



Elderly sexual abuse: Describing sexual assault in clients over 70 attending St. Mary's between 2007-2017

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Background

As the global population ages an increasing number of senior adults are likely to be at risk of sexual abuse¹. Several studies have described the need for further knowledge and research on sexual abuse in elderly populations^{2,3}, and very little current evidence exists on the nature of sexual abuse in the elderly in the U.K.

Aim

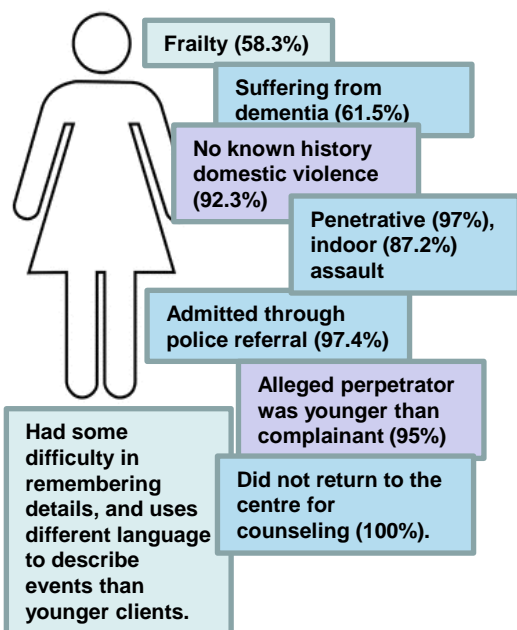
To identify and describe some of the characteristics of sexual assault and subsequent forensic medical examination in people aged over 70 years old presenting to Saint Mary's Sexual Assault Referral Centre during a ten-year period

Methods

Design: Retrospective analysis of case notes between Nov 2007-2017 for all clients over 70 years at the time of alleged assault (n=39). Comparison to cohort of anonymised, routine data collected by St. Mary's electronic dashboard for clients aged 18-69 between Jun 2017-18 (n=736).

Results

The average age of elderly clients presenting to St. Mary's for a Forensic Medical Examination following sexual assault was 83. All clients were white, and all but two were female. Other characteristics included:

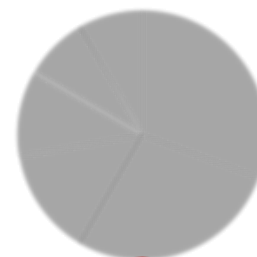


Two distinct client sub-populations were identified by this analysis:

Population 1: These clients were assaulted at home (n=15), and were less frail, with fewer reported to have dementia. The assault type was penile (60%), and described as more violent. The most reported alleged perpetrator was a stranger (53%).

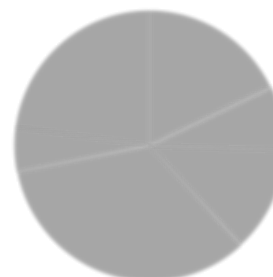
Population 2: These clients were assaulted in places of care (care home or hospital) (n=17). They had greater frailty (100%), and more had dementia (77%). The most reported alleged assailant was a care provider or fellow resident (n=13). These clients had greater difficulty remembering the assault, but where they did remember, the biggest category reported was digital assault (50%).

Suspects in over 70 cohort



Stranger
 Unrelated care-giver/staff
 Unknown
 Friend/family
 Acquaintance

Suspects in 18-69 cohort



Stranger
 Unrelated care-giver/staff
 Unknown
 Friend/family
 Acquaintance
 Other

Highlights and recommendations

- This population has the potential to be highly vulnerable: with a high incidence of frailty and dementia.
- Tailored, multi-disciplinary, culturally sensitive services are required to reflect this vulnerability.
- Clearer referral pathways, greater inter-agency collaboration and improved awareness of risk factors are needed.

References

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