

**National Adult Protective Services Resource Center
NAPSA/NCPEA Research Committee
Research to Practice Brief
Webinar Summary**

Title - The Study of Sexual Abuse of Vulnerable Adults in Care Facilities

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Source - see Further Reading section

Summary of Research

The April 2011 webinar provided selected findings from this study funded by the National Institute on Aging. The work analyzed data regarding 429 reported sexual abuse cases that were investigated by Adult Protective Services and/or licensing authorities in five states over six months. The mean time elapsed between the alleged sexual abuse and the abuse reports was six days, and the mean time elapsed between the alleged incidents and the start of the investigations was 10.7 days. Alleged victims ranged from 18 - 101 years; 59% were female, and only 11% were physically examined by a health care provider not employed by the involved facility following the alleged sexual assault. The most commonly offered intervention for alleged victims was "no intervention," followed by case management and mental health counseling. Although 182 alleged victims disclosed sexual assault to abuse investigators, only 18% (N=78) of the cases were substantiated. Among confirmed victims, the mean age was 58.7 years, and 74% were female. Although the studied cases occurred in settings including group homes, state schools and psychiatric facilities, over half of those substantiated occurred in nursing homes. The alleged sexual perpetrators (N=445) ranged from 16 - 96 years, with a mean age of 42.4; 74% were male. While 51% of the alleged perpetrators were facility employees and 25% were residents, only 22% of the confirmed perpetrators were employees and 60% were residents. Only five arrests resulted, despite 83 substantiated sexual perpetrators.

Practice and Policy Implications

The findings underscore the importance of: a) improving APS investigative response times to facility sexual abuse reports; b) skillful and comprehensive collection and analysis of evidence; c) making timely, unbiased forensic medical examinations available to alleged victims; d) using the correct standard of proof in making substantiation decisions; and e) offering appropriate intervention services to victims. Successful prosecution of these abuses is essential to promote the overall safety of vulnerable adults in facilities. The finding that only five arrests resulted demonstrates the need for increased law enforcement involvement and increased APS - law enforcement collaboration in facility sexual abuse cases.

For Further Reading

Webinar materials available at - <http://www.nccd-crc.org/nccd/dnld/APS/webinar420.pdf>

Ramsey-Klawnsnik, H. & Teaster, P. (Under review). Sexual Abuse of Health Care Facility Residents: Adult Protective Services and Facility Practice Implications. *Generations*.

Ramsey-Klawnsnik, H., Teaster, P., Mendiondo, M., Marcum, J. & Abner, E. (2008). Sexual predators who target elders: Findings from the first national study of sexual abuse in care facilities. *Journal of Elder Abuse & Neglect*, 20(4), 353-376.

Ramsey-Klawnsnik, H., Teaster, P. & Mendiondo, M. (2008). Researching clinical practice: Findings from the study of sexual abuse in care facilities. *Victimization of the Elderly and Disabled*, 11(2), 17 - 18, 24, 28, 31.

Ramsey-Klawnsnik, H., Teaster, P. & Mendiondo, M. (2007). Researching clinical practice: The study of sexual abuse in care facilities. *Victimization of the Elderly and Disabled*, 10(4), 49 - 50, 58, 61 - 63.

Ramsey-Klawnsnik, H. Teaster, P.B., Mendiondo, M. S., Abner, E. L., Cecil, K.A. & Tooms, M.R. (2007). Sexual abuse of vulnerable adults in care facilities: Clinical findings and a research initiative, *Journal of the American Psychiatric Nurses*.



This National Adult Protective Services Resource Center (NAPSRC) re-search summary is part of a series sponsored by the National Adult Protective Services Association (NAPSA) and the National Committee for the Prevention of Elder Abuse (NCPEA) joint Research Committee. The purpose of this research summary is to provide direct access to findings in order to enhance practice and clarify policy choices.

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