

Elder Sexual Abuse: The Hidden Victim

Training for Law Enforcement

Trainer's Guide



Florida Council Against Sexual Violence
1311 N Paul Russell Road, Suite A204
Tallahassee, FL 32301
1-888-956-7273; 850-297-200; Fax 850-297-2002
www.fcasv.org

This project was supported by Grant No. 2002-EW-BX-0012 awarded by the Violence Against Women Office, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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 elderly.

Then introduce your co-trainer.

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

Ask 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 FCASV.



Slide:
FCASV Mission Statement

Show Slide, Florida Council Against Sexual Violence Mission Statement

Speaking Points:

- This training program was developed by the Florida Council Against Sexual Violence and supported by the Violence Against Women Office of the Office of Justice Programs of the U.S. Department of Justice.
- The FCASV is the coalition of sexual violence crisis and treatment centers across the state.
- The mission of the FCASV is to lead, educate, advocate, serve and network on behalf of individuals impacted by sexual violence.

**REFER TO
FCASV BROCHURE**

Refer to handout

Speaking Points:

The purpose of the Florida Council Against Sexual Violence is to serve as a resource to the state on sexual violence issues by:

- providing information, assistance and leadership on all aspects of sexual violence, including rape, child sexual abuse, stalking and sexual harassment.
- hosting a statewide conference and various trainings, bringing state-of-the-art information to Florida.
- offering technical assistance to agencies seeking to improve services for rape victims.
- providing up-to-date information to the public through our toll-free line, website and public awareness initiatives.

OVERVIEW OF TRAINING PROGRAM



**Slide:
Training goals**

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.

Describe the training program.

Speaking Points:

- Elderly 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 persons 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



Discuss agenda and housekeeping issues

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.



**Slide:
Training Strategies**

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:
Ramsey/Klawnsnik
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 **Florida law**, there are a few Florida Statutes that serve as the basis for defining sexual abuse of older people. The first is **Chapter 794, F.S. which defines sexual battery, and consent**. Another is **Chapter 825, F.S. which defines lewd and lascivious offenses against an elderly or disabled person**. The last is **Chapter 415, F.S. which defines abuse of certain elders who are considered vulnerable adults**. This Florida statute is the **Adult Protective Services Act**. It establishes the authority of the **Adult Protective Services program of the Florida Department of Children and Families and describes your requirements for collaborating with them on cases involving abuse of older individuals**.

Show Slide, Chapter 794.011, F.S. – definition of sexual battery.



Slide:
Sexual battery
definition

Speaking Points:

- In Florida law, sexual battery is defined as "**oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration**

of another by any other object; however, sexual battery does not include an act done for a bona fide medical purpose.”

- This definition pertains to any victim regardless of age or functioning ability.

Show Slide, Chapter 794.011, F.S. – definition of consent.

Speaking Points:

- The other legal definition pertaining to sexual battery is that of “consent.” **Consent is defined as “intelligent, knowing, and voluntary consent and does not include coerced submission. Consent shall not be deemed or construed to mean the failure by the alleged victim to offer physical resistance to the offender.”**
- 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.**

Show Slide, Chapter 825.1025 - Lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled person.

Speaking Points:

- Another definition pertaining to sexual violence against the elderly is found in Chapter 825.
- Lewd or lascivious battery upon an elderly person or disabled person" occurs when a person **encourages, forces, or entices an elderly person or disabled person to engage in sadomasochistic abuse, sexual bestiality, prostitution, or any other act involving sexual activity, when the person knows or reasonably should know that the elderly person or disabled person either lacks the capacity to consent or fails to give consent.**
- "Lewd or lascivious molestation of an elderly person or disabled person" occurs when a person **intentionally touches in a lewd or lascivious manner the breasts,**



**Slide:
Consent definition.**



**Slide:
Lewd and lascivious
offense definitions**

genitals, genital area, or buttocks, or the clothing covering them, of an elderly person or disabled person when the person knows or reasonably should know that the elderly person or disabled person either lacks the capacity to consent or fails to give consent.

Ask for examples of lewd and lascivious battery and molestation.

Show Slide, Chapter 825.101--definitions



**Slide:
Elderly person
definition**

Speaking Points:

- Another definition found in Chapter 825 is one defining “elderly person”
- Elderly person" means **a person 60 years of age or older who is suffering from the infirmities of aging as manifested by advanced age or organic brain damage, or other physical, mental, or emotional dysfunctioning, to the extent that the ability of the person to provide adequately for the person's own care or protection is impaired.**”

**REFER TO PARTICIPANT
GUIDE, PAGE 4:
FLORIDA STATUTES,
CHAPTER 415**

Refer participants to Participant Guide, page 4, Florida Statutes, Chapter 415.

Speaking Points:

- **Chapter 415** also specifically addresses **sexual abuse of the elderly, along with other types of abuse**, neglect, and exploitation.
- The statute is the **Adult Protective Services Act** and refers to disabled and certain elderly adults as “vulnerable” adults.
- This is **similar to the definition** of an elderly person in **Chapter 825**, defined as being 60 years of age or older and experiencing the infirmities of aging.
- **Adult Protective Service workers are given the authority and training to determine whether an older person is experiencing the “infirmities of**

aging, according to statute.

- We will talk **more about exactly what are the infirmities of aging later** in this unit.



Slide:

Sexual abuse definition

Show Slide, Chapter 415, F.S. – definition of sexual abuse.

Speaking Points:

- “Sexual Abuse” is further defined in Chapter 415 as **“acts of a sexual nature committed in the presence of a vulnerable adult without that person’s informed consent.”**
- This includes, but isn’t limited to **“fondling, exposure of a vulnerable adult’s sexual organs, or the use of a vulnerable adult to solicit for or engage in prostitution or sexual performance.”** Notice the similarity between this definition and the lewd and lascivious offenses listed in Chapter 825.
- 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:

Capacity to consent

Show Slide, Chapter 415, F.S. – definition of informed consent, capacity to consent.

Speaking Points:

- **With vulnerable adults, a person’s capacity to consent must be considered.**
- Chapter 415 defines Capacity to Consent as meaning **“that a vulnerable adult has sufficient understanding to make and communicate responsible decisions regarding the vulnerable adult’s person or property, including whether or not to accept protective services by the department”** of Children

and Family Services.

- And therefore “**lacks capacity to consent**” means a **mental impairment that causes a vulnerable adult to lack sufficient understanding** or capacity to make or communicate responsible decisions concerning person or property, including whether or not to accept protective services.
- Example: A female nursing home resident is having sex with another resident, however, she believes the other resident is her husband who has been dead for several years. In this example, the person may seem to be consenting to sexual relations, but she has mental impairment such that she is unable to recognize or understand that the other person is not her husband. So, it is unlikely that she has capacity to consent.
- It’s also important to note **that it is NOT illegal for an older person to have consensual sex, whether or not they are experiencing the infirmities of aging.**
- Example: A 60 year old woman with paralysis below the neck may choose to continue to have sex with her husband or with a new partner. Simply because she is sixty and physically disabled DOESN’T mean she cannot consent or has no capacity to consent to sexual activity.

**DISTRIBUTE LAW
ENFORCEMENT
STATUTE CARD**

Distribute Law Enforcement Statute Card

- Here’s a card you can keep handy on the job that lists the definitions we’ve just discussed.



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 2
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.**

Show Slides, Facts about SA of older adults



**Slide:
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 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.**
- **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.

Show slide, Covert and Overt Stages

Speaking Points

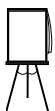
- **When the perpetrator is known to the older person, the sexual violence may progress along a continuum from covert behaviors to overt behavior.**

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 –**



**Slide:
Covert and Overt
Stages**



- **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 close 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.

Show slide, Who are the victims?

Discuss the profile of “typical” elder victim



Slide:
Who are the victims?

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**



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



Slides:
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**
- **Fear/anxiety**
- **Grief**

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



**Slide:
Three Interactive
Variables**

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 35:
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.



Slides: 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,**

- **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.



**Slides:
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.**

- **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.



**Slide:
Gender Perspectives**

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.



**Slides:
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.

- 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 38
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 under Chapter 415. 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.
--	--

**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, Adult Protective Services worker, rape crisis program advocate, Medicaid Fraud Unit investigator, 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.

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 discuss the importance of the initial response** to an incident of sexual abuse of an older person, so that the victim isn’t subjected to re-traumatization. As we just saw, **the potential for re-traumatizing increases with each person with whom**

the victim must interact.

- This **unit will give you some strategies to use to respond in the most effective way, so that you can help the victim while still performing your investigation.**
- Here are the **objectives for the unit.** At the end of this unit you will be able to:
 - **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.
 - Given a case scenario, **determine the most appropriate initial response strategies.**
 - **Describe appropriate ways of assisting older individuals** who are sexually victimized.
- So, let's look at some of requirements for collaborating with and reporting to other agencies, when working a case involving sexual abuse of an older person.

REQUIREMENTS FOR REPORTING & COLLABORATING



Slide:

**Required collaboration
with other agencies**

Show Slide, Required Collaboration.

Speaking Points:

- When investigating a case involving sexual abuse of an older person, there are **special requirements for collaborating with and reporting to other agencies that have statutory responsibility** for determining whether abuse occurred and for implementing remedies, if abuse is discovered.
- Like cases involving children, the **Department of Children and Families has responsibility for investigating reports involving older persons as**

“vulnerable adults,” as you will recall from the statute definitions in the last unit.

- In fact, **section 415.106 of the Florida Statutes specifically mandates cooperation by the department of Children and Families and criminal justice and other agencies.**

Show Slide, Chapter 415.106(1), F.S. – Mandated cooperation.

Speaking Points:

- According to Florida law, “**All criminal justice agencies have a duty and responsibility to enable the department (of Children and Families) to fulfill its responsibilities** under ss. 415.101-415.113.
- Such **duties include**, but are not limited to:
 - **forced entry,**
 - **emergency removal,**
 - **emergency transportation, and**
 - **the enforcement of court orders** obtained under ss. 415.101-415.113.”

Show Slide, Chapter 415.104(1), F.S. – Protective investigations.

- The department’s **Adult Protective Services units are also required to notify and cooperate with law enforcement** when a criminal investigation is required, as in the case of sexual abuse of an elder, which is a felony.
- **Usually, any suspected abuse, neglect, or exploitation of elders will be reported first to the Florida Abuse Hotline, who will first contact an Adult Protective Service unit investigator. However, if law enforcement receives the initial report, you are required by statute to notify Adult Protective Services through the Florida Abuse Hotline.**



**Slide:
Mandated cooperation
between agencies**

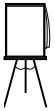


**Slide:
Protective
Investigations in
coordination with
Criminal Investigations**

- The **statutory basis of this is ss. 415.104(1)** which states “**If, during the course of the investigation, the department has reason to believe that the abuse, neglect, or exploitation is perpetrated by a second party, the appropriate law enforcement agency and state attorney shall be orally notified.**”
- **The department and the law enforcement agency shall cooperate to allow the criminal investigation to proceed concurrently with, and not be hindered by, the protective investigation.”**

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:

- **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.**
- **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 APS only needs a preponderance of evidence to protect the vulnerable adult.**



**Slide:
Sharing findings of investigations**

Show Slide, Chapter 415.104(5), F.S. – Sharing findings of investigations.

Speaking Points:

- “The department (of **Children and Families**) shall make a preliminary **written report to the law enforcement agencies within 5 working days after the oral report.**”
- Furthermore, **ss. 415.104(5), F.S.** states that “**Whenever the law enforcement agency and the**

department have conducted independent investigations, the law enforcement agency shall, within 5 working days after concluding its investigation, report its findings to the state attorney and to the department.”

- **So you have a responsibility, according to statute, to share the findings of your criminal investigation with Adult Protective Services, and they must do the same** regarding their protective investigation.



Slide:

APS responsibilities

Show slide, Chapter 415.104(3), F.S. – APS responsibilities.

Speaking Points:

- **Chapter 415** also spells out the **responsibilities of APS when performing a protective investigation**. This is useful information for you **so that you know what to expect from the APS investigator**.
- According to ss. 415.104(3), F.S, for each report of suspected abuse it receives, the department of **Children and Families shall perform an onsite investigation to determine certain things**. A few of those things that are of particular interest to you include:
 - **Determine that the person is a vulnerable adult** as defined in s. 415.102. So if you have any concerns whether a person meets the definition, APS has the authority to make that determination.
 - **Determine whether there is an indication that a vulnerable adult is abused, neglected, or exploited.**
 - **Determine the nature and extent of present or prior injuries, abuse, or neglect, and any evidence.**
 - **Determine, if possible, the person or persons apparently responsible** for the abuse.
 - **Determine the immediate and long-term risk** to each vulnerable adult through utilization of standardized risk assessment instruments.

- **Determine the services necessary** to safeguard and ensure the vulnerable adult's well-being and cause the delivery of those services.
- **Another requirement of APS investigators is that they notify the local long-term care ombudsman council** who is responsible for **investigating complaints from or on behalf of residents of long-term care facilities and advocating for them.**



**Slide:
Medicaid Fraud
Control Units**

Show Slide, Medicaid Fraud Control Units.

Speaking Points:

- **Another agency that you may be required to work in collaboration with is the local Medicaid Fraud Control Unit (MFCU)** which is part of the **Attorney General's Office.**
- The **Medicaid Fraud Control Unit is a law enforcement agency that investigates** allegations of **abuse, neglect, or exploitation** of residents **in any health care facility housing more than 5 vulnerable adult residents**, such as nursing homes, as well as all Assisted Living Facilities and Adult Family Care Homes.
- **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 with.** Not only is it mandated by Florida Statute, but a **multi-disciplinary approach is extremely advantageous when investigating cases of suspected sexual abuse.**

**ADVANTAGES OF A
MULTIDISCIPLINARY
RESPONSE**

Speaking Points:

- And, in fact, **using a multidisciplinary approach of adult protection teams is provided for in ss. 415.1102** which states:

“...the department may **develop, maintain, and coordinate the services of one or more multidisciplinary adult protection teams** in each of the districts of the department.”

- Such **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.**
- The department shall **utilize and convene the teams** to **supplement** the protective services’ activities of the **protective services** program of the department.
- The **role of the teams** is to **support activities of 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.

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.



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

- **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**.



Slide:

Benefits of working with a SANE

Show 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**



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

Show Slide: Benefits of working with an Sexual Violence 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 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 40:
ELDER RESOURCE GUIDE

Refer participants to Participant Guide, page 40, 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 Medicaid Fraud Control Units, 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.**



**REFER TO PARTICIPANT
GUIDE, PAGE 58 -
INITIAL RESPONSE
GUIDELINES AND
STRATEGIES**

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 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.
- **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.
- **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.
- 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.
- **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 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 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 60,
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.

Possible Answers:

- Required to contact Adult Protective Services, local Long-term Ombudsman Council (APS is required to notify), Medicaid Fraud Unit.
- 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."

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.**
- **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**.



**Slides:
Building Rapport**

Show Slides, Building Rapport

Speaking Points:

- 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 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.

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?”**



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:

**Slide:
Getting the
Information (cont.)**

- 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?”
- **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**

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.



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-play 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 them of the various steps in the process.
4. After they have performed the role play once, have them switch roles.
5. Give them 10 to 15 minutes to complete the activity.

OR

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.

SUPPORTING SUCCESSFUL PROSECUTION

Speaking Points:

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

Show Slide, Common Reasons for NOT Prosecuting



**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.

Show Slide, Other Reasons for NOT Prosecuting



**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 64 : INVESTIGATIVE CHECKLIST

Refer to Participant's Guide, page 64, 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.**
- The checklist was derived **from the protocol document "Responding to Sexual Violence, Model Policy Number 2 for Florida Law Enforcement."**
- **This protocol was developed by the Florida Law Enforcement Research Coalition** in 1997 and revised in 1999. Representatives from the Florida Sheriffs Association, the Florida Police Chief's Association, as well as the Florida Department of Law Enforcement were part of the committee that developed the protocol.
- 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.

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 Florida Abuse Hotline to report to Adult Protective Services at 1-800-962-2873.
- If responding to a report involving a facility, contact the local Medicaid Fraud Control Unit.
- 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, 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.
 - Submit information to VICAP (Violent Criminal Apprehension Program.)
 - 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.

DEMONSTRATION

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.



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.

	<ol style="list-style-type: none"> 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. <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, working in collaboration with other professionals, and working closely with the State Attorney's Office during the investigation. ▪ Evidence – forensic medical exam of Rose, DNA for reference standards from Ray, the extension cord, the dildo. ▪ None.
--	---

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 kneeed 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.