

Sexual Assault Center of East Tennessee



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Training Goals

- Definitions and Statistics of Elder Abuse, Sexual Assault, and Elder Sexual Abuse
- Power and Control Wheel for Abuse in Later Life and Warning Signs and Indicators for Elder Abuse
- Sexual Assault in Facilities
- Barriers in reporting sexual abuse and the correlation to mental health
- Trauma Informed Care in Elder Sexual Abuse
- Best Practices

**What is
sexual
assault?**

What is Sexual Assault?

- **Sexual Assault** is defined as intentional, unwanted or unconsented sexual contact
 - Characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent.
 - Includes **rape** and **sexual battery**

Each State has their own laws and circumstances associated with Sexual Assault

What is the difference between rape and sexual battery?

Sexual Battery

- Sexual contact and any of the following:
 - Force or coercion is used;
 - The sexual contact is accomplished without the consent of the victim and the defendant knows or has reason to know at the time of the contact that the victim did not consent;
 - The defendant knows or has reason to know that the victim is mentally defective, mentally incapacitated or physically helpless; or
 - The sexual contact is accomplished by fraud. (T.C.A. § the consent of the victim (T.C.A. §39-13-501)

Rape

- Penetration, no matter how slight, of a vagina or anus with any body parts or object, or oral penetration by a sex organ of another person without the consent of the victim (T.C.A. §39-13-501)

Statistics

- How often in the United States is someone sexually assaulted?
- In the United States some one is Sexual Assaulted every 2 minutes.
- 44% of Sexual Assault Victims are under the age of 18
- 80% of Sexual Assault Victims are under the age of 30
- Approximately 3/4 of assaults are committed by someone the victim knows.
 - 47% of rapists are a friend or acquaintance
 - 28% are an intimate partner
 - 5% are a relative

What is Elder Abuse?

Elder Abuse Includes:

- Physical
- Sexual
- Emotional Abuse
- Neglect
- Financial Exploitation
- Victims are classified as being age fifty or older, male or female, with the abuse typically perpetrated by someone known to the victim and about whom the victim would have had the expectation of being able to trust

Abuse in Later Life Power & Control Wheel



Abusers' Indicators

- Verbal abuse of staff in public, or overly charming and friendly to service providers
- Negative / unfeeling characterizations of the elder “he’s difficult / she’s stubborn / he’s so stupid / she’s clumsy”
- Pattern of attempts to convince others that the elder is incompetent, stupid, or crazy
- Over-attentiveness to the elder
- Exerts control over the elder’s activities
- Insists on being present for interviews with or exams of the elder
- Talks about the elder in a dehumanizing way

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What is
sexual
abuse?

Elder Sexual Abuse

Hands-Off Offenses

- Exhibitionism
- Failing to report sexual abuse
- Verbally sexually abusing residents
- Voyeurism
- Exposure to Pornography

Hands-On Offenses

- Intentional, unwanted or unconsented sexual contact (kissing, touching or molesting breasts, genitals, buttocks, oral and / or genital contact)
- Penetration of vagina or rectum with penis, fingers, or objects
- Characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent.

Elder Sexual Abuse: Harmful Genital Practices

- Unwarranted, intrusive, and/or painful procedures in caring for the genitals or rectal area
- Application or insertion of creams, enemas, fingers, soap, and washcloths when not medically prescribed or necessary
- Perpetrator may seem obsessed with these practices and claim the harmful practices are required for health or hygiene reasons

Elder Abuse Specific Statistics

- 93.5% of victims were female and ranged in age from 60-100.
- 72% of alleged sexual abuses occurred in private homes, 23.2% occurred in facilities and 4.8% occurred in other locations.
- One-third of the cases were reported by the elder victims themselves; 20.6% were reported by health care workers; 12.2% were reported by social workers or mental health staff; 12.2% were reported by family member of the elders; and 21.8% were reported by others, e.g., neighbor or friend.
- 90.9% of the alleged offenders were male and ranged in age from 13 to 90 (7 were under age 20; 4 were over age 90)
- In 26.1% of the cases, the suspects were strangers; 23.2% involved a family member (incestuous abuse); 15.5% involved the victim's spouse or partner; 10.9% of suspects were an unrelated care provider; 6% were co-residents in facility setting; 7.4% involved an acquaintance.

Burgess, A., Ramsey-Klawnsnick, H., & Gregorian, S. (2008). Comparing Routes of Reporting in Elder Abuse Sexual Abuse Ramsey-Klawnsnik, H., Teaster, P., Mendiola, 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 and Neglect*, 10 (4), 353-376.

Elder Sexual Abuse

- Less likely to have strong support system
- Abuse may exacerbate existing illness
- Increased chance of serious injury and longer recovery time
- Increased risk of infection
- Public and service providers may have difficulty believing that sexual assault of elders really occurs
- Cognitive deficiencies may make the victim less likely to be believed
- Generational values may make elder victim more ashamed and less likely to report
- Generational language related to sexual assault may be more limited

Warning Signs / Indicators specific to Elder Sexual Abuse

- Genital Pain, infections, and/or bleeding
- Difficulty walking or sitting
- Torn, stained, or bloody clothing / underwear, bedding, furnishings
- Inappropriate / enmeshed relationship between victim and suspect
- Bruising to outer arms, chest, mouth, genitals, abdomen, pelvis, or inner thighs
- Bite marks
- Unexplained STD's or HIV
- Coded disclosures, such as "He makes me do bad things," or "I might be pregnant"

Sexual Abuse in Facilities

Sexual Abuse in Facilities

- In the study on sexual abuse of vulnerable adults in care facilities:
- The vast majority of alleged perpetrators were male, and fell into four categories:
 - Care providers
 - Family members
 - Spouses / Partners
 - Fellow residents
- Reporting varied, depending upon victims' living arrangements
 - Reports made concerning victims living at home were more likely to be made to Adult Protective Services
 - Reports made concerning victims living in a care facility were more likely to be reported to law enforcement
 - Regardless of where reports of sexual abuse of elders were made, there were only 17 convictions out of 284 reported cases look at in this study

Ramsey-Klawnsnik, H., Teaster, P., Mendiondo, M., Abner, E., Cecil, K. and 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 (6), 332-339.

Barriers to Reporting

ONLY 34% of sexual assaults are reported to law enforcement

- They may feel embarrassed about what happened
- They may fear that they will not be believed
- They don't know how much control they will have after they report to the police
- They don't want anyone to know
- They may fear retaliation by the perpetrator if she/he was to report
- They may feel guilty or responsible for what happened
- There may be cultural considerations that lead the victim to avoid discussing sexual assault and reporting to law enforcement
- The victim's friends and/or family tell the victim it was not rape

Barriers specific to Elder Sexual Abuse

- May not be believed because of society's view that sexual assault only happens to younger persons (ageism)
- May not be believed if there are cognitive limitations
- If born before the violence against women's movement, may not have the language to identify the assault
- Generational beliefs that increase shame and guilt

Trauma-Informed Care

How Victims May Present

- There is no “normal” response or reaction!
- Each victim responds to the psychological impact of trauma differently
- Victims may appear calm, indifferent, submissive, angry, emotionally distraught, emotionally numb, or even uncooperative and hostile

Common Reactions to Trauma

- Anxiety
- Fear for personal safety or safety of loved ones
- Preoccupations with the stressful event
- Flashbacks in which the individual mentally re-experiences the event
- Physical symptoms: muscle aches, headaches, fatigue
- Disbelief at what has happened
- Numbness
- Problems with concentration or memory
- A misperception of time
- Increased startle response
- Feelings of guilt and/or self-doubt related to the traumatic event

Responses to Trauma

- Fight, flight, or freeze response
 - Freeze response often considered – “paralyzed with fear”
 - Response is automatic/instinctual – not consciously thought out
- Regardless of how prepared someone believes they are to respond to an assault or trauma, they cannot predict their response or reaction.
- The speech center of the brain shuts down during fight, flight, or freeze response – victims may not be able to say “no” or scream for help

Trauma & Memories

- There is evidence that trauma is stored in the part of the brain that processes emotions and sensations, but not language and speech
 - Victims often experience difficulty recalling and articulating events
 - Narratives of an assault may be disorganized and non-linear
 - Victims may recall details of a traumatic event over time, rather than during the course of an interview
 - Basic needs may also need to be met before a victim is able to think – and remember – clearly
 - Food, sleep, shower, sense of physical safety

Informed Care for Elder Victims

- Believe the victim
- Share that abuse can happen to anyone (you are not alone) and it was not their fault
- Plan for the victim's safety, both now and ongoing
- Offer options as to resources for the victim (or make referral to someone with that information)
- Allow victim to make choices as to next steps
- Maintain confidentiality
- Document the abuse (photos, body maps, victim statements)
- If reporting of the abuse is mandated, tell the victim what you are going to do and why

Best Practices: Elder Sexual Abuse

Best Practices

- Trauma Informed Care
- Awareness of the frequency of occurrence of sexual abuse of older adults
- Avoid Ageism / Stereotyping in interaction with the victim
- Empathy (Understand, Respect, Support)
- Safety Planning
 - Include planning any contact with the abuser, if desired and deemed safe based on treatment / assumption of responsibility of the abuser
- Coordinated Multidisciplinary Response

Contact Information

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- 1-865-558-9040 Office

- 1-865-522-7273 Crisis 24/7

The background consists of a teal upper section and a black lower section. The teal section has a diagonal line pattern. The black section has a white notch cutout at the top center.

○ Adult Protective Services

○ 1-888-APS-TENN (1-888-
277-8366)

Resources

- Burgess, A., Ramsey-Klawnsnik, H., & Gregorian, S. (2008). Comparing Routes of Reporting in Elder Abuse Sexual Abuse
- 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 and Neglect*. 10 (4), 353–376.
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- Abuse in Later Life: Cross Training for Victim Services Providers. NCALL, OVW (2012)

Resources

- Rape, Abuse, and Incest National Network (RAINN): www.rainn.org
- Darkness to Light: www.d2l.org
- 2010 Tennessee Domestic Violence State Coordinating Council
- Tennessee Coalition to End Domestic and Sexual Violence
- Tennessee Office of Criminal Justice Programs *Tennessee Best Practice Guidelines for Sexual Assault Response Services*
- 2009 Lonsway, Kiimberly, Sgt. Joanne Archambault, and David Lisak *False Reports: Moving Beyond the Issue to Successfully Investigate and Prosecute Non-Stranger Sexual Assault*.
- The Voice: Helping Prosecutors Give Victims a Voice. The National Center for Prosecution of Violence Against Women and National Districts Attorneys Association
- Sexual Assault Victim Advocacy Center (SAVA): www.savacenter.org
- The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
- TCA

Thank you!!

Questions? Comments?

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