

Sexual Assault Awareness for Adults

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Content Warning

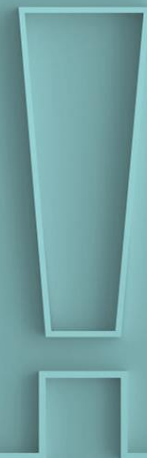
The content ahead covers topics of sexual violence that may be triggering. Please prioritize your well-being and step away as needed.

Support and resources are available.

24/7 - SA Hotline: 405-943-7273

SA Advocates: 405-948-1770 x 8011

ywcaokc.org



Sexual Assault

is an act of violence perpetrated sexually.

Any non-consensual sexual contact that includes unwanted touching, penetration, or any form of sexual contact ***without consent***. It can involve the use of force, coercion, or manipulation.

Elder Sexual Abuse

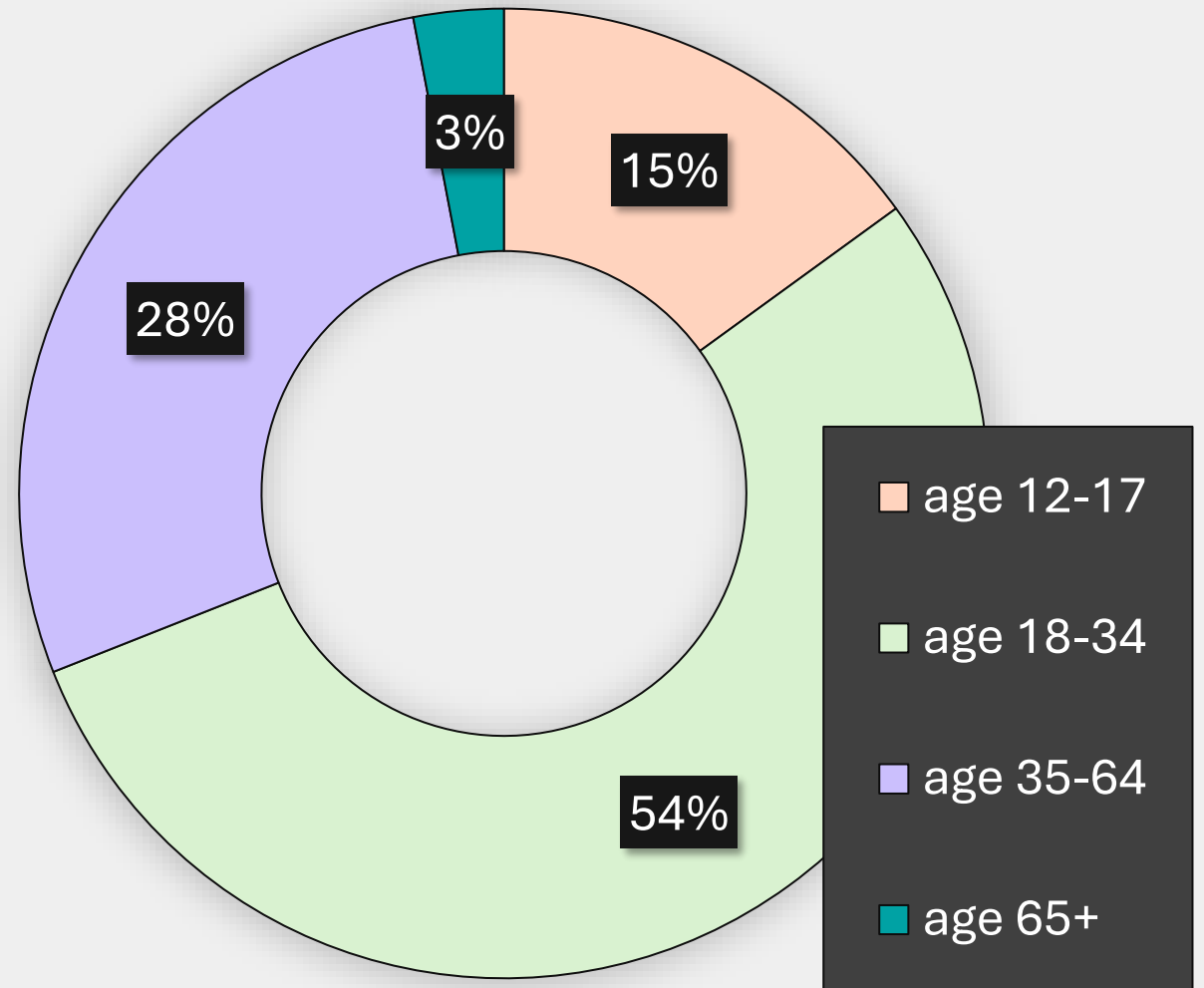
Over 1,400 sexual abuse complaints in nursing homes are reported every year.

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.

Prevalence

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



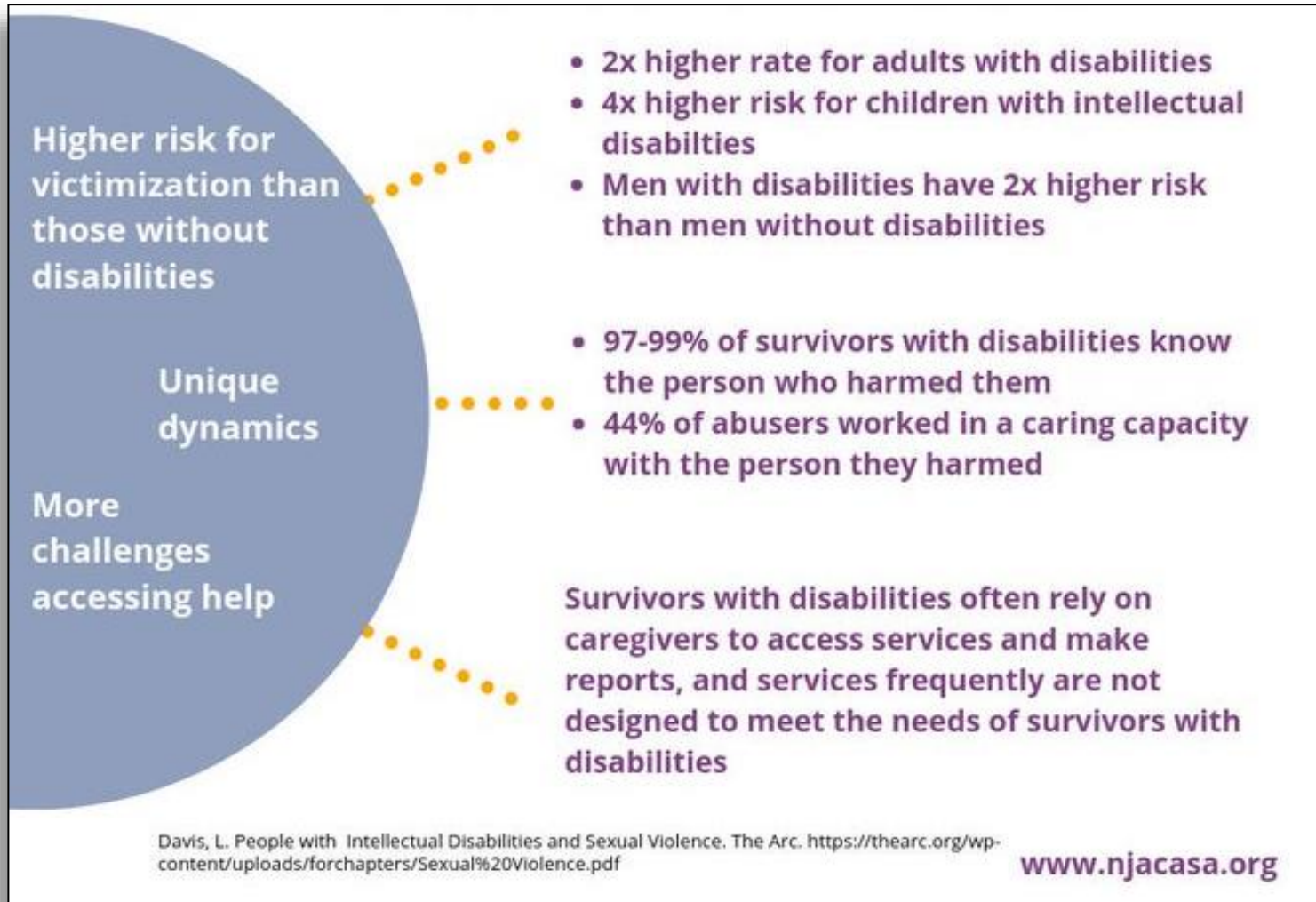
Prevalence

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

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.

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; RamseyKlawnsnik et al., 2008).

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.

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

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

YWCA SA Advocacy Services



SERVICES PROVIDED

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

TO CONNECT WITH AN ADVOCATE

- Walk-in at YWCA OKC or Palomar
- saadvocacy@ywcaokc.org
- SA Advocacy Dept: 405-948-1770 x 8011
during regular business hours
- **24/7 SA Hotline: 405-943-7273**

“One doesn’t have to operate with
great malice to do great harm.

The absence of empathy and
understanding are sufficient.”

Charles M. Blow, journalist



Final Thoughts...

Questions?

How are you feeling?

Did anything surprise you?

How will you decompress after this training?

YWCA IS ON A MISSION

