

SaferSex4Seniors

Information you need to enjoy safer sexual pleasure!

Sexual Violence in Later Life

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 usually define “elder” 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,
- Fear, anxiety, mistrust, and dramatic changes in victims’ behavior
- Eyewitness reports and disclosures by victims
- Observed suspicious behavior of perpetrators by others

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

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.

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).

Resources

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>).

Burgess, A., & Clements, P. (2006). Information processing of sexual abuse in elders. *Journal of Forensic Nursing*, 2, 113 – 120.

Burgess, A., Ramsey-Klawnsnik, H., & Gregorian, S. (2008). Comparing routes of reporting in elder sexual abuse cases. *Journal of Elder Abuse & Neglect*, 20, 336 – 352. doi:10.1080/08946560802359250

Eckert, L., & Sugar, N. (2008). Older victims of sexual assault: An under-recognized population. *American Journal of Obstetrics & Gynecology*, 198, 688.e1 – 688.e7. doi:10.1016/j.ajog.2008.03.021

National Center on Elder Abuse. (2007). Major types of elder abuse. Retrieved from: http://www.ncea.aoa.gov/NCEAroot/Main_Site/FAQ/Basics/Types_Of_Abuse.aspx

Poulos, C., & Sheridan, D. (2008). Genital injuries in post-menopausal women after sexual assault. *Journal of Elder Abuse & Neglect*, 20, 323 – 335. doi:10.1080/08946560802359243

Ramsey-Klawnsnik, H. (2003). Elder sexual abuse within the family. *Journal of Elder Abuse & Neglect*, 15, 43 – 58. doi:10.1300/J084v15n01_04

Ramsey-Klawnsnik, H., Teaster, P., Mendiondo, M., Marcum, J., & Abner, E. (2008). Sexual predators who target elders: Findings from the first national study of sexual abuse in care facilities. *Journal of Elder Abuse & Neglect*, 20, 353 – 376. doi:10.1080/08946560802359375

Schofield, R. (2006). Office of Justice Programs focuses on studying and preventing elder abuse. *Journal of Forensic Nursing*, 2, 150 – 153.

Teaster, P.B., & Roberto, K.A. (2004). The sexual abuse of older adults: APS cases and outcomes. *The Gerontologist*, 44, 788- 796. doi:10.1093/geront/44.6.788

Author bio: This fact sheet was developed by **Holly Ramsey-Klawnsnik, Ph.D.**, and is part of a Sexual Violence in Later Life Information Packet. It is used with the permission of the author.

This document was supported by Cooperative Agreement #1VF1CE001751-01 from the Centers for Disease Control and Prevention.

NSVRC • 123 North Enola Drive, Enola, PA 17025 • Toll free: 877-739-3895 • www.nsvrc.org • resources@nsvrc.org