Sexual Assault & Sexual Deviance of Older Persons in Care

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Sexuality and the Aged
"The Elephant in the Room"

- Sexuality and sexual behaviour and sexual expression by aged persons is a sensitive, controversial and emotive topic.
- There is a lack of research in the current literature to guide practice.
- As older persons with dementing illnesses experience changes in cognition and judgement, the expression of their sexuality may result in behaviors that are challenging to manage in aged care environments.
- "Sex is for the cognitively intact"
  - Often difficult to accept that residents and those co-residents they identify to be potential partners have the right to seek out and engage in sexual expression, and be given privacy to carry on intimate relationships (Davies, Zeiss, Shea & Tinklenberg, 1998).

Scope of the Issue

- Good Research on elder abuse in their homes
  - Focus on Physical, Emotional, Financial abuse and Neglect
- Research on sexual abuse of older adults is lacking
  - In care settings the extent is unknown
  - There is scant evidence on male elder sexual assault, with only a few documented cases in the research.
  - Much is unknown about the prevalence of sexual violence against people in later life as well as the cultural and demographic factors that influence its occurrence.
- Clinical Studies
  - Burgess 2000 [US]
  - Ramsey-Klawsnik 1991 [US]
  - Tester and Roberto 2003 [US]
  - Jeary [UK]
    - Prevalence is HIGH
    - Very limited [ONE] Australian Research

What do we know from available research?

- Older age groups most vulnerable [80-90 years]
- Those with communication and cognitive impairment more likely targets
- Due to impairment less likely to be believed
- A similar range of behaviors reported in crimes against younger people including
  - rape,
  - molestation,
  - sexual threats,
  - harassment
  - forced exposure to pornography (Burgess et al., 2008; Ramsey-Klawsnik, 2003; Teaster & Roberto, 2004)
  - using older people to produce pornography, has also been identified. Sexual homicides of older people also occur (Jeary, 2005; Safarik et al., 2002).
- Action is often not taken
  - In nursing homes it was significantly less likely to be acted upon
- More likely to suffer multiple types of sexual assault

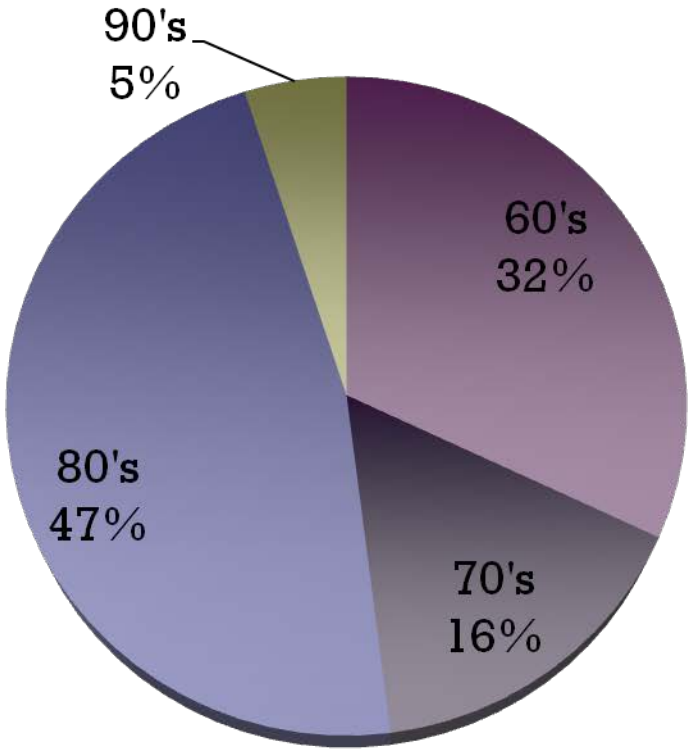
Example

- In a study of 50 cases of sexual assault that occurred in a nursing home(Teaster & Roberto 2003)
  - 90% of offenders were other residents.
  - In only three (6%) of cases was the offender prosecuted,
  - and only one case resulted in a conviction.
- The most frequently identified alleged perpetrators in care facilities are facility employees followed by facility residents (Burgess et al., 2000; Ramsey- Klawsnik et al., 2008).

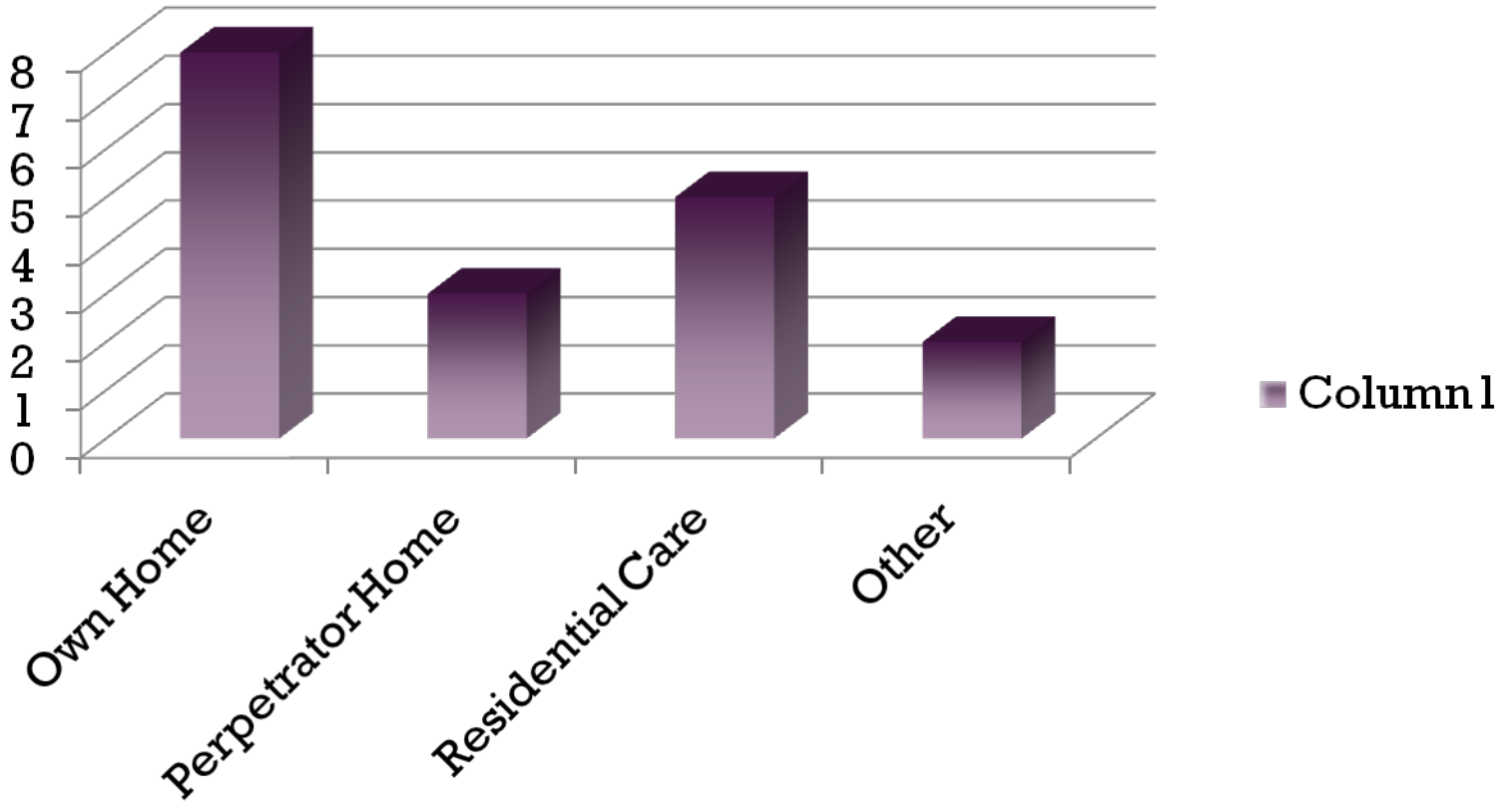
Burgess 2000

- Burgess 2000 –125 Cases
- over half victims died within one year of trauma related complications (physical injury/shock)
- 38% occurred in nursing homes
  - 26 % caretakers
  - 19% other residences
  - 48% acquaintances
  - 3% strangers

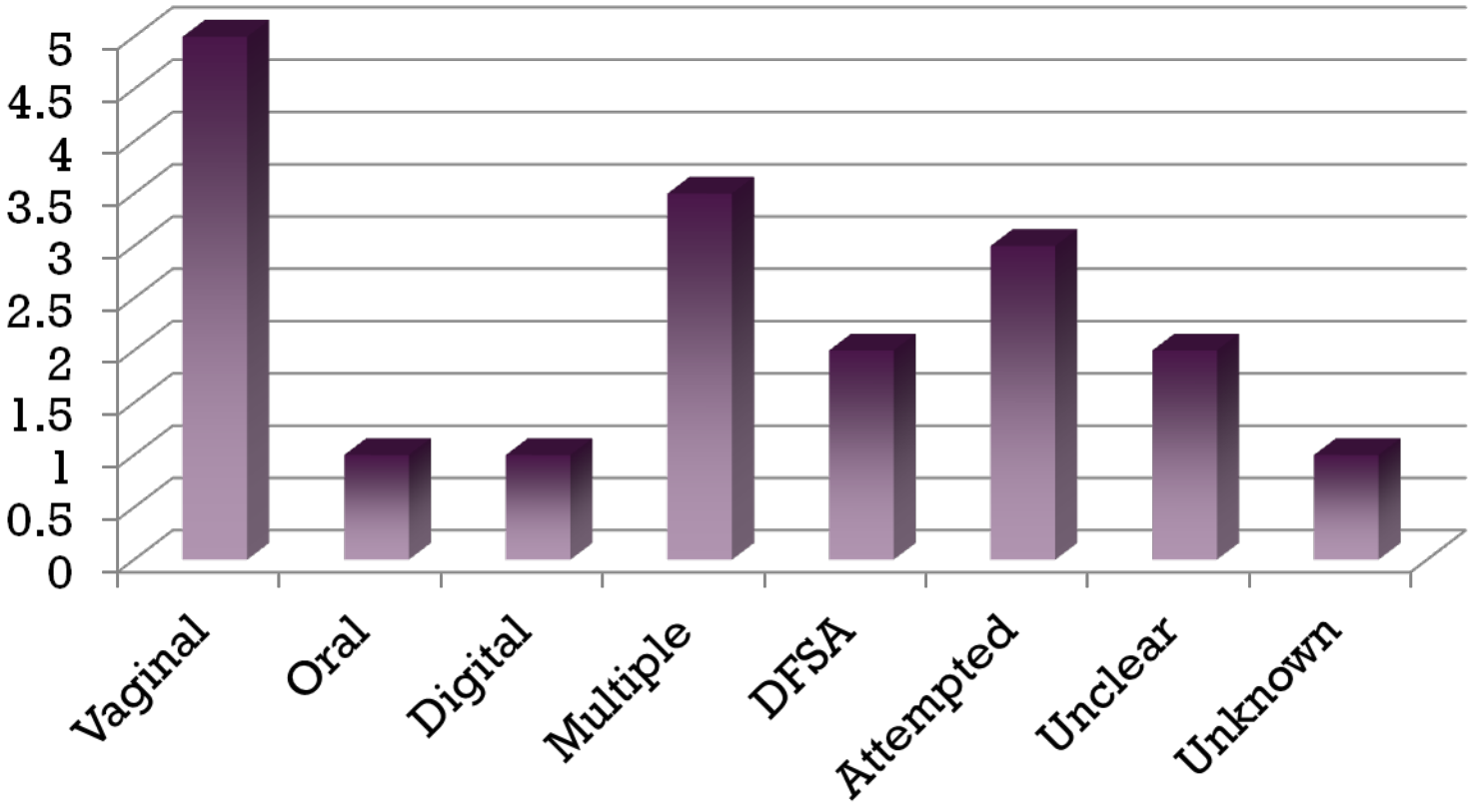
Age of Victims



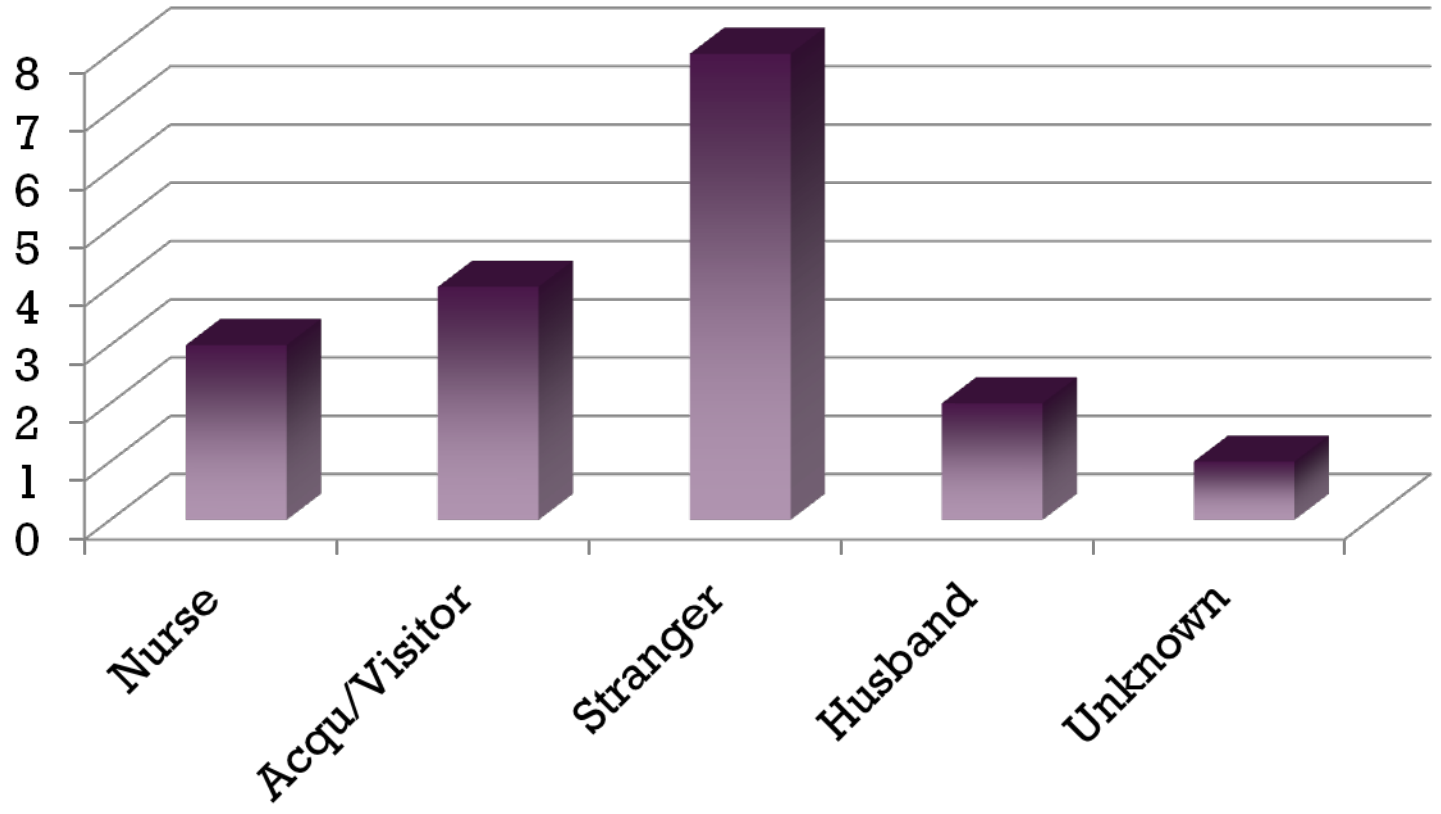
Setting of the Assault



Type of Assault



Perpetrator Profile



Summary of what we know from limited research

- is difficult to comprehend that these most vulnerable people would be targets for sex offenders
- Often victims cognitive impairments such as dementia lead to disbelief of reports
- Those with more severe levels of impairment may never be able to tell us.
- We have to rely on someone witnessing and reporting, or medical evidence- things perpetrators are careful to avoid.
- Abuse thrives in a context of secrecy
- The context of the assault often results in slow action and lack of expertise in dealing with this group, and investigation delays generally, mean again that offenders may not be apprehended, and victims not safe from further assaults.

General Perpetrator Information

- ***Sexual offenders are attracted by vulnerability and availability, rather than by physical attributes of potential victims***

- Perpetrators
  - Those who seek employment to gain access to victim groups
  - Those with an offending history have have remain active perpetrators
  - Those with an offending history who have demonstrated periods of internal control who revert to old behavioural repertoires
  - Those with no offending history who demonstrate late onset disinhibited or predatory behaviour
  - Those with no offending history who failure to recognise the inability of a partner to provide informed consent

Perpetrator Characteristics

- THERE ARE NONE
- All research consistently finds there are not set of identifiable characteristics. Sexual offenders are a heterogeneous group with no profile of personality, mental health age, socioeconomic or educational characteristics that enable them to be identified.

The Dichotomy of Cognitive Decline and Sex

- Generally
  - Increased sexual apathy is reported in 23% of cases (Miller et al, 1995).
  - Sexually inappropriate behaviours in persons with cognitive decline is reported to be very low, ranging from between 2.6% to 8% (Harris & Wier, 1998).

- Sexual Offenders
  - No research and limited information about older persons motivated by deviant sexual arousal
  - Assumed parallel decline in Libido in normal population
  - *Observed increased sexual impulsivity or return to entrenched behavioural repertoire
  - An increase in libido is reported in about 14% of those elderly with dementia (Cummings & Victoroff, 1990)
  - In general offender population <10% motivated by deviant arousal so are other factors relevant in older persons

Effective Responding
1. Creating a Safe Environment

- Acceptance & Acknowledgement
  - Investigation and reports reflect a culture of care and commitment not inadequate care
  - Litigation and negative media exposure are more likely to happen where there is cover up and silencing.
- Employment Policy
  - Beyond criminal record checks
  - Includes individuals with commitment to reporting and thus culture supportive of disclosure
- Client/ Resident Entry Screens
  - Including criminal record and cognitive function/behaviour
    - Intimacy/ Courtship behaviours
    - Verbal sexual talk/ language
    - Self-directed sexual behaviours
    - Physical sexual behaviours directed towards co-resident with agreement
    - Unwanted, overt physical sexual behaviours directed toward others

Effective Responding
2. Organizational Preparation/Policy

- Have clear definition of
  - sexuality, intimacy and sexual behaviour
  - sexual behaviours to be interpreted as normal
  - sexual behaviours requiring assessment
  - sexual behaviours of concern/risk

Effective Responding
3. Investigation/Assessment Criteria

- Resident's awareness of the relationship
- Resident's ability to avoid exploitation
- Resident's awareness of potential risks

Example – Lichtenberg Decision Tree – Intimate Competency

Effective Responding
3.Detection

- ***Witness***-
  - Often the only way sexual abuse of people with severe cognitive impairments is detected.
- ***Disclosure***-
  - They may disclose partially due to memory problems e.g. disclose sexual assault but be unable to remember when or where.
- ***Physical Evidence***-
  - may include pelvic bruising, presence of semen, sexually transmitted infection, vaginal discharge, genital bleeding.
- ***Behavioural Indicators* [Common but consider Cluster and Changes]***
  - + expressions of fear e.g. of certain staff/ residents, being left alone, of places e.g. bathroom
  - + unexplained agitation & anxiety
  - + sleep disturbance and nightmares
  - + re-enactments e.g. repeated holding of genital area, inappropriate language
  - + avoidance
  - + protest behaviors e.g. not wanting to be bathed, toileted, go to dining room or with a staff person
  - + withdrawal
  - + somatic complaints such as coldness & muscle rigidity

Effective Responding
4. Collaboration

- Sexual Offence Agency / Expertise
  - Behavioural Patterns – Early behavioural intervention
  - Early Environmental Management
- Sexual Assault Agency / Expertise
  - An appropriate response even when there is only behavioural indicators or a suspicion
  - Alternative approaches as victims who have significant cognitive impairments, such as dementia, may not benefit from traditional sexual assault counseling.
- Criminal Justice/ Police
  - When an offence is suspected – crisis response and consultation

Conclusion

- Whilst the extent of sexual assault of older adults remains unclear, emerging research reveals a profile of sexual offending that targets the most vulnerable members of our communities.
- Where sexual assault is suspected an immediate, coordinated interagency response ensures
  - Preservation of evidence
  - Prompt statement taking from victim, especially if they have difficulties with memory retention
  - Appropriate and flexible care of the victim
  - Consideration of ongoing safety issues.