Montana Department of Justice

Sexual Assault Kit Initiative

Course “Adult Protective Services”
Slide 2: Welcome to the course, Adult Protective Services.

Slide 3: Content Warning: We will be talking about sexual violence which may trigger personal feelings. Please remember to take care of yourself and do what you need to help yourself.

Slide 4: Disclaimer: This project was supported by Grant No. 2017-AK-BX-0022 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice’s Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Slide 5: In this course, you will learn that survivors of sexual abuse can include the elderly and disabled. You will also learn about the roles and responsibilities of Adult Protective Services (APS), how and when law enforcement collaborates with APS, how to investigate disclosures of sexual abuse, and how to leverage advocacy services and support.

Slide 6: Sexual abuse of the elderly and disabled is a sensitive topic. If you have completed one of our other courses in the SAKI e-learning series, you will find that we tend to use the term survivor to describe both, someone who has recently been affected by sexual violence, and someone who has gone through the recovery process. Other acceptable terms would be victim, or at-risk adult. In this course, we will use the term “vulnerable adult” in addition to survivor. If you are unsure which term to use in your line of work, consult your supervisors. The best way to be respectful is to ask the affected individual’s preference.

Slide 7: Sexual offenders often prey on vulnerable individuals. Perpetrators seek out potential vulnerable adults who they perceive as easy to overpower and manipulate. They look for those who would be unlikely to report the assault and who would not be deemed credible if the assault were reported. Older adults and the disabled are especially vulnerable to sexual violence.

Slide 8: Menu:

- Understanding Elderly Survivors of Sexual Abuse
- APS Roles and Responsibilities
- Collaboration between Law Enforcement and APS
- Disclosure of Sexual Abuse
- Advocacy Services and Support
- Resources

Slide 9: Historically, people in later life have not been considered potential or actual targets of sexual violence. Misconceptions regarding rape, including the myth that sexual assault is a crime of passion,
rather than a crime of violence, also contribute to people in later life being widely overlooked as vulnerable.

**Slide 10:** APS defines sexual abuse as the commission of sexual assault, sexual intercourse without consent, indecent exposure, deviate sexual conduct, incest, or sexual abuse of children as described in MCA Title 45, chapter 5, part 5, and Title 45, chapter 8, part 2. Sexual abuse is unwanted sexual comments or actions. It can also make sexual comments or actions to a person when they are not able to understand what is happening.

**Slide 11:** Potential perpetrators could include relatives, intimate partners, caregivers, and family members, such as adult children, bus/van drivers, landlords, neighbors, senior center employees, medical professionals, adult daycare employees, handyman, etc. Consider this: Who has access to the vulnerable adult?

**Slide 12:** The prevalence of elder sexual abuse is unknown. Limited research has been done, and the usual channels for obtaining data are often ineffective to researching elder sexual abuse due to:

- Widespread disbelief that elders are sexually assaulted.
- The condition of vulnerable adults often prohibits reporting.
- Sexual abuse markers are often missed or misinterpreted in older bodies.
- Professional training is insufficient.
- Response to allegations is often insufficient.
- Many cases never reach APS or law enforcement.

**Slide 13:** Signs and symptoms to look out for:

- Physical signs: Genital, anal, throat, oral, breast injuries, bite marks, sexually transmitted diseases.
- Psycho-social symptoms: Anxiety, agitation, PTSD, attempts to flee, fear, depression, nightmares, insomnia, withdrawal, generally profound changes in behavior.
- Vulnerable adult disclosure and hints. These can be direct, for example, “The resident in the next room came in and got into my bed and molested me.” Or indirect, such as, “My husband makes me do things that I do not want to do.”
- Eyewitness reports.

**Slide 14:** There are a wide variety of reasons why an elderly or dependent adult patient may not disclose sexual abuse, also known as reporting barriers:

- Not cognitively aware
- Denial
- Afraid to escalate the abuse by telling
- They don’t think people will believe them
- Pride by wanting to maintain autonomy and not admit vulnerability
- Fear of dependency and poor care
- Shame, embarrassment
- Wanting to protect relatives, usually abusive children, from possible prosecution or public censure
- Cultural boundaries and experiences, for example sexual violence by an intimate partner – marital sexual assault was only made illegal in 1993 nationwide
- Perception of sexual violence being a rigid, aggressive act, when for many vulnerable adults that's not their experience
- Not wanting legal action
- May believe institutionalization is their only other option
- Isolation, inaccessible services, lack of transportation
- Dependency on the abuser
- Depression, psychological decline

**Slide 15: CASE INSERT: Let's look at a case example.**

**Slide 16:** Eighty-three year old Mrs. M. resided on a dementia unit of a nursing home. Mrs. M. asked nursing home staff when her son would visit, saying that she has sex with him. The son is the only visiting relative. This statement was considered the result of cognitive confusion, until a Nurse Aide witnessed the son fondling his mother’s genitals during a visit (Ramsey-Klawnik, 2003, p. 50).

Let’s take a closer look at this case.

**Slide 17:** Multiple Choice: What do we know about Mrs. M? (Mark all that apply)

- ✅ Nursing home resident
- ✅ Dementia diagnosis
- ✅ Has a son who is the only visiting loved one

Correct Answer: Correct. We know that Mrs. M lives in the dementia unit of a nursing home and has a son who is the only visiting loved one. Click anywhere or press ‘y’ to continue.

Incorrect Answer: No, that’s incomplete. We know that Mrs. M lives in the dementia unit of a nursing home and has a son who is the only visiting loved one. Click anywhere or press ‘y’ to continue.

**Slide 18:** Multiple Choice: Who, first, learned about the sexual assault allegation?

- ❏ Law enforcement
- ❏ APS
- ✅ Nursing home staff in the dementia unit.

Correct Answer: That’s right. The nursing home staff in the dementia unit were the first to learn about the sexual assault. Click anywhere or press ‘y’ to continue.

Incorrect Answer: No, that’s not right. The nursing home staff in the dementia unit were the first to learn about the sexual assault. Click anywhere or press ‘y’ to continue.

**Slide 19:** Here, reporting barriers include:

- ✅ Nursing staff not believing the vulnerable adult
- ✅ Blame on dementia or cognitive confusion
- ✅ The belief a loved one would not sexually abuse or harm his elderly mother.
- ✅ Vulnerable adult may be scared, conflicted, ambivalent to report the assault
Correct Answer: That’s right. The reporting barriers for Mrs. M included that the nursing staff might not believe her because of her dementia or cognitive understanding, that no one would believe that a loved one would sexually abuse or harm an elderly mother, and Mrs M. might have been scared, conflicted, or ambivalent to report the assault. Click anywhere or press ‘y’ to continue.

Incorrect Answer: No, that’s incomplete. The reporting barriers for Mrs. M included that the nursing staff might not believe her because of her dementia or cognitive understanding, that no one would believe that a loved one would sexually abuse or harm an elderly mother, and Mrs M. might have been scared, conflicted, or ambivalent to report the assault. Click anywhere or press ‘y’ to continue.

**Slide 20:** Take Away: People who have serious cognitive disabilities are at high risk of victimization and of being disbelieved if they disclose sexual assault like Mrs. M. Elderly sexual assault survivors may feel conflicted or confused about whether to report because it is the only person, family member or loved one that visits. For example, Mrs. M continued to ask to see her son even after the sexual abuse. This shows the complexities surrounding sexual violence committed by loved ones. Reporting a family member may undermine family relationships that may in part be rewarding, loving, and helpful despite the abuse.

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**Slide 21:** What is APS? APS is a civil investigation unit. The role and responsibility for APS is to accept reports of abuse, sexual abuse, neglect, or exploitation and investigate these reports. APS helps protect vulnerable adults from abuse, neglect, and exploitation by matching the needs of the person with community partners in their area, such as mental health, public health, law enforcement, the courts, the aging network, community groups, and the public.

**Slide 22:** Who is considered a vulnerable adult? By law, a vulnerable adult is a person who is

- age 60 or older
- has a disability, age 18 and older
- is being abused, sexually abused, neglected, or exploited.

**Slide 23:** There are multiple ways in which an APS investigator may become aware of potential or actual sexual abuse of a vulnerable adult:

- Sexual abuse is alleged in an APS report.
- Other allegations are reported and then signs/symptoms of sexual abuse discovered.
- A survivor discloses sexual abuse.
- A survivor provides hints or “coded disclosures” of sexual abuse.

Both, direct disclosures and hints or “coded disclosures” of sexual abuse may occur prior to APS involvement, during APS investigations, or during APS intervention.

**Slide 24:** What is the process of an APS investigation?
1) First, the intake: When someone makes a report online or via toll free number, an APS Intake specialist gathers information to begin the investigative process.

2) Then, the case is assigned. Each intake report is reviewed to determine if APS has jurisdiction and assigns an investigator and an investigation response timeframe.

3) Next, an investigation is conducted. Investigations include thorough interviews, observations, evidence/documentation, photographs, record reviews, and coordination with law enforcement and other agencies as needed.

4) Now, a service plan is put in place. APS works with community partners to identify protective services, such as emergency shelter, food, transportation, medical care, personal assistance, counseling, managing money or legal help, and more. These services and assistance vary for each community.

Slide 25: While the role of APS is to conduct an investigation of an alleged case of abuse, neglect, or exploitation, the role of law enforcement is to determine if a crime has been committed and make an arrest. Law enforcement officers conduct a complete investigation to determine if a crime has been committed, and if there is enough evidence to file criminal charges and build a case for prosecution. Police detectives collect statements of the survivors and all witnesses, collect physical evidence, photograph the survivor and crime scene, and identify, locate, and arrest the alleged perpetrator.

Slide 26: Start the investigation together as a team: Whenever possible, an APS investigator and police detective meet and interview the survivor together. This reduces stress on the individual because they don’t have to be interviewed multiple times and asked for the same information. Joint interviews mean law enforcement and APS have the same information and do not have to brief each other on the case as often.

Slide 27: Before the interview: Develop an action-plan and talk about your roles and the questions that need to be asked beforehand. This enables you to get the information you both need without stepping on each other’s toes and getting into turf disputes.

Slide 28: Determine if a crime has been committed: If, through the joint investigation, you determine whether a crime has been committed, or that there is not enough evidence to file criminal charges, law enforcement might not pursue the case, but APS will continue to offer supportive services. Likewise, an individual can refuse APS services while working with law enforcement on a criminal case.

Slide 29: Time and Resource Sharing: When APS and law enforcement work together as a team, you save time and provide continuity in the investigation of cases. If either APS or law enforcement gets called away on another case, the other team member can continue the investigation and keep the absent team member informed on the process of the case.

Slide 30: Respect and Utilize Expertise: Law enforcement and APS should respect each other’s roles and expertise and recognize that they can be valuable resources to each other.
**Slide 31:** Communicate with APS: When law enforcement receives the call regarding an allegation of sexual abuse, how do you know to involve APS? Ask yourself the following questions:

- Is the survivor aged 60 years or older? Report to APS.
- Is the survivor a person who is aged 18-59 and appears to have a physical, mental, or intellectual disability? Report to APS.

**Slide 32:** Law enforcement are mandatory reporters just like in child abuse cases. Think of it this way: If law enforcement receives a call that involves a child and the allegation is abuse or neglect, CPS would be contacted immediately. The same is true if you are responding to a case of abuse, sexual abuse, neglect or exploitation and the person is age 60 or older or an adult with a disability. To contact APS, you can reach out online at [www.aps.mt.gov](http://www.aps.mt.gov) and complete the online reporting form. Or you can call the toll-free number 844-277-9300.

**Slide 33:** Let’s look at another case example.

**Slide 34:** After 64-year-old Linda was homeless for a while, she bought an unfinished shed four months ago from her ex-husband, upon agreement that he would insulate the shed for her to live in. Linda is currently living in the shed, which is still unfinished, without plumbing or electricity. She reported to APS that her ex-husband is asking for sexual favors in return for completing the shed. APS cross-reported the case to law enforcement as it was received. Then, APS met with Linda at her home, the shed. Linda did not want her ex-husband to be contacted because she believes he will "beat her up" and evict her from the lot she is currently renting from him. She reported her ex-husband had raped her multiple times in the past. Linda also reported to APS that she has not contacted the police because she is fearful of reprisal from her ex-husband and returning to being homeless. Upon completing the initial interview, APS contacted law enforcement and advised them of Linda’s situation. Law enforcement informed APS that there was extensive history with the couple and that APS should not make contact with her ex-husband. APS referred for services to multiple agencies in an attempt to get relief for Linda. APS contacted law enforcement and was advised there is little that can be done when the victim is not willing to talk. APS had to close the case as inconclusive and referred to law enforcement.

**Slide 35:** Multiple Choice: What do we know about Linda? (Mark all that apply)

- She is 64 years old
- Lives in a shed on her ex-husband’s property
- Is fearful of her ex-husband
- Is fearful of reporting to LE

Correct Answer: That’s correct! We know that Linda is 64, she owns and lives in a shed which stands on her ex-husband’s property. Linda is fearful of her ex-husband and fearful of reporting to law enforcement. Click anywhere or press ‘y’ to continue.

Incorrect Answer: You’re missing something. We know that Linda is 64, she owns and lives in a shed which stands on her ex-husband’s property. Linda is fearful of her ex-husband and fearful of reporting to law enforcement. Click anywhere or press ‘y’ to continue.

**Slide 36:** True or False: Linda is not considered a vulnerable adult.
Correct Answer: That’s right! Linda is 64 years old and thus considered a vulnerable adult. Click anywhere or press ‘y’ to continue.

Incorrect Answer: No, that’s not right. Linda is 64 years old and thus considered a vulnerable adult. Click anywhere or press ‘y’ to continue.

**Slide 37:** Linda seemed comfortable working with APS.

- [x] True
- [x] False

Correct Answer: Yes, it seems that Linda was comfortable working with APS, because she was reaching out to APS for help and was open about the previous sexual abuse by her ex-husband. Click anywhere or press ‘y’ to continue.

Incorrect Answer: No, that’s not right. Linda seemed comfortable working with APS, because she was reaching out to APS for help and was open about the previous sexual abuse by her ex-husband. Click anywhere or press ‘y’ to continue.

**Slide 38:** APS and law enforcement’s response to Linda should have involved (mark all that apply):

- [x] Conducting a joint interview
- [x] Start by believing Linda
- [x] Law enforcement to follow-up on APS’s referral
- [x] Communicate between agencies regarding interviewing the suspect and/or other witnesses
- [x] Understand each agency’s roles and responsibilities to assist Linda and keep her safe

Correct Answer: That’s right! The correct joint APS and law enforcement response should include conducting a joint interview, believing Linda, follow-ups on referrals, communication between agencies regarding interviewing the suspect and/or other witnesses, and understanding and respecting each agency’s roles and responsibilities to assist Linda and keep her safe. Click anywhere or press ‘y’ to continue.

Incorrect Answer: Not quite. The correct joint APS and law enforcement response should include conducting a joint interview, believing Linda, follow-ups on referrals, communication between agencies regarding interviewing the suspect and/or other witnesses, and understanding and respecting each agency’s roles and responsibilities to assist Linda and keep her safe. Click anywhere or press ‘y’ to continue.

**Slide 39:** Take-Away: People with a history of domestic abuse are at higher risk of re-victimization and of being disbelieved, like Linda and her experiences with her ex-husband. Linda was vulnerable because of her fear to report to law enforcement. Her social situation forced her to move to an unfinished shed and her financial and environmental dependency on her ex-husband heightened her vulnerability for revenge and eviction. Law enforcement and APS should have worked together on the case and conducted a joint interview or followed-up on APS’s referral for help.
Let’s discuss how APS and law enforcement could have handled this situation better:

- Since Linda was comfortable talking to APS, APS should have attempted to correlate an interview with law enforcement to see if Linda would be willing to talk about the abuse.
- APS could also utilize, with consent, a pocket recorder to capture the interview and provide it to law enforcement.
- Keep the case open and continue to follow up until there is a resolution.
- With law enforcement and APS operating individually, many pieces of the puzzle were missing.
- APS should have requested assistance from law enforcement in interviewing Linda’s ex-husband.
- Even though the couple was well known to law enforcement, every allegation needs to be taken seriously regardless of prior history.
- Law enforcement could have tried to get involved and start the case by believing the survivor.
- Medical support should have been offered.

Slide 40: To learn how to interview a survivor of sexual assault, visit our course “Survivor-Centered Interview.”

Slide 41: Remain calm and invite the survivor to tell you more. This enables you to stay focused on the survivor, their needs, and their problems.

Slide 42: Use a slower speech or conversation pace at which you ask questions or provide information.

Slide 43: Validate the survivor’s expressed feelings. For example, what do you think you should tell a survivor who has expressed love for her sexually abusive son?

- “You should not love your son after what he did to you.”
- “It is so very painful when people we love take advantage of us.”

Slide 44: Use open-ended questions to elicit abuse details. For example, to screen for sexual abuse when other abuse was already disclosed. What should you say?

- “I am sorry to hear that. Does “the person” do other things that are hard for you?”
- Did “this person” sexually abuse you?

Slide 45: Let’s look at another example for an open-ended question. The survivor hints about victimization by saying, “Ed forces me to do disgusting things.” What should you reply?

- “Can you tell me more about those things?”
- Did Ed touch you inappropriately on your body?”

Slide 46: So, what if sexual abuse has been reported? Here’s an example. A woman with developmental disabilities who resides in a group home has difficulty walking and reports genital pain following a visit out with a relative. What would you ask her?
“I understand that you had a visit out. How did that go?”

Did your relative hurt you on your visit out?”

Slide 47: Assess the survivor’s immediate needs, safety, and well-being. Implement procedures that you have been taught for safety planning with vulnerable adults regarding immediate risks. At this time, it is not helpful to discuss long-term plans. Focus on the immediate issues only.

Slide 48: Avoid contaminating possible evidence of sexual assault.

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Slide 49: APS and law enforcement coordinated response with local advocacy services and support may:

- Facilitate sexual assault centers becoming more accessible for people in later.
- Ensure staff or advocates represent a variety of ages.
- Practice writing down resources and services.
- Allow extra time for elderly survivor’s support.
- Assist elderly survivors by consulting with their guardians or loved ones regarding the impact of sexual assault and trauma to facilitate healing.

Slide 50: Remember, the priority is the safety, health, and well-being of the survivor. Be familiar with victim advocacy services in your community and connect with an advocate about services to vulnerable adults.

Consider:

- What are the survivor’s wishes?
- How has the survivor been harmed?
- Does the survivor have capacity to consent?
- Does the survivor remain in danger of continued abuse of any type?
- What are the survivor’s needs?

Slide 51: Vulnerable-adult resources that may be helpful include relatives, friends, neighbors, faith community members, and other people who may play a role in helping to keep the survivor safe from further abuse and assisting in survivor recovery. For example, a relative may provide transportation for the survivor to sexual assault counseling sessions.

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Slide 52: Resources

The Montana DOJ’s Investigating Sexual Assault Field Guide
Montana Adult Protective Services https://dphhs.mt.gov/sltc/aps/index

Montana APS Online Reporting Form

NJ Coalition Against Sexual Assault: Sexual Violence In Later Life https://slideplayer.com/slide/10053245/

CDC: Preventing Elder Abuse

Adult Protective Services Workforce Innovations (APSWI) Field Guide for APS
https://theacademy.sdsu.edu/programs/apswi/field-guide-for-aps/

Stanford Medicine on Elder Abuse https://elderabuse.stanford.edu/

Slide 53: Blank slide.

Slide 54: In this course, you have learned about the roles and responsibilities of APS, how and when APS and law enforcement should collaborate, and how to leverage advocacy services and support.

Slide 55: Thank you for completing this course. Select “Close” to exit.

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