Sexual Assault of Vulnerable Adults

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Agenda
- Dynamics of vulnerable adult sexual abuse
  - in the family, community & facilities
- Research findings
  - Re: victims
  - Re: perpetrators
- Range of sexually abusive behaviors
- Trauma impact
- Responding to suspected & confirmed cases

Vulnerable Adults
- Adults with limitations in self-care and self-protection ability
- Older adults and people who have developmental, cognitive, physical, sensory, psychiatric disabilities

Practice & Research Findings
- Sexual assault risk throughout lifespan
- Less power & credibility = hi risk
Gender Issues

- Most victims female
- Older men may be at higher risk than younger men
- Most perpetrators male

Perpetrators

Stranger/acquaintance assault occurs

But, most perpetrators know victim

Perpetrators

Age range: juveniles – elders

Access "available" victims
- Intimate partners
- Family members
- Care recipients
- Fellow residents in care settings

Types of Assault

- Incest
- Intimate partner violence
- Care provider assault
- Peer assault
- Acquaintance assault
- Stranger assault
Forensic Markers
- Physical signs
  - Genital, anal, throat, oral injuries; bruising, bite marks, STD
- Psycho-social signs
  - Anxiety, agitation, PTSD, attempts to flee, fear
  - Present even in victims with dementia
- Victim disclosures and hints
- Eye witness reports
- Suspicious behavior by alleged perpetrator
- Signs, symptoms often missed or misinterpreted

Range of Assultive Behaviors
- Unwanted talk, jokes, threats
- Molestation
- Forcing victim to touch perpetrator
- Voyeurism
- Exhibitionism
- Penetration
- Exposing to or using for pornography
- Trafficking or exploitation
- Internet sexual crimes

Perpetrator Tactics
- Use of force
- Manipulation
- Threatening the victim
- Simply overpowering
- Misusing position or privilege

Under-Identification
- Disbelief re: vulnerable adults SA
- Victim conditions may prohibit reporting
- Some discounted as psychotic or demented
- SA markers missed, misinterpreted
- Professional training insufficient
- Response to allegations often insufficient
- Many cases never reach SA, CJ, APS
Is This Sexual Assault?

- Case from “Sexual Abuse of Vulnerable Adults in Facilities Study”

Vulnerable Adult Victims

- Less likely to receive SA exams or services
- Less likely to report SA
- Disclosures less likely to be believed
- Rate of arrest & prosecution very low
- Professionals less trained to respond

Victim Impact – Many:

- Experience profound psych-social consequences of endured human cruelty
- “Shutting down” affect
- Trust slowly – take small steps
- Fear of offender often generalizes

Trauma in a Vulnerable Adult

- 26 yo Maggie, lives w/ mo, severe DD
- Dependent for all ADL, non-verbal
- Uses respite care monthly
- Maggie found gagged, tied, blinded
- SANE exam - evidence of assault
- DNA match to male attendant
- Thereafter, terrified to leave mother
Older Adult Trauma

- Victims traumatized whether or not could discuss - no significant difference between those with and without dementia
- Assault impact and aftermath can be more intense and disturbing for vulnerable victims

Harm Inflicted

Can be compounded OR ameliorated by the actions of others

Harm Compounded

- Older woman assaulted by relative
- Sons' reactions

Trauma Reduced

- Mrs. J. 86 y.o., non-ambulatory, hip fracture, moved into daughter’s home
- Son-in-law (CNA provides care)
- Hesitantly disclosed SA to RN
- Presentation: Terrified, confused, embarrassed, worried
Responding to Cases

Case Mishandling Common
- MHMR attendant accused of anally raping 65 y.o. man with object
- Victim: Acute anxiety, 3rd degree burns on arm, tearing of rectum, surgery required
- Perp admitted only PA, bruising genitals
- Case sub’ed and arrest only for PA

Better Response, But…
- 62 yo woman, aphasic, paralyzed
- Extensive genital bruising, tears
- Discovered by physical therapist
- Importance of facility response
- Importance of medical records

Polyvictimization Common
- Many victims experience multiple abuses
- Warrants “open-ended” screening
- Example: Physical abuse disclosed,
  “Have you been hurt in other ways?”
Meeting Victim Needs

- What does the victim want?
- What would make the victim safer?
- What can help victim regain control, recover?

Victim-Centered Strategies

- Refrain from assumptions
- Recognize vulnerability
- Independent, complete investigations
- Offer SANE, SA counseling
- Accommodate special needs
- Arrest & prosecute if possible
- Professional collaboration

Needs Revealed For

- Prevention strategies
- Professional training
- Quick & effective response
- Interdisciplinary collaboration
- TI investigation, forensics, intervention
- Protection of all possible victims

Summary

- Sexual assault is a risk across the lifespan
- Victim trauma regardless of age & ability
- Serious short & long-term consequences
- We can help prevent, recognize, evaluate, confirm, treat, assist, advocate & support