

Sexual Abuse

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Module Overview

Responding to crimes of sexual violence is a difficult responsibility for all involved professionals. When the victim is an elder with one or multiple physical or cognitive illnesses, the challenge becomes even more difficult. This module provides a basic knowledge overview needed for a protective services worker to conduct a report of elder sexual assault.

Learning Objectives

By the end of this module, you will:

- Know the Older Adult Protective Services Act definition of sexual assault.
- Know the resources available in the Commonwealth to provide support to a victim of sexual assault.
- Know the interviewing skills to use when interviewing a victim of sexual assault.
- Understand the dynamics of sexual assault of an older adult.

Study Steps

1. Prior to reading this module, it would be beneficial to:
 - a. Shadow an experienced worker on a report of sexual abuse.
 - b. Read a completed case record that documents a report of sexual abuse from the Report of Need (RON) to a completed investigation.
2. Review the content of this section.
3. Review referenced Sections of 6 Pa. Code, Chapter 15. Protective Services for Older Adults, Aging Program Directives (APD) and Aging Technical Assistance Bulletins (ATAB).
4. Complete the self-evaluation quiz and use the answer key to review your answers.
5. Review the content of any of the questions you answered incorrectly.
6. Plan with your supervisor to complete transfer of learning activities.

Content

Read the module, Sexual Abuse.

Investigating Reports of Older Adult Sexual Abuse
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A. Sexual Abuse Defined:

- a. As defined by the Older Adult Protective Services Act: (35 P.S. § 10225.103, *et. seq.*):
 - i. Sexual abuse—Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest.
- b. Criminal Statutes related to sexual abuse: See Appendix at the end of this module.

B. Alleged Sexual Abuse - Responding to a Report of Need

- a. It is important to remember the following three basic, yet important, steps when you respond to a report of sexual abuse:
 - i. Attend to the victim.
 1. Determine victim's physical safety.
 2. Determine victim's medical condition and needs.
 3. Determine if perpetrator still has access to the victim.
 4. Encourage the victim to preserve evidence by not changing clothes, washing, using bathroom, drinking anything, combing hair or disturbing scene.
 5. Determine if the victim has special needs regarding language translation, hearing or sight impairment, request for same-sex investigator, etc.
 - ii. Gather vital information about the assault.
 - iii. Contact law enforcement if appropriate (additional information regarding working with law enforcement is in a later section of this module).

C. Types of Sexual Abuse

- a. Continuum of Sexual Violence: Sexual violence exists on a continuum and each act may cause the victim trauma. Sexual violence is not always rape or sexual assault, and includes acts such as fondling and non-contact acts such as sexual harassment. Severe trauma is determined by many factors. For example, a victim of voyeurism was extremely traumatized because no one except her husband had ever seen her naked.
 - i. Rape
 - ii. Indecent/Sexualized Exposure
 - iii. Marital and Partner Rape
 - iv. Sexual Exploitation
 - v. Sexual Harassment
 - vi. Stalking
 - vii. Stranger and Non-Stranger Rape
 - viii. Voyeurism

- ix. Fondling/Groping
- x. Forced Sexualized Photography
- xi. Being Forced to View Pornography/Sexual Acts
- xii. Any Other Unwanted Sexual Contact

D. Sexual Victimization:

- a. Myths: Rape myths lead to our doubt that victims can be people who are not sexualized in society. For example, many doubt an older adult would be sexually abused because they do not fit society's image of what is attractive and/or sexually desirable. The myth is that rape is motivated by sexual desire, and thus victims are only young women.
- b. Rape is about power and control, therefore vulnerable populations are desirable victims:
 - i. Rape and other forms of sexual violence are a form of attaining power and control over others using sex as the weapon.
 - ii. Perpetrators target vulnerable people because they are less likely to fight back, less likely to report the crime, and less likely to be believed if the crime is reported.
 - 1. For example, people with developmental disabilities are not considered sexualized by society. In fact, many believe they don't have sex or sexual urges. Yet, over half of people with a developmental disability experience sexual assault, and half of those victims will experience 10 or more abusive incidents (*Valenti-Heim, D., Schwartz, L. 1995. The Sexual Abuse Interview for Those with Developmental Disabilities*).
- c. Older Adults as Sexual Assault Victims
 - i. Older adults may be viewed as a burden on society; often times people do want to address their problems.
 - ii. Older adults may be viewed as asexual.
 - iii. An older adult's own generational beliefs may incorporate rape myths, leading to self-blame and guilt connected to the abuse.
 - 1. Women were not supposed to have sex at a young age or before marriage. If they did, they were labeled bad and dirty by family and peers.
 - 2. Men, on the other hand, were seen as hormonally-charged individuals who always thought about and wanted sex. It was a good girl's duty to deny the uncontrollable libido of boys.
 - 3. Sex was a taboo topic of discussion. Mothers and fathers did not discuss sex with children, and children did not discuss sex with their parents.
 - 4. Rape within a family was not a crime in that generation. If marital rape occurred, it was the husband's right in marriage.
 - 5. Childhood sexual assault was not recognized, especially within the family or by influential members of society (teachers, clergy, etc.)

- iv. They may be naive to society's violence, and not think that they could be victims of sexual violence.
 - v. Conditions that may come with the aging process—financial insecurity and/or the need for care could make an elder easy to manipulate by a relative and/or caregiver.
 - vi. Society stereotypes older adults—they are incompetent, have memory loss, are eating up social security benefits, etc.
 - vii. Many have physical and cognitive disabilities. This makes them both unable to protect themselves and at times not validated as reporters. They may doubt their ability to meet the expectations of the person they report to, and worry that people will think they are incompetent when they confuse details. They may worry that a family member, upon learning of their victimization, will also think they are incompetent.
 - 1. **IMPORTANT NOTE:** Due to the traumatic nature of sexual assault many victims, despite their age and cognitive ability, may confuse details about the assault. Confusing a few details is not the sole indicator that the older adult may be making an invalid report.
 - viii. Fear of retaliation by the offender for reporting the crime. They may have been threatened that if they report the victimization it will get worse, or that they will be sent to a nursing home.
 - ix. They fear that no one will believe them if they do report, and that the consequences of reporting (police involvement, court case, relocation, etc.) would be worse than the abuse.
 - x. They lack knowledge about the community resources that exist to both protect them and provide treatment.
- d. Sexual Abuse is Different for Older Adults: Physically
- i. Increased chance of sustaining serious injury: Elderly victims are twice as likely to suffer serious physical injury and to require hospitalization than any other age group. The physiological process of aging brings with it a decreasing ability to heal after injury—both physically and mentally.
 - ii. Increased vaginal or anal tearing and bruising that may never fully heal: Elder victims are more likely to experience genital injury—along with an increased risk of that injury requiring surgical repair.
 - iii. Brittle pelvis or hip bones can be broken by friction or weight: As people age, their bones become more brittle and weak. Force is more likely to break or fracture bones.
 - iv. Increased risk of infections: Due to the increased risk of tearing and lack of medical attention, the risk of infection increases for elder sexual assault victims.
 - v. Sexually transmitted infections: An elder victim is unlikely to report sexual abuse, especially immediately after the assault when treatment for STIs is most important. Even if the assault is reported,

treatment for injury and STIs may not be provided, which could be life threatening in some cases.

E. Physical and Behavioral Signs & Symptoms of Sexual Assault

“An elder sexual assault victim may suddenly act fearful, withdrawn, depressed, emotional, unwilling to participate in the routines of a typical day, have different reactions towards certain caregivers, other residents or family members, but these symptoms could also be representative of other conditions like depression or dementia.”

- PA nursing home staff member

a. Behavioral Signs:

- i. Fear
- ii. Withdrawal
- iii. Depression
- iv. Panic attacks
- v. Nightmares
- vi. Inappropriate sex-role relationship between victim and suspect
- vii. Inappropriate, unusual or aggressive sexual behavior
- viii. These signs may also be indicators of depression or dementia

b. Physical Signs:

- i. Broken hips
- ii. Bruising on inner thighs
- iii. Difficulty in walking or standing
- iv. Pain/itching in genital areas
- v. Torn, stained or bloody undergarments or bedding
- vi. Unexplained vaginal/anal irritation, injury and/or redness
- vii. Unexplained vaginal/anal bleeding
- viii. Unexplained sexually transmitted infections/diseases
- ix. NOTE: Some of these signs and symptoms, such as bloody undergarments and vaginal bleeding could be other conditions such as vaginitis.

F. Attending to the Victim

- a. Recognize that there are emotional consequences of sexual abuse for the older adult
- b. Make every attempt to assign a protective service worker of the same sex of the victim and with experience in sexual violence to the victim when possible
- c. Arrange for the victim to go to the emergency room as soon as possible if it has not been done already and the victim complies - this is essential for evidence collection and medical treatment.
- d. Utilize community-based programs and services for support (primarily rape crisis centers).

- e. Seek the victim's consent before any contact is made with the victim's family when possible
- f. Allow the victim to retrieve a change of clothing so she or he is not released in hospital garb or inappropriate donated clothing
- g. Seek the victim's consent prior to calling in a rape crisis advocate for emotional support, but be sure to offer this service
- h. Ensure the victim is shielded from any and all media if she or he so requests
- i. Provide information on security options, and perhaps most importantly, ensure the victim has a safe place to go after the medical exam.
 - i. Make every attempt to NOT return the victim to the location of the assault until you KNOW the perpetrator does not have access to the victim at the location where the alleged abuse occurred.
 - ii. If you must return the victim to the location where the abuse occurred a detailed safety plan must be in place outlining actions that will insure the victim's safety.

G. Sexual Assault Perpetrators

Like all incidences of sexual abuse, almost anyone may be a perpetrator. It is important not to exclude someone as a perpetrator because you think, "He/she would never do that." Sexual victimization does not know any economic, social, or cultural boundaries. Perpetrators and victims come from all walks of life. Perpetrators may be anyone who has access to the older adult including: family members, friends, neighbors, residents, caregivers (paid and unpaid), strangers, medical staff and home visitors.

- a. In one study, 96% of perpetrators were male; 81% were the victim's primary caregiver; 78% were family members (39% were sons) and over 50% of the cases constituted incest (*Ramsey-Klawnsnik, H.*).
- b. In another study, 55% of all perpetrators were the female victims' sons, son-in-law (12%), or grandsons (12%). For male victims, 62% were friends and 31% were housekeepers (*Holt, Malcolm G.*).

H. Interviewing the Victim of Sexual Assault

- a. Purpose of the sexual assault interview
 - i. Insure victim safety
 - ii. Reinforce to the victim that the victimization was NOT their fault
 - iii. Identify needs for support services
 - iv. Gather information regarding the victimization that can support recovery as well as identification and conviction of the perpetrator.
- b. Things to consider when interviewing an older victim of sexual assault.
 - i. Assume the older adult can provide accurate detailed Information: It is critical that you begin all interviews with the mindset that the interviewee has valuable information to offer.

1. Example: An Alzheimer's patient may begin by seeming very confused and calling you their son and saying that they miss you. Do not dismiss them, although they may be confused about who you are, they can still provide valuable information about their experiences.
2. In a study of nursing home sexual violence victims, 60% suffered from dementia; others had cognitive deficits. Many also suffered from cataracts, stroke, hypertension, diabetes, glaucoma and cognitive heart failure. Confusion, loss of long and short-term memory and disorientation also appeared on the victims' medical records. Despite prevalent cognitive hindrances, 85% of victims were able to identify their perpetrator (Burgess, A.W., E.B. Dowdell & R.A. Prentky).
 - ii. Keep in mind that it is normal for anyone who has experienced trauma to have initial memory deficits.
 - iii. Remember to use basic interviewing techniques used with older adults.
 - iv. Determine if the victim had a chance to discuss the situation with anyone and if emotional support been given? Has the rape crisis advocate been called **(1-888-772-PCAR)**? Are loved caregivers, family members, or friends there for support?
 - v. To the degree possible – try to coordinate a collaborative interview with the police present. If you are at the hospital, is the crime interview being conducted in coordination with the nurse examiner preparing the rape kit to avoid any additional interviews?
 - vi. Insure the family, the advocate, or others aren't present for the interview because they may be called as witnesses in a trial, or because a family member may be the perpetrator.
 - vii. Physical condition: Be attentive to whether victims are tired or not feeling well. Are they groggy from a medication?
 - viii. Emotional state: Are they still experiencing trauma from the assault? Do they feel safe? Do they have a mental health condition? Allow victims time to collect their thoughts before your interview.
 - ix. Establish orientation times 3:
 1. Ask the victim their name.
 2. Ask if they know where they are.
 3. Ask if they know the day and date.
 4. **IMPORTANT** - Victim may be oriented to person and place but not to time. If they know one and not the other, they can still provide detailed information about the assault.
 - x. Gather background information: Attempt to get some background information about the victim prior to conducting the interview.
 1. What is the relationship between the victim and the perpetrator?

2. Are there any medical, cognitive, emotional concerns?
3. When did the victim last take medication?
4. Will the medication have an impact on the interview?

I. Conducting Sexual Assault Investigations in Long-Term Care Facilities

- a. Inform facility staff that you have arrived on scene
- b. Insure law enforcement has been contacted. You want to make every effort to conduct your interview with law enforcement present. It is traumatic for the victim to have to repeatedly tell the story of the victimization.
- c. Assure the victim's safety.
 - a. Physical safety: Does the victim need to be transported to a hospital?
 - b. Emotional safety
 1. Inform them he/she will be protected and every effort will be made to keep them safe and not allow the alleged perpetrator to have access.
 2. A patient who has a mental illness or suffers from Alzhiemers/ Dementia may think the perpetrator is still in the room. Assure the victim she/he is safe.
 3. Coordinate with facility staff if the victim needs to be transported to a hospital (Preferably a hospital that routinely deals with sexual assault victims and has a SAFE/SANE nurse on staff).
 - a. SAFE/SANE—Sexual Assault Forensic/Nurse Examiner: A registered nurse or physician who provides comprehensive care, timely collection of forensic evidence, and testimony in sexual assault cases. This individual has completed specialized forensic training.
 4. If the victim does not need immediate medical assistance (due to lapse of time between the assault), advise that she/he may still need to have a medical evaluation and be examined for evidence at the hospital. Keep in mind, especially with elders, that physical evidence such as bruises, wounds, or internal injuries may not be apparent. It is best practice to have all victims fully examined.
- c. Keep victim informed of what is happening by explaining what your responsibilities are as a protective services investigator.
 1. Conducting a Protective Services Investigation
 - a. Insuring they are in a safe environment at all times
 - b. Providing services to insure their safety
 - c. Taking a statement of the incident
 - d. Interviewing the perpetrator
 - e. Gathering facts from medical records and other collateral resources

- f. Determining if the report of abuse is substantiated or unsubstantiated
 - a. Explain that the level of evidence needed to substantiate a report is “clear and convincing.” The level of evidence needed for criminal prosecution is “beyond a reasonable doubt.” Therefore, protective services may have enough evidence to substantiate a report and the District Attorney may not feel there is not enough evidence to criminally prosecute the perpetrator. It is your responsibility to insure their safety – not criminally prosecute the perpetrator.
- d. Contact the local Rape Crisis Center for the victim.
 - 1. The local Rape Crisis Center can assist with the following:
 - a. Providing the victim and significant others with emotional support. This includes free, confidential crisis, one-on-one or group counseling.
 - b. Informing the victim and significant others of the process of investigating and prosecuting sexual assault.
 - c. Assistance and accompaniment to medical, police, and legal procedures, as well as options such as crime victim’s compensation.
- e. Inquire if a family member or friend has been contacted for the victim. A rape crisis advocate can also be a support person.
 - 1. Why are support people important?
 - a. A victim that feels safe and supported will be able to share more information about the incident—a highly uncomfortable subject. The friend/relative does not need to be present; it is comforting for the victim to know a support person is on their way to see them. Keep in mind that a rape crisis advocate can and should be called to support the victim in the hospital, but some may not be able to come to the LTC—be sure to call and verify this with your local rape crisis center.

J. Collaboration with Law Enforcement and Victim Advocate Services

- a. Members of Sexual Assault Investigation Team
 - i. SART—Sexual Assault Response Team: A multidisciplinary team working collaboratively to provide services for the community by offering specialized services for victims of sexual assault. The team includes at a minimum, a medical director, a sexual assault forensic examiner (SAFE), a sexual assault advocate, a law enforcement representative, and an assistant district attorney.
 - ii. SAFE/SANE—Sexual Assault Forensic/Nurse Examiner: A registered nurse or physician who provides comprehensive care,

timely collection of forensic evidence, and testimony in sexual assault cases. This individual has completed specialized forensic training.

- iii. Local Police and/or County Detectives: Law enforcement is responsible for apprehending the alleged perpetrator and gathering evidence that may lead to criminal prosecution.
- b. Law Enforcement Agencies as Available Resources (6 Pa. Code § 15.46)
 - (a) General. This chapter may not be interpreted to deny an older adult who needs protective services access to the normal protections available from the police and other law enforcement agencies as appropriate.
 - (b) Interagency coordination. To facilitate the cooperation of law enforcement officials with the provision of protective services when necessary, the agency shall fulfill the following minimum coordinating activities:
 - (1) Achieve specific coordination objectives with:
 - (i) Police departments in the planning and service area.
 - (ii) The district attorney's office.
 - (iii) State Police field installations for the planning and service area.
 - (iv) Officials of the court system.
 - (v) Legal assistance agencies.
 - (2) Establish designated points of contact with law enforcement agencies to facilitate access when necessary.
 - (3) Establish basic procedures to be followed when the agency makes reports of criminal conduct or requests for special assistance to law enforcement agencies and when the law enforcement agencies report the need for protective services to the agency.
 - (4) Provide for the necessary exchange of information about protective services for older adults and the role of law enforcement in the provision of those services.
 - (c) The role of law enforcement in protective services. The agency's protective services workers shall receive training as required under §§ 15.121 - 15.127 (relating to staff training and experience standards) in applicable sections of the criminal code and the role of law enforcement officials when criminal conduct is encountered or suspected.
 - (d) Legal options information. The agency shall take steps to inform older adults who need protective services of the various legal options, civil or criminal, available through appropriate agencies as possible remedies to situations of risk to person or property. If an older adult reported to need protective services requests the agency to contact a law enforcement agency, the

agency shall respond to that request in an appropriate and timely manner.

(e) Police assistance to protective services worker. A protective services worker may, as appropriate, request the assistance of a police officer when investigating a report which indicates a possible danger to the worker. As provided under § 15.74 (relating to forcible entry), forcible entry may be made only by a police officer or State Trooper accompanied by a representative of the agency after obtaining a court order.

(f) Simultaneous investigation. When both a report of need for protective services and a police report have been filed, the protective services investigation shall continue simultaneously with the police investigation. The agency may take steps to coordinate its investigation with the police investigation and the investigation of the State licensing agency and shall make available as provided under § 15.105 (relating to limited access to records and disclosure of information) relevant information from the case record.

(g) Report of death. If the death of an older adult reported to need protective services occurs prior to the agency's investigation of the report, during the investigation or at any time prior to the closure of the protective services case, when there is some nexus between the death and the need for protective services, the agency shall immediately report that death to the police and the county coroner.

- c. A potential criminal investigation and prosecution begins as soon as the report of need is received. All documentation and actions may become official evidence that may be used to secure a criminal conviction. Incomplete reports, inaccurate statements can result in acquittal of a guilty perpetrator.
- d. Follow agency protocol for contacting law enforcement.
- e. Simultaneous investigation. When both a report of need for protective services and a police report have been filed, the protective services investigation shall continue simultaneously with the police investigation. The agency may take steps to coordinate its investigation with the police investigation and the investigation of the State licensing agency and shall make available as provided under 6 Pa. Code § 15.105 (relating to limited access to records and disclosure of information) relevant information from the case record.
- f. Interagency coordination. To facilitate the cooperation of law enforcement officials with the provision of protective services when necessary, the agency shall fulfill the following minimum coordinating activities:
 - i. Police departments in the planning and service area
 - ii. The district attorney's office
 - iii. State Police field installations for the planning and service area
 - iv. Officials of the court system
 - v. Legal assistance agencies

- g. Provide for the necessary exchange of information about protective services for older adults and the role of law enforcement in the provision of those services.
 - i. It is always best to develop a collaborative relationship with local law enforcement. Know your local police and detectives and cooperate with their investigations. It is very likely you will need to collaborate on numerous investigations.
 - ii. Within the limitations of confidentiality laws - PS workers must provide law enforcement with the information they request.
- h. Legal options information. The agency shall take steps to inform older adults who need protective services of the various legal options, civil or criminal, available through appropriate agencies as possible remedies to situations of risk to person or property. If an older adult reported to need protective services requests the agency to contact a law enforcement agency, the agency shall respond to that request in an appropriate and timely manner.
- i. Police assistance to protective services worker. A protective services worker may, as appropriate, request the assistance of a police officer when investigating a report which indicates a possible danger to the worker. As provided under 6 Pa. Code § 15.74 (relating to forcible entry), forcible entry may be made only by a police officer or State Trooper accompanied by a representative of the agency after obtaining a court order.

K. Victim Assistance Professionals Can Help in the Following Ways

- a. Assist the victim in determining a need to relocate either temporarily or permanently, based on the victim's wishes and feeling of safety.
- b. Provide the victim with information on her rights to file for crime victim compensation, and help her complete the application if the victim so desires.
- c. Make sure the victim has referral information to mental health providers and support groups.
- d. Work with the victim's family members or friends, if consent is granted by the victim, to help them understand the emotional ramifications of the sexual assault.
- e. If no family support network is available, close contact should be maintained with the victim to help increase her feelings of self-worth. After a sexual assault, many elder victims will further isolate themselves from friends, family, or community networks. This contact may provide the comfort and support she needs in increased phone calls or home visits.
- f. Keep the victim apprised of any arrest or release of the offender. This serves two purposes: to increase the victim's sense of safety if the offender is detained; and if not detained, to prepare the victim to take extra security precautions. The victim should be notified of the procedures to report any threats or intimidation by the defendant.

- g. Protect the elder sexual assault victim at *all* costs from *all* publicity!
 - i. Victims should be shielded from media attention, and *never* be identified by the media.
 - ii. Advocates should ask the judge to close the courtroom to the public -- at least while the victim testifies.
 - iii. A secure waiting area should be provided during all court-related hearings or trials.
 - iv. Whenever possible, escort the victim to and from the courtroom.

L. Barriers to Conducting Sexual Assault Investigation

- a. Victims may not want to report due to fear of retaliation by the abuser especially if caregiver, removal or move within home, shame, etc.
- b. Witnesses may not want to report due to:
 - i. Family member may want to protect other family members
 - ii. Staff may not recognize sexual abuse (example of staff member seeing another aide buttoning his pants after leaving a resident's room and thinking nothing of it).
 - iii. Staff may want to protect other staff for reasons of friendship, not wanting a greater workload, etc.
 - iv. Residents may not want to be treated poorly for reporting abuse by staff or fear having to move from their current location.
 - v. Time lapse or other reporting error may be due to administration policy to report abuse to supervisors who report up the chain of command due to the last two reasons.
 - vi. Facility receives public demerit if abuse is founded: Facilities may receive fines and/or violations.
 - vii. Administrator's liability: Exposes the facility and administration to lawsuits.

Transfer of Learning Activities
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1. Review a completed case record for a sexual abuse investigation.
2. As assigned by your supervisor, shadow an experienced PS worker throughout an entire sexual assault protective services investigation.
3. As assigned by your supervisor, request an experienced PS worker or your supervisor observe you conducting an entire sexual abuse protective services investigation.

References

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- Holt, M. G. (1993). Elder sexual abuse in Britain: Preliminary findings. *Journal of Elder Abuse and Neglect* 5(2), 63-67.
- Pennsylvania Department of Aging, Aging Program Directive. *Protective Services Investigations*, 93-24-02.
- Pennsylvania Department of Aging, Aging Program Directive. *Protective Services Investigations*, 93-12-01.
- Pennsylvania Coalition Against Rape. Police response to crimes of sexual violence.
- Pennsylvania Coalition Against Rape. Preparing and prosecuting elder sexual assault cases.
- Pennsylvania Code, Title 6, Chapter 15. *Protective Services for Older Adults*.
- Pennsylvania Department of Aging, Home and Community Based Services Procedures Manual. *Protective Services*, Chapter 3.
- Ramsey-Klawnsnik, H. (1991). Elder sexual abuse: Preliminary findings. *Journal of Elder Abuse & Neglect* 3(3), 73-90.
- Valenti-Heim, D. & Schwartz, L. (1995). The sexual abuse interview for those with developmental disabilities. James Stanfield Company: Santa Barbara, CA.

Resources

Archambault , J. and Lonsway, K. A. (2005). *Interviewing the Victim: PART I: Interviewing Techniques Based on the Realistic Dynamics of Sexual Assault and PART II: Strategies for Conducting an Effective Victim Interview*. Department of Justice: Washington D.C.

National Center on Elder Abuse

www.elderabusecenter.org

The National Committee for the Prevention of Elder Abuse

www.preventelderabuse.org

National Sexual Violence Resource Center

www.nsvrc.org

Office for Victims of Crime

www.ovc.gov

Office for Victims of Crime Resource Center
National Criminal Justice Reference Service
P.O. Box 6000
Rockville, MD 20849-6000
1-800-851-3420 (TTY 1-877-712-9279)

First Response to Victims of Crime: A Handbook for Law Enforcement Officers on How To Approach and Help (Link is specific for elderly victims).

<http://www.ovc.gov/publications/infores/firstrep/2001/eldvic.html>

Office of the Victim Advocate

www.pbpp.state.pa.us/ova

1101 South Front Street
Harrisburg, PA 17104-2518
Phone: (717) 787-5699
Fax: (717) 787-0867

Pennsylvania Chiefs of Police Association

www.pachiefs.org

E-mail: pacops@ aol.com

3905 North Front Street

Harrisburg, PA 17110

Phone: (717) 236-1059

Fax: (717) 236-0226

Pennsylvania Coalition Against Rape

www.pcar.org

125 North Enola Drive

Enola, PA 17025

Phone: (717) 728-9740

(800) 692-7445

(888) 772-PCAR

Fax: (717) 728-9781

Pennsylvania Commission on Crime and Delinquency

www.pccd.state.pa.us

Bureau of Victim Services

P.O. Box 1167

Harrisburg, PA 17108-1167

(717) 783-0551

Fax: (717) 772-4331

Pennsylvania Department of Aging

www.aging.state.pa.us/

Pennsylvania District Attorney's Association

www.pdaa.org

2929 North Front Street

Harrisburg, PA 17110

(717) 238-5416

Fax: (717) 231-3912

ANSWER KEY Sexual Abuse
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1. List and explain three reasons why older adults are vulnerable to sexual abuse?
 - Dependency*
 - Frailty*
 - Fear of going into nursing home or retaliation*

2. List and explain three reasons sexual abuse may be particularly devastating to an older adult? *This can include any reason listed under “D. Sexual Victimization.” If the answer varies from what is listed in the chapter, explore the response to ensure that it does not blame the victim in any way.*

3. Name three things you can do for the victim when called to investigate a recent sexual abuse. *This can include making sure they are safe, taking them to the hospital (especially one that has a specially trained SANE nurse or that regularly deals with sexual assaults), scheduling your interview with police/hospital interviews, providing for the victim’s emotional needs by asking if he/she would like a support person present, offering to call a rape crisis advocate for emotional support and information, etc.*

4. Groping or sexualized grabbing is considered sexual abuse in the Older Adult Protective Services Act? **False.** *The act includes all “sexual harassment, rape or abuse as defined in PA C.S. Chapter 61.” Groping is considered indecent assault, which is defined as indecent contact by force or without consent, and is against the law.*

5. Older adults who cannot pass a mini mental exam CANNOT provide accurate information about a sexual assault? **False.** *Older adults who may not remember everything and at times appear to be confused can still provide valuable information about what may have happened to them.*

Appendix

Pennsylvania Sexual Violence Laws
18 PA.C.S.A – Crimes & Offenses
Chapter 31 – Sexual Offenses

§ 3101. Definitions

Subject to additional definitions contained in subsequent provisions of this chapter which are applicable to specific provisions of this chapter, the following words and phrases, when used in this chapter, shall have, unless the context clearly indicates otherwise, the meanings given to them in this section:

"Complainant." An alleged victim of a crime.

"Deviate sexual intercourse." Sexual intercourse per os or per anus between human beings and any form of sexual intercourse with an animal. The term also includes penetration, however slight, of the genitals or anus of another person with a foreign object for any purpose other than good-faith medical, hygienic or law enforcement procedures.

"Forcible compulsion." Compulsion by use of physical, intellectual, moral, emotional or psychological force, either expressed or implied. The term includes, but is not limited to, compulsion resulting in another person's death, whether the death occurred before, during or after sexual intercourse.

"Foreign object." Includes any physical object not a part of the actor's body.

"Indecent contact." Any touching of the sexual or other intimate parts of the person for the purpose of arousing or gratifying sexual desire, in either person.

"Sexual intercourse." In addition to its ordinary meaning, includes intercourse per os or per anus, with some penetration however slight; ejaculation is not required.

§ 3121. RAPE

(a) Offense defined--A person commits a felony of the first degree when he or she engages in sexual intercourse with a complainant:

- (1) by forcible compulsion.
- (2) by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution.
- (3) who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring.
- (4) where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the

knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance.

(5) who suffers from a mental disability which renders the complainant incapable of consent.

(6) Who is less than 13 years of age

(b) Additional penalties--In addition to the penalty provided for by subsection (a), a person may be sentenced to an additional term not to exceed ten years' confinement and an additional amount not to exceed \$100,000 where the person engages in sexual intercourse with a complainant and has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, any substance for the purpose of preventing resistance through the inducement of euphoria, memory loss and any other effect of this substance.

§ 3123. INVOLUNTARY DEVIATE SEXUAL INTERCOURSE

(a) Offense defined--A person commits a felony of the first degree when he or she engages in deviate sexual intercourse with a complainant:

(1) by forcible compulsion;

(2) by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution;

(3) who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring;

(4) where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance;

(5) who suffers from a mental disability which renders him or her incapable of consent;

(6) who is less than 13 years of age; or

(7) who is less than 16 years of age and the person is four or more years older than the complainant and the complainant and person are not married to each other.

(b) Definition--As used in this section, the term "forcible compulsion" includes, but is not limited to, compulsion resulting in another person's death, whether the death occurred before, during or after the sexual intercourse.

§ 3124.1. SEXUAL ASSAULT

Except as provided in section 3121 (relating to rape) or 3123 (relating to involuntary deviate sexual intercourse), a person commits a felony of the second degree when that person engages in sexual intercourse or deviate sexual intercourse with a complainant without the complainant's consent.

§ 3124.2. INSTITUTIONAL SEXUAL ASSAULT

(a) General rule-- Except as provided in sections 3121 (relating to rape), 3122.1

(relating to statutory sexual assault), 3123 (relating to involuntary deviate sexual intercourse), 3124.1 (relating to sexual assault) and 3125 (relating to aggravated indecent assault), a person who is an employee or agent of the Department of Corrections or a county correctional authority, youth development center, youth forestry camp, state or county juvenile detention facility, other licensed residential facility serving children and youth, or mental health or mental retardation facility or institution commits a felony of the third degree when that person engages in sexual intercourse, deviate sexual intercourse or indecent contact with an inmate, detainee, patient or resident.

(b) Definition--As used in this section, the term "agent" means a person who is assigned to work in a state or county correctional or juvenile detention facility, a youth development center, youth forestry camp, other licensed residential facility serving children and youth, or mental health or mental retardation facility or institution who is employed by any state or county agency or any person employed by an entity providing contracted services to the agency.

§ 3125. AGGRAVATED INDECENT ASSAULT

Except as provided in sections 3121 (relating to rape), 3122.1 (relating to statutory sexual assault), 3123 (relating to involuntary deviate sexual intercourse) and 3124.1 (relating to sexual assault), a person who engages in penetration, however slight, of the genitals or anus of a complainant with a part of the person's body for any purpose other than good-faith medical, hygienic or law enforcement procedures commits aggravated indecent assault, a felony of the second degree, if:

- (1) the person does so without the complainant's consent;
- (2) the person does so by forcible compulsion;
- (3) the person does so by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution;
- (4) the complainant is unconscious or the person knows that the complainant is unaware that the penetration is occurring;
- (5) the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance;
- (6) the complainant suffers from a mental disability which renders him or her incapable of consent;
- (7) the complainant is less than 13 years of age; or
- (8) the complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other.

§ 3126. INDECENT ASSAULT

(a) Offense defined--A person who has indecent contact with the complainant or causes the complainant to have indecent contact with the person is guilty of indecent assault if:

- (1) the person does so without the complainant's consent;
- (2) the person does so by forcible compulsion;

- (3) the person does so by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution;
- (4) the complainant is unconscious or the person knows that the complainant is unaware that the indecent contact is occurring;
- (5) the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance;
- (6) the complainant suffers from a mental disability which renders him or her incapable of consent;
- (7) the complainant is less than 13 years of age; or
- (8) the complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other.

(b) Grading--Indecent assault under subsection (a) (7) is a misdemeanor of the first degree. Otherwise, indecent assault is a misdemeanor of the second degree.

§ 3122.1. STATUTORY SEXUAL ASSAULT

Except as provided in section 3121 (relating to rape), a person commits a felony of the second degree when that person engages in sexual intercourse with a complainant under the age of 16 years and that person is four or more years older than the complainant and the complainant and the person are not married to each other.