

# Research & Advocacy Digest

*Linking Advocates & Researchers*

VOLUME 10 | 6  
NOVEMBER 2009

## Elder Sexual Assault and Abuse

### Letter From The Editor

TRISHA SMITH – ADVOCACY SPECIALIST, WCSAP

Seven years ago, in the spring of 2002, WCSAP published the first *Research and Advocacy Digest* that addressed elder sexual assault and abuse. WCSAP had the privilege of interviewing Holly Ramsey-Klawnsnik, Ph.D., a leading researcher in the field. The publication discussed the scope of elder sexual abuse, offered tips and tools for response, and provided important validation that sexual assault programs can effectively work with this population with a few changes in approach and training.

Seven years have passed and WCSAP felt it was pertinent to take another look at this issue, asking the question, “What has changed?” As the research for this edition of the *Digest* began, I was not sure what to expect. From a personal perspective, I recognized that I have had very few discussions within my own network about elder sexual assault. Once I attempted to start these dialogues, most of my peers were quick to change the topic. While sexual assault is never an easy conversational piece, the topic of elder sexual assault seemed especially difficult to delve into.

As I continued to explore this topic, it became apparent that the issues addressed in 2002 are still prevalent to this day. This prompted a number of poignant conversations amongst the Coalition staff and other colleagues in the field as we began to take another look at the way the movement to end sexual violence is responding to elder sexual assault. The ever-pressing need to raise awareness and facilitate a change in the public’s perception and in the practice of professionals became more and more evident.

The language used to label this population was an important consideration. As you will notice, the research articles use variations of “older,” “elder,” “elderly,” and “senior.” The term “elder” resonated as the most inclusive and respectful, honoring the life experiences and wisdom of this group of people. Additionally, it was important to avoid any terminology that indicated that only a specific type of elder – such as the frail, dependent

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individual - was at risk for sexual violence. It is our hope that the term “elder” is seen as a celebration of the incredible diversity within this group, and also holds the movement accountable to working with survivors throughout the lifespan.

In the vein of labels and categorizations, there were many discussions around age. Each article reviewed differs slightly in its definition of older survivors, and there is no specific time when one changes from adult to elder. We do know, however, that the elder population is growing. According to a 2006 report by the U.S. Census, there are currently 35 million Americans age 65 and over, 59% of whom are female. That number is expected to double by the year 2030, an important consideration when discussing the need for outreach and prevention strategies.

In this issue of the *Research and Advocacy Digest*, we are most pleased to present an interview with noted experts Karla Vierthaler, MPA, and Nanci Newton. Karla Vierthaler has combined research with the development of practical materials to assist those who work with elders; Nanci Newton was the coordinator and developer of the Stop Violence Against Elders program in Jacksonville, Florida. We also provide a sampling of recent research on elder sexual abuse. For our reviews, we have selected research on the basis of its usefulness to advocates and its reflection of the scope of this topic. The studies presented highlight the diversity of this population and the complexity of the issues facing advocates. We review studies on elders both in the community and in care facilities; we look at various systems and their response to victimization of elders; we examine the barriers to service access and community awareness, along with some promising practices.

As we come back to the impending question of “What next?,” Vicky Glawnick from Washington State’s Department of Social and Health Services (DSHS) offers noteworthy feedback from the Adult Protective Services (APS) field. Our conversation revealed an excellent opportunity for community partnerships. Currently APS does not have training for its staff on sexual assault and abuse. When asked if training provided by a community sexual assault program would be useful, Glawnick stated that this would not only be very helpful, it would bring the two fields together and provide the elder community with more comprehensive services. While this is just one piece of the puzzle, it would be a great step in achieving a coordinated community response.

Taking this conversation to your staff, your clients, and your community may result in some valuable feedback on how to continue to improve and expand sexual assault services within the elder community. From the Coalition’s standpoint, it will be essential to get the feedback from programs on the work you are doing with the elder population and any concerns you are facing, as this information will help drive the Coalition’s next steps. As the research illustrates, this is a vital issue for the Movement to continue to address. The elder population is in great need of our support. ■

# Interview with Karla Vierthaler and Nanci Newton

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TRISHA SMITH – ADVOCACY SPECIALIST, WCSAP

*Karla Vierthaler (KV), MPA, is the Outreach Coordinator for the Pennsylvania Coalition Against Rape. Nanci Newton (NN), is the Director of the Advocacy Program at the University of South Florida in Tampa.*

**WCSAP:** Please tell us a little bit about yourself and the work you do.

**KV:** Currently, I work for the Pennsylvania Coalition Against Rape (PCAR) on various projects addressing sexual violence in populations historically underserved by the anti-sexual violence movement (basically all groups excluding women and children), including people with disabilities, LGBT communities, victims of trafficking, and people living with substance addiction. My work at PCAR began with the creation and implementation of a curriculum and technical assistance materials cross-training sexual violence advocates and older adult protective service workers on detection, legal aspects, and service provision around elder sexual abuse. Pennsylvania is one of five states that does not have [general] adult protective services—we only have protective services for adults over 60 and children under 18. While this is something advocates in various disciplines are trying to correct, the law or lack thereof did give us a unique opportunity to create resources on sexual abuse of adults over 60. Similar grants to train protective service workers were awarded to coalitions in other states, but the focus was on vulnerable adults and older adults—two distinct populations.

**NN:** Currently I am the director of the victim advocacy program at the University of South Florida. Prior to this I was the coordinator and developer of a program called Stop Violence Against Elders at the Women's Center in Jacksonville, Florida. We received an Office on Violence Against Women (OVW) grant to create a training program for criminal justice professionals to recognize, investigate, and successfully prosecute cases of sexual and domestic abuse of elders. I pulled together a coalition of experts and interested individuals—which included an educator from the Area Agency on Aging, a director of the Alzheimer's Association, two detectives that investigated elder abuse cases in the county, victim advocates from both the rape recovery team and the domestic violence program, as well as representatives of the city of Jacksonville's elder services.

I presented my research to the coalition, and we then held focus groups with uniformed officers of the Jacksonville Police Department. The purpose of the focus groups was to look at not only what they knew about elder abuse, but also how they like to learn [to determine their preferred training format]. Based on this feedback we developed the curriculum *Stop Violence Against Elders: A Comprehensive Training for Law Enforcement and Criminal Justice Professionals*, available on a CD-ROM. It went on to win a National Telly Award and an International Videographers Award.

We continued to train law enforcement throughout northern Florida, as well as prosecutors and elder abuse investigators from Adult Protective Services (APS). Interest in the training continued, so I wrote another proposal and received funding from a Chicago-based elder abuse research foundation that funded an additional two years of training in which we worked with home care workers, health aides, and victim advocates.

Currently I am working on my doctorate, writing my dissertation on some aspect of violence against elders. I continue to work as a consultant and researcher on the topic.

**WCSAP: WCSAP discussed elder sexual assault and abuse in a 2002 issue of the Research and Advocacy Digest. What progress has been made over the past seven years in addressing the needs of this population?**

**KV:** Progress has been slow, but steady. There have been both state and federal funding for projects addressing the issue. OVW has dedicated funding to address elder abuse including sexual assault. Elder advocacy organizations have begun to discuss sexual abuse more. The *Journal of Elder Abuse and Neglect* dedicated an issue to addressing elder sexual abuse. HBO aired a documentary called “Rape in a Small Town” about Florence Holway, an 89-year-old victim of sexual assault.

On the other hand, the same small group of professionals continues to conduct research on the topic, and nothing has been done on a scale large enough to capture prevalence. I have seen a shift in perception when training on the topic. When I began in 2003, people didn’t believe that elders were being sexually assaulted, but I don’t get that anymore. People seem aware that it’s happening and want to know more.

**NN:** I have been in the field for about 38 years now, and one of the first cases I ever got involved a predator who raped 19 elderly women in a nursing home. I remember the shock I felt, when none of the investigators or the advocates had ever worked with a situation like this. That is when I really began to get interested in the issue; I was introduced to it early. As I continued my work in rape crisis centers it seemed that anytime there was a victim over 60 I would become that individual’s advocate.

In the last five years I am seeing more knowledge on the part of detectives investigating elder sexual abuse cases. I do see a need for more education with prosecutors, as most elder abuse cases prosecuted focus solely on financial abuse. If there is financial abuse going on, it is important to ask what kinds of coercive tactics were used by the family member, and find out what else is going on.

With the right support and assistance elderly individuals can be valuable witnesses.

Overall, we still have a lot of work to do educating criminal justice personnel on the issue. One thing I have learned is that elders are rarely seen as potentially effective witnesses. With

the right support and assistance elderly individuals can be valuable witnesses. For example, I worked with a woman who was 96 when she was raped by her grandson. At the age of 97 she stood up in a jury trial, was a very effective witness, and he was convicted.

**WCSAP: The articles we found about elder sexual assault all cite concerns about the lack of information available on this topic. Why do you think this topic is largely neglected?**

**KV:** I think sexual violence is a topic that is largely neglected, and even more so are diverse populations experiencing sexual violence. It's not a pleasant topic, and it becomes more unpleasant when we talk about people that society views as needing to be taken care of—children, elders, people with disabilities, etc.

**NN:** I think it is part of a progression of our knowledge about sexual violence. Gradually, as years go by, we start looking more broadly and deeply at the issue of sexual violence. We are much more aware of the extent of violence against children. We are starting to become more aware of sexual violence against people with disabilities, although they are still very neglected.

We also don't want to think about elders in this context. The myths are still out there that sexual assault is about sex. As long as people continue to believe this, they are not going to see elders at risk in our youth-oriented society, because elders are not seen as sexually attractive or active. As long as those myths prevail, this topic will continue to be neglected. Finally, elders are a very silenced population of victims; they are silenced in so many ways.

**WCSAP: The label “elder” includes an incredibly diverse set of individuals; it encompasses various cultures, sexual orientations, abilities, and life experiences. What are some considerations for advocates when providing support to an elder? For example, how does working with a healthy and active 65-year-old woman differ from working with a healthy and active 25-year-old woman? How does that differ from working with an elder who has a high level of dependency?**

It is essential to take the time to build rapport when working with an elder victim.

**KV:** The feedback I've heard from the field is that time is the most important thing you can give when advocating for an elder victim. It is essential to take the time to build rapport when working with an elder victim. When providing counseling or providing advocacy within different systems, keep in mind that an elder victim is experiencing not only the trauma of sexual violence but also the discomfort of unfamiliar settings and situations. It is important that they trust you to lead them through that world, and that you know them well enough to advocate for their needs. For example, people with arthritis may feel best in the mid-morning; others may feel most comfortable when their care provider comes to feed and bathe them, or when they prefer to eat meals. Keep in mind that change and trauma are both more difficult as we age.

Other than building rapport, working with an elder victim requires the same skills as working with any victim: meet them where they are, ask them how you can best serve their needs, etc.

**NN:** In my experience, when I've worked with younger victims it is generally the worst thing that has ever happened to them. When working with an elder victim, yes this may be the worst thing that has happened, but they also have coping skills developed out of major life experiences. For the oldest of our elders, they were experiencing childhood during the Great Depression and were young adults in World War II (WWII). Going through those major life experiences has forged their strength and helped them to develop coping skills.

It is also important to look at generational themes or values, and know the generation of the elder you are working with. At this point we have two primary groups of elders – the Baby Boomers and the WWII generation. With regard to the WWII generation, there is a stoicism that is a part of their value system. They often lived their whole lives in the same house, usually a multigenerational home, and were a part of a strong community. This is also a population that abides by the “pull yourself up by your bootstraps” mentality, which adds to their silence. It is also important to remember that they are not typically comfortable talking about sex.

The Baby Boomers, of which I am one, are more of a mobile population. Many of us don't live near our childhood homes and our children might not live anywhere near us. We “let it all hang out,” easily talk about sex, and are generally not as silent.

I think it helps if you yourself are an older advocate. I am a proponent of having victim advocates of various age groups within an agency; a lot of agencies have advocates in their twenties and thirties. It is important to attract advocates of all generations to your agency, and if that isn't happening, you need to do something different. Diversity in age is very important.

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No matter your age, there are still ways to build rapport. To begin with, advocates cannot expect this population to come to you; advocates need to go to them. Sometimes typical boundaries in an agency need to be changed to accommodate this population. It is important that they are comfortable. I recommend going to their homes, nursing homes, or perhaps a senior center. It is also important to remember that a lot of elders may not be able to be that mobile; they may be unable to drive, sit, or stand for long periods of time. It is important that the advocate be the mobile one.

Personally, when I work with elders, I look around their living space and start conversations about, say, the pictures on the wall. If you start talking to them about things like that, you show that you are interested in them as a person. Also, it is really important to ask them what they need to be comfortable. For example, someone you are working with may be hard of hearing. Asking “Where is the best place for me to sit so you can hear me clearly?” will help ensure their comfort.

Always make sure your handouts are in a minimum of 16 point font, with black print on white paper. Your agency may need to make special copies of your materials. I would also always carry a magnifying glass in my bag. You want to make sure everything is relevant to all ages. Look at your brochures and make sure you have pictures that are generationally relevant.

I am always concerned about how forensic exams are done; most places do not have a protocol for elder victims, which is something experts should be developing.

**WCSAP: What are the major barriers to older sexual assault and abuse survivors accessing services? Have you encountered any innovative approaches to overcoming those barriers?**

**KV:** Generational beliefs around sexual violence have been the largest deterrent, in my opinion. If we place ourselves in the 1950s and 60s, when most of today's 60- and 70-year-olds grew up, we can recognize the profound difference in beliefs about sexual abuse as compared to today. Elder victims blame themselves; they don't understand how they could become victims. Many do not tell anyone about the crime, much less seek services.

Reaching out to elders and the professionals who work with them seems to be the most effective approach, but these strategies take time, and advocates meet resistance. I have heard of many cases where a victim is connected with a program through a professional, and talks to an advocate to be polite and agreeable, but does not want services. This goes back to the need to build rapport and establish a relationship where the elder feels comfortable enough to share his or her experience.

**NN:** I think there are several groups of workers in a very good position to notice elder abuse, such as home health care workers. Getting them trained to spot signs of abuse and to respond appropriately will help to bring down barriers to service. During focus groups, I found many elders who said they would contact someone at the senior center if they were ever sexually assaulted or felt that a friend was being abused. Meals on Wheels is another program that would be important to connect with. So many elders don't know that there are services available, and there are few age-appropriate and culturally appropriate services available.

Knowing that the majority of elder survivors have been sexually assaulted by family members, I think we also have to change the model for domestic violence shelters and advocacy. The shelter environment is more geared towards women with children and younger women; it is not conducive to assisting an elder.

There may be limitations with regard to legal advocacy. I have witnessed domestic violence advocates at court who are only allowed to work with cases involving intimate partner sexual violence. These agency restrictions leave elders out, because many are being abused by other family members and they are not able to get any help even when they are reaching out for it.

**WCSAP: What suggestions do you have for advocates working with elders who are coming forward about sexual assault or abuse in their past?**

**NN:** I think that you are going to work with the elder pretty much the same as with a younger

adult talking about past sexual assault. It is never too late to heal, and that is the message that needs to be given.

There are developmental tasks that elders need to perform, as with any age in life, that are important to recognize. These tasks may be useful in the healing process. Elders may wonder what legacy they are leaving, asking questions such as “What have I done with my life?”

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**WCSAP: What is the role of multidisciplinary teams (MDT) in addressing this issue and can you tell us how that works?**

**NN:** I think they are essential to addressing the issue; it can't be done properly without an MDT. The MDT should include aging experts, someone from the nearest Alzheimer's Association, detectives specializing in this area, victim advocates from community programs that are dedicated to working with this population, a SANE nurse experienced in this issue, as well as prosecuting attorneys who are committed to prosecuting these cases.

**WCSAP: What role should community sexual assault programs take in training other professionals and service providers?**

**KV:** Certainly an active one. Sexual assault programs should attempt to cross-train as many organizations that work with elders as they are able. But recognizing that budgets are tight and staff time is already stretched thin, it is equally important that elder sexual abuse, as well as the sexual abuse of all underserved victims, be discussed in all the outreach that community sexual assault programs offer.

**NN:** The first step for CSAPs is to train themselves and learn everything they can about elder sexual abuse. After that, I think they could not only train professionals but also pull together the MDTs.

**WCSAP: Can you share some thoughts about successful prevention programs?**

**NN:** I think we have come farther along in the service area than we have in the prevention area. Reaching out to elders and teaching them how this kind of abuse happens, teaching them to be alert to all forms of elder abuse, and educating family members on signs of abuse and how to talk with their elders is effective. For able-bodied elders, self-defense applicable to their bodies has been successful.

**WCSAP: How can we ensure that the voices of elders are being represented in the movement to end sexual violence?**

**KV:** Involve elders in the movement! Reach out to elders in the community and offer opportunities for them to volunteer, to serve on the board of directors, or to work part-time

at your agency. That said, keep in mind that elders are represented in the movement. Many of our founding mothers either still work at community sexual assault programs, or are involved in some way. Ask these individuals to be involved in your work; ensure projects have multi-generational representation. We have long recognized and valued diversity among our staff, volunteers and clients, and elders are an important component of diversity.

**NN:** We have to recruit elders, first of all, to be advocates. We also need to reach out to them and to ask them to serve on advisory boards or boards of directors, to become agency volunteers, or to assist in other ways. There are ways to recruit elder volunteers; a good place to start is connecting with professional organizations for retired professionals within your community.

**WCSAP:** **What additional suggestions do you have for programs and for advocates? What are the next steps?**

**NN:** I think you need to do an inventory of your agency and of yourself. It is very important for both agencies and individuals to examine their own attitudes about aging. It is one of the “isms.” We all have ageist attitudes; look at the message your agency is giving. This includes looking at programs, materials, and outreach areas.

I recommend learning more about the issue. Go to trainings specific to elder sexual abuse, check out the websites cited at the end of this publication, and then start really tackling elder abuse by pulling together the MDTs.

**WCSAP:** **Thank you so much for taking the time to share your thoughts and experiences with us.** ■

# Research Reviews

## Best Practices for Working with Rape Crisis Centers to Address Elder Sexual Abuse

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VIERTHALER, K. (2008). BEST PRACTICES FOR WORKING WITH RAPE CRISIS CENTERS TO ADDRESS ELDER SEXUAL ABUSE. *JOURNAL OF ELDER ABUSE AND NEGLECT*, 20(4), 306-322.

This report offers best practices for community sexual assault programs responding to elder sexual abuse. Karla Vierthaler, Outreach Coordinator at the Pennsylvania Coalition Against Rape (PCAR), participated in the Pennsylvania Elder Sexual Abuse Project, a collaboration between PCAR and the Pennsylvania Department of Aging. Largely due to the success of this project, “sexual abuse, the most underreported form of elder abuse, has become a topic of interest in both sexual violence and elder advocacy communities” (p. 321). Vierthaler offers valuable feedback on her successes and shares what she has learned along the way. This article is an important tool for any agency interested in effectively collaborating with and responding to this population.

Before one begins this work it is important to have a meaningful understanding of the many barriers elders face when addressing sexual violence. As Vierthaler states, “today’s elder victim grew up in a world of sexism, where even the rape crisis movement discriminated on basis of age, race, and gender. This affects how elders experience and view sexual victimization, and how society and professions dealing with crime victims respond to elders” (p. 309). The modern rape crisis movement has developed from this history with an acknowledgment of the connections between sexual violence and oppression.

The lack of recognition of the elder population’s risk for sexual victimization contributes to the high rate of unreported cases and to the inadequate response of the criminal justice and social service systems to those cases that are reported. Vierthaler credits society’s continued subscription to rape myths as a major reason why elder survivors are not connected with appropriate services.

Furthermore, elders do not identify community sexual assault programs as a potential resource. The elder population tends to feel “extreme fear and shame after sexual victimization. Isolation, dependence on care, fear of removal from home or nursing facility, fear of reprisal, and generational beliefs such as the value of keeping information private, along with shame and guilt, keep many elderly sexual assault victims in a solitary web of misery and depression” (p. 310).

Isolation, dependence on care, fear of removal from home or nursing facility, fear of reprisal, and generational beliefs such as the value of keeping information private, along with shame and guilt, keep many elderly sexual assault victims in a solitary web of misery and depression.

To ensure that elder survivors feel safe in accessing available support services, programs must make certain their services are welcoming to those with differing abilities. Vierthaler points out that an elder victim may not be able to call for services; they may also be unable to travel independently to a center to ask for help. It may be that the very person a victimized elder depends on for transportation is also the perpetrator of the sexual assault. The best practice recommendation is to plan for new, creative methods of advocacy and outreach specific to the needs of the elder population, and to be willing to make unique accommodations.

As in work with any marginalized population, including the voices of elders in dialogue about service delivery, support, or program development will help ensure the responses developed are appropriate.

PCAR and Vierthaler have seen success providing advocacy to elder sexual abuse survivors when sexual assault programs and elder service providers work together. The author recommends that Adult Protective Services and other community professionals should be members of the community sexual assault response team (SART), where there is such a team. Community sexual assault programs can also encourage collaboration by hosting a training or community forum on this issue, inviting other stakeholders to the table to raise the level of awareness within the community. As in work with any marginalized population, including the voices of elders in dialogue about service delivery, support, or program development will help ensure the responses developed are appropriate.

Vierthaler is able to offer first-hand experience of the success of this multidisciplinary approach and also to prepare programs for the potential “road bumps” along the way. She recommends a thoughtful plan that identifies the amount of time needed to build relationships, a realistic understanding of the resources available, and acknowledgement of the potential differences in philosophy between various service providers. The Pennsylvania Elder Sexual Abuse Project is evidence that once partnerships are established, a community can come together to create positive changes in society’s response to the sexual abuse of our elders. ■

## Understanding Elder Sexual Abuse and the Criminal Justice System’s Response: Comparison to Elder Physical Abuse

PAYNE, B. (2009). UNDERSTANDING ELDER SEXUAL ABUSE AND THE CRIMINAL JUSTICE SYSTEM’S RESPONSE: COMPARISON TO ELDER PHYSICAL ABUSE. *JUSTICE QUARTERLY*, 1-19.

Dr. Brian Payne identifies two major flaws in the systemic response to older sexual assault victims: (1) approaching the cases as if they were identical to other sexual assault cases, or (2) addressing the “elder victim of abuse” aspect, but not the special concerns engendered by sexual assault. Payne focuses on sexual abuse cases involving elder nursing home residents, exploring the differences between sexual and physical assault of elder victims. He identifies the need to distinguish between sexual and physical assault in order to determine whether victims are receiving the right kind of services, to clarify the risk factors and causes for each form of abuse, and to identify effective prevention strategies.

The article contains an extensive literature review. Payne observes that, while elder sexual abuse is “the *least reported* type of elder abuse, [that] does not mean that it is the least common type of elder abuse” (p. 3). A variety of factors make it difficult to identify the true prevalence of the issue, including difficulty in defining this form of abuse as well as elder victims’ heightened shame about sexual victimization. Payne identifies and provides an expanded discussion of “similarities and differences between types of sexual abuse across the life course,” comparing child sexual abuse, dating violence, marital rape, and elder sexual abuse.

Elder sexual abuse has many of the same dynamics as other forms of abuse, but there are major deficits in public awareness, victim services, and academic research regarding this issue in comparison to other forms of sexual assault.

This research study focused on elder sexual abuse cases in the criminal justice system, with particular attention to the distinction between elder physical and sexual abuse cases in terms of their characteristics and how they were handled. Three hundred fourteen elder physical abuse cases and 127 elder sexual abuse cases were selected from Medicaid Fraud Reports (on cases originating in nursing homes).

Findings included the following: 80% of the offenders were males (as opposed to 26% of the physical abuse perpetrators), and two-thirds of the victims were females (compared

Elder sexual abuse has many of the same dynamics as other forms of abuse, but there are major deficits in public awareness, victim services, and academic research regarding this issue in comparison to other forms of sexual assault.

to 50% of the physical abuse victims). Seventy percent of the offenders were aides working in the nursing homes, while 10% were nurses, 5% were directors, and the rest were other staff or residents. Nearly 45% of the victims suffered from some form of dementia. More of the sexual abusers were incarcerated, while more of the physical abusers were placed on probation. Significantly, nearly one-third of the cases involved multiple victims or multiple offenses over time. Sexual abusers also targeted cognitively impaired victims more than physical offenders did, and therefore, the role of witnesses to abuse was even more critical in the case of sexual assaults.

Significantly, nearly one-third of the cases involved multiple victims or multiple offenses over time.

This study is limited because it included only nursing home residents and those cases reported to the criminal justice system. The study method, which involved the review of archival data, is limited by the accuracy of reports and the lack of access to the original reporters.

The findings of this study provide a basis for community sexual assault programs (CSAPs) to begin to address some aspects of elder sexual abuse prevention. Payne's policy recommendations are:

- Develop specific prevention strategies targeting elder sexual abuse.
- Institute procedures that increase the likelihood that any abuse will be observed.
- Provide specific training on elder sexual abuse and reporting requirements to those working with older persons, and provide training to criminal justice officials on relating to elder sexual abuse.
- Address the pattern of repeat offenses by improving hiring procedures and criminal background checks for nursing home staff.
- Expand criminal investigations to discover additional victims for the same offender, thus strengthening the case.

CSAPs can also heighten awareness of elder sexual abuse in the community, among professionals, and in institutions that serve the elderly. ■

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## Elder Sexual Abuse Within the Family

RAMSEY-KLAWSNIK, H. (2003). ELDER SEXUAL ABUSE WITHIN THE FAMILY. *JOURNAL OF ELDER ABUSE & NEGLECT*, 15(1), 43-58.

This study is notable for its focus on intrafamilial sexual abuse involving elder victims. Ramsey-Klawnsnik discusses incestuous and marital assault, and describes this elder sexual abuse as “a form of family violence” that “presents unique challenges and problems to victims, as well as to professionals attempting to come to their aid” (p. 44).

The author provided clinical consultation on 130 cases investigated for suspected elder sexual abuse by the Protective Services (PS) Program in Massachusetts between 1993 and 2002. Seventy-seven percent of these cases involved suspected sexual abuse by family members. Ramsey-Klawnsnik performed qualitative analysis of these cases and identified clinical dynamics, problems confronting victims, and perpetrator characteristics.

The researcher divided the cases into three categories: (1) long-term domestic violence, (2) recent onset within a long-term marriage, and (3) victimization within a new marriage. The article also addresses the sexual assault of husbands, which, although rare, does occur. Elder sexual abuse may also be perpetrated by other relatives, “quasi-relatives” such as a child’s girlfriend or boyfriend, and even juvenile offenders.

Marriages with long-term abuse contained “a constellation of physical, sexual, and psychological abuse in which the offender exerts coercive control over many aspects of the victim’s life” (p. 45). Because of the cultural view of marriage, neither the perpetrator nor the victim in these long-term abusive marriages may perceive the sexual assault as abusive. Situations in which the perpetrator was an adult child of the victim were also discussed. These cases were very difficult to resolve because the victim was often dependent on the offender and had no other family support.

Because of the cultural view of marriage, neither the perpetrator nor the victim in these long-term abusive marriages may perceive the sexual assault as abusive.

Cases characterized by recent onset of abuse within a long-term marriage are not common. Often they involve mental health changes in the perpetrator, possibly as a result of dementia. Victimized wives may exhibit concern and compassion for their husbands, perceiving them as ill rather than abusive.

The third group “typically involves a woman entering into late life marriage prepared to receive love and companionship who instead finds unexpected abuse” (p. 47). The author illustrates the inadequate response of some professionals through case examples demonstrating how this sexual aggression may be minimized.

The discussion of the research includes consideration of the range of sexually abusive behaviors, etiological and contributing factors, and forensic markers. Some interesting facts emerge. In marital sexual abuse, male privilege and the historical view that husbands “own” their wives definitely contribute to sexual abuse, which is part of an overall pattern of power and control.

Ramsey-Klawnsnik infuses this research report with a genuine sense of compassion for elder victims and a clear explanation of their plight. She describes the ambivalence most victims feel when the abuser is a family member; the betrayal, hurt, and humiliation of this type of victimization; and how those factors, combined with societal ignorance and disbelief, make intervention so difficult. Her recommendation is that we educate all who deal with older individuals to increase awareness and promote appropriate responses to elder sexual assault victims. ■

She describes the ambivalence most victims feel when the abuser is a family member; the betrayal, hurt, and humiliation of this type of victimization; and how those factors, combined with societal ignorance and disbelief, make intervention so difficult.

## Forensic Issues for Nurses – Elder Abuse

STOKOWSKI, L.A. (2008). FORENSIC ISSUES FOR NURSES – ELDER ABUSE. RETRIEVED SEPTEMBER 17, 2009 FROM [WWW.CME.MEDSCAPE.COM](http://WWW.CME.MEDSCAPE.COM)

Author Laura Stokowski, a nurse at Inova Fairfax Hospital for Children in Virginia, has written an article that balances a clear presentation of facts with a call for understanding and advocacy for elder victims. The article includes information on both physical and sexual abuse, and while it is intended for nurses, it will be valuable for any professional working with the elder population.

Oddly, society seems more tolerant of abuse in the elderly than in children.

Stokowski describes “an epidemic of mistreatment,” saying that “formal reports represent only the tip of the iceberg” (p.2). The author emphasizes the seriousness of any elder abuse, pointing out that elders may be less resilient, and an abuse episode can effectively end an enjoyable life for a victim.

After describing the betrayal of trust and the circumstances of abuse, Stokowski outlines strategies for assessing whether or not abuse has occurred. She discusses both physical assessment and techniques for interviewing elder patients, identifying “forensic red flags.”

Sexual assault victims were also physically injured in 75% of the cases, with 38% suffering head injury, 15% abdominal injury, and 30% arm injuries.

Citing an earlier study by Burgess (2005), the author provides some chilling statistics: among elder sexual assault victims, 50% had a physical disability and 46% a mental disability; 33% had a dementia diagnosis. Sexual assault victims were also physically injured in 75% of the cases, with 38% suffering head injury, 15% abdominal injury, and 30% arm injuries. The need for a high quality exam by a sexual assault nurse examiner or forensic nurse is substantiated by the finding that 45% of victims suffered vaginal trauma and 17% had anal trauma. Stokowski identifies the psychological aftermath of elder sexual assault and describes how these symptoms are often minimized by healthcare professionals.

Stokowski identifies major gaps in the medical services provided to elder victims. Despite the high rates of injury in the Burgess study, for example, only 27% of the victims were given forensic examinations, and appropriate specimens were often not taken.

Stokowski encourages nurses to consider their responsibility to report elder abuse on a par with their responsibility to report child abuse. She describes appropriate follow-up care and highlights the role of nurses in identifying abuse, raising public awareness, providing high quality medical services, contributing to building cases for prosecution when needed, and supporting elder patients who have suffered any form of abuse.

*This article is available in full-text version with a free membership in Medscape. Advocates can share this resource with nurses, who may welcome the opportunity to earn continuing education credits by completing a related activity on the website. Offering printed versions of the article to local medical providers would be an easy way to increase awareness of elder sexual abuse in the community. This article would be a valuable addition to a program's medical advocacy library. ■*

## From Behind the Shadows: A Profile of Sexual Abuse of Older Men Residing in Nursing Homes

TEASTER, P., RAMSEY-KLAWSNIK, H., MENDIONDO, M., ABNER, E., CECIL, K., & TOOMS, M. (2007).  
FROM BEHIND THE SHADOWS: A PROFILE OF SEXUAL ABUSE OF OLDER MEN RESIDING IN NURSING  
HOMES. *JOURNAL OF ELDER ABUSE AND NEGLECT*, 19(1), 29-45.

This article focuses on the sexual abuse of older men, age 50 and up, residing in nursing home facilities. The researchers collected data from both suspected and substantiated cases of elder abuse from May 1, 2005 through October 31, 2005 from 1,961 certified nursing facilities in five different states. Investigations took place in 26 cases of suspected sexual abuse, six of which were substantiated.

The goal of this study is to develop more comprehensive information on the nature of sexual abuse of older men residing in nursing homes. Researchers consider the demographics of the victims and perpetrators, analyze the processes for case investigation and substantiation, and discuss case outcomes. This study is significant because most research available to date considers men more often as perpetrators rather than victims of elder sexual abuse.

The researchers evaluated both mental and physical abilities of the suspected victims. They found the majority of the men were perceived as cognitively well oriented, although 64% reported needing assistance with their finances. Physically, 77% of them were either not ambulatory or needed

Due to the relatively high levels of cognitive abilities within this population, it “seems critical that residents and their families understand their rights, one of which is to live in an environment free from abuse and neglect” (p. 41).

some sort of assistance and 46% had some sort of barrier to communication. Due to the relatively high levels of cognitive abilities within this population, it “seems critical that residents and their families understand their rights, one of which is to live in an environment free from abuse and neglect” (p. 41).

Unlike most previous elder abuse studies, this research reported a high percentage of female perpetrators. Of 23 investigations, 10 involved an alleged female perpetrator. Twenty-five percent of the alleged perpetrators were other residents, yet residents made up 67% of the substantiated perpetrators, leaving the researchers asking, “Is it easier, for whatever reason, for investigators to confirm a facility resident as a sexual perpetrator rather than substantiate a facility staff member as a perpetrator?” (p. 41).

The study emphasizes the importance of knowing how to respond to a suspected victim and what intervention to offer. In many cases studied for this research, the intervention

offered was a change in care plans, a nursing evaluation, or relocation to another facility. The relocation of the perpetrator was chosen as a solution for 50% of the cases; however no arrests were ever made. After all possible intervention was complete in the substantiated cases, 50% of the men were still perceived to be at risk for further sexual abuse.

The limitations of this study are the small sample size, the use of data provided by Adult Protective Services at the discretion of their staff, and the restricted sample of nursing home residents rather than men more representative of the elder population.

The findings show that “sexual abuse crosses traditional gender, cultural, and role boundaries for victims and perpetrators and underscores the need for specialized training and intervention efforts” (p. 44). For next steps, the researchers recommend additional analysis of differences in allegations, investigations, and substantiations of the elder sexual abuse of men in comparison to women, and analysis of these factors as they apply to younger versus older victims. ■

After all possible intervention was complete in the substantiated cases, 50% of the men were still perceived to be at risk for further sexual abuse.

## The Perception of Elder Sexual Abuse in the Courtroom

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HODELL, E., GOLDING, J., YOZWIAK J., BRADSHAW, G., KINSTLE, T., & MARSIL, D. (2009). THE PERCEPTION OF ELDER SEXUAL ABUSE IN THE COURTROOM. *VIOLENCE AGAINST WOMEN*, 15(6), 678-698.

This article was based on two studies of mock jurors presented with fictional elder sexual abuse cases. The researchers refer to elder sexual abuse as elder sexual mistreatment (ESM). There has been limited research on juror perceptions of elder mistreatment (EM) and no other study addressing juror perceptions of ESM. Because this study is the first of its kind, researchers worked in an exploratory mode with no hypothesis offered.

Both cases presented to the mock jurors (college students) were left intentionally ambiguous with no conclusive evidence that a crime occurred. The experiments were designed to look at a number of variables that may occur within the context of an ESM case. The participants were asked to read a summary of the case and “provide a verdict, rate the confidence level in their verdict, list a reason(s) for their verdict, judge the degree to which they believed the defendant was guilty, and rate the extent to which the testimony of the witness influenced their verdict” (p. 685).

The two case studies showcased significant patterns in juror perception. It was concluded that, in comparison to other types of EM (such as physical or financial abuse), ESM is less likely to be believed in the courtroom setting. Overall there was only a 25% conviction rate, half the expected conviction rate of EM cases.

With regard to sexual violence cases, findings were consistent with other juror perception research that shows women are more likely to convict than men. The authors explored a variety of possible explanations for this dynamic, and suggested further studies on the effects of gender in juror perceptions.

It is important to note that within these experiments mock jurors did not deliberate with one another, which may have had an impact on the case outcomes. They also received the trial information via a written trial summary, which cannot duplicate the experience of a real trial.

Results of this study suggest that ESM cases are expected to have low conviction rates. The authors suggest additional evidence may be needed to support an elder’s case in court, such as an expert witness to testify on the prevalence of elder sexual abuse.

A clearer understanding of this issue will make it possible to develop methods to “ensure that abused elders receive a fair trial and that the trial itself can aid in an elder’s emotional recovery from the abuse” (p. 693).

This study is an important first step in identifying how individuals perceive elder sexual abuse in the criminal justice field. A clearer understanding of this issue will make it possible to develop methods to “ensure that abused elders receive a fair trial and that the trial itself can aid in an elder’s emotional recovery from the abuse” (p. 693). ■

## References and Resources

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### Available Online:

**National Clearinghouse on Elder Abuse:** [www.ncea.aoa.gov](http://www.ncea.aoa.gov)

The NCEA has a number of materials online, and there is going to be a set of videos addressing elder sexual assault and abuse released early 2010, funded by the Office of Violence Against Women (OVW), with the most up-to-date information.

**The National Sexual Violence Resource Center:** [www.nsvrc.org](http://www.nsvrc.org)

NSVRC is creating an information packet on elder sexual assault and abuse written by Holly Ramsey-Klawnsnik, to be released this fall/winter. This packet will have a fact sheet, an annotated bibliography, and other great components.

The following resources are available at [www.pcar.org](http://www.pcar.org) or through the links below:

### [Addressing Elder Sexual Abuse: Developing a Community Response](#)

A multimedia curriculum created to promote community partnerships in combating elder sexual abuse.

### [Elder Sexual Assault - Technical Assistance Manual for Older Adult Protective Services](#)

A manual for protective services workers that ensures an appropriate response to an older victim of sexual abuse.

### [Preparing and Prosecuting Elder Sexual Assault Cases](#)

This booklet explores the obstacles to prosecution of elder sexual assault and offers practical solutions for professionals involved in these cases.

### [Elder Sexual Assault: Technical Assistance Manual for Pennsylvania's Sexual Violence Centers](#)

The goal of this technical assistance manual is to allow sexual violence advocates/counselors to become adept in dealing with elder clients as needed. Advocates can peruse this guide to learn the basics of working effectively with elder clients, or utilize it in a crisis situation.

### **Safe At Any Age**

A curriculum designed to educate elders in Pennsylvania communities about sexual violence; also available from the WCSAP Library.

### In the WCSAP Library:

### **Practical Aspects of Rape Investigation: A Multidisciplinary Approach**

Edited by Robert R. Hazelwood & Ann Wolbert Burgess (2001)

*Chapters 4 & 24*

**Elder Physical and Sexual Abuse:** The Medical Piece, Parts 1 and 2  
(DVD)

**Stop Violence Against Elders:**

**A Comprehensive Training for Law Enforcement and Criminal Justice Professionals**

Copies may also be obtained for a nominal fee from the Coordinator of Stop Violence Against Elders at The Women's Center of Jacksonville  
904-722-3000, [mail@womenscenterofjax.org](mailto:mail@womenscenterofjax.org).



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