Sexual violence against people in later life involves a broad range of contact and non-contact sexual offenses perpetrated against people age 60 and beyond. Oftentimes, older victims have experienced multiple victimizations throughout their lives. Historically, older people have not been considered potential or actual targets of sexual assault and, as a result, have been under-identified and underserved as victims.

This bulletin is designed to assist sexual assault advocates to more effectively serve people in later life and will briefly outline the following:

• research and practice findings
• the aging process
• responding to the needs of older victims
• tailoring outreach methods to include people in later life

Research and practice findings

Recognition of people in later life as potential and actual sexual assault victims and research on identified cases are in their infancy. As a result, much is unknown about the prevalence of sexual violence against people in later life as well as the cultural and demographic factors that influence its occurrence.

Prevalence of sexual violence in later life

Consistently, studies have found that less than five percent of victims presenting to emergency departments servicing sexual assault victims are older adults. However, there is reason to believe that sexual assault against older people is even more underreported and hidden than assaults against younger age groups (Burgess & Clements, 2006). Sexual violence in later life occurs in private homes, community locations, and care facilities (Burgess et al., 2008; Eckert & Sugar, 2008).

Types of sexual assault during later life

Sexual assault perpetrated against older victims involves a similar range of behaviors reported in crimes against younger people including rape, molestation, sexual threats, harassment and forced exposure to pornography (Burgess et al., 2008; Ramsey-Klawsnik, 2003; Teaster & Roberto, 2004). Sexual exploitation, including using older people to produce pornography, has also been identified. Sexual homicides of older people also occur (Jeary, 2005; Safarik et al., 2002).

Various jurisdictions and agencies define the “elder” portion of life differently but typically as commencing at age 60 or 65. In contrast, the National Clearinghouse on Abuse in Later Life (NCALL) considers older victims to be those over age 50.
Perpetrators of sexual violence in later life

The majority of identified perpetrators in domestic settings are spouses/partners and incestuous sons and other relatives (Ramsey-Klawsnik, 1991, 2003). The most frequently identified alleged perpetrators in care facilities are facility employees followed by facility residents (Burgess et al., 2000; Ramsey-Klawsnik et al., 2008).

Victims of sexual violence in later life

As with sexual assault in the general population, the majority of identified victims are women and most perpetrators are males (Burgess et al., 2008; Ramsey-Klawsnik, 2003; Ramsey-Klawsnik et al., 2008; Teaster & Roberto, 2004). Victims as old as 100 have been identified and their sexual perpetrators range in age from juveniles to senior citizens (Burgess et al, 2008; Jeary, 2005; Ramsey-Klawsnik et al., 2008). Studies have found that the majority of identified victims experience cognitive, functional, and physical limitations (Eckert & Sugar, 2008; Ramsey-Klawsnik et al., 2008; Teaster & Roberto, 2004). These limitations increase risk for sexual assault and limit the ability for older people to protect themselves from sexual violence and seek intervention assistance (Chihowski & Hughes, 2008; Ramsey-Klawsnik, 2003).

Effects of sexual violence in later life

Sexual assault can have extremely serious consequences for people in later life. Genital trauma is more frequent and more severe in older than younger victims (Eckert & Sugar, 2008; Poulos & Sheridan, 2008). Other physical injuries are often reported in addition to significant psychosocial trauma experienced by the victim (Burgess, Ramsey-Klawsnik, & Gregorian, 2008).

Responding to the special needs of older victims

Age-related changes

Normal physical changes occur as the body ages. These changes impact the body’s functions, health status, vulnerability to illness and debilitating conditions, and various abilities. These changes place older adults at greater risk of sexual and other victimization. Perpetrators may target them due to their physical and cognitive vulnerabilities. Additionally, they may depend on perpetrators for daily needs and/or to cope with debilitating conditions. Older individuals can be left unable to protect themselves from assault. Their ability to access and utilize intervention services can also be adversely affected. Please note, however, that physical age-related changes do not render older adults less intelligent or incapable of informed decision-making. Accumulated life experiences often result in older adults possessing significant wisdom, insight, and a broad range of effective problem-solving abilities. Advocates can play an integral role in building upon these strengths and inner resources.

In recognition of the age-related changes, it is important that advocates create a physical environment that is conducive to the needs of people in later life. For example, background and extraneous noise may be especially disconcerting to people with hearing declines. Written materials can be made more accessible to individuals with age-related vision changes by printing them in a large font. To make it easier to keep track of important information, legibly write out instructions, addresses, appointments, etc. When speaking with people in later life, be prepared to speak slowly and, if necessary, allow them time to process information and formulate their thoughts.
Illnesses, injuries, and disabilities affecting people in later life

Illnesses, injuries, and disabilities can prohibit people from traveling to sexual assault centers to receive services. Those who have serious physical limitations, such as paralysis, may rarely leave their home environments unless transported by ambulance or a support person. Advocates can help to overcome this barrier by considering alternative service-delivery locations.

Victims who have significant cognitive impairments, such as dementia, may not benefit from traditional sexual assault counseling. Although long-term counseling would not be effective, it is still important that the advocate provide clear information in a calm and reassuring manner. While they may not remember the details, victims may remember that a kind person tried to help them and treated them respectfully. Advocates may also find ways to work with agency social work or recreational therapy departments to assist in creating supportive and safe environments around victims.

Advocates can also help to lessen a victim’s trauma by consulting with the person’s guardian, nurse, or family members and helping them to understand how assault-induced trauma affects victims, including people with dementia. For example, studies have found that following sexual assault, people who had been victimized in their care facilities experienced pervasive feelings of being unsafe there and a desperation to leave those facilities. Information sharing may help guardians and loved ones to understand that removing victims from the locations of their assaults can lessen feelings of terror.

Generational issues

Generational issues are also important considerations in providing culturally competent services to people in later life. People in later life typically grew up in social climates that did not openly discuss sexual matters, frequently blamed rape victims, and failed to provide services and advocacy to those who had been sexually assaulted. While our current social climate still struggles with these barriers, they were even greater for older generations. Advocates can expect that older victims’ reactions, fears, worries, and concerns may differ from those of younger victims and may be experienced more intensely, especially for individuals who have experienced multiple victimizations. Advocates can be instrumental in seeing the older victim holistically and addressing the scope of their experiences with violence during their lives through collaborations and support. A diverse staff of all ages may also help to create more comfortable environments for older adults.

Mandated reporting laws

To provide effective services, it is important that advocates learn and comply with the laws surrounding the reporting of elder abuse in their jurisdictions. If required to report sexual abuse of an older person to state authorities, it will be important to inform the individual of this and to follow all applicable laws and ethical requirements. To learn more about each jurisdiction’s laws, contact the state Adult or Elder Protective Service Program, state Department of Public Health, or seek legal consultation.
Tailoring outreach methods to reach people in later life

People in later life who have been sexually assaulted have generally not sought or been referred to sexual assault services (Vierthaler, 2008). Advocates can change this by building partnerships with aging services to provide prevention education and service delivery information to older people. For example, organizations such as local Councils on Aging, nursing or assisted care facilities, and Senior Centers can be approached to host information sessions enabling advocates to directly reach the desired audience. Advocates can also work with these partners to prevent sexual violence against adults in later life through policy development, cross-training, and other efforts.

Individuals who experience extensive disabilities and rely upon the care of others are often unable to independently seek services. Building bridges to organizations that provide such care increases the likelihood that victims will be offered appropriate services. For example, collaboration with Adult Protective Services programs, nursing home Ombudsmen, and Elder Service Police officers may help to ensure that the victims they encounter are offered sexual assault services.

Public awareness materials such as posters and media spots are more likely to resonate with people in later life if they include information and images about older victims. For example, posters could include an image of an older person and the message, “Sexual assault is a risk across the lifespan.” Raising awareness about sexual violence in later life and the availability of services designed to accommodate special needs will result in more older victims seeking and receiving services.

This bulletin was developed by Holly Ramsey-Klawsnik, PhD, and is part of a Sexual Violence in Later Life Information Packet, where more information can be found. Contact the National Sexual Violence Resource Center for more information: http://www.nsvrc.org or 877-739-3895.

References


This document was supported by Cooperative Agreement #1VF1CE001751-01 from the Centers for Disease Control and Prevention. © 2010 National Sexual Violence Resource Center. All rights reserved.
Sexual violence can affect individuals across the lifespan, including people in later life. Many older victims have survived multiple victimizations over the course of their lives. Recognition of sexual violence against people in later life is hindered by misconceptions that older adults are not sexual beings or sexually desirable and that rape is a crime of passion.

A high percentage of victims experience significant health problems and disabilities that increase vulnerability and reduce help seeking (Eckert & Sugar, 2008; Teaster & Roberto, 2004). Advanced age does not protect one from sexual assault, but rather increases risk in many ways.

The National Center on Elder Abuse (2007) defines sexual abuse as “non-consenting sexual contact of any kind” including unwanted touching; sexual assault or battery, such as rape, sodomy, and coerced nudity; sexually explicit photographing; and sexual contact with any person incapable of giving consent. Jurisdictions and agencies define “elder” differently but typically as commencing at age 60 or 65.¹

Injuries

Due to age-related physiological changes, older victims tend to sustain more serious physical and psychosocial injuries during an assault than younger victims. Some of the signs and symptoms of sexual violence against people in later life include:

• Genital injuries, human bite marks, imprint injuries, and bruising on thighs, buttocks, breasts, face, neck, and other areas

Barriers to response and prevention

It is likely that sexual violence against people in later life is highly underreported. Many barriers impede the effective response and prevention of sexual abuse against older victims including:

• Social stigma and barriers preventing individuals from discussing sexual activities or sexual violence openly

• Disabling conditions that interfere with making reports

• Victim’s fear of further harm

• Victim’s reluctance to report, especially if perpetrator is a family member

• Misinterpretation of disclosure as part of dementia and of physical evidence as “normal” markings on an older body (Burgess & Clements, 2006)

• Delayed medical and police assistance and contamination of physical evidence

¹Various jurisdictions and agencies define the “elder” portion of life differently, but typically as commencing at age 60 or 65. In contrast, the National Clearinghouse on Abuse in Later Life (NCALL) considers older victims to be those over age 50.
Victims

- Most identified older victims are female; however, male victims have been reported in almost every study (Burgess, Ramsey-Klawnsnik, & Gregorian, 2008; Ramsey-Klawnsnik, Teaster, Mendiondo, Marcum, & Abner, 2008).

- In addition, genital injuries occur with more frequency and severity in post-menopausal women than younger rape victims (Poulos & Sheridan, 2008).

- Older victims are also more likely to be admitted to a hospital following assault (Eckert & Sugar, 2008).

- Victims, ranging from age 60 to 100, experienced psychosocial trauma whether or not they could discuss the sexual assault. There was no significant difference between those with and without dementia in post-abuse distress symptoms (Burgess et al., 2008).

Perpetrators

- Perpetrators of sexual violence against people in later life span a wide range in age and can be juveniles as well as other older adults (Burgess et al., 2008).

- Most perpetrators of sexual abuse against people in later life have special access to victims as family members, intimate partners, fellow residents, or care providers.

- Most identified offenders are male, however, female offenders have also been identified (Burgess et al., 2008; Ramsey-Klawnsnik et al., 2008).

- Persons who sexually offend older adults within their families exhibit characteristics of mental illness, substance abuse, domineering or sadistic personalities, sexual deviancy, and sexist views of wives as property (Ramsey-Klawnsnik, 2003).

- Sexual offenders who are older adults are typically not held accountable. National Institute for Justice Research demonstrated that the older a victim, the less likely the offender was found guilty, (Schofield, 2006).

For more information on how you can work to address and prevent sexual violence against people in later life, please contact your state, territory, or tribal coalition against sexual assault and/or the National Sexual Violence Resource Center (resources@nsvrc.org, 877-739-3895, http://www.nsvrc.org).

This fact sheet was developed by Holly Ramsey-Klawnsnik, Ph.D., and is part of a Sexual Violence in Later Life Information Packet.

Resources


The purpose of this research brief is to review research on risk and protective factors related to sexual violence in later life. The five articles reviewed in this brief discuss the unique vulnerabilities and barriers to reporting that older victims face, the nature of sexual violence in later life in various contexts and settings, and common variables among perpetrators.


**Aims:** Burgess demonstrates that adults aged 60 and over may be victims of sexual violence in various settings, and that advanced age does not preclude sexual victimization. The author discusses statistics, risk factors, and reporting issues related to sexual violence against older victims.

**Methods:** Burgess briefly reviews literature and measurement tools related to sexual violence in later life. Additionally, Burgess analyzes data from 284 elder abuse cases referred to adult protective services or law enforcement before 2004.

**Key Results:**
- Measuring sexual violence in later life is difficult for several reasons: 1) older victims infrequently seek psychological services following sexual abuse, 2) those who do may underreport symptoms or be misdiagnosed by clinicians, 3) older victims may be reluctant to report sexual abuse, 4) clinicians tend to under-recognize sexual abuse among older patients, and 5) physical signs or emotional trauma from sexual abuse may be attributed to normal frailties of advanced age.
- Physical frailty, alterations in mental status, and dependence on others are among the risk factors that place elders at risk for sexual victimization.
- The overwhelming majority of reports that Burgess reviewed involved female victims and male perpetrators. Sixty-one percent of cases involved sexual abuse, and 27.2% involved both physical and sexual abuse.
- When a victim and perpetrator were known to each other, referral to the criminal justice system was less likely, less investigation took place, and the victim received less physical examination.
- The author also reviews 77 media-documented sexual abuse cases involving older victims, focusing on perpetrator data. The majority of perpetrators were classified as having aggression, anger toward women, sexual preoccupation, or paraphilia (pathological sexual deviancy) as motivators for sexual assault.
**Application:** This report demonstrates that older individuals (especially older women) have unique vulnerabilities that place them at increased risk for sexual victimization. Victims of sexual violence in later life may be less likely to receive medical attention or criminal justice intervention if their perpetrators are known to them. This information may help in sexual violence prevention efforts by adult protective services, sexual assault advocates, medical personnel, and other service providers who serve older populations. Additionally, this document sheds light on perpetrator motivations and demographics, which may be of use to law enforcement and sex offender management programs.


**Aims:** This study of sexual abuse of nursing home residents seeks to identify victim demographics, discuss trauma responses in victims with physical and psychological difficulties, and suggest measures for preventing sexual abuse in nursing home settings.

**Methods:** The authors analyze 20 civil suits involving the sexual abuse of nursing home residents, a subset from the sample used in Burgess (2006). Because all cases were drawn from the civil courts system, each case file features detailed information on the nursing home abuse allegation, including data on victims and perpetrators.

**Key Results:**
- Three quarters of residents in the sample were incapable of walking. Twelve of the residents suffered from a primary diagnosis of dementia or Alzheimer’s disease, while the remaining residents suffered from various other cognitive and neurological disorders.
- Residents exhibited noticeable trauma-related symptoms, reenactment behaviors, and protest behaviors (i.e., refusing to take medication, resisting forensic examination). Family members reported major clinical and behavioral changes in sexually abused residents.

**Application:** This article may help nursing home staff and adult protective services understand the unique vulnerabilities of older nursing home populations with regards to sexual abuse. The majority of sexual assault victims in this study were older residents and residents who were incapable of walking independently. Residents exhibited trauma-related behaviors after the incidents, and the authors speculate that communication and cognitive difficulties may have exacerbated the residents’ trauma responses. Burgess et al. argue that all nursing home personnel should be trained to recognize signs of sexual trauma and required to screen admissions for sexual violence. Additionally, this article may help nursing home personnel institute policies and safeguards for preventing sexual abuse in their facilities.


**Aims:** Ramsey-Klawsnik et al. analyze sexual abuse reports involving older victims residing in care facilities. The authors examine case data from state authorities and devoted particular attention to analysis of the case investigation and substantiation process.

**Methods:** This study analyzes case data obtained from abuse and regulatory agencies in New Hampshire, Oregon, Tennessee, Texas, and Wisconsin. The authors analyze data on all cases of reported sexual abuse of vulnerable adults living in facilities investigated by Adult Protective Services and regulatory authorities from May 1st, 2005 to October 31st, 2005. This article reports on the portion of results regarding only victims aged 60 and over.
Key Results:

- A total of 119 reported sexual perpetrators were identified in 111 (89.5%) of 124 abuse cases involving older victims. Seventy-eight percent of reported perpetrators were male. Forty-three percent of reported perpetrators were employees of care facilities and 41% were residents of care facilities.

- The majority of older sexual abuse victims in the study (77%) were female. Many victims suffered from cognitive, psychiatric, physical, developmental, and sensory disabilities. Only one third of victims were independently capable of walking, and less than half of victims could communicate without difficulty.

- Thirty-two, or 27% of the 119 reported perpetrators were confirmed as sexual predators. Employees were accused of sexual abuse more often than residents. However, more residents were confirmed as perpetrators.

- Twenty seven percent of the cases were substantiated (markedly lower than the national average substantiation rate of 46% for all types of elder abuse cases). None of the identified sexual perpetrators were arrested.

Application: This study suggests that older victims with physical, mental, and communicative vulnerabilities may require additional supervision, services, and assistance in reporting. The preponderance of care facility residents and employees among reported perpetrators suggests that these populations should be targets of preventative measures. Lower rates of substantiation and the lack of accountability for identified perpetrators presents compelling evidence for increased collaboration for victim rights advocates, civil abuse investigators and criminal authorities.


Aims: Ramsey-Klawsnik examine sexual abuse in later life as a form of family violence. The author seeks to identify clinical dynamics, problems confronting victims, perpetrator characteristics, the range of abusive behaviors, etiological factors, and forensic markers of sexual abuse in later life.

Methods: Ramsey-Klawsnik qualitatively analyzes 130 suspected cases of sexual abuse of older victims investigated by the Massachusetts Elder Protective Services Program between 1993 and 2002. Of these cases, the author draws data from 100 cases involving sexual abuse of older victims within the family.

Key Results:

- Ramsey-Klawsnik identifies three categories of marital sexual abuse among older couples: (1) sexual abuse as a dimension of long-term domestic violence, (2) recent onset of sexual abuse within a long-term marriage, and (3) victimization within a new marriage. Of these, the first is the most common.

- The author identifies three categories of incestuous sexual abuse of older family members: (1) adult child perpetrators, (2) other relatives as perpetrators, (3) quasi-relatives (people who live with victims but are not related to them by blood or marriage) as perpetrators.

- Sexual abuse of older family members frequently involves female victims and male perpetrators. Many perpetrators identified in the study suffered from mental illness and/or substance abuse.
Male privilege and the belief that a wife is a man’s property contribute to marital sexual abuse among older couples. Sexual deviance (including sexual violence against victims in other age groups) may also be an etiological factor.

**Application:** This article explores possible motivations for sexual abuse of older victims (i.e., sexual deviancy, need for power and control) that may be of interest to service providers dealing with sex offenders. Additionally, service providers who serve victims of domestic violence and sexual assault may benefit from information on intervention and obstacles to reporting.


**Aims:** This article discusses risk factors for and traits of older sexual homicide victims and perpetrators.

**Methods:** Safarik et al. conducted a study of 110 offenders responsible for 128 solved cases of sexual homicide of elderly women. The authors draw upon data collected from 30 states by the National Center for the Analysis of Violent Crime.

**Key Results:**

- Older women are more vulnerable to crime victimization than other women, as they are more likely to live alone and may be less able to defend themselves if attacked. Some rapists may target older women precisely because of these vulnerabilities.

- Ninety percent of perpetrators in the study had prior criminal records, but only 21% had prior sex offenses in their criminal histories. The overwhelming majority of perpetrators (93%) had a history of substance abuse.

- Ninety-four percent of victims were killed in their place of residence.

**Application:** Despite the vulnerability of older women to crime, little research exists on sexual homicides involving older victims. This article may serve as a risk-reduction resource for service providers serving vulnerable older female populations and aid in the development of law enforcement investigative practices. The author presented analyses of race and employment characteristics of perpetrators, based on criminal justice arrest data. Therefore, generalizations regarding race and employment status of perpetrators should be reviewed with a lens that considers the possible influence of racial and class biases in the criminal justice system, including racial profiling and practices.

The articles reviewed in this research brief provide insight into risk factors for sexual violence victimization in later life, opening the door for future studies. This Research Brief is part of a Sexual Violence in Later Life Information Packet developed by Holly Ramsey-Klawsnik. For more information, contact the National Sexual Violence Resource Center at 877-739-3895 or visit http://www.nsvrc.org

This document was supported by Cooperative Agreement #1VFICEO01751-01 from the Centers for Disease Control and Prevention. © 2010 National Sexual Violence Resource Center. All rights reserved.
Resource List

Curricula and Manuals


Wisconsin Coalition Against Sexual Assault. (1998). Widening the circle: Sexual assault/abuse and people with disabilities and the elderly. Madison, WI: Author. This is a training manual and resource guide. It is available from the Wisconsin Coalition Against Sexual Assault: http://www.wcasa.org/docs/WTC.pdf or 608-257-1516.
On-line Training

Special Journal Editions


Videos

Wisconsin Coalition Against Sexual Assault. (1998). Widening the circle: Sexual assault/abuse and people with disabilities and the elderly. Madison, WI. Accompanying the manual listed above is a video entitled, Widening the Circle. The video depicts barriers that older adults face in accessing services. Both can be obtained from the WI Coalition Against Sexual Assault 608-257-1516.

Websites
National Academy of Elder Law Attorneys
http://www.naela.org

National Association of State Long Term Care Ombudsman Programs
http://www.nasop.org

National Center on Elder Abuse (NCEA)
http://www.ncea.aoa.gov

National Adult Protective Service Association (NAPSA)
http://www.apsenetwork.org

National Clearinghouse on Abuse in Later Life (NCALL)
http://www.ncall.us

National Committee for the Prevention of Elder Abuse (NCPEA) http://www.preventelderabuse.org

National Institute on Aging
http://www.nia.nih.gov

National Long Term Care Ombudsman Resource Center
http://www.ltcombudsman.org

National Sexual Violence Resource Center
http://www.nsvrc.org

US Administration on Aging
http://www.aoa.gov

This resource list was compiled by Holly Ramsey-Klawsnik, PhD, and is part of a Sexual Violence in Later Life Information Packet. Contact the National Sexual Violence Resource Center for more information: http://www.nsvrc.org or 877-739-3895.

This paper presents data regarding the presence of Post Traumatic Stress Disorder (PTSD) symptoms in alleged sexual assault victims in later life. Symptoms discussed include numbness, physiologic upset, startle response, and anger. Case studies are provided. The lack of training for medical providers in evaluating older adults for sexual violence is discussed. Research and practice implications are provided.


Information concerning the sexual assault of 20 nursing home residents is provided. Victims were mostly female, non-ambulatory, and experienced cognitive impairment. Assaults were identified when older victims disclosed to family members, staff witnessed them, or indicators were observed. The collection of physical and forensic evidence among older victims with dementia and communication limitations is discussed. Assaulted residents displayed physical and psychosocial trauma symptoms. Clinical, forensic, and policy implications are discussed.


Professionals from health, social service, law enforcement, and criminal justice were brought together to form a work group for sexual assault in later life research funded by the National Institute for Justice. These professionals were experienced in handling cases of alleged and confirmed sexual assault among older adults and contributed 125 cases to the study that is described in this article. Among the alleged victims, about half experienced disabilities and a broad range of injuries were sustained. Information concerning alleged victims and perpetrators is presented.


Characteristics of 18 individuals, including 15 facility employees and 3 residents, who sexually assaulted older adult residents in care facilities are described. Arrest of 11 and conviction of 5 employees resulted. All perpetrators were described as low in social competence and all assaulted older victims who were incapacitated and defenseless. The assault acts included sadistic abuse. Facility liability issues are addressed.

This research article presents findings from an exploratory study of 284 cases of alleged elder sexual abuse reported to either Adult Protective Services (APS) or the criminal justice system (CJS). A comparison of the two routes of reporting is provided along with an analysis of how cases reported to either APS or CJS differed. The research addressed characteristics of the older victims, forensic markers of sexual abuse against older victims, perpetrator characteristics, the nature of the alleged abuse, and outcomes in terms of arrest and prosecution.


This practice article describes the Massachusetts Sexual Abuse Consultation program, an Elder Protective Services initiative to train and support elder protective services workers and supervisors to effectively respond to alleged and confirmed sexual abuse against older victims. Challenges to effective investigation and case intervention are discussed. Case examples are provided to demonstrate casework techniques.


This study examined the nature and extent of coercion, violence, and physical injury among older victims of sexual assaults (55 years and older) and compared these with the sexual assault victims of mid-age (31-54 years) and younger women (15-30 years). The results of this investigation reveal that older victims of sexual assault are more likely to be living alone at the time of the attack. In addition, older victims of sexual assault tended to report higher rates of vulnerabilities such as psychiatric and cognitive disabilities than did younger female victims. In contrast to younger victims, elder sexual assault victims are also more likely to be assaulted in their own home and one-quarter of older victims require ambulance involvement. Although the use of weapons was most likely in the sexual assaults of younger women, the use of physical violence and restraint was common and equally likely among all three groups. Similarly, vaginal penetration and the presence of physical trauma were just as likely in elder victims as in younger victims of sexual assault. These results reveal new information about the nature and extent of violence and coercion in elder female sexual assaults. The vulnerability of the older victims illustrated in this investigation raises a number of research questions about these women’s prior history of victimization and future safety.


A study undertaken to determine if sexual assault characteristics differ in older versus younger female victims is described. Data were analyzed regarding adult females evaluated at a hospital emergency
department during a nine-year period. Characteristics of 102 female alleged victims over the age of 55 are provided. The older women were more commonly assaulted in their own homes or care facilities than were younger women. Compared to younger female victims, older women were also more commonly assaulted by a service provider or stranger, impaired at the time of assault, admitted to a hospital following assault, and incurred genital trauma.


Sexual abuse in the older adult population is an understudied vector of violent crimes with significant physical and psychological consequences for victims and families. Research requires a theoretical framework that delineates core elements using a standardized instrument. To develop a conceptual framework and identify core data elements specific to the older adult population, clinical, administrative, and criminal experts were consulted using a nominal group method to revise an existing sexual assault instrument. The revised instrument could be used to establish a national database of elder sexual abuse. The database could become a standard reference to guide the detection, assessment, and prosecution of elder sexual abuse crimes as well as build a base from which policy makers could plan and evaluate interventions that targeted risk factors.


This study examines juror perceptions of elder sexual abuse. In one study, 118 subjects read a fictional criminal trial summary of an elder sexual abuse case in which 76 year-old woman was reportedly abused by either her son or her neighbor. In a second study, 360 participants read a fictional trial summary in which elder sexual abuse took place in either a nursing home or the victim’s home. Conviction rates were low in both experiments (25% and 33%, respectively), suggesting that mock jurors may doubt the credibility of older victims in elder sexual abuse cases.


This early study utilized a convenience sample to survey health and social service personnel about suspected elder sexual abuse cases they had encountered. Information about 90 suspected cases is provided, including victim characteristics, relationships between them and the alleged perpetrators, and types of assaults.


This paper seeks to offer further analysis on the relationship between abuse of power, elder abuse and sexual violence. Through the analysis of available literature it is possible to observe which and how older people have been marginalized both in particular disciplines of study and policy spaces. The authors conclude that marginalization results in inadequate redress to issues of violence and power that may manifest against the older person, and which leads to feelings of vulnerability.


The purpose of this paper is to examine the ethics of nonconsensual sexual intercourse among women with dementia. The author proposes a paradigm for contextual ethical analyses, rooted in feminist
bioethical approaches, for distinguishing between sexual activity and sexual maltreatment among persons with dementia who cannot consent. This paper ultimately argues that while women with dementia are particularly vulnerable to sexual maltreatment, certainly some, if not most, sexual activity between loving spouses may be morally permissible even when one partner has dementia and cannot consent.


This article reviews literature on elder physical and sexual abuse and examines patterns in reported cases of elder abuse. Researchers analyzed 314 cases of elder physical abuse and 127 cases of elder sexual abuse between 1993 and 2003 from the Medicaid Fraud Reports. Results showed a pattern of repeat offenses, as nearly one-third of cases involved either an offender victimizing multiple victims or victimizing one victim on multiple occasions. Elder sexual abuse cases were more likely than elder physical abuse cases to involve cognitively impaired victims. Finally, witnesses were crucial to successful prosecution of elder abuse cases involving cognitively impaired victims.


A literature review conducted to examine known physical findings regarding older women who have been sexually assaulted is described. Only seven studies addressing the issue were found. Most found that older women are more likely than younger women to sustain genital injuries.


A study of 28 cases of suspected elder sexual abuse conducted in 1989 using a survey methodology of Elder Protective Services workers is described. Data presented include victim characteristics, indicators of sexual assault, relationships of elders to the alleged perpetrators, and types of assaults. Sexual victimization of people in later life is discussed, including policy and practice.


This article describes a qualitative analysis of 100 cases of elder sexual abuse handled by the Massachusetts Elder Protective Services Program between 1993 and 2002. Marital sexual assault of older victims and incest are discussed. The following are described: clinical dynamics observed in cases, problems confronting victims, perpetrator characteristics, range of abuses, etiological factors, and forensic markers.

This article provides a discussion of the sexual victimization of older victims in care facilities by fellow residents. It addresses etiological factors, impact on victims, and facility staff mishandling instances of resident sexual assault. Guidelines for appropriate staff response and education are provided.


This brief article describes the content of a special edition of the *Journal of Elder Abuse & Neglect* devoted exclusively to the topic of sexual violence against people in later life. An historical overview of the “discovery” and initial research into the topic is provided. The need for interdisciplinary collaboration to insure that older victims are well-served and perpetrators are held accountable is addressed.


Sexual abuse against people in later life in domestic and institutional settings is discussed and a compilation of clinical and research findings is provided. Professional roles and responsibilities are delineated. Types of cases confronted in clinical practice are discussed, including intimate partner violence, incest, other community cases, and assault in institutions. Documented cases illustrate frequently observed clinical dynamics, including problems confronting victims. Findings are presented regarding victims and perpetrators, forensic markers, abuse acts, and harm incurred by victims. Primary prevention, responding to indicators, reporting alleged cases, and complying with other legal and ethical requirements are discussed with a focus on the social worker’s role in intervention and treatment. (This article is available as an on-line continuing education course at www.naswma.org.)


This article addresses sexual assault in later life focusing on intimate partner violence, incest, and assault in care facilities. Prevalence, incidence, and dynamics of sexual assault against older adults are discussed, illustrative cases are provided, and relevant literature is reviewed. Tips for practitioners encountering possible sexual violence against older adults are provided, including how to screen for possible assault, avoiding the contamination of forensic evidence, responding to victim needs, and mandatory elder abuse reporting.


The process of developing a research project to study sexual abuse of vulnerable adults, including older adults, living in care facilities is described. The project sought to collect data about victims, perpetrators, facilities in which sexual assault occurs, abuse acts, the investigation process, and case outcomes. Challenges faced and how they were handled are described including creating a research design that would enable the investigation process to be studied, gaining access to and protecting highly confidential information, securing funding, building a research team, and defining study questions.


Findings from the study of sexual abuse of vulnerable adults in care facilities are provided. Addressed are both the alleged cases and those that were substantiated at the conclusion of investigations conducted by either Adult Protective Services or state licensing/regulatory staff. Data discussed include victims, perpetrators,
involved facilities, abuse acts, and forensic markers. Among the findings: 429 alleged sexual assault cases were analyzed and 78 were substantiated. Alleged victims ranged from age 18 to 101 and 42% of the confirmed victims were elders. The most common trigger for the reports of alleged assault to state officials was victim statement and the most common assault location was nursing homes. The 463 alleged perpetrators ranged in age from 16 to 96 and the largest group was facility employees followed by facility residents. Only 9% of the accused staff was confirmed as sexual perpetrators while 44% of the accused residents were and this discrepancy is discussed.


Sexual abuse of vulnerable adults (ages 18 – 59 with significant disabilities and/or older adults) living in care facilities is explored. Clinical findings, including case examples, are provided along with practice implications for nurses and other professionals who are responsible for the care of vulnerable adults living in facilities. A literature search is provided and the study of sexual abuse of vulnerable adults in institutions is described.


This article reports research findings concerning 119 alleged sexual perpetrators reported to state abuse authorities for abusing older victims in facility care settings. Most of the alleged perpetrators were employed by the facilities, and the next largest group was comprised of facility residents. Perpetrator characteristics, victim vulnerabilities, abuse acts, locations of assaults, and available case outcomes are provided. While state officials confirmed 32 of the alleged perpetrators as having sexually assaulted elders, other cases remained highly suspicious for sexual assault but unconfirmed. None of the identified perpetrators were arrested. Practice implications are discussed, including the need for increased law enforcement involvement in facility sexual assault cases and the need for collaboration between civil and criminal investigators.


Aggregated data from 125 substantiated Adult Protective Services cases of sexually abused women were collected during a 5-year period. Women older than 59 years represented 63% of the cases. Regardless of age, the most common types of abuse involved sexualized kissing and fondling and unwelcome sexual interest in the women's body. Most identified perpetrators were older males. Family members were most likely to abuse women living in the community, whereas women living in facilities usually experienced abuse by another resident. Perpetrators were prosecuted and convicted in six cases. About 12% of the women continued to be at risk of further sexual abuse.


During a 4-year period, aggregated data from Adult Protective Services case files in Virginia revealed 17 cases of sexually abused young, middle-age, and old men. The most common types of sexual abuse across age groups involved instances of sexualized kissing and fondling and unwelcome sexual interest in the individual men's bodies. The majority of alleged perpetrators were male; they typically were
similar in age to the men and resided in the same residential facility. In none of the cases was the alleged perpetrator prosecuted. Only two of the men continued to be at risk of further sexual abuse by the alleged perpetrator. Implications of these data for future research and practice include a need for studies that focus on differences between male and female victims, especially concerning investigations and interventions, and for training on reporting and intervention for facilities and agencies and organizations working with victims and alleged perpetrators.


Described are 26 cases of alleged sexual assault of men aged 50 and over residing in nursing homes. A review of the scant literature on the sexual abuse of older men is provided. Six of the cases were substantiated for sexual abuse at the conclusion of investigations conducted by civil authorities. Molestation was the most common form of alleged and confirmed assault, although rape was also substantiated. While the majority of alleged perpetrators were facility employees (75%), most (67%) of the confirmed perpetrators were facility residents.


Described is a study of sexual abuse cases involving adults over the age of 60 that were handled by Virginia Adult Protective Services from 1996 – 2001. Among the 82 victims, most were women in their 70's or 80's residing in nursing homes who had major limitations in self-care ability. Most perpetrators were older male adult nursing home residents. Only 4 perpetrators were prosecuted.


The purpose of this paper is to provide an introduction to the concept, scope and dynamics of elder sexual abuse and to offer suggestions for appropriate responses that are applicable across a wide range of health and social services. Definitions, demographic aspects and proposed causes of elder sexual abuse are discussed. Risk profiles for both community-dwelling older adults and those living in facilities are presented as a guide for professionals, followed by a discussion of physical and psychological signs of sexual abuse, and approaches for determining a client's capacity to consent to sexual activity. Finally, recommendations for appropriate responses once it is determined that abuse is likely to have occurred, including meeting obligations as a mandated reporter and providing effective communication and support to victims, are provided.


An historical perspective on social and professional reaction to sexual assault in general and to sexual assault against older adults in particular is provided. An analysis of rape myths and the rape crisis
movement is provided to help explain why older adults have been overlooked as victims of sexual assault. A Pennsylvania project designed to enhance response to victims of elder sexual violence is described.


This manual was written to assist sexual assault service providers, human services personnel, and others to effectively serve victims and survivors of sexual violence who are elderly or have disabilities. Information is provided about making services accessible to people with special needs and informing older adults and people with disabilities and their support systems about sexual assault services. Developmental, psychiatric, physical, and sensory disabilities and aging issues are discussed along with dynamics of sexual assault against people with disabilities and people in later life.


The purpose of this study was to determine the prevalence and incidence of intimate partner violence (IPV) among women age 55 and older who visit primary care offices. In a telephone survey of 995 women over the age of 55, researchers found that 1.52% reported intimate partner physical abuse since age 55, and 0.41% in the past year. Additionally, 2.14% reported intimate partner sexual assault since age 55, and 1.12% in the past year. Victims of IPV were more likely to report chronic pain and depression than patients who did not report IPV.

This bibliography was compiled by Holly Ramsey-Klawsnik, PhD, and is part of a Sexual Violence in Later Life Information Packet, which includes the following: fact sheet, technical assistance bulletin, technical assistance guide, resource list, and research brief. Further discussion and additional information about sexual violence against people in later life and its prevention can be found in those materials. Contact the National Sexual Violence Resource Center for more information: www.nsvrc.org or 877-739-3895.