

Sexual Violence in Later Life

Prepared by:

National Council of Certified Dementia
Practitioners

Sandra Stimson CALA ADC AC-BC CDP CDCM

Permission Granted: NSVRC National Sexual Violence Resource Center

We wish to Thank the NSVRC for the handouts.
Hand Outs to Download and Use With This
Presentation

Sexual Violence in Later Life

- http://www.nsvrc.org/sites/default/files/publications_SVlaterlife_bulletin.pdf

Sexual Violence in Later Life: A Technical
Assistance Guide for Advocates

- http://www.nsvrc.org/sites/default/files/publications_SVlaterlife_Guide.pdf

Permission Granted: We wish to Thank the Lanark, Leeds and Greenville for the handouts

- Hand Outs to Download and Use With This Presentation
- Intimacy and Sexuality Practice Guidelines for LTCHS (CANADA)
- Prepared by Lanark Leeds and Greenville Long Term Working Group of Canada. Please note that it is considered a draft guideline until your facility has adopted the guideline and added your own mission statement.

http://www.crncc.ca/knowledge/related_reports/pdf/SexualityPracticeGuidelinesLLGDraft_17.pdf

Thank You To St. Andrews

Download These Handouts for This In-service

- St. Andrews Sexual Behavior Scale (SASBA Scale)
- <http://www.stah.org/Portals/0/docs/sasbascale.pdf>
- Directions for use of the SASBA Scale
- <http://www.stah.org/services/brain-injury/sasba/the-sasba-scale.aspx>
- Overt Aggression Scale OAS-MNR
- <http://www.stah.org/Portals/0/docs/OAS%20MNR%20Scale.pdf>

What is Sexual Violence

- Sexual violence against people in later life involves a broad range of contact and non contact sexual offenses perpetrated against people age 60 and beyond.
- Sexual violence is elder abuse.
- Tricked, manipulated or coerced into unwanted sexual contact is sexual violence.

Sexual Assault Involves:

- Body part that was touched.
- Type of contact and nature of the contact.
- Words used
- Gestures used

- Threats during the attack
- Purpose of the attack
- Sexual assault does not necessarily involve sexual gratification by the perpetrator.

What is Sexual Activity?

Source: Advocacy Centre for the Elderly

If consensual between both parties:

- Holding hands
- Hugging
- Touching
- Lying in bed together fully clothed
- More intimate touching
- Sexual Intercourse

National Center on Elder Abuse Defines Elder Abuse

Elder abuse is victimization of an elder person by someone who has a special relationship with the elder (a spouse, sibling, a child, a friend, caregiver) or that occurs in a residential facilities for older persons (e.g. nursing homes, foster homes, group homes, board and care facilities).

How Often Is It Reported?

- Little known about the prevalence of sexual violence against people in later life as well as the cultural and demographic factors that influence its occurrence.
- Research is still in it's infancy.
- Currently less than 5 % of sexual assault victims being treated in emergency rooms are older adults, because it is under reported and hidden vs. sexual assaults against younger persons.

People in Later Life Have Not Been Considered Actual Targets of Sexual Violence? Why?

- Ageist beliefs that they are not sexual beings.
- They are not sexually desirable.
- Misconception that sexual assault is a crime of passion rather than crime of violence.
- This contributes to people in later life being over looked as victims.

- Under reporting is believed to be much higher than other age groups.
- Some older people who have reported sexual assault have not been believed but have instead been presumed to be psychotic or demented.

Where Do Sexual Assaults Occur In Later Life?

- Private Homes
- Community Locations
- Care Facilities

Sexual Assaults Perpetrated Against Elderly Includes Similar Range of Behaviors as Against Younger Victims

- Rape
- Molestation
- Sexual threats
- Harassment
- Forced exposure to pornography
- Sexual exploitation to produce pornography.
- Sexual homicides

Unwanted Contact Experiences Include

- Oral
- Anal
- Vaginal rape
- Molestation
- Sexualized kissing

Non Contact Offenses Include

- Sexual harassment
- Threats
- Forced pornography viewing
- Using elder adults to produce pornography
- Exhibitionism
- Exposing the elders breasts or buttocks as a form of humiliation.

Unnecessary, Obsessive and Painful Touching of The Genital Area.

This is not part of the nursing care plan! I.E.,

- Inserting spoons or fingers into rectum
- Using alcohol to cleanse inner and outer vaginal areas.
- Perpetrators claim it is necessary for health of hygiene.
- These behaviors are harmful and painful.

Sexual violence may co-occur with other kinds of abuse;

- Physical
- Emotional abuse
- Neglect by a care provider
- Financial exploitation

Who Are The Perpetrators

- In domestic settings the majority of identified perpetrators are spouses / partners, relatives and incestuous sons.
- Abusive relatives and care providers often deny older victims an opportunity to report through tactics such as blocking access to telephone and visitors.

- Perpetrators may use the victim's condition (i.e. dementia) to isolate and further discredit the victim.

Type of Personalities / Offenders That Abuse Elderly: Nexus Reading Room

- *Narcissistic persons with "user mentalities" who get themselves into care giving arrangements because of what they expect to get out of them*
- *Persons with abusive personalities who are unhappy, frustrated, easily angered, and who feel entitled to lash out at others with less power*
- *Sadistic persons who enjoy inflicting harm and terrifying others.*

Source: "Speaking the unspeakable"

Holly Ramsey-Klawnsnik

Who Else Commits Sexual Violence Towards the Elderly?

- Stranger Sexual Assault
- Acquaintance such as neighbor, landlord.
- Perpetrators tend to have a manipulative nature.

Care Facility Abusers

- In care facilities the majority of identified perpetrators are facility employees followed by facility residents.
- Resident to resident sexual assault.
- They may seek employment and other opportunities where they can exert coercive control over dependent individuals.
- Have a manipulative nature.

Staff

- Sexual activity between staff and persons with cognitive impairment is a criminal offense, irrespective of who initiated the relationship or whether it is considered consensual or not.
- Known or suspected incidents by staff must be reported to management.
- There should be no further contact with patient while allegation is pending investigation.

What If there is an Allegation Towards Staff?

- Staff member should be alerted of allegation and his rights.
- Explain how the investigation will proceed.
- Immediate implication for the staff member.
- Explain what services available to him.
- Follow policies and protocols set in place.

False Accusations Can be Made By Residents & Must Be Investigated Immediately

To help avoid false accusations staff should:

- Wear appropriate clothing
- Monitor staff language when rendering care. I.e., “ Good Morning, I am here to help you get dressed V.S. I am here to get you up.”
- Identify themselves and position. “My name is Sandra, your nursing assistant and I am here to provide a bath.”
- When hugging, hug from the side.
- Use hand shakes for genuine greetings.

Resident to Resident (Long Term Care Settings) Facility Staff Face Complex Issues In Managing Sexually Aggressive Residents

- Convicted Sex offenders / Sexual Predators may not be on a sexual registry for your state.
- In 2006 U.S. Government identified over 700 registered sex offenders living in long term care.
- Staff are not asking upon admission if the resident has been convicted of a crime.

- Do not assume due to age that they will not reoffend.
- Staff need to protect others under their care.
- Staff also need to know how to protect themselves including training in non violent self protection programs.

Take Immediate Action and Implement a Plan of Care When There is a Sexual Attack

- Educate all staff to the plan
- Complete an assessment of awareness of resident actions.
- Document to include Sexual Behavior Assessment, Dangerous Behavior Assessment, St. Andrews Sexual Behavior Assessment Scale (SASBA Scale), Over Aggression Scale OAS-MNR Assessment. (These should be done upon admission or prior to admission)
- Put a discharge plan in place

- All staff to be aware of interventions for sexual expressions for each resident involved
- Monitoring at all times
- Infection control precautions followed
- Motion sensors placed on door to alert staff when resident leaves room at night.

- GPS Tracking on resident
- Keep engaged in activity and on surveillance
- Review medications that may increase libido

- Be aware of known sexually transmitted diseases.
- Be aware of predators (resident) known causes and triggers
- Work in conjunction with mental health team, staff, physician, professional staff, line staff, family, clergy and volunteers

- Discussion with Predator (resident) to determine, values, beliefs, life story, in order to determine the need for support and education.

- Law Enforcement and all other reporting agencies will be notified directly if the act is deemed sexual abuse or sexual assault.
- Follow all facility policies, procedures and mandatory reporting to agencies, family, responsible party, etc.

What's the Point Of Conducting Sexual Behavior Assessments?

Source: St. Andrews Health Care

- Ability to assess continual behavior using a tailored scale.
- Recording and reporting inappropriate sexual behavior
- A benchmark (provides an initial baseline of recorded information) for future behavior, frequency can be evaluated, appropriate interventions in right way and right time.

- Reduces subjectivity
- Helps to decrease any embarrassment surrounding discussions regarding inappropriate sexual behavior
- Can tailor treatment plans based on assessment
- Behavior identified and recorded

What Do You Do If There is a Sexual Assault in the Facility?

- Call your local hospital before there is an incident, to determine local protocol to follow.
- Call your local police department to determine local procedures to follow.
- If there is an assault do not wash the resident's clothes or person.
- You may tend to a wound.
- Wrap in blanket.

- The victim (resident) or responsible party must give consent to use a forensics evidence kit.
- Transport to hospital and provide a staff member to stay with the resident.
- Provide ongoing support and counseling upon return to the facility.
- Complete an incident report on how this incident occurred.

Victims of Sexual Violence in Later Life

Characteristics of the Perpetrators

- Most perpetrators are male.
- Sexual perpetrators range in age from juveniles to senior citizens.

Special Relationships with the Victim

- Sexual violence perpetrated by those who have special relationship with the older adults is often embedded in a pattern of multifaceted elder abuse especially when the perpetrator has ongoing access to the victim.
- Special relationships include intimate partners, caregivers and family members such as adult children.

What About the Eyewitness?

- Eye witness can help with identification of cases.
- However, intimate partners may admit sexual assault and justify behavior “as wives are sexual property.”
- In other cases, suspicious behavior by alleged perpetrator is witnessed such as incest cases. I.e. adult sons observed sharing beds with mother with dementia.

Unfortunately; Indicators of Sexual Violence Have Often Been Missed- Why?

- Misinterpreted
- Disbelieved by care providers

Characteristics of the Victims

- Victims as old as 100 have been identified.
- Majority of identified victims are women.
- Have cognitive, functional and physical limitations which increases their risk for sexual assault and limit the elder persons ability to protect themselves from sexual violence and seek intervention assistance.

- People in later life who have been sexually assaulted have generally not sought or been referred to sexual assault services.
- Elders with disabilities are often unable to independently seek services.

- If sexually assaulted in care facilities they find themselves unable to escape ongoing assaults due to:
 - Health limitations
 - Placement status

Older Males Are At Risk for Sexual Violence But Also Go Unreported

Factors that contribute to under reporting of sexual violence among males.

- It is a women's issue.
- Social stigma attached to sexual victimization
- Cultural groups with more traditional definitions of masculinity.

Physical Indicators of Sexual Assault

- Genital or anal pain, irritation, or bleeding, redness
- Bruises on external genitalia or inner thighs
- Difficulty walking or sitting
- Torn, stained, or bloody underclothing
- Infection recurrent with no possible explanation.
- Sexually transmitted diseases

- Human bite marks
- Cigarette burns
- Rope burns on wrist or ankles indication they have been tied up.
- Thumb or finger prints on genitals, thighs, buttocks breast indicators of sexual or physical abuse.

Psychosocial Trauma Symptoms

- Sleep disturbances
- Incontinence
- Increased anxiety
- Crying Spells
- Withdrawal

Behavioral Indicators

- Inappropriate sex-role relationship between victim and suspect
- Inappropriate, unusual, or aggressive sexual behavior

- Depressive symptoms
- Agitation
- Restlessness
- Decreased enjoyment in activities
- Intrusive memories (memory keeps inserting itself)
- Attempts to leave facility where they were previously willing to remain.

Health Care Professionals and Care Providers Lack Training

- Physical indicators are generally missed by health care professionals and care providers because:
- Lack of awareness of potential for sexual violence in later life.
- Nurse's and Physicians: Information and education on how to evaluate older victims for sexual assault has not been provided as part of their training.

Effects of Sexual Violence in Later Life

- Sexual Assault later in life has extremely serious consequences.
- Genital trauma
- Other physical injuries
- Psychosocial Trauma
- Post traumatic stress syndrome

Illness, Injuries and Disabilities Affecting People in Later Life

- These can prohibit people from traveling to sexual assault centers.
- Those with serious physical limitations such as paralysis may rarely leave home environment unless transported by ambulance.
- Victims who have significant cognitive impairments such as dementia, may not benefit from traditional sexual assault.

Generational Issues

- Generational issues are also important considerations in providing culturally competent services to people in later life.
- People in later life typically grew up in social climates that;
- Did not discuss sexual matters.
- Blamed the rape victim
- Failed to provide services and advocacy

- Reporting a family member may undermine the dynamics of the family relationships that may in part be rewarding, loving and helpful despite the abuse.

Elder Victim Reactions

- Fears
- Worries
- Concerns
- Shame
- Silence due to barriers surrounding the discussion of sexual violence.
- May differ from younger victims with more intensity especially if experienced multiple victimizations.

- May not seek help.
- May not report crime.

Know The Laws for Reporting In Your State

- Follow facility / corporate policy/ procedures
- Contact Adult or Elder Protective Services
- State Department of Public Health
- Seek Legal Consultation
- Dial 911

Disclosing Information

- Seek patients consent
- Ensure they understand the purpose of disclosure
- To who it will be disclosed to
- What possible consequences to the disclosure
- Protect the patients privacy and well being

- Document disclosure and consent information in the patients chart.
- Some reporting agencies do not require consent from the patient
- Seek legal advice if necessary
- Involve the ethics committee if necessary

Pre-consent for Sexual Activity?

- People can not provide consent to sexual activity by indicating a Power of Attorney for personal care that they want to be able to engage in sexual activity even if they become mentally incapable of providing consent.”

Source: Advocacy Centre for the Elderly

- Incapacitated means abstinence.
- Know your state laws on Power of Attorney

Who Decides?

- Consenting adults living in long term care do not require a signed consent from family nor should family be involved in a residents choice for sexual expression.
- They have autonomy

Patient's Chart

Documenting Inappropriate Sexual Activity / Violence

Source: Promoting Sexual Safety, Responding to Sexual Activity and Managing Allegations of Sexual Assault in Adult Acute Inpatient Units.

- There should be established policy and procedures for reporting, investigation and documenting.

The Chart Should Include In Your Documentation

- Include a factual accounting of events
- Include staff perceptions
- Treatment plan for resident to address trauma and physical violations

- Verbatim (description) accounts from the victim and other staff or witnesses
- Include time, Date, Place
- Clinical information and assessments taken following the incident
- Details of steps taken to preserve evidence
- Discussion with victim and follow up instructions

- Name of alleged offender or resident identifier and witnesses
- Notification of nurses, physicians, managers, administrator, corporate staff, mental health staff, social worker and responsible party.
- Complete incident reports and forms
- Discharge summary includes incident

Items to Avoid When Documenting Sexual Violence

- Avoid terms open to interpretation
- Avoid language open to interpretation
- Avoid clinical terminology (i.e., deluded) and use instead patients actual beliefs, content of speech and behaviors.

What Can We Do?

- Alert system for the charts of patients with in appropriate sexual activity, such as a sticker.
- Train staff on sexuality and intimacy and to recognize abuse and to report abuse.
- Train staff on consent and capacity

- Develop policies and procedures to address, sexuality, intimacy, diversity, abuse and violence.
- Policies need to incorporate the laws of your jurisdiction, reporting procedures and investigation.

- For staff to allow for the opportunity for sexual expression if they so choose and to recognize the decisions of a capable resident (adult) for sexual expression”
- Advocacy Center for the Elderly
- Staff need training and resources to understand when they can / should intervene or not intervene

- Believe the victim regardless of diagnosis until a full investigation is completed.
- Learn the signs of abuse
- Provide staff training in the prevention of sexual assault
- Provide training in the management of sexual assault
- Provide training on sexuality issues and personal attitudes

- Provide training on past sexual abuse and mental health
- Provide non violent self protection for staff
- Provide training on facility policy and procedures for sexuality and violence

- Provide staff and families support services and debriefing when an assault has occurred towards a resident to reduce post traumatic effects.
- Staff should not be judgmental if victim does not do what you recommend.

Continue Training In the Following Areas

- Investigation
- Case Identification
- Victim Interviewing
- Victim Protection
- Services and Support Services
- Interventions
- Treatment Plans for Victim

Learn Proper Interview Techniques

- Learn proper way to conduct a interview.
- See: Victims with Disabilities: The Forensic Interview
- <http://www.ovc.gov/publications/infores/pdf/xt/VictimsGuideBook.pdf>

- Physicians, Social Workers, Mental Health Professionals, Health care professionals, front line staff, law enforcement, EMT, First Responders, reporting agency personnel, clergy, aging services personnel, receive training in recognizing and responding and reporting to sexual violence.

Resources

Lanark Leeds & Grenville
Providence Care MHS
Ontario Government Building
PO Box 1050
1809 Oxford Ave.
Brockville, ON
Canada
K6V 5W7
Ph # 613.345.1461 x 1713
Fax # 613.498.1495
Cell # 613.340.1669

- The Psychosocial Assessment & Treatment Continuum: A Tool for Conceptualizing the Range of Sexuality Related Issues and Support Needs of Individuals with Developmental Disabilities

[http://mmcrockerlcsw.com/media/The Psychosexual.pdf](http://mmcrockerlcsw.com/media/The_Psychosexual.pdf)

- F.A.C.T. S. Assessment of Consent for Sex: An Objective Test

<http://www.apsnetwork.org/Training/documents/BaladerianForensicAssessment.pdf>

- Promoting Sexual Safety, Responding to Sexual Activity and managing Allegations of Sexual Assault in Adult Acute Inpatient Units

<http://www.health.vic.gov.au/mentalhealth/cpg/sexual-safety.pdf>

- Sexual Violence in Later Life: Resource List

http://www.nsvrc.org/sites/default/files/publications_SVlaterlife_ResourceList.pdf

- National Committee for the Prevention of Elder Abuse

http://www.preventelderabuse.org/elderabuse/s_abuse.html

- Article: Speaking the Unspeakable
<http://www.preventelderabuse.org/nexus/hrklawnsnik.html>
- Domestic Violence Intervention Program
Dangerous Behavior Assessment
<http://www.dvpiowa.org/assessment.htm>

- St. Andrews Sexual Behavior Scale (SASBA Scale)
<http://www.stah.org/Portals/0/docs/sasbascale.pdf>
- Directions for use of the SASBA Scale
<http://www.stah.org/services/brain-injury/sasba/the-sasba-scale.aspx>
- Over Aggression Scale OAS-MNR
<http://www.stah.org/Portals/0/docs/OAS%20MNR%20Scale.pdf>

- The Impact of Event Scale (Post Traumatic Stress)

http://consultgerirn.org/uploads/File/trythis/try_this_19.pdf

- Hartford Institute for Geriatric Nursing Try This Series Assessment Tools

http://www.hartforddign.org/resources/Try_This_Series

- <http://consultgerirn.org/resources>

- Sexuality Assessment for Older Adults

http://consultgerirn.org/uploads/File/trythis/trythis_10.pdf

- Elder Mistreatment Assessment Tool

http://consultgerirn.org/uploads/File/trythis/trythis_15.pdf

Certifications through:

National Council of Certified Dementia Practitioners and International Council of Certified Dementia Practitioners

www.nccdp.org

www.nccdp.org/iccdp

CDP Certified Dementia Practitioners

CDCM Certified Dementia Care Managers (Dementia Unit Managers)

Certified Alzheimer's disease and Dementia Care Trainer

CFRDT Certified First Responder Dementia Trainer