

Sexual Assault of Older Adults: Information for Carer's and Healthcare Workers

Sadly ageing is not a protective factor against sexual and family violence, rather Older Adults may continue to experience violence and abuse across their lifespan and encounter new risk factors and perpetrators in their old age. Statistics show that like all other forms of abuse, the abuse of Older Adults is a gendered crime impacting more women than men. Older Women with cognitive impairment are at increased risk of becoming a victim of sexual violence.

Sexual Violence perpetrated against Older Adults can both create and re-surface past trauma.

What is Sexual Assault?

Sexual assault includes any behavior of a sexual nature which:

- ❖ Makes the victim feel uncomfortable or afraid, OR
Is unwanted, OR
- ❖ Occurs without their consent.

This may include:

- ❖ Any unwanted touching such as, pinching, patting, embracing, rubbing, groping, kissing and fondling or being forced to touch someone.
- ❖ Someone showing private parts of the body or flashing genitals.
- ❖ Putting a penis, object or other body part in a victim's vagina or anus, or any contact between mouth and genitals.
- ❖ Being made to look at, or pose for, pornographic photos/videos.
- ❖ Being watched while victim is made to perform sexual acts.
- ❖ Being forced to watch anyone perform sexual acts.
- ❖ Rough or inappropriate cleaning or treatment of a person's genital area.
- ❖ Unwanted sexual talking or language suggestive of sex.

It is also sexual assault if:

- ❖ The person is too frightened to say "NO".
- ❖ There is confusion about the activity, such as believing it is a medical or care procedure.
- ❖ The person is incapable of giving consent for any reason.
- ❖ The identity of the sexual partner is not who the Older Adult expected it to be.

What is not considered Sexual Assault in a Clinical Care or Residential Aged Care setting

- ❖ Consensual acts of affection such as greeting someone with a kiss on the cheek or a hug.
- ❖ Consensual sexual relations between aged care residents, or between an aged care resident and their partner who is not a resident.
- ❖ Gestures of comfort, for example a carer rubbing an aged care residents back or patting a resident on the knee, where this aligns with the residents' personal preferences.
- ❖ Helping an aged care recipient to wash and dry themselves, where the carer is acting in accordance with applicable professional standards.

It is important to note that:

- ❖ Some Older Adults may misinterpret intimate clinical care as sexual assault and some sexual assaults take place under the guise of clinical care. It is therefore important to review every situation with these facts in mind.
- ❖ Intimate clinical care should always be provided using trauma informed care practices (**see Respect My Wishes information sheets on website**)

Myths about Older Adults and Sexual Assault

- ❖ Older Adults are asexual because sexuality is only experienced in youth.
- ❖ Aging is a protective factor against sexual assault.
- ❖ Older Adults do not require the same level of privacy and care around sensitive issues.
- ❖ Older Adults who report recent sexual assault are remembering childhood sexual assault.
- ❖ Sexual assault is less traumatic for Older Adults with a cognitive impairment as they may not remember.
- ❖ Older Adults are not as impacted by sexual assault and don't need counselling.

Signs that may indicate that an Older Adult has been sexually assaulted

Verbal Indicators

- ❖ Full and direct statements about sexual assault.
- ❖ Jumbled or indirect statements about sexual assault.

Physical Indicators

- ❖ Bruising, bite marks or skin tears.
- ❖ Redness or swelling.
- ❖ Bleeding around the mouth and or genitals.
- ❖ Itching inflammation or infection of the genitals.
- ❖ Sweating or trembling.
- ❖ Fractures.
- ❖ Pain or internal injuries.
- ❖ Unexplained STI.
- ❖ Changes in functional status.
- ❖ Weight loss.
- ❖ New bladder or bowel incontinence.
- ❖ General failure to thrive.
- ❖ Non-fatal strangulation symptoms, including: pain in neck, bruising around neck, difficulty swallowing, husky or deep voice, nausea.

Behavioral Indicators

- ❖ Fearful of a particular person or place or paying an unusual amount of attention to a person or place.
- ❖ Fearful of certain medical or care procedures.
- ❖ Refusing to go to bed, going to bed fully clothed.
- ❖ Refusing personal care.
- ❖ Lack of interest in usual activities.
- ❖ Social isolation and withdrawal.
- ❖ Requesting a door lock.
- ❖ Disturbances of sleeping, eating or bathroom habits.
- ❖ Other changes that are out of the ordinary that are observed by family, friends or carer's.

If you suspect that an Older Adult has been Sexually Assaulted

It is important that if you have identified that an Older Adult is showing signs of Sexual Assault that you approach them with open ended questions, inviting them to disclose in a way that makes them feel comfortable.

Some useful questions to ask

- ❖ "You don't seem like your usual self, is there anything you want to talk to me about?"
- ❖ "I've noticed a change in ___, can you tell me how/why this has happened?"
- ❖ "Is anything making you feel unsafe or uncomfortable?"
- ❖ "Has anyone been demanding or asking things of you that make you feel uncomfortable?"

Responding to a Disclosure

An Older Adult may disclose a recent assault or an assault that has occurred earlier in their life. Disclosures of historical abuse can often occur during times of change and transition. It is important to be aware that the way you respond to a disclosure can have a direct impact on an Older Adults ability to cope and recover.

Important tips

- ❖ Try and ensure that the disclosure is directed by the Older Adult.
- ❖ Use open ended questions where possible.
- ❖ Be aware that Older Adult may use less direct language and more euphemisms.
- ❖ Stay calm and contain your emotions to avoid them feeling shame or guilt for upsetting you.

What do I do if an Older Adult discloses that a Sexual Assault has occurred while in care

Older Adults who are receiving Commonwealth funded aged care services are protected by the Serious Incident Reporting scheme (SIRS) that mandates providers to report all sexual assaults to the Aged Care Quality and Safety Commission (ACQSC) and the Police.

All sexual assault disclosures must be reported through SIRS as a Priority 1 (within 24 hours) whether or not staff believe that a sexual assault has occurred and whether or not there is no evidence. Following a report the provider should ensure that immediate actions are taken to prevent further harm and provide regular updates and communications with victims and family members.

- ❖ Gather only enough information to be able to make a SIRS report and report to Police.
- ❖ If the V/S needs to talk about what happened, listen and support and reassure them that they did the right thing by disclosing the sexual assault.
- ❖ If the allegation is not clear, remain calm and listen carefully without interrupting, as the V/S may disclose more information over time.
- ❖ If you still need to establish a basic understanding it is ok to ask some open-ended questions some examples are Can you tell me more about what happened? What happened next? What do you mean by that? What happened then?
- ❖ Stop asking questions once you have a general understanding of the sexual assault.
- ❖ Report to the staff member in charge for further follow up as per the ACQSC guidelines.
- ❖ If you or someone else providing care for an Older Adult is not satisfied with the response received by a care provider you can contact Elder Help or the Aged Care Quality and Safety Commission.

Some useful responses

- ❖ "I believe everything that you have told me"
- ❖ "This is not your fault and no one blames you for what has happened"
- ❖ "You did the right thing by telling me"
- ❖ "What can we do to help you feel safe again"

What to do next

Research indicates that Older Adults are often not given information about sexual assault counselling supports following a recent sexual assault or disclosure of past sexual assault denying them the opportunity for healing and recovery.

Support the Older Adult to contact their local Centre Against Sexual Assault (CASA) as they can provide them with information about their options and further support.

CASAs can:

- ❖ Provide free and confidential crisis and ongoing counselling for victims.
- ❖ Discuss options and provide information on contacting the police.
- ❖ Support victims who require forensic examinations.
- ❖ Provide secondary consults, information and counselling to yourself or other carers/workers, friends and family who require additional support.

Other Supports

- ❖ Sexual Assault Crisis Line (SACL): Call 1800 806 292 (Free call Victoria)
- ❖ 1800 Respect (1800 737 732)
- ❖ Elder Rights Advocacy Victoria 1800 700 600 (free call)
- ❖ Seniors Rights Victoria 1300 368 821
- ❖ Compass.org <https://www.compass.info/>
- ❖ Victims of Crime Helpline: Free call 1800 819 817
- ❖ Aged Care Quality and Safety Commission Complaints 1800 951 822

References

- ❖ Barrett, C and Lee, Y (2022) Ready To Listen MAP Guidelines.
- ❖ Barrett, C et al (2024) The [Un] Silencing of Older Women, a Life Stages Approach for the National Plan to End Violence Against Women and their Children.
- ❖ Qu, L et al (2021) National Elder Abuse Prevalence Study: Final Report.
- ❖ National Plan to End the Abuse and Mistreatment of Older People 2024-2034. Public Consultation Draft. Attorney Generals Department.