

P e n n s y l v a n i a C o a l i t i o n A g a i n s t R a p e



Elder Sexual Abuse:
The Hidden Victim
A Training Program for Law Enforcement

FACILITATOR'S GUIDE

This curriculum was adapted with permission of the Florida Council Against Sexual Violence.

Pennsylvania Coalition Against Rape
125 North Enola Drive
Enola, PA 17025
1-888-692-7445; 717-728-9740
www.pcar.org

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Introduction to the Training Manual

Purpose of the Training Manual

This training manual is designed to give trainers all the necessary information to design a successful learning experience to conduct a day-long training to enhance law enforcement officers' abilities to respond to crimes of sexual assault against older people. There are two uses for this manual. Before the training, the manual should be reviewed and used to prepare for the training, including copying the camera-ready participant materials found in the manual. During the training, the manual provides a script for presenting the information and guiding the participants.

Choosing the Trainers

The training curriculum is designed to be presented by two trainers, if used in its entirety for the targeted audience. One trainer should be from a sexual assault victim advocacy agency and the second trainer should be a law enforcement officer, ideally with investigative experience in sex crimes. It is also recommended that both trainers have experience as trainers.

When training a law enforcement audience, it is important that Units 2 and 3 covering initial response and investigations be presented by another law enforcement officer. This lends credibility to the material, as well offers a trainer who has the experience necessary to add real world examples and to answer questions from the participants. It is also recommended that the introduction to the training session and Unit 1 be presented by a trainer from sexual violence victim advocacy field, which can speak from a victim-centered perspective and offer specific examples and community referral information. Working together on this training also models multi-disciplinary cooperation between the trainers from the two disciplines.

The Roles of the Trainers

The trainers are expected to present the instruction outlined in this manual. The trainers should have the experience in their respective fields to answer questions and concerns the participants have, as well as supplement the content by examples from their own work. The trainers should prepare for the training by gathering all of the necessary materials and becoming familiar with the program content. And, if possible, by finding out what they can about the participants – their level of experience in law enforcement, sex crimes, and crimes against the elderly as well as the type and size of the community they serve. If trainers are unable to determine these characteristics of their audience, they should spend a few minutes during the introduction of the training session getting this information from the participants. This will help them to prepare adequate examples and to know whether to put much emphasis on basic skills. With an experienced group, the

law enforcement trainer may choose to supplement the training with advanced information regarding investigations techniques, for example.

During the training the trainers have dual roles as presenters and facilitators. As presenters, the trainer provides information and uses audio-visual materials. As facilitator, the trainer guides group discussion, answer questions, and manages group activities. People learn through application, so it is important for the trainer to make sure there is adequate time for activities and discussion.

Targeted Participants

This training curriculum is designed for a law enforcement audience. However this audience may vary according to experience and knowledge. Although it is generally recommended that the program is taught to a homogeneous audience of law enforcement, in small communities participants from other disciplines can add positively to the experience. Other disciplines could include victim advocates, adult protective service worker, or state attorneys. However, the focus should still be on the law enforcement aspects of handling sex crimes against the elderly. Suggestions for adapting the curriculum for audiences other than law enforcement follow in another section of this introduction.

How to Use This Trainer's Manual and Materials

Familiarize yourself with all the materials in the curriculum manual. Examine each of the sections. The Trainer's Guide section provides a "script" for the trainer to use to prepare and to follow during the training. The Participant's Guide section is a camera-ready master to reproduce for each of the participants. It includes all materials needed by the participants. The CD includes the MS Word PowerPoint presentation to be used to back up content points, or speaking points, as well as an electronic copy of all the hardcopy materials in this manual. There is also a resources section which includes brief descriptions of real case studies from newspaper clippings that could be used as a basis for additional case studies. The program also includes a one page card which serves as a job aid for law enforcement officers that lists the legal definitions of sex crimes against elders.

Trainer's Guide

Read through the Trainer's Guide. It is a "script" you can follow throughout the training. It contains speaking points, directions for when to show audio-visuals, and directions for to group activities. Highlight key info in the speaking points (which are also bolded) and explain them in your own words. Even though the guide is scripted, it is intended that you customize it to your own style of speaking. Write notes in the margins and add relevant examples of your own whenever possible. Other notations to make could include additional questions you wish to ask, as well as times to start and end units and activities.

Participant's Guide

Review the materials in the Participant's Guide. You should be familiar with the material and activities for each unit. Then reproduce the master pages in this manual for the numbers of participants you expect in your training.

PowerPoint Slides

PowerPoint slide shows are to be used in conjunction with the presentation of information in each unit. Different people have different learning preferences. By showing the slides while presenting the information, you can accommodate both those people who prefer obtaining information visually and those who prefer hearing information. First summarize briefly what the slide says, then add details about each bulleted point.

Videotape/DVD

If the video/DVD of the documentary "Rape in a Small Town: the Florence Holway Story" from the HBO American Undercover series is available, show the first hour as the introduction to the programs as part of Unit One. Then use the information presented in the documentary as examples throughout the training. You may choose to also show the rest of the video after lunch or before beginning the last unit. You could also choose to use another video on the subject of sexual assault/abuse of an older person.

Other Resources

This section of the manual includes some descriptions of real cases collected from newspaper clippings. You may choose to develop your own case studies from this material. A bibliography is also included which lists resource information that this training program was drawn from.

Elder Sexual Violence Statues Card

This card can be used by law enforcement officers as a job aid later after training. It lists definitions of sexual violence against elders, according to Pennsylvania statute.

Adapting the Curriculum

This curriculum may be adapted to fit certain audiences or situations. You may wish to use this curriculum with audiences other than law enforcement or with audiences in states other than Pennsylvania. You may also want to present it in smaller time chunks over several days. This section will give some suggestions on making the most efficient, effective use of the curriculum.

Shorter Time Periods

You may encounter a situation in which a day-long training is not possible. The advantages of breaking the training into shorter time periods include less learner fatigue, the ability of accommodating people's schedules, and more time for thoughtful reflection on what has been presented. You could choose to present only one unit per class time. This could be done in three two-hour chunks, depending on the size of your audience. Law enforcement officers often find it difficult to get away from their regular duties for a whole day. You might also offer to present the training at the local law enforcement office, to accommodate their ability to get to training and back to work quickly. If you choose to spread the training over several days, it is important to remember to begin each new training session with a solid review of the last unit, to help bring what was learned before back to working memory to build on.

Audiences Other Than Law Enforcement Officers

You may choose to present some of the training to other audiences, such as victim advocates, adult protective service workers, social workers, or other professionals who work with elders. Unit One is most appropriate for other audiences, as the focus is geared toward understanding and recognizing sexual abuse of elders, and it can be presented by the sexual violence program trainer alone. If your audience is well versed in elder issues, you may choose to ask them to give examples of the effect of aging, as you present that portion, letting them add to your knowledge. You can use the same approach if your audience is familiar with the indicators of sexual abuse of an elder. This can be used with mixed audiences, as well, drawing on the knowledge and experience of different disciplines. If your audience is composed primarily of victim advocates, you may choose to present Unit 2 on responding to elder sexual abuse or assault, as it will give them information on what to expect from the law enforcement response and how they may be the most supportive to the victim during that time.

Audiences in States Other Than Pennsylvania

This curriculum is designed to be model training program that can be customized for other states. To do so, you will wish to substitute the information regarding Pennsylvania statutes for corresponding statutes in the state in which you are training. You may also want to have your law enforcement trainer review the investigation checklist from Unit 3 to be sure it is in line with the state's protocols. You may want to develop your own Elder Sexual Violence Statutes Card to reflect the statutory definitions in that state as well. Supplement the Elder Resource Guide to reflect your state and local resources, or use this one as a model to develop your own.

Introduction to the Training Program

WELCOME AND INTRODUCTIONS

Introduce yourself, your co-trainer and the trainees



Slide:
Training Program Title

Speaking Points:

- My name is _____, and I will be working with you today on a subject that is becoming more important in our state as our population ages: sexual abuse of the elders.

Then introduce your co-trainer.

- I'd like to also introduce Det. _____ of the _____ (law enforcement agency)

As the participants to introduce themselves by telling their names, their agency affiliation and how many years they have been a law enforcement officer and any experience you have with elder victims of crime or sex crimes.

Introduce and describe the PCAR.



Slide:
PCAR Mission Statement

Show Slide, Pennsylvania Coalition Against Rape Mission Statement

Speaking Points:

- This training program was developed by the Florida Coalition Against Sexual Violence and adapted with permission by the Pennsylvania Coalition Against Rape and supported by the Violence Against Women Office of the Office of Justice Programs of the U.S. Department of Justice.
- The PCAR is the coalition of sexual violence crisis and treatment centers across the state.
- The mission of the PCAR is to work to eliminate all forms of sexual violence and to advocate for the rights

and needs of victims of sexual assault.

OVERVIEW OF TRAINING PROGRAM



Slide: Training goals

Describe the training program.

Show Slide, Training Goals

Speaking Points:

- The training program you will participate in today has two goals. After completing the training you will gain an understanding of :
 - Sexual violence against older individuals, and
 - The necessity of a coordinated, community-wide response to the problem..

Speaking Points:

- Elder victims of sexual violence have unique needs. This requires that law enforcement have information and specialized skills to successfully assist elderly victims.
- Today we will practice sharpening your skills in identifying sexual assault of older person and responding to investigating, and supporting prosecution of such cases.
- The most successful interventions and prosecutions use a variety of community resources to help victims.



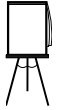
Slide: Training Program Units

Show Slide, Training Program Units

Speaking Points:

- Today's training consists of this introduction and three units:
 - Unit 1: Recognizing Elder Sexual Assault
 - Unit 2: Responding to Elder Sexual Assault
 - Unit 3: Investigating Elder Sexual Assault

TRAINING AGENDA



Training agenda and housekeeping issues



Slide:
Training Strategies

Refer to the agenda you have written on a flipchart page or whiteboard. The agenda should include times for breaks and lunch.

Discuss the agenda and schedule for the day and answer any questions trainees may have.

Discuss “housekeeping issues” such as breaks, lunch, security issues regarding access to the building, etc.

Show Slide

Speaking Points:

During training you will learn by experiencing and doing.
You will:

- Receive information about sexual assault of older persons.
- Work in groups to apply that information

SUMMARY AND TRANSITION

Speaking Points:

- So, let’s begin to talk about recognizing elder sexual assault or abuse...

Unit 1

Recognizing Elder Sexual Assault



Introduce the training by showing a video clip

Trainer Note: Begin the training by showing the first hour of the documentary “Rape in a Small Town: the Florence Holway Story” from the HBO American Undercover series that presents the true story of an elderly woman's brutal rape in 1991, or by showing a similar video clip. The purpose of the video is to introduce the subject of elder sexual assault and to give a real case example to sensitize the audience. The video can be cited as an example for many of the training points presented in this and subsequent units.

UNIT OBJECTIVES



Slides
Unit objectives

Show Slide, Unit Objectives.

Discuss unit objectives.

Speaking Points:

- At the end of this unit you will be able to:
 - Define elder sexual abuse according to the law.
 - Describe the power and control dynamics related to elder sexual abuse.
 - Describe the range of responses people have after being sexually assaulted.
 - Identify indicators of elder sexual abuse.
 - List the effects of the aging process that contribute to the risk of victimization of older adults.
 - Describe how an older adult's response to sexual victimization may be unique to his or her generational and cultural viewpoint.

- So, let's look at some definitions of sexual abuse of older people.

ELDER SEXUAL ABUSE
DEFINITIONS



Slide:
Sexual abuse definition

Show Slide, Ramsey/Klawnsnik definition

Speaking Points:

- There are **several definitions of elder sexual abuse**. Let's look at one that was **developed by researcher Ramsey-Klawnsnik** who studied the prevalence and patterns of sexual abuse of the elderly.
- According to Ramsey-Klawnsnik, sexual abuse of older adults is: **Sexual activity that occurs when a person over age 60 years is forced, tricked, coerced, or manipulated into unwanted sexual contact.**
- **This includes situations in which an older adult is not capable of giving consent** because of the mental/cognitive impairments of aging.
- **This isn't the legal definition**, of course, but gives you a broad idea.

In **Pennsylvania law**, there are a few statutes that serve as the basis for defining sexual abuse of older adults. The **Older Adult Protective Services Act establishes the authority of the Protective Services program of the Pennsylvania Department of Aging and describes your requirements for collaborating with them on cases involving abuse of older individuals. This statute defines "Sexual abuse" as:**

- 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.

Show Slide, Older Adult Protective Services Act. – Definition of sexual abuse.

Speaking Points:

- See card for detailed descriptions of statutes
- These definitions pertain to any victim regardless of age or functioning ability.

Show Slide,.



Slide:
Sexual abuse definition

Speaking Points:

- Determining **capacity to consent is tricky** with some older individuals and is best done with the **help of professionals who work with older individuals, such as Adult Protective Service workers.**



Slide:
Older Adults Protective Services Act

Show Slide, -- Older Adults Protective Services Act (OAPSA) definitions

Speaking Points:

- According to the Older Adults Protective Services Act, an “older adult” means a person within the jurisdiction of the Commonwealth 60 years of age or older being 60 years of age or older.
- The Act defines an “older adult in need of protective services as “An incapacitated older adult who is unable to perform or obtain services that are necessary to maintain physical or mental health, for whom there is no responsible caretaker and who is at imminent risk of danger to his person or property.
- The Act also specifically addresses **sexual abuse of the elderly, along with other types of abuse**, neglect, and exploitation.
- “Sexual Abuse” is further defined in the Older Adult Protective Services Act as “**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.**”
- Sexual abuse **does not include any act intended for a valid medical purpose or any act that may reasonably be construed to be normal care-giving action or appropriate display of affection.**
- Example: Bathing a person is normal care-giving. However, inserting objects or fingers rectally or vaginally is not a normal care-giving activity while bathing.



Slide:
OAPSA definitions

Show Slide, Older Adult Protective Services Act. – definition of sexual abuse.



Slide:
Sexual abuse definition

Speaking Points:

- These definitions pertain to any victim regardless of age or functioning ability.
- Determining **capacity to consent is tricky** with some older individuals and is best done with the **help of professionals who work with older individuals, such as Adult Protective Service workers.**



Trainer Note: Prepare the participants to begin discussion of the power and control dynamics of sexual abuse by having them complete a true/false quiz on the myths of elder sexual assault. The purpose of the activity is for participants to recognize the myths they have accepted as truth and to set the stage for receiving information that debunks those myths. You may choose to give this quiz at the beginning of this unit as an opener if you do not use the video.



Activity 1-1: Sexual Assault of Elders Quiz

TIME: 5 minutes

DIRECTIONS:

1. Tell the participants that they will take a quick true/false quiz to see what they know or believe about sexual assault of older individuals.
2. Refer participants to the quiz and tell them to read each statement and decide whether the statement is true or false.
3. Give them 5 minutes to take the quiz.
4. After they have taken the quiz, tell them to put the quiz aside, for now. Explain that you will be presenting information throughout this unit that will give them the correct answers and that you'll go over the answers at the end of the unit.

**REFER TO PARTICIPANT
GUIDE, PAGE 3
TRUE/FALSE QUIZ**

POWER AND CONTROL DYNAMICS



Slide:
SV = power & control

Show Slide, Sexual violence is an act of power and control

Speaking Points:

- **Sexual Violence equals power and control.**
- The issue is one of **exerting power and control over a vulnerable person.**
- The motivator is rarely sex—**sex is used as the weapon.**
- **No where is this more apparent than in the case of sexual violence against elders.**



Slide:
Facts about SA of older adults

Show Slides, Facts about SA of older adults

Speaking Points:

- **18% of women raped each year are 60 or older.**
- **30% of victims 65 or older reported the assault to law enforcement (LE).**
- In one study by Ramsey-Klawnsnik, in a **third of the cases studied, sexually abusive acts were witnessed by others.**
- **Older victims are more likely to sustain physical injuries** due to changes related to aging. **Injuries that would be minor in a younger person could be life threatening** to an older person.



Slide:
Facts about SA of older adults

- **According to a Virginia study** of sexual abuse cases substantiated by APS workers:
 - **12.2% of older victims were assaulted in their homes.**

- **2.4%** were assaulted **in adult care residences**.
- **70.7%** were assaulted **in nursing homes**.
- **14.6 %** were assaulted **in the perpetrator's home**.

Discuss and answer participants' questions. Be sure to point out the facts that dispel the myths that were part of the quiz taken earlier in the unit.



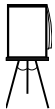
**Slide:
Covert and Overt
Stages**

Show slide, Covert and Overt Stages

Speaking Points

- **When the perpetrator is known** to the older person, the sexual violence may **progress along a continuum from covert behaviors to overt behavior**.

Draw a vertical line on a blank flipchart page with an arrow pointing up. As you discuss the next points, list some of the examples on the page starting with least extreme, covert behaviors at the bottom and moving up to more extreme, overt behaviors. Use an example of an 80 year-old woman with a 25 year-old caregiver to illustrate the examples of what might occur in the covert and overt stages.



- **Covert stage –**
 - **expressed sexual interest;**
 - **discussion of sex;**
 - **treating the older adult as sex object or potential romantic partner.**
- **Overt stage –**
 - **Also progresses on a continuum;**
 - **from voyeurism and**
 - **exposing older adult to pornography**
 - **to sexualized kissing and**
 - **fondling**

- to **penetration**.



Slide:
Styles of perpetrator approach

Show Slide - Styles of perpetrator approach to elder victims

Discuss each type and related behaviors.

- **Confidence-** this approach is normally used with highly **functioning**, mobile adults. It involves **gaining the victim's confidence through verbal manipulation or coercion**.
- **Surprise-** employs the **use of threats but no force** when the **victim is either unsuspecting or incapacitated**.
- **Blitz-** is when the offender takes over the victim through **injurious force**.
- These three approaches can be thought of as being on a continuum – with the **confidence approach used with most functional victims** who can't be overtaken as easily and the **blitz approach used with the least functional victims** on the other end of the continuum.



Slide:
Pattern of "Hidden" abuse

Show slide, Pattern of "Hidden" abuse

Speaking Points:

- **Hidden pattern** -- often goes undetected and may only **come to light because of reports of other types of abuse, neglect or exploitation**.
- Older adults are often **uniquely isolated, dependent and, therefore, at high risk**. They may have retired here and the rest of the family is still in another state, so there is no one closes by.
- **To perpetrators, this makes them very appealing as victims**.

Ask participants to give examples by describing their

experiences in investigating other crimes where there may have also been suspected sexual abuse.



Slide:
Who are the victims?

Show slide, Who are the victims?

Discuss the profile of “typical” elder victim

Speaking Points:

- experiencing **infirmities of aging**
- **oldest is most easily victimized**
- **disabled and physically or mentally impaired are at highest risk**
- often **dependent on caregiver** or the caregiver may be dependent on them for shelter or money – there is an imbalance of power
- may be **part of on-going pattern of domestic violence**
- the older adult victim **may also be a prior victim of rape or childhood sexual abuse, so they may be re-traumatized**



Slide:
Who are the offenders?

Show slides, Who are the Offenders?

Describe the types of perpetrators, showing the continuum from family caregiver to serial rapist. Give examples.

Speaking Points:

- **Husband** with or without known domestic violence history – 29% of sexually abusive family caregivers.
- **Adult son** who may take on father’s role as abuser when there is domestic violence history after father dies or is infirm, or when there is no domestic violence history – 39% of sexually abusive family caregivers.
- **Caregiver in the home -- family or paid professional.**



Slide:
Who are the offenders?

- **Caregiver or a resident in a facility** – in 2004, there were 34 registered sex offenders living in nursing homes in Florida. Nursing homes may not withhold access to care because of a resident’s past criminal behavior.
- **Perpetrator is usually known by victim** – someone who has easy access to the older person.

RANGE OF RESPONSES TO SEXUAL ASSAULT



Slide: Adult Response To Sexual Victimization

Show slide, Adult Response to Sexual Victimization.

Speaking Points:

- There is a **range of responses** to sexual violence, regardless of age, including an **early acute response as well as long-term effects.**
- Responses **range from a very emotional response** – hysterical
- To a **response that is very controlled and unemotional**
- And **everything in between.**
- There is **no “typical” response** – the response **depends on the individual.**



Slide: Acute Early Response

Show slide, Acute early response.

Speaking Points:

- **Acute, early crisis response can last up to a month or more:**
- Emotional range of response for victims **varies from highly emotional to flat affect and anything in between.** An individual person’s **reaction may vary, as well, and move between the two extremes.**



Slide:
What's going on in the brain?

- Feelings of **fear and shame are common.**
- **Psychobiology of trauma** – memory problems, lack of organization. Normal **memories** are organized and chronological, **like files in a file drawer.** **Memories connected to trauma are more like taking the files in the drawer and throwing them up in the air.** The files are **all there, but finding them, particularly in any order, can be very difficult.**



Slide:
PTSD

- **Post traumatic stress disorder:**
 - **Intrusive Memories**
 - **Physiological Arousal**
 - **Emotional Numbing**
 - **Hyper-arousal; easily startled**



Slide:
Long-term Effects

Show slide, Long-term Effects.

Discuss and give examples.

Speaking Points:

- **Post trauma reactions** -- flashbacks triggered by something that reminds the person of the assault, such as a smell, sight or sound
- **Depression**
- **Sleep disturbance, nightmares**
- **Self-medication/endangerment**
- **Sexuality/relationship issues**
- **Anger/defensiveness**
- **Isolation/disengagement**
- **Fatigue**



Slide:
Long-term Effects

- **Fear/anxiety**
- **Grief**



Slide:
**Three Interactive
Variables**

Show slide, Response affected by three interactive variables.

Speaking Points:

- A person's response to a sexual assault is dependent on three variables.
 - **Person** – seen in center circle. These are **her own personal beliefs, experiences and resources before the event that can dictate her resiliency** – examples are emotional support, whether or not she has past SA history, financial resources, health status, etc.
 - **Event** – middle circle. This is the **severity of event itself, length of time SA occurred** (i.e., one time or childhood sexual assault that lasted 10 years, or domestic violence which include sexual assault), who the perpetrator is, where event occurred.
 - **Environment** – outer circle. This is **the response of everyone and everything after the event**—law enforcement response, medical response, family or facility response; social service response, legal system response.

Discuss how the three variables interact and are affected. Give examples.

INDICATORS OF SEXUAL ABUSE OF OLDER ADULTS

REFER TO PARTICIPANT
GUIDE, PAGE 25:
INDICATORS OF SEXUAL
ABUSE OF OLDER ADULTS

Refer participants to Participant Guide, page 35 – Indicators of Sexual Abuse of Older Adults. Tell them to take notes and write examples on the pages as you discuss the various indicators.

Speaking Points:

- Even though sexual abuse of older persons may be difficult to detect, **there are** some recognized **physical and behavioral indicators of elder sexual abuse as well as indicators that the person’s caregiver might be sexually abusive.**



**Slide:
Indicators
Of Sexual Abuse**

Show slide, Indicators of Sexual Abuse

Discuss and refer to examples listed on the Participant Guide page.

Speaking Points:

Physical Indicators

- Bleeding, bruising, infection, scarring, or irritation in genital, rectal, oral or breast areas
- Genital pain or itching
- Presence of semen
- Difficulty walking or sitting
- STDs
- Torn, stained, or bloody underclothing
- Signs of other types of physical abuse
- Weight gain or loss
- On-going, unexplained medical complaints like headaches or stomach aches.

Discuss and refer to examples listed on the Participant Guide page.

Speaking Points:

Behavioral Indicators

- Any significant change in behavior
- Depression, withdrawal, suicidal feelings or crying spells
- Substance abuse or eating disorders
- Gives guarded responses or acts ashamed when asked about physical signs
- Atypical attachment or regressive behaviors
- Sudden avoidance or fear of specific people, genders or situations
- Acting out, attention-seeking, aggressive or delinquent behaviors unlike the person
- Poor peer relationships
- Changes in work performance; lack of participation in social activities
- Sleep disturbances
- Poor self-esteem
- Non-compliant or overly compliant – extreme responses for that person
- Self-destructive behavior
- Inability to concentrate or learn
- Resists examination by medical personnel
- Avoids being touched

- Acts out sexually and inappropriately – compulsive masturbation or promiscuity
- Hints about sexual activity
- Wears multiple layers of clothing
- Decline in personal hygiene – urinating or defecating in clothing

Discuss and refer to examples listed on the Participant Guide page.

Speaking Points:

Indicators that Caregiver may be Abusive

- Past history of abusive behavior
- Criminal record of physical violence or sexual offenses
- Alcohol or drug abuse
- Refuses to follow directions when providing personal care
- Displays devaluing attitudes
- Treats the older person like an object
- Uses erotic or sexual language when interacting with older person
- Shows pornographic materials to older person
- Too intrusive during personal care
- Inappropriate boundaries between caregiver and older person

Ask participants to tell of and add any examples that occurred to them as you went over the indicators in the Participant Guide.

RISK FACTORS



Slide – Factors Contributing to Increased Risk

Show slide, Factors Contributing to Increased Risk.

Speaking Points:

- There are **two types of factors that contribute to the risk** of an older person being sexually assaulted.
- These types are:
 - **Physical and mental factors** affecting the older individual that put them at higher risk. Or, because of stereotypes, perpetrators believe that all older people to be easy to victimize because of physical and mental factors, and
 - **Factors in the environment** which contribute to the risk.



Slide: Physical/mental factors

Show slides, Physical/mental factors.

Discuss and give examples, when needed:

Speaking Points:

- The **brain changes and functioning declines with lack of** mental and physical **stimulation**.
- **Mental functioning can decline** with onset of **Alzheimer's or simple memory loss** (difficulty in remembering recent events/experiences).
- **Sensory changes and decline**– sight, hearing, smell, taste.
- **Disease prevalence increases with age** – cancer, cardio-vascular disease, stroke, diabetes, arthritis and osteoarthritis (joint disease), osteoporosis and Alzheimer's. Disease increases risk – weakens body and, possibly, mental functioning and resilience.
- **Physical changes and decline**–
 - **bones become brittle,**



Slide: Physical Changes

- **muscles** atrophy and **become less flexible**,
- **joints become stiffer** and **ligaments** contract and **harden**,
- **spinal discs compress**, **decreasing flexibility**,
- **skin thins** and becomes **less elastic**,
- **fat increases** resulting in **less ability to protect oneself** physically and in **worsening physical injuries**,
- **less mobility** as exercise decreases,
- onset of **arthritis**,
- **heart and lung function decline**, resulting in most activity **increasing fatigue**,
- **mouth changes** such as receding gums, loss of teeth and less control over vocal chords **result in speech difficulties**,
- **Increased reliance on medications** can cause side effects and changes in functionality.



**Slide:
Environmental Factors**

Show Slides, Environmental Factors.

Discuss and give examples.

Speaking Points:

- **Financial** limitations and dependence.
- **Housing conditions** such as a living for many years in **neighborhood that was once safe, but has declined**.
- **Fewer observers in the home** to be aware of a problem.
- **Limited sensory capacity and declining mental functioning** resulting in **less accurate perception of their environment**.
- **Dependence on caregivers**.



**Slide:
Environmental Factors**

- **Unaware of community services** available to them after an assault.
- Cultural **belief that only young women are sexually assaulted**, thereby **underestimating the risk** for older adults.
- Negative **stereotypes causing perpetrators to believe older people are “easy targets.”**
- For older adults **in institutional settings – disparity of power between staff and clients, high staff turnover, lack of individual attention.**

**GENERATION,
GENDER AND
CULTURE**



**Slide:
Generational
Perspectives**

Show slide, Generational Perspectives.

Discuss and give examples of generational perspectives:

Speaking Points:

- **lack of comfort discussing sexual issues** in any context and therefore feel even more shamed;
- more **private regarding personal or family information;**
- **grief over further loss of power and independence** already experienced because of aging;
- **fear of losing their home** or being forced into institutionalized care.

Show slide, Gender Perspectives.

Discuss and give examples of gender perspectives.

Speaking Points:

- both genders **reluctant to discuss sexual issues;**
- **men additionally traumatized by lack of power they**

previously took for granted that represents their virility,

- **women are socialized to be compliant**, increasing their risk.



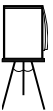
**Slide:
Cultural Perspectives**

Show slide, Cultural Perspectives.

Discuss and give examples of cultural perspectives.

Speaking Points:

- **male-dominated cultures may see women as property and SV as a crime against their property** – i.e., devaluing their property, the victim.
- **Victims may be seen as responsible for not preventing assault.**
- Culturally **valued to “keep it hidden.”**
- Culturally **valued to “accept one’s lot in life”** and not give others things to gossip about.
- Culturally **valued to protect the family reputation** above aiding the victim.
- Example: In some Asian cultures, women who have been raped have been killed by male family members, because the rape shamed the family. The women lose their value and are blamed for not preventing the assaults.



Ask participants how these generational, gender and cultural perspectives just discussed affect self-reporting by older adults. Write their answers on a flipchart or whiteboard.

OR

Break class into groups and have each group brainstorm 4 to 5 reasons an elderly person might not report sexual violence. Then each group share their list with the entire class.



**Slide:
Barriers to Self
Reporting**

Show slides, Barriers to Self-Reporting.

Focus on the ones that the participants don't provide.

Speaking Points:

Barriers to self-reporting include:

- **Lack of education about sexual violence** - may not define experience as sexual assault.
- **May not know how to report** or have access to do so.
- **Fear of retaliation**, fear of not being believed or fear of loss of personal care or other services.
- **Difficulty in communicating** with police, prosecutors and judges, if they do report.
- **Lack of language skills or comfort level to explain** what has happened to them.
- **May face being seen as unreliable witness** because of age and/or impairment.
- **Fear of losing their independence** and being forced to leave their home and live in a more restrictive setting.
- **May not be believed because of cultural perspective that older adults are forgetful or mentally impaired.**
- They are **ashamed**.
- **If perpetrator is adult child** of victim, **may not want to get him or her in trouble** and **feel shame** that their child could do such a thing.
- **Perpetrator may keep them isolated** and unable to report.
- May be **too ill or incapacitated** to report.
- May have **been in abusive relationship for sometime and doesn't know about marital rape law**; may not see it as sexual assault.



**Slide:
Barriers to Self
Reporting**



**Slide:
Barriers to Self
Reporting**

- May be **uncomfortable talking to professionals that are much younger than they are about a sexual issue.**



Trainer Note: Facilitate a closing activity in which participants “put it all together” by working in pairs or small groups with a case study and determine if there are signs of elder sexual abuse, what the indicators are, and whether the situation meets the legal definition of sexual abuse



**REFER TO PARTICIPANT
GUIDE, PAGE 29
ACTIVITY SHEET:
RECOGNIZING ELDER
SEXUAL ABUSE**

Activity 1 - 2: Case study – Recognizing Elder Sexual Abuse

TIME: 15 to 20 minutes

DIRECTIONS:

1. Divide class into pairs, or small groups. Give each group the case study.
2. Tell them to read the case study and decide as a group:
 - whether there are signs of possible elder sexual abuse
 - what the indicators are
 - whether the situation meets the legal definition of sexual abuse
 - give reasons the victim was at high risk, and
 - why the victim may not have reported the assault.
3. Tell them to choose a recorder for their group and have that person write the group’s answers.
4. Give them 10 to 15 minutes to complete the activity.
5. Ask each group to report their answers to one of the listed questions. Others can add to their answer, if other groups came up with additional information.

Possible Answers:

- Yes, there are signs of sexual abuse.
- Indicators are: Rose’s bruises from physical abuse; walking slowly and haltingly; grandson, Ray, has criminal history and drug history, Rose showed fear of Ray by putting food outside instead of letting

	<p>him come inside, Rose told neighbor that Ray exposed himself.</p> <ul style="list-style-type: none"> ▪ Exposure of Ray’s genitals to Rose could be considered sexual abuse. At least it would indicate that a closer look should be taken at the situation. ▪ Rose is at high risk because she is somewhat isolated since she has no family besides Ray living close to her. Not much support system. Advanced age of 82 and likely to be affected by the infirmities of aging. ▪ Rose likely did not report because she is afraid of being forced to leave her home and move into a more restrictive setting. Also because the assailant is her grandson and she is ashamed and doesn’t want to be the cause of his being arrested.
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**SUMMARY AND
TRANSITION**

Summarize the unit by reviewing the answers to the true/false quiz.

**REVIEW ANSWERS TO
TRUE/FALSE QUIZ GIVEN
EARLIER**

As a review of the unit, refer back to the true/false quiz and have participants give the answers, based on what they learned in this unit. Answer any questions.

**Elder Sexual Abuse
True or False Quiz Answers**

1. Sex is unimportant to older adults. It is abnormal for older adults to be interested in sex.

False. Older adults are sexual beings just as younger people are. Caregivers may think that it is wrong for older adults to engage in consensual sex because of their age or disability. Unless a person is deemed incompetent by the judicial system, he or she has a right to engage in consensual sexual activity.

2. Older women are not rape victims because they are not sexually desirable and no one would want to have sex with them.

False. Rape is about power and control, not an intense, uncontrollable sexual desire. **Any person can be raped.** When an older adult reports a rape, she or he is often met with disbelief that anyone (especially a young person) would be sexually interested in an older person. Again, **sexual assault is not about sexual attraction.**

3. Most older people who claim to have been raped are doing so because of Alzheimer's Disease dementia or because they are lonely and need attention.

False. This is a myth that **contributes to older people not being believed when they report a sexual assault.** **Offenders often look for an "easy target,"** and having Alzheimer's Disease or age-related dementia can make them more vulnerable.

4. Older adults usually know their attackers.

True. Older victims, like younger victims, usually know their attackers.

5. Sexual assault often goes undetected and may only come to light because of reports of other types of abuse, neglect or exploitation.

True.

6. On-going, unexplained medical complaints like headaches or stomach aches could be a red flag for sexual assault.

True. In and of themselves these symptoms could indicate any number of ailments. If they continue **unexplained they could be physical symptoms of anxiety caused by sexual assault.**

7. Older adults are usually less physically injured than younger rape victims.

False. Older victims are **more likely to be injured.** Because age makes a person's **body more fragile**, what may be a minor injury for a younger person **could be life threatening** for an older person.

8. An older adult is usually more comfortable talking about sexual assault with authorities than a younger person.

False. An older person is usually **more uncomfortable discussing any kind of sexual issue** than a person from a younger generation.

9. An older person's generational regard for personal and family privacy may keep them from disclosing sexual abuse by a spouse or adult child.

True. People from older generations usually have a **higher regard for privacy** and not "giving the neighbors anything to talk about."

10. Spousal rape is against the law in all fifty states.

True, though some states make some exceptions. Some states have only recently passed spousal rape laws. **Many older women may not know that there are laws against spousal rape.**

Transition to the next unit.

Unit 2

Responding to Elder Sexual Assault



Introduce unit

DEMONSTRATION

Trainer Note: It is recommended that this unit be co-trained by the sexual violence program trainer and the law enforcement (LE) trainer, or presented only by the law enforcement trainer.

Begin the unit by demonstrating to the participants how many people could be involved in a response to a report of a sexual assault. First, ask one of the participants to come to the front of the room and tell the class that this person represents an older person who has been sexually abused.

Then, assign various participants a “role” of someone the victim must come in contact with and tell or retell their story of the abuse. As each role is assigned, ask that person to stand and remain standing throughout the rest of the demonstration. Roles to be assigned could include: law enforcement officer, Protective Services worker, rape crisis program advocate, family members, friend, nursing home administrator, nursing home shift supervisor, nursing home nurse, hospital nurse, hospital doctor and prosecutor.

After assigning all roles, ask the participants to look at the number of people standing and imagine what it would be like for an older adult to have to tell and retell all of those people such a traumatic and intensely personal event.

REQUIREMENTS FOR REPORTING & COLLABORATING



**Slide:
Objectives**

Show Slide, Collaboration

Review Objectives from slides

- Identify requirements for reporting to and coordinating with other responsible agencies.
- List advantages of a multidisciplinary response to sexual abuse of older individuals.
- Identify resources to make appropriate referrals and gain multidisciplinary support



**Slide:
Objectives**

- Determine the most appropriate initial response strategies/guidelines to use.
- Describe appropriate ways of assisting older individuals who are sexually victimized.

Show Slide, Collaboration



**Slide:
Required Collaboration**

Speaking Points:

- Section 10225.701(b) of the PA Older Adults Protective Services Act (here after OAPSA), entitled “Mandatory reports to law enforcement officials” requires that employees or administrators of nursing homes, personal care homes, group homes for the mentally ill or developmentally disabled, home health agencies, state facilities for the mentally ill or developmentally disabled and adult day care centers who have reasonable cause to **suspect** that a person receiving care in one of those settings has been abused (this includes sexual assault, rape or any other form of sexual victimization), or suffered serious physical injury, serious bodily injury, or died in a suspicious fashion, shall **immediately** contact local law enforcement and report that suspicion.
- Willful failure by the employees or administrators to report this information to the police is a summary offense for the first violation and a misdemeanor of the third degree for each one after that. (10225.706(c) of Title 35)
- Section 10225.705(b) 9 of the OAPSA provides that confidential reports that have been made to an area agency on aging regarding victimization of an elder (60 & above) shall be made available to “Law enforcement officials of any jurisdiction as long as the information is relevant in the course of investigating cases of abuse.” All “relevant records” from protective service investigations can also be obtained by law enforcement in the course of criminal investigations under section 10225.306 of the OAPSA.



Slide:
Police Investigations

Show Slide, Police Investigations.

- Section 10225.703(a) of the OAPSA, entitled “Law enforcement officials” states, “Upon receipt of a report under section 701(b), law enforcement officials shall conduct an investigation to determine what criminal charges, if any, will be filed.” This section of the Act also requires that law enforcement will cooperate with other investigating organizations (e.g., the area agency on aging and/or the agency which licenses the facility in which the alleged crime was committed). Section (d) of this section, entitled “Further notification” requires the law enforcement agency to notify the local area agency on aging and the facility where the crime occurred of any decision regarding criminal charges.



Slide:
**Protective Services
Investigations in which
Police Cooperation is
needed**

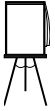
*Show Slide, Protective Services Investigations in which
Police Cooperation is needed*

Investigations conducted by protective services agency where criminality is uncovered.

- When a protective services inquiry reveals that a criminal investigation is necessary, as in the case of rape or sexual assault, local area agencies on aging are to report such findings to local police for investigation and to cooperate with the police in the investigation, including sharing of relevant records (including evidence and interviews) which are in the possession of the area agency on aging.
- Usually, any suspected abuse, neglect, or exploitation of elders will be reported first to the local area agency on aging. However, if law enforcement receives the initial report, you should notify the area agency on aging serving the area where the victim

resides so that necessary services and protection can be provided to the victim and any needed assistance can be provided to law enforcement in the investigation of the alleged crime.

- In numbers of Pennsylvania Counties, **inter-disciplinary task forces on elder abuse** have been established comprised of personnel from the district attorneys office, the area agency on aging, the coroner and local police departments. These task forces work collaboratively to identify victimized elders and to share the responsibilities associated with assisting the senior and moving the case to an effective investigation and filing of appropriate criminal charges against perpetrators.



Ask participants:

- **Can anyone tell us the differences between a protective investigation and a criminal investigation?**

Write their responses on a flipchart or whiteboard and add any from the list below not provided:



**Slide:
Goals of Investigation**

- **Goals are different – criminal** investigation is to gather evidence to show whether or not a crime has been committed. **Protective** investigation goal is to determine **whether abuse has occurred and to provide protective services** to the victim.



**Slide:
Levels of Evidence
Required**

- **Different levels of evidence are required – LE requires probable cause** to arrest an alleged perpetrator and, in court, abuse must be proven beyond a reasonable doubt to convict, whereas **PS only needs a preponderance of evidence** to protect the vulnerable adult.
- **However, where law enforcement and protective services work together in sharing the investigative findings of each independent inquiry, a comprehensive response to the victimization can be fashioned including services and prosecution.**



**Slide:
Sharing Findings**

Show Slide, Police Assistance with Protective Service Delivery



**Slide:
Police Assistance with
Protective Service
Delivery**

Speaking Points:

- According to Pennsylvania law, when an area agency on aging has obtained an emergency court order to intervene to protect an older adult in need of protective services police may be called upon to assist in implementing this order.
- Such **duties may include:**
 - **forced entry,**
 - **other emergency assistance normally provided in responding to a citizen in need.**

Show Slide, Information About Suspected Victimized People

Speaking Points:



**Slide:
Information About
Suspected Victimized
People**

- The Neglect of care dependent persons statute (Section 2713 of Title 18) requires that the police or attorney general be notified by the Departments of Aging, Health or Public Welfare, when state personnel have reasonable cause to believe that a recipient of service in a long term care facility (nursing home, personal care home, state facility for mentally ill or developmentally disabled, group home for mentally ill or developmentally disabled, home health agency or day care center for adults) has suffered bodily injury or been unlawfully restrained.
- The PA Crimes Code (Section 5106 of Title 18) provides that health care personnel operating any hospital, pharmacy or emergency room, to whom is brought an individual suffering from any injury which is criminally inflicted, or which is self inflicted, or which causes death, or serious bodily injury, must report that individual to the head of the police serving the locale in which the hospital is located. The only exception is where the victim has been injured in a domestic abuse circumstance & the victim refuses to give consent for the report to police.

- So state regulatory agencies, protective services agencies, hospitals and police have a duty to share information and collaborate in the investigations of victimized elderly.

Show slide, 6 Pa. Code Section 15.42 Standards for initiating and conducting investigations

Speaking Points:

- The PA Code spells out the **responsibilities of protective services investigators when performing an investigation**. This is useful information for you.
- According to section 15.42 of Title 6 Pa. Code, reports of mistreated elderly are to be categorized into one of three categories:
 - **Emergency Report.** An investigative report categorized as an emergency by the agency receiving the report, shall result in an investigation being initiated immediately after receiving the report, and in no instance should more than 24 hours lapse prior to their being a face to face interview between the alleged victim and the investigator. Failure by the investigator to gain access to the alleged victim should lead to consideration of petitioning the court for an access to persons order or an emergency intervention order under the OAPSA.
 - **Priority Report.** A report categorized as a priority report shall have an investigation initiated as soon as possible. The agency shall assure reasonable attempts to initiate the investigation within 24 hours of its receipt, and that shall involve a contact with the older adult reported as being in need of protective services. Failure by the investigator to gain access to the alleged victim should lead to consideration of petitioning the court for an access to persons order, or an emergency intervention order pursuant to the OAPSA.
 - **Nonpriority Report.** A report labeled nonpriority shall have an investigation initiated in a timely fashion but in no case later than 72 hours after the report is received. Initiation of the



**Slide:
Standards for initiating
and conducting
investigations**

investigation will include visitation of the older adult when the facts of the report suggest that a visit is necessary to assess the needs of the older adult. Otherwise there should be one visit with the older adult sometime during the course of the investigation.

- **No need report.** In circumstances where it is suspected that the individual about whom the report is made is under 60 years of age, or the reported individual does not appear to be in need of protective services, a referral to an agency serving under 60 year old individuals should be made, or for an over 60 year old not needing protective services, referral should be made to the area agency on aging for assessment and on-going service delivery designed to meet any identified need outside of the area of protective services.
- **Protective services investigative purposes: to determine if the individual reported to be in need of services is (a) an older adult; (b) in need of protective services; (c) who is willing to voluntarily participate in a service plan, or for whom a court order should be sought to provide emergency services, or to begin the process of establishing a guardianship for the individual.**
- Regardless of whether the investigation determines the reported individual to be in need of protective services, the purpose of protective investigations is to structure a system of services to maximize the older adults functioning as independently as possible and to put in place supports to insure that functioning.
- Protective investigations are also designed to determine whether law enforcement should come to be involved in the case because the alleged or substantiated abuse, neglect or financial exploitation rises to the level of criminal victimization by a perpetrator who is liable to prosecution.



**Slide:
Protective services
investigative purposes**

Show Slide, Attorney General's Medicaid Fraud Control

Unit.

Speaking Points:



**Slide:
Medicaid Fraud
Control Units**

- **Another agency that you may be required to work in collaboration with is the PA Attorney General's Medicaid Fraud Control Unit (MFCU) which maintains offices in Harrisburg, Norristown and Greensburg.**
- **The Medicaid Fraud Control Unit is a law enforcement agency that investigates allegations of fraud against the Commonwealth, or abuse, neglect or criminal victimization of residents in long term care facilities where federal and/or state funds have been utilized to pay for services, such as nursing homes, personal care homes, group homes, and the like.**
- **Together, you and the investigative staff of the MFCU will determine who has primary investigation responsibility.**
- **So, you can see that there are several agencies with whom you are required to collaborate. A multi-disciplinary approach is extremely advantageous when investigating cases of suspected sexual abuse.**

**ADVANTAGES OF A
MULTIDISCIPLINARY
RESPONSE**



**Slide:
Multidisciplinary
Response**

Show Slide, Multidisciplinary response

Speaking Points:

- **Teams may be composed of, but need not be limited to, representatives of appropriate health, mental health, social service, legal service, and law enforcement agencies.**
- **Teams should supplement the protective services' activities of law enforcement and the protective**

services program of the Area Agencies on Aging.

- **The role of the teams should support activities of law enforcement the protective services program and to provide services** deemed by the teams to be necessary and appropriate to abused, neglected, and exploited vulnerable adults upon referral.
- **Services must be provided with the consent** of the vulnerable adult or that person's guardian, **or through court order.**

Ask participants:

- **What are some other benefits?**

Show slide, Benefits of a Multidisciplinary Team after participants give their answers.



**Slide:
Benefits of a multi-
disciplinary team**

Speaking Points:

- **It saves time.**
- **It helps to prevent re-traumatization – victim doesn't need to tell and retell as many people** and professionals can work together to support the victim. **Remember the demonstration at the beginning of this unit.**
- **Makes expertise available to you that you may not possess** – such as gerontology, medicine, and rape crisis counseling.
- **Provides support from trained professionals**, such as rape crisis advocates, **for the victim**, while **allowing LE to focus on investigating and verifying the facts.**
- **Victim will more likely continue** through the process.
- **Prosecutors get better evidence and testimony.**

Show Slide, Benefits of working with a SANE



Slide:
**Benefits of working
with a SANE**

Speaking Points:

- Particularly **beneficial is working with a trained Sexual Assault Nurse Examiner (SANE)**, if one is available in your community to perform the forensic exam and collect medical evidence.
- A SANE is **different from other nurses because they have special training in collecting and preserving evidence.**
- **Benefits of working with a SANE include:**
 - **Improves evidence collection and documentation**
 - **Shortens exam time**
 - **Proper chain-of-custody maintained by SANEs (100%) vs. non-SANEs (48%)** (Minneapolis study data)
 - **Can explain lack of physical injuries or why injuries are consistent with victim's history of assault**
 - **Considered very credible witness at trial**
 - **Better provision of services for the victim**

Show Slide: Benefits of working with an Sexual Violence Victim Advocate



Slide:
**Benefits of working
with a Sexual Violence
Victim Advocate**

Speaking Points:

- Just as there are many benefits of working with a SANE, it is **also beneficial to work with a sexual violence victim advocate (SVA)**. These benefits include:
- As mentioned previously, a Victim Advocate **provides emotional support to the victim and the**



**Slide:
Benefits of working
with Rape Crisis
Advocate**

victim's family so that LE can focus on the investigation

- **Available 24 hours a day, 7 days a week.**
- **Can work with the victim in reconstructing their memory – i.e. help to put those “files” in order chronologically and find “missing” files.**
- **Have referral information** you may not be aware of.
- **Available** to be with the victim **throughout entire process** – from forensic exam through court and post conviction.
- **Victims are more likely to continue the legal process and can be better witnesses.**
- **Can handle basic questions so victims don't need to keep calling the LE officer.** Victims also may be more prone to ask questions of SVA than LE officer.
- **Can explain the process over and over**, which may be necessary.
- **Can support family members of victims.** Supportive family can help victim continue the process.

APPROPRIATE RESOURCES & REFERRALS

REFER TO PARTICIPANT
GUIDE, PAGE?:
ELDER RESOURCE GUIDE

*Refer participants to Participant Guide, page ?, Elder
Resource Guide.*

Speaking Points:

- **This resource guide is for you to use when looking for appropriate referrals to assist an elder victim of sexual abuse or for sources of multi-disciplinary support.**
- It has **national, statewide and local** resources. It gives **contact information as well as a brief description** of the type of resource and services provided.
- **It isn't meant to be a complete guide** to all resources available for older individuals, **but it lists the primary resources** you would want to be aware of.

Discuss some of the resources listed, paying particular attention to agencies or programs previously discussed, such as Adult Protective Services and SV centers.

Ask participants if they have had any experiences with any of the agencies and, if so, to share their experience with the class.

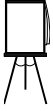
INITIAL RESPONSE STRATEGIES

Speaking Points:

- **The initial response to any victim of sexual assault sets the tone for the entire investigation** and must be **tailored to the response and special needs of the victim.**
- An appropriate, **victim-centered response on the part of the law enforcement officer is critical to the victim's recovery**, as well as **cooperation with**

the LE investigation.

Ask: What are the three main responsibilities of an LE officer when responding to a report of a sexual assault?



Write their answers on a whiteboard or flipchart page. Be sure to add any of the following they leave out:

- Attending to the victim.
- Gathering information about the assault.
- Securing and protecting the crime scene and evidence.

**REFER TO PARTICIPANT
GUIDE, PAGE ? -
INITIAL RESPONSE
GUIDELINES AND
STRATEGIES**

Refer participants to Participant Guide, page 58, Initial Response Guidelines and Strategies.

As you discuss the information, give examples.

Speaking Points:

- We'll discuss **some general initial response guidelines and strategies, as well as responses specific to the special needs of the older victim** of sexual abuse.



**Slide:
Initial Response
Guidelines/Strategies**

Show slide, Initial Response Guidelines/Strategies

- **Ensure the safety of the victim.** Reassure the older person of their immediate safety and that continued assistance and protection will be available from LE and other resources.
- **Assess and arrange for medical care.** Older victims may be frail and more likely to sustain life-threatening injuries from the assault or the assault could critically worsen an existing medical condition.
- **Expect to see a wide range of responses,** as we discussed in the last unit. Be prepared for any reaction – there is NO typical response to being a victim of sexual assault.
- **Expect any victim to be traumatized, even if it is not easily apparent.** There is no “type” of man or woman who will not be affected.



**Slide:
Initial Response
Guidelines/Strategies**

- **Respond to each victim as an individual**, recognizing that no two people will respond in exactly the same way. Do NOT treat any victim as a “routine” case.
- **Show respect and concern.** For example, call the older person by their last name until and if they ask you to call them by their given name, i.e. Mrs. Jones, NOT Mary.
- Remember that more than 80% of communication is non-verbal – **eye contact, active listening and an open body posture will convey that you respect and believe them.**
- **Contact a sexual violence advocate** as soon as possible to lend support to the victim, so you may concentrate on investigation. It is important to tell the victim an advocate is available anytime and is free of charge.
- You may need to **repeat things a number of times** because the victim will likely be in shock. It may be necessary to repeat the same questions later. Victims may not be able to remember details initially, but may remember later.
- **Write down any instructions** or info you want the victim to remember.



**Slide:
Initial Response
Guidelines/Strategies**

- Recognize the victim may feel powerless. **Give them options to gain some feeling of control**, i.e. where they want to sit when being interviewed, or to be interviewed by an officer of the same gender or age-range as themselves.
- In order to help the victim regain some feeling of control, **explain all of the investigative steps and procedures and allow them to have a feeling of partnership with you.** Avoid putting the victim in a passive role.



Slide:
Initial Response
Guidelines/Strategies

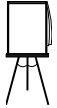
- **Recognize the victim may be confused as a result of shock, not because of aging.**
- **Assess any special needs of the older victim.** If the victim requires an interpreter because of hearing or language **get a professional interpreter** as soon as possible. **Do not use a family member or caregiver as interpreter, as they may be the perpetrator and/or the victim may be reluctant to disclose fully.** Prepare the interpreter for the types of things that may be discussed, such as sex acts, anatomy and violence.
- **Remember that sexual assault often accompanies other crimes, so look for the indicators** of sexual abuse when responding to a report of burglary or other crimes against an older person.
- Remember that sexual assault is common in relationships in which there is other physical violence. **When responding to a domestic violence report, look for indicators of sexual abuse.**
- Older victims may have had devices which aid in hearing, seeing, or in being mobile that have been damaged during the assault. **Attend to restoring hearing aids, glasses, walkers, etc. as soon as possible.** This will help the older victim regain some sense of control and will aid in their ability to cooperate with the investigation.
- **Ask the older victim if there is any assistance they need,** such as help with pushing their wheelchair or helping them to sit down.
- **Be aware of the person's sense of personal space.** Do not touch the victim without their permission. After a sexual assault, some victims are hypersensitive to being touched.
- **Be patient.** Sometimes older people take a little more time to speak about a subject, especially such an intimate one. Encourage them to tell you what happened in their own words, and then give them time to do so. It may require more than one interview to get all the needed information.

Communication Difficulties

- If the person has difficulty communicating, **ask him or her about their preferred way of communication, and arrange for it. Don't take for granted that they can't communicate nor that they know how to use a particular communication.** For example, not all deaf people can use sign language and not all blind people can read Braille. They may use a computer device or non-verbal sounds.
- **Don't assume mental incompetence** just because a person has difficulty communicating.
- **Don't assume senility or Alzheimer's disease** because an older person is confused or distressed after an assault. Any victim of sexual assault may be confused or distressed at first, and this is normal.
- **Give memory cues.** If the person is confused and is unable to tell the order the events occurred or the time of day, assure them that confusion after an assault is very common. They may need memory cues.
Example: if they can't remember the exact time of the event, ask what they were doing at the time – i.e. watching a particular TV program or preparing for bed. This will help give a frame of reference.

Ask participants to add any guidelines or strategies to this list, based on what they learned about older sexual assault victims in the last unit.

**SUMMARY OF WAYS
OF ASSISTING
OPTIONAL
DEMONSTRATION**



1. *To prepare the class for the next activity, read the optional Case Study (or a case study you develop) to the class.*
2. *Ask them to suggest ways to assist this older victim, according to what they have learned in this unit.*
3. *Discuss and write their answers on a whiteboard or flipchart*



Trainer Note: Facilitate a closing activity in which participants “put it all together” by working in pairs or small groups with a case study to determine what to do to make an appropriate initial response to a case of sexual violence against an older person.



**REFER TO PARTICIPANT’S
GUIDE, PAGE ,
ACTIVITY SHEET: RESPONDING
TO ELDER SEXUAL ABUSE**

Activity 2-1: Case study – Responding to Elder Sexual Abuse

TIME: 15 minutes

DIRECTIONS:

1. Divide class into pairs, or small groups. Give each group the case study.
2. Tell them to read the Case Study and decide as a group:
 - Which other agencies are required to be notified.
 - What other disciplines should be included in the initial response and how to contact specific agencies or resources for their own geographic locale.
 - And, what are the most appropriate initial response strategies or guidelines to use.
3. Tell them to choose a recorder for their group and have that person write the group’s answers.
4. Give them 10 to 12 minutes to complete the activity.
5. Ask each group to report their answers to one of the listed questions. Others can add to their answer, if other groups came up with additional information.

	<p>Possible Answers:</p> <ul style="list-style-type: none"> ▪ Required to contact Adult Protective Services or Department of Health. ▪ Professionals from other disciplines could include victim advocate from local program, SANE, multi-disciplinary team, if one exists in that area, local area on aging (for referrals.) Participants should give contact info for local programs. ▪ Any from “Initial Response Strategies/Guidelines.”
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**SUMMARY AND
TRANSITION**

Briefly review the unit objectives and ask the participants if they feel they can perform these objectives, now. Answer any questions they may have.

Transition to the next unit.

Unit 3

Investigating Elder Sexual Assault



Introduce unit

Trainer Note: It is recommended that this unit be presented only by the LE trainer, or presented primarily by the Law Enforcement trainer with assistance from the Sexual Violence program trainer to perform optional role plays and facilitate group work.



Slide:
**Investigating Elder
Sexual Assault**

Show Slide, Investigating Elder Sexual Assault

UNIT OBJECTIVES



Slides:
Unit objectives

Show Slides, Unit Objectives

Discuss purpose of the unit and present the objectives.

Speaking Points:

- **In this unit we'll look at investigating a sexual assault of an older person, after the initial response.**
- This unit will give you specific **investigative requirements and techniques for interviewing the older victim, collecting and preserving evidence, and identifying sources of corroborating evidence.**
- You will also have the **opportunity to practice what you have learned** by using a case study in small groups, like in the previous units.
- Here are the **objectives**. At the end of this unit you will be able to:
 - **Use appropriate questioning and interviewing techniques with an older individual** who has been sexually victimized.

- **Identify how to support successful prosecution.**
- **Identify sources/issues relevant to collection and preservation of evidence** related to a sex crime against an older individual.
- **Identify steps in proper processing of the scene and collection of evidence** of a case involving a sexually victimized older individual, **according to the investigation checklist.**
- **So, let's talk about good interviewing and questioning strategies** to use when working a case involving sexual abuse of an older person.

QUESTIONING AND INTERVIEWING TECHNIQUES

Speaking Points:

- **You learned some general guidelines** for initially responding to elder victims of sexual assault **in the last unit.**
- **In this unit,** we'll look at some **specifics about the interview process,** as well as specific **guidelines for questioning that will help you get the most accurate information in a way that is not damaging to the elder victim.**



Slide:
Stages of the Interview

Show Slide, Stages of the Interview

Speaking Points:

- These **stages** reflect **the step-by-step phases of the interview** and are similar to other interviews, particularly in a sexual assault case. However, we'll look at them **specifically with the elder victim of sexual assault in mind.**
- The stages are:
 - **Preparing** for the interview
 - **Building rapport**

- **Getting the information**
- **Closing** the interview
- Although these stages are usually accomplished in this order, **you may need to have a series of interviews to completely get all of the information needed.** This may be true **especially with elders who are traumatized and are emotionally and physically unable to complete the interview at the first try.**



Slide:
Preparing for the Interview

Show Slides, Preparing for the Interview

Speaking Points:

- **Before the interview even begins**, there are a few things to consider so that you are prepared and have “**set the stage**” for a useful interview.
- **Location:** Where you choose to interview the elder person can play a big part in how much the victim may be willing to disclose.
 - Choose a place that is **Private** – an office where privacy and lack of distractions are assured.
 - Choose a place that is **Safe** – particularly from the suspected abuser.
- **Interview the person alone, unless he or she asks that a particular trusted person be present.** Multiple interviewers can intimidate the older person and make disclosure impossible.
- **If the elder has physical impairments or disabilities** that make travel to an office too impractical, it will be necessary to **interview in the person’s home or facility.** If this is the location of the suspected abuse, **make sure the elder feels safe, or disclosure of the sexual assault is unlikely.**



**Slide:
Preparing for the
Interview**

- **Get background information about the person to be interviewed from a trusted person** who knows the older adult. **Ask about any special needs or adaptations** you may need to make, such as using assistive communication devices.
- **Determine who would be best to conduct the interview.** Often, it **may be important** to have the interview conducted **by an LE officer who is the same sex as the older victim.** Check with the older person to see if they would prefer to talk to an officer of the same sex and **arrange for it before the interview gets started.**

Show Slides, Building Rapport

Speaking Points:



**Slides:
Building Rapport**

- It is **critical to build rapport with the elder person before beginning to ask questions specific to the assault.** This will assure a more complete disclosure when questions are asked.
- During rapport building, the **interviewer introduces him or herself.** It may be helpful to have someone the older person trusts to introduce the interviewer.
- During rapport building, **convey interest and respect.** For example, respect can be conveyed by calling the older person by their last name until invited to use their first name.
- **Let the older victim have as much control over the interview as possible.** Having some control helps them regain some feelings of empowerment and may help them to discuss the abuse. For example, if the interview is conducted in the older person's home or room, ask him or her where you should sit.
- **Don't take notes during this early phase,** as it interferes with building rapport and trust. Wait until later, after the older person discloses. Then explain the need for taking precise notes. If the older victim is upset about note-taking, wait until immediately afterwards and take notes while your memory is



**Slides:
Building Rapport**

fresh.

- **Take time building rapport. Older people may require a slow pace to build trust.** You will see the benefits later in the interview in the person's ability to disclose facts about the sexual assault.
- **If the victim is a woman, sit facing her** at her level, unless she requests otherwise. Make eye contact and avoid taking notes, at first. Give the person your attention.
- **If the victim is a man, sit shoulder to shoulder** at his level, unless he requests otherwise. **He may prefer less eye contact when disclosing intimate information.**



**Slide:
Getting the
Information**

Show slides, Getting the Information

Speaking Points:

- **After building rapport and trust, you can begin to get information** more specific to the sexual assault.
- **Questioning about sexual assault must be done carefully** to maintain your rapport and the dignity of the older victim.
- **Proceed slowly and carefully, at the older person's pace.** In the rapport building phase, you have noticed what is comfortable for the person.
- **Use the same vocabulary as the older person.** Since they may be uncomfortable describing sexual content, it may be good to repeat the same words back to the victim, to clarify that you have understood and to "give permission" to continue to use those words he or she may not be very comfortable with. **Be sensitive to the embarrassing nature of the information** provided by the victim.
- **Ask the least threatening or potentially upsetting questions first.** Use broad open-ended questions.



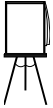
**Slide:
Getting the
Information**

Ask the participants: Can you give me some examples of open-ended questions?

Write their answers on the flipchart or whiteboard.

Speaking Points, continued:

- **Open-ended questions are particularly good at the beginning of the interview and for screening for indicators of sexual abuse.**
- **Progress slowly to the more focused, intrusive, intimate questions.** These questions can be more direct and should be a result of information disclosed during open-ended questions.
- Direct questions, however, are not leading or suggestive questions. **Do not use leading questions that are suggestive of particular answers.** Suggestive questions can compromise the credibility of the interview.



Give participants these examples (or ones of your own) by writing them on the flipchart or whiteboard.

- **Example - Direct Question: “Did someone hurt you?”**
- **Non-example - Leading Question: “Isn’t it true that your son has sex with you?”**



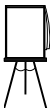
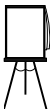
**Slide:
Getting the
Information**

Ask participants to give you examples of direct questions that could have resulted from answers to the open-ended questions they just provided and write them on the flipchart or whiteboard.

Show slide - Getting the Information (cont.)

Speaking Points, continued:

- Sometimes **focused questions regarding the particular symptoms that were the reason for the report can be used if general, open-ended questions don’t result in disclosure** of information about the sexual assault. For example: “Mary, your home health aide, is concerned about your bruises and bleeding. Can you tell me what’s been causing these problems?”





**Slide:
Getting the
Information**

- **Another way to get the older victim to talk to you is by explaining your role.** For example tell the person it's your job to talk to older adults and make sure no one is hurting them. And if someone is hurting them, to make it stop. This can lead to the victim disclosing more information to you.
- **If the older victim does disclose** that he or she has been sexually assaulted:
 - **Ask the victim to describe the situation or incident in their own words.**
 - **Ask clarifying questions about details that may have been omitted,** such as where, when, frequency of occurrence, and specifics of the abuse activities.
 - **Remain calm and do not share your emotional reactions.** You may have strong reactions. Wait to process them later with a supervisor or experienced co-worker or advocate.
 - Especially, **don't show anger or express blame toward the perpetrator. If the perpetrator is a family member or caregiver, the elder victim may love that person and not want them harmed.**
 - **Validate the victim's feelings and give them information about elder abuse, so the victim knows they are not alone in this problem.**



**Slide:
Special Speech and
Language Limitations**

Show Slide, Special Speech and Language Limitations

Speaking Points:

- Older people who can't communicate verbally can often "describe" their experience in other ways.
- First, **ask about the older person's usual method of communication** and use that.
- **With people who have use of their hands, use large cards with the words "Yes", "No" and "Pass"** and word your questions to allow a yes or no

answer. The older person can point at the right answer. **Using a “pass” card allows the person to postpone answering questions they are unprepared to handle at that time.**

- **If the older person is unable to read, you could use a plus sign (+) to represent yes and a negative sign (-) to represent no and a blank card to represent pass.**
- **Anatomical dolls or drawings can be used with non-verbal adults, similar to how they are used with children. The older person can point to or mark the areas where they were violated, as well as indicate what parts of the perpetrator’s body were used.**



**Slide:
Closing the Interview**

Show Slide, Closing the Interview

Speaking Points:

- How you close the interview can also be critical and can improve the chances that the victim will continue to cooperate.
- **With elder victims, in particular, you may need to have a series of interviews.** If you can see that the elder person needs to stop the interview or if she or he asks you to stop, do so. You may get better results by continuing the interview at a later date.
- **When closing, tell the older victim what will happen next in the investigation and prosecution** including potential time frames. Let them know what to expect.
- **Allow the person to ask questions.**
- **Give your card to the older victim and to anyone who is assisting the person.** Tell the person to call you if they have questions or want to add any information.
- **Thank the older person and tell them you understand how hard it has been for them to discuss what has happened.**

Refer to Participant's Guide, page 62, Interviewing Checklist. Explain that this is a checklist of the steps to include in an interview that were just discussed and can be used as a quick job aid.

**REFER TO PARTICIPANT'S
GUIDE, PAGE 62:
INTERVIEWING CHECKLIST**



OPTIONAL

Trainer Note:

Use the next activity as an opportunity for the participants to practice what they have learned. They may be somewhat reluctant or nervous at first. You may want to demonstrate a short role-play. Have the SV program trainer role-play the older victim and the LE trainer role-plays the investigator.
OR

You may show a videotaped interview of an older sexual abuse victim and have participants use the checklist and look for the things done right (or incorrectly.)



**Optional Activity: Interviewing an Elder Victim
of Sexual Abuse**

TIME: 20 minutes

DIRECTIONS:

1. Tell the class that now they will have a chance to practice what they have just learned about interviewing an older victim of sexual abuse.
2. Divide class into pairs, or small groups. Give each member of the pair a description of their role.
3. Tell them to role play the situation described for about 5 minutes. Tell the participant role-playing the investigator to use their Interview checklist to remind

	<p>them of the various steps in the process.</p> <ol style="list-style-type: none">4. After they have performed the role play once, have them switch roles.5. Give them 10 to 15 minutes to complete the activity. <p>OR</p> <ol style="list-style-type: none">1. Divide the class into groups of 3 to 5 and have them watch a video-taped interview of an elderly person.2. Tell them to use their interviewing checklist and check off behaviors they observe. They should make notes about what has NOT occurred, as well. As a group, they should combine their observations.3. Have each group go over one portion of the checklist to indicate what they did and did not observe.
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SUPPORTING SUCCESSFUL PROSECUTION

Speaking Points:

- As you know, **good investigative work can increase the chances for successful prosecution.**



**Slide:
Common Reasons for
NOT Prosecuting**

Show Slide, Common Reasons for NOT Prosecuting

- In fact, in a **study of cases of sexual abuse of elders in Virginia the three most common reasons for NOT prosecuting cases were:**
 - **insufficient evidence,**
 - **older victim being unable to participate in the prosecution, and**
 - **lack of evidence.**
- So two of the reasons are directly related to the investigative tasks of evidence collection and preservation.



**Slide:
Other Reasons for
NOT Prosecuting**

Show Slide, Other Reasons for NOT Prosecuting

- **Other reasons found for not prosecuting included:**
 - **law enforcement electing NOT to investigate or take a report,**
 - **alleged perpetrator not identified,**
 - **alleged perpetrator unable to participate in his or her defense, and**
 - **both the older victim and the alleged perpetrator had Alzheimer's disease.** (In fact, in about 30% of the cases studied over three years, the alleged perpetrator had dementia.)
- So, at least the first of these causes of lack of prosecution are within your arena. **You should investigate any allegation of sexual violence**

against an older person. Again, thorough investigative work will enhance the chances of successful prosecution, when prosecution is appropriate.

- **Working closely with the State Attorney’s office from the beginning will guide you in knowing how to best support prosecution on any specific case.**

Ask:

What or who could help you with cases involving people with Alzheimer’s or other cognitive disabilities?

Their responses should include working as part of a multi-disciplinary collaborative approach with other professionals, such as APS, in determining capacity to consent.

- **In summary, ways you can support successful prosecution is by careful collection and preservation of evidence, working in collaboration with other professionals, and working closely with the State Attorney’s office while still investigating.**
- Now, since it’s clear that one of the best ways to support prosecution is good investigative work, **let’s discuss evidence collection and preservation.**

SOURCES OF EVIDENCE

Ask:

What are the three main sources of evidence are in a sexual violence case?

Show Slide, Sources of Evidence

Speaking Points:

- The **three main sources of evidence** are:
 - The **victim**
 - The **suspect**



**Slide:
Sources of Evidence**

- The **crime scene**
- And each of the **sources yields both forensic and informational evidence.**



Slide:

**Sources of Evidence –
The Victim**

Show Slide, Sources of Evidence – The Victim

Speaking Points:

- The **first major source of evidence is the victim.** As we’ve already discussed, with the proper interviewing, the victim can give you information regarding:
 - **Identity or description of the suspect**
 - **Location** and scope of the crime scene
 - **Details** of the assault
 - **Identity or description of witnesses**
- Also, the **victim’s body is in a sense also a crime scene, and forensic evidence should be collected by trained medical personnel,** such as:
 - **DNA: Suspect’s body fluids or tissues,** such as semen, blood, saliva, skin cells, etc.
 - **Trace evidence,** such as hairs, fibers, soils, etc.



Slide:

**Sources of Evidence –
The Suspect**

Show Slide, Sources of Evidence – The Suspect

Speaking Points:

- The **second main source of evidence** – both forensic and informational – is the **suspect.** Like the victim, the suspect’s body will yield valuable forensic evidence that can link him to the victim and/or the crime scene.
- Even if the suspect isn’t apprehended until some time after the assault, **reference standard evidence, including DNA, can be collected and compared to perpetrator evidence collected earlier from the victim.**

- So a **forensic exam of the suspect** can yield:
 - **DNA - Victim's body tissue or fluids** such as vaginal fluids, blood, saliva, skin cells, etc.
 - **DNA – Suspect's reference standards** such as hair, saliva, or blood.
 - **Trace evidence**, such as hairs, fibers, soils, etc.
- **Types of information** as evidence that can be obtained include:
 - **Alibi facts or witnesses**
 - **Excuse or justification for the assault**
 - **Admission and confession**



Slide:

**Sources of Evidence –
The Crime Scene**

Show Slide, Sources of Evidence – The Crime Scene

Speaking Points:

- The **last major source of evidence** is the location the crime occurred – the **crime scene**. Processing the crime scene and interviewing witnesses can add crucial evidence that can help recreate the crime and provide other information critical to the development of the case.
- **Forensic evidence to collect at the crime scene** can include:
 - **Victim's and suspect's bodily fluids and tissues**, such as semen, blood, vaginal fluids, skin cells, etc.
 - **Latent fingerprints**
 - **Trace evidence** such as hairs, fibers, soils, etc.
 - **Items used in the assault** such as condoms, lubricants, burglary tools
 - **Other items related to the assault such as**

clothing, bedding, facial/toilet tissues, items left by the suspect or victim.

STEPS IN THE INVESTIGATIVE PROCESS

Speaking Points:

- Now that we've discussed some of the specifics of the investigation, **let's look at the entire investigative process** as a whole.

REFER TO PARTICIPANT'S GUIDE, PAGE 46 : INVESTIGATIVE CHECKLIST

Refer to Participant's Guide, page 46, Investigative Checklist.

- **This is a checklist of general steps for investigating crimes involving sexual abuse.** It has been **customized** to address cases involving **elder victims, but most of the procedure is appropriate for any investigation of sexual violence.**
- Notice that it **is organized by stage of the investigation**, starting with dispatch to initial response and progressing on to victim support, locating and interviewing suspects and report writing, as well as follow-up investigation.

Review the checklist steps, adding details when needed to further explain the steps. Then refer to the case study at the end of this unit.

Dispatch and Communication

- Assign sexual assault calls a high priority -- even when crime is no longer in progress -- in order to *help the victim and preserve evidence.*
- When possible, stay on the phone with the reporting victim until patrol arrives.
- Determine victim's physical safety.
- Determine victim's medical condition and needs.
- Determine location and time of incident.

CHECKLIST FOR INVESTIGATING ELDER SEXUAL ABUSE

- Get description of suspect.
- Determine whether suspect is still present – if not, get direction and mode of suspect’s travel.
- Encourage the victim to preserve evidence by not:
 - Changing clothes
 - Washing
 - Using bathroom
 - Drinking anything
 - Combing hair
 - Disturbing scene
- Determine if the victim has special needs regarding:
 - Language translation (interpreter should be unaffiliated with victim and/or perpetrator)
 - Hearing or sight impairment
 - Request for same-sex officer
- Never ask victim about plans to prosecute.
- Do not cancel law enforcement response, even at request of victim.
- If dispatch, law enforcement and/or communication agencies are separate, link and incorporate functions as soon as possible.

Initial Response and Investigation

- At the scene, administer first aid to victim and request medical support – *remember that elderly victims may be more physically frail so may be more likely to be injured.*
- Establish the exact location of the crime scene.
- Secure the crime scene promptly.
 - Choose common entrance/exit path for all personnel to use to limit contamination.

- Determine if search warrant is needed.
- Determine whether non-emergency personnel had access to scene.
- Determine if any contamination of crime scene or evidence occurred before first responders arrived.
- Determine whether the victim was in a vehicle with the assailant. If so,
 - Locate and secure “other” crime scenes.
 - Call crime scene specialist, if necessary.
- Communicate the facts of the case to detectives as soon as possible.
- Contact the Pennsylvania Elder Abuse Hotline to report to Protective Services at 1-800-490-8505.
- If responding to a report involving a skilled nursing facility, contact the Department of Health.
- Immediately determine from whom and how the initial report was received.
- Collect or ensure collection of physical evidence, such as
 - Photos and/ or videotape of crime scene.
 - Need for alternative light source (e.g., luminol)
 - Telephone system activity.
 - Determine whether a subpoena is required.
 - Bed sheets, clothing, etc. Both are *critical!*
 - DNA submission to data bank.
 - If bite marks exist, is a forensic odontologist needed?
 - Garbage taken in or out of crime scene.
 - Soil and/or vegetation samples.
 - Tire or shoe impressions.
 - Are there security videotapes? Look for cameras.

- Review guard/security monitoring logs.
- Weapon(s.)
- Submit evidence items for analysis (Crime Scene, FBI, or private entity.)
- Is neighborhood survey required?
- Is Crime Stopper flyer needed for distribution?
- Does case require support from other agencies or additional manpower?
- Organize all investigative reports and information in logical order so they can be easily reviewed by others.
- Conduct preliminary interview with victim to establish facts. Keep it concise, but get all the facts quickly, if feasible. *Remember, the victim is likely to be traumatized and may be unable to provide useful information at this time.* Limit questions to:
 - Identification of victim.
 - Identification of suspect.
 - Identification of witness(es).
 - Description and location of suspect, witnesses and evidence.
 - Next of kin notification information.

(See “Follow-up” section of this checklist for detailed interview guidelines with the victim.)

Victim Support

- Request that a rape counselor or victim advocate meet with victim as quickly as possible.
- With or without victim advocate present, gain victim’s trust by showing compassion, patience and respect. *Victim trust and confidence are crucial for*

prosecution.

- Honor victim requests for officer of another gender and/or presence of support person(s) at ALL steps of process, medical and legal.
- Do not take photos of private areas of victim's body. *This should be done by medical personnel during the forensic physical exam.*
- Request victim consent for initial forensic physical exam. Emphasize the importance to both the victim's health and to the investigation.
- Accompany the victim to health care facility with the victim advocate.
- Advise facility that the victim is en route so separate waiting and exam rooms will be available.
- If the forensic physical exam is conducted, request that appropriate personnel take photographs and provide written documentation of injuries.
- Impound the exam kit and process according to department procedures.
- If suspicion exists that a drug was administered causing mental incapacitation, request a grey-top vial of blood be drawn and urine sample taken for drug testing.

Locating and Interviewing Suspect

- Locate suspect and conduct preliminary interview.
- If suspect is known:
 - Confirm identity and address.
 - Construct photo line-up, if appropriate.

- Review criminal history.
- Review open sex crime cases.
- If suspect is unknown:
 - Follow leads to establish identity.
 - Construct composite and place an alert.
 - Confer with other agencies for leads.
 - Determine if suspect's blood, hair and saliva are needed for lab analysis completion.

Report Writing

Objective, written report should include documentation of:

- All verbal and written statements.
- Names and contact information of witnesses.
Identifying information must remain confidential.
- Relationship between victim and suspect.
- All evidence, including photos and crime scene processing.
- Injuries (visible as well as complaints of pain.)
- Unusual or suspicious behavior on part of suspect.
- Reference to all written reports.
- Victim's emotional state.

Follow Up Investigation

The investigating officer assigned to follow-up should:

- Review original report and all supporting documents.
- Plan follow up investigation with supervisors.
- Coordinate plan with necessary personnel.
- Maintain ongoing contact with victim and/or advocate, as appropriate.
- Determine need for second, more in-depth interview

with the victim.

- Not use polygraph exams or voice stress tests with the victim.
- Determine whether a second, more in-depth interview with the victim is needed. If a second interview is conducted:
 - Use a private, comfortable setting free of distractions.
 - Explain the need for getting more detailed information concerning the crime.
 - Document the victim's actions and expressions in response to the incident, including the victim's physical condition and state of mind at the time of the incident.
 - Determine the relationship of the victim and the suspect.
 - Review the victim's account of the event to clarify any discrepancies with earlier accounts or emphasize issues important to prosecution.
 - Encourage the victim to cooperate, emphasizing the importance of prosecution to public safety.
 - Tell the victim of likely future investigative and prosecutorial activities and their role in those activities, but don't make other comments about prosecution.
 - Refer the victim to a rape crisis advocate, if one is not already involved.
- Work with the prosecutor's office to develop the case.
- Refer requests for victim protection orders, when appropriate.

Go over each step and ask the participants to apply the step to the case study and tell how they would perform the step. Give them additional information for applying the step to the case, when needed.

DEMONSTRATION



Trainer Note: Facilitate a final closing activity in which participants “put it all together” as in other units by working in pairs or small groups with a case study and determining what steps they would use to investigate the case, what they could do to support prosecution, and what evidence they would collect.



**REFER TO PARTICIPANT’S GUIDE, PAGE 69
ACTIVITY SHEET:
INVESTIGATING ELDER
SEXUAL ABUSE**

Activity 3-1: Case study – Investigating Elder Sexual Abuse

TIME: 20 minutes

DIRECTIONS:

1. Divide class into pairs, or small groups. Give each group the case study.
2. Tell them to read the case study and decide as a group:
 - How they would apply the steps of the checklist,
 - What they could do to support prosecution,
 - What evidence they would collect,
 - If there are any special issues with evidence collection or preservation for this case.
3. Tell them to choose a recorder for their group and have that person write the group’s answers.

	<p>4. Give them 10 to 15 minutes to complete the activity.</p> <p>5. Ask each group to report their answers to one of the listed questions. Others can add to their answer, if other groups came up with additional information.</p> <p>Possible Answers:</p> <ul style="list-style-type: none">▪ Any answers regarding any of the steps on the checklist are acceptable.▪ Support prosecution by careful collection and proper preservation of evidence and working in collaboration with other professionals.▪ Evidence – forensic medical exam of Rose, DNA for reference standards from Ray, the extension cord, the dildo.▪ None.
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SUMMARY

Briefly review the unit objectives. Answer any questions they may have about this unit or previous units.

Thank the participants for attending and for their participation.

Scenario 1

Role #1

You are 82 years old with arthritis and are hard of hearing. Your home was broken into and you were forced to perform oral sex on the assailant. You have never performed oral sex before. He held a gun on you, but did not physically injure you. After the assailant left, you phoned your neighbor and told her about the break in but not the sexual battery. She called law enforcement.

You recognized the assailant as someone who had knocked on your door the day before and offered to mow your lawn for pay. You aren't sure how to describe what you were forced to do. You are also afraid that if your children know about the assault, they will insist you move into a nursing home, which you don't want to do. You're afraid you will be blamed for the assault because you answered the door the day before and let the assailant come in your home.

Scenario 1

Role #2

You are investigating a report of a home invasion of an older person which may also be a sexual assault. The report was called in by the older person's neighbor, who said the older person called her after the break-in had occurred and the robber had left. You are attempting a first interview with the victim.

Scenario 2

Role #1

You are 88 years old and live in a nursing home. You have had a stroke and find it difficult to find the right words sometimes and must speak slowly. You are partially paralyzed on one side. You have been raped by another resident in the middle of the night. The morning nurse noticed you had bloody night clothes. You are embarrassed to talk about what happened. You feel ashamed that you were unable to stop the assailant. You aren't sure who he was, but the man seemed to think you were someone else. The nurse told the administrator who called law enforcement.

Scenario 2

Role #2

You are investigating a report from a nursing home. One of the residents was found to have bloody night clothes this morning when the nurse was checking on her and helping her to dress. The nurse told the administrator who called your law enforcement agency.

Demonstration of Investigative Checklist

Case Study

Martha, a 69-year-old widow, was walking home from a nearby market, carrying grocery bags in both arms. It was early evening, just as it was beginning to get dark.

As she walked past a narrow alleyway, a man leaped behind her, grabbing Martha around the neck and pulling her into the alley. Her groceries scattered. The assailant threw her to the ground, putting his hand over her mouth when she tried to scream. He hit her head against the pavement and kned her in the stomach when she struggled and tried to get up.

The assailant threatened Martha, saying he had a knife, although she did not see one. He raped her vaginally and orally, causing injuries from both the rape and head injuries from beating her head against the ground to subdue her. Martha was bleeding from her head and vagina.

When the assailant finished, he threatened Martha's life if she called law enforcement, saying he knew where she lived. He ran away, leaving Martha partially undressed, bleeding and crying.

She struggled to her feet and put her clothes on. In spite of the rapist's warnings, she went to a nearby store and asked the clerk to call law enforcement. When the police arrived, they took a statement from Martha, who showed them the crime scene and gave them a good description of the rapist. In spite of being very upset and in pain, her memory and communication skills were good. She recalled what the rapist had been wearing and that he was not wearing gloves.

Pennsylvania Coalition Against Rape

**Elder Sexual Abuse:
The Hidden Victim –
A Training Program for Law Enforcement**

Participant's Guide

Pennsylvania Coalition Against Rape
125 North Enola Drive
Enola, PA 17025
1-888-692-7445; 717-728-9740
www.pcar.org

A joint project of the Pennsylvania Coalition Against Rape and the Pennsylvania Department of Aging funded by the Pennsylvania Department of Aging and the Pennsylvania Commission on Crime and Delinquency.

This curriculum was adapted with permission of the Florida Council Against Sexual Violence.

Activity 1-1
Elder Sexual Abuse
True or False Quiz

Directions: *For each statement below, decide whether it is true or false and circle the correct answer.*

1. Sex is unimportant to older adults. It is abnormal for older adults to be interested in sex.

TRUE FALSE

2. Older women are not rape victims because they are not sexually desirable and no one would want to have sex with them.

TRUE FALSE

3. Most older people who claim to have been raped are doing so because of Alzheimer's Disease, dementia, or because they are lonely and need attention.

TRUE FALSE

4. Older adults usually know their attackers.

TRUE FALSE

5. Sexual assault often goes undetected and may only come to light because of reports of other types of abuse, neglect or exploitation.

TRUE FALSE

6. On-going, unexplained medical complaints like headaches or stomach aches could be a red flag for sexual assault.

TRUE FALSE

7. Older adults are usually less physically injured than younger rape victims.

TRUE FALSE

8. An older adult is usually more comfortable talking about sexual assault with authorities than a younger person.

TRUE FALSE

9. An older person's generational regard for personal and family privacy may keep them from disclosing sexual abuse by a spouse or adult child.

TRUE FALSE

10. Spousal rape is against the law in all fifty states.

TRUE FALSE

OLDER ADULTS PROTECTIVE SERVICES ACT

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Chapter 7. Reporting Suspected Abuse by Employees

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Chapter 51. Miscellaneous Provisions

- § 10225.5101. Repeals.
- § 10225.5102. Effective date.

§ 10225.101. Short Title

This act shall be known and may be cited as the Older Adults Protective Services Act.

§ 10225.102. Legislative Policy.

It is declared the policy of the Commonwealth of Pennsylvania that older adults who lack the capacity to protect themselves and are at imminent risk of abuse, neglect, exploitation or abandonment shall have access to and be provided with services necessary to protect their health, safety and welfare. It is not the purpose of this act to place restrictions upon the personal liberty of incapacitated older adults, but this act should be liberally construed to assure the availability of protective services to all older adults in need of them. Such services shall safeguard the rights of incapacitated older adults while protecting them from abuse, neglect, exploitation and abandonment. It is the intent of the general assembly to provide for the detection and reduction, correction or elimination of abuse, neglect, exploitation and abandonment, and to establish a program of protective services for older adults in need of them.

§ 10225.103. Definitions

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Abandonment"

The desertion of an older adult by a caretaker.

"Abuse"

The occurrence of one or more of the following acts:

1. The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
2. The willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.
3. Sexual harassment, rape or abuse, as defined in the act of October 7, 1976 (P.L.1090, No.218), known as the Protection from Abuse Act. No older adult shall be found to be abused solely on the grounds of environmental factors which are beyond the control of the older adult or the caretaker, such as inadequate housing, furnishings, income, clothing or medical care.

"Administrator"

The person responsible for the administration of a facility, which includes a employment decisions or an independent contractor.

"Agency"

The local provider of protective services, which is the area agency on aging or the agency designated by the area agency on aging to provide protective services in the area agency's planning and service area.

"Care"

Services provided to meet a person's need for personal care or health care.

Services may include homemaker services, assistance with activities of daily

living, physical therapy, occupational therapy, speech therapy, medical social services, home care aide services, companion care services, private duty nursing services, respiratory therapy, intravenous therapy, in-home dialysis and durable medical equipment services, which are routinely provided unsupervised and which require interaction with the care-dependent person. The term does not include durable medical equipment delivery.

"Care-dependent individual"

An adult who, due to physical or cognitive disability or impairment, requires assistance to meet needs for food, shelter, clothing, personal care or health care.

"Caretaker"

An individual or institution that has assumed the responsibility for the provision of care needed to maintain the physical or mental health of an older adult. This responsibility may arise voluntarily, by contract, by receipt of payment for care, as a result of family relationship, or by order of a court of competent jurisdiction. It is not the intent of this act to impose responsibility on any individual if such responsibility would not otherwise exist in law.

"Client assessment"

Social, physical and psychological findings along with a description of the person's current resources and needs.

"Court"

A court of common pleas or a district magistrate court, where applicable.

"Department"

The department of aging of the commonwealth.

"Employee"

An individual who is employed by a facility, which includes contracting employees who have direct contact with residents or unsupervised access to their personal living quarters. The term includes any person who is employed or who enters into a contractual relationship to provide care to a care-dependent individual for monetary consideration in the individual's place of residence.

"Exploitation"

An act or course of conduct by a caretaker or other person against an older adult or an older adult's resources, without the informed consent of the older adult or with consent obtained through misrepresentation, coercion or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrator or monetary or personal loss to the older adult.

"Facility"

Any of the following:

1. A domiciliary care home as defined in section 2202-A of the act of April 9, 1929 (P.L.177, No.175), known as the Administrative Code of 1929.
2. A home health care agency.
3. A long-term care nursing facility as defined in section 802.1 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.
4. An older adult daily living center as defined in section 2 of the act of July 11, 1990 (P.L.499, No.118), known as the Older Adult Daily Living Centers Licensing Act.
5. A personal care home as defined in section 1001 of the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

"Home Health Care Agency"

Any of the following:

1. A home health care organization or agency licensed by the department of health.
2. A public or private agency or organization, or part of an agency or organization, which provides care to a care-dependent individual in the individual's place of residence.

"Intimidation"

An act or omission by any person or entity toward another person which is intended to, or with knowledge that the act or omission will, obstruct, impede, impair, prevent or interfere with the administration of this act or any law intended to protect older adults from mistreatment.

"Law enforcement official"

Any of the following:

1. A police officer of a municipality.
2. A district attorney.
3. The Pennsylvania State Police.

"Neglect"

The failure to provide for oneself or the failure of a caretaker to provide goods or services essential to avoid a clear and serious threat to physical or mental health. No older adult who does not consent to the provision of protective services shall be found to be neglected solely on the grounds of environmental factors which are beyond the control of the older adult or the caretaker, such as inadequate housing, furnishings, income, clothing or medical care.

"Older adult"

A person within the jurisdiction of the Commonwealth who is 60 years of age or older.

"Older adult in need of protective services"

An incapacitated older adult who is unable to perform or obtain services that are necessary to maintain physical or mental health, for whom there is no responsible caretaker and who is at imminent risk of danger to his person or property.

"Protective services"

Those activities, resources and supports provided to older adults under this act to detect, prevent, reduce or eliminate abuse, neglect, exploitation and abandonment.

"Protective setting"

A setting chosen by the agency where services can be provided in the least restrictive environment to protect the physical and mental well-being of the older adult.

"Recipient"

An individual who receives care, services or treatment in or from a facility.

"Secretary"

The Secretary of Aging of the Commonwealth.

"Serious bodily injury"

Injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.

"Serious physical injury"

An injury that:

1. Causes a person severe pain; or
2. Significantly impairs a person's physical functioning, either temporarily or permanently.

"Service plan"

A written plan developed by the agency on the basis of comprehensive assessment of a client's need which describes identified needs, goals to be achieved and specific services to support goal attainment, with regular follow-up and predetermined reassessment of client progress. Specific services to support goal attainment may include, but is not limited to, homemaker services, home-delivered meals, attendant care, other in-home services, emergency shelter or food, legal aid services, transportation and other such services. Service plans are cooperatively developed by the agency staff, the client or the client's appointed guardian, and other family members when appropriate. The plan shall also address, where applicable, special needs of other members of the household unit as they may affect the older adult's need for protective services.

"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.

§ 10225.301. Duties of Department and Area Agencies on Aging

(a) Public Information and Interdepartmental Consultation.--The department shall conduct an ongoing campaign designed to inform and educate older adults, professionals and the general public about the need for an availability of protective services under this chapter. The department shall consult with other departments of the commonwealth on the design and implementation of the ongoing public awareness campaign. The department shall also consider the concerns of area agencies on aging and the entities identified by them under subsection (c).

(b) Staff training.--The department shall establish minimum standards of training and experience which protective services providers funded by the department shall be required to follow in the selection and assignment of staff for the provision of protective services.

(c) Protective services plans.--Each area agency on aging shall include a protective services plan as part of its annual plan. The plan shall describe the local implementation of this chapter, including the organization, staffing, mode of operations and financing of protective services, as well as the provisions made for purchase of services, interagency relations, interagency agreements, service referral mechanisms and locus of responsibility for cases with multi-service agency needs. The description of the methods that will be

used by the agency, its designees and its service providers to assure the privacy of older adults receiving services and the confidentiality of all records shall be established by the department. The department shall establish a schedule for the submission and approval of the plans. The plan shall include a list of all entities, whether public or private, that have been identified by the area agency on aging as having substantial contact with potential victims or perpetrators of abuse, neglect, exploitation and abandonment. This list shall be submitted to the department for purposes of the public information campaign under subsection (a).

§ 10225.302. Reporting; protection from retaliation; immunity

(a) Reporting.--Any person having reasonable cause to believe that an older adult is in need of protective services may report such information to the agency which is the local provider of protective services. Where applicable, reports shall comply with the provisions of chapter 7.

(b) Receiving reports.--The agency shall be capable of receiving reports of older adults in need of protective services 24 hours a day, seven days a week (including holidays). This capability may include the use of a local emergency response system or a crisis intervention agency, provided that access can be made to a protective services caseworker in appropriate emergency situations as set forth in regulations promulgated by the department. All reports received orally under this section shall be reduced to writing immediately by the person who receives the report.

(c) Retaliatory action; penalty.--Any person making a report or cooperating with the agency, including providing testimony in any administrative or judicial proceeding, and the victim shall be free from any discriminatory, retaliatory or disciplinary action by an employer or by any other person or entity. Any person who violates this subsection is subject to a civil lawsuit by the reporter or the victim wherein the reporter or victim shall recover treble compensatory damages, compensatory and punitive damages or \$5,000, whichever is greater.

(c.1) Intimidation; penalty.--Any person, including the victim, with knowledge sufficient to justify making a report or cooperating with the agency, including possibly providing testimony in any administrative or judicial proceeding, shall be free from any intimidation by an employer or by any other person or entity. Any person who violates this subsection is subject to civil lawsuit by the person intimidated or the victim wherein the person intimidated or the victim shall recover treble compensatory damages, compensatory and punitive damages or \$5,000, whichever is greater.

(d) Immunity.--Any person participating in the making of a report or who provides testimony in any administrative or judicial proceeding arising out of a report shall be immune from any civil or criminal liability on account of the report or testimony unless the person acted in bad faith or with malicious purpose. This immunity shall not extend to liability for acts of abuse, neglect, exploitation or abandonment, even if such acts are the subject of the report or testimony.

§ 10225.303. Investigations of reports of need for protective services

(a) Investigation.--It shall be the agency's responsibility to provide for an investigation of each report made under section 302. The investigation shall be initiated within 72 hours after the receipt of the report and shall be carried out under regulations issued by the department. These regulations shall provide for the methods of conducting investigations under this section and shall assure that steps are taken to avoid any conflict of interest between the investigator and service delivery functions. Reports and investigations under this section shall comply with chapter 7, where applicable

(b) Investigation Involving Licensed Facilities.--Any report concerning older adults residing in a state-licensed facility shall be investigated under procedures developed by the department in consultation with the state agency licensing such facility. If the report concerns a resident of a state-licensed facility for whom the area agency on aging provides ombudsman services, the ombudsman of the area agency on aging must be notified.

(c) Unsubstantiated reports.--If, after investigation by the agency, the report is unsubstantiated, the case shall be closed and all information identifying the reporter and the alleged abuser shall be immediately deleted from all records. For purposes of substantiating a pattern of abuse, neglect, exploitation or abandonment, the name of the alleged victim and any information describing the alleged act of abuse, neglect, exploitation or abandonment may be maintained for a period of six months under procedures established by the department.

(d) Substantiated reports.--If the report is substantiated by the agency, or if the client assessment is necessary in order to determine whether or not the report is substantiated, the agency shall provide for a timely client assessment if the older adult consents to an assessment. Upon completion of the assessment, written findings shall be prepared which shall include recommended action. This service plan shall provide for the least restrictive alternative, encouraging client self-determination and continuity of care. The service plan shall be in writing and shall include a recommended course of action, which may include the pursuit of civil or criminal remedies. If an older adult found to be in need of protective services does not consent to a client assessment or the development of a service plan, the agency may apply to the case the provisions of section 307.

§ 10225.304. Provision of services; access to records and persons

(a) Availability of protective services.--The agency shall offer protective services under any of the following conditions:

1. An older adult requests such services.
2. Another interested person requests such services on behalf of an older adult.
3. If, after investigation of a report, the agency determines the older adult is in need of such services.

(b) Consent by request.--Except as provided in section 307, an individual shall receive protective services voluntarily. In no event may protective services be provided under

this chapter to any person who does not consent to such services or who, having consented, withdraws such consent, unless such services are ordered by a court, requested by a guardian of the older adult or provided under section 307 nothing in this chapter shall prevent the agency from petitioning for the appointment of a guardian pursuant to title 20 of the Pennsylvania Consolidated Statutes (relating to decedents, estates and fiduciaries).

(c) Interference with services.--If any person interferes with the provision of services or interferes with the right of an older adult to consent to provision of services, the agency may petition the court for an order enjoining such interference.

(d) Access to records.--The agency shall have access to all records relevant to:

1. Investigations of reports under section 303.
2. Assessment of client need.
3. Service planning when an older adult's need for protective services has been or is being established.
4. The delivery of services arranged for under the service plan developed by the agency to respond to an older adult's assessed need for specific services.

(e) Access to persons.--The agency shall have access to older persons who have been reported to be in need of protective services in order to:

1. Investigate reports under section 303 and chapter 7.
2. Assess client need and develop a service plan for addressing needs determined.
3. Provide for the delivery of services by the agency or other service provider arranged for under the service plan developed by the agency.

(f) Denial of access to persons.--If the agency is denied access to an older adult reported to be in need of protective services and access is necessary to complete the investigation or the client assessment and service plan, or the delivery of needed services in order to prevent further abuse, neglect, exploitation or abandonment of the older adult reported to be in need of protective services, the agency may petition the court for an order to require the appropriate access when either of the following conditions apply:

1. The caretaker or a third party has interfered with the completion of the investigation or the client assessment and service plan or the delivery of services.
2. the agency can demonstrate that the older adult reported to be in need of protective services is denying access because of coercion, extortion or justifiable fear of future abuse, neglect, or exploitation or abandonment.

(g) Access by consent.--The agency's access to confidential records held by other agencies or individuals and the agency's access to an older adult reported to be in need of protective services shall require the consent of the older adult or a court-appointed guardian except as provided for under this section or section 307.

(h) Denial of access to records.--If the agency is denied access to records necessary for the completion of a proper investigation of a report or a client assessment and service

plan, or the delivery of needed services in order to prevent further abuse, neglect, exploitation or abandonment of the older adult reported to be in need of protective services, the agency may petition the court of common pleas for an order requiring the appropriate access when either of the following conditions apply:

1. The older adult has provided written consent for any confidential records to be disclosed and the keeper of the records denies access.
2. The agency can demonstrate that the older adult is denying access to records because of incompetence, coercion, extortion or justifiable fear of future abuse, neglect, exploitation or abandonment.

§ 10225. 305. Immunity from civil and criminal liability

In the absence of willful misconduct or gross negligence, the agency, the director, employees of the agency, protective services workers or employees of the department shall not be civilly or criminally liable for any decision or action or resulting consequence of decisions or action when acting under and according to the provisions of this chapter.

§ 10225.306. Confidentiality of records

(a) General Rule.--Information contained in reports, records of investigation, client assessment and service plans shall be considered confidential and shall be maintained under regulations promulgated by the department to safeguard confidentiality. Except as provided below, this information shall not be disclosed to anyone outside the agency other than to a court of competent jurisdiction or pursuant to a court order.

(b) Limited access to the agency's protective services records.--

1. In the event that an investigation by the agency results in a report of criminal conduct, law enforcement officials shall have access to all relevant records maintained by the agency or the department.
2. In arranging specific services to carry out service plans, the agency may disclose to appropriate service providers such information as may be necessary to initiate the delivery of services.
3. A subject of a report made under section 302 may receive, upon written request, all information contained in the report except that prohibited from being disclosed by paragraph (4).
4. The release of information that would identify the person who made a report of suspected abuse, neglect, exploitation or abandonment or person who cooperated in a subsequent investigation is hereby prohibited unless the secretary can determine that such a release will not be detrimental to the safety of such person.
5. When the department is involved in the hearing of an appeal by a subject of a report made under section 302, the appropriate department staff shall have access to all information in the report record relevant to the appeal.
6. For the purposes of monitoring agency performance, appropriate staff of the department may access agency protective services records.

§ 10225.307. Involuntary intervention by emergency court order

(a) Emergency petition.--Where there was clear and convincing evidence that if protective services are not provided, the person to be protected is at imminent risk of death or serious physical harm, the agency may petition the court for an emergency order to provide the necessary services. The courts of common pleas of each judicial district shall ensure that a judge or district justice is available on a 24-hour-a-day, 365-day-a-year basis to accept and decide on petitions for an emergency court order under this section whenever the agency determines that a delay until normal court hours would significantly increase the danger the older adult faces.

(b) Limited order.--The court, after finding clear and convincing evidence of the need for an emergency order, shall order only such services as are necessary to remove the conditions creating the established need.

(c) Right to counsel.--In order to protect the rights of an older adult for whom protective services are being ordered, an emergency court order under this section shall provide that the older adult has the right to legal counsel. If the older adult is unable to provide for counsel, such counsel shall be appointed by the court.

(d) Forcible entry.--Where it is necessary to forcibly enter premises after obtaining a court order, a peace officer may do so, accompanied by a representative of the agency.

(e) Health and safety requirements.--The agency shall take reasonable steps to assure that while the person is receiving services under an emergency court order, the health and safety needs of any of the person's dependents are met and that personal property and the dwelling the person occupies are secure.

(f) Exclusion of remedy.--Nothing in this chapter shall be interpreted to deny any older adult access to the emergency medical services or police protection that would be provided to anyone, regardless of age, in similar circumstances.

§ 10225.308. Individual rights

(a) Rights of protective services clients.--The agency shall observe the following minimum requirements to safeguard the rights of an older adult who is reported to be in need of protective services:

1. The agency shall discreetly notify the older person during the investigation that a report has been made and shall provide the person with a brief summary of the nature of the report.
2. As provided under section 306(b)(3), the older adult may request, and the agency shall provide, additional information contained in the report.
3. Any denial of services by the department or an authorized agency under this chapter may be appealed according to the provisions of the rules and regulations issued by the department under Article xxii-a of the act of April 9, 1929 (P.L.177, No.175), known as the Administrative Code of 1929.

4. Nothing in this act shall limit the right of any older person to file a petition pursuant to the act of October 7, 1976 (P.L.1090, No.218), known as the Protection From Abuse Act.

(b) Rights of alleged abusers.--An individual who is alleged in a protective services report to be a perpetrator of the abuse, neglect, exploitation or abandonment of an older adult shall be entitled to the following if the report is substantiated by the agency:

1. Such an individual shall be notified by the agency at the conclusion of the investigation of the report that allegations have been made and shall be given a brief summary of the allegations.
2. As provided under section 306(b) (3), the alleged perpetrator may request, and the agency shall provide, additional information contained in the report.
3. an alleged perpetrator is entitled to file an appeal with the department under 1 Pa. Code part II (relating to general rules of administrative practice and procedure) to challenge the agency's finding resulting from the investigation of a report made under section 303.

§ 10225.309. Financial obligations; liabilities and payments

All individuals receiving services and all agencies providing services under this chapter shall comply with the following provisions regarding liability for the payment of services:

1. Funding to provide or make available protective services under this chapter shall not supplant any public and private entitlements or resources for which persons receiving protective services under this chapter are or may be eligible, and shall not be available until such persons have exhausted their eligibility and receipt of benefits under said public and private entitlements or resources.
2. funding available to local protective services agencies under this [act] costs of activities including, but not limited to, the following:
 - i. Administering protective services plans required under section 301(c).
 - ii. Receiving and maintaining records of reports of abuse under section 302.
 - iii. Conducting investigations of reported abuse under section 303.
 - iv. Carrying out client assessments and developing service plans under section 303.
 - v. Petitioning the court under sections 304 and 307.
 - vi. Providing emergency involuntary intervention under section 307.
 - vii. Arranging for available services needed to carry out service plans, which may include, as appropriate, arranging for services for other household members in order to reduce, correct or eliminate abuse, neglect, exploitation or abandonment of an older adult,
 - viii. purchasing, on a temporary basis, services determined by a service plan to be necessary to reduce, correct or eliminate abuse, neglect, exploitation or abandonment of an older adult when such services are not available within the existing resources of the agency or other appropriate provider.
Purchase of services under this provision is limited to a 30-day period

which may be renewed with adequate justification under regulations promulgated by the department.

3. The obligation of the commonwealth and the counties to provide funds to the department or any agency for services provided pursuant to this chapter shall be entirely discharged by the appropriations made to the department or an agency. Provided that the agency has met its responsibility under the law, no action at law or equity shall be instituted in any court to require the department, any agency, county or the Commonwealth to provide benefits or services under this chapter for which appropriations from the Commonwealth or counties are not available.
4. Protective services clients receiving the same services provided to others under an agency service plan shall not be required to pay a fee for any services not subject to cost sharing for other older adults.

§ 10225.310. Regulations; enforcement

(a) Promulgation of regulations.--The department shall promulgate the rules and regulations to carry out this chapter and shall be responsible for presenting to the General Assembly annually a report on the program and services performed.

(b) Enforcement.--This chapter shall be enforced only after promulgation of regulations by the department, which shall occur no later than 12 months following passage of this chapter, except that section 301 shall apply when the area agency on aging certifies to the department that it is prepared to fulfill its responsibilities. The certification shall be made within 90 days following promulgation of regulations.

§ 10225.312. Funds for payment of administration of chapter

Funds necessary to administer this chapter shall be provided by annual appropriation by the general assembly.

§ 10225.501. Definitions

The following words and phrases when used in this chapter shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Applicant"

An individual who submits an application, which is being considered for employment, to a facility.

"State police"

The Pennsylvania State Police.

§ 10225.502. Information relating to prospective facility personnel

(a) General rule.--A facility shall require all applicants to submit with their applications, and shall require all administrators and any operators who have or may have direct contact with a recipient to submit, the following information obtained within the preceding one-year period:

1. Pursuant to 18 Pa.C.S. Ch. 91 (relating to criminal history record information), a report of criminal history record information from the state police or a statement from the state police that their central repository contains no such information relating to that person. The criminal history record information shall be limited to that which is disseminated pursuant to 18 Pa.C.S. § 9121(b)(2) (relating to general regulations).
2. where the applicant is not and, for the two years immediately preceding the date of application, has not been a resident of this commonwealth, administration shall require the applicant to submit with the application for employment a report of federal criminal history record information pursuant to the federal bureau of investigation's appropriation under the departments of state, justice, and commerce, the judiciary, and related agencies appropriation act, 1973 (Public Law 92-544, 86 Stat. 1109). The department shall be the intermediary for the purposes of this paragraph. For the purposes of this paragraph, the applicant shall submit a full set of fingerprints to the state police, which shall forward them to the federal bureau of investigation for a national criminal history record check. The information obtained from the criminal record check shall be used by the department to determine the applicant's eligibility. The determination shall be submitted to the administrator by the applicant prior to commencing employment. The administrator shall insure confidentiality of the information.

(b) Fees.--The state police may charge the applicant a fee of not more than \$10 to conduct the criminal record check required under subsection (a)(1). The state police may charge a fee of not more than the established charge by the federal bureau of investigation for the criminal history record check required under subsection (a)(2). The state police shall develop a billing system to allow facilities and administrators to assume responsibility for the fee under this subsection. The state police shall allow facilities or administrators to establish an account for quarterly payment.

§ 10225.503. Grounds for denying employment

(a) General rule.--In no case shall an administrator a facility hire an applicant or retain an employee required to submit information pursuant to section 502(a), if the applicant's or employee's criminal history record information indicates the applicant or employee has been convicted of any of the following offenses:

1. An offense designated as a felony under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act.
2. An offense under one or more of the following provisions of 18 Pa.C.S. (relating to crimes and offenses):
 - o Chapter 25 (relating to criminal homicide).
 - o Section 2702 (relating to aggravated assault).
 - o Section 2901 (relating to kidnapping).
 - o Section 2902 (relating to unlawful restraint).
 - o Section 3121 (relating to rape).
 - o Section 3122.1 (relating to statutory sexual assault).
 - o Section 3123 (relating to involuntary deviate sexual intercourse).
 - o Section 3124.1 (relating to sexual assault).

- Section 3125 (relating to aggravated indecent assault).
 - Section 3126 (relating to indecent assault).
 - Section 3127 (relating to indecent exposure).
 - Section 3301 (relating to arson and related offenses).
 - Section 3502 (relating to burglary).
 - Section 3701 (relating to robbery).
 - A felony offense under Chapter 39 (relating to theft and related offenses) or two or more misdemeanors under Chapter 39.
 - Section 4101 (relating to forgery).
 - Section 4114 (relating to securing execution of documents by deception).
 - Section 4302 (relating to incest).
 - Section 4303 (relating to concealing death of child).
 - Section 4304 (relating to endangering welfare of children).
 - Section 4305 (relating to dealing in infant children).
 - Section 4952 (relating to intimidation of witnesses or victims).
 - Section 4953 (relating to retaliation against witness or victim).
 - A felony offense under section 5902(b) (relating to prostitution and related offenses).
 - Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
 - Section 6301 (relating to corruption of minors).
 - Section 6312 (relating to sexual abuse of children).
3. A Federal or out-of-State offense similar in nature to those crimes listed in paragraphs (1) and (2).

(b) [deleted.]

(c) Immunity.--An administrator or a facility shall not be held civilly liable for any action directly related to good faith compliance with this section.

§ 10225.504. Regulations

The department, in consultation with the department of health and the department of public welfare, shall promulgate the regulations necessary to carry out this chapter.

§ 10225.505. Violations

(a) Administrative.--

1. An administrator who intentionally or willfully fails to comply or obstructs compliance with the provisions of this chapter commits a violation of this chapter and shall be subject to an administrative penalty under paragraph (3).
2. A facility owner that intentionally or willfully fails to comply with, or obstructs compliance with, this chapter commits a violation of this chapter and shall be subject to an administrative penalty under paragraph (3).
3. The Commonwealth agency or Commonwealth agencies which license the facility have jurisdiction to determine violations of this chapter and may issue an order assessing a civil penalty of not more than \$2,500. An order under this paragraph is

subject to 2 Pa.C.S. Ch. 5 Subch. A (relating to practice and procedure of commonwealth agencies) and Ch. 7 Subch. A (relating to judicial review of commonwealth agency action).

(b) Criminal--

1. An administrator who intentionally or willfully fails to comply or obstructs compliance with this chapter commits a summary offense misdemeanor of the third degree and shall, upon conviction, be sentenced to pay a fine of \$2,500 or to imprisonment for not more than 90 days one year, or both.
2. A facility owner that intentionally or willfully fails to comply with, or obstructs compliance with, this chapter commits a summary offense misdemeanor of the third degree and shall, upon conviction, be sentenced to pay a fine of \$2,500 or to imprisonment for not more than one year, or both.

§ 10225.506. Provisional employees for limited periods

Notwithstanding section 502, administrators may employ applicants on a provisional basis for a single period not to exceed 30 days or, for applicants under section 502(2), a period of 90 days, if all of the following conditions are met:

1. The applicant has applied for the information required under section 502 and the applicant provides a copy of the appropriate completed request forms to the administrator.
2. The administrator has no knowledge of information pertaining to the applicant which would disqualify him from employment pursuant to section 503 subject to 18 Pa.C.S. § 4911 (relating to tampering with public records or information).
3. The applicant swears or affirms in writing that he is not disqualified from employment under section 503.
4. If the information obtained under section 502 reveals that the applicant is disqualified from employment under section 503, the applicant shall be immediately dismissed by the administrator.
5. The department shall develop guidelines regarding the supervision of applicants. For a home health care agency, supervision shall include random direct supervision by an employee who has been employed by the facility for a period of one year.

§ 10225.507. State Police

No later than one year following the effective date of this chapter, the state police and the department shall report to the aging and youth committee of the senate and the aging and youth committee of the house of representatives with their findings and recommendations regarding the implementation of this chapter.

§ 10225.508. Applicability

This chapter shall apply as follows:

1. An individual who, on the effective date of this chapter, has continuously for a period of one year been an employee of the same facility shall be exempt from section 502 as a condition of continued employment.
2. If an employee is not exempt under paragraph (1), the employee and the facility shall comply with section 502 within one year of the effective date of this chapter.
3. If an employee who is exempt under paragraph (1) seeks employment with a different facility, the employee and the facility shall comply with section 502.
4. an employee who has obtained the information required under section 502 may transfer to another facility established and supervised by the same owner and is not required to obtain additional reports before making the transfer.

§ 10225.701. Reporting by employees

(a) Mandatory reporting to agency.--

1. An employee or an administrator who has reasonable cause to suspect that a recipient is a victim of abuse shall immediately make an oral report to the agency. If applicable, the agency shall advise the employee or administrator of additional reporting requirements that may pertain under subsection (b). An employee shall notify the administrator immediately following the report to the agency.
2. Within 48 hours of making the oral report, the employee or administrator shall make a written report to the agency. The agency shall notify the administrator that a report of abuse has been made with the agency.
3. The employee may request the administrator to make, or to assist the employee to make, the oral and written reports required by this subsection.

(b) Mandatory reports to law enforcement officials.--

1. An employee or an administrator who has reasonable cause to suspect that a recipient is the victim of sexual abuse, serious physical injury or serious bodily injury or that a death is suspicious shall, in addition to contacting the agency and the department, immediately contact law enforcement officials to make an oral report. An employee shall notify the administrator immediately following the report to law enforcement officials.
2. Within 48 hours of making the oral report, the employee and an administrator shall make a written report to appropriate law enforcement officials.
3. The law enforcement officials shall notify the administrator that a report has been made with the law enforcement officials.
4. The employee may request the administrator to make, or to assist the employee to make, the oral and written reports to law enforcement required by this subsection.

(c) Contents of report.--A written report under this section shall be in a manner and on forms prescribed by the department. The report shall include, at a minimum, the following information:

1. Name, age and address of the recipient.
2. Name and address of the recipient's guardian or next of kin.
3. Name and address of the facility.

4. Nature of the alleged offense.
5. Any specific comments or observations that are directly related to the alleged incident and the individual involved.

§ 10225.702. Reports to department and coroner

(a) Department.--

1. Within 48 hours of receipt of a written report under section 701(a) involving sexual abuse, serious physical injury, serious bodily injury or suspicious death, the agency shall transmit a written report to the department. Supplemental reports shall be transmitted as they are obtained by the agency.
2. A report under this subsection shall be made in a manner and on forms prescribed by the department. The report shall include, at a minimum, the following information:
 - i. The name and address of the alleged victim.
 - ii. Where the suspected abuse occurred.
 - iii. The age and sex of the alleged perpetrator and victim.
 - iv. The nature and extent of the suspected abuse, including any evidence of prior abuse.
 - v. The name and relationship of the individual responsible for causing the alleged abuse to the victim, if known, and any evidence of prior abuse by that individual.
 - vi. The source of the report.
 - vii. The individual making the report and where that individual can be reached.
 - viii. The actions taken by the reporting source, including taking of photographs and x-rays, removal of recipient and notification under subsection (b).
 - ix. Any other information which the department may require by regulation.

(b) Coroner.--For a report under section 701(a) which concerns the death of a recipient, if there is reasonable cause to suspect that the recipient died as a result of abuse, the agency shall give the oral report and forward a copy of the written report to the appropriate coroner within 24 hours.

§ 10225.703. Investigation

(a) Law enforcement officials.--Upon receipt of a report under section 701(b), law enforcement officials shall conduct an investigation to determine what criminal charges, if any, will be filed.

(b) Notification.--If law enforcement officials have reasonable cause to suspect that a recipient has suffered sexual abuse, serious physical injury, serious bodily injury or a suspicious death, law enforcement officials shall notify the agency.

(c) Cooperation.--To the fullest extent possible, law enforcement officials, the facility and the agency shall coordinate their respective investigations. Law enforcement officials, the

facility and the agency shall advise each other and provide any applicable additional information on an ongoing basis.

(d) Further notification.--Law enforcement officials shall notify the agency and the facility of a decision regarding criminal charges. The agency and the department shall keep a record of any decision regarding criminal charges.

(e) Compliance with Chapter 3.--In addition to the provisions of this section, the agency shall comply with Chapter 3.

§ 10225.704. Restrictions on employees

(a) Plan of supervision.--Upon notification that an employee is alleged to have committed abuse, the facility shall immediately implement a plan of supervision or, where appropriate, suspension of the employee, subject to approval by the agency and by the Commonwealth agency with regulatory authority over the facility. A plan of supervision for a home health care agency must include periodic random direct inspections of care-dependent individuals by a facility employee who has been continuously employed by that facility for a period of at least one year.

(b) Prohibition.--Upon the filing of criminal charges against an employee, the Commonwealth agency which licenses the facility shall order the facility to immediately prohibit that employee from having access to recipients at the facility. If that employee is a director, operator, administrator or supervisor, that employee shall be subject to restrictions deemed appropriate by the Commonwealth agency which licenses the facility to assure the safety of recipients of the facility.

§ 10225.705. Confidentiality of and access to confidential reports

(a) General Rule.--Except as provided in subsection (b), a report under this chapter shall be confidential.

(b) Exceptions.--A report under this chapter shall be made available to all of the following:

1. An employee of the department or of an agency in the course of official duties in connection with responsibilities under this chapter.
2. An employee of the Department of Health or the Department of Public Welfare in the course of official duties.
3. An employee of an agency of another state which performs protective services similar to those under this chapter.
4. A practitioner of the healing arts who is examining or treating a recipient and who suspects that the recipient is in need of protection under this chapter.
5. The director, or an individual specifically designated in writing by the director, of any hospital or other medical institution where a victim is being treated if the director or designee suspects that the recipient is in need of protection under this chapter.
6. A guardian of the recipient.

7. A court of competent jurisdiction pursuant to a court order.
8. The Attorney General.
9. Law enforcement officials of any jurisdiction as long as the information is relevant in the course of investigating cases of abuse.
10. A mandated reporter under Chapter 3 who made a report of suspected abuse. Information released under this paragraph shall be limited to the following:
 - i. The final status of the report following the investigation.
 - ii. Services provided or to be provided by the agency.

(c) Excision of certain names.--The name of the person suspected of committing the abuse shall be excised from a report made available under subsection (b)(4), (5) and (10).

(d) Release of information to alleged perpetrator and victim.--Upon written request, an alleged perpetrator and victim may receive a copy of all information, except that prohibited from being disclosed by subsection (e).

(e) Protecting identity of person making report.--Except for reports to law enforcement officials, the release of data that would identify the individual who made a report under this chapter or an individual who cooperated in a subsequent investigation is prohibited. Law enforcement officials shall treat all reporting sources as confidential information.

§ 10225.706. Penalties

(a) Administrative.--

1. An administrator who intentionally or willfully fails to comply or obstructs compliance with the provisions of this chapter or who intimidates or commits a retaliatory act against an employee who complies in good faith with the provisions of this chapter commits a violation of this chapter and shall be subject to an administrative penalty under paragraph (3).
2. A facility owner that intentionally or willfully fails to comply with or obstructs compliance with this chapter or that intimidates or commits a retaliatory act against an employee who complies in good faith with this chapter commits a violation of this chapter and shall be subject to an administrative penalty under paragraph (3).
3. The Commonwealth agency or Commonwealth agencies which regulate the facility have jurisdiction to determine violations of this chapter and may issue an order assessing a civil penalty of not more than \$2,500. An order under this paragraph is subject to 2 Pa.C.S. Ch. 5, Subch. A (relating to practice and procedure of Commonwealth agencies) and Ch. 7, Subch. A (relating to judicial review of Commonwealth agency action).

(b) Criminal--

1. An administrator who intentionally or willfully fails to comply, or obstructs compliance, with this chapter commits a misdemeanor of the third degree and shall, upon conviction, be sentenced to pay a fine of \$2,500 or to imprisonment for not more than one year, or both.

2. A facility owner that intentionally or willfully fails to comply with, or obstructs compliance with, this chapter, commits a misdemeanor of the third degree and shall, upon conviction, be sentenced to pay a fine of \$2,500 or to imprisonment for not more than one year, or both.

(c) Penalties for failure to report.--A person required under this chapter to report a case of suspected abuse who willfully fails to do so commits a summary offense for the first violation and a misdemeanor of the third degree for a second or subsequent violation.

§ 10225.707. Immunity

An administrator or a facility shall not be held civilly liable for any action directly related to good faith compliance with this chapter.

§ 10225.708. Regulations

The Department of Aging, the Department of Health and the Department of Public Welfare shall promulgate the regulations necessary to carry out this chapter.

§ 10225.5101. Repeals

All other acts and parts of acts are repealed insofar as they are inconsistent with this act.

§ 10225.5102. Effective date

This act shall take effect July 1, 1988.

Indicators of Sexual Abuse of Older Adults

Physical Indicators

Indicator	Example
Bleeding, bruising, infection, scarring, or irritation in genital, rectal, oral, or breast areas.	
Genital pain or itching	Person scratches genital area or complains of pain.
Presence of semen	Semen on person, clothes, or bedclothes
Difficulty walking or sitting	
Sexually Transmitted Diseases	HIV/AIDS, syphilis, gonorrhea, chlamydia
Torn, stained, or bloody underclothing	
Signs of other types of physical abuse	Bruises, scratches, scars from past injuries, broken bones
Weight gain or loss	
On-going, unexplained medical complaints	Headaches or stomach aches

Behavioral Indicators

Indicator	Example
Any significant change in behavior	Used to wear a certain nightgown every night and now won't wear it ever
Depression, withdrawal, suicidal feelings	Crying spells or lack of emotion
Substance abuse, or eating disorders	
Gives guarded responses or acts ashamed when asked about physical signs	Hesitant to answer, lack of eye contact
Atypical attachment or regressive behaviors	Fearful of being alone or showing childish behaviors, such as picking fights
Sudden avoidance or fear of specific people, genders or situations	
Acting out, attention-seeking, aggressive, or delinquent behaviors unlike the person	Picking fights, becoming physically aggressive

Indicator	Example
Poor peer relationships	Doesn't go out and see friends anymore
Changes in work performance; lack of participation in social activities	Isolated
Sleep disturbances	Unable to sleep, waking up frequently through out the night, nightmares
Poor self-esteem	Doesn't take care of appearance
Non-compliant or overly compliant – extreme for that person	
Self-destructive behavior	Self-mutilation
Inability to remember, concentrate, or learn	
Resists examination by medical personnel	
Avoids being touched	Flinches or is startled when touched
Acts out sexually and inappropriately	Compulsive masturbation or promiscuity
Hints about sexual activity	
Wears multiple layers of clothing	Wears several pairs of underwear and pants at once
Decline in personal hygiene	Urinating or defecating in clothing

Indicators that a Caregiver may be Abusive

Indicator	Example
Past history of abusive behavior	
Criminal record of physical violence or sexual offenses	Extensive criminal background
Alcohol or drug abuse	
Refuses to follow directions when providing personal care	
Displays devaluing attitudes	Inappropriate comments about women or older people.
Treats the older person like an object	
Uses erotic or sexual language when	Graphic language that makes the older

Indicator	Example
interacting with older person	person uncomfortable
Shows pornographic materials to older person	Has pornographic videos showing on TV with older person present
Too intrusive during personal care	Touches private areas unnecessarily
Inappropriate boundaries between caregiver and older person	Sharing a bed; leaving doors open when changing clothes or bathing
Sets up the older person to be disbelieved	Says the older person is senile, but no one else has observed this.

Activity 1-2
Recognizing Elder Sexual Abuse
Case Study

Step 1: Choose one person in the group to be a recorder.

Step 2: Read the case study on the next page. As a group decide:

- Whether there are signs of possible elder sexual abuse.
- What are the indicators?
- Whether the situation meets the legal definition of some type of sexual abuse.
- What things put the victim at high risk?
- Why might the victim not have reported the assault?

Step 3: Share answers with the class as directed by the trainer.

CASE STUDY

Rose, an 82 year-old woman with some hearing impairment and living alone in Erie, was reported being “hurt” by her grandson. This was at the insistence of her next door neighbor who found Rose’s door busted in when she dropped by one morning after hearing noise sometime the night before. According to the neighbor, Rose had bruises on her face and was walking much more slowly and haltingly than usual.

When asked who had broken down the door, Rose admitted that it was her grandson, Ray, a man in his mid-20s who had a long history of petty crime, sexual battery and drug addiction. He often lived on the streets but would occasionally come to her home to eat or spend a night or two. He had a separate bedroom in her home, which he used when he visited. The neighbor also said that Rose told her the grandson had exposed his genitals to her on several occasions, but Rose wasn’t sure he meant to do so.

The first time the neighbor noticed a problem, Ray was at his grandmother’s house, high on drugs, and yelling at her to give him money. The neighbor feared that Rose had been assaulted, but Rose denied it and she did not report the incident. Following that, she would put food in a bag outside the door for him to make sure he had something to eat. However, she would not let him in the house. She did not have other close family members in Erie nor any real support system to help and comfort her during this difficult time.

The previous night Ray came to the door wanting money for drugs from her. When she refused, he broke the door down, took money from her purse, and assaulted her again.

Elder Resource Guide

Comment [CLD1]: Didn't know what you wanted to do here.

Long Term Care Ombudsman Program

The Long -Term Care Ombudsman Program investigates complaints from or on behalf of residents of long-term care facilities and advocates on their behalf. Services are free of charge.

County	Ombudsman Program	Phone Number
Adams	Adams County Office for Aging, Inc.	(717) 334-9296
Allegheny	Allegheny County Area Agency on Aging	(800) 344-4319 (412) 350-4234
Armstrong	Armstrong County Area Agency on Aging	(800) 368-1066 (724) 548-3290
Beaver	Beaver County Office on Aging	(724) 847-2262
Bedford	Bedford/Fulton/Huntingdon Area Agency on Aging	(800) 528-9155 (814) 623-8148
Berks	Berks County Office of Aging	(610) 478-6500
Blair	Blair Senior Services, Inc.	(800) 245-3282 (814) 946-1235
Bradford	Area Agency on Aging for Bradford/Sullivan/Susquehanna/Tioga Counties	(800) 982-4346 (570) 265-6121
Bucks	Bucks County Area Agency on Aging	(215) 348-0510
Butler	Butler County Area Agency on Aging	(888) 367-2434 (724) 282-3008
Cambria	Cambria County Area Agency on Aging	(800) 992-4464 (814) 539-5595
Cameron	Office of Human Services, Inc.	(800) 672-7145 (814) 776-2191
Carbon	Carbon County Area Agency on Aging	(800) 441-1315 (610) 824-7830
Centre	Centre County Office of Aging	(814) 355-6716
Chester	Chester County Department of Aging Services	(800) 692-1100 (610) 344-6350
Clarion	Clarion County Area Agency on Aging	(814) 226-4640
Clearfield	Clearfield County Area Agency on Aging	(814) 765-2696
Clinton	Lycoming/Clinton Bi-County Office of Aging	(800) 332-8555 (570) 323-3096
Columbia	Columbia/Montour Area Agency on Aging	(800) 598-5001 (570) 784-9272
Crawford	Active Aging, Inc.	(814) 336-1792
Cumberland	Cumberland County Office on Aging	(717) 240-6110
Dauphin	Dauphin County Area Agency on Aging	(717) 255-2790
Delaware	Horizons Unlimited G.E.C.	(610) 566-6248
Elk	Office of Human Services, Inc.	(800) 672-7145 (814) 776-2191
Erie	Greater Erie Community Action Committee	(814) 459-4581
Fayette	Southwestern PA Area Agency on Aging	(800) 342-8980 (724) 684-9000

County	Ombudsman Program	Phone Number
Forest	Experience, Inc. Area Agency on Aging	(800) 281-6545 (814) 726-1700
Franklin	Franklin County Area Agency on Aging	(717) 263-2153
Fulton	Bedford/Fulton/Huntingdon Area Agency on Aging	(800) 528-9155 (814) 623-8148
Greene	Southwestern PA Area Agency on Aging	(800) 342-8980 (724) 684-9000
Huntingdon	Bedford/Fulton/Huntingdon Area Agency on Aging	(800) 528-9155 (814) 623-8148
Indiana	Aging Services, Inc.	(800) 442-8016 (724) 349-4500
Jefferson	Jefferson County Area Agency on Aging	(814) 849-3096
Juniata	Mifflin/Juniata Area Agency on Aging, Inc.	(717) 242-0315
Lackawanna	Serving Seniors, Inc.	(570) 344-7190
Lancaster	Lancaster County Office of Aging	(717) 299-7979
Lawrence	Lawrence County Area Agency on Aging	(724) 658-3729
Lebanon	Lebanon County Area Agency on Aging	(717) 273-9262
Lehigh	Lehigh County Aging and Adult Services	(610) 782-3034
Luzerne	Legal Services of NE PA, Inc.	(570) 824-4303
Lycoming	Lycoming/Clinton Bi-County Office of Aging	(800) 332-8555 (570) 323-3096
McKean	Office of Human Services, Inc.	(800) 672-7145 (814) 776-2191
Mercer	Mercer County Area Agency on Aging, Inc.	(800) 570-6222 (724) 662-6222
Mifflin	Mifflin/Juniata Area Agency on Aging, Inc.	(717) 242-0315
Monroe	Monroe County Area Agency on Aging	(570) 420-3735
Montgomery	Montgomery County Human Services Center	(610) 278-3600
Montour	Columbia/Montour Area Agency on Aging	(800) 598-5001 (570) 784-9272
Northampton	Northampton County Area Agency on Aging	(800) 322-9269 (610) 559-3245
Northumberland	Northumberland County Area Agency on Aging	(800) 479-2626 (570) 644-4545
Perry	Perry County Office for Aging	(717) 582-2131
Philadelphia	CARIE	(800) 356-3606 (215) 545-5724
Philadelphia	Long Term Care Connection (NIM)	(215) 843-0304
Pike	Pike County Area Agency on Aging	(570) 775-5550
Potter	Potter County Area Agency on Aging	(800) 800-2560 (814) 544-7315
Schuylkill	Mid-Penn Legal Services	(570) 628-3931
Snyder	Union/Snyder Area Agency on Aging	(570) 524-2100

County	Ombudsman Program	Phone Number
Somerset	Area Agency on Aging of Somerset County	(800) 452-0825 (814) 443-2681
Sullivan	Area Agency on Aging for Bradford/Sullivan/Susquehanna/Tioga Counties	(800) 982-4346 (570) 265-6121
Susquehanna	Area Agency on Aging for Bradford/Sullivan/Susquehanna/Tioga Counties	(800) 982-4346 (570) 265-6121
Tioga	Area Agency on Aging for Bradford/Sullivan/Susquehanna/Tioga Counties	(800) 982-4346 (570) 265-6121
Union	Union/Snyder Area Agency on Aging	(570) 524-2100
Venango	Venango County Area Agency on Aging	(814) 432-9711
Warren	Experience, Inc. Area Agency on Aging	(800) 281-6545 (814) 726-1700
Washington	Southwestern PA Area Agency on Aging	(800) 342-8980 (724) 684-9000
Wayne	Wayne County Area Agency on Aging	(570) 253-4262
Westmoreland	Monahan Center	(724) 837-3437
Wyoming	Legal Services of NE PA, Inc.	(570) 824-4303
York	York County Area Agency on Aging	(800) 632-9073 (717) 771-9610

Elder Resource Guide

Area Agencies on Aging

Agency	Address	Counties Served
Office for Aging, Inc.	318 W. Middle Street Gettysburg, PA 17325	Adams Co.
Allegheny Co. AAA	441 Smithfield Street Second Floor Pittsburgh, PA 15222-2219	Allegheny Co.
Armstrong Co. AAA	125 Queen St. Kittanning, PA 16201	Armstrong Co.
Beaver Co. Office on Aging	1020 8th Avenue Beaver Falls, PA 15010	Beaver Co.
Huntington/Bedford/Fulton Area Agency on Aging	240 Wood Street P.O. Box 46 Bedford, PA 15522	Huntington/Bedford/Fulton
Berks Co. AAACounty Services Center	633 Court St. Reading, PA 19601-4303	Berks Co.
Blair Senior Services, Inc.	1320 12th Ave. Altoona, PA 16601-3308	Blair Co.
Area Agency on Aging for Tioga, Bradford	220 Main St., Unit 2 Towanda, PA 18848	Tioga, Bradford
Bucks County AAA	30 E. Oakland Ave. Doylestown, PA 18901	Bucks Co.
Butler Co. AAA	111 Sunnyview Circle, Ste. 101 Butler, PA 16001-3547	Butler Co.
Cambria Co. AAA	Central Park Complex 110 Franklin St., Ste 400 Johnstown, PA 15901-1831	Cambria Co.
Office of Human Services, Inc.	P.O. Box A Ridgway, PA 15853	Cameron, Elk, McKean
Carbon Co. AAA	401 Delaware Avenue Third Floor Palmerton, PA 18071	Carbon Co.
Centre Co. Office of Aging	Willowbank Office Bldg. 420 Holmes St. Bellefonte, PA 16823-1488	Centre Co.
Dept. of Aging Services	Gov't Services Center 601 Westtown Rd., Ste. 320 P.O. Box 2747 West Chester, PA 19380-0990	Chester Co.
Clarion Co. AAA	12 Grant Street Clarion, PA 16214	Clarion Co.
Clearfield Co. AAA	103 N. Front St. P.O. Box 550 Clearfield, PA 16830	Clearfield Co.

Agency	Address	Counties Served
Lycoming/Clinton Bi-County Office of Aging Columbia/Montour AAA	P.O Box 3156 Williamsport, PA 17701 702 Sawmill Rd., Ste. 201 Bloomsburg, PA 17815-7727	Lycoming/Clinton Columbia/Montour
Active Aging, Inc.	1034 Park Avenue Meadville, PA 16335	Crawford
Cumberland Co. Office on Aging	16 W. High Street Carlisle, PA 17013-2922	Cumberland Co.
Dauphin Co. AAA	Administration Building, 3rd Floor Two South Second Street Harrisburg, PA 17101-2025	Dauphin Co.
Delaware County Office of Services for the Aging (COSA)	206 Eddystone Avenue, Second Floor Eddystone, PA 19022-1594	Delaware Co.
Greater Erie Community Action Committee Southwestern PA AAA, Inc.	18 W. Ninth Street Erie, PA 16501 Eastgate 8 Monessen, PA 15062	Erie Co. Fayette, Greene, Washington
Experience, Inc.—AAA	905 4th Ave., P.O. Box 886 Warren, PA 16365	Warren, Forest
Franklin Co. AAA	218 N. 2nd Street Chambersburg, PA 17201-3098	Franklin
Aging Services, Inc.	1005 Oak St., P.O. Box 519 Indiana, PA 15701-0519	Indiana
Jefferson County AAA	186 Main Street Brookville, PA 15825	Jefferson Co.
Mifflin, Juniata Area Agency on Aging	1 Buena Vista Circle P.O. Box 750 Lewistown, PA 17044-0750	Mifflin, Juniata
Lackawanna Co. Office Bldg.	200 Adams Avenue Scranton, PA 18503	Lackawanna Co.
Lancaster Co. Office on Aging	150 North Queen Street Lancaster, PA 17603	Lancaster Co.
Lawrence Co. AAA	Shenley Square 2706 Mercer Road New Castle, PA 16105-1422	Lawrence Co.
Lebanon Co. Area Agency on Aging	710 Maple Street Room 209 Lebanon, PA 17046	Lebanon Co.
Lehigh Co. AAA	17 S. 7th St., Room 230 Allentown, PA 18101-2400	Lehigh Co.
Luzerne, Wyoming Counties Bureau for Aging Mercer Co. AAA Inc.	111 N. Pennsylvania Blvd. Wilkes-Barre, PA 18701 133 N. Pitt St. Mercer, PA 16137-1206	Luzerne, Wyoming Mercer Co.
Monroe Co. AAA	724 B Phillips St. Stroudsburg, PA 18360	Monroe Co.

Agency	Address	Counties Served
Montgomery County Office on Aging & Adult Services	1430 DeKalb Street P.O. Box 311 Norristown, PA 19404-0311	Montgomery Co.
Northampton Co. AAA	Governor Wolf Building 45 N. Second Street Easton, PA 18042-3637	Northampton Co.
Northumberland Co. AAA	2154 Trevorton Road Coal Township, PA 17866	Northumberland Co.
Perry Co. AAA	Center Square P.O. Box 725 New Bloomfield, PA 17068	Perry Co.
Philadelphia Corp. for Aging	642 N. Broad St. Philadelphia, PA 19130-3409	Philadelphia Co.
Pike Co. AAA	150 Pike County Boulevard Hawley, PA 18428	Pike Co.
Potter Co. AAA	P.O. Box 241 North Street Roulette, PA 16746-0241	Potter Co.
Schuylkill Co. Office of Senior Services	110 E. Laurel Blvd. Pottsville, PA 17901	Schuylkill Co.
Union/Snyder Co. AAA	116 N. 2nd St. Lewisburg, PA 17837	Union/Snyder
Venango Co. AAA	1283 Liberty Street P.O. Box 1130 Franklin, PA 16323	Venango Co.
Wayne Co. AAA	323 Tenth Street Honesdale, PA 18431	Wayne Co.
Westmoreland County Area Agency on Aging	200 South Main Street Greensburg, PA 15601	Westmoreland Co.
York Co. AAA	141 West Market Street York, PA 17401	York Co.

Elder Resource Guide

PCAR Centers		
Center	Address	Counties Served
SURVIVORS, INC.	PO Box 3572 Gettysburg, PA 17325	ADAMS
THE CENTER FOR VICTIMS OF VIOLENCE AND CRIME	900 5th Avenue Pittsburgh, PA 15219-4737	ALLEGHENY
PITTSBURGH ACTION AGAINST RAPE	81 South 19th Street Pittsburgh, PA 15203	ALLEGHENY
HELPING ALL VICTIMS IN NEED	P.O. Box 983 Kittanning, PA 16201	ARMSTRONG.
WOMEN'S CENTER OF BEAVER COUNTY	P.O. Box 428 Beaver, PA 15009	BEAVER
YOUR "SAFE HAVEN", INC.	10241 Lincoln Highway Everett, PA 15537-6915	BEDFORD
BERKS WOMEN IN CRISIS	645 Penn Street, Second Floor Reading, PA 19601	BERKS
FAMILY SERVICES, INC.	2022 Broad Avenue Altoona, PA 16601	BLAIR
ABUSE AND RAPE CRISIS CENTER	P.O. Box 186 Towanda, PA 18848-0186	BRADFORD
NETWORK OF VICTIM ASSISTANCE	2370 York Road, Suite B1 Jamison, PA 18929	BUCKS
VICTIMS OUTREACH INTERVENTION CENTER	P.O. Box 293 Evans City, PA 16033	BUTLER
VICTIM SERVICES, INC.	638 Ferndale Avenue Johnstown, PA 15905-3946	CAMBRIA
CAPSEA , INC. (ELK County Satellite Office)	PO Box 464 Ridgeway, PA 15853	CAMERON
VICTIMS RESOURCE CENTER 2 (Luzerne County Satellite Office)	616 North Street Jim Thorpe, PA 18229	CARBON
CENTRE COUNTY WOMEN'S RESOURCE CENTER, INC.	140 W. Nittany Avenue State College, PA 16801	CENTRE
THE CRIME VICTIMS CENTER OF CHESTER COUNTY, INC.	236 W. Market Street West Chester, PA 19382-2903	CHESTER
PASSAGES, INC.	1300R East Main Street Clarion, PA 16214	CLARION
PASSAGES, INC 2 (Clarion Co. Satellite office)	90 Beaver Drive, Suite 212 D Dubois, PA 15801	CLEARFIELD
CLINTON COUNTY WOMEN'S CENTER	34 W. Main Street Lock Haven, PA 17745	CLINTON

Center	Address	Counties Served
THE WOMEN'S CENTER, INC. OF COLUMBIA/MONTOUR WOMEN'S SERVICES, INC.	111 N. Market Street Bloomsburg, PA 17815	COLUMBIA
YWCA OF CARLISLE – SEXUAL ASSAULT/RAPE CRISIS SERVICES OF CUMBERLAND COUNTY	P.O. Box 537 Meadville, PA 16335	CRAWFORD
YWCA – VIOLENCE INTERVENTION PREVENTION PROGRAM DELAWARE COUNTY WOMEN AGAINST RAPE CAPSEA, INC.	301 G Street Carlisle, PA 17013-1389	CUMBERLAND
CRIME VICTIM CENTER OF ERIE COUNTY, INC.	1101 Market Street Harrisburg, PA 17103	DAUPHIN
CRIME VICTIMS CENTER OF FAYETTE COUNTY A SAFE PLACE	P.O. Box 211 Media, PA 19063	DELAWARE
WIN / VICTIM SERVICES	P.O. Box 464 Ridgway, PA 15853	ELK
SPHS C.A.R.E. CENTER	125 W 18th Street Erie, PA 16501	ERIE
HUNTINGDON HOUSE	63 N. Beeson Street, Suite 1 Uniontown, PA 15401	FAYETTE
ALICE PAUL HOUSE	300 Hospital Drive North Warren, PA 16365	FOREST
PASSAGES, Inc 3 (Clarion Co. Satellite Office)	P.O. Box 25 Chambersburg, PA 17201	FRANKLIN, FULTON
THE ABUSE NETWORK (Mifflin Co. Satellite Office)	62 E. Wheeling Street Washington, PA 15301	GREENE
WOMEN'S RESOURCE CENTER, INC.	P.O. Box 217 Huntingdon, PA 16652	HUNTINGDON
SEXUAL ASSAULT PREVENTION AND COUNSELING CENTER	P.O. Box 417 Indiana, PA 15701	INDIANA
CRISIS SHELTER OF LAWRENCE COUNTY	18 Western Avenue, Suite E Brookville, PA 15825	JEFFERSON
SEXUAL ASSAULT RESOURCE AND COUNSELING CENTER	P.O. Box 268 Lewistown, PA 17044	JUNIATA
CRIME VICTIMS COUNCIL OF LEHIGH VALLEY, INC.	Box 975 Scranton, PA 18501	LACKAWANNA
	110 N. Lime Street Lancaster, PA 17602	LANCASTER
	1218 W. State St. New Castle, PA 16101	LAWRENCE
	615 Cumberland St. Lebanon, PA 17042	LEBANON
	801 Hamilton St. -- Suite 300 Allentown, PA 18101	LEHIGH

Center	Address	Counties Served
VICTIMS RESOURCE CENTER	85 S. Main Street Wilkes-Barre, PA 18701	LUZERNE
YWCA - WISE OPTIONS	815 W. 4th Street Williamsport, PA 17701	LYCOMING
YWCA – VICTIMS’ RESOURCE CENTER	24 W. Corydon Street Bradford, PA 16701	MCKEAN
MERER AW/ARE, INC.	P.O. Box 612 Mercer, PA 16137	MERCER
THE ABUSE NETWORK	P.O. Box 268 Lewistown, PA 17044	MIFFLIN
WOMEN'S RESOURCES OF MONROE COUNTY, INC.	P.O. Box 645 (215 W. Main Street) Delaware Water Gap, PA 18327	MONROE
VICTIM SERVICES CENTER OF MONTGOMERY CO., INC.	18 W. Airy Street -Suite 100 Norristown, PA 19401	MONTGOMERY
THE WOMEN'S CENTER, INC. OF COLUMBIA/MONTOUR	111 N. Market Street Bloomsburg, PA 17815	MONTOUR
	2031 Hay Terrace, Suite 101 Easton, PA 18042	NORTHAMPTON
SUSQUEHANNA VALLEY WOMEN IN TRANSITION	P.O. Box 170 Lewisburg, PA 17837	NORTHUMBERLAND
YWCA – VIOLENCE INTERVENTION PREVENTION PROGRAM	1101 Market Street Harrisburg, PA 17103	PERRY
WOMEN ORGANIZED AGAINST RAPE	100 N. 17th St., 4th Floor Philadelphia, PA 19103	PHILADELPHIA
SURVIVORS RESOURCES, INC. D/B/A SAFE HAVEN, INC. OF PIKE COUNTY	500 W. Harford St. Milford, PA 18337	PIKE
A WAY OUT: DOMSTIC VIOLENCE AND SEXUAL ASSAULT SERVICES	P.O. Box 447 Coudersport, PA 16915	POTTER
RAPE & VICTIM ASSISTANCE CENTER OF SCHUYLKILL CO.	368 S. Centre Street Pottsville, PA 17901	SCHUYLKILL
SUSQUEHANNA VALLEY WOMEN IN TRANSITION	P.O. Box 170 Lewisburg, PA 17837	SNYDER
VICTIM SERVICES, INC. 3 (Cambria Co. Satellite Office)	427 Westridge Road Somerset, PA 15501	SOMERSET
VICTIMS SERVICES	Box 272 Laporte, PA 18626	SULLIVAN
WOMEN’S RESOURCE CENTER, INC. (Lackawanna Co. Satellite Office)	P.O. Box 202 Montrose, PA 18801	SUSQEHANNA
HAVEN OF TIOGA COUNTY	6 Old Tioga St. Wellsboro, PA 16901	TIOGA

Center	Address	Counties Served
SUSQUEHANNA VALLEY WOMEN IN TRANSITION PPC Violence Free Network	P.O. Box 170 Lewisburg, PA 17837 716 East Second Street Oil City, PA 16301	UNION VENANGO
A SAFE PLACE	300 Hospital Drive North Warren, PA 16365	WARREN
(1) SPHS C.A.R.E. CENTER	62 E. Wheeling Street Washington, PA 15301	WASHINGTON
VICTIMS INTERVENTION PROGRAM	P.O. Box 986 Honesdale, PA 18431	WAYNE
BLACKBURN CENTER AGAINST DOMESTIC & SEXUAL	P.O. Box 398 Greensburg, PA 15601	WESTMORELAND
VICTIMS RESOURCE CENTER 3 (Luzerne Co. Satellite Office)	119 Warren Street Tunkhannock, PA 18657	WYOMING
VICTIM ASSISTANCE CENTER	P.O. Box 30 York, PA 17405	YORK

Elder Resource Guide

National Resources		
Agency	Address/Telephone/Web Address	Description
AARP (Formerly known as The American Association of Retired Persons)	601 NW E Street Washington, DC 20049 1-800- 424-3410 www.aarp.org	Provides consumer advocacy, legal assistance, tax counseling, job training and placement, health care and long term care information and other services
Family Caregiver Alliance	690 Market St. Suite 600 San Francisco, CA 94104 www.caregiver.org	Provides information and resources for family caregivers.
National Alliance for Caregiving	4720 Montgomery Lane Suite 642 Bethesda, MD 20814 www.caregiving.org	Provides support to family caregivers and the professionals who help them. Increases public awareness of issues facing family caregiving.
National Association for Home Health Care	228 Seventh St. SE Washington, DC 20003 1-202- 547-7424 www.nahc.org	Represents the interests and concerns of home care agencies, hospices, and home care aide organizations, to assist providers and caregivers in home settings.
National Institute of Mental Health	6001 Executive Blvd. MSC 9663 Bethesda, MD 20892 1-301- 443-4513 www.nimh.nih.gov/home	Promotes public health through understanding, education, research and treatment of mental health disorders.

Elder Resource Guide

Medicaid Fraud Control Unit

The Office of Attorney General maintains three regional offices to process allegations of Medicaid/health care fraud:

Office	Address	Area Serviced
Eastern Regional Office	2490 Boulevard of the Generals, Norristown, Pennsylvania 19403 610-631-5920	Services southeastern Pennsylvania, including the Philadelphia area.
Central Regional Office	106 Lowther Street, Lemoyne, Pennsylvania 17043 717-712-1220)	Services the central and northeast region of the Commonwealth.
Western Regional Office	10950 Route 30, North Huntingdon, Pennsylvania 15642 724-861-3670	Services western Pennsylvania, including the Pittsburgh area.

Initial Response Guidelines and Strategies

- Ensure the safety of the victim.
- Assess and arrange for medical care. Older victims are frail and more likely to sustain life-threatening injuries or worsen an existing medical condition.
- Expect to see a wide range of responses.
- Expect any victim to be traumatized, even if it is not easily apparent.
- Respond to each victim as an individual.
- Show respect and concern.
- Remember that more than 80% of communication is non-verbal – eye contact, active listening and an open body posture will convey that you respect and believe them.
- Contact a sexual violence advocate.
- Repeat things a number of times because the victim will likely be in shock. It may be necessary to repeat the same questions later. Victims may not be able to remember details initially, but may remember later.
- Write down any instructions or information you want the victim to remember.
- Give the person options to gain some feeling of control.
- In order to help the victim regain some feeling of control, explain all of the investigative steps and procedures and allow them to have a feeling of partnership with you.
- Recognize the victim may be confused as a result of shock, not because of aging.
- Assess any special needs of the older victim.
- Remember that sexual assault often accompanies other crimes, so look for the indicators of sexual abuse when responding to a report of burglary or other crime against an older person.
- When responding to a domestic violence report, look for indicators of sexual abuse.

- Attend to restoring hearing aids, glasses, walkers, etc. as soon as possible. This will help the older victim regain some sense of control and will aid in their ability to cooperate with the investigation.
- Ask the older victim if there is any assistance they need, such as help with pushing their wheelchair or helping them to sit down.
- Get a formal interpreter if English is not the person's first language. Don't rely on an informal interpreter, especially if possible perpetrator. Prepare the interpreter for the types of things that may be discussed – sex acts, anatomy, violence, etc...
- Be aware of the person's sense of personal space. Do not touch the victim without their permission. After a sexual assault, some victims are hyper-sensitive to being touched.
- Be patient. Sometimes older people take a little more time to speak about a subject, especially such an intimate one. Encourage them to tell you what happened in their own words, and then give them time to do so. It may require more than one interview to get all the needed information.

Communication Difficulties

- If the person has difficulty communicating, ask him or her about their preferred way of communication, and arrange for it.
- Don't assume mental incompetence just because a person has difficulty communicating.
- Don't assume senility or Alzheimer's disease because an older person is confused or distressed after an assault. Any victim of sexual assault may be confused or distressed at first, and this is normal.
- Give memory cues. For example, if they can't remember the exact time of the event, ask what they were doing at the time – i.e. watching a particular TV program or preparing for bed. This will help give a frame of reference.

Activity 2-1
Responding to Elder Sexual Abuse
Case Study

Step 1: Choose one person in the group to be a recorder.

Step 2: Read the case study on the following page and as a group decide:

- Three to five guidelines or strategies to use in the initial response.
- Which other agencies are required to be notified.
- What other disciplines should be included in the initial response and how to contact specific agencies or resources for your geographic locale.

Step 3: Share answers with the class as directed by the trainer.

Case Study

An elderly woman named Frances lived in an assisted-living facility. She answered a knock at her door one afternoon when most of the residents were attending a special program in the community building at the opposite end of the property. Another resident in the facility, a man named Larry whom she knew only by sight, was at her door holding a hammer. When she opened the door, he quickly forced his way inside, grabbed her, and hit her over the head with the hammer. He then put his hand over her mouth, threw her on her bed and vaginally raped her.

Larry said little as he carried out the attack. Within 10 minutes, he had left Frances's room, but in his haste to exit the premises left the hammer on the bedroom floor.

Later in the afternoon, one of the nurses on staff found her. The administrator of the facility called the local law enforcement agency. When deputies arrived, Frances was crying and wanted badly to take a shower. She was bleeding from a head wound resulting from the hammer assault.

When deputies asked her to describe the attack, she was upset but answered questions clearly and did not appear to suffer from dementia or mental confusion beyond what would be expected after such a traumatic event. She stated her age as 74 and said she thought she knew the attacker, giving deputies a description of Larry, another resident. She also said she had a daughter who lived in State College. She had already called her daughter at work, and she was on her way to the assisted living facility

Checklist for Interviewing Elder Victims of Sexual Abuse

Preparing for the Interview

- Choose a safe and private location for the interview.
- Interview the person alone, unless he or she asks that a particular trusted person be present.
- Interview in the person's home or facility if the elder has physical impairments or disabilities that make travel to an office too impractical.
- Get background information about the person to be interviewed from a trusted person who knows the older adult. Ask about any special needs or adaptations.
- Determine who would be best to conduct the interview – arrange for same-sex investigator, if requested.

Building Rapport

- Introduce yourself or have someone the older person trusts introduce you.
- Convey interest and respect – call the older person by their last name unless invited to use the person's first name.
- Let the older victim have as much control over the interview as possible.
- Don't take notes during this early phase – wait until a later stage.
- Take time building rapport. Older people may require a slow pace to build trust.

Getting the Information

- Slowly and carefully begin to ask questions about the sexual assault to maintain rapport and the victim's dignity.
- Use words and language easily understood by the older person.
- Use broad open-ended questions to ask the least threatening or potentially upsetting questions first.
- Progress slowly to the more focused, intrusive, intimate direct questions that result from information disclosed during open-ended questions.
- Do not use leading questions that are suggestive of particular answers.
- If open-ended questions don't result in disclosure of information about the sexual assault, use focused questions regarding the particular symptoms that were the reason for the report.
- Explain your role – i.e. it's your job to talk to older adults and make sure no one is hurting them. And if someone is hurting them, to make it stop.

- Once the older victim begins to disclose information, ask the victim to describe the situation or incident in their own words.
- Once disclosure begins, ask clarifying questions about details that may have been omitted, such as where, when, frequency of occurrence, and specifics of the abuse activities.
- Remain calm and do not share your emotional reactions. Wait to discuss your reactions later with a supervisor or experienced co-worker or advocate
- Don't show anger or express blame toward the perpetrator.
- Validate the victim's feelings and give them information about elder abuse, so the victim knows they are not alone in this problem.
- If the victim experiences **special speech and language limitations**:
 - First, ask about the older person's usual method of communication and use that.
 - With people who have use of their hands and can point, use large cards with the words "Yes," "No," and "Pass," and word your questions to allow a yes or no answer.
 - If the older person is unable to read, use a plus sign (+) to represent yes and a negative sign (-) to represent no and a blank card to represent pass.
 - Anatomical dolls or drawings can be used with non-verbal adults so they may show you where they were touched

Closing the Interview

- If you can see that the elder person needs to stop the interview or if she or he asks you to stop, do so. Schedule another time to continue the interview at a later date.
- When closing, tell the older victim what will happen next in the investigation and prosecution including potential time frames. Let them know what to expect.
- Allow the person to ask questions.
- Give your card to the older victim and to anyone who is assisting the person. Tell the person to call you if they have questions or want to add any information.
- Thank the older person and tell them you understand how hard it has been for them to discuss what has happened.

Checklist for Investigating Elder Sexual Abuse

Dispatch and Communication

- Assign sexual assault calls a high priority -- even when crime is no longer in progress -- in order to *help the victim and preserve evidence*.
- When possible, stay on the phone with the reporting victim until patrol arrives.
- Determine victim's physical safety.
- Determine victim's medical condition and needs.
- Determine location and time of incident.
- Get description of suspect.
- Determine whether suspect is still present – if not; get direction and mode of suspect's travel.
- Encourage the victim to preserve evidence by not:
 - Changing clothes
 - Washing
 - Using bathroom
 - Drinking anything
 - Combing hair
 - Disturbing scene
- Determine if the victim has special needs regarding:
 - Language translation (interpreter should be unaffiliated with victim and/or perpetrator)
 - Hearing or sight impairment
 - Request for same-sex officer
- Never ask victim about plans to prosecute.
- Do not cancel law enforcement response, even at request of victim.
- If dispatch, law enforcement and/or communication agencies are separate, link and incorporate functions as soon as possible.

Initial Response and Investigation

- At the scene, administer first aid to victim and request medical support – *remember that elderly victims may be more physically frail so may be more likely to be injured.*
- Establish the exact location of the crime scene.
- Secure the crime scene promptly.
 - Choose common entrance/exit path for all personnel to use to limit contamination.
 - Determine if search warrant is needed.
 - Determine whether non-emergency personnel had access to scene.
 - Determine if any contamination of crime scene or evidence occurred before first responders arrived.
- Determine whether the victim was in a vehicle with the assailant. If so,
 - Locate and secure “other” crime scenes.
 - Call crime scene specialist, if necessary.
- Communicate the facts of the case to detectives as soon as possible.
- Contact the Pennsylvania Abuse Hotline to report to Protective Services at 1-800-490-8505.
- If responding to a report involving a skilled nursing facility, contact the Pennsylvania Department of Health.
- Immediately determine from whom and how the initial report was received.
- Collect or ensure collection of physical evidence, such as
 - Photos and/ or videotape of crime scene.
 - Need for alternative light source (e.g., luminal)
 - Telephone system activity.
 - Determine whether a subpoena is required.
 - Bed sheets, clothing, etc. Both are *critical!*
 - DNA submission to data bank.
 - If bite marks exist, is a forensic odontologist needed?
 - Garbage taken in or out of crime scene.
 - Soil and/or vegetation samples.
 - Tire or shoe impressions.
 - Are there security videotapes? Look for cameras.

- Review guard/security monitoring logs.
- Weapon(s.)
- Submit evidence items for analysis (Crime Scene, FDLE, FBI, or private entity.)
- Is neighborhood survey required?
- Is Crime Stopper flyer needed for distribution?
- Does case require support from other agencies or additional manpower?
- Organize all investigative reports and information in logical order so they can be easily reviewed by others.
- Conduct preliminary interview with victim to establish facts. Keep it concise, but get all the facts quickly, if feasible. *Remember, the victim is likely to be traumatized and may be unable to provide useful information at this time.* Limit questions to:
 - Identification of victim.
 - Identification of suspect.
 - Identification of witness(es)
 - Description and location of suspect, witnesses and evidence.
 - Next of kin notification information.

(See “Follow-up” section of this checklist for detailed interview guidelines with the victim.)

Victim Support

- Request that a rape counselor or victim advocate meet with victim as quickly as possible.
- With or without victim advocate present, gain victim’s trust by showing compassion, patience and respect. *Victim trust and confidence are crucial for prosecution.*
- Honor victim requests for officer of another gender and/or presence of support person(s) at ALL steps of process, medical and legal.
- Do not take photos of private areas of victim’s body. *This should be done by medical personnel during the forensic physical exam.*
- Request victim consent for initial forensic physical exam. Emphasize the importance to both the victim’s health and to the investigation.
- Accompany the victim to health care facility with the victim advocate.
- Advise facility that the victim is en route so separate waiting and exam rooms will be available.

- If the forensic physical exam is conducted, request that appropriate personnel take photographs and provide written documentation of injuries.
- Impound the exam kit and process according to department procedures.
- If suspicion exists that a drug was administered causing mental incapacitation, request a grey-top vial of blood be drawn and urine sample taken for drug testing.

Locating and Interviewing Suspect

- Locate suspect and conduct preliminary interview.
- If suspect is known:
 - Confirm identity and address.
 - Construct photo line-up, if appropriate.
 - Review criminal history.
 - Review open sex crime cases.
- If suspect is unknown:
 - Follow leads to establish identity.
 - Construct composite and place an alert.
 - Confer with other agencies for leads.
 - Determine if suspect's blood, hair and saliva are needed for lab analysis completion.

Report Writing

Objective, written report should include documentation of:

- All verbal and written statements.
- Names and contact information of witnesses. Identifying information must remain confidential.
- Relationship between victim and suspect.
- All evidence, including photos and crime scene processing.
- Injuries (visible as well as complaints of pain.)
- Unusual or suspicious behavior on part of suspect.
- Reference to all written reports.
- Victim's emotional state.

Follow Up Investigation

The investigating officer assigned to follow-up should:

- Review original report and all supporting documents.
- Plan follow up investigation with supervisors.
- Coordinate plan with necessary personnel.
- Maintain ongoing contact with victim and/or advocate, as appropriate.
- Determine need for second, more in-depth interview with the victim.
- Not use polygraph exams or voice stress tests with the victim.
- Determine whether a second, more in-depth interview with the victim is needed. If a second interview is conducted:
 - Use a private, comfortable setting free of distractions.
 - Explain the need for getting more detailed information concerning the crime.
 - Document the victim's actions and expressions in response to the incident, including the victim's physical condition and state of mind at the time of the incident.
 - Determine the relationship of the victim and the suspect.
 - Review the victim's account of the event to clarify any discrepancies with earlier accounts or emphasize issues important to prosecution.
 - Encourage the victim to cooperate, emphasizing the importance of prosecution to public safety.
 - Tell the victim of likely future investigative and prosecutorial activities and their role in those activities, but don't make other comments about prosecution.
 - Refer the victim to a rape crisis advocate, if one is not already involved.
- Work with the prosecutor's office to develop the case.
- Refer requests for victim protection orders, when appropriate.

Activity 3-1
Investigating Elder Sexual Abuse
Case Study

Step 1: Choose one person in the group to be a recorder.

Step 2: Read the case study on the following page and apply the investigative check list.
As a group decide:

- How you would apply the steps of the interviewing checklist - which communication strategies or guidelines you would use.
- How you would apply the steps of the investigation checklist.
- What you could do to support prosecution.
- What evidence you would collect.
- If there are any special issues or concerns with evidence collection or preservation for this case.

Step 3: Share answers with the class as directed by the trainer.

CASE STUDY:

Rose, an 82 year-old woman with some hearing impairment and living alone in Philadelphia, was reported being “hurt” by her grandson. This was at the insistence of her next door neighbor who found Rose’s door busted in when she dropped by one morning after hearing noise sometime the night before. According to the neighbor, Rose had bruises on her face and was walking much more slowly and haltingly than usual.

When asked who had broken down the door, Rose admitted that it was her grandson, Ray, a man in his mid-20s who had a long history of petty crime, sexual battery and drug addiction. He often lived on the streets but would occasionally come to her home to eat or spend a night or two. He had a separate bedroom in her home, which he used when he visited. The neighbor also said that Rose told her the grandson had exposed his genitals to her on several occasions, but Rose wasn’t sure he meant to do so.

The first time the neighbor noticed a problem, Ray was at his grandmother’s house, high on drugs, and yelling at her to give him money. The neighbor feared that Rose had been assaulted, but Rose denied it and she did not report the incident. Following that, she would put food in a bag outside the door for him to make sure he had something to eat. However, she would not let him in the house. She did not have other close family members in Philadelphia nor any real support system to help and comfort her during this difficult time.

The previous night Ray came to the door wanting money for drugs from her. When she refused, he broke the door down, took money from her purse, and assaulted her again.

This time she reported it to the police. When the police and a victim’s advocate arrived at her home, Ray was still there. Police separated Rose and Ray. When asked about what happened, Rose cried, saying over and over that all she wanted to do was take a shower. She was taken to the hospital for a rape exam as well as to treat some minor injuries she had sustained during the attack.

When first responders questioned Rose, they learned that Ray had tied her up with an extension cord when she struggled against him. She also admitted that he had raped her before. They could not find the extension cord in Rose’s apartment but did find it outside in a common dumpster. Police questioned Ray, who gave them permission to search his bedroom. There they found a dildo that he admitted having used in vaginally penetrating his grandmother.

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San Jose Mercury News (California)

September 21, 2004 Tuesday

**HEADLINE: Charges filed against worker held in nursing home assault;
SUSPECT DESCRIBED AS AMONG RESIDENTS' FAVORITES**

BYLINE: By Kim Vo; Mercury News

Santa Clara County prosecutors have filed criminal charges against a Palo Alto nursing home worker who allegedly had sexual contact with an elderly female resident, officials said Monday, the same day state investigators visited Lytton Gardens.

Ronnie Mitchell, 47, will be arraigned today on charges of lewd acts against a dependent adult, said Deputy District Attorney Victoria Brown. Brown would not detail what "lewd acts" were committed but said the charge involves sexual contact. If ultimately convicted, Mitchell could face three years in prison.

Mitchell was arrested on a rape charge Saturday after he allegedly tried to attack the elderly woman at the 500-resident facility near downtown Palo Alto. The attack was interrupted when a nursing assistant happened by and heard the woman's protests, Lytton Gardens officials said.

The arrest stunned those who know Mitchell, a father of seven who lives with his mother in Menlo Park. His former employer -- Mitchell has since been fired from Lytton Gardens -- said Mitchell was among the residents' "favorites." And his mother, Dorothy, said she didn't believe the charges are true.

Dorothy Mitchell visited her son in Santa Clara County Jail on Sunday and said, "He told me he didn't do it."

After an internal investigation, Lytton Gardens concluded its policies were properly followed, said CEO Gery Yearout. Mitchell was fingerprinted when he was hired and had no criminal record, she said. The nursing assistant allegedly caught the suspect, stopped him from continuing the assault and immediately told a supervisor, who called police.

Lytton Gardens informed the state Department of Health Services about the attack, Yearout said, and state officials were at the facility Monday. "Anything like this automatically gets reviewed by the state," Yearout said.

A health services spokesman confirmed that his department was investigating Lytton Gardens but would not characterize it as a routine procedure following a crime. Spokesman Robert Miller also wouldn't specify what the state was looking into and how long the investigation is expected to take.

Palo Alto police have not ruled out the possibility of other victims, said detective Kara Apple. However, Yearout said police have interviewed residents and employees, and she said "there's no indication that this was anything but a first time."

The victim was examined at the hospital and has since returned to Lytton Gardens.

"She came back and resumed all normal routines," Yearout said. Since the attack, she said, no one has moved out of Lytton Gardens, which has facilities for independent living, assisted living and skilled nursing.

Mitchell originally went to Lytton Gardens as a dishwasher and later began work as a "comfort aide." He left and worked elsewhere, Yearout said; Dorothy Mitchell said he had worked at Stanford University, but Stanford officials did not return calls confirming what position he held.

Eighteen months ago, Mitchell returned to Lytton Gardens. As a "comfort aide," he tended to residents' non-medical needs, such as bringing them water or wheeling them to activities and meals.

"He would do anything for them. If they said they needed a sweater, he would go down the hall and get a sweater," Yearout said. She added that Mitchell was "always smiling. We did trust him. Everybody trusted him."

Contact Kim Vo at kvo@mercurynews.com

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The Associated Press State & Local Wire

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September 6, 2004, Monday, BC cycle

HEADLINE: Elmore Co. grand jury to consider elderly rape case

DATELINE: WETUMPKA, Ala.

The Elmore County grand jury will review a rape case involving a 90-year-old woman with dementia living at a Millbrook nursing home.

Forensic evidence from the rape, which occurred Oct. 10, 2003, has been tested by the state crime lab and returned to the Millbrook Police Department, said Sam Partridge, chief assistant district attorney.

The findings will go before the grand jury, which begins deliberations Oct. 18, Partridge said.

"This is a particularly disturbing case because the victim suffers from an advanced state of dementia," he said.

"Our investigation shows the attack occurred in her room at the nursing home," he said. "There was no way this woman could have consented to sexual contact, and we believe there was no way she could have defended herself."

The home, Resurrection Life Center, is run by Resurrection Catholic Missions in Montgomery. The state Public Health Department inspected the center after the assault was reported and found several concerns, including not conducting proper background checks on employees.

Marc Givhan, attorney for the mission, said the problems have been addressed.

"The well-being of residents at Resurrection Life Center has always been the center's top priority," Givhan said.

No arrests have been made in the case.

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Omaha World Herald (Nebraska)

May 29, 2004, Saturday IOWA;MIDLANDS EDITION

HEADLINE: Omaha nursing home had problems before sex assault

BYLINE: Lynn Safranek

The nursing home where Omaha police say an employee sexually assaulted a 97-year-old woman has had problems with state compliance checks.

The two inspections conducted at Echo Hills Health Care Center this year and in 2003 found residents with sores that weren't properly cared for and an injury that wasn't reported to the resident's family or physician, according to the Nebraska Health and Human Services System.

At one point, the center was denied Medicare payments for new admissions -- a serious blow to a facility with low-income residents.

The nursing home at 4835 S. 49th St. corrected its most recent violations by submitting plans in February for employee training, said Marla Augustine, a spokeswoman for the state.

Then, in April, the center called Omaha police to investigate a sex assault.

A 97-year-old resident told police that a worker forced her into her bed sometime after midnight April 5 and used his hand to assault her, Sgt. Teresa Negron said.

The 25-year-old man was arrested Wednesday on suspicion of second-degree sexual assault.

The woman told the police the assault was painful. She was treated at Bergan Mercy Medical Center's emergency room.

The center's director, who wouldn't give her name, said Thursday the case is "a privacy issue" and declined to comment. She said the man no longer works at the center.

The man told police he was employed by another Omaha nursing home. An administrator at that facility declined to say whether he worked there.

The man, who told police he lived in Omaha, has never been convicted of a felony or serious misdemeanor in Nebraska or Iowa.

During an inspection this January, some residents at Echo Hill were found with pressure sores and others with sores that weren't cared for, said Augustine. Other residents weren't cleaned properly after soiling themselves, she said.

The center set up employee training for skin-care treatment and instruction on proper cleansing and formulated an emergency plan in case of power loss -- another problem area.

The disciplinary action this year was more severe than provisions the center followed after being placed on probation in February 2003.

Last year's inspection found that a resident's accidental injury wasn't reported to the person's physician or family and that other residents had injuries of unknown origin, which weren't being investigated.

Inspectors found, in general, that the center needed to perform more complete assessments of residents and that some parts of the nursing home needed repairs.

Echo Hills administrators were told to report any residents' injuries and file periodic reports. The center submitted a plan of corrections and went off probation a month later.

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Daily News (New York)

May 9, 2004 Sunday

HEADLINE: NURSING HOME RAPE SHOCKER

**BYLINE: By KERRY BURKE, JOSE MARTINEZ and TRACY CONNOR DAILY
NEWS STAFF WRITERS With Jonathan Lemire**

A double amputee confessed to raping and beating a 78-year-old invalid in the Brooklyn nursing home where they both lived, prosecutors said yesterday.

Samuel Irving, 43, was arraigned last night in Brooklyn Criminal Court for the depraved attack at the Greenpark Care Center in Fort Greene.

The shocking crime occurred Friday night on the 10th floor - right under the noses of nurses and orderlies.

Irving, 43, with both legs amputated below the knees after a truck accident, was arrested after an orderly caught him in the victim's room.

The bedridden woman, who had been at the home just a week, was in serious condition yesterday at Bellevue Hospital with a broken eye socket, internal bleeding and other injuries.

Nursing home officials defended the staffers who were on duty when Irving allegedly wheeled himself into the woman's room and assaulted her.

"A nurse cannot be in a dozen places at one time," said Paul Parawan, assistant administrator at the 400-bed facility. "It's not a prison. [Patients] have their freedom to move around as they wish."

But those with loved ones at the home were aghast.

"How could this happen?" said Louisa Chen, who was visiting a relative. "Isn't there somebody walking around?"

The crime was discovered about 8:30 p.m. when an orderly found Irving, who uses a wheelchair and prosthetic limbs to get around, hitting the woman, officials said.

She was unconscious and bleeding from the mouth.

Cops were called, and they arrested Irving, a formerly homeless man who has five drug, weapons and robbery arrests on his record.

It wasn't until the victim was taken to the hospital that the sexual assault was discovered and Irving was charged with rape.

Prosecutors said he took off the woman's adult diaper and that his ring was found in her bed.

But Greenpark officials denied that the woman had been sexually abused, saying the suspect's pants were on when they found him.

They insisted Irving was in the victim's room - which she shared with another patient - for just three minutes while a nurse and three aides assigned to the floor made rounds.

"It's not something that we could have foreseen," Parawan said.

He also gave a glowing description of Irving, who has been undergoing rehab at the home for the past year.

"He has been sort of a ladies' gentleman," Parawan said. "He's always been helpful to the rest of the residents."

Irving, who said nothing at his arraignment, was ordered held without bail.

GRAPHIC: ANDREW THEODORAKIS Samuel Irving arrives at 88th Precinct stationhouse.

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The Seattle Times

January 13, 2004, Tuesday Fourth Edition

HEADLINE: Nursing-home rape suspect enters plea to lesser charge

BYLINE: Seattle Times Eastside bureau

DATELINE: Kirkland

KIRKLAND A second-degree rape charge against a 50-year-old former nursing assistant was downgraded to fourth-degree assault yesterday.

Budhi Y. Margiono, of Kirkland, entered an Alford plea to the lesser charge in King County Superior Court. The plea means that while Margiono did not admit that he sexually assaulted a 50-year-old female patient at Kirkland's Lake View Gardens Convalescent Center, he agreed that a jury would likely find him guilty.

Margiono allegedly assaulted the woman, who suffered from multiple sclerosis, while assisting her in the shower on April 10, court documents say. Soon after, the woman was diagnosed with a brain tumor and died.

Though county Deputy Prosecutor John Castleton was able to interview the woman and videotape a deposition before her death, "she had deteriorated to such a degree that it would have been very difficult" to prove the case against Margiono based solely on her testimony, Castleton said. He said that's why the state agreed to the lesser charge.

The maximum penalty for fourth-degree assault is a year in prison and a \$5,000 fine. Margiono is to be sentenced Feb. 6.

Bibliography

Asher, J., E. Datner, and A. Giardino. Sexual Assault Victimization Across the Life Span: A Clinical Guide. St. Louis, Missouri: (2003).

Brandl, B., C. Heisler, A. Judy and L. Stiegel. (2000). Developing Services for Older Women Who Are Victims of Domestic Violence or Sexual Assault. *Victimization Of The Elderly And Disabled: Preventing Abuse, Mistreatment and Neglect.*, Vol. 3(2)

Brandl, B., and J. Raymond. (1997). Unrecognized Elder Abuse Victims: Older Abused Women. *Journal of Case Management*, Vol. 6(2)

Burgess, A.W., Dowdell, E. B., (2000). Sexual Abuse of Nursing Home Residents. *Journal of Psychosocial Nursing and Mental Health Services*, Vol. 38 (6)

Connecticut Sexual Assault Crisis Services, inc. *Police Response to Crimes of Sexual Assault, A Training Curriculum*. Connecticut (2000).

Florida Law Enforcement Research Coalition. *Responding to Sexual Violence, Model Policy Number Two for Florida Law Enforcement*. Florida (1999)

Holt, M. G. (1993) Elder Sexual Abuse in Britain: Preliminary Findings, *Journal of Elder Abuse and Neglect*, Vol. 5(2)

O'Neil, P. and J. Teitelman. (1999). Elder and Adult Sexual Abuse: A Model Curriculum for Adult Services Adult Protective Services Workers. *Journal of Elder Abuse & Neglect*, Vol. 11(3)

Ramsey-Klawnsnik, H. (1991). Elder Sexual Abuse: Preliminary Findings. *Journal of Elder Abuse & Neglect*, Vol. 3(3)

Ramsey-Klawnsnik, H. (1993). Interviewing Elders for Suspected Sexual Abuse: Guidelines and Techniques. *Journal of Elder Abuse and Neglect*, Vol. 5(1)

Ramsey-Klawnsnik, H. (2003). Elder Sexual Abuse Within the Family. *Journal of Elder Abuse and Neglect*, Vol. 15(1)

Teaster, P., Roberto, K., Duke, J., Kim, M. (2000). Sexual Abuse of Older Adults: Preliminary Findings of Cases in Virginia. *Journal of Elder Abuse & Neglect*, Vol. 12, No. 3/4.

Teaster, P., Roberto, K. (2003) Sexual Abuse of Older Women Living in Nursing Homes, *Journal of Gerontological Social Work*, Vol. 40(4)

Wisconsin Coalition on Abuse in Later Life. "From a Web of Fear and Isolation to a Community Safety Net: Cross Training on Abuse in Later Life." Madison, WI: (2002).

Wisconsin Coalition Against Sexual Assault. *Transcending Silence: Focus on Sexual Assault and the Elderly*. Wisconsin (2001).

Wisconsin Coalition Against Sexual Assault. *Widening the Circle, Sexual Assault/Abuse and People with Disabilities and the Elderly*

Other

Division of Aging and Seniors: Communicating with Seniors: formulating Your Message. http://www.hc-sc.gc.ca/seniors-aines/pubs/communicating/formulate_e.htm. Print Date: 4/9/2003.

Holly Ramsey-Klawnsnik Interview. <http://www.preventelderabuse.org/nexus/hrklawnsnik.html>. Print Date: 2/17/2003.

Older Women: Hidden Sexual Abuse Victims. <http://danenet.wicip.org/cccrsa/saissues/elder.html>. Print Date: 2/17/2003.

Sexual Assault Training & Investigations e-News: October 9, 2002. http://www.mvsati.com/news_10_9_02.htm. Print Date: 1/13/2003.



Elder Sexual Abuse: The Hidden Victim

Recognizing Elder Sexual Assault

Unit 1

Objectives

- Define elder sexual abuse.
- Describe the power & control dynamics related to elder sexual abuse.
- Describe the range of responses to sexual assault.

Objectives

- Identify indicators of elder sexual abuse.
- List the effects of the aging process that contribute to risk of victimization.
- Describe how an older adult's response may be unique to her or his generational and cultural viewpoint.

Sexual Abuse of Older Adults Is:

Sexual activity that occurs when a person over age 60 years is forced, tricked, coerced, or manipulated into unwanted sexual contact.

(Ramsey-Klawnsnik)

Older Adults Protective Services Act definitions

- According to the Older Adults Protective Services Act, an “older adult” means a person within the jurisdiction of the Commonwealth 60 years of age or older being 60 years of age or older.
- The Act defines an “older adult in need of protective services as “An incapacitated older adult who is unable to perform or obtain services that are necessary to maintain physical or mental health, for whom there is no responsible caretaker and who is at imminent risk of danger to his person or property.
- The Act also specifically addresses sexual abuse of the elderly, along with other types of abuse, neglect, and exploitation.

- “Sexual Abuse” is further defined in the Older Adult Protective Services Act as **“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.”**
- Sexual abuse **does not include any act intended for a valid medical purpose or any act that may reasonably be construed to be normal care-giving action or appropriate display of affection.**
- Example: Bathing a person is normal care-giving. However, inserting objects or fingers rectally or vaginally is not a normal care-giving activity while bathing.

Definition of Sexual Abuse

“Sexual Abuse” is defined in the Older Adult Protective Services Act as **“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.”**

**Sexual violence is an act of
power and control.**

Sexual Abuse of Older Adults

- 18% of women raped each year are 60 or older.
- 30% of victims 65 or older reported the assault to law enforcement (LE).
- In a third of cases, sexually abusive acts were witnessed by others.
- Older victims more likely to sustain physical injuries due to changes related to aging.

2000 Virginia Study by P. Teaster

- 12.2% of older victims were assaulted in their homes.
- 2.4% were assaulted in adult care residences.
- 70.7% were assaulted in nursing homes.
- 14.6 % were assaulted in the perpetrator's home.

Dynamics of Sexual Abuse Of Older Adults

- Covert Stage
- Overt Stage

Styles Of Perpetrator Approach To Older Adults

- Confidence
- Surprise
- Blitz

Pattern of “Hidden” Abuse

- May be detected through investigation of other abuse.
- Older adults are often isolated and dependent, putting them at high risk.
- Seeming vulnerable makes older adults appealing targets.

Who are the Victims?

- Experiencing infirmities of aging.
- Oldest are at greatest risk.
- Disabled, and physically or mentally impaired are at greatest risk.
- Often dependent on caregiver or caregiver is dependent on them.
- May be part of on-going domestic violence.
- May be prior victim and are re-traumatized

Who are the Offenders?

- Husband with domestic violence history.
- Adult son or grandson.
- Caregiver in home.
- Caregiver or resident in facility.
- 98% of sexual abusers of older males and females are male.
- Usually known by the victim.

Who are the Offenders?

- If assaulted at home, offender likely to be family member and/or caregiver.
- If assaulted at **nursing** home, offender likely to be resident at nursing home (Teaster, 2004).

Adult Response to Sexual Assault

- Response Variables
- Acute early response
- Long-term effects
- Typical responses vary greatly

Acute Early Response

- Lasts up to a month or more
- Highly emotional or controlled/flat affect
- Feelings of fear and shame

What's going on in the brain during and after trauma?



- Stress hormones increase (fight or flight)
- Opioids increase (numbing)
- Serotonin decreases (hyper-excitability, depression)
- Memory storage/retrieval mechanism impacted

PTSD

Post traumatic stress disorder (PTSD)

- Intrusive memories
- Physiological arousal
- Emotional numbing
- Hyperarousal—easily startled

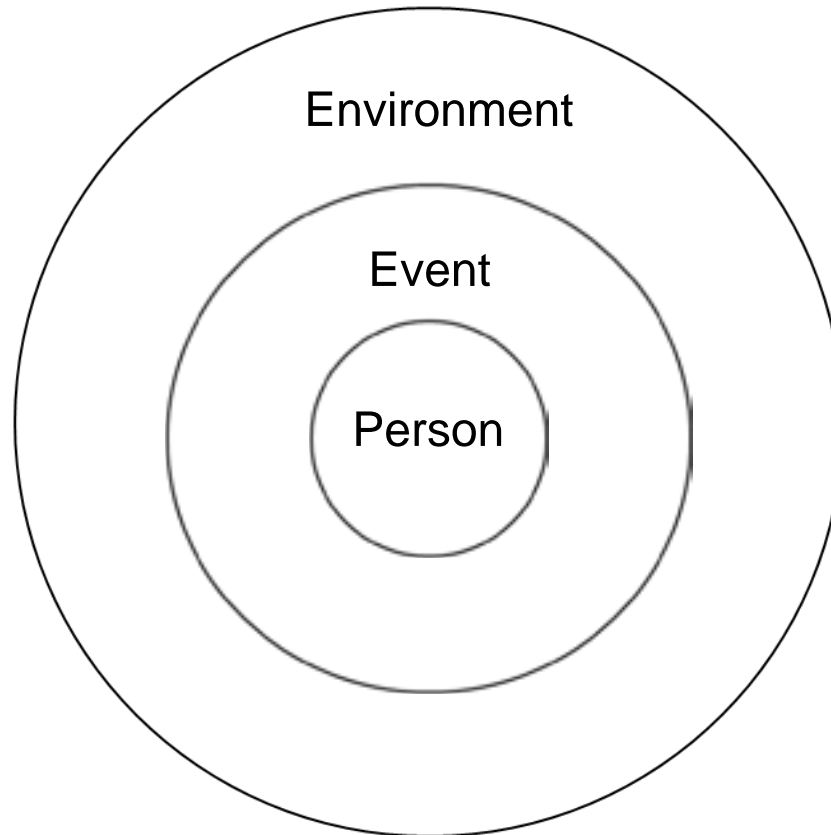
Long-Term Effects

- Post trauma reactions (triggers, flashbacks)
- Depression
- Sleep disturbances
- Self-medication/endangerment
- Sexuality/relationship issues

Long-Term Effects

- Anger/defensiveness
- Isolation/disengagement
- Fatigue
- Fear/anxiety
- Grief

Response Variables



Indicators of Sexual Abuse

- Physical indicators
- Behavioral indicators
- Indicators that a caregiver may be sexually abusive

Factors Contributing to Increased Risk

- Physical and mental factors
- Factors in the environment

Physical and Mental Factors

- Brain changes and mental functioning can decline
- Alzheimer's disease and simple memory loss affect functioning
- Senses (sight, hearing, smell, taste) change and decline
- Disease prevalence increases, weakens body

Physical Changes

- Bones are brittle
- Muscles atrophy
- Joints stiffen
- Skin thins
- Fat increases
- Mobility decreases
- Arthritis
- Heart and lungs
- Mouth and speech

Environmental Factors

- Financial limitations/dependence
- Housing factors
- Few observers in their homes
- Less accurate perception of surroundings
- Dependence on caregivers
- Unaware of community resources after assault

Environmental Factors

- Belief that only young women can be assaulted
- Because of stereotypes, seen as “easy targets”
- Institutional settings:
 - Disparity of power
 - High staff turnover
 - Lack of individual attention

Generational Perspectives

- Uncomfortable discussing sexual issues
- More private regarding personal or family information
- Grief over further loss of power and independence
- Fear of losing home/being forced into institution

Gender Perspectives

- Both genders reluctant to discuss sexual issues.
- For men, the new higher risk for being abused is shocking.
- Older women have been socialized to be compliant.

Different Cultural Perspectives

- Male-dominated cultures may view rape as crime against their property.
- Victims seen responsible for not preventing assault.
- Culturally valued to “keep it hidden.”
- Privacy and decorum: “don’t give the neighbors anything to gossip about.”
- Protect family reputation above helping victim.

Barriers to Self-Reporting

- Lack of education about SV
- May not know how to report/have access
- Fear of retaliation
- Difficulty communicating with authorities
- Lacking language skills or comfort level to explain abuse

Barriers to Self-Reporting

- May be seen as unreliable witness
- Fear of losing independence
- May not be believed
- Shame
- Desire to protect perpetrator

Barriers to Self-Reporting

- Perpetrator may keep victim isolated
- Too ill or incapacitated
- In long-term abusive relationship/unaware of marital rape laws
- Uncomfortable talking about sexual issues with much younger officer/advocate/prosecutor



Elder Sexual Abuse: The Hidden Victim

Responding to Elder Sexual Assault

Unit 2

Objectives

- Identify requirements for reporting to and coordinating with other responsible agencies.
- List advantages of a multidisciplinary response to sexual abuse of older individuals.
- Identify resources to make appropriate referrals and gain multidisciplinary support.

Objectives

- Determine the most appropriate initial response strategies/guidelines to use.
- Describe appropriate ways of assisting older individuals who are sexually victimized.

Required Collaboration

- Mandatory reports to law enforcement officials
- Willful failure by the employees or administrators to report this information to the police is a summary offense
- Confidential reports that have been made to an area agency on aging regarding victimization of an elder (60 & above) shall be made available to “Law enforcement officials of any jurisdiction as long as the information is relevant

Police Investigations

- Upon receipt of a report under section 701(b), law enforcement officials shall conduct an investigation to determine what criminal charges, if any, will be filed.

Protective Services

Investigations in which Police Cooperation is Needed

- When a protective services inquiry reveals that a criminal investigation is necessary, as in the case of rape or sexual assault, local area agencies on aging are to report such findings to local police for investigation
- Usually, any suspected abuse, neglect, or exploitation of elders will be reported first to the local area agency on aging

Goals of Investigations

Criminal

- Determine whether a crime has been committed.

Protective

- Determine whether abuse has occurred.
- Provide protective services to victim.

Levels of Evidence Required

Criminal

- Must have probable cause to arrest.
- In court abuse must be proven beyond a reasonable doubt.

Protective

Only preponderance of evidence needed for Adult Protective Services to protect victim.

Sharing Findings

- Law enforcement must share findings of **criminal** investigations with Adult Protective Services.
- Adult Protective Services must share findings of **protective** investigations with law enforcement.

Police Assistance with Protective Service Delivery

- forced entry
- other emergency assistance normally provided in responding to a citizen in need.

Information About Suspected Victimized People

- Information About Suspected Victimized People is to be Provided to Police by State Agencies and Hospitals
- Police or attorney general to be notified by the Departments of Aging, Health or Public Welfare
- Health care personnel must report to police
- Police have a duty to share information

Pa. Code Section 15.42

Standards for initiating and conducting investigations

- Emergency Report
- Priority Report
- Non-priority Report
- No need report

**Protective services
investigative purposes:
to determine if the individual
reported to be in need of services is**

- An older adult
- In need of protective services
- Who is willing to voluntarily participate in a service plan

Medicaid Fraud Control Unit (MFCU)

- Law enforcement agency within Pennsylvania Attorney General's Office.
- Investigates abuse, neglect exploitation in Medicaid funded facilities
 - i.e., nursing homes, assisted living facilities, and adult family care homes.
- MFCU and local law enforcement together will determine primary investigative responsibility.

Multidisciplinary Response

- Each county /group may develop a multidisciplinary adult protection team.
- Teams may want representatives from:
 - Health care services
 - Mental health care services
 - Social services
 - Legal services
 - Law enforcement

Benefits of Multidisciplinary Response

- Saves time.
- Helps prevent re-traumatization.
- Uses expertise of many professionals.
- Provides victim support for so LE can focus on investigation.
- Victim more likely to continue.
- Prosecutors get better evidence & testimony.

Benefits of Working with a Sexual Assault Nurse Examiner (SANE)

- Improves evidence collection.
- Shortens exam time.
- Proper chain of custody maintained.
- Can explain lack of injuries or consistency of injuries.
- Respected as credible witnesses at trial.
- Better provision of services for victim.

Benefits of Working with a Sexual Violence Victim Advocate

- Provides emotional support to victim so law enforcement can focus on investigation.
- Available 24 hours a day, 7 days a week.
- Help victim reconstruct memories.
- Information referrals.
- Can help victim from forensic exam through court proceedings.

Benefits of Working with a Rape Crisis Advocate

- Victims more likely to continue through the process.
- Can answer victim's basic questions about case.
- Can explain process over and over to the victim.
- Can support victim's family members.

Initial Response Guidelines/Strategies

- Ensure victim safety.
- Assess & arrange for medical care.
- Expect wide range of responses.
- Expect traumatization, even if not obvious.
- Respond to each victim as an individual.

Response Guidelines

- Show respect and concern.
- Use appropriate non-verbal communication - active listening & open body posture.
- Contact a rape crisis advocate.
- Repeat info a number of times.
- Write down instructions.

Response Guidelines

- Give victim options to gain feeling of control.
- Explain investigative process.
- Realize victim may be confused because of shock – not old age.
- Assess special needs – interpreter?
- Look for red flags of sexual abuse when investigating other crimes against elders.

Response Guidelines

- When responding to domestic violence, look for red flags of sexual violence.
- Restore hearing aids, glasses, walkers, etc.
- Ask older victims if they need assistance, before assuming they do.
- Be aware of personal space.
- Be patient.



Elder Sexual Abuse: The Hidden Victim

Investigating Elder Sexual Assault

Unit 3

Objectives

- Use appropriate questioning and interviewing techniques.
- Identify how to support successful prosecution.
- Identify sources/issues relevant to collection and preservation of evidence.
- Identify steps in proper processing of the scene and collection of evidence, according to the investigation checklist.

Stages of the Interview

- Preparing for the interview
- Building rapport
- Getting the information
- Closing the interview

Preparing for the Interview

- Location – Private and Safe
- Interview the person alone
(unless otherwise requested)
- Interview in the person's home or facility, if impairments make travel impractical.

Preparing for the Interview

- Get background information from a trusted person who knows the victim well.
- Determine who should conduct the interview.

Building Rapport

Before beginning to ask questions specific to the assault, build rapport with victim.

- Introduce yourself or have a trusted person introduce you.
- Convey interest and respect.

Building Rapport

- Let the older victim have as much control as possible.
- Don't take notes – wait till later.
- Take your time.
- If victim is female, sit facing her.
- If victim is male, sit shoulder to shoulder.

Getting the Information

- Proceed slowly and carefully, at the older person's pace.
- Use words and language easily understood.
- Use broad, open-ended less threatening questions first.

Getting the Information

- Progress slowly to the more focused, direct, intimate questions.
- Do not use leading questions suggestive of particular answers.
- If broad questions don't result in disclosure, use focused questions about the reason for the report.

Getting the Information

- Explain your role.
- After disclosure begins, ask the victim to describe what happened in their own words.
- Ask clarifying questions - where, when, frequency of occurrence, and specifics.
- Remain calm and do not share your emotional reactions.

Getting the Information

- Don't show anger or express blame toward the suspect.
- Validate the victim's feelings and give them information about elder abuse.

Special Speech and Language Limitations

- Ask about and use the older person's usual method of communication.
- If victim can point, use large cards with the words "Yes", "No" and "Pass".
- If victim can't read, use cards with (+) for "yes" and (-) for "no" and a blank card for "pass."
- Use anatomical dolls or drawings.

Closing the Interview

- May need a series of interviews.
- Tell the older victim what will happen next.
- Let the victim ask questions.

Closing the Interview

- Give your card to the victim and anyone helping them so they may call with questions or to add info.
- Thank the older person and tell them you understand how hard it has been for them to discuss what has happened.

Common Reasons for NOT Prosecuting

According to a study of sex crimes against
elders in Virginia:

- Insufficient evidence
- Older victim being unable to participate in the prosecution
- Lack of evidence

Other Reasons for NOT Prosecuting

- Law enforcement electing NOT to investigate or take a report.
- Alleged perpetrator not identified.
- Alleged perpetrator unable to participate in his or her defense.
- Both the older victim and the alleged perpetrator had Alzheimer's disease.

Sources of Evidence

- The victim
- The suspect
- The crime scene

Sources of Evidence

The Victim

Information

- Identity or description of the suspect
- Location and scope of the crime scene
- Details of the assault
- Identity or description of witnesses.

Forensic

- To be collected from victim's body by trained medical personnel only
- DNA
- Trace evidence

Sources of Evidence

The Suspect

Information

- Alibi facts or witnesses
- Excuse or justification for the assault
- Admission and confession

Forensic

- Suspect's DNA - Reference standards
- Victim's DNA - body tissue or fluids such as vaginal fluids, blood, saliva, skin cells
- Trace evidence

Sources of Evidence

The Crime Scene

Information

Witnesses

Forensic

- Victim's and suspect's DNA - bodily fluids and tissues
- Latent fingerprints
- Items used in the assault such as condoms, lubricants, burglary tools
- Trace evidence

