An Introduction to Elder Abuse
Professionals:

Sexual Abuse
Understanding Sexual Abuse
Learning Objectives

At the end of this training, you will be able to:

- Define and describe sexual abuse
- List categories of elder sexual abuse
- Identify indicators of sexual abuse
- Identify strategies to respond to possible sexual abuse situations
Case Example

• Anita, a 78-year-old female nursing home resident had moderate dementia
• A nursing home staff member saw a male employee fondling Anita’s breasts and forcibly holding her as she orally copulated him.
• Anita had previously reported being attacked but her accounts were ignored due to her dementia.
Case Example (cont.)

- Tilly, a woman in her 90’s, lived with her grandson, Thomas (age 46). Tilly cleaned and cooked for him.
- After months of financial exploitation, one night Thomas beat Tilly, dragged her across a driveway and threw onto a bed where he raped her.
- When her grandson fell asleep, Tilly called police.
- Tilly was covered in bruises, had injuries with glass fragments, and had a vaginal tear.
Sexual Abuse

Non-consensual sexual contact of any kind with an older adult.

- Includes any form of unwanted sexual contact
- Includes sexual contact with a person legally unable to give consent

(National Center on Elder Abuse)
Consider adding state, tribal, or territorial statutes relating to sexual abuse here. These may be found in criminal law, protective services, or other statutes.

Consider discussing reporting laws in the Response Section (slide 26).
Significantly Under-Reported by Victims

- Victims may be unable to report due to physical and cognitive limitations or other medical conditions.
- Reports are often discounted and evidence is ignored.
- Older victims may:
  - Be uncomfortable discussing sexual subjects.
  - Feel ashamed and embarrassed.
  - Fear of losing spouse, partner, family member or caregiver.
  - Be unaware conduct is sexual abuse (e.g., spousal rape).
Significantly Under-Reported by Professionals

Professionals may not report abuse because they may:

- Believe that older adults are not sexually abused
- Believe that spouse, family member or caregiver would never harm the older adult
- Not know how or where to report
- Fear what will happen to them or their job if they report
Victims

- Most victims are women; although men are also victimized
- When abused by spouse, partner or family member, it is most often part of a pattern of domestic violence or incest
- When abused in a facility, victims typically have significant disabilities
- When assaulted by strangers, victims are often selected due to perceived physical vulnerabilities
Perpetrators

- Primarily men but women can also be abusers
- Range in age from minors to older adults
Perpetrators Can Be

- Spouses and intimate partners
- Family members
- In a Facility
  - Facility Staff and Volunteers
  - Visitors
  - Residents
- Strangers or acquaintances
- On-line predators
Categories

• “Hands-On”

• “Hands-Off”

• “Harmful genital practices”

(Ramsey-Klawsnik, 1996)
“Hands-On”

Nonconsensual sexual contact between the parties.

- Often crimes such as rape, sexual battery, oral copulation, sodomy
- Also includes:
  - Unwanted forcible sexual contact
  - Sexual contact with a person legally incapable of giving consent
  - Unwanted touching
  - Trafficking
“Hands-Off”

Nonconsensual sexualized conduct committed against the victim without physical contact between victim and abuser.

- Examples
  - Forcing an older adult to view pornography or others engaged in sexual activity
  - Voyeurism
  - Sexually explicit photographing
  - Forcing an elder to remove clothing and be viewed by others
“Harmful Genital Practices”

Unnecessary, obsessive or painful touching of the genital area that is not part of a prescribed nursing care plan

- **Examples**
  - Inserting fingers into an older adult’s rectum or vagina
  - Application or insertion of creams, enemas, soap, and washcloths when not medically prescribed
  - Cleansing inner and outer genital areas with alcohol wipes.

- Perpetrators justify their behavior
  (Ramsey-Klawsnik, 2010, 1996)
Physical Indicators

- Bruises to outer arms, chest, mouth, genitals, abdomen, pelvis, or inside thighs
- Bite marks
- Difficulty walking or sitting
- Torn, stained, and/or bloody clothing including underwear, bedding, or furnishings
- Unexplained sexually transmitted diseases or HIV
Behavioral Indicators

Unexplained or sudden changes such as:

- Mood or temperament
- Personal hygiene
- Substance use or abuse
- Regressive behaviors
- Covering up in many layers of clothing
- Trying to flee a residence or facility
Behavioral Indicators (Cont.)

Unexplained or sudden **changes** such as:

- Sleep disturbances
- Recent resistance to certain kinds of caregiving such as bathing
- Hyper-vigilance
- Does not want to be touched
- Avoidance or fear of specific people
Behavioral Indicators (Cont.)

- Coded disclosures by older adult:
  - “He’s my boyfriend”
  - “He loves me”
  - “I’m his favorite girl”
  - “I’m 80—should I have VD? Could I be pregnant?”

- Potential offender (family or caregiver) behaves in inappropriate or romantic ways
Response to Sexual Abuse
Victim Safety

All responses and interventions must consider and prioritize victim safety.
What You Can Do

- **Recognize** the signs of Sexual Abuse
- **Ask**
- **Report or refer**
If Older Adult Can Answer Questions, Consider Asking:

- Has anyone asked you to do something that was uncomfortable? Did it cause you pain?
- I see bruises (or marks) on your arms. Can you tell me how you may have gotten them?
- Is someone touching you in a way that makes you uncomfortable?

*Ask privately in an area where you will not be overheard*
Report - Refer

REPORT

- 911 or law enforcement (life threatening or possible crime)
- Adult protective services
- Regulatory agency (if abuse occurs in a facility)

REFER

- Local sexual assault organization
- Ombudsman or licensing board (if abuse occurs in a facility)
Consider inserting slides describing the local jurisdiction’s elder abuse/vulnerable adult reporting law
Consider adding local resources and programs. (See “A Guide to Planning Your Elder Abuse Presentation” at ***** for more information.)
Additional Resources

- Rape, Abuse & Incest National Network (RAINN) (800-656-HOPE)
- National Sexual Violence Resource Center 877.739.3895
For more information, visit us!

ncea.aoa.gov
Also on Facebook, Twitter, YouTube

centeronelderabuse.org
Also on Facebook, YouTube
For additional resources, visit www.ncea.aoa.gov

This slide set was created for the National Clearinghouse on Abuse in Later Life for the National Center on Elder Abuse and is supported in part by a grant (No. 90AB0002/01) from the Administration on Aging, U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy.”