

Some deaf victims of sexual assault also believe they cannot rely on interpreters to accurately represent their words and experiences. Service agencies that do not have qualified interpreters on site often use the victim's family or friends to assist in interviews, which can further inhibit a sexual-assault victim's candor.

IMPROVING POLICE RESPONSE

Deaf victims who were interviewed in a study conducted in Minneapolis, Minnesota, several years ago had varied opinions on how helpful police could be after a sexual assault. Although most said they regarded law enforcement as a resource, few had actually called the police after they were victimized. Many related frustrating experiences when dealing with the police department, including 911 call-takers who could not operate a TTY machine and police officers who mislabeled a deaf person as drunk or mentally ill or who misread body language as aggressive when a deaf person was simply moving closer to lip-read.

Service providers and deaf community members agreed that law enforcement must improve its methods for communicating with the deaf community, whether they are victims, witnesses, or suspects. They also suggested that police officers need training, interpreters, and more clearly defined agency policies. For example, in a research project involving the Minneapolis Police Department it was found that the department had policies for locating interpreters, but its officers knew very little about determining if a person was deaf or how to communicate with him or her in the field.

Despite these challenges, the Minneapolis Police Department is considered a model for other jurisdictions when it comes to serving the deaf community.

ELDER SEXUAL ABUSE

As an increasing percentage of our population grows older, we are beginning to see an increase in the number of **elder sexual abuse**. In some cases, sexual assaults are being inflicted by intruders who make unauthorized entry into nursing homes or assisted-living facilities, and in other cases these abuses are being inflicted by home providers, nursing-home staff, and in some cases nursing-home residents.¹⁷

SIGNS AND SYMPTOMS OF SEXUAL ABUSE

Emotional symptoms of anxiety and depression with accompanying feelings of fear and confusion are not uncommon complaints of the elderly. The cause of the distress may not be known, but the elder is treated for the symptoms. Unless a thorough inquiry is made, a sexual assault, either acute or chronic, may be missed.

Also, because there are often delays in the reporting of the abuse, elder victims of sexual assault are less likely to have a complete sexual-assault examination.

ASSISTED-LIVING FACILITIES

Assisted-living facilities generally provide different shifts of staff, check on residents over a 24-hour period and meals and cleaning services are often provided. It is generally believed that an elder living in an assisted-living facility is in a protected environment and has safety features in place; however, this is not always the case. Unfortunately, sometimes access into the facility is not tightly controlled, thereby allowing sexual predators easy access to the patients. The following case illustrates this.

A 41-year-old man entered the unsecured door of an assisted living facility and raped an 83-year-old woman in her room. The woman reported she was awakened to the man being in her room and that he stated, "Don't scream or I am going to kill you." She further stated that he held her down and assaulted her, taunting her and ordering her to use profanity. She refused. After the assault, the man ran into a facility employee and asked her to help him find a friend who he said worked at the facility. He then put his hand over her mouth and wrestled her to the ground, grabbing her checkbook. He escaped, and the employee called 911. The police arrived at 2:45 A.M. and found the perpetrator a few blocks away. When shown videos of himself at the facility, he admitted he entered the premises to sexually assault someone. The victim's son reported that his mother's personality changed after the attack. She moved out of the facility to be closer to him but became withdrawn and reclusive, which was exactly the opposite of her pre-assault personality characteristics.

NURSING HOMES

Three common nursing-home sexual-abuse victim profiles include these: (1) physically disabled older resident; (2) cognitively impaired resident; and (3) physically impaired younger resident. The physically disabled older resident has no cognitive or mental impairment but requires assistance with mobility. The assistance may be short term, such as needing rehabilitation following surgery, or long term, as for residents with complications from a stroke. The cognitively impaired resident has a primary diagnosis of Alzheimer's disease or other dementia, and the physically impaired younger resident may have a physical impairment owing to a chronic neuromuscular disorder, such as multiple sclerosis or amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease), or

an impairment as a result of trauma from a motor vehicle accident or other severe head injury.

Nursing homes are, for the residents, precisely that—a home in which the staff functions as the residents' caregivers (in both a literal and figurative sense). The nursing home and its staff are perceived as "safe," and violations represent a more profound betrayal of trust than do violations committed outside the sanctity of the nursing home.

The sexual victimization of older adults in nursing homes is under-recognized and under-reported. Even when an incident is identified as earlier suggested, reporting is delayed and treatment and posttrauma services are often inadequate.¹⁸ Furthermore, prosecution of these crimes is fraught with problems related to poor-quality evidence because of delays in reporting. Older adults residing in nursing homes often require assistance with basic activities of daily living such as bathing, dressing, and feeding because of physical and cognitive impairments. These disabilities make an individual dependent on others and as a result make the older person an easy target for a sexual predator.¹⁹

Resident-on-Resident Sexual Abuse

The issue of elder sexual activity is sometimes addressed in policy manuals of nursing homes with a section on the sexual rights of the elderly. Unfortunately, in some nursing homes, nursing home staff are said to ignore the pleas for help by resident females. The cases in this category generally involve elderly women who have tried to reject the sexual advances of elderly males who, in most cases, preyed on many elderly victims. In such cases, there is no history of a developing relationship but rather of a predatory style.

EARLY RECOGNITION AND DETECTION

Early recognition and detection of abuse and reporting of cases means knowing the physical and behavioral indicators of sexual abuse in the elderly, being able to ask the right questions of the elder and to report all suspected cases to the proper agency (for example, law enforcement, protective services, and/or hospital for forensic services). There are two major barriers that mitigate the need to report elder sexual abuse. The first barrier is the victim's reluctance to report the incident, which may occur because she is too frightened or embarrassed. In other cases, the offender may be a domestic partner, a situation often noted in domestic violence cases. In such situations, the elder may fear being sent to a nursing home and losing his or her independence and/or financial base from the partner. Thus, a plan needs to be worked out with the elder that will not jeopardize her/his financial security. This can be done by identifying the resources and social support available to help the elder remain in the home. This may require talking with law enforcement and/or the prosecutor regarding charges that can be brought against the offending partner.

The second barrier in reporting elder sexual abuse is that of disbelief. Caregivers, staff, and family may believe the elder is fantasizing, in a cognitive disorganized state, or making up a story. As with all ages of victims, staff need to take seriously all reports of sexual abuse. It will be up to experts in the area of elder sexual abuse to determine the credibility of the allegation and up to the prosecutor as to the viability of the case in the criminal justice system. Even if the prosecutor does not find adequate evidence to make the case, the elder should be respected and receive therapy services.

INTERVIEWING ELDER VICTIMS OF SEXUAL ABUSE

The following therapeutic tasks are important to develop trust with the elder in order to do an accurate assessment of the complaint of sexual abuse.

- Tell the senior what to expect. Talk slowly and clearly. Advise victims they will be going to a hospital for an examination and for collection of evidence.
- Assess the victim's sensory abilities. Can the victim hear and see people? A quiet and well-lighted area should be used, and the investigator's/staff person's face should be well in line of vision of the elder. If there are sensory problems, learn how the elder adjusts to the deficit by asking him/her or the family or caregivers.
- Observe the victim's demeanor. Is the victim quiet, crying, angry, or in distress? Ask how the victim is feeling and if he/she has any questions about what is going to happen. Allow adequate time for the elder to express his/her emotions.

SIGNS OF PHYSICAL TRAUMA

- *Signs of physical trauma* include observable objective evidence of injury such as bruises, abrasions, lacerations, and/or bleeding. The elder and accompanying family members need to be told that a comprehensive physical assessment will be conducted by the forensic examiner observing injury to the elder's general body condition, and a separate genital examination will be conducted. Evidence of intentional injury is sought by asking the question as to how the injury occurred. Accidental injury needs to be ruled out. For example, nursing-home staff have described genital bleeding as the result of "rough peri-care" (which involves cleaning of urinary and/or rectal orifices). This may or may not be accidental, and such assertions need medical verification.
- *Symptoms of physical trauma* include an indication of trauma provided by the elder. For example, the elder may say she was slapped or held by her

throat, but no observable injury can be noted. This, too, should be noted as part of the forensic record.

- *Signs of emotional trauma* include observable signs such as crying, rocking, hands shaking, flushed appearance, signs of perspiration. Elders may try to hide their feelings by being very quiet, guarded, or controlled in their demeanor.

WHY WOMEN DO NOT REPORT RAPE TO THE POLICE

Studies have shown that many women are reluctant to report rape to their local police. The reasons most often given include:

- Lack of belief in the ability of the police to apprehend the suspect.
- Worries about unsympathetic treatment from police and discomfiting procedures.
- Belief that they were somehow at fault for the rape.
- Embarrassment about publicity, however limited.
- Fear of reprisal by the rapist.²⁰
- Apprehension, as a result of television programs or newspaper reports, of being further victimized by court proceedings.

Unfortunately, some complaints about the criminal justice system's treatment of rape victims are justified. In many jurisdictions, efforts are being made to correct deficiencies. Many corrections have come about through legislative changes.²¹ In other instances, women's groups have worked with local police departments to educate the public, especially women, about the crime of rape and to correct much of the misinformation that may be transmitted via television programs and other news media.

The failure of victims to report rapes has serious implications, because without such information, the effectiveness of the police in protecting other women is considerably diminished. A case in point occurred a few years ago in San Francisco:

A young woman who was raped turned first to her friends for help and comfort, then sought aid from a local Women Against Rape group. No one encouraged her to make a police report; she was indecisive and did nothing. Several days later, she read a news account describing a rape similar to her own. She immediately notified the police and learned the rapist had attacked three other women. With the additional information she provided, the police located and arrested the rapist by the end of the day.²²

FALSE RAPE ALLEGATIONS

During the past several years, police agencies have been more selective in assigning personnel to rape investigations. They are now more sensitive to the emotional trauma experienced by victims. However, although the vast majority of rape complaints are legitimate, investigators must remain alert to the possibility of false rape complaints.

In the rape investigation, officers have a responsibility both to the legitimate victims of rape and to men who are falsely accused of rape. There are no hard-and-fast rules to guide the investigator to the truth, but experienced investigators generally find it by carefully questioning all parties involved and scrutinizing the circumstantial and physical evidence. Investigators should conduct a complete check on the background of the victim and all suspects. If the victim is a prostitute or promiscuous, this fact should be considered in the search for the truth. But once it is evident that the legal elements for rape are present, the victim's character should be disregarded. The following case shows the importance of the victim's background in rape complaints.

An 18-year-old woman reported that she had been walking past a vacant house at night when three young men whom she knew leaped from behind some bushes and dragged her, kicking and screaming, into the house. She claimed that she resisted. While two men held her down, each took turns having sexual intercourse with her. When the last one had finished, they fled. She went to a nearby store and called the police.

The officer assigned to the case had reservations about the validity of the victim's complaint for the following reasons:

- The occupant of the house next to the vacant house said that he had heard no screams even though his house was only 20 feet away and his windows were open.
- Sand examined in the area where the men supposedly had leaped from behind the bushes was undisturbed, although there were a number of shoe impressions in the sandy patch leading into the house.
- The woman's clothing showed no indications of a struggle.
- The interior of the house was examined, and a large piece of cardboard was found on the floor in a back room. The woman stated that she had been forced to lie on this while the men raped her. There was a considerable amount of dirt on the floor near the cardboard, but, except for some shoe impressions, there were no tracks that would indicate that

a person had been dragged through the house and to the cardboard.

A physical examination administered at the hospital indicated the victim had recently had sexual intercourse, but there were no injuries or other traumas. As a result of additional information provided by the alleged victim, the investigator assigned to the case went to the suspects' known hangout, a nearby candy store. The candy store owner reported that he knew the victim, and she had voluntarily left the candy store with the three suspects earlier in the evening.

The manager said the girl frequently came into the candy store to pick up men; he said he had been told by patrons she was a prostitute who took her customers to an abandoned house nearby to have sexual intercourse. The manager was asked to call the police if any of the men returned. The following day one of the young men, who had heard that the police were looking for him, voluntarily came to police headquarters. He said he and two other young men had agreed to pay the girl \$1 each for her sexual services, to which she agreed. They were directed by her to a nearby abandoned house, and each had sexual intercourse with her. When they finished, they refused to pay her, and one of the men stole her brand-new shoes (which she had just purchased and was carrying in the original box) to give to his girlfriend. The victim was reinterviewed and admitted she had lied to the police because she was angry with the men for cheating her out of the money they had agreed to pay her and because they also had stolen her new shoes. She was subsequently arrested and charged with making a false crime report and plead guilty. She was sentenced to 30 days in jail.

Had the victim actually been sexually assaulted, her background would have been irrelevant.

Occasionally, women falsely report that they have been raped as an attention-getting device. The following case illustrates this point.

A woman whose husband was a long-distance truck driver and frequently away from home reported to police that a house painter, who had responded to her home to apply for a painting job she had advertised in a local paper, had raped her. Because of the detailed information she gave the police, they were able to arrest the man. A lineup was conducted at police headquarters, and she positively identified the painter as the man who raped her. He was then charged with rape and bound over to the local district court. He spent three days in jail before being bonded out. Several

days later, the woman had second thoughts, contacted the prosecutors, and confessed that she had fabricated the rape story in order to get her husband to stay home and pay more attention to her. She was subsequently charged with and convicted of perjury.

She was sentenced to 180 days in jail and two years' probation. Further, she was ordered by the court to apologize to the man in the local newspaper and in radio advertisements. The man who was arrested lost his part-time job as a painter and had to employ a lawyer; his children in school were confronted by other children who said "Your dad's a rapist." His wife was too embarrassed to go to town, and his 18-year-old daughter quit high school because of the way she was treated. The accused man was also fired from his primary job as a driver after being arrested. Even though he had been cleared of the charges, there was still a stigma associated with his arrest.²³

Some inexperienced investigators are not suspicious of false allegations because of the victim's age. This complacency is an error, as the following case illustrates.

A 65-year-old great-grandmother reported that a 19-year-old neighbor had raped and robbed her in her home. The woman advised police she had invited the young man over for a cup of coffee. After a while, he told her he wanted to have sexual intercourse with her. She refused his request, whereupon he slapped her in the face and told her he would kill her great-grandson, who was asleep in a nearby bedroom, unless she had sexual intercourse with him. The woman said she agreed because of her concern for her great-grandson's safety. She went into her bedroom, disrobed, and had sexual intercourse with the man. When they were finished, he demanded she give him some money and again threatened to injure the child if she failed to comply with his wishes. She gave him money, and he left.

The police pickup order was broadcast for the man. The woman was questioned and admitted she had invited the young man to her home and had suggested they have sexual intercourse; he had agreed. When they were finished, he demanded money from her. She refused. He then slapped her in the face and he threatened her great-grandson. The woman said she became frightened and gave the man her rent money. Because she now had to explain to her husband why the rent money was gone, she made up the rape complaint. However, even though the rape complaint was unfounded, a robbery had occurred.