



### D45 Elder Sexual Abuse: What is New in 2010?

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After attending this presentation, attendees will be able to list obstacles for elderly women in reporting sexual assault, will be able to identify clinical findings or behaviors that may indicate sexual abuse when there is no disclosure, will be able to describe potential challenges in performing a forensic exam on elderly patients, and will be able to discuss current evidence-based literature and injury patterns that are unique to this group.

This presentation will impact the forensic science community by understanding that elder physical abuse, neglect, and exploitation, including reports of sexual assault and abuse, have risen rapidly over the last decade.

The graying of America population is expected to grow from 4 million in 2000 to 19 million in 2050, mainly due to medical advancements. The true extent of this problem is difficult to determine. Post-menopausal women represent 2.2-6.9 percent of women reporting sexual assault. Reluctance to report sexual abuse, relative isolation of elderly victims, and lack of public and professional awareness undoubtedly contributes to the increasing number of undetected cases of sexual assault in this population. This age group is uniquely physically different when compared to young women and health care providers are not generally familiar with the clinical manifestations of sexual trauma in elderly. There are four things to screen for:

- Being sensitive to observable signs and symptoms associated with sexual assault
- Capacity to consent to sexual activity
- Using appropriate interviewing techniques and questions
- Using more formal assessment tools when needed—Teitman and Copolillo 2002

This presentation will also include the epidemiology of elder abuse and data from several cities across the U.S. has been analyzed that will be presented as well. Elder women are vulnerable because they are likely to live alone, lack physical size and strength, and are less capable of fleeing or resisting attack as well as lacking in guardianship. Elder women also have an increased chance of sustaining serious injury, increased vaginal or anal tearing and bruising that may never fully heal, brittle pelvis or hip bones can be broken by friction or weight, increased risk of infections and STDs. Evaluation and treatment of sexually abused or assaulted elderly women will be discussed using case vignettes (including history and injury associated with each elderly woman's case) that will assist the medical provider in the application of evidence to nursing practice. Because sexual violence takes away a victim's sense of control, returning and offering control empowers victims. It is important to ask the patient if they want to talk where they would prefer you to sit, how they would like to be addressed (first name or Ms., Mrs., Mr., etc.), and whether they would like someone else present. The healthcare provider must also be aware of cultural/religious differences that will impact the patient. There are also prosecutions and investigative challenges that will need to be addressed: Overcoming the attitude: who in the world would want to have sex with an old person?; preserving testimony – death, illness, sexual assault by family member vs. stranger, getting beyond the generational view points; and, the recanting patient. There are key points to examine:

- Elder abuse is very **underreported**
- Injury is higher due to age and medical conditions that are frequent in the elder population
- Consider what support your courtroom and system has for these elders who cannot sit on the hard benches, etc.
- Special needs if this patient
- Talk slowly ... and have lots of Patience....Patience....Patience

**Elder, Sexual Assault, Older Person**