



Working to end sexual violence in Maryland

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Sexual Violence Later in Life

Sexual violence is an umbrella term used to describe any unwanted sexual act attempted or committed by one person against another. These sexual acts include sexual harassment, sexual assault, incest, and rape.

A person who commits sexual violence may do so using coercion or social pressure, intimidation or force, or may intentionally target someone who is unconscious or incapacitated due to drugs or alcohol or who has limited capacities as a result of a developmental or cognitive disability.

Nonconsensual sexual acts include:

- Indecent exposure or flashing
- Groping or fondling
- Inappropriate touching by a caregiver during bathing or dressing
- Voyeurism, or taking photo without consent
- Making inappropriate or unwanted sexual comments
- Exposing someone to sexually explicit material

Older adults who experience sexual violence are often left out of the narrative when discussing sexual violence awareness, prevention, and response. In Maryland, a vulnerable adult is defined as an individual aged 18 years or older who lacks the physical or mental capacity to provide for their daily needs (FL Art. 14-101)¹. However, elder abuse or abuse later in life often refers to abuse committed against someone over the age of 60, though this age varies from state to state. Sexual abuse committed later in life is often underreported and commonly misunderstood. Older survivors may use different language to describe what happened to them, and are less likely to label their experiences as sexual assault. Service providers must know how to best serve this community.

Power and Control

Much like sexual violence against other age populations, older adults are more likely to experience sexual violence by someone they know. Their abuser may be their partner or spouse, a family member responsible for their care, an external caregiver, or another individual in the care facility. Caregivers, including staff in facilities or family members in community settings, are the most common perpetrators of sexual violence against older adults.² About 83% of victims of elder sexual abuse reside in an institutional care center, such as a nursing

¹ Adult Protective Services, *Maryland Department of Human Services*. <https://dhs.maryland.gov/office-of-adult-services/adult-protective-services/>

² Lancet Glob Health, "Elder abuse prevalence in community settings: a systematic and Meta-analysis," Y. Yon, ET la., 2017

home.³ However, outside of care facilities, spouses and partners are the most frequently identified perpetrators of sexual assault against older victims.⁴

Sexual violence is an act of power and control. An abuser may intentionally target someone who they believe to be vulnerable, who may not be likely to tell others about the abuse, or who may not be believed or supported if they were to report the abuser. In the case of older adults who receive care, their abuser may use their dependent relationship as a tool to commit harm against them and make the survivor second guess reporting. If the abuser is a partner, the cycle of abuse the victim is experiencing can trap them in a dynamic that is hard to escape.

These tactics prove to be effective, as a survivor may delay or refuse reporting altogether for fear of getting a caregiver fired or losing access to care, fear of breaking up their family, fear of getting someone in trouble – especially if they are a loved one, – or fear that the abuse was somehow their fault; that there was something they did to deserve it or could have done something to prevent it. They may be ashamed something like that could happen to them at that age. Older adults may have grown up ascribing to traditional gender norms and thus may believe these acts of abuse are normal from an intimate partner, that they should not end a relationship and instead should “stick it out,” or that discussing any form of intimacy or sexuality with another person is inappropriate, therefore they should remain silent.

[Unique Barriers Facing Older Survivors](#)

Individuals who hold one or more marginalized identities are at higher risk of experiencing sexual violence and experience unique barriers to reporting their abuse.

- Older adults who live with chronic illness, severe disabilities that require daily care, or psychological disorders may be targeted because they are seen as vulnerable, as less likely to speak up, less likely to be believed or taken seriously due to their age and assumptions about their mental capacity, and as too reliant on a caregiver to risk losing that care.
- Older BIPOC survivors and members of the LGBTQ+ community may not believe services will be supportive of their intersecting identities, and additionally feel that reporting to the authorities, such as police, might put them in danger.
- Older survivors living in poverty or experiencing other financial challenges may not be able to access safe resources. They may not report an abusive caregiver or an abusive partner for fear of losing access to care, their home, transportation, or other costly resources.
- Older individuals living in remote areas, those who did not receive much formal education, and those experiencing homelessness may not have access to information about sexual abuse and where they can receive help for it.
- Older adults may also have experienced child sexual abuse or sexual assault at younger ages but delay reporting or disclosing until they are older or until they experience an additional victimization. Experiencing childhood sexual abuse, sexual assault, and daily oppressions can create compounding trauma that a survivor lives with for years.

³ Sexual Abuse of the Elderly, *Nursing Home Abuse Center*. <https://www.nursinghomeabusecenter.com/elder-abuse/types/sexual-abuse/>

⁴ SART Toolkit Section 6.9, *National Sexual Violence Resource Center*. <https://www.nsvrc.org/sarts/toolkit/6-9>

Red Flags for Sexual Abuse Against Older Adults

Physical indicators of sexual assault are often missed by health professionals and care providers on an older body due to lack of awareness of the potential for sexual assault in later life.⁵ Below are signs that an older adult may be experiencing sexual abuse. **If an individual discloses that they are experiencing sexual abuse, believe them and offer support services.**

Physical Signs

- Bruising, irritation or pain around breasts or genitals
- Unexplained vaginal or anal bleeding
- Unexplained genital diseases / infections
- Torn or stained undergarments
- Genital trauma is more frequent and more severe in older adults than younger victims.
- Other physical injuries are often reported in addition to significant psychosocial trauma experienced by the victim.

Behavioral / Emotional Signs

- Signs of Post-Traumatic Stress Disorder
- Panic attacks
- Changes in personality or mood, such as agitation
- Social or emotional withdrawal
- Engaging in inappropriate, unusual, or aggressive sexual behaviors
- Changes in eating or sleeping habits
- Depression, anxiety
- Self-harm or suicidal behavior

Reporting Sexual Abuse of a Vulnerable Adult in Maryland:

- Adult Protective Services (APS)
 - Maryland statewide abuse number: 1-800-332-6347
 - List of APS offices in Maryland: <http://dhr.maryland.gov/local-offices>
- Office of Health Care Quality: 410-402-8217 or 877-402-8221
- Mail a complaint or file online: <https://health.maryland.gov/ohcq/Pages/Complaints.aspx>
- Maryland Department of Aging, Long-Term Care Ombudsman Program: 410-767-1100 or 1-800-243-3425 and <https://aging.maryland.gov/Pages/Ombudsman.aspx>

If you are **NOT SURE** if the person is considered vulnerable, call APS and they will make the determination.

If the individual **HAS** the physical or mental capacity and is **NOT** considered vulnerable, you can connect them to appropriate legal, counseling, and medical services. It is important to remember that just because someone is older, they still have the right to make decisions. If the older adult does not have full capacity, they can still be part of the decision-making process in conjunction with their legal decision maker.

⁵ Ibid.

The Impact of the #MeToo Movement on Older Adult Survivors

After the 2017 #MeToo Movement gained national and international attention, a cultural shift occurred that empowered older adults to come forward about abuse they had experienced at younger ages, or abuse they were experiencing currently. The 2017 Bureau of Labor Statistics' Criminal Victimization found an increase in reports of sexual assaults and rapes, from 23% in 2016 to 40% in 2017.⁶ A study of the effects of #MeToo international found a 14% increase in reporting in the three months following October 2017, with reports expanding to different races and socioeconomic statuses.⁷ While both adults who experienced sexual abuse as a child or sexual assault as a young adult delay in reporting, social media and the #MeToo movement inspired many to share their stories.⁸ And while the movement centered on women survivors, men raised their voices as well. This is important because male survivors typically do not disclose their histories of sexual abuse and assault for 20 to 25 years.⁹

*"Social media and the me too movement inspired many to share their stories"*¹⁰

*"I was assaulted 32 years ago and I never told anyone until Dr. Ford spoke out."*¹¹

Factors that prevented survivors from reporting their assault prior to the #MeToo Movement:¹²

- Blame themselves for the assault
- Felt they would not be believed or would be blamed by others
- Felt ashamed
- Fear of losing their job
- Fear of losing their friends
- Fear of shaming their family
- They were unaware that what they experienced was sexual assault or abuse

#MeToo helped survivors recognize that what they experienced was assault, and that they were not alone.¹³

⁶ Sexual Assault Reports Spike in #MeToo Era, *US News & World Report*. <https://www.usnews.com/news/national-news/articles/2018-12-27/sexual-assault-reports-spike-in-metoo-era>

⁷ Levy, R. & Mattsson, M. (2020) The Effects of Social Movements: Evidence from #MeToo, *Social Science Research Network*. <https://ssrn.com/abstract=3496903>

⁸ Alaggia, R. & Wang, S. (2020). "I never told anyone until the #metoo movement: What can we learn from sexual abuse and sexual assault disclosures made through social media?", *Child Abuse & Neglect*, 103. <https://doi.org/10.1016/j.chiabu.2019.104312>

⁹ The Other #MeToo: Male Sexual Abuse Survivors, *Psychiatric Times*. <https://www.psychiatrictimes.com/view/other-me-too-male-sexual-abuse-survivors>

¹⁰ Alaggia, R. & Wang, S. 2020. "I never told anyone until the #metoo movement: What can we learn from sexual abuse and sexual assault disclosures made through social media?", *Child Abuse & Neglect*, 103. <https://doi.org/10.1016/j.chiabu.2019.104312>

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

Supporting Older Adult Survivors

Considerations When Supporting Older Adult Survivors of Sexual Abuse¹⁴

Medical Needs: The older adult may have chronic medical concerns and immediate medical needs due to the abuse.

Psychological Needs: Connect the survivor to trauma-informed psychological services, such as counseling and support groups. Holistic therapy, such as music therapy, has proven to be effective for individuals with a cognitive impairment.

Housing Needs: The survivor may need to leave their home due to the abuse.

Legal Needs: The survivor may need help with a protective order, a divorce, changing financial documents such as wills, changing a Power of Attorney, or changing a legal guardianship.

Caregiving: The survivor may have or need caregiver support. Their needs may have changed due to the abuse. A new caregiver might need to be coordinated if the caregiver was their abuser or is no longer considered safe. Note that for survivors of sexual abuse, bathing and dressing times can be particularly triggering. If they need this level of care, safety plan with the survivor and the caregiver.

A Trauma-Informed Approach to Supporting Older Adults¹⁵

Advocates

- Be empathetic and caring.
- Respect the dignity and self-determination of the older adult.
- Optimism is key. We must believe every victim can be helped, while also recognizing that not every older adult will fully recover. Either way, it is possible to relieve some of their suffering.
- Be sensitive and aware of small changes in behavior
- Be patient and persistent.

Counselors

- Safety planning might be needed if the older adult continues to live with their abuser. This is similar to cases of domestic violence.
- Traditional talk therapy or counseling may not be possible for all survivors, especially if they have cognitive impairments.
- Phone or video counseling can be a good option if the individual is not easily able to physically come to an appointment. However, consider the safety of phone counseling if the older adult lives with the abuser or another unsafe family member.

¹⁴ Emotional Abuse of the Elderly, *Nursing Home Abuse Center*. <https://www.nursinghomeabusecenter.com/elder-abuse/types/emotional-abuse/>

¹⁵ Elder Sexual Assault: Technical Assistance Manual for Pennsylvania's Sexual Violence Centers, *Pennsylvania Coalition Against Rape*. https://www.nsvrc.org/sites/default/files/Elder_Sexual_Assault_Technical-Assistance-Manual.pdf

- Some older victims do well in group counseling sessions with younger survivors and take on a parenting role. Others do not because they cannot not relate to their fellow group members. If needed, consider connecting the survivor to a group specifically for older adults.
- When communicating with older adults
 - Allow for extra time.
 - Reduce background noise as much as possible.
 - Avoid shifting quickly from topic to topic.
 - Allow extra time for answering questions.
 - Be an active listener.
 - Use verbal and nonverbal communication cues.

Medical Professionals

- Know that getting an older victim to the hospital can be hard. They might be physically unable to go, do not know how to get medical treatment, or may not want to.
- The effects of forensic exams are much more profound on elder victims. Complete as much of the kit as possible, while knowing the potential for little to no evidence or cooperation. Of course, make sure everything is done with consent.

Important Resources to Assist Sexual Abuse Survivors

State Resources:

Maryland Coalition Against Sexual Assault (MCASA)

301-328-7023

www.mcasa.org

MCASA's Sexual Assault Legal Institute (SALI)

301-565-2277

www.mcasa.org/survivors/sali

Maryland Network Against Domestic Violence (MNADV)

301-429-3601

www.mnadv.org

Local Elder Abuse Shelter Programs:

CHANA's SAFE (Stop Abuse Against Elders) Program (Baltimore, MD)

410-234-0030

www.chanabaltimore.org

ElderSAFE Center (MD, D.C. and VA): shelter, education and resources

Language Accessible Helpline: 301-816-5099

www.smithlifecommunities.org/eldersafe

Local Government Resources:

Adult Protective Services (APS) in Maryland

1-800-332-6347

<https://dhs.maryland.gov/office-of-adult-services/adult-protective-services/>

Montgomery County Family Justice Center
240-773-0444

www.montgomerycountymd.gov/fjc

Montgomery County Police Department, Elder/Vulnerable Adult Abuse Section

240-773-5050

Prince George's County Family Justice Center

301-780-8008

www.princegeorgescourts.org/358/Prince-Georges-County-Family-JusticeCen

Culturally Specific Programs:

American Muslim Senior Society (AMSS)

301-327-8626

www.amssmd.org

Asian/Pacific Islander Domestic Violence Resource Project (DVRP)

202-833-2233

www.dvrp.org ; <https://dvrp.org/tool-kit-2/>

ASHA for Women: serving South Asian survivors

Domestic Violence Helpline: 1-888-417-2742; Senior & Caregivers Helpline: 1-833-999-9080

www.ashaforwomen.org

Ayuda: legal, social, and language services to help low-income immigrants

202-387-4848

www.ayuda.com

Jewish Coalition Against Domestic Abuse (JCADA)

1-877-885-2232

www.jcada.org

National Resources

Eldercare Locator

1-800-677-1116

www.eldercare.acl.gov

Elder Justice Initiative (EJI), DOJ

www.justice.gov

National Alliance on Caregiving

www.caregiving.org

National Center on Elder Abuse (NCEA)

www.ncea.acl.org

National Clearinghouse on Abuse in Later Life (NCALL)

www.ncall.us

National Domestic Violence Hotline

1-800-799-SAFE (7233); TTY 1-800-787-3224

www.thehotline.org

SPRiNG Alliance- national elder shelter coalition

www.springalliance.org

