

Module 14
Elder Sexual Abuse-
Kevin Bigelow

The Topic: Sexual abuse
is

often
difficult
to

investigate,
and even
difficult to
discuss
without
feeling
awkward.

Talking about sexuality, let
alone sexual abuse often
touches on the feelings and
values of the investigator.
Despite feelings of
discomfort, in order to
investigate sexual abuse
thoroughly and be of
assistance to clients, APS
workers must be familiar with
the issues of sexual abuse,
and be comfortable with
discussing sexual abuse and
sexual situations. Through
the Elder Sexual Abuse
training and this workbook,
participants will gain
experience in discussing
sexual abuse, identifying



possible sexual abuse, and
will learn some techniques
for intervening in sexual
abuse situations.

By the end of this
training, and through the
use of this workbook,
participants will be
able to:

- 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

Supervisor Activities:

The following pages offer
information and activities to
enhance the learning
experience of participants
that have completed the Elder
Sexual Abuse training. We
suggest reviewing the Elder
Sexual Abuse Trainer Manual
as it will provide further
information and resources to
expand training participants'

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knowledge and skills related to sexual abuse investigation.

Suggested readings:

Eckert, L. & Sugar, N. (2008). Older victims of sexual assault: An under recognized population. *American Journal of Obstetrics & Gynecology*, 198, 688.e1-688.e7.

Ramsey-Klawnsnik, H. (2004c). Interviewing suspected victims. *Victimization of the Elderly and Disabled*, 7(3), 35 - 36, 48.

Ramsey-Klawnsnik, H. (2004b). Investigating alleged

victimization. *Victimization of the Elderly and Disabled*, 7(2), 17, 31 - 32.

Teaster, P. & Roberto, K. (2004). The sexual abuse of older adults: APS cases and outcomes. *The Gerontologist*, 44, 788-796.

Burgess, A. (Dec 2006) "Elderly Victims of Sexual Abuse and Their Offenders access 5/17/2012 at <https://www.ncjrs.gov/pdffile1/nij/grants/216550.pdf> <http://www.preventelderabuse.org/nexus/hrklawnsnik.html>

Myths versus Reality Discussion Questions (Activity #1):

Sexuality and sexual abuse in particular are often difficult topics to discuss with others. Early social learning, societal mores, and a reluctance to discuss something that would be considered by some to be offensive cause many people to avoid open discussion of these kinds of topics. As Adult Protective Services or other community workers, however, it is part of our job to discuss unpleasant realities, and to be able to bring events to light that cause harm to our clients. A discussion of some of the following questions may provide trainees with an opportunity to express their fears and hesitations when talking about sexual abuse.

1. When you think about sexual abuse and feel reluctant to discuss it, what do you feel? (*Possible answers: shame, embarrassment, fear of offending, giving others a negative impression of yourself, concern that you will seem insensitive*)
2. What are some of the myths that you have heard with regard to elder sexual abuse? (*Possible answers: elders are not*

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'sexual', sexual abuse only happens to young people, rape and sexual abuse are crimes of passion and can't happen with elderly people because they are not considered attractive, only women are victims of sexual abuse, if sexual abuse occurred- it must somehow have been precipitated by the elder)

3. Have you heard of or worked a case where elders have been victims of sexual abuse? Was it difficult to discuss with the client, with other staff, with other professionals, or with your supervisor? *(Workers, especially new workers often have difficulty interviewing clients about sexual abuse and discussing the details with other staff or professionals. Discussing these experiences may make them more comfortable with these topics in the future)*

Myths versus Realities [Handout #1]:

Read the following short scenarios, and then answer the questions after each scenario.

1. Mark had been working as a van driver for a local senior center for six months. Mark assaulted Mr. Norman, 72 years old, during a routine trip to his home after an activity at the senior center. Mr. Norman was the last passenger on the van, Mark diverted from his route and parked the van in a remote location. Mark initially told Mr. Norman that he was tired and had to rest before he took him home, then he came and sat next to Mr. Norman before assaulting him. Mr. Norman is blind and physically frail. He uses a cane to walk. Soft spoken, Mr. Norman is never heard to complain about anything. After the assault, Mr. Norman was frightened and said nothing. He avoided the senior center and Mark. The assault did not come to light until several weeks later when Mr. Norman, a widower, was found to have a sexually transmitted disease.

Question: Do you think that Norma's sexual assault was a crime of opportunity or did Mark choose his victim and plan his assault? *(Possible answer: Mark appears to have targeted Mr. Norman as a victim. Mr. Norman is blind, frail and uses a cane to walk and would not be able to physically fend off Mark's assault. In addition, Mr. Norman is quiet and seldom complains, so he would be less likely to assert himself and disclose the attack. Mark seems to have planned the assault, and may even have sought the job as van driver for the senior center in order to find a victim.)*

2. Mrs. Margo's grandson came to live with her after his own parents threw him out of their home. Gary was 21 years old with a history of drug abuse and a criminal background. Mrs. Margo remembered Gary as a little boy and could not resist his request to stay with her. For the first two weeks, Gary was well behaved, went shopping for Mrs. Margo, and did some repairs around her home. After that, some of Gary's friends began to hang around and she suspected that Gary was drinking and using drugs. Mrs. Margo gave Gary the ultimatum that he either stop using drugs and seeing his

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drug related friends or move out. Gary left the house very angry and returned to the home late that night. He entered Mrs. Margo's bedroom and raped and beat her. After his arrest, Gary claimed that he was not at fault because he was under the influence of drugs and could not remember the assault.

Question: Gary's drug abuse and poor impulse control have caused him many problems. Aside from Gary's legal prosecution, does his impaired impulse control due to drug use limit his responsibility for his actions toward Mrs. Margo? If Gary was not under the influence of drugs, and still assaulted Mrs. Margo, would this change the situation? *(possible answer: Gary is responsible for his drug use, and any ensuing loss of impulse control. Whether he is under the influence of drugs or not, he is still responsible for his actions, and Mrs. Margo would still have been victimized and traumatized.)*

3. When Mrs. Gore, aged 70, moved in with her niece Brandy and her husband Carl, she was initially welcomed. Mrs. Gore needed a place to stay and Brandy and Carl needed the extra income, which they received from Mrs. Gore as rent. Over time, however, Carl and Brandy began to treat Mrs. Gore as an intruder, and blamed her for their financial and other difficulties. One night, when Brandy was away from home on a business trip, Carl became very drunk and attacked Mrs. Gore. He physically abused her, and then sexually assaulted her. Episodes of physical assaults and sexual assaults went on for hours until Carl locked Mrs. Gore in the garage and passed out. Mrs. Gore was able to escape and call the authorities, and Carl was arrested.

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Question: Was Carl's assault on Mrs. Gore motivated primarily by sexual attraction or by power and control issues? *(Carl was clearly exercising his power over Mrs. Gore and controlling her. If his only motivation had been sexual desire, he might have sought to seduce or pay for a partner.)*

Characteristics of sexual abuse victims [Handout #2]:

- Most identified victims of all ages, including elders, are female
- Male victims, including elders, have also been identified
- Age is not a protective factor for sexual abuse, victims as old as 100 have been identified
- Most identified elderly victims experienced cognitive, functional, and/or physical limitations
- Disabilities of victims often interfere with taking steps to self-protect, including reporting to authorities
- Fear of the perpetrator and familial bonds to abusive kin can inhibit victims from reporting or seeking help
- Many older people who have reported sexual abuse have not been believed. Some have been presumed demented or psychotic

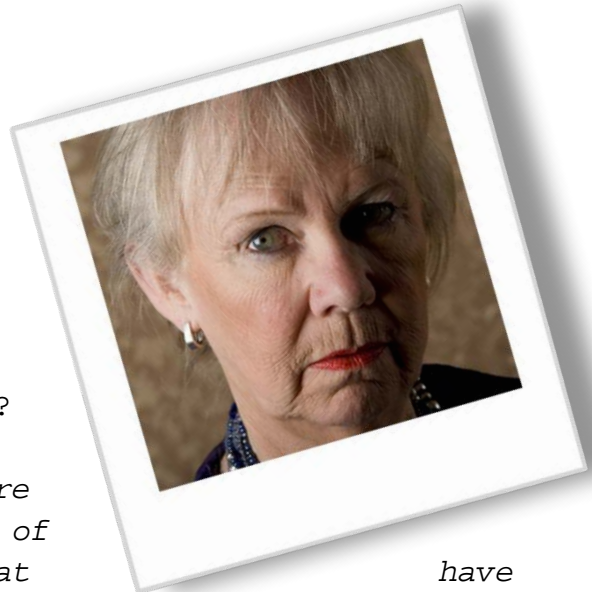


Discussion Questions:

1. If most sexual abuse victims of all ages are female, what are some possible reasons for this? *(Possible answers: Societal stereotypes that females are more passive, males may be physically stronger, some people still consider society to be male dominated-changes to this perceived order are threatening to some males)*
2. Is it surprising to hear that males are also victims of sexual abuse? If so, why? *(Possible answers: A stereotype exists that sexual abuse only happens to females, males are perceived as physically stronger and therefore perhaps less easy to victimize)*

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3. Why would one assume that older persons are less likely to be victims of sexual abuse? *(Possible answers: A perception exists that youthfulness equates to attractiveness, and that sexual abuse is based on sexual attraction--although this is inaccurate; many people equate older persons with grandparents and other benign or beloved figures and harming them seems unusual; societal stereotypes paint sexual abuse victims as young and female; societal stereotypes portray older adults as asexual)*
4. Why would elderly victims with cognitive, functional, and/or physical limitations be considered preferred targets for perpetrators? *(Possible answers: persons with cognitive, physical, and/or functional limitations would be less likely to fight back effectively and perhaps more easily intimidated; if they did report sexual abuse they might not be believed-or doubt could be cast on their memories and perceptions)*
5. How might the disabilities of victims interfere with taking steps to self-protect, including reporting to authorities? *(Possible answers: Many persons with disabilities require the assistance of others who may be perpetrators; they may be more easily cornered and often cannot run away-some may have difficulty calling for help or being understood or believed; they may be hesitant to tell authorities what happened for fear that they will not be believed; victims may feel shame and that it's their fault)*
6. How would fear of the perpetrator and familial bonds to abusive kin inhibit victims from reporting or seeking help? *(Possible answers: When the perpetrator is a relative, there is often an accompanying sense of shame; sexual abuse victims that reported abuse by family members*



*have
have sometimes*

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not been believed and have been rejected by their families; many victims have been threatened not to tell what happened by perpetrators and are fearful that they will be harmed if they report the abuse or tell anyone)

Characteristics of Sexual Abuse Perpetrators

[Handout #3]:

Complete the sentence using the options listed below

1. The majority of sexual abuse perpetrators are_____. (D)
2. Female perpetrators exist and have been_____. (C)
3. Age range for sexual abuse perpetrators_____. (F)
4. Perpetrators may access victims through their_____. (H)
5. The most commonly alleged perpetrators in facilities are_____. (A)
6. Most substantiated sexual abuse perpetrators in facilities are_____. (B)
7. Sexual abuse perpetrators are rarely_____. (G)
8. Domestic Sexual Violence is perpetrated by_____. (E)

- | | |
|---|--|
| A. Employees | F. Juveniles to elders |
| B. Fellow residents | G. Held accountable in the criminal justice system |
| C. Substantiated in APS cases | H. Relationships, employment, or activities |
| D. Male | |
| E. Spouses and partners, as well as other relatives | |

The Prevalence of Elder Sexual Abuse is Unknown [Handout #4]

Unlike some other forms of abuse, the prevalence of elder sexual abuse is unknown. There are many contributing factors to this lack of specific knowledge. Limited research has been done, and the usual channels for obtaining data are often ineffective to researching elder sexual abuse. One source of data on sexual abuse cases are hospital emergency room records. While ER records are an effective means of gathering statistical information for some types of abuse, less than 5% of sexual assault victims seen in hospital emergency departments are over age 60.

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Some of the reasons that data on elder sexual abuse is so limited are listed below:

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

Discussion Questions:

Why do you think that sexual abuse markers are often missed or misinterpreted? *(Possible answers: Not all physicians are trained to work with geriatric patients, disbelieving that elders are sexually abused-they may look for other causes for sexual abuse indicators, the elder may be fearful or too ashamed to admit they have been sexually abused and may claim other causes for injuries)*

What are some of the reasons that professional training regarding elder sexual abuse may be insufficient? *(Possible answers: few physicians or other health care professionals specialize in geriatrics, some health care professionals are drawn to other specialties since aging cannot be 'cured', funding for health care for the aged is limited so geriatrics is not necessarily considered a lucrative field of training to pursue)*

Why do you think that responses to allegations are often insufficient? *(Possible answers: many persons do not believe that elder sexual abuse takes place, elders who report sexual abuse may not be believed, health care professionals do not always screen for sexual abuse, so it is not found or pursued, if reported-professionals may feel that the elder is just 'confused')*

What reasons can you think of for many cases failing to reach APS or law enforcement attention? *(Possible answers: Elders themselves do not report, those who suspect possible abuse may*

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not want to believe the abuse actually occurred, some facilities are fearful of word getting out that abuse has occurred at their facility, if uncovered-some people may feel that the elder is "too out of it" to really care and use this excuse to avoid the scandal/investigation)

Range of Sexually Abusive Behavior [Handout #5]

Untrained persons often assume that sexual abuse only involves non-consensual vaginal penetration of a female perpetrated by a male. In reality, sexual abuse can involve a range of additional sexually related behaviors. APS workers must be aware of the various types of behavior that constitutes sexual abuse. Although it sometimes feels awkward to discuss the specific behaviors associated with sexual abuse; an APS worker must be comfortable with discussing these details so that they can help make the client comfortable enough to share details of their abuse event with the worker. The full range of sexually abusive behavior includes:

- 1. Contact ("touching") offenses i.e. rape, molestation, kissing**
- 2. Non-contact ("non-touching") offenses i.e. harassment, threats, forced pornography viewing, taking photos, exhibitionism**
- 3. Harmful genital practices i.e. unnecessary, obsessive, or painful touching of or insertion into the genital/anal area when not part of a prescribed medical or nursing plan**

Comprehension Check

Utilizing the range of sexually abusive behaviors described above, read the brief descriptions of situations below, and then select the type of sexually abusive behavior -contact, non-contact, or harmful genital practices

Behavior	Type of Sexually Abusive behavior:
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	<u>contact, non-contact,</u> or <u>harmful genital</u> <u>practices</u>
<i>Example: Forced vaginal penetration of a female by a male</i>	Contact
Excessive painful washing of the perineal area though not medically prescribed	
Non-consensual fondling of breasts or genital areas	
Medically unnecessary vaginal examinations or enemas without the client's permission	
Exhibiting of genitals to an unwilling viewer	
Forcible 'kissing'	
Forcing an elder to watch pornography	
Taking sexual photos without permission	
Intentionally rubbing genitals against another person without their consent	
Threatening sexual activity in a harassing manner	
Forcing a hand into others' clothing to touch breasts or genitals	

Self Care When Handling Disturbing Cases

It is important to realize that some sexual abuse cases will be more disturbing than others. Each worker will be more or less emotionally affected by each case that they encounter. Some of the factors that may influence the depth and extent of these disturbing reactions in the worker may include: the type and severity of sexual abuse and related injuries, the expressed emotional pain of the victim, and the associations that the worker may consciously or unconsciously make related to the case. For example, a sexual assault against a woman that reminds the worker of a grandparent may be harder to handle emotionally for that worker than another case might be.

Discussion Questions (note: these questions may be used in one-on-one supervision or a unit meeting):

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1. Have you ever had an investigative case that you found particularly disturbing? If so, discuss the impact of the case on you (without disclosing any confidential information). What did you do to help you deal with these feelings? Did you find something in particular that helped you to feel better?
2. Have you encountered a situation where you felt uncomfortable discussing graphic case details with another authorized professional partner? How did you deal with your discomfort?
3. What signs and symptoms might be red flags that you have been traumatized by case events? (*Possible answers: a sudden behavioral change following work on a traumatic sexual abuse case, signs of emotional or social withdrawal, tearfulness without clear precipitant, signs and symptoms of depression*)
4. What services does your agency have in place for help if you have been traumatized? (*talk with your supervisor about employee assistance that is available*)

Forensic Interviewing in Sexual Abuse Cases: Desk Reference*

[Handout #6]

(Use with the following exercise)

Preparing for the Interview Discussion Questions [Handout #7]

For each of the following brief situations, describe how you might prepare for, or respond to the elements of the situation or interaction.

1. Helen is a 76 year old female with cancer who is alleged to be a victim of sexual abuse by her physical therapist. Helen is frail, and the reporting party says that she is often drowsy, especially in the afternoon. They also report that she has a tracheostomy that prevents her from speaking unless a plug has been inserted into the tracheostomy

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opening in her neck. She has a live-in caregiver who is not the alleged perpetrator.

What might you do to prepare to meet with Helen for the first time? (Possible answers: *Speak with Helen's caregiver or the reporting party and arrange to visit at a time when she is most awake. Arrange to come at a time that does not conflict with her other activities of daily living. Discuss communicating with the client and determine if any special equipment is required i.e. paper and pencil, a communications board with letter and signs that can be pointed at, or other equipment.*)

2. Maninder is an 80 year old woman from Pakistan. She lives with her son and daughter-in-law. She speaks minimal English, and is cared for primarily by the daughter-in-law. Sexual abuse by an uncle that often visits the family home is alleged. Maninder is said to have suspicious bruises to her perineal area as well as some bruising to her arms and torso that may be physical abuse. The situation is complicated by the fact that Maninder is diagnosed with Leukemia, which can account for unusual bruising.

What considerations would you need to take into account, and what considerations will you need to make preparations for? (Possible answers: *The client will probably not be comfortable talking in front of family members, and having family members translate your questions and her responses is not appropriate. An interpreter may be needed so that she can communicate with you independently. Since her medical condition complicates the report that she has physical injuries, you may need to consult with a medical professional before making contact. Ideally, you may want to have a medical professional (an RN or MD) visit with you. What releases might you need from the client, and can you obtain releases in her native language or have the interpreter read them for her and document this?)*

3. Michaela is a 40 year old developmentally disabled female who was allegedly molested by a bus driver who was transporting her to her sheltered workshop from the board and care where she lives. She has a speech impediment, and is said to have the mental age of a six years old.

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What considerations and preparations will you need to make as you prepare to go out and interview her? *(Possible answers: Find out how difficult she is to understand and check to see if there is a staff member that knows her who could assist you with understanding her responses. Consider how someone with that maturational age might talk about their abuse. What phrases would they use for sexual activity or in describing genitals or inappropriate touching? She may feel that she has done something wrong, and it is important to reassure her that she hasn't done anything wrong. You may need to ask the staff that cares for her at the Board and care where she lives about when is a good time to interview her so that she will not be distracted by missing meals or other activities.)*

4. Mr. Smith is a 75 year old man with a history of chronic obstructive pulmonary disease that makes it difficult for him to catch his breath or to talk at length. He was allegedly molested by an X-Ray technician when he was in the hospital. He is home now, and said to be fearful of strangers. He also has hearing deficits. You go to his home to talk with him and he takes a long time to come to the door. When he does, he is breathing heavily. You begin to introduce yourself, and he becomes anxious and agitated saying loudly, "What do you want?!"
How will you commence your interview with Mr. Smith and try to put him at ease? *(Possible answers: Introduce yourself and let him know the agency you work for and that you have come to see if you can help him. Suggest that he look at your credentials, and ask if he would like to sit down inside. Assure him that you will leave and complete the interview later if he becomes too tired. Ask if he has hearing aids, and if so, if they are on. Offer to write some things down if he has difficulty understanding. Be prepared to back out of the situation and return at a better time or with someone he knows if he is too fearful of you or too agitated or out of breath.)*

Vignette-Mrs. Joel [Handout #8]

Part 1



Mrs. Joel is a 69 year old Romanian woman living with her family in a closely knit Romanian community. Mrs. Joel has hearing difficulties and is undergoing chemotherapy for breast cancer. The allegation is her husband is an alcoholic, and has been raping and beating her. You have been warned in advance that she speaks very little English and the Romanian subculture that she is a part of resists sharing any information with authorities.

- What are some of the things that you might do to prepare for interviewing Mrs. Joel? *(Possible answers: Find an interpreter, Consider if there is someplace away from her home where she could be interviewed, Research Romanian culture. Check to see if law enforcement has an officer that speaks Mrs. Joel's language either to bring out with you, or to call on if the family refuses to allow you to talk to Mrs. Joel, Ask the reporting party for more information, do they know Mrs. Joel personally? Would they be able to convince her or her family to let you speak to her? Consult with a medical professional about her chemotherapy, would bruising be common with chemotherapy?)*

Part 2

You learn from the reporting party (RP) that most of the male members of the household are away at work during the day. The RP is a member of the Romanian community, however, she tells you that she cannot reveal herself as the reporting party or she will be shunned by the entire community. She does tell you that Mrs. Joel's primary caregiver is her daughter Katya, and that she knows Katya is concerned for her mother.

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With your supervisor's permission, you speak with one of the In-Home Supportive Services Registered Nurses about chemotherapy, and she tells you some of the potential side effects. You find an approved Romanian interpreter who works for another county agency, and have them sign a confidentiality agreement.

When you make the initial visit, you go to Mrs. Joel's home at 9:30 am, after the male members of the household have left for work. The door is opened by Katya, the client's daughter, who is initially very guarded; however, when the interpreter tells her that you are worried about her mother, she relents and allows you in. Mrs. Joel agrees to talk with you and the interpreter alone. To your surprise, you find that Mrs. Joel speaks English fairly well, and you only have to use the interpreter to assist at times when Mrs. Joel's English fails her.

You begin with general questions about Mrs. Joel's health and how her treatments are going. Mrs. Joel remains fairly positive through these questions, but when you finally ask her if she feels frightened or if anyone has hurt her, her face darkens and you sense her withdrawing. After a long pause, she replies, "most of the time everything-okay." You sense that you have hit upon a possible abuse situation, and that you must ask more focused questions now.

In proceeding with the interview, please consider the following questions, and respond with the best answer. In actual practice, you will need to find your own language, this exercise is designed to help you identify some appropriate words that you could use in this type of interview:

1. Mrs. Joel has given you a 'hint' that something is wrong, and you need to find out more. Which question below might be the best way to delve further into what Mrs. Joel has said?
 - a. I think you've been sexually abused, have you?
 - b. It's your husband hurting you, isn't it?
 - c. I'm sorry to hear that you are frightened sometimes; can you tell me more about that?**
 - d. Some women that have been abused are frightened, what do you think about that?

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2. While interviewing, sometimes the interviewer must think a step ahead and anticipate what they may ask next depending on how the client is responding. Suppose that Mrs. Joel was to tell you that her husband has hurt her; select the best response from the possible 'next' questions below:
 - a. So is your husband sexually assaulting you?
 - b. Have you been raped?
 - c. Why are you putting up with someone scaring or hurting you?
 - d. Can you tell me more about what's been happening?**

3. Mrs. Joel's situation is a difficult one. If she discloses that her husband has been sexually assaulting her against her will, she may be ostracized from her family. In this type of situation, it is especially important that you build a strong rapport with her. To be sensitive to her situation, and to help further build rapport with her, what might you say to Mrs. Joel? Please select the best answer from those below.
 - a. I promise not to tell anyone what you tell me.
 - b. I know this may be very hard for you, and that you do not want to get anyone from your family into trouble, but I am concerned about your safety, and the safety of others.**
 - c. Everything is going to be alright
 - d. In this kind of situation, the police are going to be involved anyway; wouldn't you rather tell me than have me call the police?

Part 3

You are in the middle of your first interview with Mrs. Joel. You ask open-ended questions such as "it sounds like you're worried about something, can you tell me about it; maybe I can help." She eventually discloses that sometimes her husband drinks and when he drinks he is "not the man I married." She indicates that he is loud and sometimes makes improper demands of her "things that a man should not make his wife do, especially if she is sick." Mrs. Joel seems to be avoiding something, and you suspect that her husband may have been physically or sexually hurting her, but she avoids saying this.

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You feel that you need to ask more specific questions, so you ask if Mrs. Joel's husband has hurt her or made her do things that she did not want to do. Mrs. Joel hesitates, and seems like she will share something with you, then she says "that is something personal between a man and a woman." She ends the interview soon thereafter. As her adult daughter walks you to the door, you have the feeling that Mrs. Joel may be being abused, and you are concerned about her. You feel frustrated that you were not able to earn her confidence. Her daughter pauses with you at the front door, out of ear shot from Mrs. Joel. Her daughter tells you that she is worried about her mother, because her father gets drunk and 'mean'. You ask her for more information, but she does not share more with you. You resolve to keep the case open and to talk with Mrs. Joel at least once more.

About ten days later, you are surprised to receive a message from Mrs. Joel's daughter asking you to come and see Mrs. Joel as soon as you can. You call and arrange to make a visit later the same day. When you talk with Mrs. Joel this time, she seems anxious and eager to talk with you. She says, "I need talk with you now." You tell her that you will be glad to listen. Mrs. Joel discloses to you that her husband is an alcoholic, and that he has been getting very drunk several times a week and has raped her on several occasions. When Mrs. Joel has objected to his doing this, her husband has struck her, sometimes leaving bruises. She says that she needs help right now. When you ask her about why she decided to disclose this now, she tells you that recently her husband was drunk and made advances to her 25 year old daughter. She tells you, "I can't let this happen to her." You ask when Mrs. Joel's husband will be home, and you are told that he will be home at about 8PM that evening, in about 5 hours. You tell Mrs. Joel that you need to report what she has told you to the police, and she reluctantly agrees to this.

- **What do you do now that Mrs. Joel has disclosed sexual abuse?**
- **Do you foresee any danger to Mrs. Joel or her daughter?**
- **Who will you contact now?**
- **How can you help with cultural considerations for Mrs. Joel and her daughter?**

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- **What interventions would you attempt at this point?**

(Possible answers: Remain calm; avoid showing your own anxiety or feelings about what has happened to her. Ask open ended questions, attempt to obtain more information about what has happened to her i.e.: when did the rape behavior start with her husband, where has he hit her? Does she have injuries now? Are there other potential victims that he has contact with? Mrs. Joel and her daughter are used to living in a close knit community, do they have relatives or friends that they could stay with to avoid a violent confrontation with Mrs. Joel's husband? What will Mrs. Joel need to continue her chemotherapy? If she has somewhere to go, what will she need to take with her?)

Part 4

Following Mrs. Joel's disclosure to you about her husband physically and sexually abusing her, you contacted your supervisor, and with Mrs. Joel's permission you contacted law enforcement. Mrs. Joel was very anxious about what would happen, and you waited with her for the police and sat with her while the police interviewed her. After the interview, police personnel collected evidence from the home such as sheets, clothing that Mrs. Joel had worn, and a towel with blood stains on it from her recent injuries. A forensic examination at a nearby hospital was arranged and Mrs. Joel was transported by law enforcement personnel in an unmarked car to the local hospital where she was examined by a Sexual Abuse Nurse Examiner. Mrs. Joel's daughter accompanied her mother to the hospital.

During Mrs. Joel's exam, you talk with a hospital social worker, and obtain information about a local rape crisis center where Mrs. Joel can obtain a sexual assault advocate if she wants one. You talk with Mrs. Joel's daughter who is frightened for her mother, but glad that the truth has come out. She tells you that she knew that something was wrong, but that her mother would never say what it was. She tells you that family disapproval and perhaps disbelief may be a problem for her mother. Many of the neighbors are relatives or friends of her father (Mrs. Joel's husband). Mrs. Joel's daughter calls her sister who lives

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nearby, and tells her what has happened. Mrs. Joel's sister invites Mrs. Joel and her daughter to come and stay with her. When the forensic examination is over, the result of the examination is that it appears that Mrs. Joel has been sexually assaulted on more than one occasion. She has recent and older vaginal tears and some intra-vaginal injuries as well as a large green bruise on her back from where her husband recently struck her. Police officers tell Mrs. Joel that they will be arresting her husband and charging him with spousal rape and assault. They also tell her that they will automatically request a restraining order to prevent her husband from coming within 100 feet of her in case he is released.

Mrs. Joel is tearful and anxious. She talks with her daughter and tells you that she wants to go and stay with her sister. The police notify you and Mrs. Joel that they are going to her husband's place of business to arrest him. A police officer agrees to accompany Mrs. Joel's daughter to their house to allow her to pick up clothing and toiletries. The plan is made that Mrs. Joel's daughter will also pick up her car, and transport Mrs. Joel to her sister's home. You discuss the Sexual Assault advocate with Mrs. Joel, and she tells you that she is too overwhelmed to talk with anyone like that now. You provide Mrs. Joel with the contact information for the rape crisis center and make a note to yourself to provide it to her daughter as well in case Mrs. Joel is interested in these services later on. You return to the office to document the events of the day.

- *Now that Mrs. Joel has disclosed to law enforcement and has had her forensic examination what do you think will happen next?*
- *What physical and psycho-social issues will Mrs. Joel likely face now?*
- *How may her sexual abuse affect her relationship with her family?*
- *Will her sexual abuse experiences necessitate her having to move to a new place to live?*
- *What else can you do to assist Mrs. Joel before you eventually close your case?*
- *Will you have to testify in court?*

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(Possible answers: Law enforcement personnel have told you that they will arrest Mrs. Joel's husband and pursue prosecution. Police have told you that they will arrest him today, however, they do not know whether he will be released pending trial or not. As an APS worker you must be aware that Mrs. Joel's husband may or may not be found guilty despite the evidence against him. It will be important that Mrs. Joel and her daughter be kept safe. If law enforcement does not seem to be assisting with this, you may have to assist Mrs. Joel with finding another place to stay, renewing her restraining order, seeking legal counsel, etc.

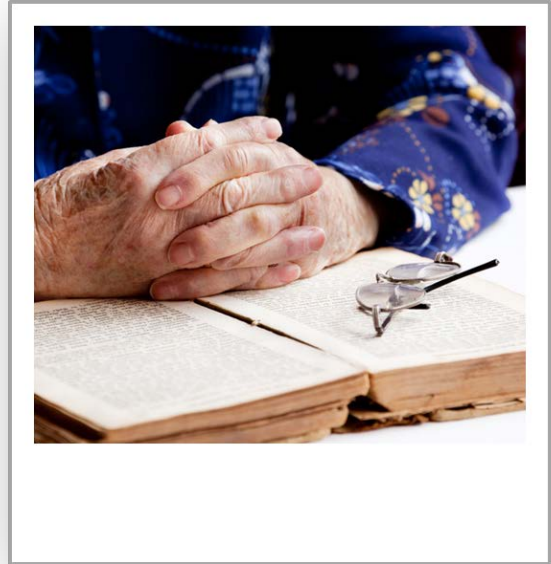
Mrs. Joel was already ill, suffering from breast cancer and undergoing chemotherapy. The emotional toll placed on her by the abuse will not be helpful for her recovery. Although her physical symptoms are not medically serious, she will likely have serious emotional scars from her ordeal. Her Romanian community is very close-knit, and they may reject her if they side with her husband and he denies that the abuse happened. She may experience feelings of fear, ambivalence, guilt, personal responsibility for what happened to her, and shame following her sexual abuse. In addition, her daughter may face similar social isolation from family members, and Mrs. Joel may feel that this is her fault as well.

Mrs. Joel will likely not be able to return to where she was living. Prior to her abuse, she lived in a comfortable neighborhood where most residents shared her same cultural history. Now she may have to live somewhere new, where she does not relate to her neighbors as well. As her APS worker, you will need to follow up with her before closing her case, and to do everything possible to try to assure that she is safe and will receive the services that she needs. She may need help with renewing her restraining order, finding new housing, transportation to medical appointments, and referrals for counseling.

It is your responsibility to assure that your documentation of Mrs. Joel's case, and especially of her disclosure of abuse is thorough, accurate, and up to date. Yes, you may have to testify in court, and the thoroughness of your notes will be very helpful if you do testify.)

**Culture, Gender, Age, and
Disability Considerations**
[Handout #9]

Sexual abuse occurs in all cultures and to all age groups. All victims of sexual abuse need and deserve assistance and protection. It is important, however, to remember that differing groups and ages of victims will affect how they respond to sexual abuse, whether they will be able to talk about it, and whether they will feel that it is safe to disclose sexual abuse. Some age groups of victims may be more or less comfortable discussing issues of sexuality let alone sexual abuse. In addition, some cultures have strong social mores about sexual contact and may, unfortunately, tend to reject sexual abuse victims as somehow being 'at fault' for what happened to them.



Discussion Questions:

Read through the following brief situations and describe important considerations related to the victim's age, cultural, or gender issues:

1. A 70 year old man is molested by his 25 year old nephew while the nephew is staying at his house. *(The victim may feel ashamed that he was overpowered by another man, he may feel repugnance at sexual activity with another male, and he may be ashamed by this incestuous behavior even though it was not voluntary)*
2. A 56 year old disabled woman using a wheelchair is molested by a cousin while they are both at home alone. *(Cultural issues may cause conflicting values, she may fear that family members will blame her for what happened even though she was not a willing participant, the value of preserving and protecting*

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family relationships may conflict with her own fear and need to protect herself.)

3. An 84 year old female with dementia symptoms begins resisting bathing and changing clothing and appears anxious without telling anyone why. On physical examination she is found to have vaginal tearing, perineal bruising, and a vaginal infection. *(Her dementia may make it difficult for her to recall some events or express herself clearly, and she comes from a generation where sexuality was not discussed. She may blame herself for what happened and feel ashamed to tell anyone or afraid to tell anyone what took place)*

4. A 28 year old developmentally disabled woman is used to taking direction from the staff at the Board and Care home. One evening, while the other residents are busy with an activity, a staff member takes her into her room and molests her. *(She may feel conflicted in that she has always followed staff directions in the past although doing so in this situation does not seem right. She may be hesitant to tell what happened for fear that the other staff will not believe her. The staff member that molested her still works at the facility and she may fear what he will do to retaliate if she tells what happened.)*

5. A 47 year old female with Cerebral Palsy is molested by a caregiver. He threatens her not to tell anyone. *(She may feel ashamed about what happened and be afraid that the caregiver may harm her if she tells anyone)*

Read the following statements and respond as to whether they are true or false:

Question	True	False
Prosecuting the perpetrator is the first priority of the APS worker		F
Following a disclosure the APS worker should take control and make as many decisions for the client as possible		F
Seek informed consent from the client before providing services	T	
An important part of APS worker ethics is to do no harm to the client	T	
Sexual Assault victims may or may not need to be offered a forensic exam		F

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Sexual assault victims should not bathe before forensic exams	<i>T</i>	
Forensic exams may only be done by physicians		<i>F</i>
Forensic exams should be done within 3 days of the alleged incident		<i>F</i>
An APS worker can enter a civil order by themselves to keep the victim safe		<i>F</i>
Restraining orders are unnecessary if law enforcement is investigating an alleged perpetrator		<i>F</i>
Protective orders may be needed for clients who lack the capacity to consent	<i>T</i>	
Laws regarding reporting criminal activity to law enforcement are standardized across the country		<i>F</i>
State laws and agency protocols must be considered when cross reporting to law enforcement	<i>T</i>	
Client may need emotional support from APS workers to help minimize the trauma of a law enforcement investigation	<i>T</i>	

Elder Sexual Abuse

HANDOUTS

Elder Sexual Abuse

Handout #1

Myths and Realities of Sexual Abuse

Read the following short scenarios, and then answer the questions after each scenario.

1. Mark had been working as a van driver for a local senior center for six months before he assaulted 72 year old Norma during a routine trip returning Norma to her home after an activity at the senior center. Mark waited until Norma was the last passenger on the van, then diverted from his route and parked the van with Norma inside. Mark initially told Norma that he was tired and had to rest before he took her home, then came and sat next to her before assaulting her. Norma is a frail woman, who uses a cane to walk. Soft spoken, Norma is never heard to complain about anything. Norma was frightened, and said nothing after the assault, simply avoiding the senior center and Mark. Her assault did not come to light until several weeks later when Norma, a widower, was found to have a sexually transmitted disease.

Question: Do you think that Norma's sexual assault was a crime of opportunity or did Mark choose his victim and plan his assault?

2. Margaret's grandson came to live with her after his own parents threw him out of their home. Gary was 21 years old with a history of drug abuse and a criminal history. Margaret remembered him as a little boy and could not resist his request to stay with her. For the first two weeks, Gary was well behaved, went shopping for Margaret, and did some repairs around her home. After that, some of Gary's friends began to hang around her home and she

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suspected that Gary was again drinking and using drugs. She urged him to stop his drug use, but he ignored. Finally she gave Gary an ultimatum that he stop using drugs and seeing his drug related friends or move out. Gary left the house very angry and returned to the home late that night. He entered Margaret's bedroom and assaulted her sexually and physically. After his arrest, Gary claimed that he was not at fault because he was under the influence of drugs and could not remember the assault.

Question: Gary's drug abuse and poor impulse control have caused him many problems. Aside from Gary's legal prosecution, does his impaired impulse control due to drug use limit his responsibility for his actions toward Margaret? If Gary was not under the influence of drugs, and still assaulted Margaret, would this change the situation?

3. When Gloria, aged 70 moved in with her niece Brandy and her husband Carl, she was initially welcomed. Gloria needed a place to stay and Brandy and Carl needed some extra income, which they received from Gloria as rent for her room. Over time, however, Carl and Brandy began to treat Gloria as an intruder, and blamed her for their financial and other difficulties. One night, when Brandy was away from home on a business trip, Carl became very drunk and attacked Gloria. He physically abused her, then sexually assaulted her. Episodes of physical assaults and sexual assaults went on for hours until Carl locked Gloria in the garage and passed out. Gloria was able to escape and call the authorities, and Carl was arrested.

Question: Was Carl's assault on Gloria motivated primarily by sexual attraction or by power and control issues?

Handout #2

Characteristics of Sexual Abuse Victims

Characteristics of sexual abuse victims:

- Most identified victims of all ages, including elders, are female
- Male victims, including elders, have also been identified
- Age is not a protective factor for sexual abuse, victims as old as 100 have been identified
- Most identified elderly victims experienced cognitive, functional, and/or physical limitations
- Disabilities of victims often interfere with taking steps to self-protect, including reporting to authorities
- Fear of the perpetrator and familial bonds to abusive kin can inhibit victims from reporting or seeking help
- Many older people who have reported sexual abuse have not been believed. Some have been presumed demented or psychotic



Discussion Questions:

1. If most sexual abuse victims of all ages are female, what are some possible reasons for this?

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2. Is it surprising to hear that males are also victims of sexual abuse? If so, why?
3. Why would you think that older persons were less likely to be victims of sexual abuse
4. Why would elderly victims with cognitive, functional, and/or physical limitations be considered preferred targets for perpetrators?
5. How might the Disabilities of victims often interfere with taking steps to self-protect, including reporting to authorities?
6. How would fear of the perpetrator and familial bonds to abusive kin inhibit victims from reporting or seeking help?

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Handout #3

Characteristics of Sexual Abuse Perpetrators

Complete the following sentences from the choices below

1. The majority of sexual abuse perpetrators are_____.
2. Female perpetrators exist and have been_____.
3. Age range for sexual abuse perpetrators _____.
4. Perpetrators may access victims through their _____.
5. The most commonly alleged perpetrators in facilities are_____.
6. Most substantiated sexual abuse perpetrators in facilities are_____.
7. Sexual abuse perpetrators are rarely _____.
8. Domestic Sexual Violence is perpetrated by _____.

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- A. Employees
- B. Fellow residents
- C. Substantiated in APS cases
- D. Male
- E. Spouses and partners, as well as other relatives
- F. Juveniles to elders
- G. Held accountable in the criminal justice system
- H. Relationships, employment, or activities



Handout #4

Range of Sexually Abusive Behavior

Range of Sexually Abusive Behavior

Untrained persons often assume that sexual abuse only involves non-consensual vaginal penetration of a female perpetrated by a male. In reality, sexual abuse can involve a range of additional sexually related behaviors. APS workers must be aware of the various types of behavior that constitutes sexual abuse. Although it sometimes feels awkward to discuss the specific behaviors associated with sexual abuse; an APS worker must be comfortable with discussing these details so that they can help make the client comfortable enough to share details of their abuse event with the worker. The full range of sexually abusive behavior includes:



1. Contact ("touching") offenses
i.e. rape, molestation,
kissing
2. Non-contact ("non-touching") offenses i.e. harassment,
threats, forced pornography viewing, taking photos,
exhibitionism
3. Harmful genital practices i.e. unnecessary, obsessive,
or painful touching of or insertion into the genital/anal
area when not part of a prescribed medical or nursing plan

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Utilizing the range of sexually abusive behaviors described above, read the brief descriptions of situations below, and then answer 1. Whether this may constitute sexual abuse-yes or no; and 2. What type of sexually abusive behavior would this be: contact, non-contact, or harmful genital practices?

Behavior	Sexual Abuse- <u>Yes</u> or <u>No</u>	Type of Sexually Abusive behavior: <u>contact</u> , <u>non-contact</u> , or <u>harmful genital practices</u>
<i>Example: Forced vaginal penetration of a female by a male</i>	Yes	Contact
Excessive painful washing of the perineal area though not medically prescribed		
Non-consensual fondling of breasts or genital areas		
Medically unnecessary vaginal examinations or enemas without the client's permission		
Exhibiting of genitals to an unwilling viewer		
Forcible 'kissing'		
Forcing an elder to watch pornography		
Taking sexual photos without permission		
Intentionally rubbing genitals against another person without their consent		
Threatening sexual activity in a harassing manner		
Forcing a hand into others' clothing to touch breasts or genitals		

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Handout #5

Discussion Activity: Self-care When Handling Disturbing Cases



1. Have you ever had an investigative case that you found particularly disturbing? If so, discuss the impact of the case on yourself (without disclosing any confidential information). What did you do to help you deal with these feelings? Did you find something in particular that helped you to feel better?
2. Have you encountered a situation where you felt uncomfortable discussing graphic case details with another authorized professional partner? How did you deal with your discomfort?
3. What signs and symptoms might you see in colleagues that could indicate that they have been traumatized by case events? (a sudden behavioral change following their working a traumatic sexual abuse case, signs of emotional or social withdrawal, tearfulness without clear precipitant, signs and symptoms of depression)
4. What actions might you take if you become aware of these signs or symptoms? (ask to talk to the co-worker you are concerned about and share your concerns, talk with your supervisor about your concerns for your colleague, tell the colleague you are concerned for about any employee assistance that is available, encourage the affected co-

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worker to talk about their case and listen in a supportive and non-judgmental manner)

Handout #6

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)

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- 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

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."

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

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- 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

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?

Handout #7

Preparing For and Commencing the Interview



Discussion Questions:

For each of the following brief situations, describe how you might prepare for, or respond to the elements of the situation or interaction.

1. Helen is a 76 year old female with cancer who is alleged to be a victim of sexual abuse by her physical therapist. Helen is frail, and the reporting party says that she is often drowsy, especially in the afternoon. They also report that she has a tracheostomy that prevents her from speaking unless a plug has been inserted into the tracheostomy opening in her neck. She has a live-in caregiver who is not the alleged perpetrator. What might you do to prepare to meet with Helen for the first time?

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2. Maninder is an 80 year old woman from Pakistan. She lives with her son and daughter-in-law. She speaks minimal English, and is cared for primarily by the daughter-in-law. Sexual abuse by an uncle that often visits the family home is alleged. Maninder is said to have suspicious bruises to her perineal area as well as some bruising to her arms and torso that may be physical abuse. The situation is complicated by the fact that Maninder is diagnosed with Leukemia, which can account for unusual bruising. What considerations would you need to take into account, and what considerations will you need to make preparations for?

3. Michaela is a 40 year old developmentally disabled female who was allegedly molested by a bus driver who was transporting her to her sheltered workshop from the board and care where she lives. She has a speech impediment, and is said to have the mental age of a six years old. What considerations and preparations will you need to make as you prepare to go out and interview her?

4. Mr. Smith is a 75 year old man with a history of chronic obstructive pulmonary disease that makes it difficult for him to catch his breath or to talk at length. He was allegedly molested by an X-Ray technician when he was in the hospital. He is home now, and said to be fearful of strangers. He also has hearing deficits. You go to his home to talk with him and he takes a long time to come to the door. When he does, he is breathing heavily. You begin to introduce yourself; he becomes anxious and agitated saying loudly "what do you want!" How will you commence your interview with Mr. Smith and try to put him at ease?

Vignette-Mrs. Joel

Part 1

Mrs. Joel is a 69 year old Romanian woman living with her family in a closely knit community comprised of Romanian families. In addition, Mrs. Joel has hearing difficulties and is undergoing chemotherapy for breast cancer. The allegation is that her husband is an alcoholic, and has been raping and beating her. You have been warned in advance that her language barrier and the Romanian subculture that she is a part of resists sharing any information with

authorities. What are some of the things that you might do to prepare for interviewing Mrs. Joel?

Part 2

You learn from the reporting party (RP) that most of the male members of the household are away at work during the day. The RP is a member of the Romanian community, however, she tells you that she cannot reveal herself as the reporting party or she will be shunned by the entire community. She does tell you that Mrs. Joel's primary caregiver is her daughter Katya, and that she knows Katya is concerned for her mother. With your supervisor's permission, you speak with one of the In Home Supportive Services Registered Nurses about chemotherapy, and she tells you some of the potential side effects. You find an approved Romanian interpreter who works for another county agency, and have them sign a confidentiality agreement.

When you make the initial visit, you go to Mrs. Joel's home at 9:30AM, after (you assume) the male members of the household, including her husband, the alleged perpetrator, is away from the household. The door is opened by Katya, the client's daughter, who is initially very guarded; however, when the interpreter tells her that you are worried about her mother, she relents and allows you in. Mrs. Joel agrees to talk with you and the



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interpreter alone. To your surprise, you find that Mrs. Joel speaks English fairly well, and you only have to use the interpreter to assist at times when Mrs. Joel's English fails her.

You begin with general questions about Mrs. Joel's health, how her treatments are going, and whether she likes living in America. Mrs. Joel remains fairly positive through these questions, but when you finally ask her if she feels frightened or if anyone has hurt her, her affect darkens, and she says "most of the time everything-okay". You sense that you have hit upon a possible abuse situation, and that you must ask more focused and more frightening questions now.

In proceeding with the interview, please consider the following questions, and respond with the best answer. In actual practice, you will need to find your own verbiage, but this exercise is designed to help you identify some appropriate words that you could use in this type of interview:

1. Mrs. Joel has given you a 'hint' that something is wrong, and you need to find out more. To probe further, but in a sensitive manner that will not frighten Mrs. Joel from saying more, which question below might be the best way to delve further into what Mrs. Joel has said?

- a. I think you've been sexually abused, have you?
- b. It's your husband hurting you, isn't it?
- c. I'm sorry to hear that you are frightened sometimes; can you tell me more about that?
- d. Some women that have been abused are frightened, what do you think about that?

2. While interviewing, sometimes the interviewer must think a step ahead and anticipate what they may ask next depending on how the client is responding. Suppose that Mrs. Joel was to tell you that her husband has hurt her; select the best response from the possible 'next' questions below:

- a. So is your husband hurting sexually assaulting you?

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- b. Have you been raped?
 - c. Why are you putting up with someone scaring or hurting you?
 - d. Can you tell me more about what's been happening?
3. Mrs. Joel's situation is a difficult one in that the sub-culture she lives in (Romanian-American) tends to be closed and close-knit. If she discloses that her husband has been sexually assaulting her against her will, she may be ostracized from her family. In this type of situation, it is especially important that you build a strong rapport with her. To be sensitive to her situation, and to help further build rapport with her, what might you say to Mrs. Joel? Please select the best answer from those below.
- a. I promise not to tell anyone what you tell me.
 - b. I know this may be very hard for you, and that you do not want to get anyone from your family into trouble, but I am concerned about your safety, and the safety of others.
 - c. Everything is going to be alright
 - d. In this kind of situation, the police are going to be involved anyway; wouldn't you rather tell me than have me call the police?

Part 3

You are in the middle of your first interview with Mrs. Joel. In the last part of Mrs. Joel's interview she seemed to be dropping you some hints that everything is not going well. You ask open ended questions such as "it sounds like you're worried about something, can you tell me about it; maybe I can help." She eventually discloses that sometimes her husband drinks and when he drinks he is "not the man I married" She indicates that he is loud and sometimes makes improper demands of her "things that a man should not make his wife do, especially if she is sick". Mrs. Joel seems to be avoiding something, and you suspect that her husband may have been physically or sexually hurting her, but she avoids saying this.

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Eventually you feel that you need to ask more specific questions so you ask if Mrs. Joel's husband has hurt her or made her do things that she did not want to do. For a moment Mrs. Joel hesitates, and seems like she will share something with you, then she says "that is something personal between a man and a woman". She ends the interview soon thereafter. As her adult daughter walks you to the door, you have the feeling that Mrs. Joel may be being abused, and you are worried about her. You feel frustrated that you were not able to earn her confidence. Her daughter pauses with you at the front door, out of ear shot from Mrs. Joel. Her daughter tells you that she is worried about her mother, because the father gets drunk and 'mean'. You ask her for more information, but she does not share more with you. You resolve to keep the case open and to talk with Mrs. Joel at least once more.

About ten days later, you are surprised to receive a message from Mrs. Joel's daughter asking you to come and see Mrs. Joel as soon as you can. You call and arrange to make a visit later the same day. When you talk with Mrs. Joel this time, she seems anxious and eager to talk with you. She says "I need talk with you now". You tell her that you will be glad to listen. Mrs. Joel discloses to you that her husband is an alcoholic, and that he has been getting very drunk several times a week and has raped her on several occasions. When Mrs. Joel has objected to his doing this, her husband has struck her, sometimes leaving bruises. She says that she needs help right now. When you ask her about why she decided to disclose this now, she tells you that recently her husband made was drunk and made advances to her 25 year old daughter. She tells you, "I can't let this happen to her." You ask when Mrs. Joel's husband will be home, and you are told that he will be home at about 8PM that evening, in about 5 hours. You tell Mrs. Joel that you will need to tell the police about this, and she reluctantly agrees to this.

1. What do you do now that Mrs. Joel has disclosed sexual abuse?
2. Do you foresee any danger to Mrs. Joel or her daughter?
3. Who will you contact now?

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4. How can you help with cultural considerations for Mrs. Joel and her daughter?
5. What interventions would you attempt at this point?

Part 4

Following Mrs. Joel's disclosure to you about her husband sexually abusing her, you contacted your supervisor, and then; with Mrs. Joel's permission you contacted law enforcement. Mrs. Joel was very anxious about what would happen, and you waited with her for the police and sat with her while the police interviewed her. After the interview, police personnel collected evidence from the home such as sheets, clothing that Mrs. Joel had worn, and a towel with blood stains on it from her recent injuries. A forensic examination at a nearby hospital was arranged and Mrs. Joel was transported by law enforcement personnel in an unmarked car to the local hospital where she was examined by a Sexual Abuse Nurse Examiner. Mrs. Joel's daughter accompanied her mother to the hospital.

During Mrs. Joel's exam, you talk with a hospital social worker, and obtain information about a local rape crisis center where Mrs. Joel can obtain a sexual assault advocate if she wants one. You talk with Mrs. Joel's daughter who is frightened for her mother, but glad that the truth has come. She tells you that she knew that something was wrong, but that her mother would never say what it was. She tells you that family disapproval and perhaps disbelief may be a problem for her mother. Many of the neighbors are relatives or friends of her father (Mrs. Joel's husband). Mrs. Joel's daughter calls Mrs. Joel's sister who lives nearby, and tells her what has happened. Mrs. Joel's sister invites Mrs. Joel and her daughter to come and stay with her. She tells the daughter (who confides in you) that Mrs. Joel's sister never liked Mrs. Joel's husband and feared that he might harm her.

When the forensic examination is over, the result of the examination is that it appears that Mrs. Joel has been sexually assaulted on more than one occasion. She has recent and older vaginal tears and some intra-vaginal injuries as well as a large green bruise on her back from where her husband recently struck her. Police officers tell Mrs. Joel that they will be arresting

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her husband and charging him with spousal rape and assault. They also tell her that they will automatically request a restraining order to prevent her husband from coming within 100 feet of her in case he is released.

Mrs. Joel is tearful and anxious. She talks with her daughter and tells you that she wants to go and stay with her sister. The police notify you and Mrs. Joel that they are going to her husband's place of business to arrest him. A police officer agrees to accompany Mrs. Joel's daughter to their house to allow her to pick up clothing and toiletries for she and Mrs. Joel. The plan is made that Mrs. Joel's daughter will also pick up her car, and that she will then transport Mrs. Joel to Mrs. Joel's sister's home. You discuss the Sexual Assault advocate with Mrs. Joel, and she tells you that she is too overwhelmed to talk with anyone like that now. You provide Mrs. Joel with the contact information for the rape Crisis center and make a note to yourself to provide it to her daughter as well in case Mrs. Joel is interested in these services later on. You give Mrs. Joel a hug as she leaves with her daughter, and make plans to document the events of the day.

1. Now that Mrs. Joel has disclosed to law enforcement and has had her forensic examination what do you think will happen next?
2. What physical and psycho-social issues will Mrs. Joel likely face now?
3. How may her sexual abuse affect her relationship with her family?
4. Will her sexual abuse experiences necessitate her having to move to a new place to live?
5. What else can you do to assist Mrs. Joel before you eventually close your case?

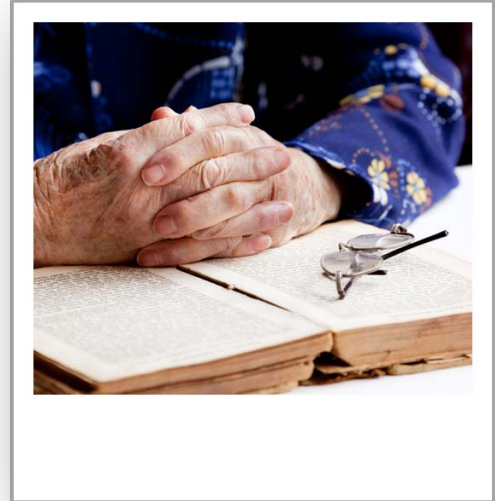
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6. Will you have to testify in court?

Handout #11

Culture, Gender, Age, and Disability Considerations

- Regardless of the type of abuse experienced, interventions offered must always be appropriate to the victim's uniqueness.
- Culturally responsive services must be offered.
- Services offered must also be responsive to gender, age, and ability level.



Sexual abuse occurs in all cultures and to all age groups. All victims of sexual abuse need and deserve assistance and protection. It is important, however, to remember that differing groups and ages of victims will affect how they respond to sexual abuse, whether they will be able to talk about it, and whether they will feel that it is safe to disclose sexual abuse. Some age groups of victims may be more or less comfortable discussing issues of sexuality let alone sexual abuse. In addition, some cultures have strong social mores about sexual contact and may, unfortunately, tend to reject sexual abuse victims as somehow being 'at fault' for what happened to them.

Read through the following brief situations and describe important considerations related to the victim's age, cultural, or gender issues:

1. A 70 year old man is molested by his 25 year old nephew while the nephew is staying at his house.
2. A 56 year old disabled woman using a wheelchair is molested by a cousin while they are both at home alone.
3. An 84 year old female with dementia symptoms may begin resisting bathing and changing clothing and appear anxious without telling anyone why. On physical examination she is found

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to have vaginal tearing, perineal bruising, and a vaginal infection.

4. A 28 year old developmentally disabled woman is used to taking direction from the staff at the Board and Care home. One evening, while the other residents are busy with an activity, a staff member takes her into her room and molests her.

5. A 47 year old female with Cerebral Palsy is molested by a caregiver. He threatens her not to tell anyone.

Handout #13

Specific Interventions in Sexual Abuse cases

Read the following statements and respond as to whether they are true or false:



Question	True	False
Prosecuting the perpetrator is the first priority of the APS worker		
Following a disclosure the APS worker should take control and make as many decisions for the client as possible		
Seek informed consent from the client before providing services		
An important part of APS worker ethics is to do no harm to the client		
Sexual Assault victims may or may not need to be offered a forensic exam		
Sexual assault victims should not bathe before forensic exams		
Forensic exams may only be done by physicians		

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Forensic exams should be done within 3 days of the alleged incident		
An APS worker can enter a civil order by themselves to keep the victim safe		
Restraining orders are unnecessary if law enforcement is investigating an alleged perpetrator		
Protective orders may be needed for clients who lack the capacity to consent		
Laws regarding reporting criminal activity to law enforcement are standardized across the country		
State laws and agency protocols must be considered when cross reporting to law enforcement		
Client may need emotional support from APS workers to help minimize the trauma of a law enforcement investigation		