

# Case Series of Sexual Assault in Older Persons



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## KEYWORDS

- Sexual assault • Rape • Elder rape • Elder sexual assault • Institutional rape
- Community-dwelling elders • Institutional dwelling elders

## KEY POINTS

- Older persons are sexually responsive and enjoy a variety of sexual activities.
- Older raped persons face the same shame and self-blame seen in younger populations of victims.
- Trauma focused and patient centered care following rape empowers victims of all ages.
- Cognitive decline in older persons influences reporting and interviewing strategies.
- Physiologic changes in genital structures of older persons influences injury patterns.
- Abusers of older and vulnerable adults are likely in a trusted relationship with the victim.

## INTRODUCTION AND LITERATURE REVIEW

The face of America is aging. For the first time in history, people aged 65 years and older will outnumber children younger than 5 years.<sup>1</sup> There are many changes associated with aging, such as chronic disease, frailty, and dependency, which are beyond

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the scope of this case series. Older persons have expectations of self-determination, especially with sexual behavior.<sup>2</sup> Alas, society views older adults as asexual,<sup>3</sup> but research<sup>4,5</sup> has shown that older adults are sexually responsive and enjoy a variety of sexual activities. The benefit of healthy sexuality provides a sense of normalcy to the lives of older adults,<sup>6</sup> which cannot be replaced with friendships or other social interaction.<sup>7-9</sup>

However, generally trusting of their environment and people, the older population lacks sexual knowledge, minimizes sexual violence via beliefs in myths, and generally, is unprepared for the sexual risks of today<sup>10</sup> (Trimika L Bowdre, PhD, 2013, unpublished data). Older patients do not report traumatic sexual histories, current practices, or needs<sup>11,12</sup> (Trimika L Bowdre, PhD, 2013, unpublished data); hence, older adults face vulnerability from sexual relationships, intimate or domestic partner violence,<sup>13</sup> and diseases.<sup>14</sup> Social stigma, internalized shame and self-blame, increased beliefs in myths coupled with a lifetime of resilience and adaptation, all contribute to the lack of reporting sexual abuse or assault in older women.<sup>13</sup> Social determinants of health and traumatic (eg, sexual violence) or excessive stress in life course experiences for some older persons result in "maladaptation to chronic stressors,"<sup>15,16</sup> creating a chronic allostatic load.<sup>17</sup> Morbidity and mortality increase in older victims of various forms of violence (including sexual assault)<sup>18-20</sup>; however, not all who are subjected to intentional and unintentional traumas succumb to disability, frailty, or death, even with serious chronic stressors.<sup>15</sup> Therefore, because little is known about the impact of sexual violence on older women,<sup>13</sup> "targeting the antecedents of [ie, traumatic events preceding] allostatic loads at critical periods (e.g., sexual abuse and rape) and implementing programs that cultivate resiliency is essential to improving public health"<sup>15</sup> in the older victimized population.

Programs that educate the community about offenders and reduce high-risk situations with criminal background checks, supervision, and advocacy<sup>21</sup> or identify risk factors (alcohol abuse, dependency, and history of abuse, income divergence) have the potential to identify offenders in institutional settings.<sup>22,23</sup> Training providers about different dementias and associated sexual behavior patterns assists in the recognition of signs of sexual assault<sup>19,24</sup> when older persons cannot or will not speak about the event.

Building educational curriculum along with infrastructure development within systems and institutions enhance reporting,<sup>17,23,25</sup> and are all necessary for quick discovery and recovery from sexual trauma in the older person, hence, avoiding increased institutional admissions<sup>26</sup> in semiskilled and skilled facilities (eg, nursing homes) after elder maltreatment. When cognitive capacity is diminished, complex teams of professionals representing unique systems, such as legal and health care professionals, as well as social and institutional teams, must collaborate openly to benefit the older person and their families throughout the investigative process.<sup>11,27</sup>

Aging is a process determined by genetics, environment, and lifestyle. Myths abound about older persons and their value to the community. Literature remains limited in helping practitioners understand the long-term societal consequences of abuse in elders,<sup>28</sup> although evidence is emerging. Older victims with dementias experiencing medical forensic evaluations immediately after sexual assault experience emotional shock as an acute traumatic reaction and express confusion that may mimic worsening cognition, even triggering memories from childhood assaults. In some elders, sexual assault is a precursor for increased mortality and early death.<sup>29</sup> Research continues to focus on recognition of the forensic markers of injury,<sup>3,29</sup> and understanding consent and capacity limitations after sexual assault,<sup>30</sup> instead of the overall global or societal impact.<sup>28</sup>

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