National Sexual Assault Coalition
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Working Together To End Sexual Violence

Providing Services to People Assaulted In Care Facilities

by: Holly Ramsey-Klawsnik, Ph.D.

Sexual assault interventionists rarely receive training in responding to the needs of people who live in care facilities. Furthermore, they rarely receive requests to assist older adults who reside in nursing homes or similar facilities. Consider, however, the potential impact of bringing sexual assault services to the following older victims.[1]

Delores, age 79, resided in a nursing home. She had been there for eighteen months, following a severe stroke that had left her right side paralyzed, incontinent, unable to bear weight or walk, and needing personal care for bathing, dressing, and similar tasks. Delores had struggled to adjust to her recently acquired disabilities and need for facility care. Her niece and next-of-kin, Susan visited weekly and Delores did what she could to make the best of her situation. One Saturday Susan arrived and found Delores terribly upset. She begged Susan to remove her from the facility. Delores stated that a male aide employed there had entered her room several days prior while she was in bed and forcefully and painfully jabbed his fingers into her vagina. Delores appeared terrified and desperate to leave the nursing home. She had reported the assault to the staff but no action was taken other than a nurse questioning her. That nurse later informed Delores that she had misinterpreted - the aide was only trying to determine if she had soiled her undergarment and required care. Upon hearing this from her Aunt, Susan immediately questioned the charge nurse. The RN informed Susan that Delores had overreacted to a male aide attempting to determine her need for personal care. Susan was confused. She did not know what to believe. However, it was out-of-character for Delores to be distraught and to make requests. It took several days, but Susan removed Delores from that facility after arranging alternative care. Since the relocation, Delores has insisted that only females provide care to her. She cries frequently and is despondent. She experiences painful urination and generalized genital pain. She is unable to sleep and constantly vigilant about care providers entering her room.

Janet, age 92, has experienced leg amputation due to complications from diabetes. She has lived in an Assisted Living Facility (ALF) since her surgery. Early one morning she wheeled herself to the dining room to await breakfast and found that other residents had not yet entered. Suddenly a male resident approached her wheelchair from behind. He inserted his hand into her blouse and under her clothing, grabbed and pinched her breast, and made obscene comments. Janet was shocked and felt profoundly violated - the assault was physically painful and left her stunned. She wanted to call out for help but

[1] These illustrative cases represent actual situations of facility sexual assault in later life that have come to official attention. The names and identifying data have all been altered to fully protect victim confidentiality.

could not. When she was able, she wheeled herself silently back to her room without eating and spent the day there alone - confused, afraid, and uncertain and foregoing meals and normal activities. An aide that she liked and trusted came on duty at 3 PM and approached Janet to inquire about her. Janet confided the event to the aide. The aide reported it to facility management. Management staff grilled Janet about her statements and demanded why she had not screamed or reported this to staff when it occurred. They told Janet that the man that she accused was from a good family and that he would not do such a thing. After questioning Janet and the named offender on three occasions, management made a legally required report to Adult Protective Services (APS) and the police. However, they did not believe Janet and they informed both APS and police representatives of this when they made the required reports. The responding police officer interviewed facility management, then Janet, and then the suspect. He told Janet that there was no point in pressing charges because it was basically a "he said, she said" situation. The APS investigator found Janet to be highly distressed and believed her account. However, APS unsubstantiated the report citing their conclusion that no evidence supported Janet's statements. Since the event, Janet has refused to leave her room and has requested that meals to be brought to her. She is no longer socializing or attending her once-enjoyed activities at the ALF. She is very afraid to again encounter the resident who assaulted her.

A nursing home social worker sought direction in responding to an assault of one of the facility residents, Marilyn, age 83, who lived in the dementia unit. Marilyn had advanced dementia, had not spoken in some time, and did not appear to recognize family members. She required total care. A laundry worker had entered Marilyn's room and observed a male attendant vaginally raping Marilyn. The attendant had been assigned to bathe Marilyn. The worker immediately informed her supervisor and the facility swiftly reported the assault to the police, the state Health Department, and the county APS agency as required by law. The social worker asked, "How can we help Marilyn?" Although Marilyn had been nonverbal for some time, in the aftermath of the assault she repeated implored, "Don't let them do that test again. Please don't let them do that test!" She also became "combative" (according to nursing notes) during bathing – kicking, cowering and refusing to allow her clothing to be removed. A skillful detective who interviewed the offender learned from that young man that he extracted Marilyn's submission during the rape by telling her that he needed to do an internal test.

Questions: Can a sexual assault advocate help Delores, Janet or Marilyn? Should these women be denied Sexual Assault Center (SAC) services because they are of advanced age, experience disabilities, or reside in care facilities? How can victims in facilities be linked to SAC services and what accommodations might be required for an advocate to work effectively with them?

Research Findings

Research has clearly revealed that sexual assault is a risk throughout the lifespan and that people living in care facilities are vulnerable to this highly traumatizing form of interpersonal violence. Studies have demonstrated:

- Care facility residents who disclose sexual assault are often not believed. Among a sample of 429 alleged cases reported to APS and other regulatory authorities over a six-month period in five states, 182 alleged victims disclosed sexual assault to abuse investigators but only 18% of the allegations were substantiated by abuse authorities (Ramsey-Klawsnik, 2012).

- Alleged sexual assault victims in care facilities are infrequently offered forensic examinations. Only 11% of the 429 alleged victims were examined by a health care provider not employed by the involved facility (Ramsey-Klawsnik, 2012).

- Older adults who have been sexually abused often display trauma symptoms, even when they have dementia and cannot discuss the event, "Behavior displayed by victims following abuse demonstrated psycho-social trauma regardless of whether or not the elder could verbally discuss the event(s). In fact, there was no significant difference between elders with and without dementia in terms of post-abuse behavioral symptoms of distress" (Burgess, Ramsey-Klawsnik & Gregorian, 2008, p. 350)

- People who have been sexually assaulted in their care facilities rarely receive appropriate or necessary intervention services. Among the 429 victims in the national study of sexual assault in care facilities, the most commonly offered intervention for alleged victims was "no intervention" (Ramsey-Klawsnik, 2012).

Providing Facility Victims Access to SAC Services

Facility sexual assault victims like Delores, Janet and Marilyn deserve to be believed, supported, protected, and assisted. They are entitled to be offered a timely forensic exam by a competent and unbiased health care professional. They should not be denied compassionate trauma-informed care following sexual assault and yet, research reveals that this typically occurs. At present, victims in care facilities are highly unlikely to be linked to SAC services. Here are some steps that sexual assault professionals can take to remedy this:

- Conduct outreach to organizations that serve older adults, including people who reside in facilities. Inform APS and health department representatives, elder advocates, care facilities, police departments, and others likely to encounter facility victims that your services are available to victims across the lifespan, regardless of their living situations, age, and physical and cognitive health status.

- Ensure that your staff and volunteers are trained to respond to victims across the lifespan and that they understand the special problems and issues confronting older victims and those with disabilities and serious health problems.

- Be flexible in service-delivery. It may be necessary to provide services at a care facility if the victim has serious disabilities and cannot be easily transported to your center. Multiple age- and health-status accommodations may be needed. See the Sexual

Violence in Later Life Information Packet (Ramsey-Klawsnik, 2010) for further information and suggestions.

- Recognize that victims with dementia often demonstrate post-trauma symptoms and can be assisted by trained sexual assault advocates. Victims with impairments that inhibit them from making direct use of counseling and advocacy services can be assisted when advocates trained in sexual assault trauma consult with guardians, family members, and care providers. This consultation can enable those interacting with the victim to understand symptomatic behavior and provide trauma-informed care designed to promote healing and recovery.

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