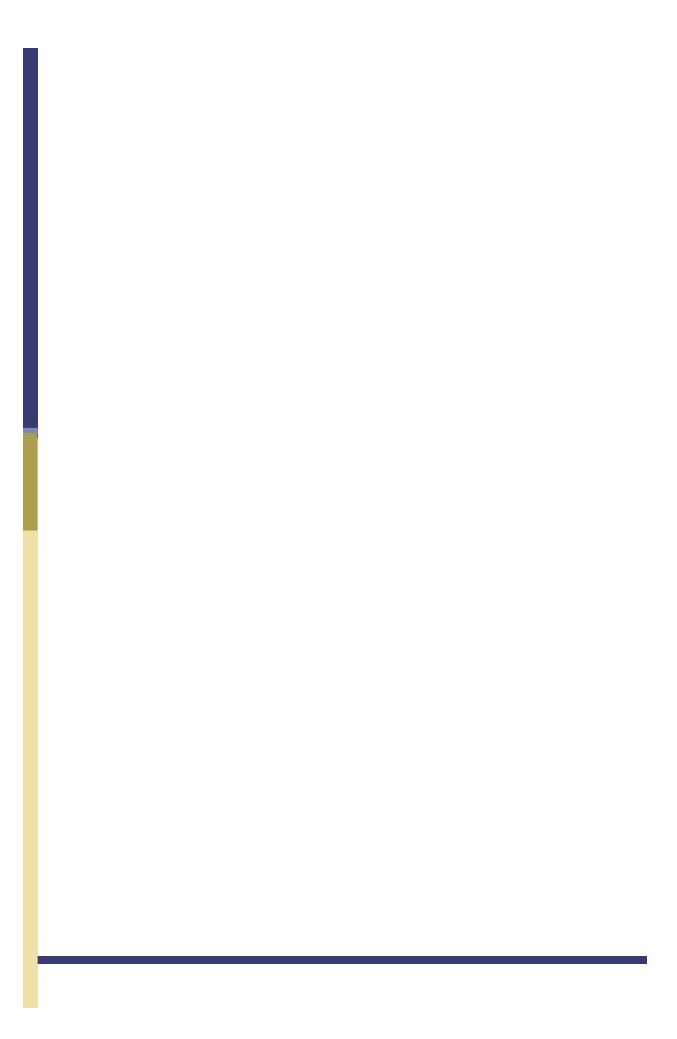
Elder Sexual Assault

Technical Assistance Manual for Older Adult Protective Services







Introduction

Recognizing that the unique needs of senior victims of sexual violence are not being met, the Pennsylvania Coalition Against Rape (PCAR) and the Pennsylvania Department of Aging partnered to administer a grant from the Pennsylvania Commission on Crime and Delinquency to create an organized statewide approach to addressing elder sexual abuse. The overall goal of the project is to ensure an appropriate response to sexual abuse that will not further traumatize the elder victim, but aid in healing from the profound emotional and physical injury resulting from sexual violence.

The project initially focused on the implementation of the Addressing Elder Sexual Abuse: Developing a Community Response curriculum, an interdisciplinary training curriculum to better equip sexual assault advocates and area agency on aging protective service workers to coordinate in their efforts to address elder sexual abuse. This multimedia curriculum aimed to facilitate collaboration among professionals. This resource is available to you online at www.aging.state.pa.us under publications.

In the final phase of the project, PCAR seeks to provide area agency on aging protective service workers with an additional tool in the form of a technical assistance manual. Since sexual abuse is the least reported form of elder physical abuse, this manual is designed to be a concise educational resource for quick reference during an investigation. Included is information about Pennsylvania sexual assault statues, physical and emotional signs and symptoms of elder sexual abuse, as well as an investigative checklist to provide protective service workers with pertinent information about elder sexual assault. It is our hope that this manual will provide you with a guide to effectively respond to elder sexual abuse in any professional situation. If you need additional information, please contact PCAR at 1-800-692-7445.

Did You Know?

ABOUT SEXUAL VIOLENCE

Sexual violence violates a person's trust and feeling of safety. It occurs any time a person is forced, coerced, and/or manipulated into any unwanted sexual activity. The continuum of sexual violence includes, but is not limited to, rape, incest, child sexual assault, ritual abuse, date and acquaintance rape, statutory rape, marital or partner rape, sexual exploitation, sexual contact, sexual harassment, exposure, and voyeurism.

Rape is a crime. It is motivated by the need to control, humiliate, and harm. It is not motivated by sexual desire. Rapists use sex as a weapon to dominate others.

FACTS ABOUT SEXUAL VIOLENCE

- → 1 in 4 girls and 1 in 6 boys will be sexually assaulted by age 18.
- → Nearly 7 in 10 rape and sexual assault victims know their attacker.
- Acquaintance rape and date rape are more common than lefthandedness, heart attacks or alcoholism.
- → In 1999, only 28.3% of total rape/sexual assaults were reported to police. Rape or sexual assault was the violent crime least often reported to law enforcement.
- → Chances that a woman will develop post-traumatic stress disorder (PTSD) after being raped are between 50% and 95%.
- → 1 in 7 married women have reported they have been forced to have sex with their spouse.
- Among adults who are developmentally disabled, as many as 83% of the females and 32% of the males are the victims of sexual assault.
- → 49% of people with developmental disabilities who are victims of sexual violence will experience 10 or more abusive incidents. (References on page 34)

About PCAR and Pennsylvania's Rape Crisis Centers

About PCAR and Pennsylvania's Rape Crisis Centers

The Pennsylvania Coalition Against Rape (PCAR) is an organization working at the state and national levels to prevent sexual violence. Founded in 1975, PCAR continues to use its voice to challenge public attitudes, raise public awareness, and effect critical changes in public policy, protocols, and responses to sexual violence. In addition to providing technical assistance in a variety of areas, the role of PCAR is to oversee Pennsylvania's rape crisis centers' contracts, monitor relevant legislation and public policy issues, provide library resources and educational trainings, and create public awareness campaigns.

PCAR has contracts with 52 centers to provide sexual assault services in Pennsylvania's 67 counties. Several of these centers provide services to more than one county so that every victim and their significant others throughout Pennsylvania has access to services. Most centers provide services to a variety of victims. Dual centers serve victims of sexual assault and domestic violence, while comprehensive centers serve victims of other violent crimes, such as homicide, robbery, and DUI. Funding from PCAR is restricted to sexual assault services.

PCAR continues to use its voice to challenge public attitudes, raise public awareness, and effect critical changes in public policy, protocols, and responses to sexual violence.

All centers provide, at a minimum, free and confidential services to survivors of sexual violence and their significant others, including

- 24 hour hotline
- crisis counseling and intervention
- hospital accompaniment
- medical accompaniment
- court accompaniment
- group and individual counseling
- information and referrals
- prevention education programs to schools and the public Many centers also provide services above and beyond the basic services.

For a survivor of sexual assault, the medical or legal system can be frightening, frustrating, and confusing. Dealing with forensic exams, insurance paperwork, law enforcement, district attorneys, and judicial officials can be intimidating. A victim can feel anxious, uncertain, and incredulous. Meetings with prosecutors can be extremely stressful, and court appearances can be overwhelming. The required time and effort it takes for a case to go through the legal system can make a victim reluctant to pursue the case. The advocate provides objective, knowledgeable, and supportive intervention on behalf of victims, making sure that they have the necessary information about each system to make critical decisions. The advocate provides individual advocacy to victims to ensure that their rights are upheld through the medical and legal process.

PENNSYLVANIA RAPE CRISIS CENTERS BY COUNTY

To be immediately connected to your local rape crisis center, please call 800-772-PCAR

ADAMS

SURVIVORS, INC. PO Box 3572

Gettysburg, PA 17325 Business: (717) 334-0589

Hotline: (717) 334-9777 or (800) SUR-V106

ALLEGHENY

ALLEGHENY COUNTY CENTER FOR VICTIMS OF VIOLENT CRIME

900 5th Avenue Pittsburgh, PA 15219 Business: (412) 350-1975 Hotline: (412) 392-8582

www.cvvc.org

PITTSBURGH ACTION AGAINST RAPE

81 South 19th Street Pittsburgh, PA 15203 Business: (412) 431-5665

Hotlines: (412) 765-2731 or (866) 363-7273 (toll-free)

TTY: (412) 431-2576 www.paar.net

ARMSTRONG

HELPING ALL VICTIMS IN NEED

PO Box 983

Kittanning, PA 16201

Business: (724) 543-1180 or (724) 548-8888 Hotline: (724) 775-0131 or (800) 841-8881

http://www.havinpa.org

BEAVER

WOMEN'S CENTER OF BEAVER COUNTY

PO Box 428

Beaver, PA 15009 Business: (724) 775-2032 Hotline: (724) 775-0131

BEDFORD

YOUR "SAFE HAVEN," INC. 10241 Lincoln Highway Everett, PA 15537-6915

Business: (814) 623-7664 or (800) 555-5671

Hotline: (814) 623-7664 or (800) 555-5671 (toll-free)

BERKS

BERKS WOMEN IN CRISIS 645 Penn Street, Second Floor

Reading, PA 19601 Business: (610) 373-1206

Hotline (English): (610) 372-9540 Hotline (Spanish): (610) 372-7463 http://www.berkswomenincrisis.org

BLAIR

FAMILY SERVICES OF BLAIR COUNTY

2022 Broad Avenue Altoona, PA 16601 Business: (814) 944-3583

Hotline: (814) 944-3585 or (800) 500-2849 (Toll-free)

www.fsobc.org

BRADFORD

ABUSE AND RAPE CRISIS CENTER

PO Box 186

Towanda, PA 18848-0186

Hotline: 911

BUCKS

NETWORK OF VICTIM ASSISTANCE

2370 York Road, Suite B1

Jamison, PA 18929

Business: (215) 343-6543 Hotline: (800) 675-6900 www.novabucks.org

BUTLER

VICTIMS OUTREACH INTERVENTION CENTER

PO Box 293

Evans City, PA 16033 (Corporate Office)

Business: (724) 776-5910 (Cranberry) or (724) 283-8700 (Butler)

Hotline: (800) 400-8551

CAMBRIA

VICTIM SERVICES, INC. 638 Ferndale Avenue Johnstown, PA 15905-3946 Business: (814) 288-4961

Hotline: (814) 288-4961 or (800) 755-1983 (after 5 pm)

CAMERON

CAPSEA, INC. PO Box 464

Ridgway, PA 15853 Business: (814) 486-1227 Hotline: (814) 486-0952

members.tripod.com/elkcountycapsea

CARBON

VICTIMS RESOURCE CENTER

616 North Street Jim Thorpe, PA 18229 Business: (570) 325-9642

Hotline: (570) 325-9641 or (877) 279-0415 (Toll-free)

CENTRE

CENTRE COUNTY WOMEN'S RESOURCE CENTER, INC.

140 West Nittany Avenue State College, PA 16801 Business: (814) 238-7066

Hotline: (814) 234-5050 or (877) 234-5050 (Toll-free)

CHESTER

THE CRIME VICTIMS CENTER OF CHESTER COUNTY, INC.

236 West Market Street West Chester, PA 19382-2903 Business: (610) 692-1926 Hotline: (610) 692-7273

CLARION

PASSAGES, INC. 105 South 5th Avenue

Clarion, PA 16214 Business: (814) 226-7273

Hotline: (800) 793-3620 (Toll-free)

www.passagesinc.net

CLEARFIELD

PASSAGES, INC.

90 Beaver Drive, Suite 120 D

Dubois, PA 15801 Business: (814) 371-9677

Hotline: (800) 793-3620 (Toll-free)

www.passagesinc.net

CLINTON

CLINTON COUNTY WOMEN'S CENTER

34 West Main Street Lock Haven, PA 17745 Business: (570) 748-9539 Hotline: (570) 748-9509

www.kcnet.org/Government/KCA/ccwc

COLUMBIA

THE WOMEN'S CENTER, INC. OF COLUMBIA/MONTOUR
111 North Market Street
Rloomsburg, PA 17815

Bloomsburg, PA 17815 Business: (570) 784-6632

Hotline: (570) 784-6631 or (800) 544-8293

www.thewomenscenterinc.org

CRAWFORD

WOMEN'S SERVICES, INC.

PO Box 537

Meadville, PA 16335

Business: (814) 724-4637 or (814) 333-1058 Hotline: (814) 333-9766 or (888) 881-0189

CUMBERLAND

YWCA OF CARLISLE - SEXUAL ASSAULT/RAPE CRISIS SERVICES OF

CUMBERLAND COUNTY

301 G Street

Carlisle, PA 17013 1389

Business: (717) 258-4324 or (717) 243-3818

Hotline: (888) 727-2877

DAUPHIN

YWCA - VIOLENCE INTERVENTION PREVENTION PROGRAM

1101 Market Street Harrisburg, PA 17103 Business: (717) 234-7931

Hotline: (717) 238-7273 or (800) 654-1211

DELAWARE

DELAWARE COUNTY WOMEN AGAINST RAPE

PO Box 211 Media, PA 19063

Business: (610) 566-5866 or (610) 566-7954

Hotline: (610) 566-4342

ELK

CAPSEA, INC. PO Box 464

Ridgway, PA 15853 Business: (814) 772-3838

Hotline: (814) 772-1227 or (800) 226-4759 members.tripod.com/elkcountycapsea

ERIE

CRIME VICTIM CENTER OF ERIE COUNTY, INC.

125 West 18th Street

Erie, PA 16501

Business: (814) 455-9414 Hotline: (800) 352-7273 www.cvcerie.org

FAYETTE

CRIME VICTIMS CENTER OF FAYETTE COUNTY

109 West Fayette Street Uniontown, PA 15401 Business: (724) 438-1470 Hotline: (724) 437-3737

FOREST

A SAFE PLACE 300 Hospital Drive North Warren, PA 16365 Business: (814) 755-7880

Hotline: (814) 726-1030 or (800) 338-3460

FRANKLIN

WIN / VICTIM SERVICES

PO Box 25

Chambersburg, PA 17201 Business: (717) 264-3056

Hotline: (717) 264-4444 or (800) 621-6660

GREENE

SPHS C.A.R.E CENTER 35 South West Street Waynesburg, PA 15370 Business: (724) 627-6108 Hotline: (888) 480-7283

HUNTINGDON

HUNTINGDON HOUSE

PO Box 217

Huntingdon, PA 16652 Business: (814) 643-2801 Hotline: (814) 643-1190

INDIANA

ALICE PAUL HOUSE

PO Box 417

Indiana, PA 15701 Business: (724) 349-5744

Hotline: (724) 349-4444 or (800) 435-7249

www.alicepaulhouse.org

JEFFERSON

PASSAGES, INC. 51 Euclid Avenue Brookville, PA 15825 Business: (814) 849-5303 Hotline: (800) 793-3620 www.passagesinc.net

JUNIATA

THE ABUSE NETWORK

PO Box 268

Lewistown, PA 17044 Business: (717) 436-2402 Hotline: (717) 242-2444

LACKAWANNA

WOMEN'S RESOURCE CENTER, INC.

PO Box 975

Scranton, PA 18501 Business: (570) 346-4460 Hotline: (570) 346-4671 www.WRCnepa.org

LANCASTER

SEXUAL ASSAULT PREVENTION AND COUNSELING CENTER

110 North Lime Street Lancaster, PA 17602 Business: (717) 393-1735 Hotline: (717) 392-7273

LAWRENCE

WOMEN'S SHELTER/RAPE CRISIS CENTER

1218 West State Street New Castle, PA 16101 Business: (724) 652-9206

Hotline: (724) 652-9036 or (724) 752-7273

www.trfn.clpgh.org/wsrcc/

LEBANON

SEXUAL ASSAULT RESOURCE AND COUNSELING CENTER

615 Cumberland Street Lebanon, PA 17042 Business: (717) 270-6972

Hotline: (717) 272-5308 or (717) 270-6974

www.sarcclebanon.com

LEHIGH

CRIME VICTIMS COUNCIL OF LEHIGH VALLEY, INC.

801 Hamilton Mall Suite 300

Allentown, PA 18101 Business: (610) 437-6610 Hotline: (610) 437-6611 www.cvclv.org

LUZERNE

VICTIMS RESOURCE CENTER

85 South Main Street Wilkes Barre, PA 18701 Business: (570) 823-0766

Hotline: (570) 823-0765 or (570) 454-7200

LYCOMING

YWCA WISE OPTIONS 815 West 4th Street Williamsport, PA 17701 Business: (570) 322-4637

Hotline: (570) 323-8167 (for crisis calls only) www.ywcawilliamsport.org/wise.htm

MCKEAN

YWCA VICTIM'S RESOURCE CENTER 24 West Corydon Street Bradford, PA 16701 Business: (814) 368-4235

Hotline: (814) 368-6325 or (888) 822-6325

MERCER

AW/ARE, INC. PO Box 612

Mercer, PA 16137

Business: (724) 662-1870 Hotline: (888) 981-1457 TTY: (724) 981-1457

MIFFLIN

THE ABUSE NETWORK, INC.

PO Box 268

Lewistown, PA 17044 Business: (717) 242-0715 Hotline: (717) 242-2444

MONROE

WOMEN'S RESOURCES OF MONROE COUNTY, INC.

P.O. Box 645

Delaware Water Gap, PA 18327

Business: (570) 424-2093 Hotline: (570) 421-4200 www.enter.net/~wrmc/

MONTGOMERY

VICTIM SERVICES CENTER OF MONTGOMERY CO., INC.

18 West Airy Street, Suite 100

Norristown, PA 19401 Business: (610) 277-0932

Hotline: (610) 277-5200 or (888) 521-0983

MONTOUR

THE WOMEN'S CENTER, INC. OF COLUMBIA/MONTOUR

111 North Market Street Bloomsburg, PA 17815 Business: (570) 784-6632 Hotline: (570) 784-6631

http://www.thewomenscenterinc.org

NORTHAMPTON

CRIME VICTIMS COUNCIL OF LEHIGH VALLEY, INC.

801 Hamilton Mall, Suite 300

Allentown, PA 18101 Business: (610) 250-6313 Hotline: (610) 437-6611

www.cvclv.org

NORTHUMBERLAND

SUSQUEHANNA VALLEY WOMEN IN TRANSITION

PO Box 170

Lewisburg, PA 17837 Business: (570) 644 4488

Hotline: (570) 523-6482 or (800) 850-7948

http://www.svwit.org

PERRY

YWCA - VIOLENCE INTERVENTION PREVENTION PROGRAM

1101 Market Street Harrisburg, PA 17103 Business: (717) 238-7273 Hotline: (800) 654-1211

PHILADELPHIA

WOMEN ORGANIZED AGAINST RAPE

1233 Locust Street, Suite 202

Philadelphia, PA 19107 Business: (215) 985-3315 Hotline: (215) 985-3333

PIKE

SURVIVORS RESOURCES, INC.

500 West Harford Street

Milford, PA 18337

Business: (570) 296-2827 Hotline: (570) 296-4357

POTTER

A WAY OUT PO Box 447

Coudersport, PA 16915 Business: (814) 274-0368

Hotline: (814) 274-0240 or (877) 334-3136

SCHUYLKILL

RAPE & VICTIM ASSISTANCE CENTER OF SCHUYLKILL COUNTY

368 South Centre Street Pottsville, PA 17901 Business: (570) 628-2965

Hotline: (570) 622-6220 or (800) 282-0634

SNYDER

SUSQUEHANNA VALLEY WOMEN IN TRANSITION

PO Box 170

Lewisburg, PA 17837

Business/Hotline: (570) 374-7773

SOMERSET

VICTIM SERVICES, INC. 427 Westridge Road Somerset, PA 15501 Business: (814) 443-1555

Hotline: (814) 288-4961 or (800) 755-1983 (After 5pm)

SULLIVAN

VICTIMS SERVICES

PO Box 272

Laporte, PA 18626 Business: (570) 946-4063 Hotline: (570) 946-4215

SUSQUHANNA

WOMEN'S RESOURCE CENTER, INC.

PO Box 202

Montrose, PA 18801 Business: (570) 278-1800 Hotline: (800) 257-5765

TIOGA

HAVEN OF TIOGA COUNTY

6 Old Tioga Street Wellsboro, PA 16901 Business: (570) 724-3549

Hotline: (570) 724-3554 or (800) 550-0447

UNION

SUSQUEHANNA VALLEY WOMEN IN TRANSITION

PO Box 170

Lewisburg, PA 17837 Business: (570) 523-6718

Hotline: (570) 523-6482 or (800) 850-7948

VENANGO

VICTIMS RESOURCE CENTER 1243 Liberty Street, Room 209

Franklin, PA 16323 Business: (814) 437-1996

Hotline: (814) 432-5960 or (888) 842-8460

WARREN

A SAFE PLACE

300 Hospital Drive

North Warren, PA 16365 Business: (814) 726-1271

Hotline: (814) 726-1030 or (800) 338-3460 (Tollfree)

WASHINGTON

SPHS C.A.R.E CENTER 62 East Wheeling Street Washington, PA 15301 Business: (724) 228-7208 Hotline: (888) 480-7283

WAYNE

VICTIMS INTERVENTION PROGRAM

PO Box 986

Honesdale, PA 18431 Business: (570) 253-4431

Hotline: (570) 253-4401 or (800) 698-4VIP

WESTMORELAND

BLACKBURN CENTER AGAINST DOMESTIC & SEXUAL VIOLENCE

PO Box 398

Greensburg, PA 15601 Business: (724) 837-9540

Hotline: (724) 836-1122 or (888) 832-2272

WYOMING

VICTIMS RESOURCE CENTER

119 Warren Street

Tunkhannock, PA 18657 Business: (570) 836-5844 Hotline: (570) 836-5544

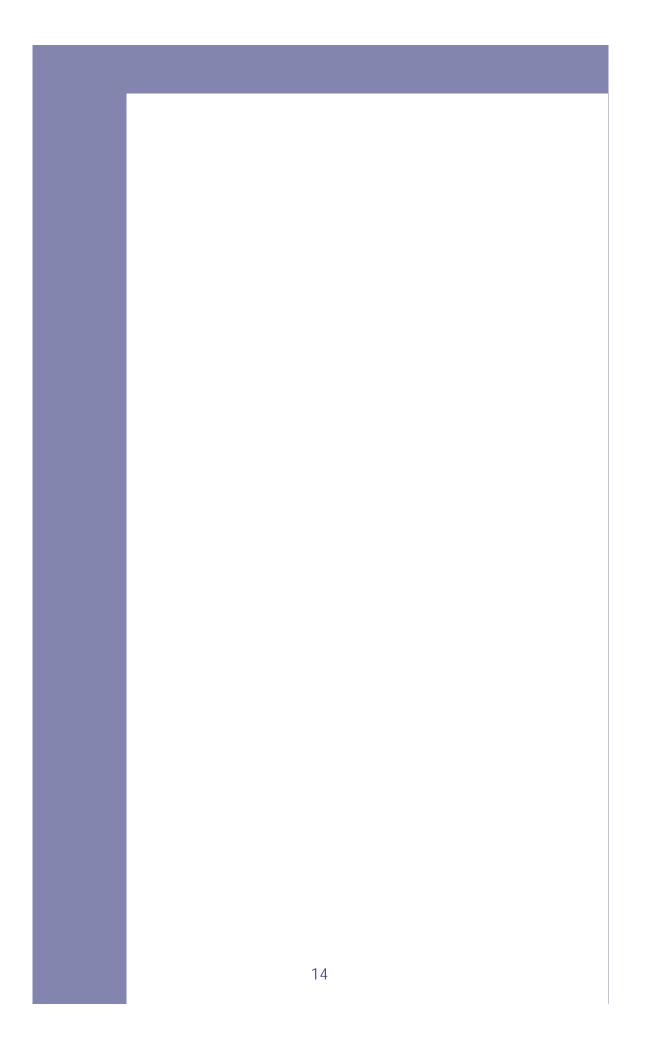
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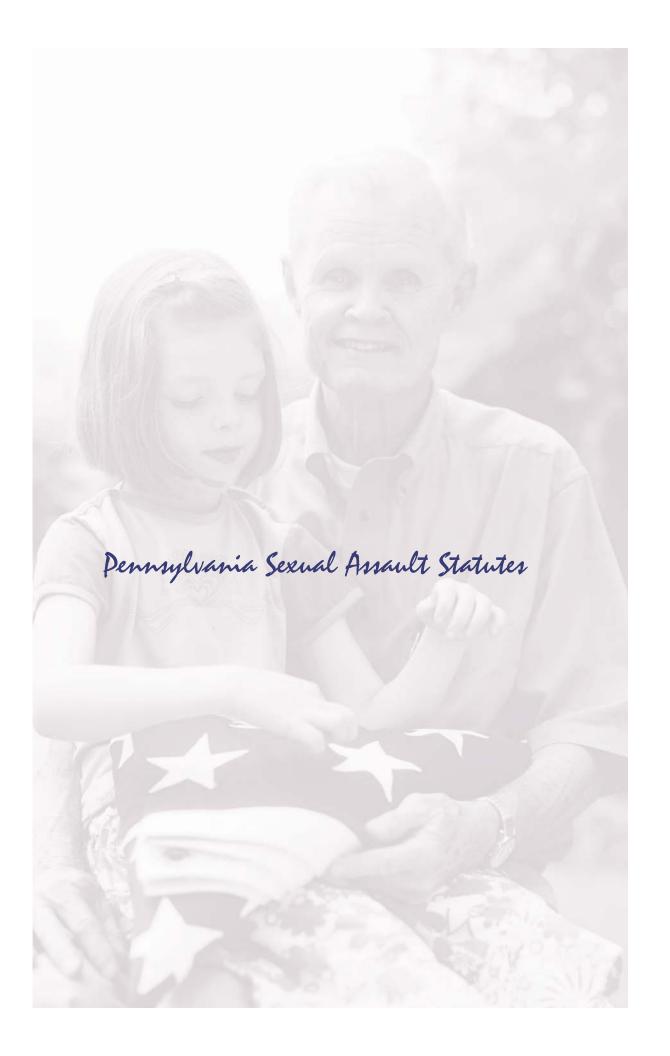
VICTIM ASSISTANCE CENTER

PO Box 30 York, PA 17405

Business: (717) 848-3535

Hotline: (717) 854-3131 or (800) 422-3204





Pennsylvania Sexual Assault Statutes

§ 3121. Rape

- (a) Offense defined--A person commits a felony of the first degree when he or she engages in sexual intercourse with a complainant:
 - (1) By forcible compulsion;
 - (2) By threat of forcible compulsion that would prevent resistance by a person of reasonable resolution;
 - (3) Who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring;
 - (4) Where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance;
 - (5) Who suffers from a mental disability which renders the complainant incapable of consent;
 - (6) Who is less than 13 years of age.
- (b) Additional penalties--In addition to the penalty provided for by subsection (a), a person may be sentenced to an additional term not to exceed ten years' confinement and an additional amount not to exceed \$100,000 where the person engages in sexual intercourse with a complainant and has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, any substance for the purpose of preventing resistance through the inducement of euphoria, memory loss and any other effect of this substance.

§ 3123. Involuntary Deviate Sexual Intercourse

- (a) Offense defined--A person commits a felony of the first degree when he or she engages in deviate sexual intercourse with a complainant:
 - (1) by forcible compulsion;
 - (2) by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution;
 - (3) who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring;
 - (4) where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance;
 - (5) who suffers from a mental disability which renders him or her incapable of consent;
 - (6) who is less than 13 years of age; or
 - (7) who is less than 16 years of age and the person is four or more years older than the complainant and the complainant and person are not married to each other.
- (b) Definition--As used in this section, the term "forcible compulsion" includes, but is not limited to, compulsion resulting in another person's death, whether the death occurred before, during or after the sexual intercourse.

§ 3124.1. Sexual Assault

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

§ 3124.2. Institutional Sexual Assault

(a) General rule --Except as provided in sections 3121 (relating to rape), 3122.1 (relating to statutory sexual assault), 3123 (relating to involuntary deviate sexual intercourse), 3124.1 (relating to sexual assault) and 3125 (relating to aggravated indecent assault), a person who is an employee or agent of the Department of Corrections or a county correctional authority, youth development center, youth forestry camp, State or county juvenile detention facility, other licensed residential facility serving children and youth, or mental health or mental retardation facility or institution commits a felony of the third degree when that person engages in sexual intercourse, deviate sexual intercourse or indecent contact with an inmate, detainee, patient or resident.

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

§ 3125. Aggravated Indecent Assault

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

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

§ 3126. Indecent Assault

- (a) Offense defined--A person who has indecent contact with the complainant or causes the complainant to have indecent contact with the person is guilty of indecent assault if:
 - (1) the person does so without the complainant's consent;
 - (2) the person does so by forcible compulsion;
 - (3) the person does so by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution;
 - (4) the complainant is unconscious or the person knows that the complainant is unaware that the indecent contact is occurring:
 - (5) the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs,

intoxicants or other means for the purpose of preventing resistance;

- (6) the complainant suffers from a mental disability which renders him or her incapable of consent;
- (7) the complainant is less than 13 years of age; or
- (8) the complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other.
- (b) Grading--Indecent assault under subsection (a) (7) is a misdemeanor of the first degree. Otherwise, indecent assault is a misdemeanor of the second degree.

RELATED SEXUAL ASSAULT STATUTES

PA ST 18 Pa.C.S.A. § 3104

§ 3104. Evidence of Victim's Sexual Conduct

- (a) General rule--Evidence of specific instances of the alleged victim's past sexual conduct, opinion evidence of the alleged victim's past sexual conduct, and reputation evidence of the alleged victim's past sexual conduct shall not be admissible in prosecutions under this chapter except evidence of the alleged victim's past sexual conduct with the defendant where consent of the alleged victim is at issue and such evidence is otherwise admissible pursuant to the rules of evidence.
- (b) Evidentiary proceedings--A defendant who proposes to offer evidence of the alleged victim's past sexual conduct pursuant to subsection (a) shall file a written motion and offer of proof at the time of trial. If, at the time of trial, the court determines that the motion and offer of proof are sufficient on their faces, the court shall order an in camera hearing and shall make findings on the record as to the relevance and admissibility of the proposed evidence pursuant to the standards set forth in subsection (a).

PA ST 18 Pa.C.S.A. § 3105 § 3105. Prompt Complaint

Prompt reporting to public authority is not required in a prosecution under this chapter: Provided, however, that nothing in this section shall be construed to prohibit a defendant from introducing evidence of the complainant's failure to promptly report the crime if such evidence would be admissible pursuant to the rules of evidence.

PA ST 18 Pa.C.S.A. § 3106 § 3106. Testimony of Complainants

The credibility of a complainant of an offense under this chapter shall be determined by the same standard as is the credibility of a complainant of any other crime. The testimony of a complainant need not be corroborated in prosecutions under this chapter. No instructions shall be given cautioning the jury to view the complainant's testimony in any other way than that in which all complainants' testimony is viewed.

PA ST 18 Pa.C.S.A. § 3107 § 3107. Resistance not Required

The alleged victim need not resist the actor in prosecutions under this chapter: Provided, however, that nothing in this section shall be construed to prohibit a defendant from introducing evidence that the alleged victim consented to the conduct in question.

LEGAL DEFINITIONS

§ 3101. Definitions

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

"Complainant." An alleged victim of a crime under this chapter.

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

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

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

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

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

Indicators of Elder Sexual Abuse

Indicators of Elder Sexual Abuse

Indicators are signs or clues that abuse has occurred. Physical indicators may include injuries or bruises, while behavioral indicators are ways victims and abusers act or interact with each other. These physical and behavioral signs can also be indicators of other conditions, such as vaginitis, depression, drug interactions or the early stages of dementia. No single indicator can be taken as conclusive proof. Rather, one should look for patterns or clusters of indicators that suggest a problem. Inquiring about physical and behavioral changes in a sensitive manner is the best way to help.

Physical Indicators:

- Bruising on inner thighs
- Vaginal/anal bleeding
- Sexually Transmitted Infections/Diseases
- Difficulty in walking or standing
- Pain/itching in genital areas
- Depression/Anxiety
- Agitation or Aggression
- Confusion
- Withdrawal, isolation or fearfulness
- Over-compliance
- Eating Disorders
- Suicidal Attempts
- Substance Abuse
- Needing to be near an escape route
- Hypervigalence/Hyperarousal
- Any sudden changes in behavior

Elder victims of sexual assault are at a much higher risk for the following immediate effects:

- Increased vaginal tearing
- Bleeding/bruising/infection
- Pelvic injury
- Soft tissue or bone injury

Behavioral Signs of Elder Sexual Abuse:

- Depression/Anxiety
- Agitation or Aggression
- Confusion
- Withdrawal, isolation or fearfulness
- Over-compliance
- Eating Disorders
- Suicidal Attempts
- Substance Abuse
- Needing to be near an escape route
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Long-Term Emotional Symptoms:

- Extreme agitation
- Post Traumatic Stress Disorder
- Panic Attacks
- STDs (due to lack of treatment)
- Exacerbation of existing illnesses
- Sleep disturbances; insomnia
- Longer recovery times

In some cases, elders have disclosed sexual assault and were actually referring to abuse that had occurred earlier in their life. Major life changes and/or cognitive conditions such as dementia can make an individual more sensitive to triggers of past abuse and/or bring up recessed memories. If working with an elder whose sexual abuse turns out to be from the past, counseling and support are available for victims of any age from rape crisis centers—even many years after the assault.

Inquiring about physical and behavioral changes in a sensitive manner is the best way to help.

Investigation Checklists

Investigation Checklists

It is extremely important that investigators understand how to investigate cases of potential sexual assault. This section discusses the importance of the initial response to an incident of sexual abuse of an older person. Not only is the investigator responsible for obtaining the necessary information to make a determination regarding substantiation, but he/she must obtain this information in a way that does not re-traumatize the victim.

This section includes checklists that will help you prepare and conduct an investigation. These checklists are primer guides for your reference. They are by no means comprehensive or exhaustive in accounting for all of the different elements of a particular investigation. Additionally, they are not protocols and should be checked against your agency's policies and procedures.

Checklist for Interviewing Elder Victims of Sexual Abuse,



RECEIVING REPORT OF NEED OR INITIAL PHONE CONTACT

- Assign sexual assault calls as emergency or priority even when the crime is no longer in progress in order to help the victim and preserve evidence.
 Determine victim's physical safety.
 Determine victim's medical condition and needs.
 Determine if perpetrator still has access to the victim.
 - ☐ Encourage the victim to preserve evidence by not changing clothes, washing, using bathroom, drinking anything, combing hair or disturbing scene.

INTERVIEW PREPARATION					
	Choose a safe and private location for the interview.				
	Interview the person alone. If the victim insists on a friend or family member being present, be aware of how that person may be affecting the interview				
	If unable to obtain privacy for the interview in the person's home or facility, attempt to have the interview at another location such as a doctor's office or private room in a community center.				
	Determine the investigator who would be best to conduct the interview. Do not assign sexual assault cases randomly. Arrange for a same-sex investigator, if requested by the victim.				
ESTABLISHING RAPPORT					
	Introduce yourself and clearly state your role in concrete terms. (i.e. It's your job to talk to older adults and make sure no one is hurting them. If someone is hurting them, to help make it stop.)				
	Convey interest and respect in the information being provided by the victim even if it does not appear initially relevant to the case.				
	Let the older victim have as much control over the interview as possible.				
	Don't take notes during the early stages of the interview.				
	Take the time to build rapport. This stage may take a significant amount of the interview. If you don't establish rapport, your ability to effectively intervene for the victim is significantly compromised.				
INFO	RMATION GATHERING				
	Begin by asking general questions about victimization and then slowly move to asking more specific questions about the sexual assault. This will help you maintain rapport and the victim's dignity. (i.e. Has anyone made you feel uncomfortable? Is there anyone in your life who you are afraid of?)				
	Use words and language easily understood by the older person. Remember that there may be generational differences in the words used for certain types of sexual behavior.				
	Do not use leading questions that suggest particular answers.				

		If the initial general questions don't result in disclosure of information about the sexual assault, use focused questions regarding the particular symptoms that were the reason for the report.		
		Once the older victim begins to disclose information, ask the victim to describe the situation or incident in their own words.		
		Once disclosure begins, ask clarifying questions about details that may have been omitted such as where, when, frequency of occurrence, and specifics of the abuse activities.		
		Remain calm and do not share strong emotional reactions. Don't show anger or express blame toward the perpetrator.		
		Use phrases such as "I believe you," "It is not your fault," and "I'm glad you're alive."		
		Validate the victim's feelings and give them information about elder abuse, so the victim knows they are not alone in this problem.		
		Do not blame the victim for any part of the sexual assault.		
Cl	.09	SING THE INTERVIEW		
		If the elder person needs to stop the interview, do so. Schedule another time to continue the interview at a later date.		
		When closing, tell the older victim what will happen next in your investigation. 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.		
HANDLING A CRIME SCENE				
		Establish the exact location of the crime scene.		
		Secure the crime scene promptly to the best of your ability, i.e. limit the number of people entering the victim's bedroom.		
		Communicate the facts of the case to the law enforcement or detectives investigating the case as soon as possible.		
		Do not remove or move any items in the crime scene.		
		Allow law enforcement to coordinate the forensic evidence collection.		

VICTIM SUPPORT				
		Request that a rape counselor or victim advocate meet with the victim as quickly as possible.		
		Honor victim requests for an investigator of another gender and/or presence of support person(s), only if you have identified that they are not the perpetrator, at all steps of the process medical and legal.		
		Do not take photos of the victim's private areas This should be done by medical personnel only during the forensic physical exam.		
		Accompany the victim to a health care facility		
		Advise facility that the victim is en route and request that a separate waiting and exam room be available.		
		If possible, try to arrange for the victim to be taken to a health care facility with a SANE nurse available.		
REPORT WRITING				
		Document all verbal and written statements by the victim.		
		Document names and contact information of witnesses. Identifying information must remain confidential.		
		Document relationship between victim and suspect.		
		Document types and location of all evidence. When documenting location of evidence, document where it was located at the scene and also document who is currently in possession of it, i.e. police.		
		Document visible injuries as well as complaints of pain.		
		Document unusual or suspicious behavior on part of family, caretakers, or anyone at the scene who could be a potential perpetrator.		
		Document victim's emotional state.		

Emergency Treatment and Evidence Collection for Elder Sexual Abuse

Emergency Treatment and Evidence Collection for Elder Sexual Abuse

WHAT TO EXPECT AND HOW TO ADVOCATE FOR VICTIMS IN THE EMERGENCY DEPARTMENT

By Barbara Sheaffer, MS, Medical Advocacy Coordinator and Karla Vierthaler, MPA, Outreach Coordinator for Older Victims, Pennsylvania Coalition Against Rape

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Disclaimer: Please keep in mind that the experience of emergency rape treatment varies with each hospital or treatment center and each victim. This is a general overview to help professionals gain an understanding of what they may encounter when taking a victim for treatment after a recent assault. Professionals are encouraged to meet with their local sexual violence crisis center and sexual assault response team to proactively determine the best treatment plan for an elder victim.

Although no one ever hopes to see an elder victim of rape, there are practical issues for treatment of which protective service professionals should be aware. If the sexual assault has occurred within the past three or four days, the victim should be taken to the hospital emergency department or another appropriate medical site for the forensic rape exam and medical treatment, although both depend on the victim's wishes. Some areas have specific exam sites where victims go for treatment. While this article focuses on what to expect during this process, it is important to note that beyond three or four days, a sexual assault victim should also be treated for any injuries, but a complete forensic rape exam may or may not take place. Keep in mind that the physical indicators of sexual violence may appear minimal, but internal injuries can be severe and fatal if not treated.

Along with evidence collection from the victim's body, the victim's clothes, bed sheets and any other possible evidence (if not washed) will be collected in paper bags, most likely by the police or if instructed, by staff or family members. If police are called to the scene, they should be asked to collect and transport these materials besides anything physically on the victim to maintain an unbroken chain of evidence. Advise the victim to not shower, wash hands, eat, drink, brush teeth, smoke cigarettes or go to the bathroom (if necessary, save the toilet paper and/or cigarette butts).

The forensic rape exam and evidence collection is conducted by health care personnel for possible use in a court of law. Even if a victim is undecided about talking to police or cooperating with the investigation or prosecution, a rape exam and medical exam can be completed to gather evidence. The hours and days directly following a sexual assault are difficult for any victim, and making a definite decision about speaking with the police and cooperating with the prosecution process can be overwhelming. Due to the time sensitive nature of forensic evidence, victims are encouraged to have the kit collected and not pressured to make decisions about cooperation and prosecution until they are ready. It is important to also note that the prosecution of a sexual assault case is ultimately the choice of the prosecutor, not the victim, but most prosecutors take the victims wishes into consideration.

The exam is a lengthy process, easily lasting from two to four hours. It is important to also factor in waiting time for treatment in the emergency department. In extreme situations, a victim may have to wait several hours before treatment. During this time period, the victim should be made as warm and comfortable as possible. Besides the time factor, the forensic rape exam is an intrusive, painful experience. Speaking plainly, your body-after being abused sexually-becomes a crime scene. While standing on a paper mat to collect fallen evidence, all body hair is combed and all orifices swabbed for DNA.

The forensic exam, while a difficult and timely process, can provide evidence to a crime often without witnesses. Although DNA cannot prove that a sexual assault occurred, analysis on DNA can establish that the accused was at the scene of the crime. On the other hand, a victim does not have to have a forensic rape kit completed in order to have police involvement.

At a minimum, the examination includes a patient interview and an assessment for physical trauma. The forensic rape exam kit, used to collect evidence, is a specially sealed box that contains envelopes, swabs and other containers used to collect evidence. A completed kit will generally include the following components:

- Clothing and other physical evidence (bed sheets, etc.)
- Debris collection (dried blood, debris under fingernails)
- Known saliva sample (from victim)
- Pulled head hairs and hair combing
- Pulled pubic hairs and pubic hair combings
- Oral swabs
- Vaginal swabs
- Rectal swabs
- Known blood sample (from victim)

The specimens collected are placed in a sealed box and are generally given to the police immediately.

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CHOOSING COMPASSIONATE CARE: THE ROLE OF INVOLVED PROFESSIONALS

The emergency medical treatment of sexual assault has taken dramatic steps forward in the past ten years. In the past, a rape victim was routinely asked to wait hours in the emergency department for treatment because her/his injury did not require immediate attention. When the victim was finally admitted for treatment, many doctors and nurses felt uncomfortable, awkward or were judgmental of the victim due to a lack of familiarity with sexual assault and its effects. Because of a lack of coordinated effort by responders, victims were forced to recount their traumatic stories numerous times to different people.

One of the biggest problems during hospital treatment was the lack of notification to the local sexual violence center, which has sexual assault counselor/advocates on-call to provide support to victims. Advocates providing accompaniment in the emergency department can inform patients about medical treatment, the police process and their rights under the law, including the right to victim's compensation. Sexual assault counselor/advocates are also comfortable and informed about the common reactions to sexual victimization, and can provide on-going support to victims and their significant others during the traumatic experience of emergency department treatment.

While the negative circumstances described above still occur in some hospitals, many improvements have been made to ensure that sexual assault victims receive optimal, compassionate care. To improve treatment, many communities across the United States created a sexual assault response team (SART). A SART is a multidisciplinary team, which works collaboratively to provide specialized services for victims of sexual assault.

The team includes at a minimum, a medical director, a sexual assault forensic examiner, a sexual assault counselor/advocate, a law enforcement representative and a prosecutor. Other members of the community can be part of the team, such as area agency on aging and children and youth representatives. While many communities have a formal SART, each professional's role would remain the same regardless of whether or not a team exists. Below are the appropriate roles each professional involved in emergency treatment of sexual assaults should take:

Healthcare-A SAFE (sexual assault forensic examiner) or SANE (sexual assault nurse examiner) is a registered nurse or physician who is specifically trained to provide comprehensive care, timely collection of forensic evidence and testimony in sexual assault cases. Currently, there is no state or national certification process to become a SAFE/SANE, but the specialized education usually consists of 40 hours of classroom work. Most courses recommend a number of additional clinical hours of training and other observation and experience.

If a SAFE/SANE is not available, a doctor or nurse with experience in treating sexual assault victims and conducting a forensic rape exam should be utilized. There are also special sites where sexual assault treatment can be given. The easiest way to identify the best site for sexual assault treatment in your area is to contact your local sexual violence center. These organizations can be contacted through each state's sexual violence coalition, which can be found on the National Sexual Violence Resource Center's web site (www.nsvrc.org) under resources.

Sexual Assault Counselor/Advocate-The sexual assault counselor/advocate is available to provide support, assistance and information to both the victim and other professionals who may encounter a victim. With the victim's permission, the counselor/advocate is present during the interview and the exam. Counselor/advocates provide information to the victim about counseling services and accompaniment for follow-up medical and court appointments. In many states, all communication between victims and counselor/advocates is considered confidential and is not to be shared by the counselor/advocate to any party. The sexual assault counselor/advocate links other involved professionals together to make the process easier for the victim. The counselor/advocate helps the victim get the necessary care and information from healthcare, law enforcement and the district attorney's office.

Law Enforcement -The law enforcement officer responds to the crime, interviews the victim (in conjunction with the SAFE/SANE or medical personnel whenever possible) and investigates the sexual assault. The SAFE/SANE or medical personnel gives the completed and sealed forensic evidence collection kit to the police officer to maintain the chain of evidence. When necessary, the evidence from the sexual assault will be processed for DNA to link a perpetrator to the crime.

Prosecutor/District Attorney's Office-During the course of the sexual assault investigation, the prosecutor from the district attorney's office will work with law enforcement officers to gather evidence and determine whether there is sufficient cause to arrest a suspect for the sexual assault. The primary responsibility of the district attorney's office is to prosecute criminal charges based on the evidence and to hold the defendant accountable.

By working as a team, the police, sexual assault counselor/advocate, prosecutor and SAFE/SANE or medical personnel ensure accountability and can best serve the needs of the victim.

SPECIAL CONCERNS FOR ELDER VICTIMS

While the emergency medical treatment of sexual assault is difficult for any victim, elders may have additional concerns due to physical and cognitive conditions. Physically, an elder may have additional bruising and tearing due to the assault, making the exam and evidence collection a longer, more painful experience.

Cognitive disabilities such as dementia or Alzheimer's pose more difficult concerns. First, if the victim is not competent, the exam must be approved by whoever has power of attorney. This can place a time restraint on the exam process and the amount of time the victim must spend at the treatment site. If the perpetrator has power of attorney, the situation becomes all the more difficult. In cases such as these, police involvement can be helpful because they can argue for the need of evidence. The use of this reasoning does depend on the nature of the injury/assault and whether or not charges will be filed. Keep in mind that individuals can falsely represent having power-of-attorney if it is in their best interest.

Second, when the victim is partially or fully incompetent, the examiner may experience resistance when conducting the exam. Many victims may not understand why their bodies are being poked and prodded, and fight the examiner. SAFE/SANEs have described problems with elder patients resisting invasive parts of the exam such as the collection of anal and vaginal swabs. The sexual assault counselor/advocate can be a huge help during this process by attending to the emotional needs of the victim.

A victim never has to agree or be forced to participate in the forensic rape exam, but some techniques have been helpful in easing the stress for elder victims. The first and foremost is the presence of a known and trusted individual to the victim. Family members, friends or caregivers can talk the victim through the process and provide comfort. For younger victims, the sexual assault counselor/advocates can provide this comfort, but for the elder victim with a cognitive disability, a familiar face offering reassurance can be invaluable.

Providing for the elder victim's comfort and physical needs can also provide an additional relief during the invasive process. Bringing a blanket, sweater or other familiar comfort items and making sure physical needs such as medication and nourishment are attended to can also be helpful. Finally, it is possible for healthcare professionals to do a modified exam due to difficulties with the elder.

AFTER THE EMERGENCY DEPARTMENT....

While emergency treatment is important, professionals must advocate for the victim's needs after leaving the hospital. For example, is it safe for the victim to return to her/his living situation? If not, contacting local aging, social service and/or domestic violence services for shelter options are recommended. Other questions and concerns such as transportation and care provision can also generally be addressed by social services in the community, namely area agency on aging programs. Formulating a plan to deal with after-care concerns should be done before the victim is released from the hospital. Finally, sexual violence centers provide counseling and support services to victims free-of-charge.

For Additional Information:

International Association of Forensic Nurses 856-256-2425, www.forensicnurse.org

National Sexual Violence Resource Center 1-877-739-3895, www.nsvrc.org

Office of Violence Against Women Sexual Assault Resource Service www.sane-sart.cam

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 1 in 9 Americans are left-handed.
 - (http://duke.usask.ca/`elias/left/prevalence.htm)
 1 in 13 adults abuse alcohol. (www.niaaa.hih.gov)
 1 in 21 American have a history of heart attack or angina.
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Pennsylvania Commission on Crime & Delinquency 3101 North Front Street Harrisburg, PA 17110



Pennsylvania Department of Aging 555 Walnut Street, 5th Floor Harrisburg, PA 17101-1919



Pennsylvania Coalition Against Rape 125 North Enola Drive Enola, PA 17025