

	Sexual Abuse
<p>Rule definitions OAR 411-020-002 ()</p>	<p>Sexual abuse means non-consensual sexual contact or behavior that includes, but is not limited to, sexual harassment, inappropriate sexual comments, and threats. These activities are considered non-consensual if the person does not make, or is incapable of making, informed choice.</p>
<p>Statute Definitions</p> <p>ORS 124.050 (1) (2)</p>	<p>For adults, age 65 and older, there are also statutory definitions for sexual abuse.</p> <p>Sexual abuse means an act that constitutes a crime under</p> <p>ORS 163. 375 Rape in the first degree ORS 163. 405 Sodomy in the first degree ORS 163. 411 Unlawful penetration in the first degree ORS 163. 415 Sexual abuse in the third degree ORS 163. 425 Sexual abuse in the second degree ORS 163. 427 Sexual abuse in the first degree ORS 163. 465 Public indecency ORS 163. 467 Private indecency</p> <p>ORS 124.050 (1) (e) lists the above statutes. Below is a summary of their contents: The first three statutes involve intercourse, deviate intercourse, and sexual penetration with an object with a person incapable of consent or by force; The next three sexual abuse statutes involve sexual contact for the purpose of arousal without consent, by force, or with a person incapable of giving consent; The public indecency statute involves performance of sexual acts or exposure of genitals for sexual arousal in public view; The private indecency statute comprises exposure of genitals for sexual arousal in a place where the victim had a reasonable expectation of privacy.</p>
<p>Other statutes</p>	<p>For any person in Oregon, there are numerous criminal statutes for sexual abuse. However, the major statutes are given above.</p>

<p>Application</p> <p>Holly Ramsey-Klawnsnick Sexual Abuse Continuum.</p>	<p>Sexual abuse is a perpetrator-related abuse.</p> <p>Sexual abuse occurs along a continuum from covert to overt sexual abuse.</p> <p>Covert means secretive or concealed. Covert sexual abuse can look like normal dating behaviors, but the intent of the abuser is different. Covert abuse can be an end in itself or “grooming” behaviors for overt abuse.</p> <p>Overt means evident. Overt sexual abuse involves direct sexual contact or actions.</p> <p>The below continuum lists sexual abuse from lesser to greater harmful behaviors.</p> <p>Covert sexual abuse:</p> <ul style="list-style-type: none"> ➤ Sexualized relationship ➤ Sexual interest in victim’s body ➤ Sexualized jokes, comments, harassment ➤ “Romantic” relationship ➤ Discussions of sexual activity <p>Overt sexual abuse</p> <ul style="list-style-type: none"> ➤ Pre-touching phase ➤ Voyeurism ➤ Exhibitionism ➤ Inflicting Pornography ➤ Touching phase ➤ Sexualized kissing ➤ Oral-genital contact ➤ Digital penetration of vagina or anus ➤ Vaginal rape/ anal rape ➤ Vaginal/anal rape with objects ➤ Exploitation ➤ Sadistic sexual activity ➤ Ritualistic abuse
<p>Sexual Abuse and the APS Function</p>	<p>The means to the conclusion is investigation.</p> <p>Primary concern is to minimize trauma, seek treatment for injuries and pain.</p>

Asking sexual abuse questions:

- Ask about all types of abuse
- Use a calm, objective approach. If the interviewer is respectful, straightforward and down-to-earth about asking the questions, then the reported victim will have more confidence in reporting abuse.
- Give examples of what you mean.
- Use language that is comfortable with the person.
- Acknowledge the private nature of the information
- Establish why you are asking.
- Use body diagrams only as a last resort.

Investigation goals are to:

- Determine the nature of the sexual act and if valid consent was given for the act.
- Identify relevant witnesses and evidence;
- Gather the minimum necessary evidence by means of interviews, documents, photographs, creating investigation aids, and physical evidence;
- Document all relevant evidence; and
- Analyze and determine the facts of the case;

All in relation to proving or disproving the allegation.

Frequent evidence:

- Interviews, excited utterances.
- APS observation and assessment.
- Photographs.
- Medical records including results of rape kits, STD tests, documentation of bruises or bleeding.

To substantiate for sexual abuse, there must be a preponderance of proof of non-consenting sexual contact.

Assessment goals are to determine:

- Level of harm or risk of further harm;
- Ability of reported victim to make informed choices and protect interests about safety and sex;
- Dangerousness of the reported perpetrator to the

	<p>reported victim and other vulnerable adults;</p> <ul style="list-style-type: none"> • What personal resources and natural supports are available to stop the abuse and mitigate trauma; • Reported victim’s level of functioning, and • Reported victim’s perspective on the abuse; <p>All in relation to allegation of sexual abuse.</p> <p>Conducting an in-person assessment with the reported victim is required.</p> <p>Intervention goals are to provide emergency or medical services if needed, remove the sexual abuse, minimize trauma, and provide support for recovery.</p>
<p>Perpetrator Dynamics</p> <p>Sex Offender Registry</p>	<p>To learn more about sexual offenders, go to the Federal Department of Justice site: http://www.csom.org/ . The training curriculum covers the nature and scope of sexual offending, common characteristics, types, and explanations.</p> <p>To verify registered sex offenders in your area visit the Oregon State Police web site: http://sexoffenders.oregon.gov.</p> <p>For information available by phone call the Oregon State Police sex offender information telephone line at (503) 378-3720 X 4429.</p> <p>For offenders who are on supervision for their sex crimes, the Oregon State Police refer the caller to the supervising agency for information about the offender. A law enforcement agency may release any information necessary to protect the public from offenders who are not on supervision; victim information will not be released.</p> <p>The following counties in Oregon have sex offender registry information online:</p> <ul style="list-style-type: none"> • Benton Co.: http://www.co.benton.or.us/sheriff/corrections/bccc/sonote/index.htm

<p>VINE System</p>	<ul style="list-style-type: none"> • Yamhill Co.: http://corrweb.co.yamhill.or.us/cornotify/offenderlist.asp • Marion Co.: http://sheriff.co.marion.or.us/sexnotif_p1.asp <p>The VINE System is a centralized Call Center that provides access to offender information including release information. Applies to all crimes, not just sexual abuse.</p> <p>To access the VINE System call 1-877-OR-4-VINE (1-877-674-8463) or click on http://www.oregonvictims.com/vines.htm.</p> <p>To search the VINE database, use:</p> <ul style="list-style-type: none"> • Offender name • Date of birth • Offender's state identification number, or JJIS number (Oregon Youth Authority) <p>VINE will quickly search for:</p> <ul style="list-style-type: none"> • Custody status • Inmate location • Offender transfer and/or release • Sentence expiration <p>Notification: Crime victims and others may register with the VINE System to receive automatic notification of an offender's custody status changes.</p>
<p>Intervention</p>	<p>It is imperative that the survivor be given the opportunity to feel empowered and to make choices about how to handle the matter.</p>
<p>Legal intervention</p>	<p><u>Restraining order for Elderly Persons and Persons with Disabilities Abuse Prevention Act (EPPDAPA).</u> Gives the right for elderly persons and persons with disabilities to petition the court for a temporary restraining order for sexual abuse. The definition of abuse under the EPPDAPA is sexual contact with a nonconsenting or unable</p>

	<p>to consent vulnerable adult. Sexual contact has the meaning of any touching of the sexual or other intimate parts of a person or causing the person to touch the sexual or intimate parts of the actor to arouse or gratify sexual desire of either party.</p> <p>Restraining orders are available from</p> <ul style="list-style-type: none"> ○ Your local circuit court, either on-line or at the courthouse; ○ State Court Administration, on-line at: www.ojd.state.or.us/osca/cpsd/courtimprovement/familylaw/ElderlyDisabledPersonsAbusePreventionActFor.ms.htm
Criminal investigation	<p>Criminal sexual behaviors are reported to local or state law enforcement. If the reported victim does not want the crime reported, then see ‘Continuum of interventions’ below to determine how to proceed and if safety is a concern, staff the case.</p>
Medical Exam	<p>Many communities have Sexual Abuse Nurse Examiners (SANE) or Sexual Abuse Response Teams (SART) to respond to victims of criminal sexual abuse. They are trained in the medical, trauma, and criminal justice aspects of sexual assault.</p>
Fund for Exams	<p><u>Sexual Assault Victim’s Emergency (SAVE) Medical Response Fund.</u> Pays for a complete medical assessment including the collection of forensic evidence.</p> <ul style="list-style-type: none"> ➤ Reported victim of assault requests the exam and may decline parts of the exam. ➤ Does not require a police report. ➤ Must be with 7 days of sexual assault. ➤ Must be within 84 hours to collect forensic evidence (rape kit). ➤ Includes testing for sexually transmitted diseases. ➤ May include emergency contraception. ➤ The victim fills out a confidential one-page form provided by the hospital or provider and then the provider submits it to the SAVE fund for payment. Law

<p>Support</p>	<p>enforcement does not have to pay.</p> <ul style="list-style-type: none"> ➤ Victim may also pay through own insurance. ➤ Donations pay for exams. There is no state funding. <p>If penetration was involved, encourage a medical exam. Even if not a recent assault, as there can be sexually transmitted disease, pregnancy, scarring, and unhealed trauma. Sexual assault victims, especially who are physically frail, may sustain internal injuries such as organ or tissue damage, fractures, and perforation.</p> <p>The reported victim should have someone that explains the medical exam and, if wanted, an advocate present during the exam.</p> <p>It is exceeding important that the reported victim know of services available to support victims of sexual abuse.</p> <p><u>Sexual Assault Services</u>: Depending upon the area of the state, there are sexual assault programs for survivors or local domestic violence organizations provide sexual assault services. These organizations supply a variety of supports and advocacy. Trained sexual assault advocates offer useful expertise in responding to sexual abuse.</p>
<p>How to find services</p>	<p>The Attorney General’s Task Force on Sexual Abuse has a webpage that lists victim services in each county for sexual abuse. This is a useful site.</p> <p>http://www.oregonsatf.org/victimservices.html</p> <p><u>Victim Assistance</u>: If the sexual abuse was reported to law enforcement, the reported victim qualifies for victim assistance which includes services such as counseling.</p> <p>For individuals who cannot advocate for what they want, because they have advanced dementia or cannot communicate, reassurance and a watch for behavioral changes should be arranged.</p>

	<p>As a responder, your advocacy, attitude, and support can contribute to healing and minimizing further trauma.</p> <p>The survivor of sexual abuse needs calm, reassuring, unwavering, non-blaming support. There should be frequent reassurance of</p> <ul style="list-style-type: none"> ➤ The abuse was not her/his fault. ➤ She or he is believed. ➤ Feelings, not matter what, are a normal part of healing. Mood swings, confusion, memory loss, betrayal, anger are normal. Survivors frequently question about how fast they heal and how they heal.
Privacy	<p>Interventions should respect and safeguard an individual’s right to privacy. Follow privacy law and policy in contacting the individual’s natural support system and making referrals to services. Refer to the guidelines in Program Generic Elements, Privacy of Protected Information: http://www.dhs.state.or.us/spd/tools/additional/generic/a.htm</p>
How much to intervene?	<p>Weigh the individual’s abilities to make decisions against the degree of risk from the abuse or from future abuse. Protective services should be proportionate to the balance between risk and informed choice. A continuum follows that illustrates how determine how much to intervene.</p>
Continuum of interventions	<p>Protective services are based upon providing the least restrictive intervention available. In responding to allegations sexual abuse, the APS Specialist must employ a continuum of options from the least to the most restrictive:</p> <ul style="list-style-type: none"> • Engage the individual discussing the abuse. Provide resource information about different community and agency supports for sexual abuse. • Locate family who may offer support and assistance respecting confidentiality and the RV’s wishes. • Seek ways that preserve the individual’s preferred living situation, it should be the perpetrator that has to leave or be put on a no contact order.

	<ul style="list-style-type: none"> • If the individual declines services, determine the degree of sexual abuse risk and if the individual has capacity to consent to or decline services. • If the individual has capacity and there is no grave risk, exhaust voluntary options for the individual. Keep the door open with the individual. Refer to sexual assault organizations. • If an emergency with grave risk exists and the individual has capacity then staff the case. • If there is a safety risk to others and others may be sexually offended then report to law enforcement. Staff if you have questions or concerns. • If capacity is a concern, seek ways to enhance and if possible restore the individual's capacity. • If the individual does not have capacity and there is an emergency with grave risk, then involuntary action may be necessary such as guardianship, conservatorship, mental health commitment for protection. • Within involuntary interventions, the least restrictive alternatives must be chosen. • Even with involuntary placement or a substitute decision maker, many interventions are still voluntary. The client retains their human rights.
<p>Difficulties in investigation and intervention</p>	<ol style="list-style-type: none"> 1. For everyone involved, sexual abuse is difficult to talk about. 2. Myths about sexual abuse and older adults and persons with disabilities. Many believe sexual abuse does not happen in these populations. Some myths about sexual abuse to older adults and persons with disabilities. <ul style="list-style-type: none"> • Myth: Not sexually attractive to offender <ul style="list-style-type: none"> ○ Sexual abuse is about power dynamics and not sexual passion • Myth: Happens infrequently <ul style="list-style-type: none"> ○ Reporting is low, 1 in 10 report • Myth: No one wants to hurt them <ul style="list-style-type: none"> ○ Perpetrators especially look for vulnerability to exploit

	<ul style="list-style-type: none">• Myth: Strangers commit sexual abuse<ul style="list-style-type: none">○ Most offenders are known to survivors• Myth: Frail elderly and persons with severe disabilities do not understand what happened to them, so are protected from the trauma.<ul style="list-style-type: none">○ Because someone cannot communicate does not mean they do not suffer. <p>3. Outside of specialized sexual abuse units, there is general avoidance about sexual abuse.</p> <ul style="list-style-type: none">• Avoidance in reporting may result in non-reporting or delayed reporting.• Avoidance in believing may result in no response or delayed response that further traumatizes the survivor and assists the perpetrator.• Avoidance talking about sexual abuse results in inadequate assessment and investigation which jeopardizes cases and appropriate intervention. <p>4. To persons not familiar with trauma effects, a survivor of sexual abuse or any trauma may present with behaviors that are difficult to accept or may not appear credible. A survivor could present as:</p> <ul style="list-style-type: none">• Stoic and show no feelings or indications they are distressed. This can be due to numbness, disassociation, and other trauma related coping mechanisms. Sometimes adults do not want to be seen as a victim and thus put up a brave face.<ul style="list-style-type: none">○ This can be misinterpreted as the trauma having no effect or that the sexual abuse did not happen.• Hysterical and show altered and extreme emotionality. This can be due to fear, flooding, and other trauma related coping mechanisms. Sometimes, persons are diagnosed as “borderline personalities” when they have PTSD.<ul style="list-style-type: none">○ This can be misinterpreted as lack of credibility.○ There can be an impulse to avoid the person and not want to provide intervention because of the emotional difficulties.• Disorganized and not be able to give a logical account,
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	<p>change their stories, or not follow through with tasks. This can be due to how memory works for traumatic events, dissociation, and other trauma related coping mechanisms.</p> <ul style="list-style-type: none"> ○ This can be misinterpreted as not being a credible witness. ○ This can result in termination of services. <p>The more one understands about trauma effects, the more one responds to and interprets behavior appropriately. It can be very useful to consult or refer to individuals or agencies that specialize in sexual abuse or trauma, as they have the skills and knowledge.</p>
<p>Risk factors</p> <p>Quote</p>	<p>There are certain vulnerabilities for sexual abuse:</p> <ul style="list-style-type: none"> ● Unable to give consent ● Language or speech difficulties, so they would have difficulties reporting the abuse ● Memory loss and other cognitive impairments ● Dependency which often relates to limited physical or cognitive functioning ● Easy access to reported victim by reported perpetrator <p>“Females are predisposed to victimization due to the greater physical, social, political, and financial power generally held by males. Old age and impairment decrease personal power and thereby increase the risk of abuse. It is not physical attributes, but rather the vulnerability, which attracts the sexual offender. Elderly, impaired individuals make excellent sex abuse victims, precisely because of their inherent vulnerability”. Holly Ramsey-Klawnsnik.</p>
<p>Potential Indicators of Sexual Abuse</p>	<p>Self report of sexual abuse</p> <p>Observation of sexual behavior between reported victim and reported perpetrator</p> <p>Physical indicators:</p> <ul style="list-style-type: none"> ➤ Difficulties walking or sitting

- Torn, stained or bloody underclothing
- Pain or itching in genital areas
- Bruises or bleeding in genital or anal areas
- Sexually transmitted diseases
- Pregnancy

Mood indicators:

An unexplained change in mood can be an indicator of abuse.

- Irritability
- Aggression
- Withdrawal
- Crying, moodiness
- Anxiety
- Agitation, hyperactivity
- Suicidal ideation or behavior

Behavior indicators:

First warnings of possible abuse are often seen in changed behavioral patterns. Any major change of behavior that cannot be otherwise accounted is an indicator. A cluster of indirect signs is a strong indicator. Very often behavior changes are overlooked in adults of advanced age or persons with disabilities.

- Difficulties sleeping, refusing to go to bed, avoiding sleeping in bed
- Sudden onset of nightmares or sleep disturbances
- Avoidance of a particular person
- Refusal to undress, bathe
- Unexplained somatic complaints: stomach aches, headaches, loss of appetite
- Talking about fears of being institutionalized, having to move, or not being able to see certain people.
- New substance abuse
- Change in eating patterns to under or over eating.
- Decline in productivity, concentration, ability to do tasks
- Acting out behaviors such as aggression, temper flare-ups, uncooperative
- Clinging behaviors

	<ul style="list-style-type: none"> ➤ Fear of being alone ➤ Reclusive or withdrawn behaviors ➤ Sudden onset of bedwetting ➤ Change in recreational behaviors, not willing to any longer join in ➤ Unusual or new sexual behavior exhibited ➤ New masturbation ➤ Genital harm or excessive genital touching ➤ Sexual comments
References	<p><u>"Speaking the unspeakable: An interview about elder sexual assault with Holly Ramsey-Klawnsnik, Ph.D" in <i>nexus</i>, A Publication for NCPEA Affiliates, April 1998.</u> http://www.preventelderabuse.org/nexus/hrklawnsnik.html</p> <p>Ramsey-Klawnsnik, H. (1996). Assessing physical and sexual abuse in health care settings. In L.A. Baumhover & S.C. Beall (Eds.) <i>Abuse, neglect and exploitation of older persons: Strategies for assessment and intervention</i>, (pp. 67-87). Baltimore.</p>