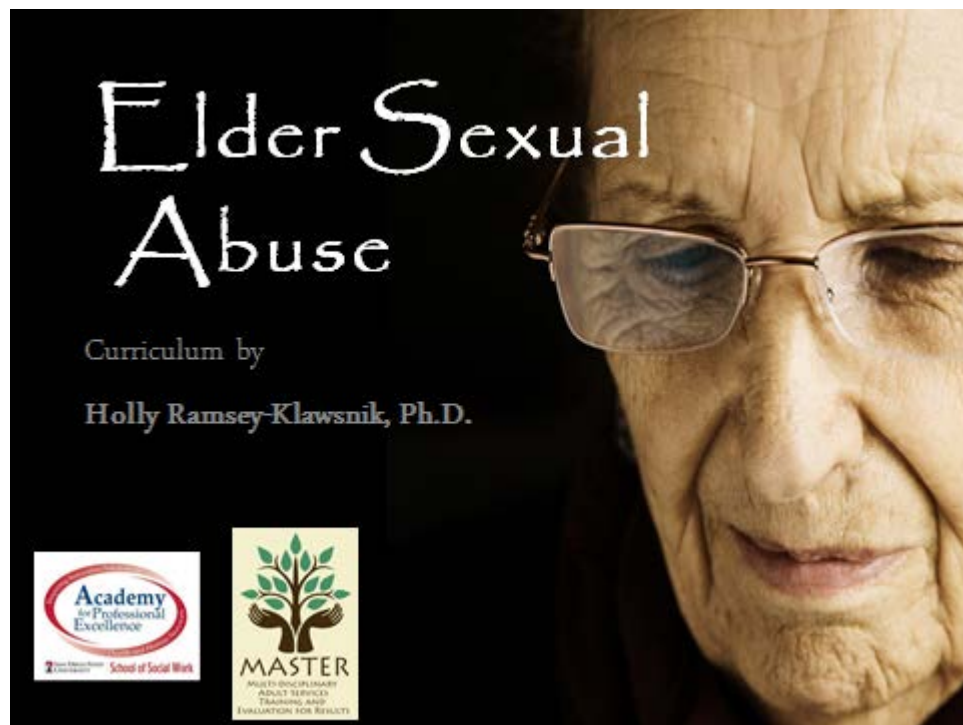


ELDER SEXUAL ABUSE

TRAINER'S MANUAL



MODULE 14

TRAINER'S 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

© 2012. San Diego State University School of Social Work, Academy for Professional Excellence. Please acknowledge this copyright in all non-commercial uses and attribute credit to the developer and those organizations that sponsored the development of these materials. No commercial reproduction allowed.

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 an Office of Victims of Crime funded 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
- California State University Sacramento IHSS Training Project
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

PARTNER ORGANIZATIONS

Lori Delagrammatikas, Program
Coordinator for MASTER
The Academy for Professional Excellence
6505 Alvarado Road, Suite 107
San Diego, California 92120
(909) 213-6059
ldelagra@projects.sdsu.edu
<http://theacademy.sdsu.edu/programs/>

Krista Brown, APS Project Coordinator
Bay Area Academy/SFSU
2201 Broadway, Suite 100
Oakland, California 94612
(510) 419-3600
Fax: (510)663-5532
kbrown70@sfsu.edu
<http://baa-aps.org>

Kathleen Quinn, Executive Director
National Adult Protective Services
Association
920 South Spring Street, Suite 1200
Springfield, IL 62704
(217) 523-4431 / (271) 522-6650
Kathleen.quinn@apsnetwork.org

Paul Needham, Chair
NAPSA Education Committee
Oklahoma Department of Human Services
PO Box 25352,
Oklahoma City, OK
405-521-3660
paul.needham@okdhs.org

Jennifer Bransford-Koons, Chair

Protective Services Operations Committee of the County Welfare Director's Association
Aging and Independence Services

9335 Hazard Way, San Diego, CA 92123

(858) 505-6963

jennifer.bransford@sdcounty.ca.gov

Academy for Professional Excellence- 6505 Alvarado Road, Suite 107
Tel. (619) 594-3546 – Fax: (619) 594-1118 – <http://theacademy.sdsu.edu/programs/>

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

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

TABLE OF CONTENTS

General Information

Introduction	3
Partner Agencies	4
Acknowledgements	5
Table of Contents	6
How to Utilize this manual	8
Course Outline	9
Training Goal and Objectives	10
Trainer Guidelines	11
Course Timeline/ Guide for Course Organizer	12
Introduction to Training Manual	13
Handout 1 Executive Summary	14

Presentation

Welcome and Introduction	16
Handout 1: Participant Letter of Consent	20
Handout 2: Your Identification Code	24
Developing Awareness of Elder Sexual Abuse	25
Discussing the Dynamics of Elder Sexual Abuse	43
Recognizing Potential Cases of Sexual Abuse	47
Handout 4: Identifying Sexual Abuse.....	51
Principles of Forensic Interviewing	55
Handout 5: Forensic Interviewing in Sexual Abuse Cases: Desk Reference.....	56
Handout 6: Interviewing for Possible Sexual Abuse.....	69
Intervention Strategies for Elderly Sexual Abuse Victims	70
Handout 7: Planning Possible Interventions.....	95
Handout 8: Sexual Perpetrators: Optional Activity.....	98

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

References.....	103
-----------------	-----

HOW TO UTILIZE THIS TRAINING MANUAL


The course outline, provided in the next section of this manual, is the class schedule used during the piloting of this training. It can be used to help you determine how much time you might need to present each section. However, times will vary based on the experience and engagement of your audience.

Customizing the Power Point:

Once you decided on how you want to divide up your time in presenting this material, you may want to customize your Power Point. The Microsoft Office Power Point software allows you to hide any slides you don't want to use.

Hide a slide instructions

1. On the **Slides** tab in normal [view](#), select the slide you want to hide.
2. On the **Slide Show** menu, click **Hide Slide**.

The hidden slide icon  appears with the slide number inside, next to the slide you have hidden.

Note: The slide remains in your file, even though it is hidden when you run the presentation.

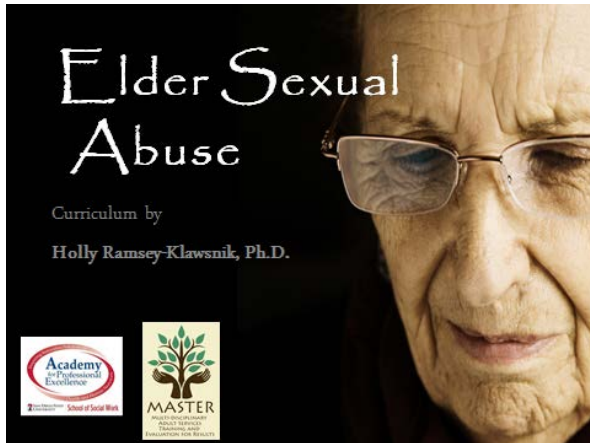
Please note that this manual is set up so that the trainer script/ background material is on the same page as the accompanying Power Point slide making it easy to also customize your manual to match the slides you have decided to use, Just remove the unneeded pages.

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

COURSE OUTLINE

Content	Total Time	Activities	Slides/Handouts
Welcome & Introductions: Objectives, Overview of project, housekeeping	15 min	Lecture	Slides 2-5 HO: Letter to Participants HO:ID Assignment
Learning Objectives Developing Awareness of Elder Sexual Abuse	60 min	Lecture Case Discussion	Slides 6-15
Discussing the Dynamics of Elder Sexual Abuse	40 min	Lecture "Miss Mary" video Discussion	Slides 16-17
Recognizing Potential Cases of Sexual Abuse	50 min	Lecture Small Group Activity	Slides 18-21 HO: Identifying Sexual Abuse
Lunch	60 min		
Principles of Forensic Interviewing	90 min	Lecture Small Group Activity CDAA video	Slides 22-32 HO: Forensic Interviewing HO: Interviewing for Possible Sexual Abuse
Intervention Strategies for Elderly Sexual Abuse Victims	75 min	Lecture Small Group Activities Evaluations	Slides 33-56 HO: Planning Possible 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.

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

TRAINER GUIDELINES

Teaching Strategies	<p>The following instructional strategies are used:</p> <ul style="list-style-type: none">◆ Lecture segments◆ Interactive exercises (e.g. Table Top Activities, experiential exercises, role plays)◆ Question/answer periods◆ Slides◆ Participant guide (encourages self-questioning and interaction with the content information)
Materials and Equipment	<p>The following materials are provided and/or recommended:</p> <ul style="list-style-type: none">◆ Computer with LCD (digital projector)◆ CD-ROM or other storage device with the slide presentations◆ Speakers or sound card to play DVD through LCD projector◆ Easel/Flip chart paper/markers◆ “In Their Own Words” video available from the OVC Resource Center at 1-800-851-3420; or on line from www.ncjrs.gov for a cost of \$5.00. The item number is 227928.◆ Obtain and review materials contained in <i>“The Sexual Violence in Later Life Information Packet”</i> (Ramsey-Klawnsnik, 2010). These can be downloaded free of charge at: http://www.nsvrc.org/publications.◆ “CDAA – Elder Physical and Sexual Abuse: The Medical Piece” DVD available from http://cdaa.org/multimedia.htm for \$25 plus shipping and handling◆ Trainer’s Guide: This guide includes the course overview, introductory and instructional activities, and an appendix with reference materials.◆ Participant Guides: This guide includes a table of contents, course introduction, all training activities/handouts, and transfer of learning materials.◆ Name tags/names tents.◆ Water access/snacks/restroom access/lunch plans

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

COURSE TIMELINE

9:00	15 min	Welcome & Introductions
9:15	60 min	Developing Awareness of Elder Sexual Abuse
10:15	40 min	Discussing the Dynamics of Elder Sexual Abuse
10:55	15 min	BREAK
11:10	50 min	Recognizing Potential Cases of Sexual Abuse
12:00	60 min	LUNCH
1:00	90 min	Principles of Forensic Interviewing
2:30	15 min	BREAK
2:45	75 min	Intervention Strategies for Elderly Sexual Abuse Victims and Course Evaluation

GUIDE FOR THE COURSE ORGANIZER

This in-person training day is formatted to run from 9:00 to 4:00 with 2 breaks and an hour for lunch.

The course is designed to be interactive and skill building. Adult experiential learning with a minimum of lecturing is featured. There are many small group activities. It is recommended that groups change throughout the day. The course is designed for new APS workers though it may have application for more experienced workers, trainers, and supervisors. It is suggested that class size be 20-35.

To encourage interaction, it is recommended that the classroom be set up in rounds with groups of 5-6 per table.

INTRODUCTION TO TRAINING MANUAL

Actual APS sexual abuse cases are used in this curriculum to illustrate teaching points. All identifying information has been concealed to protect the privacy of those involved. The cases occurred in multiple states. State laws and agency protocols dictate case handling procedures. ***Before teaching this course, please be informed about relevant laws and protocols regarding handling suspected and confirmed sexual abuse cases within your jurisdiction.*** This curriculum was written with the goal of presenting clinical information and research findings that will be helpful to APS workers and supervisors regardless of the jurisdiction in which they work.

ADDITIONAL STEPS TRAINERS CAN TAKE TO PREPARE TO TEACH THIS COURSE:

- Read the curriculum and supporting materials through multiple times.
- Read the articles listed on the reference list.
- View the 2 DVDs from which clips will be used in the course.
- Obtain and review materials contained in “*The Sexual Violence in Later Life Information Packet*” (Ramsey-Klawnsnik, 2010). These can be downloaded free of charge at: <http://www.nsvrc.org/publications>.

EXECUTIVE SUMMARY

**HANDOUT #1:
Executive Summary**

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; 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.

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

- 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.*

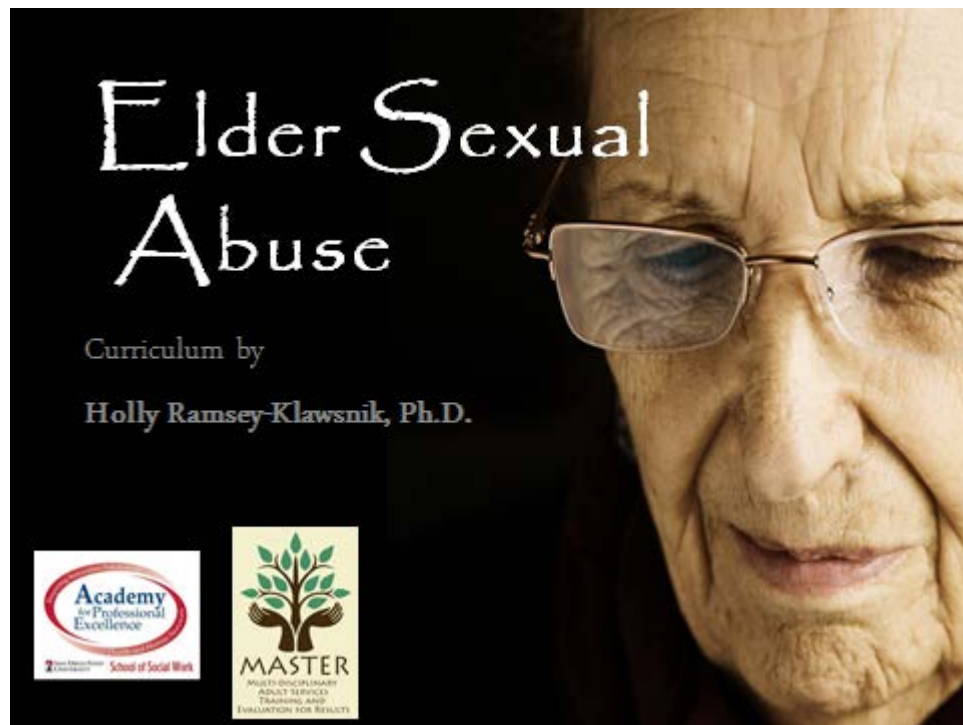
BEFORE the training

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

SLIDE #2

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.

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

2

TOPIC: OVC language

This training was produced by the Academy for Professional Excellence under a grant from 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.

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



5

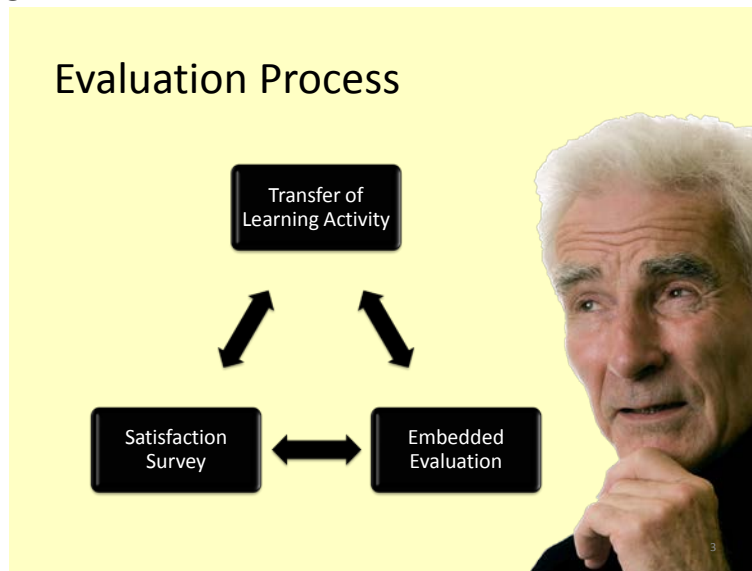
TOPIC: Housekeeping

NOTE: Please make sure to stay within the allotted time for introductions by keeping it brief. If you wish, you can individualize the PowerPoint slides by adding information in the “notes” section of each slide

Review Housekeeping Items

- There will be two 15-minute breaks and an hour for lunch today: 12-1 pm in...
- Use the restrooms whenever you need to do so. The restrooms are located at....
- Please turn off your cell phones for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.

SLIDE #4



HANDOUT #2:
Letter to Participants
Participant Manual pg. 14

TOPIC: Introducing participants to the evaluation process

For this training, you will be completing a training satisfaction survey, an embedded evaluation (completed in class). All of these measures are intended to allow you to practice what you have learned and measure whether the training was effective. We want APS training to become an evidenced based practice that truly provides the knowledge and skills we believe it provides. The purpose of the evaluation process is more fully explained in your “Letter to Participants”.

HANDOUT #2: Participant Letter of Consent

- Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (Multi-disciplinary Adult Services Training & Evaluation for Results) begun a process of evaluating training delivered to Adult Protective Service workers
- At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete various training evaluation activities
- These training evaluation activities aim to: (1) improve trainings’ effectiveness and relevance to your needs, and help you better serve adults and their families; and (2) see if the training has been effective in getting its points across.
- If you agree to participate, you will fill out a questionnaire administered before and after the training.
- The questionnaires will be coded with a unique identifier system and all responses will be confidential



June 2011

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 various training evaluation activities.

These training evaluation activities have 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: TRAINER'S MANUAL

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.

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:

James Coloma, MSW
Training & Evaluation Specialist
Academy for Professional Excellence
San Diego State University – School of Social Work
6505 Alvarado Road, Suite 107
San Diego, CA 92120
(619) 594-3219
icoloma@projects.sdsu.edu

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**th**

Trainee ID Code

S	M	I	A	L	I	2	9
---	---	---	---	---	---	---	---

HANDOUT #3:
ID Code Assignment
Participant Manual pg. 16

TOPIC: Developing an ID code

We are NOT evaluating you and no one from your agency will see your individual responses. To keep your responses confidential, we are going to develop your personal ID code. Follow along with your ID Assignment Handout and write in your ID code on the Handout:

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:
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?

CONTINUED

HANDOUT #3: MASTER Identification Code Assignment

- In order to track each of your evaluation responses while maintaining your anonymity, we need to assign you an identification 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.
- The questionnaires will be coded with a unique identifier system and all responses will be confidential. Only you will know your ID code refers to you.
- Aggregate data may be used for future research to improve training for Adult Protective Service workers.

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

**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:

4. 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.

___ ___ ___

5. 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.

___ ___ ___

6. 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 1st through the 9th, 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

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."

Chihowski, & Hughes, 2008, p. 398.

Topic: Difficulty of the Material

Discussion Points:

1. Sexual victimization is difficult to discuss for many reasons. In our society, we rarely do a good job of discussing healthy, consenting sexuality and it is much harder to discuss sexual activity that occurred under conditions of violence and abuse.
2. Most people have been adversely affected by sexual violence in some way – perhaps because they have experienced it, perhaps because a friend or loved one was assaulted, and in some cases by witnessing this form of violence.
3. Thinking about older people being victimized by sexual assault causes feelings of discomfort and upset.

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

4. Participants who have not received previous sexual abuse training typically experience high anxiety when preparing to receive and screen reports of sexual abuse, interview potential victims, investigate cases, and offer interventions.
5. Ask how many have received any form of sexual abuse training (for example, some might have been Child Protective Services workers and have training and experience from that role). State that those who have not had previous training will likely have many questions. Also state that even participants with previous training will need information about how sexual violence affects older adults and handling these cases as APS workers.
6. Give participants time to voice and discuss feelings of anxiety about learning about this topic and handling cases.
7. Encourage questions and comments. Stress that there are no “dumb questions.”
8. This course is designed to help participants overcome uncomfortable feelings regarding this topic, acquire knowledge, and feel empowered to respond effectively to alleged and substantiated cases of sexual abuse.

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



Topic: Over-all goals of the course

1. To give participants basic knowledge regarding the myths and realities of sexual violence as it relates to APS clients
2. To enable participants to sensitively and professionally discuss sexual victimization
3. To enable participants to recognize potential sexual abuse among their clients
4. To enable participants to effectively screen for this form of victimization and interview clients regarding possible sexual abuse
5. To enable participants to offer helpful interventions to victims

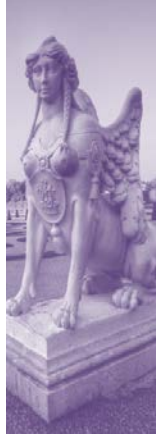
Discussion Points:

This one-day course will not turn participants into sexual abuse “experts.” This course provides information, actual case examples, video clips, and small group exercises to enable workers to be able to accomplish the tasks listed on this slide.

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.



Topic: Common myths and misconceptions

Slide script

1. Rape is a crime of passion.
2. Sexual assault victims must have "asked for" or "invited" their assaults by displaying provocative behavior.
3. The vast majority of sexual assaults are perpetrated by people unknown to their victims.
4. Older people are not sexually desirable and hence not vulnerable to sexual assault.
5. Similarly, people with disabilities, including people with dementia, are not of interest to sexual perpetrators as potential victims.

Discussion Points:

1. Are there additional myths regarding sexual victimization that you would add to this list?
2. Which of these statements continue to reflect current thinking among the public?
3. Let's understand why these statements are incorrect.

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



O'Neil & Morgan, 2010
Ramsey-Klawnsnik, 1991, 2003
Vierthaler, 2008

Topic: Realities

Slide script

1. Rape is a crime of power and control, like other forms of victimization.
2. We are all responsible for controlling our impulses, including sexual impulses, and must respect the rights of others.
3. Among victims of all ages, most were assaulted by people known to them.
4. It is not sexual desire that motivates a sexual offender, but rather the desire to overpower and harm a victim using sexual behavior as the weapon.
5. Sexual offenders want to avoid responsibility for their crimes and therefore seek vulnerable victims.

Discussion Points:

1. Even if a person dresses or acts in a provocative manner, this does not provide license to force that person into unwanted sexual activity.
2. Sexual offenders are highly motivated to find potential victims who are easy to overpower and intimidate and who are unlikely to report to authorities.

CONTINUED



Ask why victims might not report?

Possible answers include:

- Fearing of losing caregiver
 - Shame
 - No witnesses so there is a fear they won't be believed
 - Don't want to relive the events
 - Previous abuse may have been reported but "nothing happened"
 - Need to feel safe in order to report
3. For these and other reasons, people who have disabilities, including older people with dementia and other limitations, are at high risk of being viewed by sexual offenders as "good" victims.

References:

- O'Neil & Morgan, 2010
- Ramsey-Klawnsnik, 1991, 2003
- Vierthaler, 2008

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

Topic: Facts about victims

Slide script:

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

Discussion Points:

Ask the participants:

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL



What surprises you about these findings?



We are not generally accustomed to hearing about sexual abuse victims who are elderly, or male, or have disabilities. Why do you think this is?

References:

- Burgess, Ramsey-Klawnsnik, & Gregorian, 2008
- Ramsey-Klawnsnik, 2009
- Ramsey-Klawnsnik, Teaster, Mendiondo, Marcum, & Abner, 2008
- Teaster, Ramsey-Klawnsnik, Mendiondo, Abner, Cecil, & Tooms, 2007

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



Topic: Facts about Perpetrators

Slide script:

1. The majority of sexual perpetrators are male. However, female perpetrators exist and have been substantiated in APS cases.
2. Perpetrators range in age from juveniles to elders.
3. Perpetrators often obtain access to victims through their relationships, employment, or activities.



Ask: Who has access to your clients?

Possible answers include relatives, caregivers, bus/van driver, gardener, landlord, neighbors, Senior Center employees, medical professionals, Adult daycare employees, handyman, etc.

4. Domestic sexual violence occurs in the form of intimate partner violence (IPV) perpetrated by spouses and other partners. Domestic sexual violence can also involve perpetrators who are children, grandchildren, and other relatives of their victims.
5. In care facilities, employees are the most commonly identified alleged perpetrators.

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

6. However, a study found that most substantiated perpetrators (in APS facility investigations) were fellow residents. (Abuse by employees was only substantiated 4% of the time compare to a 52% substantiation rate for abuse by fellow residents).
7. Perpetrators also include community care providers.
8. Sexual perpetrators are rarely held accountable in the criminal justice system

Discussion Points:

Ask the participants:



What are the implications of these findings for APS workers? (Answer: We need to widen the scope of the APS investigation.)

References:

- Burgess, Ramsey-Klawnsnik, & Gregorian, 2008
- Chihowski & Hughes, 2008
- Ramsey-Klawnsnik, 1991, 2003
- Ramsey-Klawnsnik, et al., 2008

Slide #12

Prevalence is Unknown

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



Topic: Prevalence is Unknown

Slide Script:

1. The prevalence of elder sexual abuse is unknown
2. Research lags behind work regarding other age groups
3. Less than 5% sexual assault victims seen at hospitals emergency departments are over the age 60 (although they make up approximate 12-15 % of the population)

Discussion Points:

Ask the participants:



Is it surprising that research regarding older sexual abuse victims lags behind that regarding younger victims?



What might be some of the reasons for this?



What do you think about the finding that less than 5% of victims seeking help at hospitals for sexual assault are over the age of 60?

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL



Do you believe that all or most of the older victims are getting to sexual assault services?



If not, what might be some of the reasons for this?

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



Topic: Underreporting of older victims

Discussion Points:

- The myths that we discussed earlier contribute to the underreporting of victims who are older or have disabilities.



- Ask: Why else might victims be reluctant to report? Possible answers might include:
 - Fear of being sent to a nursing home
 - Fear of not being believed
 - May be resigned to victimization
 - May be unaware of services



- Ask: Have you handled a case in which you believe, perhaps in hindsight, that an APS client was sexually abused and did not receive an appropriate and helpful response from professionals?
- Remind participants that the purpose of the course is to equip APS workers to provide effectively and compassionate response to clients who have been sexually abused.

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

References for slides # 12 & 13:

- Burgess & Clements, 2006
- Ramsey-Klawnsnik, 2009
- Ramsey-Klawnsnik et al., 2008

Slide #14

Range of Sexually Abusive Behaviors

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



Topic: Range of Sexually Abusive Behaviors

Slide Script:

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

Discussion Points:

1. Those untrained in sexual abuse typically think that sexual assault involves vaginal rape of a female perpetrated by a male.
2. Actually, there is a broad range of additional behaviors that constitute sexual abuse.
3. APS workers must be alert for any and all of these forms of potential sexual abuse.

Trainer Note: It is important to review the definition of sexual abuse for your state.

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

References:

- Burgess et al., 2008
- Chihowski & Hughes, 2008
- Ramsey-Klawnsnik, 2003
- Teaster & Roberto, 2004

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?



Topic: Discussion of a Case:

Trainer reads the scenario; refer participants to page 20 in the participant manual to follow along:

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).



Ask: Aside from the sexual issues, does this case sound like any of your cases? What does that tell you about your cases? Remind participants that they should always screen for sexual abuse.

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

Discussion Points:



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?

Answers to these Questions:

- Exhibitionism via the drawings
- Exhibitionism via walking around naked even though his mother finds this distasteful
- Masturbating in his mother's presence constitutes exhibitionism as well as other behaviors that constitute criminal activity (i.e. lewd behavior)
- Sexual threats and offensive comments
- There is evidence of financial exploitation
- Research findings illustrated – most victims are female, most perpetrators are male, age is not a protective factor for sexual abuse, familial bonds of attachment to the perpetrator can inhibit victims from seeking help

DISCUSSING THE DYNAMICS OF ELDER SEXUAL ABUSE CASES



TIME ALLOTTED: 40 minutes

Slide #16



Miss Mary Video

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

Topic: Miss Mary Video

Instructions to Trainers: Detailed instructions for using this segment are provided in the training guide that accompanies the DVD. Be sure to read all applicable sections of this guide, as well as watch the video clip, before using this as a teaching aide. Prepare the participants before showing the clip. Explain that this clip depicts a disturbing case of sexual abuse. Background information regarding this case is provided on pages 26 – 27 of the DVD guide.

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

Tell the participants:

1. We will see a clip from the OVC DVD: "In Their Own Words"
2. The material is disturbing
3. We will watch it together and then discuss it

Show the video from the start of the Miss Mary segment until 12:57.



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

Instructions to Trainers: After the clip is viewed, use suggestions in the DVD guide to help the participants' process what they have seen. Use discussion questions contained on pages 62 – 64 of the DVD guide (below).

1. "What is your reaction to Miss Mary's? How would you offer to support Miss Mary?"
2. "Miss Mary demonstrated enormous strength during and following her rape. What actions did she take during the ordeal that revealed her strength?"
3. "What myths and justifications would you anticipate hearing from others about this case? How would you respond to these justifications?"
4. "Cases such as Miss Mary's call for a response from law enforcement and sexual assault advocates. In addition to their response, what is your role in responding to the needs of victims such as Miss Mary? How will you do so collaboratively?"
5. "In many cases, victims want to remain in (or return to) their home even if that means living with an abuser and even in cases of sexual abuse. In such situations, how do you balance respect for the older adult's preferences with your responsibility to focus on safety and protection?"

Additional Discussion Points:

- This case is particularly disturbing.
- The victim is very old and frail.
- Mary's grandson was her assailant.
- The assault went on for many hours.

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

- It was physically brutal.
- Mary was threatened with murder repeatedly.

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.”

Topic: Handling Disturbing Cases

Slide script:

1. Not all sexual abuse cases are as disturbing as this one
2. However, workers must be prepared to handle graphic material
3. Professional self-care is critical
4. “It has been documented that repeated or prolonged exposure to the human suffering of others can prove traumatic to responding personnel.”

Discussion Points:

1. Tips for preventing and handling psychosocial stress, including trauma symptoms, incurred on-the-job are provided in the reference noted below, as well as in many other sources.
2. Invite participants to share tips they have learned for handling this aspect of the APS job.
3. We will continue to discuss sexual abuse cases throughout the day, focusing on the need to use professional skills in a compassionate manner with the victims we serve.

Reference: Ramsey-Klawnsnik, 2007

RECOGNIZING POTENTIAL CASES OF ELDER SEXUAL ABUSE



TIME ALLOTTED: 50 minutes

Slide #18

Signs / Symptoms of Sexual Abuse

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



Topic: Signs and Symptoms of Sexual Abuse

Slide Script:

1. Physical signs: Genital, anal, throat, oral, breast injuries, bruising, bite marks, sexually transmitted disease
2. Psycho-social symptoms: Anxiety, agitation, PTSD, attempts to flee, fear, depression, nightmares, insomnia, withdrawal
3. Victim disclosures and hints
4. Eye witness reports

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

5. Suspicious behavior by alleged perpetrators, including isolating the victim from others.

Discussion Points:

1. Physical indicators of sexual abuse, such as unexplained vaginal bleeding, have been misinterpreted on older bodies due to ignorance regarding elder sexual abuse.
2. Burgess et al. (2008) found that PTSD (post traumatic stress disorder) symptoms were found in facility residents who had been sexually abused, even among those victims who experienced dementia and could not verbally discuss their assaults.
3. These symptoms included profound changes in behavior following sexual assault such as fear of going to sleep, nightmares, and changes in eating patterns.
4. Victim disclosures may be clear statements indicating sexual abuse. (i.e. "The resident in the next room came in and got into bed with me and molested me.")
5. Alternatively, victims may give "hints" rather than "direct disclosures" indicating a sexual problem. (i.e. "My husband makes me do things that I do not want to do.")
6. Suspicious behavior by alleged perpetrators includes actions that seem inappropriate and suggest sexual interest or behavior on the part of that person towards the APS client. An example is an adult son who sleeps in a bed with his elderly mother suffering from dementia.

References:

- Burgess et al., 2008
- Eckert & Sugar, 2008
- Ramsey-Klawnsnik, 2003

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

Topic: How you might learn about Sexual Abuse

Slide Script:

1. Sexual abuse is the allegation reported, investigated and substantiated
2. During investigations or interventions for other forms of maltreatment sexual abuse are indicators are noticed and explored
3. A client may disclose sexual abuse to an APS worker
4. A client may provide hints or “coded disclosures” of sexual abuse

Slide #20



HANDOUT #4:
Identifying Sexual Abuse
Participant Manual pgs.
24-27

TOPIC: Identifying Sexual Abuse

Instructions to Trainer: Allow 15 minutes for this task. Participants should be directed to use the cases in Handout 4: “Identifying Sexual Abuse.” Organize four small work groups in which participants are asked to discuss one of the illustrative cases provided and answer the discussion questions. Then have each group report back to all participants. Case outcomes are below.

Case Outcome for Example 1: “During the investigation Helen discussed feeling forced into unwanted sexual contact by her husband under the threat of being left totally without funds as John had historically been the breadwinner and all financial assets were in his name. These threats had been an issue throughout the marriage. Demanding sexual relations from Helen had been a long-standing pattern” (Chihowski and Hughes, 2008 p. 387). Sexual abuse was substantiated based upon statements from both the alleged victim and the alleged perpetrator.

Case Outcome for Example 2: In the facility, staff witnessed incidences of the nephew fondling Florence’s breasts and genitals and sexual abuse was substantiated.

Case Outcome for Example 3: Despite evidence that sexual abuse had occurred, the APS worker did not substantiate this case. A study of sexual abuse in care facilities found that, in some cases, APS investigators did not substantiate allegations even when the available evidence surpassed the “preponderance of evidence” standard (Ramsey-Klawnsnik et al., 2008).

Case Outcome for Example 4: Physical and sexual abuse was substantiated.

HANDOUT #4: Identifying Sexual Abuse

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

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

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?

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

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

Interrelationships



Always Screen for Sexual Abuse!

Topic: Interrelationships Between Sexual and Other Forms of Abuse

Slide Script:

1. Sexual abuse victims are frequently also abused in other ways
2. When working with clients referred for sexual abuse, APS workers must screen for additional forms of maltreatment
3. Additionally, when working with clients who have been neglected, physical abused, etc., be alert for possible sexual abuse

Discussion Points:

1. Sexual abuse cases often also involve physical and emotional abuse, neglect, and/or financial exploitation
2. When handling a case referred for any allegation, workers must be alert for the full spectrum of abusive behaviors – physical, sexual, emotional, etc.

References:

- Chihowski & Hughes, 2008
- Ramsey-Klawnsnik, 2003

PRINCIPLES OF FORENSIC INTERVIEWING



TIME ALLOTTED: 90 minutes

Slide #22



Principles of forensic interviewing

**HANDOUT #5:
Forensic Interviewing in
Sexual Abuse Cases:
Desk Reference
Participant Manual pgs.
30-31**

***Topic:* Principles of Forensic Interviewing**

Explain to the participants that the next section of the training will address forensic interviewing.

Tell participants that they can follow along in their Participant manual pages 30-31 the handout entitled "Forensic Interviewing in Sexual Abuse Cases: Desk Reference".

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

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."

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

- 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



Topic: Before the Interview

Discussion Points:

- An example of preparing for the interview is bringing a personal listening device to visit a client reported to have significant hearing loss, but no hearing aids.
- Ask participants to give other examples.
- Arranging the interview to protect the client's safety and privacy might involve insisting upon using a private room with a closed door to interview with a resident who was allegedly abused in a facility.
- Ask the participants to provide other examples of steps to maximize interview effectiveness. Some possible examples include not interrupting soap opera, timing your visit when the perpetrator is working, allowing the client to "pass" on answering a question.

Reference: Ramsey-Klawnsnik, 2004c

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



Topic: Commencement of the Interview

Discussion Points:

- Determine if the client has special needs that interfere with communication. If so, take steps to remedy this. For example, provide clients who are not proficient in English an interviewer who speaks their language or the services of an interpreter.
- Suggestions for dealing with communication barriers are provided in Ramsey-Klawnsnik & Klawnsnik, 2004.
- State law and agency protocols will, in part, determine the precise information APS workers provide to clients at the commencement of interviews.
- Ask participants to give examples of the information they need to provide.



Ask: When do you explain confidentiality to the client?

Trainer's Note: You should research state law and agency protocols to determine how confidentiality is handled in order to answer participant questions.

References:

- Ramsey-Klawnsnik, 2004c
- Ramsey-Klawnsnik & Klawnsnik, 2004

Slide #25 and #26

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



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

Topic: Throughout the Interview

Slide script:

- 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)

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

- 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

Discussion Points:

- The interviewer demonstrating genuine concern for the client is likely to collect more information, and more accurate information, than interviewers who fails to do this.
- Non-threatening conversation is advisable prior to asking about abuse allegations. This helps to build rapport and enables the interviewer to assess the client's communication and cognitive abilities.
- Open-ended questions may result in revelation of abuse. If so, gently probe to determine if the interviewee can more fully discuss this.
- These forensic principles of effective interviewing are appropriate for APS investigations into all types of allegations.

Reference: Ramsey-Klawnsnik, 2004c

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?



Topic: Sample Screening Questions

Discussion Points:

- Open-ended questions such as these invite clients who have been abused in any way to discuss their situation.
- Recall that people who have been reported to APS for concerns other than sexual abuse may have also experienced sexual assault. These questions are relevant to all abuse investigations.



Ask participants to provide additional examples of screening questions.

References: Ramsey-Klawnsnik, 2009, 2004c

Slide #28

Screening for Sexual Abuse ... When Other Abuse Disclosed



Topic: Screening for Sexual Abuse When Other Abuse is Disclosed

Examples:

- Madeline disclosed being bullied by her husband, Ed. He controls all of their money, becomes easily angered, and forbids her from contact with friends or relatives.
- Example of additional screening question: "I am sorry to hear that. Does Ed do other things that are hard for you?"

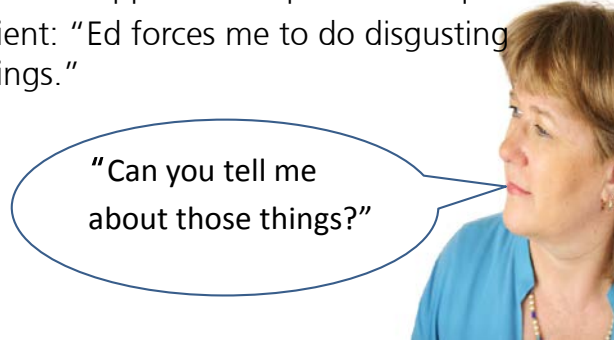
Discussion Points:

- This open-ended question is a respectful way to screen for additional abuse, including sexual assault. For example, Madeline may respond, "Yes, he does, but it's difficult to talk about."
- Continue the conversation with additional prompts: "I talk to many people who have been through things that are hard to discuss. If you can tell me about these things we may be able to think together about some solutions."

Slide #29

When Clients Hint About Victimization

- Skillfully explore these statements
- The best approach is open-ended questions
- Client: "Ed forces me to do disgusting things."



Topic: When Clients Hint About Abuse


Discussion Points:

- It is very difficult for many victims of sexual abuse to discuss sexual acts that have been forced upon them.
- Respectfully asking open-ended questions is often the best approach.

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?"

Topic: When Sexual Abuse Has Been Reported

Discussion Points:

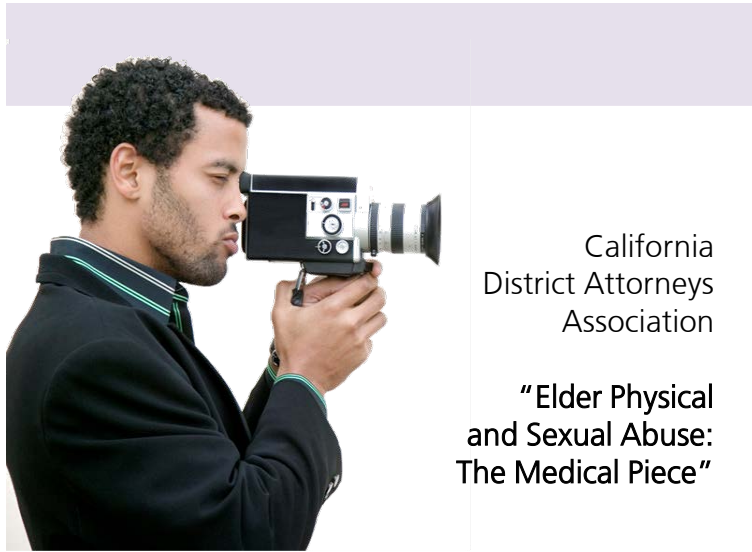
- This question may prompt the client to discuss her visit and speak about "being poked" by her brother.
- Follow up on this by asking more open-ended questions.
- For example, "Where were you poked?"



Ask the participants for other examples of questions appropriate to this situation.

Reference: CDAA, 2003

Slide #31



Topic: Video "Elder Physical and Sexual Abuse"

Tell the participants, that we will see a segment that provides more sexual abuse interviewing tips.

NOTE TO TRAINER: Clip from "CDAA – Elder Physical and Sexual Abuse: The Medical Piece" (available from <http://cdaa.org/multimedia.htm> for \$25 plus shipping and handling). Use Part 2. Show the 5-minute section 45:12 – 50:20 "Special Interviewing Approaches in Sexual Abuse and Domestic Violence Investigations." Provide time for participants to comment.

Slide #32



HANDOUT #6:
Interviewing for Possible
Sexual Abuse
Participant Manual pg 35

Topic: Small Group Work- Interview Practice

Instructions to Trainer: This mini-role-play should take about 30 minutes. Break the participants into groups of 4-5 and ask them to review the “Interviewing for Possible Sexual Abuse” handout on page 35 of their participant manual.

Provide participants:

10 minutes to do Task #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.

15 minutes for Task #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.

5 minutes for Task #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?

Visit the groups during the role-play to ensure that they stay on-task. Provide guidance if needed. After the group work, provide feedback regarding what you observed when you visited the small groups.

CONTINUED



Ask the participants who played the role of Mrs. Howard to comment on the experience of being the subject of a sexual abuse interview. (One purpose of this exercise is to build awareness in the participants of how being interviewed affects victims.)

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 1st, 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

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



Topic: Impact of Sexual Abuse



Ask the participants to think of examples of the various types of harm.

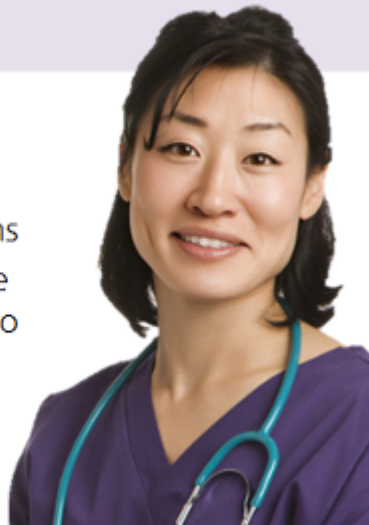
References:

- Chihowski & Hughes, 2008
- Ramsey-Klawnsnik, 2004a
- Ramsey-Klawnsnik et al., 2008

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



Topic: Physical Impact

Discussion Points:

- Due to normal age-related changes, older people are more seriously injured by all types of abuse
- These age-related changes include the thinning of tissue and bones
- However, not all older sexual abuse victims demonstrate physical injuries



Why would this be?

Answer to this Question:

- The behaviors involved in the sexual abuse may be non-touching offenses.
- Even if touching offenses occurred, physical evidence may or may not be present.
- Physical harm that did occur is unlikely to be detected if the victim does not receive a careful forensic exam within the needed time period.
- For example, genital bruising and tears heal and will not be detected if the victim is not examined within certain time frames.

CONTINUED

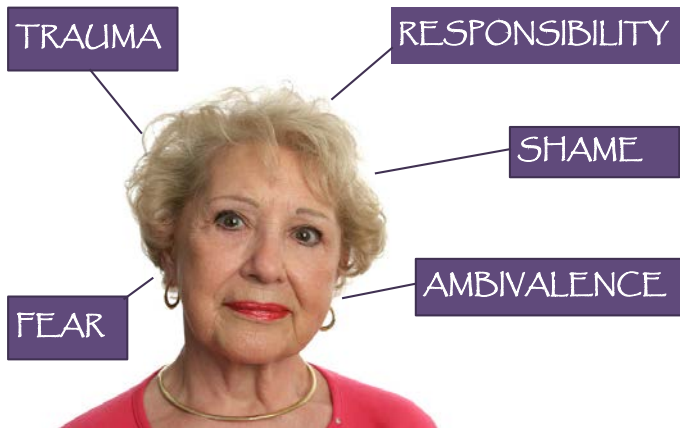
ELDER SEXUAL ABUSE: TRAINER'S MANUAL

References:

- Poulos & Sheridan, 2008
- Eckert & Sugar, 2008

Slide #35

Psycho-social Harm Incurred by Incest Victims



Topic: Psycho-social Harm Incurred by Incest Victims

Note: Slide is animated so that types of psycho-social harm are hidden until you click on the slide.

Slide script:

- People sexually abused by children or grandchildren were found to experience powerful ambivalent feelings towards their abusive kin
- These feelings included fear, shame, and sense of responsibility for the wrongdoing of offspring
- These feelings complicated the trauma response of incest victims

Discussion Point:



What case examples have we discussed in which victims demonstrated these feelings?



What are the implications for APS practice?

Reference: Ramsey-Klawnsnik, 2003

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



Topic: Trauma Symptoms Among Victims in Facilities

Slide script:

- People who had been sexually abused in their care facilities demonstrated symptoms of post-traumatic stress disorder
- Symptoms included intrusive memories, fear, anxiety, uncontrollable crying spells, and attempts to flee from facilities in which they had been assaulted
- Even victims with dementia who could not describe their assaults demonstrated trauma symptoms

Discussion Point:



What are the implications of these findings for APS investigators?

Answer:

When investigating alleged sexual abuse, ask alleged victims as well as their care providers about changes in behavior following the alleged abuse. Documented changes that constitute trauma symptoms can provide evidence to support allegations.

Need to gain trust and leave the door open for future disclosures.

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

References:

- Burgess, Ramsey-Klawnsnik & Gregorian, 2008
- Ramsey-Klawnsnik et al., 2008
- Ramsey-Klawnsnik, 2004a

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



Topic: Unwanted Changes in Lifestyle

Discussion Points:

Miss Mary, the woman in the DVD who was sexually assaulted by her grandson, provides us with a good example. Recall that she stated, "I'm having to suffer for what he did" and that she was relocated to a nursing home as a result of the assault. Additionally, her family sided with her abuser and ceased being in contact with her as a result of the criminal trial.

Reference: Raymond & Brandl, 2008

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

Topic: Responding to Disclosures

Discussion Points:

- It is important to remain calm when receiving and clarifying disclosures of sexual abuse, even though the material being discussed may be very upsetting.
- Maintaining a professional yet compassion and attentive demeanor will help the victim to reveal more information about the abuse.
- Remaining calm also enables you to stay focused on the client and his or her needs and problems.
- Do not "correct" the victim's feelings, instead validate. For example, if she has expressed love for her sexually abusive son, do not say, "You should not love your son after what he did to you." Instead, you might say, "It is so very painful when people we love take advantage of us."
- Implement procedures that you have been taught for safety planning with clients regarding immediate risks. At this time, it is not helpful to discuss long-term plans. Focus on the immediate issues only.

Reference: Ramsey-Klawnsnik, 2004c

Slide #39

Following Disclosures Interviews

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



Topic: Following Disclosures Interviews

Discussion Points:

- Taking notes during a sensitive interview such as a sexual abuse disclosure is not recommended. Instead, using “active listening” skills to focus on and support the victim, as well as to fully understand what is being revealed.
- Take notes as soon as the interview is concluded to preserve the accuracy of the information.
- Receiving disclosures of sexual abuse should prompt immediate requests for supervision. These are very complicated cases to safely and effectively manage. Do not attempt to make case decisions independently.

Reference: Ramsey-Klawnsnik, 2004c

Slide #40

Primary Goals of Intervention

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



***Topic:* Primary Goals of intervention**

Remind participants that criminal prosecution is not a primary goal of APS intervention. Our first priority is the client and his/her health and safety.

Slide #41

Issues to Consider in Planning Possible Intervention



Topic: Issues to Consider in Planning Possible Interventions

Tell the participants that we will be discussing each of these factors as we move forward.

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

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?



Topic: Victim Specific to Consider

Discussion Point:

All of these must be considered when thinking about possible interventions in order to provide "victim-centered" intervention and to meet ethical requirements.

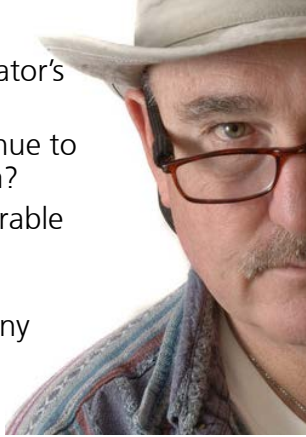
- What are the victim's wishes?
- How has the victim been harmed?
- Does the victim have capacity to consent?
- Does the victim remain in danger of continued abuse of any type?
- What are the victim's needs?

Reference: Chihowski & Hughes, 2008

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?



Topic: Perpetrator Specific to Consider

Discussion Points:

- Recall that when the victim is in a significant relationship with the perpetrator, it is usually much more challenging for that victim to accept intervention.
- If the perpetrator has been meeting any care needs for the victim, substitute care provision should be offered to reduce the victim's dependency on that perpetrator.
- Use supervision to problem resolve case management dilemmas when the perpetrator poses continued danger to either the identified victim or others.

Reference: Chihowski & Hughes, 2008

Slide #44

Abuse Specifics to Consider



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

Topic: Abuse Specific to Consider

As we will discuss with the next few slides, the intervention required varies depending upon these and other variables.

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

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?



Topic: Consider Available Resources

Discussion Points:

- Victim resources that may be helpful include relatives, friends, neighbors, faith community members and other people who may play a role in helping to keep the victim safe from further abuse and assisting in victim recovery.
For example, a relative may provide transportation for the victim to sexual assault counseling sessions.

Discuss with the participants:



What other personal resources of the victim may be helpful?



What resources exist within your APS agency to help victims of sexual abuse?



What are our community resources for responding to victims of sexual abuse? Be sure to discuss the role of law enforcement and the criminal courts (including victim witness advocates), civil orders of protection such as restraining orders, and sexual assault centers that provide access to forensic exams and advocacy and counseling for victims.

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



Topic: Specific Interventions in Sexual Abuse Cases

Slide Script:

- Clients who have been sexually abused may benefit from 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

Discussion Points:

- Generic APS services that are often recommended in cases involving neglect, financial exploitation, physical abuse, etc. may be helpful to victims who have been sexually abused. If so, these should be offered to the client.
- In the next section, we will discuss sexual abuse specific intervention services.
- But first, some important reminders

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



Topic: Ethics in Intervention

Discussion Points:

- Sexual abuse cases can alarm APS workers.
- It is important to remember that victims who have the capacity to make informed decisions retain the right to refuse any interventions suggested by APS.
- APS workers need to discuss possible interventions with their clients and make suggestions, always following ethical principles in the process.

Reference: NAPSA Code of Ethics

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."

1920
1930
1940
1950
1960
1970
1980

Topic: Culture, gender, age, disability considerations

Discussion Points:

- 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.



Ask participants to provide several examples to illustrate this point.

For information specific to male sexual abuse victims, see Teaster, et al., 2007

Reference: Vierthaler, 2008, p. 309

Slide #49

Sexual Abuse Specific Interventions



Forensic examinations



Civil court orders for protection



Referral to and collaboration with law enforcement



Sexual assault center services

Topic: Sexual Abuse Specific Interventions

We will discuss each of these specific interventions on the next few slides.

- Forensic examinations
- Civil court orders for protection
- Referral to and collaborations with law enforcement
- Sexual assault center services

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.

Topic: Forensic Exams

Discussion Points:

- Offer to arrange forensic exams for clients when there is reason to believe that sexual abuse has occurred. The abuse need not be substantiated first. In fact, waiting until an investigation is complete will cause evidence to disappear.
- It is critical to obtain independent examination services for clients who may have been sexually abused. The Study of Sexual Abuse of Vulnerable Adults in Care Facilities (Ramsey-Klawnsnik et al., 2008) found that in most alleged cases, the victims were either not examined at all or only received a brief, visual inspection by employees of the involved facilities.
- Health care providers **untrained** in forensic sexual assault examination should not be used to conduct these exams. Instead, try to use [Sexual Assault Nurse](#) Examiners. They are emergency room RNs who have completed specialized training to assist sexual assault victims. These nurses perform the pelvic exam and collect all forensic evidence
- Local rape crisis centers and sexual assault coalitions can provide information on where and how to obtain forensic exams.

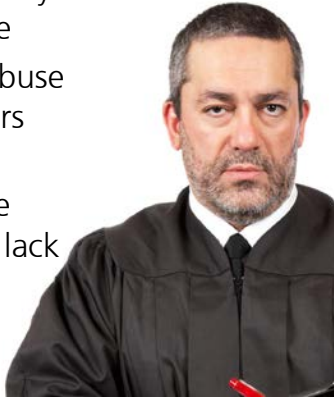
References:

- Chihowski & Hughes, 2008
- Ramsey-Klawnsnik, 2009

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



Topic: Civil Court Orders of Protection

Discussion Points:

- Intervention may involve helping victims to access court orders designed to increase safety.
- APS supervisors and agency attorneys can assist workers in understanding and accessing available civil court orders to increase victim safety.

References:

- Chihowski & Hughes, 2008
- Heisler, 2000
- Steigel, 2000

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

Topic: Referral to Law Enforcement

Note to Trainers: Trainers will need to ascertain the laws and protocols existing in their jurisdictions and provide these to participants during this course.

Reference: Brandl et al., 2007

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



Topic: Sexual Assault Advocates

Discussion Point:

Advocates are available through local rape crisis and sexual assault centers.

Note to Trainers: If participants are all from one agency/area, consider providing them with a list of contact information for local services.

Reference: Vierthaler, 2008

Slide #54



HANDOUT #7:
Planning for Possible
Interventions
Participant Manual pg. 44

Topic: Small Group Work- Planning Intervention

Instructions to Trainer: Allow about 30 minutes for this activity. Break the participants into small groups of 4 – 5. To maximize learning, place participants in groups with people different from those with whom they worked earlier.

Ask them to read handout 7, “Planning Possible Intervention” in their participant manual on page 44. Give the groups 15 minutes to complete the tasks.

Ask the groups to prepare a very brief report back to the large group with the results of their discussion. Do large group processing of their findings and then provide the actual case outcome.

Visit the groups while they work to keep them on-task and answer questions that arise.

Case Outcome:

- The services of a sexual assault advocate were offered to Jose, however, he refused saying that all he wanted and needed was a safe place to live. He also declined the opportunity to be examined by a forensic expert and instead accepted medical services at the neighborhood clinic to treat the injuries he sustained from the sexual assaults.
- Jose temporarily accepted a bed in a shelter facility operating under contract with the APS agency.

CONTINUED

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

- The APS worker helped Jose to make application for an affordable apartment in senior housing. The worker was able to get Jose on the priority list because he was an APS client living in danger. A first floor apartment was secured. Jose was helped to set-up and move into his apartment.
- The nurse at the health clinic and the APS worker collaborated to help Jose explain to his family that he required a first floor apartment in senior housing due to his health needs.
- Jose was offered assistance with obtaining civil orders of protection from Victor. He refused. The worker informed Jose that he could contact her at any point if he changed his mind and wanted a court order for protection.
- The worker informed Jose that under state law, she was required to file a report concerning the substantiated sexual abuse with the District Attorney (DA). While Jose did not like this, he liked and trusted the worker and did not want her to get in trouble for breaking the law. The worker explained that she would inform the DA that Jose was very worried about the welfare of his family who would be deeply shamed and ostracized if the sexual abuse became public information. The worker conveyed Jose's wishes and fears regarding criminal charges to the DA's office.
- DA's office personnel believed that they could not successfully prosecute Victor without the testimony and cooperation of Jose. Prosecution did not occur.

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

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.

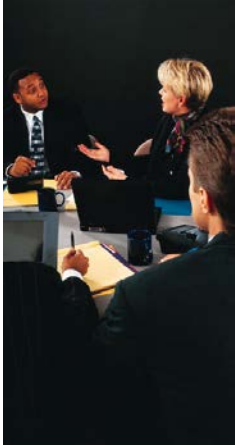
Jose is 82 years old; he uses a cane and walks with difficulty, rendering it very difficult for him to climb stairs. Besides the symptoms for which he is being treated at the clinic, he is in stable health. He receives a small monthly income from social security, which he contributes to the family to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

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

Topic: Multi-disciplinary Collaboration

Discussion Points:



What professionals were involved in the Jose Rodriguez case we just worked on?



What professionals were involved in the Miss Mary case depicted on the OVC film clip viewed earlier?



What steps can be taken when multiple professionals and offices are involved in the life of a victim to benefit that individual?

References:

- Brandl et al, 2007
- Chihowski & Hughes, 2008
- Ramsey-Klawnsnik, 2009
- Raymond & Brandl, 2008

**HANDOUT #8:
Sexual Perpetrators:
Optional Activity
Participant Manual pg. 44**

Additional Exercise Regarding Perpetrators (To be included if time allows)

Instructions to Trainer – Break the participants into small groups of 4 – 5. Allow the groups 20 minutes to read the material provided and discuss the similarities and differences among the perpetrators in these cases. Then allow 20 minutes for large group reporting back and discussion of the results.

- Stress that there is much heterogeneity among sexual perpetrators and that no one “profile” exists.
- Also stress that human behavior is complex and determined by many factors that are not well understood by the mental health and human services fields. It is not possible to determine “why” a person becomes a sexual perpetrator or why he or she engaged in any particular act of assault.
- Explain that the APS worker need not spend time trying to determine “why” an individual sexually assaulted. Instead, the goals of investigation are to determine if sexual abuse occurred, and if so, **what occurred** and the **impact of that assault on the victim**. Workers also attempt to determine **what, if any, interventions the victim would like to receive** and **how best to assist that victim**.

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

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

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

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).

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

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

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

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).

Slide #56

Thank You

Please complete your
evaluation



Topic: Thank You and Good Luck!

- Thank you for your time and attention today.
- Thank you for all the good work you will do for victims of sexual abuse.
- We sincerely hope that the information conveyed today will enable you to effectively assist sexual abuse victims.

REFERENCES

Brandl, B., Dyer, C., Heisler, C., Otto, J. Stiegel, L. & Thomas, R. (2007). *Elder abuse detection and intervention*. New York: Springer Publishing Company.

Burgess, A. and Clements, P. (2006). Information processing of sexual abuse in elders. *Journal of Forensic Nursing*, 2(3), 113 – 120.

Burgess, A., Ramsey-Klawnsnik, H. & Gregorian, S. (2008). Comparing routes of reporting in elder sexual abuse cases. *Journal of Elder Abuse and Neglect*, 20(4), 336 – 352.

CDDA. (2003). *Elder Physical and Sexual Abuse: The Medical Piece*, instructional video produced by the California District Attorneys Association & IMO Productions, funded by Grant No. 2002-EW-BX-0004, Office on Violence Against Women, US Department of Justice.

Chihowski, K. and Hughes, S. (2008). Clinical issues in responding to alleged elder sexual abuse. *Journal of Elder Abuse and Neglect*, 20(4), 377 – 400.

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

Heisler, C. (2000). Elder abuse and the criminal justice system: New awareness, new responses. *Generations*, 14(11), 52 – 58.

NAPSA. (2002). Ethical Principles and Best Practice Guidelines.

O'Neil, M. & Morgan, P. (2010). American Perceptions of Sexual Violence: A FrameWorks Research Report. FrameWorks Institute. (Available at: www.frameworksinstitute.org/assets/files/PDF_sexualviolence/AmericanPerceptionsofSexualViolence.pdf)

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

Poulos, C. & Sheridan, D. (2008). Genital injuries in post-menopausal women after sexual assault. *Journal of Elder Abuse and Neglect*, 20, 323–335.

Ramsey-Klawnsnik, H. (2010). *Sexual Violence in Later Life Information Packet: Fact Sheet, Technical Assistance Bulletin, Technical Assistance Guide, Resource List, and Annotated Bibliography*. Enola, PA: The National Sexual Violence Resource Center.

Ramsey-Klawnsnik, H. (2009). Elder sexual abuse. *National Association of Social Workers MA Chapter Focus Newsletter*, 36(4), 7 – 10, 15 - 17.

Ramsey-Klawnsnik, H. (2007). Psychosocial stress: Effects on abuse professionals. *Victimization of the Elderly and Disabled*, 9(6), 84 – 85, 95.

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.

Ramsey-Klawnsnik, H. (2004a). Elder sexual abuse perpetrated by residents in care settings. *Victimization of the Elderly and Disabled*, 7(6), 81, 93 – 95

Ramsey-Klawnsnik, H. (2003). Elder sexual abuse within the family. *Journal of Elder Abuse and Neglect*, 15 (1), 43 – 58.

Ramsey-Klawnsnik, H. (1991). Elder sexual abuse: Preliminary findings. *Journal of Elder Abuse & Neglect*, 3(3), 73-90.

Ramsey-Klawnsnik, H. & Klawnsnik, L. (2004). Interviewing victims with barriers to communication. *Victimization of the Elderly and Disabled*, 7(4), 49 – 50, 63 – 64.

ELDER SEXUAL ABUSE: TRAINER'S MANUAL

Ramsey-Klawnsnik, H., Teaster, P., Mendiondo, M., Marcum, J. & Abner, E. (2008). Sexual predators who target elders: Findings from the first national study of sexual abuse in care facilities. *Journal of Elder Abuse & Neglect*, 20(4), 353 – 376.

Ramsey-Klawnsnik, H., Teaster, P. B., Mendiondo, M. S., Abner, E. L., Cecil, K. A. & Tooms, M. R. (2007). Sexual abuse of vulnerable adults in care facilities: Clinical findings and a research initiative, *Journal of the American Psychiatric Nurses Association* 12(6), 332 – 339.

Raymond, J. & Brandl, B. (2008). *In Their Own Words: Domestic Violence in Later Life Training Guide*. Washington, DC: US Department of Justice.

Stiegel, L. (2000). The changing role of the courts in elder-abuse cases. *Generations*, 14(11), 59 – 64.

Teaster, P., Ramsey-Klawnsnik, H., Mendiondo, M., Abner, E., Cecil, K. & Tooms, M. (2007). From behind the shadows: A profile of the sexual abuse of older men residing in nursing homes. *Journal of Elder Abuse and Neglect* 19(1/2), 29 – 45.

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

Vierthaler, K. (2008). Best practices for working with rape crisis centers to address elder sexual abuse. *Journal of Elder Abuse & Neglect*, 20(4), 306 – 322.