

Annotated Bibliography

Burgess, A., & Clements, P. (2006). Information processing of sexual abuse in elders. *Journal of Forensic Nursing, 2*, 113-120. doi:10.1111/j.1939-3938.2006.tb00069.x

This paper presents data regarding the presence of Post Traumatic Stress Disorder (PTSD) symptoms in alleged sexual assault victims in later life. Symptoms discussed include numbness, physiologic upset, startle response, and anger. Case studies are provided. The lack of training for medical providers in evaluating older adults for sexual violence is discussed. Research and practice implications are provided.

Burgess, A., Dowdell, E., & Prentky, R. (2000). Sexual abuse of nursing home residents. *Journal of Psychosocial Nursing, 38*(6), 10-18.

Information concerning the sexual assault of 20 nursing home residents is provided. Victims were mostly female, non-ambulatory, and experienced cognitive impairment. Assaults were identified when older victims disclosed to family members, staff witnessed them, or indicators were observed. The collection of physical and forensic evidence among older victims with dementia and communication limitations is discussed. Assaulted residents displayed physical and psychosocial trauma symptoms. Clinical, forensic, and policy implications are discussed.

Burgess, A., Hanrahan, N.P., & Baker, T. (2005). Forensic markers in female sexual abuse cases. *Clinics of Geriatric Medicine, 21*, 399-412. doi:10.1016/j.cger.2004.10.005

Professionals from health, social service, law enforcement, and criminal justice were brought together to form a work group for sexual assault in later life research funded by the National Institute for Justice. These professionals were experienced in handling cases of alleged and confirmed sexual assault among older adults and contributed 125 cases to the study that is described in this article. Among the alleged victims, about half experienced disabilities and a broad range of injuries were sustained. Information concerning alleged victims and perpetrators is presented.

Burgess, A., Prentky, R., & Dowdell, E. (2000). Sexual predators in nursing homes. *Journal of Psychosocial Nursing, 38*(8), 26-35.

Characteristics of 18 individuals, including 15 facility employees and 3 residents, who sexually assaulted older adult residents in care facilities are described. Arrest of 11 and conviction of 5 employees resulted. All perpetrators were described as low in social competence and all assaulted older victims who were incapacitated and defenseless. The assault acts included sadistic abuse. Facility liability issues are addressed.



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

This research article presents findings from an exploratory study of 284 cases of alleged elder sexual abuse reported to either Adult Protective Services (APS) or the criminal justice system (CJS). A comparison of the two routes of reporting is provided along with an analysis of how cases reported to either APS or CJS differed. The research addressed characteristics of the older victims, forensic markers of sexual abuse against older victims, perpetrator characteristics, the nature of the alleged abuse, and outcomes in terms of arrest and prosecution.

Chihowski, K., & Hughes, S. (2008). Clinical issues in responding to alleged elder sexual abuse. *Journal of Elder Abuse & Neglect*, 20, 377 - 400. doi:10.1080/08946560802359383

This practice article describes the Massachusetts Sexual Abuse Consultation program, an Elder Protective Services initiative to train and support elder protective services workers and supervisors to effectively respond to alleged and confirmed sexual abuse against older victims. Challenges to effective investigation and case intervention are discussed. Case examples are provided to demonstrate casework techniques.

Del Bove, G., Stermac, L., & Bainbridge, D. (2006). Comparisons of sexual assault among older and younger women. *Journal of Elder Abuse & Neglect*, 17(3), 1-18. doi:10.1300/J084v17n03_01

This study examined the nature and extent of coercion, violence, and physical injury among older victims of sexual assaults (55 years and older) and compared these with the sexual assault victims of mid-age (31-54 years) and younger women (15-30 years). The results of this investigation reveal that older victims of sexual assault are more likely to be living alone at the time of the attack. In addition, older victims of sexual assault tended to report higher rates of vulnerabilities such as psychiatric



and cognitive disabilities than did younger female victims. In contrast to younger victims, elder sexual assault victims are also more likely to be assaulted in their own home and one-quarter of older victims require ambulance involvement. Although the use of weapons was most likely in the sexual assaults of younger women, the use of physical violence and restraint was common and equally likely among all three groups. Similarly, vaginal penetration and the presence of physical trauma were just as likely in elder victims as in younger victims of sexual assault. These results reveal new information about the nature and extent of violence and coercion in elder female sexual assaults. The vulnerability of the older victims illustrated in this investigation raises a number of research questions about these women's prior history of victimization and future safety.

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

A study undertaken to determine if sexual assault characteristics differ in older versus younger female victims is described. Data were analyzed regarding adult females evaluated at a hospital emergency

department during a nine-year period. Characteristics of 102 female alleged victims over the age of 55 are provided. The older women were more commonly assaulted in their own homes or care facilities than were younger women. Compared to younger female victims, older women were also more commonly assaulted by a service provider or stranger, impaired at the time of assault, admitted to a hospital following assault, and incurred genital trauma.

Hanrahan, N. P., Burgess, A. W., & Gerolamo, A. M. (2005) Core data elements tracking elder sexual abuse. *Clinics in Geriatric Medicine*, 21, 413-427. doi:10.1016/j.cger.2004.10.008

Sexual abuse in the older adult population is an understudied vector of violent crimes with significant physical and psychological consequences for victims and families. Research requires a theoretical framework that delineates core elements using a standardized instrument. To develop a conceptual framework and identify core data elements specific to the older adult population, clinical, administrative, and criminal experts were consulted using a nominal group method to revise an existing sexual assault instrument. The revised instrument could be used to establish a national database of elder sexual abuse. The database could become a standard reference to guide the detection, assessment, and prosecution of elder sexual abuse crimes as well as build a base from which policy makers could plan and evaluate interventions that targeted risk factors.

Hodell, E. C., Golding, J. M., Yozwiak, J. A., Bradshaw, G. S., Kinstle, T. L., & Marsil, D. F. (2009) The Perception of Elder Sexual Abuse in the Courtroom. *Violence Against Women*, 15, 678-698. doi: 10.1177/1077801209332294

This study examines juror perceptions of elder sexual abuse. In one study, 118 subjects read a fictional criminal trial summary of an elder sexual abuse case in which 76 year-old woman was reportedly abused by either her son or her neighbor. In a second study, 360

participants read a fictional trial summary in which elder sexual abuse took place in either a nursing home or the victim's home. Conviction rates were low in both experiments (25% and 33%, respectively), suggesting that mock jurors may doubt the credibility of older victims in elder sexual abuse cases.

Holt, M. (1993). Elder sexual abuse in Britain: Preliminary findings. *Journal of Elder Abuse & Neglect*, 5: 64-71. doi: 10.1300/J084v05n02_06

This early study utilized a convenience sample to survey health and social service personnel about suspected elder sexual abuse cases they had encountered. Information about 90 suspected cases is provided, including victim characteristics, relationships between them and the alleged perpetrators, and types of assaults.

Jones, H., & Powell, J. L. (2006). Old age, vulnerability and sexual violence: Implications for knowledge and practice. *International Nursing Review*, 53, 211-216. doi: 10.1111/j.1466-7657.2006.00457.x

This paper seeks to offer further analysis on the relationship between abuse of power, elder abuse and sexual violence. Through the analysis of available literature it is possible to observe which and how older people have been marginalized both in particular disciplines of study and policy spaces. The authors conclude that marginalization results in inadequate redress to issues of violence and power that may manifest against the older person, and which leads to feelings of vulnerability.

Lingler, J. H. (2003) Ethical issues in distinguishing sexual activity from sexual maltreatment among women with dementia. *Journal of Elder Abuse & Neglect*, 15, 85-102. doi:10.1300/J084v15n02_05

The purpose of this paper is to examine the ethics of nonconsensual sexual intercourse among women with dementia. The author proposes a paradigm for contextual ethical analyses, rooted in feminist

bioethical approaches, for distinguishing between sexual activity and sexual maltreatment among persons with dementia who cannot consent. This paper ultimately argues that while women with dementia are particularly vulnerable to sexual maltreatment, certainly some, if not most, sexual activity between loving spouses may be morally permissible even when one partner has dementia and cannot consent.



Payne, B. K. (2010) Understanding elder sexual abuse and the criminal justice system's response: Comparisons to elder physical abuse. *Justice Quarterly*, 27, 206-224. doi:10.1080/07418820902763087

This article reviews literature on elder physical and sexual abuse and examines patterns in reported cases of elder abuse. Researchers analyzed 314 cases of elder physical abuse and 127 cases of elder sexual abuse between 1993 and 2003 from the Medicaid Fraud Reports. Results showed a pattern of repeat offenses, as nearly one-third of cases involved either an offender

victimizing multiple victims or victimizing one victim on multiple occasions. Elder sexual abuse cases were more likely than elder physical abuse cases to involve cognitively impaired victims. Finally, witnesses were crucial to successful prosecution of elder abuse cases involving cognitively impaired victims.

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

A literature review conducted to examine known physical findings regarding older women who have been sexually assaulted is described. Only seven studies addressing the issue were found. Most found that older women are more likely than younger women to sustain genital injuries.

Ramsey-Klawnsnik, H. (1991). Elder sexual abuse: Preliminary findings. *Journal of Elder Abuse & Neglect*, 3, 73-90. doi:10.1300/J084v03n03_04

A study of 28 cases of suspected elder sexual abuse conducted in 1989 using a survey methodology of Elder Protective Services workers is described. Data presented include victim characteristics, indicators of sexual assault, relationships of elders to the alleged perpetrators, and types of assaults. Sexual victimization of people in later life is discussed, including policy and practice.

Ramsey-Klawnsnik, H. (2003). Elder sexual abuse within the family. *Journal of Elder Abuse & Neglect*, 15(1), 43 - 58. doi:10.1300/J084v15n01_04

This article describes a qualitative analysis of 100 cases of elder sexual abuse handled by the Massachusetts Elder Protective Services Program between 1993 and 2002. Marital sexual assault of older victims and incest are discussed. The following are described: clinical dynamics observed in cases, problems confronting victims, perpetrator characteristics, range of abuses, etiological factors, and forensic markers.

Ramsey-Klawnsnik, H. (2004). Elder sexual abuse perpetrated by residents in care settings. *Victimization of the Elderly and Disabled*, 6(6), 81, 93 - 95.

This article provides a discussion of the sexual victimization of older victims in care facilities by fellow residents. It addresses etiological factors, impact on victims, and facility staff mishandling instances of resident sexual assault. Guidelines for appropriate staff response and education are provided.

Ramsey-Klawnsnik, H. (2008). Introduction. *Journal of Elder Abuse & Neglect*, 20, 301-305. doi:10.1080/08946560802359227

This brief article describes the content of a special edition of the *Journal of Elder Abuse & Neglect* devoted exclusively to the topic of sexual violence against people in later life. An historical overview of the "discovery" and initial research into the topic is provided. The need for interdisciplinary collaboration to insure that older victims are well-served and perpetrators are held accountable is addressed.

Ramsey-Klawnsnik, H. (2009). Elder sexual abuse. *National Association of Social Workers MA Chapter Focus Newsletter*, 36(4), 7-10, 15-17.

Sexual abuse against people in later life in domestic and institutional settings is discussed and a compilation of clinical and research findings is provided. Professional roles and responsibilities are delineated. Types of cases confronted in clinical practice are discussed, including intimate partner violence, incest, other community cases, and assault in institutions. Documented cases illustrate frequently observed clinical dynamics, including problems confronting victims. Findings are presented regarding victims and perpetrators, forensic markers, abuse acts, and harm incurred by victims. Primary prevention, responding to indicators, reporting alleged cases, and complying with other legal and ethical requirements are discussed with a focus on the social worker's role in intervention and treatment. (This article is available as an on-line continuing education course at www.naswma.org.)

Ramsey-Klawnsnik, H., & Brandl, B. (2009, July/August). Sexual abuse in later life. *Sexual Assault Report*, 12, 81, 83-85, 91-93.

This article addresses sexual assault in later life focusing on intimate partner violence, incest, and assault in care facilities. Prevalence, incidence, and dynamics of sexual assault against older adults are discussed, illustrative cases are provided, and relevant literature is reviewed. Tips for practitioners encountering possible sexual violence against older adults are provided, including how to screen for possible assault, avoiding the contamination of forensic evidence, responding to victim needs, and mandatory elder abuse reporting.

Ramsey-Klawnsnik, H., Teaster, P., & Mendiondo, M. (2007). Researching clinical practice: The study of sexual abuse in care facilities. *Victimization of the Elderly and Disabled*, 10, 49-50, 58, 61-63.

The process of developing a research project to study sexual abuse of vulnerable adults, including older adults, living in care facilities is described. The project sought to collect data about victims, perpetrators, facilities in which sexual assault occurs, abuse acts, the investigation process, and case outcomes. Challenges faced and how they were handled are described including creating a research design that would enable the investigation process to be studied, gaining access to and protecting highly confidential information, securing funding, building a research team, and defining study questions.

Ramsey-Klawnsnik, H., Teaster, P., & Mendiondo, M. (2008). Researching clinical practice: Findings from the study of sexual abuse in care facilities. *Victimization of the Elderly and Disabled*, 11, 17-18, 24, 28, 31.

Findings from the study of sexual abuse of vulnerable adults in care facilities are provided. Addressed are both the alleged cases and those that were substantiated at the conclusion of investigations conducted by either Adult Protective Services or state licensing/regulatory staff. Data discussed include victims, perpetrators,

involved facilities, abuse acts, and forensic markers. Among the findings: 429 alleged sexual assault cases were analyzed and 78 were substantiated. Alleged victims ranged from age 18 to 101 and 42% of the confirmed victims were elders. The most common trigger for the reports of alleged assault to state officials was victim statement and the most common assault location was nursing homes. The 463 alleged perpetrators ranged in age from 16 to 96 and the largest group was facility employees followed by facility residents. Only 9% of the accused staff was confirmed as sexual perpetrators while 44% of the accused residents were and this discrepancy is discussed.

Ramsey-Klawnsnik, H., Teaster, P., Mendiondo, M., Abner, E., Cecil, K., & Tooms, M. (2007). Sexual abuse of vulnerable adults in care facilities: Clinical findings and a research initiative. *Journal of the American Psychiatric Nurses Association* 12, 332-339. doi:10.1177/1078390306298576

Sexual abuse of vulnerable adults (ages 18 - 59 with significant disabilities and/or older adults) living in care facilities is explored. Clinical findings, including case examples, are provided along with practice implications for nurses and other professionals who are responsible for the care of vulnerable adults living in facilities. A literature search is provided and the study of sexual abuse of vulnerable adults in institutions is described.

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

This article reports research findings concerning 119 alleged sexual perpetrators reported to state abuse authorities for abusing older victims in facility care settings. Most of the alleged perpetrators were employed by the facilities, and the next largest group was comprised of facility residents. Perpetrator characteristics, victim vulnerabilities, abuse acts,

locations of assaults, and available case outcomes are provided. While state officials confirmed 32 of the alleged perpetrators as having sexually assaulted elders, other cases remained highly suspicious for sexual assault but unconfirmed. None of the identified perpetrators were arrested. Practice implications are discussed, including the need for increased law enforcement involvement in facility sexual assault cases and the need for collaboration between civil and criminal investigators.

Roberto, K. A., & Teaster, P. B. (2005) Sexual abuse of vulnerable young and old women: A comparative analysis of circumstances and outcomes. *Violence Against Women*, 11, 473-504. doi:10.1177/1077801204274329

Aggregated data from 125 substantiated Adult Protective Services cases of sexually abused women were collected during a 5-year period. Women older than 59 years represented 63% of the cases. Regardless of age, the most common types of abuse involved sexualized kissing and fondling and unwelcome sexual interest in the women's body. Most identified perpetrators were older males. Family members were most likely to abuse women living in the community, whereas women living in facilities usually experienced abuse by another resident. Perpetrators were prosecuted and convicted in six cases. About 12% of the women continued to be at risk of further sexual abuse.

Roberto, K. A., Teaster, P. B., & Nikzad, K. A. (2007) Sexual abuse of vulnerable young and old men. *Journal of Interpersonal Violence*, 22, 1009-1023. doi:10.1177/0886260507302997

During a 4-year period, aggregated data from Adult Protective Services case files in Virginia revealed 17 cases of sexually abused young, middle-age, and old men. The most common types of sexual abuse across age groups involved instances of sexualized kissing and fondling and unwelcome sexual interest in the individual men's bodies. The majority of alleged perpetrators were male; they typically were

similar in age to the men and resided in the same residential facility. In none of the cases was the alleged perpetrator prosecuted. Only two of the men continued to be at risk of further sexual abuse by the alleged perpetrator. Implications of these data for future research and practice include a need for studies that focus on differences between male and female victims, especially concerning investigations and interventions, and for training on reporting and intervention for facilities and agencies and organizations working with victims and alleged perpetrators.



Teaster, P., Ramsey-Klawnsnik, H., Mendiondo, M., Abner, E., Cecil, K., & Tooms, M. (2007). From behind the shadows: A profile of the sexual abuse of older men residing in nursing homes. *Journal of Elder Abuse & Neglect* 19, 29 - 45. doi:10.1300/J084v19n01_03

Described are 26 cases of alleged sexual assault of men aged 50 and over residing in nursing homes. A review of the scant literature on the sexual abuse of older men is provided. Six of the cases were substantiated for sexual abuse at the conclusion of investigations conducted by civil authorities. Molestation was the most common form of alleged and confirmed assault, although rape was also substantiated. While the majority of alleged perpetrators were facility employees (75%), most (67%) of the confirmed perpetrators were facility residents.

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

Described is a study of sexual abuse cases involving adults over the age of 60 that were handled by Virginia Adult Protective Services from 1996 - 2001. Among the 82 victims, most were women in their 70's or 80's residing in nursing homes who had major limitations in self-care ability. Most perpetrators were older male adult nursing home residents. Only 4 perpetrators were prosecuted.

Teitelman, J. (2006). Sexual abuse of older adults: Appropriate responses for health and human services providers. *Journal of Health and Human Services Administration*, 29, 209-27.

The purpose of this paper is to provide an introduction to the concept, scope and dynamics of elder sexual abuse and to offer suggestions for appropriate responses that are applicable across a wide range of health and social services. Definitions, demographic aspects and proposed causes of elder sexual abuse are discussed. Risk profiles for both community-dwelling older adults and those living in facilities are presented as a guide for professionals, followed by a discussion of physical and psychological signs of sexual abuse, and approaches for determining a client's capacity to consent to sexual activity. Finally, recommendations for appropriate responses once it is determined that abuse is likely to have occurred, including meeting obligations as a mandated reporter and providing effective communication and support to victims, are provided.

Vierthaler, K. (2008). Best practices for working with rape crisis centers to address elder sexual abuse. *Journal of Elder Abuse & Neglect*, 20, 306-322. doi: 10.1080/08946560802359235

An historical perspective on social and professional reaction to sexual assault in general and to sexual assault against older adults in particular is provided. An analysis of rape myths and the rape crisis

movement is provided to help explain why older adults have been overlooked as victims of sexual assault. A Pennsylvania project designed to enhance response to victims of elder sexual violence is described.

Wisconsin Coalition Against Sexual Assault. (1998). *Widening the circle: Sexual assault/abuse and people with disabilities and the elderly*. Madison, WI: Author.

This manual was written to assist sexual assault service providers, human services personnel, and others to effectively serve victims and survivors of sexual violence who are elderly or have disabilities. Information is provided about making services accessible to people with special needs and informing older adults and people with disabilities and their support systems about sexual assault services. Developmental, psychiatric, physical, and sensory disabilities and aging issues are discussed along with dynamics of sexual assault against people with disabilities and people in later life.

Zink, T., Fisher, B. S., Regan, S., & Pabst, S. (2005). *The prevalence and incidence of intimate partner violence in older women in primary care practices*. *Journal of General Internal Medicine*, 20, 884-888. doi:10.1111/j.1525-1497.2005.0191.x.

The purpose of this study was to determine the prevalence and incidence of intimate partner violence (IPV) among women age 55 and older who visit primary care offices. In a telephone survey of 995 women over the age of 55, researchers found that 1.52% reported intimate partner physical abuse since



age 55, and 0.41% in the past year. Additionally, 2.14% reported intimate partner sexual assault since age 55, and 1.12% in the past year. Victims of IPV were more likely to report chronic pain and depression than patients who did not report IPV.

This bibliography was compiled by Holly Ramsey-Klawnsnik, PhD, and is part of a Sexual Violence in Later Life Information Packet, which includes the following: fact sheet, technical assistance bulletin, technical assistance guide, resource list, and research brief. Further discussion and additional information about sexual violence against people in later life and its prevention can be found in those materials. Contact the National Sexual Violence Resource Center for more information: www.nsvrc.org or 877-739-3895.



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

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