Sexual Abuse in Later Life: Believing and Supporting Older Survivors

"The invisibility of older people who have been raped or sexually assaulted in research and in practice is an indictment of our society and needs urgent redress.¹"

Sexual abuse occurs across the lifespan, but sexual abuse in later life is highly under-researched, under-reported and under-discussed—even often not believed to happen at all. This resource aims to bring much needed attention to the issue of sexual abuse in later life. It will unpack what sexual abuse in later life is, describe the unique issues faced by older survivors of sexual abuse, and discuss the barriers older survivors face in accessing safety and healing. The resource will also briefly examine why sexual abuse in later life falls under the radar and conclude with some strategies for supporting older survivors.



Understanding Sexual Abuse in Later Life

What is Sexual Abuse in Later Life?

Sexual abuse in later life is a form of <u>abuse in later life</u> that includes any non-consensual sexual contact of any kind with an older adult. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes but is not limited to:

- unwanted touching and all types of sexual assault or battery, such as rape, sodomy, and coerced nudity;
- hands-off crimes such as sexually explicit photographing, unwanted sexual comments, sexual threats, exhibitionism, or voyeuristic acts;
- intrusive or unnecessary touching of the older adult's genitals under the guise of care.

What Are Some Signs and Symptoms of Sexual Abuse in Later Life?

Signs and symptoms of sexual abuse include but are not limited to:

- an older adult's report of being sexually assaulted, sexually harassed, or raped;
- bruises around the breasts, inner thighs, pelvis, or genital area;
- unexplained sexually transmitted infections;
- · unexplained vaginal or anal bleeding;
- · urinary tract or vaginal infections;
- difficulty walking or sitting;
- · torn, stained, or bloody underclothing or bedding;
- · avoidance or fear of specific people;
- recent resistance to certain kinds of caregiving such as bathing;
- · confusion about the nature of a relationship with a caregiver; and
- · unexplained or sudden changes in:
 - · mood, temperament, or routines;
 - personal hygiene; and/or
 - substance use or misuse.

Who are the Victims?

While most identified older victims are female², any older adult regardless of their race, culture, gender, gender expression, sexual orientation, social class, geographic area, mental capacity, and /or physical ability may be a victim of sexual abuse in later life. Due to ableism, racism and other forms of oppression, older adults who are disabled, Black, Indigenous, and People of Color (BIPOC), or immigrants experience increased vulnerability to all forms of abuse, including sexual abuse.



Who Are the Perpetrators?

It is widely acknowledged that most perpetrators of sexual abuse in later life are in a trusted relationship with the victim—adult family members, such as adult sons or daughters, grandchildren, or siblings and fellow residents at a facility—or individuals who hold a position of authority—non-relative caregivers or other employees of a nursing home or another type of living facility.³ Though research is limited, older individuals most often reported that the perpetrator was a spouse or a partner.⁴ When cases have been reported in facilities, the common perpetrators are paid caregivers and other residents living in the facility.⁵ Less commonly, perpetrators of sexual abuse against people in later life may also be strangers or acquaintances.

Where does Sexual Abuse in Later Life Occur?

People often assume that sexual abuse of older adults only occurs in facilities (e.g., nursing homes, assisted living facilities). It's significant to note that just 1.4% of seniors in the U.S. live in assisted living facilities and 4% of seniors live in nursing homes.⁶ Additionally, research has shown that sexual abuse in later life commonly occurs in private dwellings as well as in facility settings. People working with older adults should not fall prey to the common misperception that sexual abuse in later life is an issue isolated to facilities.

Unique Issues of Sexual Abuse in Later Life

- Due to natural age-related physical and anatomical changes, older survivors often sustain more serious physical injuries and are more likely to be admitted to a hospital following an assault.⁷ ⁸
- Sexual assault complaints in facilities may be investigated internally without involvement from law enforcement in order to protect the facility's reputation and financial well-being.
- The system may be less responsive to older victims making a report, seeing them as less credible witnesses or confusing trauma symptoms with age-related issues or dementia.
- It is important to reiterate that memory loss is not an inevitable part of aging. Normal brain aging may mean slower processing speeds and more trouble multitasking, but routine memory, skills, and knowledge are stable and may even improve with age.⁹
- Sexual assault of older survivors with dementia should be taken seriously.
 People with dementia or early stages of Alzheimer's often retain memory of emotional/ traumatic events like abuse, even with loss of verbal and declarative memory. Directly-experienced traumatic events are less likely to be forgotten over time than other types of memories.¹⁰

Barriers in Accessing Safety and Healing

Our youth-obsessed culture revers young, beautiful, fit, and able-bodied individuals and often casts older adults as the foil to this ideal. Because of societal and ageist beliefs that sexual assault only happens to younger people, older victims of sexual abuse are often not believed. Ageism also impedes society's ability to detect and respond appropriately to sexual abuse in later life. Assumptions about an older victim's physical or cognitive abilities can prevent them from being believed when they report being abused.



For some older adults, cultural, generational, or spiritual values influence their understanding and acknowledgment of their abuse. These values may also affect their willingness to open up about their experience and may shape the language they use to talk about body parts, sex, or sexual abuse. For example, adults in their 50s and 60s may be more likely to identify what happened to them as sexual assault, whereas those older may refer to their experience as a trauma, an invasion, or a violation, but not label it as sexual violence.



Additionally, an older adult's values may contribute to a sense of guilt, self-blame, or embarrassment, which may further discourage them from disclosing the abuse. Some victims may feel the need to protect the perpetrator, especially if it is an adult child or grandchild, fearing what will happen to their family if a report is filed.

Why is Sexual Abuse in Later Life Under the Radar?

Under-researched

Aging and sexual violence are both established fields of research, yet there is a lack of research that examines sexual violence in the context of age and limited data is available to help determine the extent to which older individuals are experiencing sexual abuse. This may be due to a variety of factors. Firstly, cognitively-impaired older adults who live in the community and older adults who live in residential care settings are often excluded from community-based samples.¹¹ ¹² Further, women aged 60 and over are typically excluded from population-level studies on sexual violence.¹³ Finally, it is important to note that most studies rely on survivors who self-report to a victim crisis center or law enforcement, leaving out any individuals for whom that is not an option due to physical or mental incapacities, fear, embarrassment, shame, or other reasons.

Under-reported

Most sexual assaults go unreported—just 31% are reported.^{14 15} For older adults, the number of reported cases drops to 28%.¹⁶ The Rape Abuse and Incest National Network (RAINN) shares some of the reasons that survivors of all ages choose not to report their abuse to law enforcement:

- 20% feared retaliation;
- 13% believed the police would not do anything to help;

- 13% believed it was a personal matter;
- 8% reported to a different official;
- 8% believed it was not important enough to report;
- 7% did not want to get the perpetrator in trouble;
- 2% believed the police could not do anything to help; and
- 30% gave another reason, or did not cite one reason.

Under-discussed and dismissed altogether

Sexual abuse is a sensitive topic and the idea of sexual abuse in later life is incomprehensible to many. Despite awareness efforts to dispel the idea that sexual abuse is about lust or passion rather than power and control, that damaging misconception is pervasive today. Ageist and ableist notions favoring the beauty and vitality of youth and centering able bodies as the norm make it even more difficult to believe that an older adult could be sexually assaulted. Further, societal attitudes and responses to those who experience sexual violence are compounded by ageism that portrays older people as asexual and therefore outside the accepted boundaries of concern as survivors of sexual violence.¹⁷ Ageist and ableist stereotypes about older people lacking capacity to understand what happened to them also play a role.

Offering Healing Supports and Resources to Older Survivors

Victim safety is vital for all survivors of sexual violence. Following are some support and safety strategies for older survivors:

- Start by Believing: All survivors deserve
 to be believed and reassured that no one
 deserves to be abused. If an older adult
 shares that something has happened to
 them, start by believing them.
- Listen: Many older survivors will not self-disclose using language like sexual assault, sexual abuse, or rape. Intentional listening can help with abuse recognition and identification.
- Recognize: Older adults are not a monolith, and each older survivor has a
 personal history, cultural heritage, generational experiences, and values
 that make them unique among older survivors and different from younger
 survivors.



Learn and Unlearn: When providing services to an older survivor, do not
make assumptions based on their identity—learn from them. Commit to
learning about their background, culture, generational values, and
communication styles. Abandon a one-size fits all services approach and
take direction from the survivor in determining what healing and justice
looks like.

- Validate: Compassionate messages
 acknowledging that the abuse is not the
 victim's fault and recognition of the courage
 needed to talk about these personal
 matters are important. Avoid asking
 questions that imply the survivor is to
 blame for the abuse.
- Support Their Healing: With the survivor's consent, offer a connection to a contact (a warm referral) at a local rape crisis center or accompany the older survivor to a Sexual Assault Nursing Examiner (SANE) exam.



- **Support Their Decisions:** Recognize that individuals are the best judges of their own safety and risk. Service providers may offer support, resources, and information about options, but should do so in a way that is survivor-centered and respects the victim's right to make decisions that the provider might feel are not ideal.
- Respect Their Confidentiality and Privacy: Generational and cultural beliefs may underscore an older adult's need for privacy and confidentiality when accessing services. Confidentiality is often statutorily required. These legal requirements include federal and state laws mandating advocates to have a fully informed, signed, and time-limited release of information before any discussion may occur regarding the survivor's situation.
- Understand Mandatory Reporting Requirements: Most states have
 mandatory reporting statutes that require individuals to report certain
 injuries or cases of elder abuse or neglect to law enforcement, social
 services, and/or a regulatory agency. Learn about mandatory reporting
 requirements and know what your mandatory reporting laws entail. If you
 are a mandatory reporter, let the survivor know this before they make any
 disclosures so they can make an informed decision about the information
 they choose to share.

- **Represent:** Create a <u>welcoming and inclusive environment</u> for older victims. Include images of older adults from various backgrounds in physical spaces, online, and in outreach materials. Offer books, movies, and social activities of interest to individuals of all ages and generations.
- **Provide Accessible Services:** Ensure that barriers that limit access for individuals with <u>mobility</u> and <u>communication</u> issues are addressed.
- Engage and Amplify: Older survivors might learn about resources available to them through non-traditional means, such as their faith community, their financial institution, or the community center. Connect with other organizations in your community to learn about available options for older survivors.

Support Resources

- The National Sexual Violence Hotline
 - Telephone Crisis Intervention Services are available by calling 1-800-656-HOPE: Trained sexual assault hotline staff from the Rape, Abuse, and Incest National Network (RAINN) provide crisis intervention, empathetic listening, and warm handoffs to designated local service providers.
 - Chat: Survivors and loved ones can access confidential help online (online.rainn.org) through a chat-based platform on any Internetconnected device.
 - Text: RAINN offers resources and referrals via SMS, or text messaging.
 RAINN does not provide crisis intervention services via text due to concerns over privacy and confidentiality.

• Seek Then Speak

An app created by <u>End Violence Against Women International</u> (<u>EVAWI</u>), and technology partner <u>VictimsVoice</u>, which allows sexual assault survivors and support people a way to privately gather information and explore options for medical care, supportive services, and reporting to police (SEEK). If survivors choose to do so, they can then begin the process of reporting to police by completing a detailed, self-quided interview (SPEAK).

Endnotes

- 1 Lea, S. J., Hunt, L., & Shaw, S. (2011). Sexual assault of older women by strangers. *Journal of Interpersonal Violence*, *26*(11), 2303-2320.
- Ramsey-Klawsnik, H., Teaster, P. B., Mendiondo, M. S., Marcum, J. L., & Abner, E. L. (2008). Sexual predators who target elders: Findings from the first national study of sexual abuse in care facilities. *Journal of Elder Abuse & Neglect*, *20*(4), 353-376.
- 3 National Sexual Violence Resource Center (2010). Sexual Violence in Later Life Fact Sheet.
- Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. J. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health*, 100(2), 292-297.
- Ramsey-Klawsnik, H., Teaster, P. B., Mendiondo, M. S., Marcum, J. L., & Abner, E. L. (2008). Sexual predators who target elders: Findings from the first national study of sexual abuse in care facilities. *Journal of Elder Abuse & Neglect*, *20*(4), 353-376.
- 6 Consumer Affairs, Assisted Living Statistics 2024: Population & Facilities. Retreived from: https://www.consumeraffairs.com/assisted-living/statistics.htm-l#national-statistics
- Poulos, C. A., & Sheridan, D. J. (2008). Genital injuries in postmenopausal women after sexual assault. *Journal of Elder Abuse & Neglect*, 20(4), 323-335.
- 8 Eckert, L. O., & Sugar, N. F. (2008). Older victims of sexual assault: An underrecognized population. *American Journal of Obstetrics and Gynecology*, 198(6), 688-e1.
- 9 Centers for Disease Control and Prevention. Alzheimer's Disease and Healthy Aging: Recognizing Symptoms of Dementia and Seeking Help. Retrieved from: https://www.cdc.gov/aging/publications/features/dementia-not-normal-aging.html
- 10 Wiglesworth, A., & Mosqueda, L. (2011). People with dementia as witnesses to emotional events. Washington, DC: National Institute of Justice.
- 11 Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American journal of public health, 100(*2), 292-297.
- 12 Cannell, M., Manini, T., Spence-Almaguer, E., Maldonado-Molina, M., &

Andresen, E. M. (2014). U.S. population estimates and correlate of sexual abuse of community-dwelling older adults. *Journal of Elder Abuse & Neglect, 26*(4), 398-413.

- 13 Fileborn, B. (2017). Sexual assault and justice for older women: A critical review of the literature. *Trauma, Violence, & Abuse, 18*(5), 496-507.
- 14 Federal Bureau of Investigation, National Incident-Based Reporting System, 2012-2016 (2017)
- Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Felony Defendants in Large Urban Counties, 2009 (2013)
- Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Crimes Against the Elderly, 2003-2013 (2014).
- 17 Patterson, J. (2016). *Queering sexual violence: Radical voices from within the anti-violence movement.* New York: Riverdale Avenue Books.
- 18 Bows, H. (2018). Practitioner views on the impacts, challenges, and barriers in supporting older survivors of sexual violence. *Violence Against Women*, *24*(9), 1070-1090.



This resource was created by the National Clearinghouse on Abuse in Later Life (NCALL), March 2024. For additional information, please visit us online: www.ncall.us.

This project was supported by Grant No. 15JOVW-23-GK-05142-MUMU awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.