

Sexual assault of older people: Information for carers and healthcare workers

Although rarely discussed openly, the sexual abuse of older people is an important concern. Research highlights the importance of protecting and supporting such a vulnerable group, both in residential care and in the community at large.

As health professionals and service providers, it is important to understand the reasons elderly people are at risk of sexual assault. It is imperative that elderly victims receive adequate support.

What is sexual assault?

Sexual assault on an adult includes any behaviour of a sexual nature which:

- is unwanted OR
- occurs without the victim's consent OR
- makes the victim feel uncomfortable or afraid

This behaviour can take various forms including:

- Putting a penis, object or other body part in your vagina or anus, or any contact between mouth and genitals.
- Touching, fondling or kissing or being forced to touch someone
- Being made to look at, or pose for, pornographic photos/videos.
- Being watched while you are made to perform sexual acts.
- Being forced to watch anyone perform sexual acts.
- Unwanted sexual talking or language suggestive of sex.

Myths about older people and sexual assault

- Older people are asexual because sexuality is only experienced in youth
- Older people do not require the same level of privacy and care around sensitive issues
- Older people make up stories, are confused or are demented.

Signs that may indicate that an older person has been sexually assaulted

Physical evidence

- Semen stains
- Bruising or trauma of breasts, genitals, thighs or rectal area
- Sexually transmitted infections: Itching, inflammation or infection
- Abdominal pain
- Migraines

In 2005, a US study found*

- It is common for offenders to be service providers or other residents of residential care services
- Cognitively impaired and physically frail people are more vulnerable
- Sexual assault of older victims is less likely to be detected or acted on
- Over half of victims died within one year of an assault due to trauma

* Adapted from Blyth, J and Kelly, L. 'Responding to sexual assault in disability and aged care settings: the SADA project'. Presentation at the 2nd National ACROD Ageing and Disability Conference, Hobart, 19-20 July 2005.

Behavioural indicators

- Extreme fear of a particular person or place or paying an unusual amount of attention to a person or place
- Extreme fear of using the bathroom, fear of medical procedures around the genital area or fear of disrobing
- Sudden increase in destructive behaviours
- Lack of interest in usual activities
- Social isolation and withdrawal
- Inability to concentrate
- Displays of new, inappropriate sexual or aggressive behaviours
- Disturbances of sleeping, eating or bathroom habits
- Indicating that they have a secret

If you suspect that an older person has been sexually assaulted

In a residential care setting, your organisation will have protocols which you are required to follow and you should be aware of these. If you feel that the victim has not received appropriate support, you can make a confidential complaint with the Victorian Health Services Commissioner (HSC).

If you have concerns that an elderly person may have been sexually assaulted by their legal guardian, you should contact the Office of the Public Advocate who can provide an independent administrator to make legal and financial decisions for the victim.

It is important if you have identified an elderly person showing signs of sexual assault that you approach them with open ended questions, inviting them to disclose in whichever way makes them more comfortable.

Some useful questions to ask

- “Has anything been bothering you lately?”
- “I’ve noticed a change in _____, can you tell me how/why that has happened?”
- “Is anything making you feel unsafe or uncomfortable?”

Responding to a disclosure

It is important to be aware that the way you respond to a disclosure can have a direct impact on an older person’s ability to cope and recover in the long term.

Important tips

- Set aside enough time to address their feelings and reaffirm their trust in you
- Ensure you are in a private location
- Try to ensure the disclosure is directed by the client
- Use open ended questions where possible
- Be aware that older victims may use less direct language and more euphemisms
- Stay calm and contain your emotions to avoid making the victim feel shame or guilt for upsetting you
- Suspend discussion of further action, as this may prevent them from completely disclosing

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”
- “What can we do to help you feel safe again?”

Deciding what to do next

Suggest that they contact their local Centre Against Sexual Assault (CASA), as they can provide them with their options and further information or support. Ensure that they understand that they will not be forced to take action, and that the primary focus is on supporting them and their decisions.

CASAs can

- Provide confidential crisis and ongoing counselling
- Discuss options and provide information on contacting the police and conduct forensic examinations if this is requested
- Provide legal information and support in court if required
- Provide information and counselling to **yourself** or other **carers/workers** who require additional support

Contacting support services

- **SECASA crisis line (24 hrs):** 03 9594 2289
- **SECASA administration:** 03 9928 8741
- **Sexual Assault Crisis Line (SACL):** Call 1800 806 292 (Freecall Victoria)
www.sacl.com.au
- **Victims Referral and Assistance Service:** Call 1800 819 817 (toll free)
www.victimsupport.org.au
- **Office of the Public Advocate:** Call 1300 309 337 (toll free)
- **Victorian Health Services Commissioner:** Call 1800 136 066 (toll free)
- **Sexual Assault in Disability and Aged Care (SADA) Project** www.sadaproject.org.au
- **National Translating and Interpreting Service (TIS):** Call 131 450 or www.immi.gov.au to book an on-site interpreter