history of Mr. V. physically abusing the children. Mr. V. readily admitted forcing his wife into intercourse, stating that he had no choice since she never wanted sex” (Ramsey-Klawnsnik, 2003, 46). Throughout the V. marriage, Mr. V. has been the breadwinner and he continued at the age of 67 to work full-time at his manual laborer’s job. In addition, he took care of the home that they

owned, doing both the yard work and the housework, as well as cooking, food shopping, and laundry. Since her the onset of clinical depression, Mrs. V. has been unable to care for her home and has also engaged in self-neglect.

### **Mr. R.**

“Eighty-year old Mr. R. has been married to Silvia for over fifty years. He has a slight build, and is treated for a prostate problem and clinical depression. He is mentally competent and intelligent. Seventy-nine year old Silvia is diagnosed with schizo-affective disorder, and is described as anxious, irritable, and combative. She is 70 pounds overweight but claims to be anorexic. Silvia has experienced recurrent psychiatric hospitalizations, sees a therapist regularly, and is treated with psychotropic medication. Therapists for Mr. and Mrs. R. are concerned about Silvia’s treatment of her husband. Silvia orders Mr. R. to get up several times nightly to bring her food, and demands that he stay awake while she eats. Silvia frequently becomes enraged with her husband and “pummels” him. Mr. R. is impotent, and Silvia regularly demands sexual intercourse. She becomes enraged when he does not perform, resulting in frequent physical assaults. Silvia has pulled her husband around the house by his penis, and assaulted his penis and testicles on numerous occasions” (Ramsey-Klawnsnik, 2003, 48).

### **Mrs. J.**

“Mrs. J. is eighty-six years old. She moved into the home of her daughter and son-in-law to recover from a broken hip. Several months later, her daughter died and her son-in-law, Charlie, became her caregiver. Mrs. J. disclosed to her visiting nurse that Charlie took nude photos of her. He undressed her, pulled back all bed clothing, and instructed Mrs. J. to open her legs and smile for the camera. He told her that he needed to take the photos, “So that no one will think that I abused you,” and said that her daughter would want her to cooperate. Mrs. J. also reported that Charlie had “checked” her genitals by pushing something large in and out of her vagina. While he did this he told her that she needed to help him climax. In addition, Charlie had forced her to sign papers without the opportunity to determine the content...it was discovered that she had been forced to sign papers declaring Charlie her life insurance beneficiary. Involved professionals were especially concerned about this case because Charlie earned his living as a Home Health Aid” (Ramsey-Klawnsnik, 2003, 51 – 52).

### **Ms. P.**

Ms. P., a woman with long-term schizophrenia, was admitted to a state mental hospital due to decompensation and active psychosis. She disclosed to a psychiatric nurse that just before her admission a neighbor raped her. The nurse was tempted to attribute Ms. P.'s statements to her psychiatric condition, but charted them, notified the treating physician, and reported to law enforcement and APS. The R.N. requested that the physician order an exam by a Sexual Assault Nurse Examiner (SANE). DNA evidence was found during the exam. The APS investigator believed Ms. P. to be credible in describing recent rape by the neighbor. The police arrested the neighbor after a criminal records check revealed that he had a history of criminal conviction for sexual assault (adapted from Ramsey-Klawnsnik et. al., 2007).

### **Mr. W.**

Mr. W. resides in a community mental health and mental retardation facility, has extensive development disabilities, and is non-verbal. Allegations of emotional and sexual abuse of Mr. W. triggered an APS abuse investigation. Suspicion was raised by observed anxiety in Mr. W. and by burns on his arm and tearing of his rectum. A worker employed in the facility was accused of engaging in harmful genital practices and anally raping Mr. W. with an object. The perpetrator was interviewed and admitted physical abuse and bruising the victim's genitals. The case was substantiated only for physical and emotional abuse, despite the fact that Mr. W. required surgery to repair a torn rectum and his genitals were bruised. The accused worker was arrested for physical assault (adapted from Ramsey-Klawnsnik et.al., 2008).

### **Multiple victims**

"Sixty-seven-year-old Mr. N. suffered from chronic mental illness, long-term alcoholism, and a host of physical problems. He required constant supervision and medical management and was placed in a nursing home. Facility staff soon realized that Mr. N. presented a severe supervision challenge in that he was repeatedly found sexually molesting women who resided in the facility. All of his victims were more physically and cognitively impaired than he. Some suffered from advanced dementia, some were aphasic or paralyzed. Many were assaulted in their beds or wheelchairs. Numerous episodes of sexually offensive behavior towards other residents were charted. Mr. N.'s internist and treating psychiatrist were repeatedly notified of these incidents and the staff was instructed to provide constant supervision. The psychiatrist

and his psychiatric nurse practitioner prescribed a variety of psychotropic medications attempting to control the behavior. Mr. N. was allowed to continue residence at the facility for over six months, during which time he sexually assaulted many female residents. Eventually, he was transferred to a more secure facility” (Ramsey-Klawnsnik, Teaster, Mendiondo, Abner, Cecil, & Tooms, 2007, 333).



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## ELDER SEXUAL ABUSE: PARTICIPANT MANUAL

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