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Sexual Predators Who Target Elders: Findings from the First National Study of Sexual Abuse in Care Facilities

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Sexual Predators Who Target Elders: Findings from the First National Study of Sexual Abuse in Care Facilities

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ABSTRACT. This article reports research findings concerning 119 alleged sexual perpetrators who were reported to state authorities for abusing elderly individuals residing in care facilities. The largest group of accused was employees of the facilities, followed by facility residents. Family members of the alleged victims and visitors to the facilities also were among those reported as sexually abusive. Investigation of the allegations by Adult Protective Services and regulatory staff resulted in 32 of these individuals being confirmed as sexual perpetrators against vulnerable elders. Male and female alleged and confirmed sexual perpetrators were identified as well as both male and female elderly sexual abuse victims. Perpetrator characteristics, victim vulnerabilities, abuse acts, locations of assaults, and available case outcomes are presented. Implications of the findings are discussed.

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KEYWORDS. Elder sexual abuse, sexual offenders, facility abuse, abuse investigation, resident perpetrators, abuse by facility staff

INTRODUCTION

This article provides selected findings from the first national study of sexual abuse of vulnerable adults residing in care facilities. The study analyzed sexual abuse reports, investigations, and case outcomes involving vulnerable adults ages 18 and older in care facilities. The goal of the project was to better understand sexual victimization that occurs in care facilities. Specific goals included learning about the victims and perpetrators and determining where cases occur and the factors correlated with facility sexual abuse. Questions explored included: How often do these cases reach the attention of state authorities? How are alleged cases investigated and how frequently are they substantiated? Do the professionals responsible for investigating allegations and intervening in confirmed cases have adequate resources to effectively protect victims?

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. Of the alleged victims, 29% ($n = 124$) were age 60 and older. This article provides findings concerning the 119 alleged and 32 confirmed sexual perpetrators who targeted vulnerable elders residing in care facilities.

SEXUAL PREDATORS WHO TARGET ELDERS

Overall, little research has been undertaken on the problem of elder sexual abuse. That which has occurred has shed more light on the victims than the perpetrators. Several studies, however, have revealed information about sexual perpetrators who target elderly people. Universally accepted definitions of terms relative to elder abuse are not yet in use. As a result, various definitions of terms were utilized in the studies conducted. In a study of 28 cases of suspected elder sexual abuse that occurred in the community (as opposed to facilities), alleged perpetrators were identified in all but one case. Twenty-six cases involved male alleged perpetrators, and in one case, the elder had been sexually assaulted by both a male and female care provider. Over a third of the alleged perpetrators were elderly. Of the alleged perpetrators, 81% were care providers, and 78% were

family members, predominately sons and husbands (Ramsey-Klawnsnik, 1991). Characteristics of offenders who sexually victimize elders within their own families were found to include mental illness, substance abuse, domineering or sadistic personality traits, sexual deviancy, and paternalistic views of wives as sexual property (Ramsey-Klawnsnik, 2003).

Holt (1993) reported that the majority of perpetrators involved in 90 cases of suspected elder sexual abuse in Britain were males on whom the victim was dependent for care and that the abuse occurred within the victim's home.

Burgess, Dowdell, and Prentky (2000) reported on 18 offenders who sexually assaulted in care facilities. Offenders were facility employees ($n = 15$) and residents ($n = 3$). All were low in social competence and victimized residents who were incapacitated. Ten of their victims were assaulted multiple times, and one perpetrator assaulted two residents. Eleven employees were arrested, and five were convicted.

Teaster and Roberto (2004) examined 82 cases of elder sexual abuse that occurred in both the community and facilities in Virginia over a span of five years as well as sexual abuse of vulnerable adult men (Roberto, Teaster, & Nikzad, 2007) and vulnerable adult women (Roberto & Teaster, 2005). For the 5-year period and involving the elders, about 75% of the victims resided in care facilities. Perpetrators were identified in 95% of the cases. All but one was male, and 88% of the perpetrators were over age 60. Among the facility cases, 69% of the perpetrators were residents, and 5% were staff members. Characteristics of the perpetrators included untreated psychiatric illness (28%), substance abuse (16%), and past criminal behavior (6%). Additionally, 14% were financially dependent on their victims.

A retrospective analysis of 125 elder sexual abuse cases by Burgess, Hanrahan, and Baker (2005) found that 44% of the perpetrators were under the influence of drugs or alcohol at the time of the assault and that 44% engaged in multiple offenses.

Jeary (2005, 2004) reported on 52 convicted offenders who had sexually assaulted elderly individuals. The abuse was characterized by extreme violence. Abusers ranged in age from 16 to over 70, and two-thirds of the offenders were under age 30. About one-third of the offenders had prior convictions for sexual assault, and half of those had previously assaulted elders. Of these perpetrators, 20% had also been convicted of child sexual abuse. One-third of assaults occurred in facilities and were perpetrated by residents, staff, and family members of residents or visitors to the facilities. Their victims were primarily female.

Morgenbesser, Burgess, Boersma, and Myruski (2006) described 112 cases of elder sexual assault gleaned from news media accounts. The involved perpetrators ranged in age from 14 to 70 and were predominately male. Of 27 perpetrators whose occupations were known, all were employees or volunteers in the care facilities in which they assaulted elders. Of 31 who assaulted elders in facilities, 22 were employees, 6 were residents, and 3 were visitors. These authors identify two types of elder sexual offenders: predatory specialists who have a preference for older victims and generalist predators who target victims of various ages.

Sex Offenders Residing in Care Facilities

Bledsoe (2006) asserts that 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. He discusses the significant problems involved when convicted sexual offenders become residents in care facilities. His organization, A Perfect Cause, reported in 2005 that there were 795 registered sex offenders living in nursing homes. The U.S. Government Accountability Office (GAO) (2006) estimated that 700 registered sex offenders lived in nursing homes or Intermediate Care Facilities for Mental Retardation (ICFMR) during 2005 and that these offenders constituted .05% of the 1.5 million residents in these facilities. About 3% of nursing homes housed a convicted sex offender. About 90% of the registered sex offenders living in nursing homes were much younger than typical facility residents. The GAO also reported these numbers to be underestimations that are the result of data limitations. Paroled, nonsexual offenders also were housed in care facilities. The GAO concluded that it could not determine the risk that registered sex offenders posed to other residents because data on criminal background of alleged perpetrators is not included in abuse reports to state authorities. Long-term care facility officials interviewed for the GAO report indicated that a history of criminal offending would not typically lead to residents receiving increased supervision. These officials indicated that residents with mental illness and dementia typically concern them more in terms of potential for dangerousness than do residents with criminal backgrounds.

Ramsey-Klawnsnik (2004) discusses sexual abuse perpetrated by residents in care facilities. Perpetrators may take sexual advantage of fellow residents who lack capacity to grant informed consent to sexual activity or force fellow residents who have cognitive ability into unwanted sexual contact. In a retrospective analysis, Burgess and Phillips (2006) found that

6% of 284 cases of alleged elder sexual abuse involved resident-to-resident abuse, and that this form of victimization was predominantly perpetrated against elders with dementia.

Practice implications for health care professionals employed in facilities in regard to the sexual abuse of residents are discussed in Ramsey-Klawnsnik, Teaster, Mendiondo, Abner, Cecil, and Tooms (2007), including the complex challenges posed both by sexually abusive residents and potential employees. They delineated staff responsibilities including taking steps to screen out potential and actual abusers when recruiting and hiring staff, educating staff to recognize and report any disclosed abuse as well as signs of possible abuse, arranging forensic examinations for residents who may have been abused, cooperating with authorities during abuse investigations, and taking all possible measures to prevent the sexual and other victimization of residents. Steps to prevent sexual abuse of residents, and for responding appropriately when suspected cases arise, are provided in Edwards (2005).

Initial and preliminary work has been published from the study data that form the basis of this article but concerns clinical findings involving elder sexual abuse (Ramsey-Klawnsnik et al., 2007) and the sexual abuse of older male victims residing in nursing homes (Teaster, Ramsey-Klawnsnik, Mendiondo, Abner, Cecil, et al., 2007). The focus of this article concerns perpetrators of the sexual abuse of elder victims residing in nursing homes.

Interviewing Alleged Perpetrators and Investigating Allegations

Guidelines for Adult Protective Services (APS) investigative interviewing of alleged elder abusers are provided in Ramsey-Klawnsnik (2005). Cooper and King (2006) provide guidelines for conducting research interviews of individuals who are incarcerated for sexually assaulting elders. They urge great care regarding interviewer safety, stating that convicted offenders who have sexually assaulted elders are commonly diagnosed with severe emotional and personality disorders.

The 2004 survey of APS (Teaster, Otto, Dugar, Mendiondo, Abner, et al., 2006) found that, nationwide, less than 1% of cases investigated for alleged elder abuse of any type involved allegations of sexual abuse, and 1% of all substantiated cases involved elder sexual assault. Of alleged cases involving all types of abuse (not just sexual abuse), 46% were substantiated. More than half of the confirmed perpetrators (in cases of all types) were female, and over three-quarters were under age 60.

Adult Protective Services investigators deciding whether to confirm abuse allegations must apply the standard of proof set by state law as discussed by Ramsey-Klawnsnik and Klawnsnik (2005). "Preponderance of evidence" indicates that an allegation is more likely true than not and that at least half of the evidence supports the allegation. It is the standard typically applied by APS and other regulatory investigatory bodies. This differs significantly from the "beyond a reasonable doubt" standard applied in criminal proceedings that indicates that the fact finder believes to a moral certainty that the allegation is true. This is the highest level of proof applied in our society.

A review of physical and sexual abuse complaints reported to state authorities in Alabama (Department of Health and Human Services, 2004) found that the safety of nursing home residents was threatened because legally required abuse reports were delayed, allegations were not investigated promptly, and the registry of confirmed abusers was not updated in a timely fashion.

Thomas and Fair (2005) qualitatively analyzed 50 cases in South Carolina of alleged abuse and neglect involving people with disabilities who resided in care facilities, including five cases of sexual abuse. They similarly found that reports to state authorities concerning alleged abuse of residents were often delayed, resulting in serious problems with evidence collection and victim protection. Abuse investigations conducted were seriously flawed, often reports to law enforcement did not occur when indicated, and cases that were referred to police did not always receive the required attention. Generally, cases that did reach law enforcement were not prosecuted, despite the seriousness of many.

Arrest and Prosecution of Perpetrators

The U.S. General Accounting Office (2002) reported that few prosecutions occur following allegations of physical or sexual abuse of residents in nursing homes perpetrated by employees. That office cited 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.

Research funded by the National Institute of Justice has revealed that the older a sexual assault victim, the less likely it was that the offender was found guilty. Additionally, sexual assault charges were less likely to result in cases in which victims lived in assisted living facilities than when they lived independently (Schofield, 2006).

Burgess, Ramsey-Klawnsnik, and Gregorian (2008) compared alleged elder sexual abuse cases initially referred to APS with those first reported to the criminal justice system. About 25% of the 284 total cases occurred in care facilities and 6% involved resident-to-resident abuse. Among the 226 cases for which data was available, there were 180 identified offenders. They were 91% male and ranged in age from 17 to 90. Of these offenders, 99 were referred to prosecutors. Additionally, 17 cases went to trial and resulted in convictions, eight went to trial and resulted in acquittals, and 11 were resolved by guilty plea. Cases reported to the criminal justice system were much more likely to result in arrests, prosecutions, and convictions than cases initially referred to APS.

Summary of the Literature

The available information on sexual predators who target elderly people indicates that they are primarily male and range in age from teenagers to the very old. Many studies found a preponderance of older offenders. The studies conducted on elder sexual abuse have generally retrospectively analyzed cases that were available to the researchers, which were often provided through samples of convenience. As a result, the studies have pooled cases that have occurred in the family and community with those that took place in facilities. Findings indicate that sexual perpetrators in facilities are employees, residents, visiting family members and other visitors, and occasionally volunteers. Sexual offenders perpetrating in facilities have been found to target individuals with significant impairments, including those with a lack of mental capacity. Some perpetrators have histories of substance abuse, mental illness, and criminal activity including sexual offenses.

Studies that have examined the professional response to sexual abuse in general and in particular sexual abuse in facilities have revealed delayed reporting of incidents, lack of thorough and timely investigations, delayed updating of central registries of abusive nurse aides, inadequate involvement of law enforcement, and low rates of prosecution and conviction of offenders. Additionally, the literature indicates that registered sex offenders are housed in many care facilities, and one government-conducted inquiry found that facility administrators dismiss the need for special or increased supervision of these individuals.

The predominance of male sexual offenders is in contrast to the findings regarding elder abuse in general (involving physical and emotional abuse, neglect, and financial exploitation in addition to sexual

abuse) in which more than half of identified offenders were female. An average substantiation rate of 46% of reported cases was found in regard to all allegations of all elder abuse investigated. Substantiation rates for alleged abuse of facility residents in generally (regarding all abuse) and specifically for sexual abuse allegations are not found in the literature.

This first national study of sexual abuse in care facilities sought to advance the existing knowledge base by prospectively analyzing allegations of sexual abuse of facility residents from the point of report to state authorities through case closure with focused attention on the case investigation and substantiation process.

METHODS

Abuse and regulatory agencies in five states contributed case data: New Hampshire, Oregon, Tennessee, Texas, and Wisconsin. Adult Protective Services in all of these states contributed to the study in addition to the Division of Aging and Disability Services (DADS) in Texas and the Bureau of Quality Assurance (BQA) in Wisconsin. These agencies represent various geographic areas, different investigatory authorities, small and large states, and urban and rural areas. Data in those five states came from personnel responsible for receiving and responding to regulatory abuse reports concerning vulnerable adults in facilities. All participating states legally required mandatory reporting of suspected abuse of elders residing in care facilities. Representatives from all agencies participating in the study served as study liaisons.

Quantitative data were prospectively collected on the Sexual Abuse Survey (SASU) regarding all cases of alleged sexual abuse of vulnerable adults living in facilities investigated by APS and regulatory authorities from May 1, 2005, to October 31, 2005, in the five states. Personnel investigating each study case provided that data via secure fax, e-mail, or a secure Web site. Prior to the 6-month data collection period, investigatory personnel in all five states were trained on the study and how to complete the survey instrument. Following data provision, a file review of randomly selected cases was completed by study liaisons in each state to ensure data accuracy. The SASU captured information concerning the allegations, investigatory processes, alleged victims and perpetrators, reporters, witnesses to abuse, care settings, substantiation decisions, and consequences faced by confirmed sexual offenders.

Follow-up telephone interviews were conducted with 15% of personnel from each state who investigated the study cases and provided data. The purpose of the interviews was to gather qualitative data and provide an opportunity for the front-line field staff—those who go into facilities to investigate—to have direct input into the study.

Information collected from the Minimum Data Set (MDS) for all people residing in nursing homes who were reported as alleged sexual abuse victims was provided by the Centers for Medicare and Medicaid Services (CMS) prior to and after the alleged abuse. The MDS is a uniform set of information kept on each nursing home resident in facilities that receive federal funds (i.e., Medicare or Medicaid). Information from residents' MDS allowed us to examine the effects of sexual abuse on the residents over time and to compare characteristics of residents who were alleged and confirmed victims of sexual abuse with those who were not.

Field staff from all seven participating agencies piloted the SASU. The difficult question of differing state definitions of sexual abuse was resolved by having each state use its own. For example, if a case of alleged sexual abuse was reported in Tennessee during the 6-month data-collection period, that case was included in the study even if it would not have been reported in New Hampshire according to their definition. The behaviors that constituted sexual abuse that were reported by the states are listed in Table 4 further on in the article.

The University of Kentucky Institutional Review Board approved the research design. Detailed information was collected concerning alleged and confirmed victims and perpetrators, reporters, witnesses to abuse, allegations, and care settings in which alleged abuse occurred. Information concerning the investigatory process and case outcomes was collected and analyzed.

RESULTS

Allegations

Alleged Perpetrators

Alleged perpetrators were identified in reports to the authorities in states contributing to the study in 111 (89.5%) of the 124 suspected elder sexual abuse cases. In 103 (83%) cases, there was one identified alleged sexual abuse perpetrator. There were two alleged perpetrators identified

in eight (6.5%) cases, totaling 119 alleged sexual perpetrators in the abuse reports investigated. Table 1 delineates the number of alleged perpetrators in the cases.

The alleged perpetrators were between age 19 and 96 with a mean age of 56 and a median age of 57. Of the alleged perpetrators, 60% were White while 23% were Black and the remainder identified as "other" races. With gender provided for 116 alleged perpetrators, the vast majority (78.4%) was male. Investigations also involved 25 alleged female sexual perpetrators (see Table 2).

Six of the alleged perpetrators had histories of past criminal activity and two had previously been accused of sexual assault. Six were substance abusers.

Access to Potential Victims

For the most part, the alleged sexual perpetrators had easy access to vulnerable individuals via their employment or residence, their status as family members, or visiting the facilities in which elders lived and received care. The largest group of the alleged perpetrators ($n = 51$, 43%) were employees of the involved facilities. Most, 46, were responsible for

TABLE 1. Alleged and confirmed sexual perpetrators of residents ages 60 and older

	Alleged cases ($n = 124$)		Confirmed cases ($n = 33$)	
	<i>n</i>	%	<i>n</i>	%
Perpetrator(s) identified	111	89.5	30	91
No perpetrator identified	13	10.5	3	9
One identified perpetrator	103	83.0	28	85
Two identified perpetrators	8	6.5	2	6
Individuals identified as perpetrators	119	100	32	100

TABLE 2. Gender of perpetrators

	Male	Female	Unknown	Total
Alleged perpetrators	91	25	3	119
Confirmed perpetrators	28	3	1	32
Substantiation rate	31%	12%	33%	27%

TABLE 3. Relationship of perpetrators to victims

	Facility staff	Residents	Family	Visitors	Other	Unknown	Total
Alleged	51	48	5	4	2	9	119
Confirmed	2	25	0	3	0	2	32
Substantiation rate	4%	52%	0%	75%	0%	22%	27%

providing direct care to the residents whom they were accused of sexually assaulting. Of the alleged perpetrators, 48 (41%) were residents of the facilities in which they reportedly assaulted elders. Five alleged perpetrators were family members of the elders, including three sons, one sibling, and one parent. The accused sibling and parent were themselves dependent adults who received services. Four visitors to the facilities were accused of sexually assaulting elderly residents, one who was known to the elder and three who were not. Three alleged perpetrators had other, unspecified relationships to the elders, and in eight cases the relationship of the alleged perpetrator to the elderly victim was unknown. Two of those with unknown relationships were themselves dependent adults who received care services (see Table 3).

Accused Direct-Care Staff

The 46 accused direct-care staff involved 28 men and 17 women (the gender of one was not provided) and ranged in age from 19 to 65, with a mean age of 37. Two had criminal histories.

Accused Residents

The 48 accused residents ranged in age from 21 to 96 with a mean age of 69. They were overwhelmingly male ($n = 46$, 96%). Six were diagnosed with substance abuse, four had criminal histories, and two had been previously accused of committing sexual assault. Diagnosed disabilities they experienced included cognitive ($n = 20$), developmental ($n = 2$), physical ($n = 16$), psychiatric ($n = 13$), and sensory ($n = 2$).

Alleged Victims

The alleged elderly sexual abuse victims ranged in age from 60 to 101 with a mean age of 79. They were overwhelmingly female ($n = 96$, 77%). However, 27 males were reported as having been sexually

abused. The gender of one alleged victim was missing. Of the alleged victims, 86% were White while 8% were Black and 6% were coded as "other."

Alleged victims suffered from a number of illnesses, including dementia of the Alzheimer's type (64%), heart disease (45%), diabetes (16%), Parkinson's disease (8%), cancer (3%), substance abuse (2%), and traumatic brain injury (2%). Diagnosed disabilities of the alleged victims were: cognitive (48%), psychiatric (40%), physical (38%), developmental (8%), and sensory (6%). Many victims were very dependent on others, as evidenced by the finding that 48% required assistance in all activities of daily living. Only one-third ambulated independently and 17% were not ambulatory even with assistance. Only 3% were able to independently manage their financial affairs. The vulnerability of this group also is demonstrated by their communication limitations. Fewer than half communicated without difficulty, 4% were nonverbal but communicated through other means, and 7% were unable to communicate in any way.

Alleged and Disclosed Abuses

Those who filed the abuse reports alleged that the vulnerable older adults suffered a variety of offenses, including anal rapes (6 cases), attempted vaginal rapes (7), digital penetration (6), exhibitionism (4), exposing a victim's breasts or buttocks for purposes of humiliating (3), molestation (57), oral/genital contact (3), prostitution of the victim (1), sadistic abuse (1), vaginal rapes (14), and rape with an object (1).

During investigative interviews, over one-third ($N = 51$) of the 124 alleged victims disclosed that they had been sexually assaulted in their care facilities. Men and women disclosed at about equal rates. Six stated that the perpetrators threatened them and 11 stated that they had been sexually assaulted on more than one occasion. Sexually abusive acts disclosed during interviews conducted by investigators included anal rapes (5 cases), attempted vaginal rape (1), digital penetration (4), molestation (22), oral/genital contact (2), sadistic activity (1), sexualized kissing (6), and vaginal rapes (5). Two stated that they were shown pornography against their will, three were subjected to unwanted sexual discussion, and five subjected to sexual jokes or comments. Table 4 delineates the abuse acts alleged by reporters, disclosed by elderly residents, and substantiated at the conclusion of the investigations.

TABLE 4. Abuse acts alleged, disclosed, and substantiated

Abuse acts	Alleged	Disclosed	Substantiated
Anal rape	6	5	1
Attempted vaginal rape	7	1	1
Digital penetration	6	4	0
Exhibitionism	4	3	2
Exposure to humiliate	3	1	2
Fondling/molestation	57	22	20
Harmful genital practice	6	3	1
Inappropriate interest in body	30	9	12
Oral genital contact	3	2	0
Prostitution of victim	1	0	0
Sadistic sexual activity	1	1	1
Sexual jokes/comments	6	5	2
Sexualized kissing	10	6	4
Sexual exploitation	3	2	2
Showing pornography	2	2	2
Unwelcome discussion of sex topic	8	3	0
Vaginal rape	14	5	1
Vaginal/anal rape with object	1	0	0
Other	8	8	1
Unknown	3	2	0

Location of Alleged Abuse

The majority (73%) of the elder sexual abuse cases occurred in nursing homes. The second most common location was in assisted living facilities, where 10% of the cases occurred. Other involved locations included residential care facilities (7 cases), community-based residential programs (5), rehabilitation centers (4), state mental hospitals and ICFMR (3 each), and adult family homes (2). Additionally, an acute-care hospital, a community mental health center, an enhanced-care facility, a private home, a state school, and a vehicle used to transport the elder were each the location of one alleged sexual assault. The location of one alleged sexual assault was unknown.

Neglect by the care facilities (in the form of either failure to prevent the sexual abuse or to respond appropriately to it) was alleged in 49 of the 124 cases.

Alleged Perpetrator Interviews

Investigative interviews were conducted with 63% ($n = 77$) of the alleged perpetrators. About one-third ($n = 39$) was not interviewed and in

5% of cases interviews were attempted, but unsuccessful. The most common reason cited by investigators for not attempting to interview the alleged perpetrator was that he or she was unavailable (15 of 35 cases) for a variety of reasons. In one case the accused individual refused to cooperate, and in three cases the physical or mental condition of the individual was cited as the reason for not interviewing.

Three-quarters of those interviewed ($n = 57$) denied the allegations. One accused the alleged victim of improper behavior. Five admitted engaging in sexual contact with the involved elder but denied that it was abusive in nature. One-third ($n = 25$) offered explanations for the allegations while not admitting to abuse. Two individuals (one resident and one direct-care worker) admitted they had sexually abused as was alleged (both abused women), and one person admitted engaging in another form of abuse.

Substantiated Cases

Confirmed Perpetrators

At the conclusion of the investigations, 32 of the 119 accused individuals were confirmed as sexual perpetrators for a substantiation rate of 27%. Of the confirmed cases, 28 involved one perpetrator and in two cases two perpetrators sexually assaulted an elder. These two cases both involved dependent adults as perpetrators. Three of these four perpetrators were residents of the facility in which they victimized.

The vast majority ($n = 28, 87.5\%$) of the confirmed sexual perpetrators was male, three were female, and in one case, the gender of the perpetrator was not recorded (see Table 2). Two female perpetrators were facility residents and one was employed by the facility as a direct-care worker. The confirmed male perpetrators included 22 residents and one direct care worker.

Males accused of sexual assault were confirmed as offenders at a rate of 31%, whereas accused females were confirmed less frequently at a rate of 12%.

Twenty-four male offenders sexually assaulted women and four assaulted men. Two female offenders sexually abused men and one abused a woman.

The age of 31 of the 32 confirmed sexual abuse perpetrators was provided. The majority (77%) was age 60 and over. The mean age of the confirmed perpetrators was 69, and their age ranged from 21 to 96. Those who sexually assaulted males were, on average, somewhat younger ($M = 58$) than those who sexually assaulted women ($M = 71$).

Almost all confirmed sexual abuse perpetrators (88%) were White, while the race of the others was not provided.

Only two (one man and one woman) of the accused 46 direct-care staff were confirmed as sexual perpetrators by the investigators. They were White and ages 30 and 32. Both of them sexually abused female residents. None of the five “other” staff persons who did not provide direct care were confirmed as sexual perpetrators. Facility staff were confirmed as perpetrators at a rate of only 4% (2 of 51). Moreover, they comprised only 6% of the confirmed elder sexual offenders.

Over half ($n = 25$, 52%) of the 48 accused facility residents were confirmed as sexual perpetrators. Residents accounted for 78% (25 of 32) of the confirmed sexual perpetrators. The vast majority ($n = 22$, 69%), was male, two were female, and the gender of one was not recorded. Almost all were White ($n = 23$, 72%).

Resident Perpetrators

Diagnosed disabilities of these resident perpetrators included those that were cognitive ($n = 10$), physical ($n = 7$), and psychiatric ($n = 8$). Three were substance abusers, one had a criminal history, and one had previously been accused of a sexual offense. The resident offenders victimized 5 men and 19 women. (One victim was abused by two residents. Another victim was abused both by a resident and another dependent adult who did not live in the facility.)

“Other” Confirmed Sexual Perpetrators

Other confirmed sexual perpetrators included three visitors unknown to the victim and two individuals whose relationship to their victims was unknown.

The Victims

Of the 124 elders who were named in reports to state officials due to concerns that they had been sexually abused, 33 (27%) were confirmed as victims by the investigators. Perpetrators of three of these victims were not identified. In 28 cases investigators concluded that a single perpetrator had sexually assaulted the elder. Two victims were sexually abused by two perpetrators. These four perpetrators were all dependent adults who received care. Three resided in the same facilities as their victims (see Table 5).

TABLE 5. Elderly sexual abuse victims

	Women	Men	Unknown	Total
Alleged	96	27	1	124
Confirmed	26	6	1	33
Confirmed victims:				
22 abused by a facility resident				
3 victims for whom no perpetrators identified				
3 abused by a visitor to the facility unknown to them				
2 abused by a direct-care worker employed by the facility				
1 abused by a person of unknown relationship				
1 abused by two facility residents				
1 abused by a facility resident and a dependent adult of unknown relationship				
Number of perpetrators in substantiated cases:				
28 victims abused by a single perpetrator				
2 victims abused by two perpetrators				
3 victims, no perpetrators identified, number unknown				

The confirmed sexual abuse victims ranged in age from 63 to 95, with a mean age of 82. Almost all ($n = 29$) were White. Six were men and 26 were women. The gender of one victim was not recorded. Substantiation rates were about equal for men (22%) and for women (27%).

The elderly victims had significant vulnerabilities. Of the confirmed sexual abuse victims, 67% had Alzheimer's disease or related dementias, and over one-third had heart disease. Other illnesses experienced by victims included cancer (1 case), diabetes (4), Parkinson's disease (2), and traumatic brain injury (1). Disabilities experienced by the victims involved cognitive (59%), developmental (9%), physical (22%), psychiatric (25%), and sensory (6%). About half of the victims required assistance in all activities of daily living. Only a third had the ability to walk without assistance.

The Acts of Abuse

Investigators determined that 20 of the victims had been molested. Other violations experienced by the elders included inappropriate interest in the victim's body ($n = 12$) and sexualized kissing ($n = 4$). Two were exposed to exhibitionism, two had their breasts or buttocks exposed to others for the purpose of being humiliated, two were subjected to sexualized jokes and comments, two were sexually exploited, and two were forced to view pornography. One elder was anally raped, one was vaginally raped, and one experienced attempted vaginal rape. One elder was subjected to harmful genital practices and one elder suffered sadistic sexual behavior.

Location of Confirmed Sexual Abuse

Of the confirmed cases of elder sexual abuse, 25 (78%) occurred in nursing homes. Other locations of confirmed abuse included residential care facilities/apartments (3 cases), assisted living facilities (2), and a community-based residential placement and an ICFMR (1 each). The location in which one assault occurred was unknown.

In over half of the confirmed sexual abuse cases, neglect by the facility providing care to the identified victim was alleged in the abuse report. Neglect by the facility was substantiated in only 12% (4 of 33) of the confirmed sexual abuse cases.

Consequences Faced by Perpetrators

Residents

Data were available concerning actions taken regarding 44 of the facility residents who were alleged sexual perpetrators. Of these, 32 (73%) were transferred to another facility and 9 (21%) received increased supervision subsequent to the allegations arising.

Facility Staff

The investigators provided information on action taken regarding 37 of the facility staff members who were alleged sexual perpetrators. Most of them ($n = 32$, 87%) were placed on leave following the abuse allegations. Additionally, 9 (24%) were terminated from employment and 11 (30%) were reassigned to work in another location. At the conclusion of the investigations, 6 (16%) staff members had their names submitted to a central registry of abusers.

Family Members

In the five cases involving alleged perpetrators who were relatives of the involved elder, contact between alleged victims and perpetrators was terminated in three cases. In one case it was reduced. No action was taken in the final case.

Arrests

Despite the fact that police were notified in the alleged cases, none of the 32 confirmed sexual perpetrators were arrested. In fact, only one of the alleged 119 elder sexual offenders faced arrest. This was a male direct-care staff member of a community mental health and mental retardation

facility who was not confirmed as a sexual perpetrator. The allegations that triggered the abuse investigation were emotional and sexual abuse. Suspicion was raised by observed anxiety in the victim and by burns on his arm and tearing of his rectum. The worker was accused of engaging in harmful genital practices and anally raping the 65-year-old man with an object. The perpetrator was interviewed and admitted physical abuse and bruising the victim's genitals. The case was substantiated only for physical and emotional abuse.

DISCUSSION

The case that resulted in arrest indicates the possibility that additional cases, beyond those that were substantiated for sexual abuse, actually involved sexual assault of facility residents. Other findings support this as well. For example, six accused employees had their names submitted to the central registry of known abusers and nine were terminated from employment, yet investigators only confirmed two of them as sexual offenders. Additionally, a number of residents disclosed to investigators that they had been sexually assaulted in their facilities; however, allegations against their offenders went unsubstantiated. For example, only one of five residents who told investigators that they had been anally raped was confirmed as a victim, as well as only one of five who disclosed during investigative interviews that they had been vaginally raped. None of four residents who described being digitally penetrated were believed.

Standard of Evidence

Furthermore, review of the SASUs and follow-up telephone interviews of investigators revealed unsubstantiated cases in which findings indicating that sexual assault had occurred arguably exceeded the "preponderance of evidence" standard. For example, a male direct-care provider employed in a nursing home was accused of digitally penetrating a resident. The female resident had suffered a stroke and was incontinent, yet mentally competent and able to communicate clearly. The resident reported to the facility management, a relative, and the investigator that the aide, who was not assigned to provide care to her, entered her room and forcefully inserted his fingers into her vagina causing her pain and soreness along with significant emotional distress. The investigator concluded that the resident was able to clearly articulate her experience of the event

and was emotionally traumatized by it. The investigator further confirmed that the accused aide in fact had not been assigned on the afternoon in question to work on the unit that housed the alleged victim. The alleged perpetrator admitted to the investigator that he had entered the resident's room and inserted his fingers into her undergarment, claiming that he needed to determine if she had urinated and required assistance. He denied that he penetrated the resident's vagina and claimed that he was confused as to the unit on which he was supposed to be working on that day. Inserting fingers into the undergarment of a mentally competent and communicative adult to determine the need for assistance in and of itself is a violation and is unnecessary. The correct procedure is to inquire of the resident as to the need for assistance. Despite all of these findings, the case was unsubstantiated for sexual abuse.

Many of the unconfirmed alleged victims faced significant disabilities, including dementia and communication limitations that no doubt complicated the investigations and may have reduced the chances that investigators could obtain sufficient evidence upon which to substantiate. However, many of the alleged victims with significant disabilities could communicate with investigators regarding what had happened to them.

Substantiation Rates

There are two striking findings in the case substantiation rates. First, the 27% substantiation rate of alleged sexual abuse of elderly residents in care facilities is much lower than the national average substantiation rate of 46% for all types of elder abuse. Second, a statistically significant and profound difference in substantiation rates emerged for accused facility employees and residents (4% versus 52%). Moreover, it is of great interest that, while more facility employees were accused of sexually assaulting than residents, significantly more residents were confirmed as perpetrators. Possible explanations for this include the following.

1. Employees may have been erroneously accused of sexual assault more frequently than residents.
2. Facility residents generally have lower social competence than facility staff. Resident perpetrators may have been less able than employee perpetrators to effectively conceal evidence of their sexual assaults.
3. Investigators may have been more reluctant to confirm accused employees as sexual perpetrators than accused residents.

4. Facility employees accused of sexual assaulting care recipients may be offered more protections than accused residents prior to and during abuse investigations. Various parties may knowingly or unwittingly provide these protections, including facility administration, attorneys, employment unions, fellow employees, and the investigators themselves.

Safety Concerns

Some of the alleged and confirmed sexual offenders had histories of committing criminal offenses, including sexual assault. The presence of these histories raises serious concerns, as raised by the GAO (2002) findings that interviewed nursing home officials were not inclined to provide extra supervision to residents with histories of engaging in assault. That two of the direct-care staff members who were accused of sexually assaulting residents had criminal histories raises serious concerns as to whether facility administrators are utilizing criminal-record checks in employment procedures and adequately protecting vulnerable residents.

Most elder sexual abuse of vulnerable residents living in care facilities was found to be perpetrated by a single offender acting independently. Of even greater concern are the cases (eight alleged and two confirmed) in which two individuals sexually assaulted vulnerable elders requiring care. The 13 alleged and 3 confirmed cases in which the perpetrator was not identified perhaps raise the greatest concern. When a sexual perpetrator with access to vulnerable elders in a care facility remains unidentified, the risk to all in the facility is very high.

Gender Issues

The finding that most of the alleged and confirmed sexual perpetrators were male is consistent with previous studies. Of significant interest, however, is the fact that over one-fifth of the alleged perpetrators were women. That three confirmed sexual perpetrators (including both residents and a direct-care provider) were female illustrates that female sexual offending against elders in facilities does occur and that those overseeing care must not dismiss this as a risk to residents. Males accused of elder sexual abuse were confirmed at a much higher rate (36% versus 13%) than similarly accused females. This is an interesting finding and leads to several hypotheses. First, fewer females than males accused of sexual offending may be guilty. Alternatively, myths and stereotypes may

cause investigators to be less likely in the absence of positive proof to confirm accused women than men as sexual offenders.

The findings of this national study are consistent with previously conducted research in that the vast majority of victims were women. Of great importance, however, is the fact that male sexual abuse victims were identified. Both males and females sexually abused older men. Similarly, individuals of both genders sexually abused older women. It is of interest that the substantiation rates did not differ by gender of alleged victim. That is, male and female alleged victims were confirmed as victims at about equal rates.

Professionals must be alert for male as well as female elderly sexual abuse victims. We must realize that women have been confirmed as sexual perpetrators against elders and not overlook the possibility of this type of offending. Male and female vulnerable elders receiving care must be protected from possible sexual offenders of both genders. In terms of preventive practice, facility administrators and supervisors cannot assume that residents cared for only by female staff will necessarily be protected from sexual abuse. Nor can facility administrators and supervisors assume that their male residents are not vulnerable to sexual abuse.

Need for Increased Law Enforcement Involvement

A disturbing finding is that state authorities substantiated 33 cases of sexual assault of vulnerable elders residing in care facilities, and yet none of the identified and confirmed 32 perpetrators were arrested. This is compelling evidence of the need for greatly enhanced criminal justice involvement in facility abuse matters. Furthermore, these results strongly support the need for collaboration between those who conduct civil abuse investigations (APS and regulatory/licensing authorities) and law enforcement officers. Officers have training that differs from that provided to civil investigators. For example, officers typically have more specialized training in interviewing alleged perpetrators and collecting crime scene evidence, while civil investigators are often more trained and experienced in interviewing alleged victims with disabilities and communication barriers. It is strongly recommended that both professional groups pool expertise from the commencement of a facility sexual abuse investigation. Cross-training for professionals of both groups may help to increase collaboration among them and lead to better civil and criminal justice outcomes in cases of elder sexual abuse. It is further recommended that APS and regulatory investigators, who often receive allegations of facility

sexual abuse before other professionals because of mandatory reporting laws, immediately report allegations of facility abuse to law enforcement to trigger the swift commencement of a criminal investigation before evidence deteriorates.

CONCLUSION

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. Checking criminal records, obtaining employment references, and skillful interviewing prior to accepting potential employees and residents is critical. Diligent, ongoing supervision is required for both employees and residents having access to vulnerable adults. Furthermore, individuals responsible for the safety of residents must be aware of the potential for visitors, including family members, to assault those receiving care both in the facility as well as on outings away from the facility. All facility staff should be trained to recognize and appropriately respond to indicators of resident abuse.

It is imperative that reporting and investigating suspected sexual abuse of residents occurs swiftly. Investigations must be comprehensive in nature and skillfully conducted by unbiased individuals with the appropriate training and capacity to collect and analyze evidence and make substantiation decisions utilizing the correct standard of proof. It is crucial that law enforcement become more active in investigations of allegations of sexual abuse that occur in facilities. Collaboration between civil and criminal investigators is essential.

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