

*The purpose of this research brief is to review research on risk and protective factors related to sexual violence in later life. The five articles reviewed in this brief discuss the unique vulnerabilities and barriers to reporting that older victims face, the nature of sexual violence in later life in various contexts and settings, and common variables among perpetrators.*

**Burgess, A.W. (2006). *Elderly victims of sexual abuse and their offenders*. Washington, DC: National Institute of Justice.**

*Aims:* Burgess demonstrates that adults aged 60 and over may be victims of sexual violence in various settings, and that advanced age does not preclude sexual victimization. The author discusses statistics, risk factors, and reporting issues related to sexual violence against older victims.

*Methods:* Burgess briefly reviews literature and measurement tools related to sexual violence in later life. Additionally, Burgess analyzes data from 284 elder abuse cases referred to adult protective services or law enforcement before 2004.

*Key Results:*

- Measuring sexual violence in later life is difficult for several reasons: 1) older victims infrequently seek psychological services following sexual abuse, 2) those who do may underreport symptoms or be misdiagnosed by clinicians, 3) older victims may be reluctant to report sexual abuse,

4) clinicians tend to under-recognize sexual abuse among older patients, and 5) physical signs or emotional trauma from sexual abuse may be attributed to normal frailties of advanced age.

- Physical frailty, alterations in mental status, and dependence on others are among the risk factors that place elders at risk for sexual victimization.
- The overwhelming majority of reports that Burgess reviewed involved female victims and male perpetrators. Sixty-one percent of cases involved sexual abuse, and 27.2% involved both physical and sexual abuse.
- When a victim and perpetrator were known to each other, referral to the criminal justice system was less likely, less investigation took place, and the victim received less physical examination.
- The author also reviews 77 media-documented sexual abuse cases involving older victims, focusing on perpetrator data. The majority of perpetrators were classified as having aggression, anger toward women, sexual preoccupation, or paraphilia (pathological sexual deviancy) as motivators for sexual assault.

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**Application:** This report demonstrates that older individuals (especially older women) have unique vulnerabilities that place them at increased risk for sexual victimization. Victims of sexual violence in later life may be less likely to receive medical attention or criminal justice intervention if their perpetrators are known to them. This information may help in sexual violence prevention efforts by adult protective services, sexual assault advocates, medical personnel, and other service providers who serve older populations. Additionally, this document sheds light on perpetrator motivations and demographics, which may be of use to law enforcement and sex offender management programs. ■

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

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**Aims:** This study of sexual abuse of nursing home residents seeks to identify victim demographics, discuss trauma responses in victims with physical and psychological difficulties, and suggest measures for preventing sexual abuse in nursing home settings.

**Methods:** The authors analyze 20 civil suits involving the sexual abuse of nursing home residents, a subset from the sample used in Burgess (2006). Because all cases were drawn from the civil courts system, each case file features detailed information on the nursing home abuse allegation, including data on victims and perpetrators.

**Key Results:**

- Three quarters of residents in the sample were incapable of walking. Twelve of the residents suffered from a primary diagnosis of dementia or Alzheimer's disease, while the remaining residents suffered from various other cognitive and neurological disorders.
- Residents exhibited noticeable trauma-related symptoms, reenactment behaviors, and protest behaviors (i.e., refusing to take medication, resisting forensic examination). Family members reported major clinical and behavioral changes in sexually abused residents.

**Application:** This article may help nursing home staff and adult protective services understand the unique vulnerabilities of older nursing home populations with regards to sexual abuse. The majority of sexual assault victims in this study were older residents and residents who were incapable of walking independently. Residents exhibited trauma-related behaviors after the incidents, and the authors speculate that communication and cognitive difficulties may have exacerbated the residents' trauma responses. Burgess et al. argue that all nursing home personnel should be trained to recognize signs of sexual trauma and required to screen admissions for sexual violence. Additionally, this article may help nursing home personnel institute policies and safeguards for preventing sexual abuse in their facilities. ■

**Ramsey-Klawnsnik, H., Teaster, P. B., Mendiando, 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, 353-376. doi:10.1080/08946560802359375**

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**Aims:** Ramsey-Klawnsnik et al. analyze sexual abuse reports involving older victims residing in care facilities. The authors examine case data from state authorities and devoted particular attention to analysis of the case investigation and substantiation process.

**Methods:** This study analyzes case data obtained from abuse and regulatory agencies in New Hampshire, Oregon, Tennessee, Texas, and Wisconsin. The authors analyze data on all cases of reported sexual abuse of vulnerable adults living in facilities investigated by Adult Protective Services and regulatory authorities from May 1st, 2005 to October 31st, 2005. This article reports on the portion of results regarding only victims aged 60 and over.



### *Key Results:*

- A total of 119 reported sexual perpetrators were identified in 111 (89.5%) of 124 abuse cases involving older victims. Seventy-eight percent of reported perpetrators were male. Forty-three percent of reported perpetrators were employees of care facilities and 41% were residents of care facilities.
- The majority of older sexual abuse victims in the study (77%) were female. Many victims suffered from cognitive, psychiatric, physical, developmental, and sensory disabilities. Only one third of victims were independently capable of walking, and less than half of victims could communicate without difficulty.
- Thirty-two, or 27% of the 119 reported perpetrators were confirmed as sexual predators. Employees were accused of sexual abuse more often than residents. However, more residents were confirmed as perpetrators.
- Twenty seven percent of the cases were substantiated (markedly lower than the national average substantiation rate of 46% for all types of elder abuse cases). None of the identified sexual perpetrators were arrested.

*Application:* This study suggests that older victims with physical, mental, and communicative vulnerabilities may require additional supervision, services, and assistance in reporting. The preponderance of care facility residents and employees among reported perpetrators suggests

that these populations should be targets of preventative measures. Lower rates of substantiation and the lack of accountability for identified perpetrators presents compelling evidence for increased collaboration for victim rights advocates, civil abuse investigators and criminal authorities. ■

**Ramsey-Klawnsnik, H. (2003). Elder sexual abuse within the family. *Journal of Elder Abuse & Neglect*, 15, 43-58. doi:10.1300/J084v15n01\_04**

*Aims:* Ramsey-Klawnsnik examine sexual abuse in later life as a form of family violence. The author seeks to identify clinical dynamics, problems confronting victims, perpetrator characteristics, the range of abusive behaviors, etiological factors, and forensic markers of sexual abuse in later life.

*Methods:* Ramsey-Klawnsnik qualitatively analyzes 130 suspected cases of sexual abuse of older victims investigated by the Massachusetts Elder Protective Services Program between 1993 and 2002. Of these cases, the author draws data from 100 cases involving sexual abuse of older victims within the family.

### *Key Results:*

- Ramsey-Klawnsnik identifies three categories of marital sexual abuse among older couples: (1) sexual abuse as a dimension of long-term domestic violence, (2) recent onset of sexual abuse within a long-term marriage, and (3) victimization within a new marriage. Of these, the first is the most common.
- The author identifies three categories of incestuous sexual abuse of older family members: (1) adult child perpetrators, (2) other relatives as perpetrators, (3) quasi-relatives (people who live with victims but are not related to them by blood or marriage) as perpetrators.
- Sexual abuse of older family members frequently involves female victims and male perpetrators. Many perpetrators identified in the study suffered from mental illness and/or substance abuse.

- Male privilege and the belief that a wife is a man's property contribute to marital sexual abuse among older couples. Sexual deviance (including sexual violence against victims in other age groups) may also be an etiological factor.

*Application:* This article explores possible motivations for sexual abuse of older victims (i.e., sexual deviancy, need for power and control) that may be of interest to service providers dealing with sex offenders. Additionally, service providers who serve victims of domestic violence and sexual assault may benefit from information on intervention and obstacles to reporting. ■

**Safarik, M. E., Jarvis, J. P., & Nussbaum, K. E. (2002). Sexual homicide of elderly females: Linking offender characteristics to victim and crime scene attributes. *Journal of Interpersonal Violence, 17, 500-525.* doi:10.1177/0886260502017005002**

*Aims:* This article discusses risk factors for and traits of older sexual homicide victims and perpetrators.

*Methods:* Safarik et al. conducted a study of 110 offenders responsible for 128 solved cases of sexual homicide of elderly women. The authors draw upon data collected from 30 states by the National Center for the Analysis of Violent Crime.

*Key Results:*

- Older women are more vulnerable to crime victimization than other women, as they are more likely to live alone and may be less able to defend themselves if attacked. Some rapists may target older women precisely because of these vulnerabilities.

- Ninety percent of perpetrators in the study had prior criminal records, but only 21% had prior sex offenses in their criminal histories. The overwhelming majority of perpetrators (93%) had a history of substance abuse.

- Ninety-four percent of victims were killed in their place of residence.

*Application:* Despite the vulnerability of older women to crime, little research exists on sexual homicides involving older victims. This article may serve as a risk-reduction resource for service providers serving vulnerable older female populations and aid in the development of law enforcement investigative practices. The author presented analyses of race and employment characteristics of perpetrators, based on criminal justice arrest data. Therefore, generalizations regarding race and employment status of perpetrators should be reviewed with a lens that considers the possible influence of racial and class biases in the criminal justice system, including racial profiling and practices. ■

The articles reviewed in this research brief provide insight into risk factors for sexual violence victimization in later life, opening the door for future studies. This Research Brief is part of a Sexual Violence in Later Life Information Packet developed by Holly Ramsey-Klawnsnik. For more information, contact the National Sexual Violence Resource Center at 877-739-3895 or visit <http://www.nsvrc.org>



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