PHYSICAL AND SEXUAL ELDER ABUSE

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Abuse of the elderly, brutal attacks against the elderly, elder abuse, harming the elderly, physical elder abuse, sexual elder abuse, violence against the elderly

ABSTRACT
This research paper will provide information on this “silent dilemma” because anyone of age should not be subjected to violence, abuse, humiliation, or neglectful behavior. Specifically, I will discuss elder abuse focusing on sexual and physical abuse of the elderly. Knowing the warning signs of abuse is a first step toward protecting elders. Gosselin (2010) suggest that elder abuse may involve physical, sexual, or emotional/psychological violence and neglect, abandonment, or financial exploitation. Elder abuse can affect people of all ethnic backgrounds and social services and can affect both men and women. Like other forms of abuse, elder abuse is a complex problem, and it is easy for people to have misconceptions about it. Many people who hear “elder abuse and neglect” think about older people living in nursing homes or about elderly relatives who live all alone and never have visitors. But elder abuse is not just a problem of older people living on the margins of our everyday life. It is right in our midst. All practitioners, family, and other caregivers need to be informed about sexual assault and other forms of interpersonal violence perpetrated against elders (Burgess, Ramsey-Klawsnik, & Gregorian 2008).
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Knowing the warning signs of abuse is a first step toward protecting elders. Gosselin (2010) suggest that elder abuse may involve physical, sexual, or emotional/psychological violence and neglect, abandonment, or financial exploitation. Elder abuse can affect people of all ethnic backgrounds and social services and can affect both men and women.

Each one of us has a responsibility to keep vulnerable elders safe from harm. The laws in most states require helping professions in the front lines such as doctors and home health providers to report suspected abuse or neglect. Both women and men are abusers of older adults. Family members are more often the abusers than any other group (Gosselin 2010). For several years, data shows that adult children are the most common abusers of family members. The bottom line is that elder abuse is a family and social issue.

Because of my sincerity of helping the elderly population, I want my research paper to promote a social attitude of positive steps in helping the elderly. This research paper will provide information on this “silent dilemma” because anyone of age should not be subjected to violence, abuse, humiliation, or neglectful behavior. Specifically, I will discuss elder abuse focusing on sexual and physical abuse of the elderly.

Extent of Elder Abuse

The American Psychological Association (2005) reports that older people today are more visible, more active, and more independent than ever before; they are living longer and in better health. But the hidden problem of elder abuse, exploitation, and neglect is becoming apparent as the population of older adults in America is gradually growing. Every year an estimated 2.1 million older Americans are victims of physical, psychological, or other forms of abuse and neglect (American Psychological Association 2005). However, this statistic does not reveal the many more cases of elder abuse and neglect that is not reported to authorities. The American Psychological Association (2005) also reveals that elders who have been abuse tend to die earlier than those who are not abused, even in the absence of chronic conditions or life-threatening disease.
Literature reveals that in the 1980s elder advocates began to lobby for passage of an elder abuse act similar to the Child Abuse Prevention Act, which instituted the National Center on Child Abuse and Neglect (NCCAN). Elder abuse legislation was eventually passed in the early 1990’s as an amendment to the Older Americans Act, which established the National Center on Elder Abuse (Avillion 2003). Unfortunately, the National Center on Elder Abuse received less funding for operation than the National Center on Child Abuse and Neglect (Avillion 2003).

Like other forms of abuse, elder abuse is a complex problem, and it is easy for people to have misconceptions about it. Many people who hear “elder abuse and neglect” think about older people living in nursing homes or about elderly relatives who live all alone and never have visitors. But elder abuse is not just a problem of older people living on the margins of our everyday life. It is right in our midst.

Literature Reviews

Aileen Wiglesworth, Raciela Austin, Maria Corona, Diana Schneider, Solomon Liao, Lisa Gibbs, and Laura Mosqueda describe bruising as a marker of physical elder abuse. Older adult participants were examined and physicians documented location and size of bruises to see if they were inflicted during physical abuse. This was a qualitative research study that examined sixty-seven adults aged 65 and older that reported to Adult Protective Services (APS) for suspected physical elder abuse. It is found that older adults often visit their physician with bruising. Suspected abuse is rarely an idea of consideration because older adults are considered to bruise easily. A 2005 study of bruising found that accidental bruises in a geriatric population were not found on the neck, ears, genitalia, buttocks, or soles of the feet and that almost 90% of accidental bruises were on the extremities (Wiglesworth, Austin, Corona, Schneider, Liao, Gibbs, & Mosqueda 2009). There is not an abundance of literature on injuries due to elder abuse. The literature that does exist is limited to “case studies and nonstatistical samples.” Importantly, physicians should be suspicious of the location and size of bruises. Consequently, the physician should ask in a reaffirming manner to make sure physical elder abuse is not taking place. The journal article found that bruises that occur as a result of
physical elder mistreatment are often large and on the face, lateral right arm, or posterior torso.

There were limitations to this research which excluded abuse adults that is not reported to APS as well as those who were reported but declined to participate in the research. Also, bruises often healed before the participant could be assessed. The two study sample that was used differed in their recruitment strategies used to ensure enrollment and assessment of the needed participants. Also, the data collection strategies differed in the two studies. A true control group is needed, with better matching methods and populations.

Jordan I. Kosberg illustrates the importance of professional concern for men regarding the abuse of older men. Elder abuse is often seen as social phenomena that primarily affect women since there are more women than men that are elderly. Older men are often understudied and may be at the greatest risk for being abused. This journal article discussed several explanations of why the abuse of older men has not been prevalent in social work research or in social work literature.

First, elder abuse is seen as a problem primarily affecting women. There is a higher number and greater proportion of older adults that are women. So it is perceived that it would be more female than male victims. Also, men are more likely to commit crimes so the victims are more than likely o be women. However, an American study found that older men make up one-third of all elder abuse victims (Westley 2005; Kosberg 2009). Secondly, programs and services often exist for women that have been victims of crimes. Few, if any, such resources exist for men, including older ones (Kaye, Kay, & Crittenden 2007; Kosberg 2009). In the United States, there are limited resources for men experiencing elder abuse. Thirdly, men oftentimes do not exploit community resources. There is a body of literature on men’s lack of help-seeking behavior when facing challenges in their lives (Addis & Mahalik 2003; Tudiver, Hilditch, & Permaul 1991; Kosberg 2009). Fourth, the needs of older men are perceived to be different than for women. Ageism and sexism distort this perception regarding the needs of older men. For example, there is research that discusses the fact that some professionals may treat male patients and clients differently to female ones (Williams 2003; Kosberg 2009). Lastly, many abused men do not report their perpetrators because of the fear of retribution, the older victim may be depended
on the perpetrator for care giving, and the belief that the elderly feels like “they are getting what they deserve.”

Kosberg (2009) found that there are vulnerable groups of older men that display particular attributes that will increase the likelihood of elder abuse. These attributes are men who are lonely and alone; live in Single Room Occupancies (SRO), shelters, and residential care facilities, or homeless; and those that are abused by family members.

Holly Ramsey-Klawmsik, Pamela Teaster, Marta Mendiondo, Jennifer Marcum, and Erin Abner provides selected findings from the first national study of sexual abuse of vulnerable adults residing in care facilities. The investigators examined a total of 429 cases of alleged sexual abuse of vulnerable adults living in care facilities that were investigated in five states during a six-month period. Overall, little research has been undertaken on the problem of elder sexual abuse (Ramsey-Klawmsik, Teaster, Mendiondo, Marcum, & Abner 2008). For the most part, male caregivers are the most likely perpetrator of committing sexual abuse of the elderly.

Research have found common characteristics of offenders who sexually victimize elders within their own families includes mental illness, substance abuse, domineering or sadistic personality traits, sexual deviancy, and paternalistic views of wives as sexual property. Importantly, abusing the elderly is often accompanied with extreme violence between the victim and perpetrator. The perpetrator of sexually assaulting the elderly is typically male while their victims are female. Sexual assaults that occur in facilities are rarely reported to law enforcement or prosecuted and that the offenders are often residents of the involved facility (Bledsoe 2006; Ramsey-Klawmsik, Teaster, Mendiondo, Marcum, & Abner 2008). Oftentimes, perpetrators commit sexual assault against the victim because of their lack of ability to give informed consent for sexual activity. Consequently, mental illness has a direct correlation on whether an individual will commit sexual abuse against the elderly.

Failure to refer abuse allegations to law enforcement at all or in a timely fashion, coupled with a lack of witnesses to abuse, as significant impediments to prosecution and conviction (U.S. General Accounting Office 2002; Ramsey-Klawmsik, Teaster, Mendiondo, Marcum, & Abner 2008). Also, found that sexual assault charges are less likely to be brought up on cases where the elder lived in assisted living facilities compared to on their
Essentially, future efforts must be expanded to prevent sexual and other abuse of residents in care facilities, including careful screening of potential employees and residents for evidence of dangerousness (Ramsey-Klawsnik, Teaster, Mendiondo, Marcum, & Abner 2008). It is very important that the care facilities conduct thorough background checks, interviews, and check employment references in order to minimize the likelihood of sexual assault occurring. Also, care facility employees must be mindful of visitors in part of keeping the elderly safe. Importantly, law enforcement should be very diligent and proactive in investigating and prosecuting sexual assault cases of the elderly.

Kathryn Peri, Janet Fanslow, Jennifer Hand, and John Parsons discuss recent research findings related to societal-level risk and protective factors that may affect the incidence of elder abuse and neglect. This article draws on qualitative interviews with older people and their caregivers, as well as service providers and non-governmental organizations that provide support to older people. Certain factors that should be focused on regarding elder abuse including ageism and older people’s rights, gender roles, and societal ideas about individuals and families. Essentially, supporting the empowerment of older people may also help to minimize the risks of elder abuse and neglect. Reducing ageism and promoting positive attitudes about the elderly should be a focus for community support and societal change to provide protection for or older persons.

Projections indicate that 13% of the population will be 65 years and over by 2010, with an anticipated further growth to 25% by 2051 (Bryant 2003; Peri, Fanslow, Hand, & Parsons 2009). The ethnic make-up of the New Zealand population is also expected to alter during this time, with the proportion of Maori, Pacific and Asian groups increasing relative to the current majority of those of New Zealand European descent (Statistic New Zealand 2004; Peri, Fanslow, Hand, & Parsons 2009). Literature shows that perpetrators of elder abuse usually have some control or authority over the elder. In general, New Zealand figures indicate that reported cases of abuse and neglect are consistent with overseas figures (Age Concern New Zealand 2005; Peri, Fanslow, Hand, & Parsons 2009). In other words, New Zealanders encounter similar elder abuse episodes as countries else-
where. Consequently, New Zealanders have wide-ranging and long-term effects on the elderly including issues of finances, living arrangements, family relationships and their overall physical and mental health.

Peri, Fanslow, Hand, & Parsons (2009) express the view that older people are fundamentally under valued and not respected. This attitude is developed in the social and cultural belief that paid employment is part of being “productive” while not working is seen as not contributing to society. The participants of this study suggested that cultural expectations about the role of women may put them at a disadvantage when it comes to elder abuse. For example, elderly women are found to be more likely victims of financial abuse because a caregiver is usually in charge of the money and making financial decisions. Service providers and NGO (i.e. non-governmental organizations) informants agreed that the misuse of EPOA (enduring power of attorney) put older women at risk in relation to property and welfare (Peri, Fanslow, Hand, & Parsons 2009). Also, time pressures on families are seen to weaken those bonds because adults in the family may not visit older adults in residential care to mounting responsibility in their own lives.

This article summarizes some of the societal-level factors that were thought to contribute to elder abuse. These factors were discussed to develop implications for social policies that would protect elders from the likelihood of abuse and neglect within their families and communities. Stereotypes and prejudices associated with ageism are socially rather than biologically determined (Featherstone & Hepworth 1990; Peri, Fanslow, Hand, & Parsons 2009). This process is socially constructed by the way older adults are treated and portrayed in society. Essentially, there is a need to promote more positive images of older people and develop a point of reference that is more conducive to respect, honor, and admiration in society and the world as a whole.

Ann Burgess, Holly Ramsey-Klawsnik, and Sarah Gregorian illustrates through an exploratory study of 284 cases of alleged elder sexual abuse revealed fairly equal numbers of reporters to the criminal justice system (CJS) and to Adult Protective Services (APS). CJS reports were most likely from victims that were abused in institutions, received rape exams, and were violated by perpetrators under 40 who also committed non-sexual crimes. APS reports were most likely from victims that lived in their own homes, did not receive rape exams,
and have cognitive disabilities. Also, the elderly person’s perpetrator was most likely a spouse/partner or family members age 40 or older.

There are no reliable estimates of the incidence or prevalence of elder sexual abuse in the community or in facilities (Lachs, Williams, O’Brien, Pillemer, & Charlson 1998; Burgess, Ramsey-Klawsnik, & Gregorian 2008). A Texas study found that 2.2% of the 109 reported sexual assault victims were women over age 50 (Ramin, Satin, Stone, & Wendel 1992; Burgess, Ramsey-Klawsnik, & Gregorian 2008). Also, research shows that most abuse to the elderly occurs in their homes and by a known perpetrator. However, nursing homes are not immune from elder sexual abuse; both staff and residents have been identified as perpetrators (Burgess, Ramsey-Klawsnik, & Gregorian 2008). Ramsey-Klawsnik (1998) identified five types of elder sexual abuse: stranger or acquaintance assault, abuse by unrelated care providers, incestuous abuse, marital or partner abuse, and resident-to-resident assault in elder care settings.

The criminal justice system and Adult Protective Services are two essential agencies that have the responsibility for investigating alleged elder sexual abuse cases. The law enforcement is an agency in the criminal justice system that first investigate sexual behaviors that is considered criminal under state or federal law for victims of any age. Elder sexual abuse can be reported to law enforcement by the elderly themselves, a rape crisis center, or hospital. The second investigative agency, APS, is typically the agency of first report for the mistreatment of vulnerable and older adults (National Center on Elder Abuse 1998; Teaster 2003; Burgess, Ramsey-Klawsnik, & Gregorian 2008). Mandated professions are required to report signs of suspected abuse to APS, such as for abuse, neglect, and financial exploitation.

This study revealed that elders are highly vulnerable to sexual assault. Elderly women are more likely to be perceived by motivated offenders as suitable targets (Safarik 2006; Burgess, Ramsey-Klawsnik, & Gregorian 2008). Elderly women are viewed as more vulnerable to younger women because of their inability to protect themselves or flee. Similarly, elderly women encounter physical changes such as in the neuromuscular and skeletal framework that will most likely interfere with protecting themselves. All practitioners, family, and other
caregivers need to be informed about sexual assault and other forms of interpersonal violence perpetrated against elders (Burgess, Ramsey-Klawsnik, & Gregorian 2008).

Physical Elder Abuse

As described earlier, elder abuse can be physical, psychological, sexual, financial, and neglectful. Elder physical abuse is defined as the use of physical force that may result in bodily injury, physical pain, or impairment (Remick 2009). Also, inappropriate use of physical restraints and forcing the elderly to eat are considered methods of physical abuse. There are a number of warning signs and symptoms of physical elder abuse. Assessment may reveal welts, lacerations, black eyes, open wounds, cuts, and untreated injuries in various stages of healing. Bruises may provide important clues regarding physical abuse. Bruises that are clustered together in unusual locations such as neck or groin should be viewed with suspicion. Importantly, any physical punishment on the elderly is considered as elderly abuse (Cyphers 1999).

Because elder abuse laws differ from state to state, it is important to know the elder abuse laws applicable for clientele receiving services (Bergeron 1999; Bergeron & Gray 2003). Research reveals that elder abuse is committed by perpetrators known by the elderly and underreporting is very common. Elder abuse cases are often referred to the Adult Protective Services as being a segment of the population that typically have a difficult time caring for themselves. According to McGarry and Simpson (2009), physical abuse is the most obvious form and may include:

- Bruising, cuts, burns and fractures that are not consistent with a reasonable explanation
- Bruising in various stages of healing
- Bruising with unusual shapes or patterns, for example, finger marks
- The person being nervous or flinching
- The person covering up with clothing
- Cigarette burns
Sexual Elder Abuse

Sexual abuse is defined as non-consensual sexual contact of any kind with an elderly person (Remick 2009). Sexual abuse also takes place is there is sexual contact with an elder who is incapable of giving consent. Sexual contact also includes unwanted touching, rape, sodomy, forced nudity, and forcing the victim to look at pornographic materials, sexually explicit photographing (American Psychological Association 2005). Reported cases of elder sexual abuse in long-term care facilities are increasing. These particularly involve the touching of females, without their consent, while being bathed, fed, or dressed by caregivers (Wolf 2003).

Unfortunately, some caregivers or family members hurt the elderly as an exercise of power and control over them. Basically, they harm the elderly for the simple fact that they can. Sexual elder abuse is especially seen as an issue that elderly women have to encounter. Sexual violence committed against elders is a growing problem both in the United States and globally (Vierthaler 2008). Consequently, the elder victims may experience severe emotional and physical trauma after the heinous incident. Research investigating elder sexual abuse is sparse; only four previous studies have been reported (Ramsey-Klawsnik 1991; Holt 1993; Burgess et al., 2000; Teaster et al., 2000; Ramsey-Klawsnik 2003). According to McGarry and Simpson (2009), sexual abuse includes:

- Full or partial disclosure or hints of sexual abuse
- Signs of depression and/or stress
- Torn, stained, or bloody underclothing
- Pain or itching, bruises or bleeding in genital area
- Bite marks
- Bruises or finger marks on thighs or arms
- Significant change in sexual behavior or language
- Sexually transmitted infection
Conclusion

The first and most important step toward preventing elder abuse is to recognize that no one—of whatever age—should be subjected to violent, abusive, humiliating, or neglectful behavior. In addition to promoting this social attitude, positive steps include educating people about elder abuse, increasing the availability of respite care, promoting increased social contact and support for families with dependent older adults, and encouraging counseling and treatment to cope with personal and family problems that contribute to abuse. According to the American Psychological Association (2005), violence, abuse, and neglect toward elders are signs that the people involved need help immediately.

Knowing the warning signs of elder abuse is the first step towards protecting them. Each one of us has a responsibility to protect one of life precious treasures, which are our elderly population. Education and implementation are tools that would help rid society of this social disorder. The family should be educated on stress relieving ideas that is not harmful to their elder members. There is a quote in a move that was stated by one of its characters that brings unison in problem solving relating to elder abuse. Wesley Snipes plays Nino Brown, a rising drug dealer in the movie New Jack City. He was celebrating his rise to stardom using illegal tactics with other members of his regime when he asked, “Am I my brother’s keeper?” while his regime replied, “Yes I am!” Just like this statement shows allegiance, it should be our battle cry for the elderly.
References


