

## PRIMARY PREVENTION OF SEXUAL VIOLENCE AMONG OLDER ADULTS

According to the U.S. Census Bureau, older adults (65 years old and older) comprise 13.7% of the U.S. population and 14.1% of New Mexico's population. Of the older adults in New Mexico, 41.1% are living with some type of disability and 11.8% are living in poverty (U.S. Census Bureau, 2013), both of which increase vulnerability to abusive situations.

Understanding the scope of sexual violence within the elderly population both nationally and in New Mexico is difficult because older survivors typically do not seek services for their assault and underreporting is common for a variety of reasons. These include fear of not being believed or shame associated with the assault; communication issues related to failing health, dementia, trauma or disability; lack of training among clinicians to suspect or recognize signs of abuse in the elderly population; and attributing physical or emotional manifestations of trauma to frailties and complications associated with aging (Burgess, 2006).

- There is a persistent ageist bias that the elderly are not sexual beings and are therefore at low risk for sexual assault, resulting in their being overlooked as potential victims and underserved by systems of care (Burgess & Clements, 2006).
- Most perpetrators of sexual violence against the elderly in household settings are spouses/partners, sons, or other relatives. Most perpetrators in care facilities are employees, followed by facility residents (Ramsey-Klawnsnik, 2010-a).
- Risk factors for elder sexual abuse victimization include experiencing a prior traumatic event and low levels of social support (Acierno, et al., 2009).
- Risk factors for perpetrating elderly sexual abuse include high levels of unemployment, increased substance abuse, increased likelihood of mental health problems and social isolation (Acierno et al., 2009).

**Social determinants:** Social determinants of health include societal factors that contribute to health. For example, poverty may make it more difficult to avoid unsafe environments; social norms around gender roles, inequality, and expression are directly related to sexual violence (Bott, 2010); and norms of secrecy and privacy contribute to spousal sexual assault and child abuse (Davis et al., 2006). Community responses of disbelief and victim-blaming not only cause harm to survivors, but also perpetuate a permissive environment that allows future perpetration. Programs that focus on victims protecting themselves, especially child victims, do not reduce victimization (Finkelhor, 2009). Only by changing the societal factors that permit sexual violence will we be able to substantially reduce sexual violence.

The majority of older victims of sexual violence are female, while perpetrators have ranged from juveniles to elders.

(Ramsey-Klawnsnik, 2010-b)

A seminal study conducted in 1998 found for every **one** case of elder abuse, neglect, exploitation, or self-neglect reported, about **five** more go unreported.

(National Center on Elder Abuse, 1998)

The older a sexual abuse victim is, the less likely the offender will be convicted of the crime.

(Perkins, 1997)

**Evidence-based and Promising Practices:**

Research shows that the best way to stop sexual violence is through primary prevention strategies – preventing sexual violence before it occurs. Successful prevention efforts combine multiple strategies aimed at reducing risk factors for sexual violence perpetration and victimization related to cultural norms, beliefs and behaviors at the individual, relationship, community and society levels (Davis et al., 2006). Strategies may include programs, policies and environmental changes.

Although the Centers for Disease Control and Prevention acknowledges that more research is needed to understand how to prevent perpetration of sexual violence against the elderly, better coordination of services among agencies and organizations that serve the elderly and higher levels of community cohesiveness may act as protective factors (Centers for Disease Control and Prevention, 2014-b).

Policy recommendations for preventing sexual violence in nursing homes and other institutional settings include mandatory reporting policies; requiring workers to work in teams; and using volunteers to watch for signs of abuse (Payne, 2010). Other prevention measures include mandatory background checks and careful screening of caregivers; mandatory employee training that includes education on sexual abuse of the elderly; and disclosing previous abuse histories to care facilities to ensure they can adequately supervise elderly sex offenders referred for placement (Ramsey-Klawnsnik, 2009).

Other prevention strategies are bystander training for elderly adults, caregivers, family members and community members; and improving norms around healthy relationships (Ramsey-Klawnsnik, 2010-b).

Culturally competent services must consider generational issues related to attitudes and social climates from an age when sexual assault was not openly discussed, rape was almost exclusively

considered the fault of the victim, and sexual assault services were largely nonexistent (Ramsey-Klawnsnik, 2010-a).

Research continues on effective sexual violence prevention programming and policies. Go to <http://www.cdc.gov/violenceprevention/sexualviolence/index.html> for the most up-to-date information.

**Gaps:**

- No uniform reporting system for elder abuse in the United States
- Research on sexual abuse among older adults, including effects on victims, perpetrator behaviors, and the effectiveness of prevention policies and programs
- Need for improved surveillance related to sexual violence within the elderly population

**Community Resources:**

**NM Aging & Long-Term Services Department, Adult Protective Services Division:** investigates allegations of abuse, neglect or exploitation of adults over the age of 18. Contact: 866-654-3219 or 505-476-4912, [http://www.nmaging.state.nm.us/Adult\\_ProtectiveServices.aspx](http://www.nmaging.state.nm.us/Adult_ProtectiveServices.aspx)

**New Mexico Rape Crisis Centers:** Located in Albuquerque, Farmington, Las Cruces, Portales, Santa Fe, Silver City and Taos. Rape crisis centers provide crisis intervention, sexual assault exams, counseling, advocacy, outreach and prevention services. Contact for individual centers can be found at the New Mexico Coalition of Sexual Assault Programs website: <http://nmcsap.org/>

**Mental Health Center Sexual Abuse Program Coordinators:** Located in each NM Behavioral Health Service Division-funded mental health center in the state. Contact information for each location can be found on the New Mexico Coalition of Sexual Assault Programs website: <http://nmcsap.org/>

“[W]e’re talking about violence, because the rates of sexual violence, maltreatment, exploitation . . . especially elders and particularly all of us who are [verbally challenged] are through the f\*\*\*\*\* roof.”

- Focus Group Participant