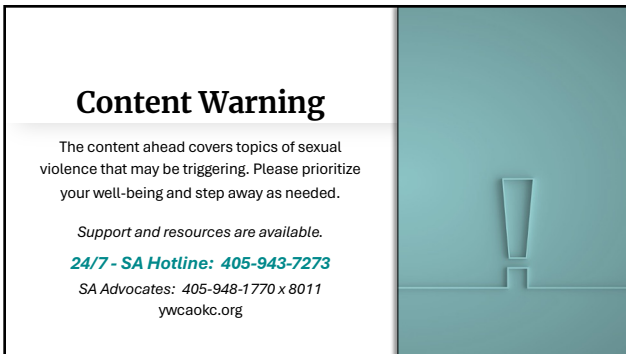
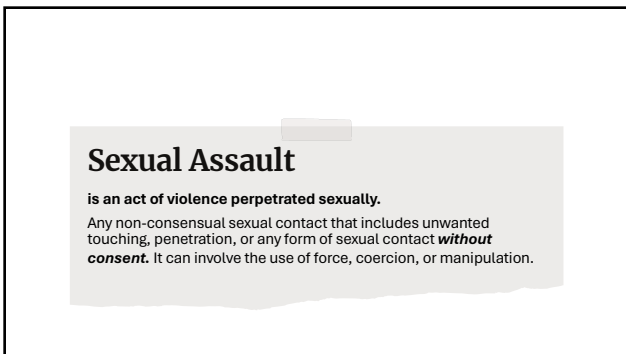




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Elder Sexual Abuse

Over 1,400 sexual abuse complaints in nursing homes are reported every year.

Many victims of elder sexual abuse have dementia or other conditions that render them vulnerable. They may be unable to communicate that they have been sexually assaulted; likely why they are targeted.

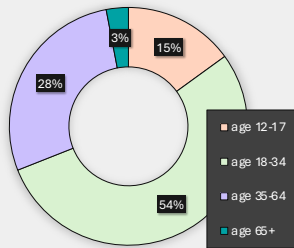
Most perpetrators of sexual abuse against people in later life have special access to victims as family members, intimate partners, fellow residents, or care providers.

Lindblom EJ, Brandt J, Hough LD, Meadows SE. Elder mistreatment in the nursing home: A systematic review. Journal of the American Medical Directors Association. (2007)

4

Prevalence

Sexual assault against older people is very likely underreported and more concealed than assaults on younger individuals (Burgess & Clements, 2006).



5

Prevalence

Majority of victims are female; though male victims have been reported in almost every study.

Of Assaults Reported In Care Facilities

- 53% disclosed molestation
- 20% disclosed unwelcome sexual interest in the body

Teaster, P. B., Ramsey-Klawnsnik, H., Abner, E. L., & Kim, S. (2015). The Sexual Victimization of Older Women Living in Nursing Homes. Journal of Elder Abuse & Neglect, 27(4-6), 392-409. <https://doi.org/10.1080/08980101.2015.1055528>
Burgess, Ramsey-Klawnsnik, & Gregorian, 2008; Ramsey-Klawnsnik, Teaster, Mendonca, Marcum, & Abner, 2008

6

Survivors with Disabilities

- 2x higher rate for adults with disabilities
- 4x higher risk for children with intellectual disabilities
- Men with disabilities have 2x higher risk than men without disabilities
- 97-99% of survivors with disabilities know the person who harmed them
- 44% of abusers worked in a caring capacity with the person they harmed
- Survivors with disabilities often rely on caregivers to access services and make reports, and services frequently are not designed to meet the needs of survivors with disabilities

- 46.7% of survivors reported preexisting mental illness and/or current use of psychotropic medications.
- More than double the mental illness prevalence rates in the general population.

Davis, L. People with Intellectual Disabilities and Sexual Violence. The Arc. <https://thearc.org/wp-content/uploads/2018/09/People-with-Id-2018-09.pdf> www.njacasa.org

Mental Illness as a Vulnerability for Sexual Assault: A Retrospective Study, 2022

7

Power Dynamics

Sexual assault arises most often in asymmetrical power dynamics, where the perpetrator occupies a dominant position relative to the victim.

- Supervisors
- Coaches
- Spouses
- Family Elders
- Doctors
- Public Officials
- Educators
- Spiritual Leaders

8

Coercion

Using pressure or influence to get someone to agree to sex.

Tactics of Coercion

- Frequent touching
- Persistence
- Drugs/Alcohol
- Threats; *physical, employment, home, financial, family, reputation*
- Emotional abuse; *guilt tripping, name calling*
- Compliance is often an act of survival

The National Intimate Partner and Sexual Violence Survey | 2010 Summary Report

9

Perpetrators

The majority of identified perpetrators in domestic settings are **spouses/partners** and incestuous sons and other relatives (Ramsey-Klawnsnik, 1991, 2003).

The most frequently identified alleged perpetrators in care facilities are **facility employees** followed by facility residents (Burgess et al., 2000; Ramsey-Klawnsnik et al., 2008).

10

Injury

"It is evident that genital injuries occur more frequently and with more severity in sexually assaulted women who are postmenopausal compared with younger victims of sexual assault."

- Older victims are more likely to be admitted to hospital following assault.
- Genital injuries, human bite marks, imprint injuries, and bruising on thighs, buttocks, breasts, face, neck, and other areas.

Poulos, C. A., & Sheridan, D. J. (2008). Genital injuries in postmenopausal women after sexual assault. *Journal of Elder Abuse & Neglect*, 20(4), 323-335.

11

Signs & Symptoms



- Physical Signs**
 - Unexplained genital injuries or irritations
 - Difficulty walking or sitting
 - Sexually transmitted infections (STIs)
 - Torn, stained, or bloody undergarments
- Behavioral Signs**
 - Sudden changes in behavior
 - Depression or anxiety
 - Avoidance of certain individuals
 - Regression to past behaviors
- Changes in Sexual Behavior**
 - Inappropriate sexual behavior
 - Knowledge or use of explicit sexual language
- Other Signs**
 - Reluctance to speak openly
 - Fear of physical contact


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Barriers

- Social stigma
- Disabling conditions
- Fear of further harm
- Victim's reluctance to report based on relation to perpetrator
- Misinterpretation of disclosure as part of dementia and of physical evidence as "normal" markings on an older body
- Delayed medical and police assistance and contamination of physical evidence

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YWCA SA Advocacy Services



OUR TEAM


- Full-time Case Advocates & Crisis Intervention Advocates
- Part-Time Relief Staff Advocates
- Volunteer Advocates

SERVICES PROVIDED

- SANE exam crisis response (24/7)
- Crisis intervention, Safety planning, VPO assistance, Court support, Law enforcement advocacy, Resources & referrals, Intakes and assessments, Support group

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YWCA SA Advocacy Services



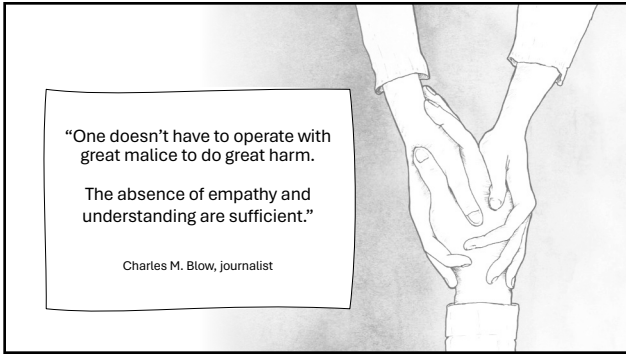
WHERE TO FIND US

- Office at YWCA OKC
- On-site wherever is safe and appropriate; Palomar, hospitals, schools, police stations, courthouses.

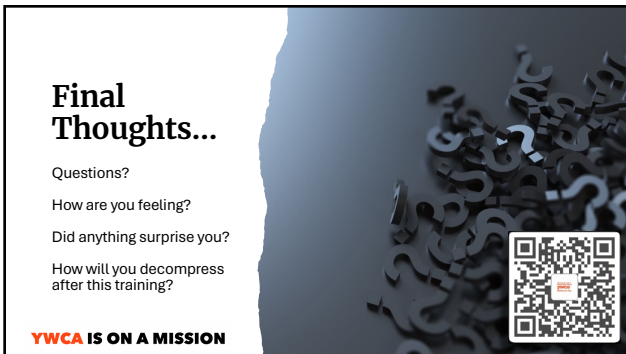
HOW TO CONNECT

- Walk-in at YWCA or Palomar
- SA Advocacy Dept: 405-948-1770 x 8011
- saadvocacy@ywcaokc.org

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