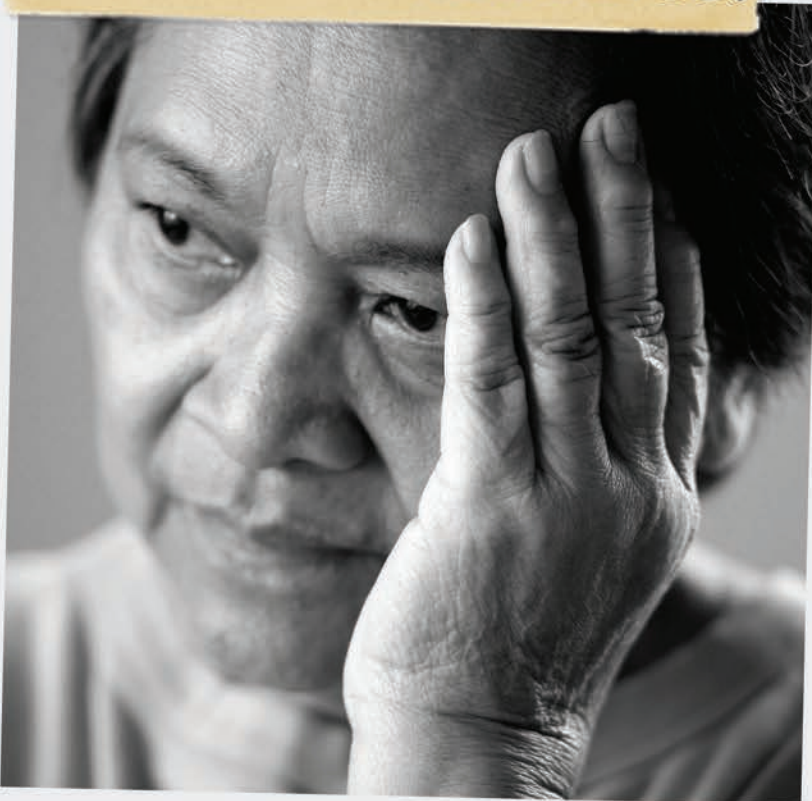


Elder Sexual Abuse in Care Facilities:



**Detection, Response,
and Prevention Part I & II**

Participant Guide

Acknowledgment

The development and completion of this **Elder Sexual Abuse in Care Facilities: Detection, Response, and Prevention, Part I and Part II** training manual is the result of a collaborative effort between...

The Department of Human Services Nursing Facility Rates and Policy Division and the Minnesota Office of Ombudsman for Long Term Care.

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About The Training Manual

The training manual is designed for caregivers and other employees in public and private care facilities. It includes information from health care professionals, legal authorities, and law enforcement meant to help caregivers protect the elderly from sexual abuse. It also includes a comprehensive set of guidelines on how to look for signs of abuse, what to do if you suspect a crime has been committed, and what to do and not to do in a crime scene. The manual also details the roles and responsibilities of professionals who could be involved in the investigation in the event a crime is suspected or has been committed.

This manual complements the Elder Sexual Abuse in Care Facilities Videos:

- Detection, Response and Prevention Part 1 – (27:42)
- Detection, Response and Prevention Part 2 – (29:22)

We recommend you break this up into at least the two parts when training in order to allow for quicker training meetings (we know how busy you are) and to give trainees time to process what they've learned before moving on. If a caregiver was unable to see the videos, they would still be able to come away with a good understanding of everything covered with this manual. However, we recommend that everyone view the videos as well for complete training.

Note

Our work is based on the information shared by the experts featured in the video, so sometimes terms like resident, client, and victim are used interchangeably.

Upon completion of the training, participants will be able to:

1. Demonstrate awareness of elder sexual abuse in nursing facilities
2. Identify potential hard and soft signs of elder sexual abuse
3. Distinguish proper boundaries between residents and staff members
4. Explain how a facility's culture can help or hinder sexual abuse
5. Recall actions necessary to preserve evidence at a potential crime scene
6. Understand the roles of advocates and SANE nurses
7. Express the importance of timely reporting



ELDER SEXUAL ABUSE IN CARE FACILITIES: DETECTION, RESPONSE, AND PREVENTION: PART I



Introduction

THE FRONT LINES OF ELDER SEXUAL ABUSE PREVENTION

As caregivers, you know better than anyone just how vulnerable the people are in your care. They often don't have the physical strength to protect themselves, the capability to communicate if something happens to them, and their cognitive abilities may have left them unable to even understand the context of a situation and/or the difference between what's good and healthy and what's bad and even criminal.

The video begins with Maya's Story, in which Maya talks about first learning about her mother's ongoing sexual assaults in her nursing home. In this powerful account, she talks about her shock, anger, frustration regarding what happened, and her own guilt around not noticing something was going on much sooner. That is because most of us are entirely unfamiliar with elderly sexual assault. As Maya says, "It's just so inconceivable that somebody would do this to an 83-year-old woman." Most people find it hard to believe that the elderly can be subjected to sexual assault, or that they even would be. In more than 80% of sexual abuse cases against older adults, the perpetrator was the

older adult's caregiver. That means we are the front lines, we are the ones who know that elderly sexual assault is more common than most people would even believe, and we are the ones who work where most of these assaults happen. We don't have the luxury to find any of this "inconceivable" or "hard to believe." Our jobs are to believe it, understand it, and develop the skills to recognize it and prevent it before it happens, including reporting any suspicions and handling the aftermath properly. As the saying goes, "If not us, then who?"

"In more than 80% of sexual abuse cases against older adults, the perpetrator was the older adult's caregiver."

What Is Elder Sexual Abuse?

After Maya's Story, the video gives some background on elder sexual abuse. Elder sexual abuse takes place when caregivers (or others who were given the responsibility to care for older adults) sexually abuse them.

Abusers target elderly people because they believe the elderly are vulnerable and are often too afraid or too ill to ask for help. The abusers may see the residents as easy targets and think that no one will believe them as they may have communication deficits, memory issues, dementia/Alzheimer's, lack of mobility, and may be isolated. The abusers also believe they can get away with their abuse because they think no one is watching so no one can trace the abuse back to them.

Sexual abuse to residents is not only limited to staff, of course. In fact, there are many cases of family, visitor, and resident-to-resident sexual abuse that we must always be vigilant in recognizing.



People find it hard to believe that the elderly are going to be subjected to sexual abuse. They are not understanding that this is a vulnerable population, and unfortunately it continues to happen in our facilities.”

LYNN GERARD, RN

Director of Quality Improvement, Education
and Risk Management
Guardian Angels Senior Services

The Facts About Sexual Abuse of Older Adults

- 70% occurs in nursing homes
- Only 30% of victims older than 65 years report their abuse
- Females are six times more likely to be victims
- Approximately 76% of incidents have had at least one witness
- In 81% of elder sexual assault cases the caregiver was the perpetrator

Important Note

If you, as an employee, are developing an emotional connection that could lead to crossing boundaries with a resident, tell someone. Talk to a friend, pastor, trusted coworker, supervisor, or a counselor. It has been proven that making your emotions known to someone diffuses the connection and its secrecy, and will help you avoid boundary violations.

Legal Definitions

THE VULNERABLE ADULT LAW

The Vulnerable Adult Law specifies the definition of elder sexual abuse and includes inappropriate touch or penetration by a staff member or a person rendering services in a facility to a resident, patient, or client. Sexual assault includes any type of non-consensual sexual contact between a patient and caregiver, including a medical healthcare worker, nurse, or doctor. The law bars any kind of sexual contact between a facility employee and a resident.

SEXUAL CONTACT

Sexual contact is the intentional touching of another person's intimate parts. Sexual contact is also the coercion of another person to touch the perpetrator's intimate parts.

Intimate parts include:

- Genital area
- Buttocks
- Breasts
- Inner thighs
- Clothing that covers any of these areas

Sexual penetration includes:

- Sexual intercourse
- Oral sex
- Anal sex
- Any penetration of another person's body, however slight, on either the perpetrator or the victim's part, including with a foreign object



It is a crime for anyone employed in a care facility to have sexual contact with a resident, even if the victim:

- Says it's okay
- Says that they want to engage in sexual activity
- Doesn't say anything at all

CRIMINAL PENALTIES

The criminal penalties for an employee who engages in sexual contact with a resident are severe, and include:

- Jail or prison time
- Mandatory requirement to register as a sex offender

Other legal definitions of sexual abuse include:

- Making sexual harassment statements, including comments about individual body parts
- Taking inappropriate pictures of residents

A person who is convicted of the crime of disseminating sexual images of a resident faces up to one year in jail and/or a \$3,000 fine. If that person puts those photographs onto a public website, it's a felony.

Bottom line: Don't take any pictures of residents.



Warning Signs: Indicators of Sexual Abuse

There are warning signs that indicate the presence of elder abuse, neglect, and exploitation. These signs must be investigated to determine if the resident has been assaulted so the appropriate actions can be taken to intervene and prevent further abuse. Victims, their families, and professionals may overlook warning signs. Particular care should be given to those who suffer from dementia or Alzheimer's.

“...With dementia patients, it is challenging to determine if the sexual assault happened or when it happened. Sexual assault victims, no matter what age, will isolate themselves. They feel like this is only happening to me. ‘No one understands why I am depressed, why I isolate, why I am crying, why I don’t want to come out of my room for meals.’ It’s very hard and traumatizing.”

KALEASE SMITH

Advocate, (SOS) Sexual Violence Services
St. Paul-Ramsey County Public Health

According to Tara Patet, St. Paul, MN City Attorney's Office, "It's not unusual for someone to minimize or even trivialize a sexual assault. We've even seen cases where people were laughing somewhat, as they're relaying the story of what happened to them in a really quite awful situation, not at all the kind of response that you might expect from somebody who has been victimized. It's important that you not read anything into that. It doesn't mean that it didn't happen, it doesn't mean that they consented to having something happen. Everybody responds to trauma in a different way."

Physical Indicators of Sexual Abuse

As caregivers, we often see generally covered parts of the body during dressing, cleaning, and bathing. This is an opportunity to look for tell-tale signs of abuse, including:

- Bruising, particularly on the breasts and the genitalia
- Discharge from genitalia
- Skin tears on areas on the body that normally you would not expect to see a skin tear

Soft Signs of Sexual Abuse

In most cases, there may not be obvious, physical indicators of abuse on the resident's body, but instead "soft signs" that we can look for in our care. For our residents, this would include any unexplained changes in behavior such as depression, arguments between caregivers and patients, strained relationships, or withdrawal from normal activities. These should be investigated.

For fellow staff members, there are a host of soft signs (sometimes simple small boundary violations) to be aware of:

- Unexplained behavioral changes, crying, sadness, isolation, fear, etc.
- Staff member being territorial with a resident
 - They always volunteer to care for a particular resident
 - Staff behind a closed door with a resident for an extended period
 - Caregiver is making choices for timing or interventions that are different from the normal care for that resident
- Staff members who are adjusting their clothing, such as buttoning their shirts or adjusting their pants, when coming out of a resident's room.
- Perhaps that resident's clothing is askew, maybe the buttons no longer line-up, maybe the clothes are off the shoulder
- Staff members who act overly familiar with a resident, such as standing too close, spending extra time with them, talking differently about them, flirting, using endearing names, such as "honey," excessive compliments about looks and clothing, or bringing them gifts. Standing too close to a resident could signify unhealthy flirting.
- Staff members who may have other boundary issues



“Soft signs of abuse are any time you see the resident changing from how they were behaving before. Pay attention to why are they doing it that way. We do this with our pets, we do this with our children. They maybe can’t put words to it. We know something is wrong.”

DR. JOHN BROSE

Associated Clinic of Psychology
Founder, CEO, Clinical Psychologist
2020 Minnesota Gerontologist of the Year
Minneapolis, MN

Resident to Resident and Visitor to Resident Abuse

Sometimes it is another resident who abuses a victim, or even a family member or other visitor, so watch for all the same soft signs of abuse when they visit.

As detective Tim Wendler advises in the video, when in doubt, “Trust your gut instinct. If it’s telling you something is not right, it is probably not right.”

“Often times we think of sexual assault between a male and female. I know of instances where sexual assaults were between two males and two females. We must keep an open mind.”

CHERYL HENNEN

Director

Minnesota Office of Ombudsman for Long Term Care

Culture and Training

The overall culture in our workplaces affects our care. Facilities with well-trained and professional staff who work as a team to provide the absolute best care possible have many fewer instances of abuse. Alternatively, when we accept undignified or disrespectful care it opens the door for a decrease in the quality of care that we provide our residents, as well as physical, emotional, and sexual abuse.

It is then up to us as individuals to avoid any even seemingly innocuous behavior when in the workplace. Frank Weber, Clinical Director of Core Professional Services says, “If one gets by with inappropriate behavior, it becomes that much easier for other staff to relax the boundaries, the community gets progressively worse, lax, and more prone to dangerous behaviors.”

As the employment lawyer Josh Heggem points out in the video: “It is difficult, if not impossible, to separate out the culture between two employees and the culture between employee and your elderly resident.”

Workplace culture is vital in determining the type of quality care that we provide. It impacts how we feel about our residents as individuals worthy of respectful and dignified care.

AVOID THE CULTURE OF SILENCE

The culture of silence is a barrier to providing safe care. If employees are fearful of communicating information to management, or fearful of the fellow staff members, they will be much less likely to report anything. This could be fear of retaliation, of not being believed, of being belittled, or fear of law enforcement involvement. When staff feel the need to be silent about the needs of a resident, there can be an undercurrent of abuse.

“Positive cultural traits in a facility are those facilities that are open, that dialogue with their staff, that emphasize the importance of all of our staff members, that everybody is a part of the team.”

LYNN GERARD

Director of Quality Improvement, Education,
and Risk Management
Guardian Angels Senior Services

CULTURE BEGINS AT THE TOP

Workplace culture begins with organization leaders, who must create a culture that is open to dialogue with their staff and emphasize to all the staff members that everybody is taken seriously and part of the team. It means having a strong, helpful presence in the facility, regularly walking among the community and talking with staff and residents. It’s also a good idea to show up unannounced in the middle of the night at least once a week in an unpredictable manner. This will help protect the people that under the state and federal law we’re mandated to protect.



MAINTAIN POSITIVE COMMUNICATION WITH RESIDENTS

Communication is key in all of our caregiving and particularly with residents whose intellectual faculties – understanding, memory, clarity – are suffering. Residents want to know what’s happening and why and our approach needs to be positive with intent, explanation, and necessity. Avoid off-color jokes, profanity, and undignified conversations.

Be certain to:

- Knock before entering a resident’s room.
- Turn on the light.
- Provide privacy.
- Move slowly and carefully.
- Have an exaggerated facial expression that conveys the message: “You are important to me. I am here as a positive entity in your life”.
- Connect with the resident before beginning a task and any time you touch their body: Make certain you let the resident know what you are doing and why you are doing it.
- When you are providing incontinence care, let the resident know what you are going to do:
 - o “I am going to check to see if your incontinence brief is wet or soiled. Let me just take a look at the product itself here, and I will be able to tell you if you are going to need to be helped.”
- Keep the clothing removed for the shortest amount of time possible.

PATIENT BILL OF RIGHTS: RIGHT TO INTIMACY AND PRIVACY

Person-centered care is a requirement to preventing abuse. Under the Patient Bill of Rights, there is a stipulation about providing privacy to two consenting residents when requested. Many people cannot picture their parents being sexual let alone their grandparents. As people age, they still have a need for touch and companionship. There is still a need to closely monitor the boundary line. Staff members have a responsibility to not violate the rights of the resident or violate their vulnerability.



Maya's Story: Epilogue

Maya's efforts to bring awareness to sexual abuse of the elderly inspired her to share her and her mother's story in the news media and to the U.S. Senate. This also helped her with her own healing process.

Maya Fischer:

"I still feel the guilt of not being able to take care of her myself, having to entrust her care to others only to have her subjected to this unthinkable assault. To be able to tell people who can really make a difference helped in the healing process. Just being able to turn something so horrible into something that might help another family or bring awareness to people who don't believe this horrible thing can happen. So, my mom wanted her ashes thrown into the waters around Maui so she could swim with the humpback whales. My husband and I went out on an outrigger with some lovely people who performed a ceremony and spread her ashes. It was beautiful as that was closure to her death, and closure to what happened. Meaningful to me at the end of the life I was able to fulfill her wish for the end of her life. Now she can swim with the whales – that's what she always wanted."



ELDER SEXUAL ABUSE IN CARE FACILITIES: DETECTION, RESPONSE, AND PREVENTION: PART II

Listen, Believe, Report

We are advocates for our residents and so always believe them when they tell us that something has happened. It is particularly important that we do not express doubt or argue with the resident. We must accept at face value what we have been told and immediately get help for that resident. It is up to law enforcement or other authority to do the investigation to decide whether or not it is true and did or did not happen.

Sexual assault advocates from outside our facilities are also available to assist in providing care and support for victims of sexual assault.

Services advocates provide:

- 24-hour crisis services, information and referrals.
- Support and information when reporting assault or seeking medical care.
- Medical advocacy during exams or while receiving medical care.
- Legal advocacy on filing a police report or other legal issues.
- Help to understand the court system and the progress of a case.
- Open support group meetings.
- One-on-one short-term counseling.
- Assistance with financial concerns.
- Community education.

“If a resident tells you that they’ve been sexually assaulted or abused don’t discount it simply because they have a diagnosis of dementia. Doing that sends a powerful message to the victim that their safety isn’t being cared for, that they’re not being believed and worse, perpetrators are left completely unchecked and are able to continue abusing not only that victim but other people as well.”

TARA PATET

Supervising Attorney, Crimes Against Persons Unit
City of Saint Paul, MN

One example from the video recounts how a report filed with the Minnesota Department of Health for sexual abuse was substantiated in 2019. They discovered the abuse happened with one resident, and as soon as they found that one resident, there were a second, a third and a fourth. A little suspicion can go a long way to protecting the resident, you and the facility.

YOU ARE A MANDATED REPORTER

The Vulnerable Adult Act of Minnesota includes provisions that state if you are employed by a licensed provider, you are a mandated reporter, who under law must report any suspected abuse, neglect, or exploitation of residents. There are penalties and possible criminal charges that can be brought against someone who has the responsibility to report but did not report.

We understand that there are many reasons you might be hesitant to report, such as you don't want to accuse a friend or coworker, are concerned about work relationships, you might not believe anything will be done and so it's a waste of time, or you might come from a community that has historical reasons for not trusting the system. In any case, we must report. It doesn't matter where you are in a long-term care facility as an employee (from housecleaning to head nurse) – if you see it, report it.

Don't think you have to prove something when reporting. You just have to have a suspicion that something isn't right, then follow up on your suspicion with the report. This provides safety for the resident as well as the nursing home.

Note

Being a mandated reporter also comes with protections in the statute that there cannot be retaliations against you for making a mandated report.

Do not assume that if you don't report someone else will do the reporting. It's also not unusual to have a victim prefer something not be reported. Your obligation applies either way. Even if a victim does not want something reported, you have to report it.

In addition, if you do not report something and it is reported or discovered at another time, suddenly **there will be suspicion upon you** – as in, “Well, why then didn't you report it knowing that you are a mandated reporter?” Protecting our clients ultimately protects ourselves.



“I would rather that I investigate 99 times and find out nothing happened, than to miss that report where something really happened.”

LYNN GERARD, RN

Director of Quality Improvement, Education
and Risk Management
Guardian Angels Senior Services

HOW TO RESPOND

If a resident tells you they’ve been sexually abused or assaulted

- Start by believing the victim. Phrases to say:
 - o “This must have been frightening”
 - o “I’ll follow up on this right away”
 - o “I’m glad you told me”
- Follow your state and facility reporting policies and procedures.
- If someone is in danger call 911.

If you witness the sexual assault of a resident

- Call 911 immediately.
- Do not do your own investigation.
- Do not ask further details of the victim.
- Follow your state and facility reporting policies and procedures.
- Make a report.

Crime Scene Investigation

In order to preserve evidence, it is important that you:

- Do not wash the bedding, bathe the victim, or remove any of the victim's clothing.
- Don't touch anything, don't move anything, don't allow others to come into the area where the crime may have occurred.
- Do not leave the individual alone in the room until law enforcement arrives.
- If you have to touch anything, wear gloves.

This is also an extremely traumatic time for the victim and so they might really be in need of your comfort. Be sure they know that they're safe, that you'll stay with them, that you believe them, that it's not their fault and that you can offer to contact a family member or friend, if they would like.

If a law officer arrives and sees that something in the crime scene was changed or moved around, they will wonder:

- If it was intentional.
- If it was intentional and with ill intent.
- If someone was trying to cover up the scene and prevent discovery of evidence.
- Or a case of someone with good intent trying to help the victim and accidentally destroying evidence.

Always leave the room the way it is. Tend to the victim's comfort, but do not clean, disturb, or move anything. This makes it harder to hold perpetrators accountable. Plus, the more you do in the room, the more likely you will be inserting your own DNA, fingerprints, and more into the crime scene.

RETAIN SURVEILLANCE VIDEO FOOTAGE

One thing that you can do to assist law enforcement is to retain any surveillance video that may exist. Not just from the victim's room or where the crime occurred, but adjacent to that – the hallways, the entrance to the facility, anywhere where the victim and perpetrator may have been. While the video may have not captured the crime taking place, it can still be used to place the perpetrator in the facility or in close proximity to the crime scene.

LET TRAINED PROFESSIONALS INTERVIEW VICTIMS

Because of the trauma associated with sexual assault, it is important that you do not engage with any sort of lengthy questioning of the victim. Let law enforcement or someone else trained in trauma-informed interviewing conduct those interviews and get that more detailed information.

An impartial interview is very important when it comes to prosecuting these cases. It needs to be understood by the jury, lawyers, and judge, to have been impartial, conducted in the proper manner, without leading questions, rather than a caregiver perhaps posing a question in a leading manner that is then thrown out in court.

Caring for Survivors

Law enforcement is responsible for the scene, the resident's room, or wherever the assault may have taken place. The SANE (Sexual Assault Nurse Examiner) nurse or the nurse in the hospital is responsible for the patient and taking care of their body and collecting the potential evidence from the body. A SANE nurse is someone who has completed training on what happens physically, emotionally, and psychologically during and after a sexual assault.

SANE nurses learn how to interview the patient in a trauma-informed manner in order to get the most accurate information they can from the victim. SANE nurses will also conduct a head-to-toe exam looking for injuries, photographing any injuries, looking for any areas they might want to swab, potential body fluids from another person, and then doing any documentation.

“In our eyes, why wouldn’t you report it? You’re a mandated reporter. So are you involved in this? Now, you’re a suspect of abusing a vulnerable adult.”

SGT. CHAD TURCOTTE
Pequot Lakes Police Department



Preparing for and Transporting to Hospital

Once law enforcement has completed their on-site work and allow the victim to go to the hospital, it is important to prepare them for their stay. Many will go with family members or by ambulance and check into the emergency room. Sometimes it helps to have a familiar person with the patient, like a staff person or a family member. Normally when we are doing a medical forensic history we don't want anybody in there other than an advocate.

It's important for us to know who is able to give consent for us to do the exam. Oftentimes the patient can give us consent once we explain what we are going to do. If they can't give consent, then we need to find the right person to give their medical consent.

You should:

- Make sure the victim has not been bathed, been given anything to eat or drink, including medications.
- Bring them in the clothing they were wearing at the time.
- Send their medication list, list of chronic illnesses, contact information, information about next of kin, guardian and/or medical decision-maker, as well as a contact back at the facility.

An exam can take anywhere between three and four hours, so they may be there at the hospital for a while and miss medications. Knowing if the victim is on blood thinners is necessary to interpret the injuries we see.

SEXUAL ASSAULT NURSE EXAMINERS (SANE)

SANE nurses can collect evidence from patients up to ten days potentially after an assault, but in the first few days we are going to be able to collect the most evidence. So, don't assume you are too late. More often than not, you are in plenty of time. More people think an exam needs to be done within a day or few hours. That's not true. We have quite a few days to do this, but the sooner the better.

Not every city in the state is served by a SANE program or offers access to a SANE. A SANE forensic nurse offers the best level of care for doing a sexual assault exam. County advocates are there to bring the victim through the experience. Know your area. Know the services. Know the capabilities of your local hospitals.

Remember also that sexual assault advocates can provide much more support to victims, families, and caregivers at every stage – before, during and after a SANE exam.

EVERY SEXUAL ASSAULT SURVIVOR IS DIFFERENT

It is important that they are involved in the follow-up plan following an abuse situation. Should they come back? Should they go somewhere else? Sometimes going back can be very unnerving, but others might want to go back because they have many friends there. These discussions need to take place between the victim, their families and caregivers, the staff, and doctors at the hospitals.

WE MAKE THE DIFFERENCE

Sexual assault of the elderly will continue to happen, as horrific and inexplicable as it is to most of us, and particularly to those of us who care for the elderly. Where there are many people living together, many of whom have physical, emotional and intellectual challenges, and a long list of staff members, visitors and others coming and going, abuse, neglect and sexual exploitation is at a much higher probability of occurring.

However, when caregivers like you understand that you are their guardians, you are their eyes and ears, you are their voices, then the opportunities for abuse, neglect, or sexual exploitation are minimized. If the facility culture points to always doing the right thing by your residents and the law, you can sleep well knowing that you've done your best to protect those you are mandated, and morally obligated, to protect.

VIDEO 1 DISCUSSION QUESTIONS:

Introduction

1. What stood out to you in Maya Fischer's story about her mother?
2. Were you aware of these sexual abuse situations?
3. Have you had an instance where someone with dementia was trying to tell you something? If so, what was it?

Warning signs: Indicators of Sexual Abuse

4. Detective Tim Wendler says to "trust your gut instinct." Have there been any scenarios where you trusted your gut and it was correct?
5. What is the difference between a hard or soft sign of sexual abuse?
6. What are some hard or soft signs of abuse that you remember from the video?

Culture and Training

7. What are some "boundaries" in your career you've seen crossed?
8. How have you handled a crossed boundary?
9. Do you agree that a facility's culture can help or hinder abuse? How so?
10. In what ways can you help improve the culture of your facility?
11. What does the "culture of silence" mean? Have you ever been a part of that culture?
12. Have you ever been reluctant to report a situation? How so?
13. Do you recall from the video how to help avoid sexual abuse allegations?

VIDEO 2 DISCUSSION QUESTIONS:

Listen, Believe, Report

14. How can your suspicions help residents?
15. What are some good responses to say to someone who tells you they were sexually abused or assaulted?
16. What are some ways to preserve evidence from a crime scene?
17. Why should law enforcement conduct victim interviews?
18. How does it look to law enforcement when evidence is destroyed?

Caring for Survivors

1. How should a sexual abuse victim be sent to the hospital? What should you send with them?
2. Should an abuse survivor return to their same facility and room? Why or why not?

Procedure discussion:

Talk about your facility's policies and procedures for handling sexual abuse.

Additional Resources

Minnesota Specific Resources:

RAPEHELPMN.ORG – Find statewide resources or locations for help
DAYONESERVICES.ORG – Day One Services – Crisis Line: 1-866-223-1111
MNCASA.ORG – Minnesota Coalition Against Sexual Assault (Policy advice)
ELDERJUSTICEMN.ORG – Minnesota Elder Justice Center
 (Support, advocacy and training) 651-440-9300

Nationwide Resources:

RAINN.ORG – 800-656-HOPE (4673) – The largest anti-sexual violence organization
U.S. Department of Justice – www.justice.gov/elderjustice/sexual-abuse

Note Section

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Your Participant Guide

**THIS PARTICIPANT GUIDE ACCOMPANIES TWO VIDEOS
THAT CAN BE ACCESSED FREE ON YOUTUBE.**

ELDER SEXUAL ABUSE IN CARE FACILITIES:

Detection, Response and Prevention Part 1 – (27:42)

Detection, Response and Prevention Part 2 – (29:22)

The training manual is designed for caregivers and other employees in public and private care facilities. It includes information from health care professionals, legal authorities, and law enforcement meant to help caregivers protect the elderly from sexual abuse. It also includes a comprehensive set of guidelines on how to look for signs of abuse, what to do if you suspect a crime has been committed, what to do and not to do in a crime scene. The manual also details the roles and responsibilities of professionals who could be involved in the investigation in the event a crime is suspected or has been committed.

Upon completion of the training, participants will be able to:

1. Demonstrate awareness of elder sexual abuse in nursing facilities
2. Identify potential hard and soft signs of elder sexual abuse
3. Distinguish proper boundaries between residents and staff members
4. Explain how a facility's culture can help or hinder sexual abuse
5. Recall actions necessary to preserve evidence at a potential crime scene
6. Understand the roles of advocates and SANE nurses
7. Express the importance of timely reporting