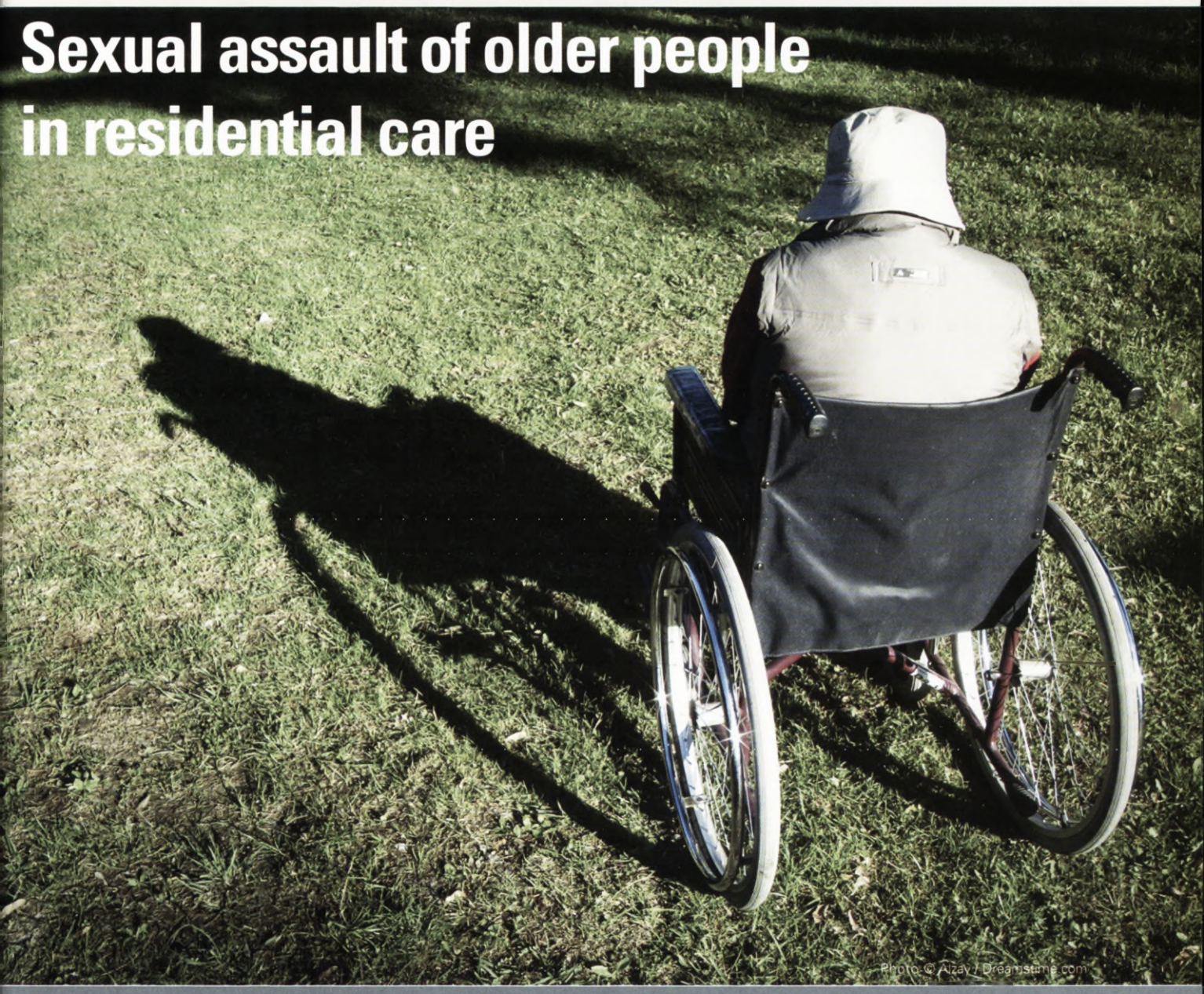
By Sharon Wall

The ULTIMATE BETRAYAL

Sexual assault of older people in residential care



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'Preventing elder abuse in an ageing world is everybody's business.'
– Toronto Declaration on the Global Prevention of Elder Abuse, 2002

DEFINITIONS

The definition of elder abuse endorsed by all Australian states and territories through the Healthy Ageing Taskforce on 8 December 2000, states that:

> 'The abuse of older people occurs when there is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can include physical, sexual, financial, psychological and social abuse and/or neglect.'[1]

The term 'sexual assault' can be (and is) used interchangeably with the term 'sexual abuse' throughout the literature. It is non-consensual sexually abusive or exploitative behaviour and can include rape, indecent assault, sexual harassment, sexual interference and coerced nudity. Sexual assault >>

occurs any time sexual activity is non-consensual, whether through physical force, emotional intimidation or any type of coercion. Sexual assault is also defined as having occurred at any time an adult is incapacitated by a mental or physical condition (such as dementia) which impairs his or her ability to grant informed consent at the time of the sexual activity. Sexual assault can be overt and obvious (rape, penetration, oral-genital contact) or more subtle (inappropriate comments or interest in the older person's body.) It can also include practices such as the inappropriate and also possibly painful administration of enemas or genital cleansing.

Signs of sexual assault can include unexplained sexually transmitted disease or infections; bruising in genital areas or the inner thighs; bruising around the breasts; torn, stained, or bloody underclothing; presence of sperm in the vagina or anus; vaginal bleeding; and difficulty in walking or sitting. Victims may additionally display behavioural indicators such as self-destructive behaviour; sleep disturbances and nightmares; acting out behaviours; lack of interest in usual activities; persistent and inappropriate sexual play; sexually aggressive behaviour; irritability; weeping or withdrawal; eating and elimination disturbances; an increase or decrease in attention to hygiene; unexplained accumulation of money or gifts; fear of particular people or situations; or claims that they have a secret.[2]

Cognitive deficits and physical frailty put elderly residents at high risk, and significantly decrease their capacity to inform others of abuse.

THE ABUSERS AND THE VICTIMS

Abuse of older people can occur in any setting, including residential care (that is, nursing homes). Abuse in these situations concerns victims who are people at their most vulnerable and helpless. Recognising these issues is difficult, as most care workers – and the community at large – are committed to providing quality care for the older people who live in aged care homes, and in this context sexual assault represents one of the greatest violations imaginable. Perpetrators of abuse in the residential care setting may be other residents, family, others visiting the residential care environment, or staff.

What must be acknowledged from the outset is that many residents, particularly in the residential care setting, are particularly vulnerable because of cognitive deficits such as dementia and other co-existing illnesses, as well as physical frailty. Such factors make them not only a high-risk group, but also significantly decrease their capacity to inform others of the abuse.

Abuse may be reported by the victim or others, or it may be suspected. Suspicion of abuse may be triggered by the behaviour of the people involved, as well as by more obvious physical signs and symptoms. It is important to be aware of any sudden and unusual behaviour patterns in the resident.

The exposure of the sexual abuse of older people in nursing homes is invariably shocking and distressing:

> 'And then, in June, she started dripping blood from her vagina. She was 91, with a hysterectomy, I might add, and no one seemed concerned about that. They didn't even ring and tell me. I was left to discover that when I toileted her one day. But when I went to them and said about the bleeding … they said that was nothing … and then when she told me that the man in her room at night was hurting her at night, it was too dreadful to talk about, she broke down and sobbed in my arms … the first time I'd ever seen her sob, and they just said she was living in the past. Now, I knew my mum's past and I knew she'd never been abused by anybody and things just got progressively worse after that. She wouldn't stay in her room at night; she'd walk the halls at night screaming. I'd be saying "Mum's psychotic, it's not Alzheimer's" and they wouldn't listen to me. They kept saying "It's perfectly normal, Val", so I started feeling like I didn't know my mother at all.
>
> And then I got a phone call to say she'd been injured and she'd been assaulted by this man … She took six days to die and we slept on the floor in her room and we had to lock the door to stop the man coming through to get to her at night, and that's when I realised that she'd been telling me the truth when she said that she'd been getting raped … I have to live with the guilt of that for the rest of my life. I'd been her carer since '72 and I failed her in the last year of her life and I had been such a devoted daughter.'[3]

Many people minimise or dismiss older people's descriptions of sexual assault as 'dementia talk'. Victims with more severe levels of cognitive impairment may never be able to articulate the details to those in a position of trust, and will have to rely on someone witnessing and reporting the assault. The improbability of this assault occurring blatantly (these are normally planned crimes) as well as the awareness of the difficulty in prosecuting, afford offenders considerable protection:

> 'When 84-year-old Katherine Barnes stopped talking, her family assumed it was simply an inevitable stage in the slide towards Alzheimer's that began some years earlier. Soon afterwards, she became transfixed with terror every time her formerly beloved son-in-law entered the room of her nursing home, and her family told each other how sad it was that the illness was taking control so quickly. It was only when John Tiplady, owner of the £350-a-week Denison House nursing home in North Yorkshire, was arrested for sexual attacks on the elderly women in his care that the family began to piece together a number of strange incidents that had slipped their notice at the time. Katherine Barnes has since died.'[4]

CULTURE OF SECRECY IN THE AGED CARE SECTOR

Some people working within the aged care industry prefer to deny the existence of sexual assault and believe that discussing it openly is harmful to the sector and creates unnecessary sensationalism. Some have questioned the responsibility of exposing such abuse, and the additional pressures this inevitably puts on an already overburdened system.

An alternate view is that it is highly irresponsible to deny or refute clear and undisputed evidence that sexual assault and victimisation in this age group is happening within the residential care setting. The reality is that abuse can potentially thrive in the context of such secrecy, and sometimes a culture of 'white or hidden violence' prevails.[5]

PREVALENCE OF ABUSE

Statistics would help to determine the current prevalence, but Australian-based data is particularly scant, as is highlighted by the following statement from Senator McLucas, who expressed amazement that so much attention had been paid to elder abuse in the absence of any definitive Australian research on its prevalence, or patterns of occurrence:

> '"It's often stated that instances of serious abuse are very rare, but we don't really know," says McLucas. "Many people have contacted my office raising further allegations. It's entirely possible we are dealing with a larger set of issues than anyone wants to acknowledge."'[6]

Global statistics indicate that whatever 'guesstimates' are used, five times as many cases are unreported and remain hidden.[7] Certainly, all overseas sources indicate that sexual abuse in this setting may occur far more than people realise or expect:

> 'A report to the US Congress found one in three nursing homes had been reported to Long Term Care Ombudsmen or Adult Protective Services for at least one incident of abuse over the two years from 1999-2000. Included were cases of physical, sexual or verbal abuse or neglect by staff and resident-to-resident abuse (Committee on Government Reform 2001) ... An analysis of calls to a British elder abuse helpline between 1997 and 1999 found a quarter of calls referred to alleged abuse in hospitals or nursing/residential homes. Physical abuse or neglect were the most common complaints, with a handful of sexual assault cases. Nurses and care workers were the most common alleged abusers.'[8]

The discrepancies between the consumers' and the industry's view of the prevalence of elder abuse in Australia are highlighted by the following facts. The contradictions emerging from these statistics should be taken into account when assessing the current situation:

> 'More than 1,400 assault allegations were made by nursing-home residents in the past financial year – a record, and a 52 per cent rise on the previous year's figures. But only 13 people have been convicted of nursing-home violence since compulsory reporting began in 1997. Aged-care advocates say abuse is rife in nursing homes. But the industry dismissed the figures, saying most of the claims were never proved. The *Report on the Operation of the Aged Care Act* reveals 1,121 aged-care residents reported "alleged unreasonable use of force" in 2008-09. Another 272 claimed to have been sexually assaulted; 18 said they were the victims of violence and sexual assault.'[9]

The data illustrate the significant gap between the reported incidence of abuse and the subsequent 'proving' of allegations, highlighting one of the greatest challenges in the field.

What we do know is that perpetrators of sexual assault search for vulnerable persons to victimise:

> '"People find it hard to understand why anyone would want to abuse an old person, but someone suffering some mental and physical frailty is the perfect victim: they can't defend themselves, they can't get away, and if they're able to communicate they're probably not believed. What more could any abuser want?" she said. "It's not about sex, it's about power," she added. "There are even pages on paedophile websites encouraging men finding it hard to access children to gain employment at care homes. They say the sex is just as good and there's far less risk of getting caught."'[10]

It is clear from all the evidence available that the sexual assault of old people in residential care settings could be as common as that suffered by children in the days before the paedophile problem was widely acknowledged. The profile of the victims and the perpetrators is chillingly revealed in the following forensic reporting of such crimes: >>

'For the 284 victims whose cases were referred to law enforcement or to adult protective services for investigation for suspected sexual abuse, the mean age was 78.8 years. The majority of the victims were female (93.2 percent). Elders with dementia, compared to those without a diagnosis, were abused more often by persons known to them (family member, caregiver, or another nursing home resident) than a stranger, presented behavioural cues of distress rather than verbal disclosures, were easily confused and verbally manipulated, and were pressured into sex by the mere presence of the offender. The ages of the 180 known offenders ranged from 13 to 90. The opportunistic and non-sadistic rapists committed sex offences without penetration. The sadistic offenders characterised by pervasive anger committed the most severe sex offences. The 77 convicted sex offenders generally planned the offence, did not bring a weapon, and were not violent.'[11]

Global statistics indicate that whatever 'guesstimates' are used, five times as many cases remain unreported and hidden.

GREATER REGULATION OF SECTOR

Studies and clinical experience show that staff are often slow to report crimes of this nature, resulting in a loss of vital crime scene evidence. Research indicates that the low professional and personal confidence of many working in the aged care sector may have fed a culture of silence and the under-reporting of abuse. Additionally, a lack of police expertise and case experience, and delays in investigation, significantly undermine the potential to achieve justice:

'They were told it was just old age and dementia. But in December, their worst nightmare was realised. Anna's family was contacted by police who told them their grandmother had been raped three times by a male carer over what could have been a six-month period, and not only their gran. The man had either digitally raped or indecently assaulted three other women as well in their 90s, in the same nursing home. Police also told them that another staff member had witnessed one of the assaults against their gran.

Anna's family stated that "the witness statement was incredibly graphic and it was the enormity of knowing that this guy had been charged with rape, and reading the witness statement that he wanted to cause pain. He had pinned her knee down with his knee, he was hurting her and she was crying out in pain."'[12]

Compulsory reporting and protection requirements were introduced on 1 July 2007, following amendments to The *Aged Care Act* 1997 (the Act). Critical examination of the complaints already received has led industry representatives to conclude that this legislation has not been effective in solving or addressing the real issue, and has not improved protection for older people.

'The compulsory reporting legislation *must* be repealed or significantly amended. Continuing the current system would fail our obligation to protect older people effectively and maintain yet one more area of unproductive over-regulation of aged care providers.'[13] Aged care facilities should address these issues at all levels of the organisational culture through recruitment and selection practices, induction processes, education and training procedures and the development of a caring culture led by committed and genuine leaders.[14]

The Benevolent Society has set a precedent by developing a policy and procedure that sets out clearly how to recognise that a resident may be the victim of abuse, and how to respond appropriately. It also sets out clear protocols for responding and reporting when the resident is in immediate danger, and when a sexual assault may have occurred. The policy is available on the Benevolent Society's website for organisations to download and adapt.

No aged care organisation, no matter how well run, is immune from its residents being assaulted or abused. The starting point for preventing abuse is to recognise that it can and will happen; to proactively introduce effective and adequate risk assessment and reporting procedures; and to take appropriate measures to deal with abuse when it is identified. ■

Notes: **1** Elder Abuse Prevention Unit (EAPU), 2006. http://www.eapu.com.au. Accessed 8 September 2010. **2** Sexual assault in Disablity and Aged Care (SADA), 2005. Now run by People with Disability, Australia. **3** SBS, *Insight Program,* 20 September 2005 (link available from Sonya.Gee@sbs.com.au.) **4** http://www.guardian.co.uk/society/2001/feb/25/socialcare.longtermcare. **5** Cited in Australian Centre for the Study of Sexual Assault (ACSSA) newsletter no. 18, 2008, p12 (http://www.aifs.gov.au/acssa/pubs/newsletter/acssa_news18pdf). **6** *NHJ, 2006.* **7** EAPU, 2006. http://www.eapu.com.au. Accessed 6 September 2010. **8** Cited in Elder Abuse a Holistic response, 2006, p4. **9** 13 December 2009, *HeraldSun*.com.au. **10** http://www.guardian.co.uk/society/2001/feb/25/socialcare.longtermcare. **11** Anne Burgess, *Elderly Victims of Sexual Assault and their Offenders,* National Institute of Justice, 2006. **12** ABC, *Lateline,* 20 February 2006: http://www.abc.net.au/lateline/content/2006/s1574384.htm. **13** P Sadler, 2009, p8. **14** Kerri-Ann Jones, The Benevolent Society, Symposium of the Australian Association of Gerontology NSW Division, on abuse of older people, 15 June 2006. See Policies and Procedures for Preventing and Responding to the Abuse of Older People in the Residential Aged Care Setting: http://www.bensoc.org.au/uploads/documents/model-policy-abuse-of-older-people-revised-aug07-WORD.doc.

Sharon Wall *RGN RgeriN DNE BaHlthSci MPH has worked in the aged care industry for over 35 years. She is the Director of Ageing by Caring Pty.* **PHONE** *0419 849 101*
EMAIL *sharon@ageingbycaring.com.au.*