NCEA NATIONAL CENTER ON ELDER ABUSE

RESEARCH SHORT

Elder Sexual Abuse

Approximately one-third of women worldwide experience sexual and/or physical violence in their lifetime. Elder sexual abuse (ESA) is any non-consensual sexual contact with an older adult. It also includes unwanted touching, sexual assault, sexual harassment, or sexual contact with an older person who lacks the capacity to consent.[1]

Prevalence

Though reports of ESA range from 0.9%[2] to 1.7%[3] in community settings, and about 1.9%[4] in long-term care facilities, ESA is frequently under-disclosed and undetected, resulting in vastly understated prevalence estimates.

ESA is often shrouded in silence and shame by those experiencing harms and undetected by professionals who miss or minimize signs of abuse in later life. Up to 60% of older adults never disclose ESA and 94% never seek formal help.[5]

Risk Factors

An increased risk of ESA may be associated with several factors, including:

Older Adult

- Single, female, and widowed or divorced
- Lower educational status and income
- Physical, cognitive, and/or psychological impairments
- Dependence on perpetrator for care
- Social isolation

Offender

- Male
- Prior criminal history
- Substance abuse

Context

- Often known to the elder, such as spouses, caregivers, or other family members
- Home or facility settings
- More commonly during hours of darkness

Signs

Physical, behavioral, and social indicators of abuse include:

- Abrasions, bruising, genital injuries, strangulation, and infection
- Anxiety, depression, agitation, stress, suicidality, and sleep disturbance
- Social isolation and withdrawal

Impacts

Sexual assault is life-altering and can damage a survivor's sense of confidence and safety. Survivors at any age may experience physical, psychological, and/or social impacts. Injuries in later life can be more profound, resulting in greater harms and extended recovery times.

Ageism and Sexism

Ageist beliefs that portray older adults, particularly women, as asexual or undesirable, and therefore impossible targets of sexual abuse, may lead professionals, systems, and society to overlook ESA. Societal perceptions that stigmatize and objectify women contribute to harms.

Interventions

- Coordinated interdisciplinary interventions are needed to assess risk referral pathways, reporting processes, and supports.
- Professionals can create a safe space to engage in sensitive conversations to improve detection.
- The experiences and voices of older survivors should be solicited and integrated into research and policy.
- Research that explores the experiences of older survivors, impacts, and the intersection between age, sex, and ESA may help inform interventions.

1. Rosen, T., Lachs, M. S., & Pillemer, K. (2010). Sexual aggression between residents in nursing homes: Literature synthesis of an underrecognized problem. *Journal of the American Geriatrics Society, 58(10), 1970-1979.*

2. Yon Y., Gassoumis Z., Wilber K. Elder abuse prevalence in community settings: A systematic review and meta-analysis. *Lancet Glob. Health. 2017*;5:147–156.

3. Zhang Kudon, H., Herbst, J. H., Richardson, L. C., Smith, S. G., Demissie, Z., & Siordia, C. (2024). Prevalence estimates and factors associated with violence among older adults: *National Intimate Partner and Sexual Violence (NISVS) Survey, 2016/2017. Journal of Elder Abuse & Neglect, 36(1),* 67-83.

4. Yon, Y., Ramiro-Gonzalez, M., Mikton, C. R., Huber, M., & Sethi, D. (2019) The prevalence of elder abuse in institutional settings: A systematic review and metaanalysis. *European Journal of Public Health, 29(1*), 58–67.

5. Nobels, A., De Schrijver, L., Van Landuyt, M., Vandeviver, C., Lemmens, G. M., Beaulieu, M., & Keygnaert, I. (2024). "In the end you keep silent": Help-seeking behavior upon sexual victimization in older adults. *Journal of Interpersonal Violence, 39(9-10),* 2318-2343.

Keck School of Medicine of USC

Don't stand by, stand up to elder abuse. You can make a difference.

NCEA NATIONAL CENTER ON ELDER ABUSE

This publication was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,000,000 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government. DOCUMENT REV: MAY 2026.