

SEXUAL VIOLENCE IN LATER LIFE

Bulletin

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-Klawnsnik, 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).

¹ 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-Klawnsnik, 1991, 2003). The most frequently identified alleged perpetrators in care facilities are facility employees followed by facility residents (Burgess et al., 2000; Ramsey-Klawnsnik 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-Klawnsnik, 2003; Ramsey-Klawnsnik 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-Klawnsnik et al., 2008). Studies have found that the majority of identified victims experience cognitive, functional, and physical limitations (Eckert & Sugar, 2008; Ramsey-Klawnsnik 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-Klawnsnik, 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-Klawnsnik, & 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-Klawnsnik, 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.

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