

# Geriatric Sexual Violence in India: Studying State-wise and Year-wise Trends

**Tanya Singh**

*B.A. (H) Economics*

*Lady Shri Ram College for Women, University of Delhi*

## Introduction

Despite expanding literature on elder abuse, elderly women's sexual abuse is not well understood and investigated. Elder sexual abuse happens frequently when the perpetrator feels that he can abuse without facing any punishment for his crime. For this reason, the most at risk are the elderly females/subjects who are most vulnerable due to death (of the spouse), separation or desertion. Such females usually do not have the economic and legal resources to fight the injustice caused to them.

Another concern to raise the problem of geriatric sexual abuse is to highlight the vulnerability of women suffering from conditions like dementia, Alzheimer's, and other types of memory impairment, to sexual abuse. Because these patients show signs of confusion, they usually find it difficult to convince others of assault and harassment faced by them, making the offenders even more complacent. Finally, as a large percentage of the elderly population is suffering from locomotive and physical handicaps, their vulnerability to crime is increasing.

It becomes important to analyze such an issue as a number of countries have rapidly ageing populations whose needs may not be fully met due to resource constraints due to weak health infrastructure. It is predicted that by the

year 2050, the global population of people aged 60 years and older will more than double, with the vast majority of older people living in low- and middle-income countries. In such a scenario, it becomes important to give as much attention to geriatric sexual abuse as is given to sexual violence of women of younger ages.

## Literature Review

Elder sexual abuse was first discussed in clinical literature in 1974 by Burgess & Holmstrom [1] However, a major study related to the issue was published in 2002 by Gray & Acierno [2] where the authors described the major issues with defining and measuring elder sexual abuse. First, elders usually do not seek psychological care after sexual abuse due to the stigma attached to psychiatric treatment and if they do, symptoms are often not properly reported by the victims or under-diagnosed by clinicians. Second, clinicians' under-recognize sexual victimization of older adults. And third, physical manifestations or post trauma experiences after sexual abuse are ascribed to conditions that often exist with old age or are difficult to diagnose because of medical problems common to aging.

Ramsey-Klawnsnik, 2004, [3] elaborated on the issue with the help of categorization of relationships with the abused as the ego or the point of reference. The categories

thus created were: a) Intimate Partner Violence; b) Offspring Offenders; c) Other Family Member Offenders; d) Sexual Violence Perpetrated by Strangers and Acquaintances; e) Institutional Sexual Abuse. Of these, institutional sexual abuse is relatively better known, as exhibited by the number of studies of elderly nursing homes, conducted mainly in North America and Western European countries. The least studied and often the most shocking cases, are when the perpetrators are offsprings of the abused.

As far as data and statistics are concerned, there are no official records of sexual abuse of older persons. However, a number of surveys have been undertaken by researchers. In 2007 O'Keeffe and Hilles [4] conducted a survey to examine the prevalence of elderly sexual abuse in the United Kingdom and found that 0.3% had experienced one or more instances of sexual abuse since the age of 65. A similar study in USA by Acierno, etc., 2010 [5] shows that 0.6% of older persons are victims of sexual abuse. Kristensen and Lindell, 2013[6] conducted prevalence study from a district in Sweden and found 2.2% of the women were exposed to sexual violence after the age of 65. According to Teaster and Roberto, 2004, [7] the small percentage of sexual abuse reported in studies of elder abuse could be because of the fact that many think of sexual abuse as physical abuse when they report acts of abuse and violence. This has come in the way of structured and systematic studies

of geriatric sexual abuse.

## Data

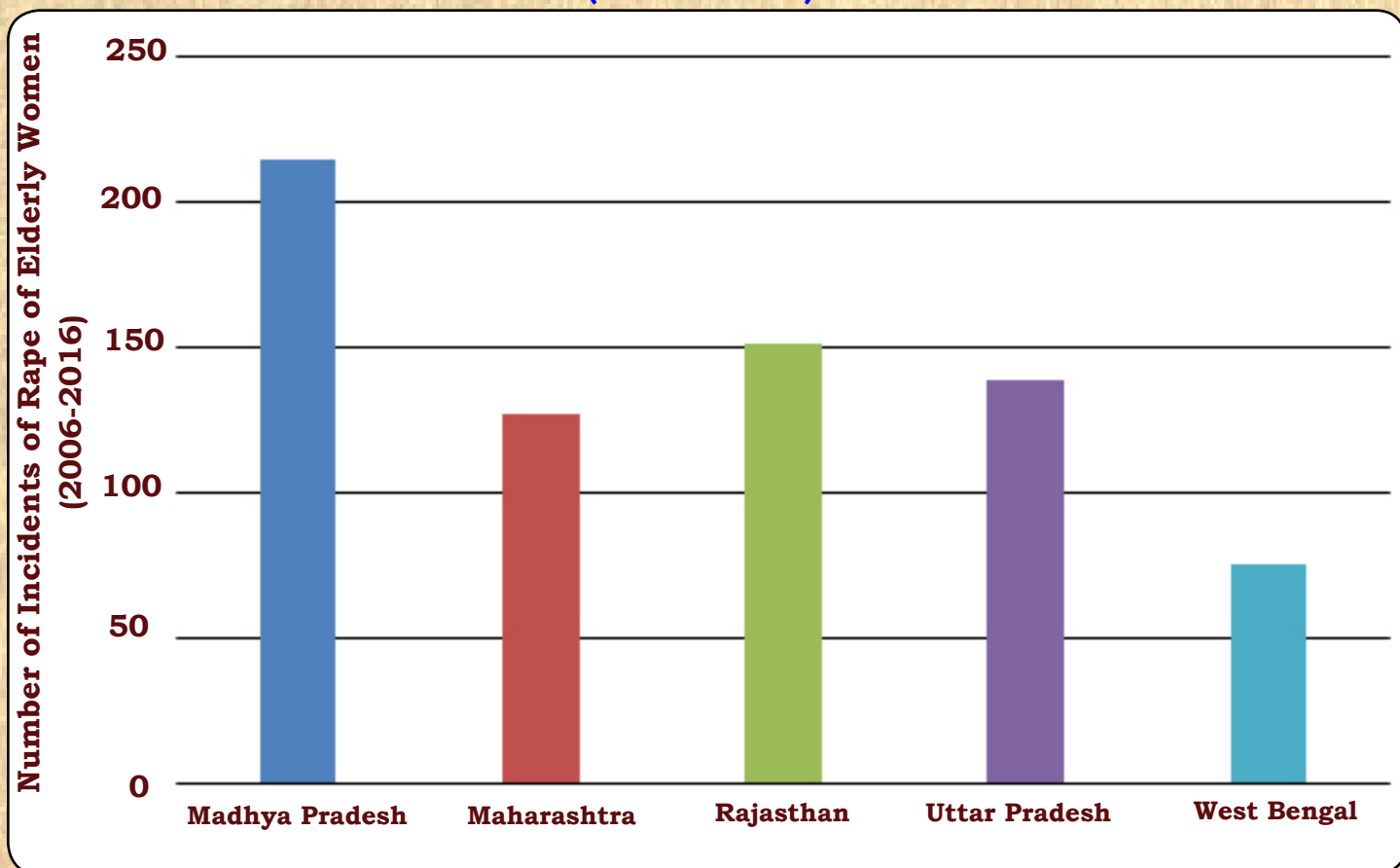
This study makes use of the trend analysis of police-recorded geriatric rape data in India and demonstrates the long-term trends of rape of women older than 50 years. The data for this study is drawn from 'Crime in India' which is an annual publication of the National Crime Record Bureau of India. The author has used state-wise data for the time period 2006-2016. The time series data are available with no missing values.

## Findings

### • *State-wise trends*

Analyzing the state-wise trends, Madhya Pradesh accounted for the highest share of rape of elderly women (16.83%), followed by Rajasthan (11.82%), Uttar Pradesh (10.89%) and Maharashtra (9.94%). Other states of India account for a significantly lesser share of the cases - Andhra Pradesh (6.7%), West Bengal (5.87%), Kerala (5.24%), Haryana (4.46%) and Chhattisgarh (3.91%). Apart from Assam, which accounted for 2.9% of the share of cases, all other states of North-East India accounted for less than 0.08% of the cases. All the north-eastern states taken together accounted for 5.09% of the cases. The incidence of geriatric sexual abuse is the highest in the Hindi belt and the lowest in the Northeast, reflecting of the larger picture of gender inequality in the former.

**Fig 1. States with Highest Number of Cases against the Elderly (2006-2016)**



Source: National Crime Record Bureau

#### • Year-wise trends

The period of 2006-2014 witnessed an average rate of 2.3 cases per year. However, in 2015, a total of 715 cases of geriatric rape were reported. The year 2016 also witnessed a total of 539 cases. These numbers indicate either a rise in such criminal acts during these two years or, an increase in the reporting of such incidents. However, since rape rates vary widely from year to year, one- or two-year's increase is not evidence enough of a coming wave of crime against the elderly. A more revealing image could be seen if we analyze the data in terms of the overall rate of crime.

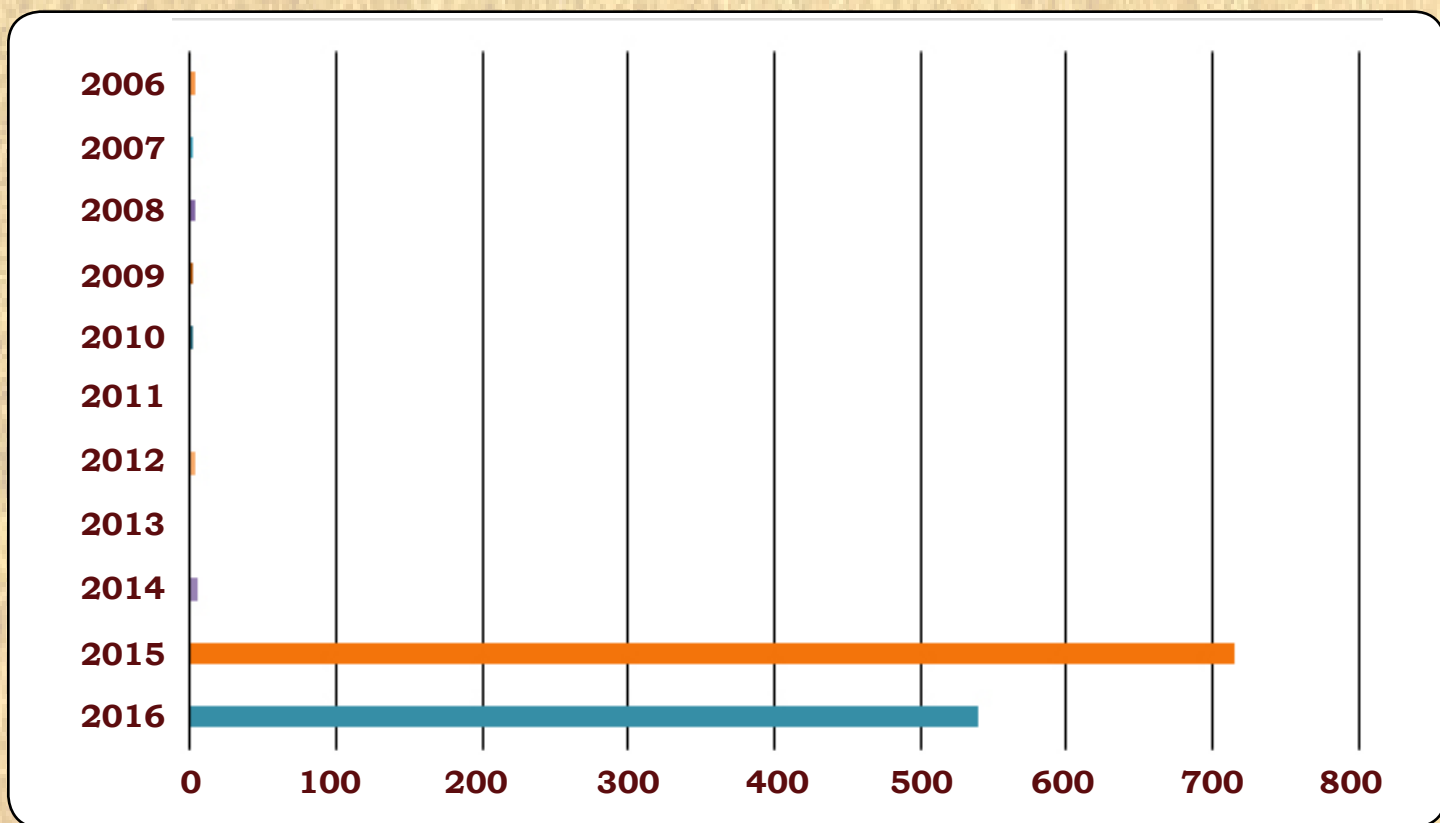
#### • Share of total cases of rape

The share of rape of elderly women as a percentage of total number of rape incidents has increased in the past years. The period 2006-2010 saw a consistent decline in the share of cases of rape against elderly women. However, the trend was reversed after 2010, with an exponential increase during the time period 2014-2016.

#### • Analyzing data from 2014-2016

The period 2014-2016 saw an exponential and unexplained rise in the number of rape cases of women above the age of 50 years. The following section elaborates on the trends of such increase,

**Fig 2. Year wise trends in Number of Rape of Elderly Women**



Source: National Crime Records Bureau

segregated state-wise. The incidence of crime has been investigated in two ways – first, as a proportion of the total elderly female population in the state and second, as a state-wise comparison of incidence of geriatric rape when compared to other age groups.

• *Incidence of Geriatric Rape as a Percent of Elderly Female Population*

When looked at as a percentage of total state elderly female population, states such as Haryana, Uttar Pradesh, Himachal Pradesh, Andhra Pradesh and Telangana showed the highest incidence of crime. It is important to note that except Uttar Pradesh, all the aforementioned states had almost negligible number of cases of geriatric rape in the previous years. In 2016, the aforementioned states

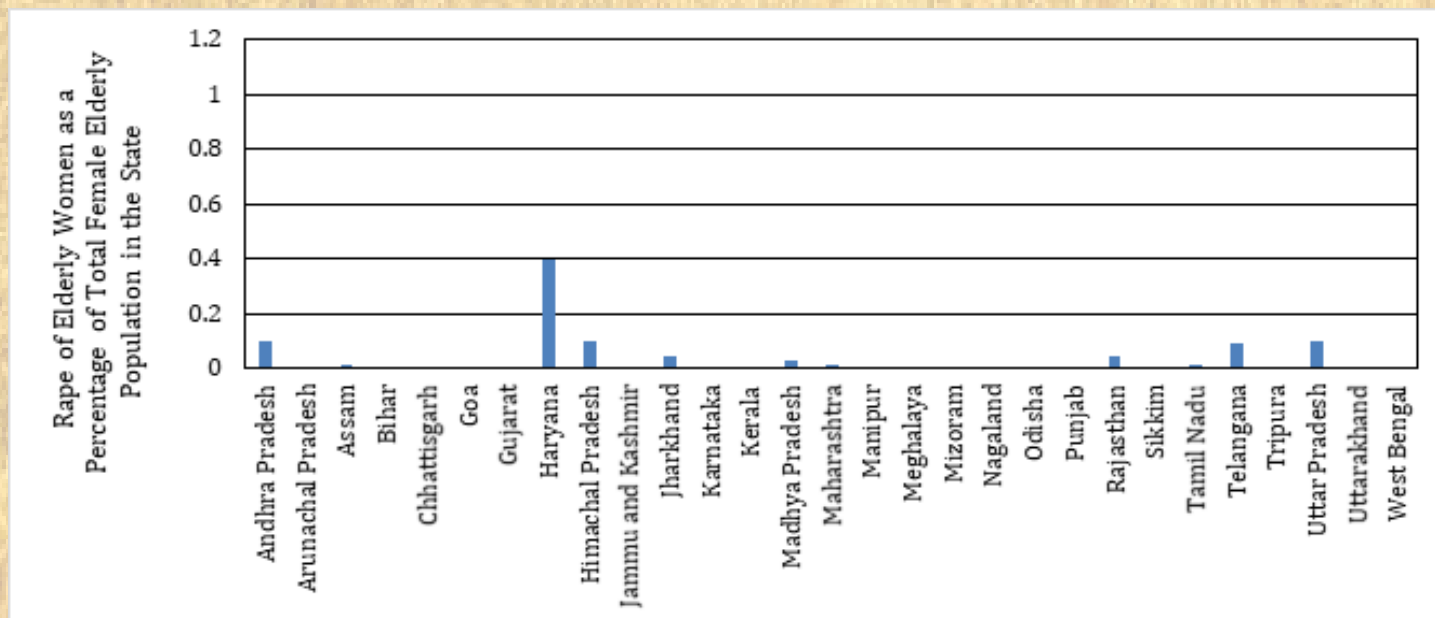
experienced a further increase in the incidence of geriatric rape. However, a few other states experienced a sporadic rise in the level of extreme abuse of elderly women. Such states include Arunachal Pradesh, Mizoram and Jharkhand.

• *Prevalence of Geriatric Abuse in Comparison to other Age Groups*

For studying abuse among different age groups, incidence of rape was categorized into three categories, based on the age of the survivors: a) Below 18 years, b) Between the age of 18-50, and c) Above 50.

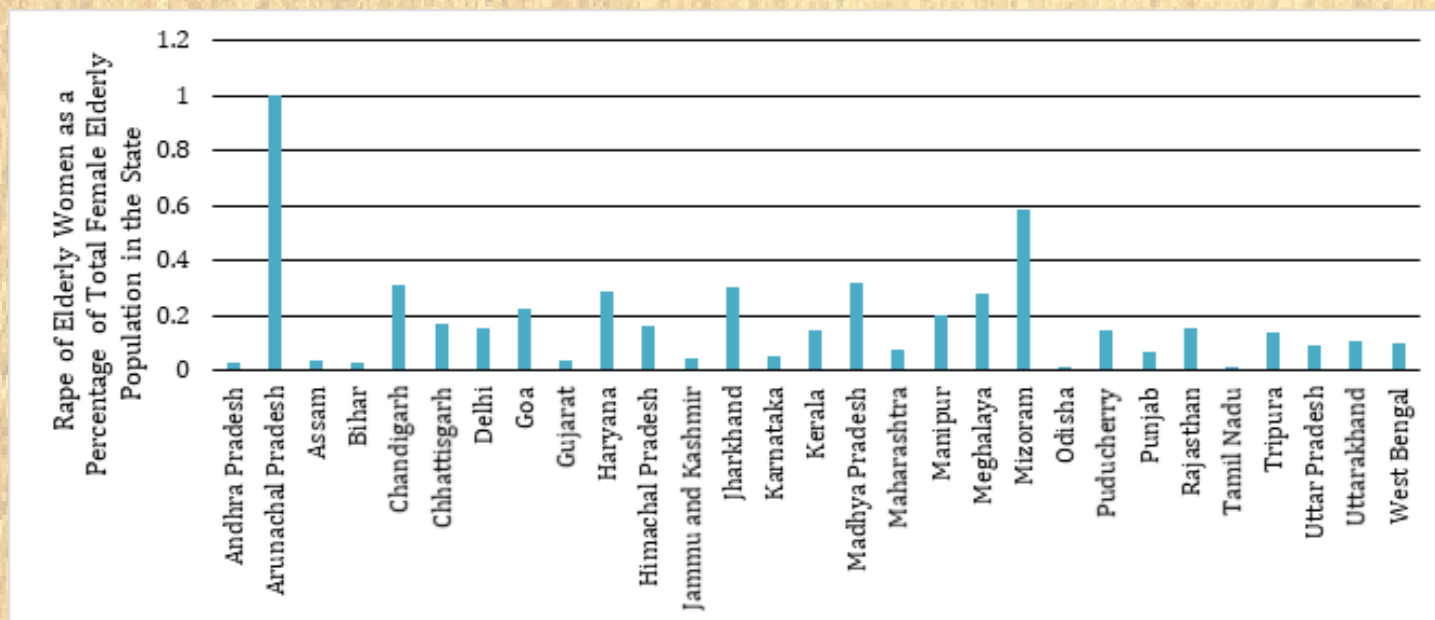
The prevalence of geriatric abuse, when looked at as a proportion of incidence of rape amongst other age groups is extremely low. Women belonging to the age group of 18-50 experience the highest

**Fig 3. Rape of Elderly Women as a Percentage of Total Female Elderly Population in the State (2015)**



Source: National Crime Records Bureau

**Fig 4. Rape of Elderly Women as a Percentage of Total Female Elderly Population in the State (2016)**



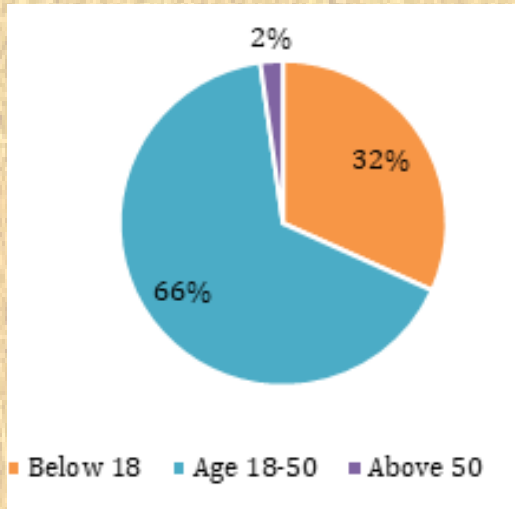
Source: National Crime Records Bureau

amount of extreme violence, followed by girls below the age of 18. In 2015, out of the total cases reported, 32% belonged to the category of child rape, whereas the corresponding number for the same category in 2016 was 43.2%. The second

category, i.e., wherein women belonged to the age group of 18-50 years accounted for 66% and 55.4% of the total cases in 2015 and 2016, respectively. The incidence of rape of women above the age of 50 accounted for 2% of the total number of

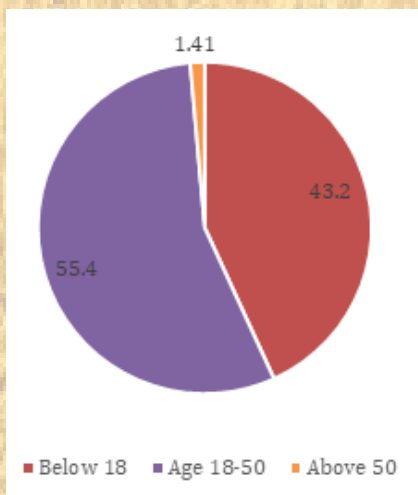
rape cases in 2015, and 1.41% of the total share of cases in 2016. States such as Mizoram, Madhya Pradesh, Maharashtra and Rajasthan exhibited relatively higher ratios of geriatric rapes to total number of rapes.

**Figure 5: Percentage Share of Different Age-Groups in Total Number of Cases of Rape in 2015**



Source: National Crime Records Bureau

**Figure 6: Percentage Share of Different Age-Groups in Total Number of Cases of Rape in 2016**



Source: National Crime Records Bureau

### Limitations of the Study

A major limitation of the study is due

to the absence of the category of geriatric sexual abuse other than rape in the data provided by National Crime Records Bureau. The data pertaining to sexual violence other than rape has not been categorized into age-groups, reflective of a societal and legal perspective where penetrative sexual assault is taken more seriously than other forms of sexual violence. Another limitation of the study is the lack of segregation of data into rural and urban areas.

### Conclusion

The above findings indicate an exponential increase in the incidence of rape of elderly women, both in absolute numbers and as a share of total number of incidents of rape against women. The statistics indicate a growing need to study geriatric sexual violence, both familial and institutionalized. Not only does it require awareness amongst the elderly, but doing away with the perception of older adults as “asexual” in policies and practices is also important. Older women should be considered as much female as women of other ages with certain vulnerabilities and risks of sexual violence.

A widely prevalent notion in various cultures and societies is that of home as a ‘safe’ place. As a result, domestic violence is interpreted and studied merely in terms of conjugal relations. Such a myopic view of domestic violence has meant that cases of domestic abuse of children as well as elderly go unnoticed. However, home could be an unsafe place for women of any age, evidenced by the high number of incest rapes among the young and the elderly. Also, in case of elderly women who are dependent on other family members, fear of mistreatment as a response to reporting of abuse serves as an additional barrier.

Evidence from other countries suggests that having a strong support system backed by the state for the elderly can help towards the independence of older women and reduce the incidence of geriatric abuse. This is true for violence and abuse faced by people of older ages in general. However, geriatric sexual abuse comes with the stigma attached to being a sexual abuse victim. Increasing the reporting of such crimes, thus requires changes in social consciousness wherein women talk more openly and fearlessly about violence in general and sexual violence in particular. With the feminization of ageing in India, protecting the elderly must command great attention and importance.

## References

1. Burgess, A. W., & Holmstrom, L. L. (1974). Rape trauma syndrome. *American journal of Psychiatry*, 131(9), 981-986.
2. Gray, M. J., & Acierno, R. (2002). Symptom presentations of older adult crime victims: description of a clinical sample. *Journal of anxiety disorders*, 16(3), 299-309.
3. Ramsey-Klawnsnik, H. (2004). Elder sexual abuse within the family. *Journal of Elder Abuse & Neglect*, 15(1), 43-58.
4. O'Keeffe, M., Hills, A., Doyle, M., McCreadie, C., Scholes, S., Constantine, R., & Erens, B. (2007). *United Kingdom study of abuse and neglect of older people*. London: King's College London and the National Centre for Social Research.
5. Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American journal of public health*, 100(2), 292-297.
6. Kristensen, K., & Lindell, L. (2013). OFREDAD: om våld och övergrepp mot äldre personer. Visby: Region Gotland.
7. Teaster, P. B., & Roberto, K. A. (2004). Sexual abuse of older adults: APS cases and outcomes. *The Gerontologist*, 44(6), 788-796.
8. Holt, M. G. (1993). Elder Sexual Abuse in Britian: Preliminary Findings. *Journal of Elder Abuse & Neglect*, 5(2), 63-71.
9. Malmedal, W., Iversen, M. H., & Kilvik, A. (2015). Sexual abuse of older nursing home residents: A literature review. *Nursing Research and Practice*, 2015.
10. Ramsey-Klawnsnik, H. (1991). Elder sexual abuse: Preliminary findings. *Journal of Elder Abuse & Neglect*, 3(3), 73-90.
11. 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 Association*, 12(6), 332-339.
12. Ramsey-Klawnsnik, H., & Brandl, B. (2009). Sexual abuse in later life. *Sexual Assault Report*.
13. Roberto, K. A., Teaster, P. B., & Duke, J. O. (2004). Older women who experience mistreatment: Circumstances and outcomes. *Journal of Women & Aging*, 16(1-2), 3-16.
14. Burgess, A. W., Dowdell, E. B., & Prentky, R. A. (2000). Sexual abuse of nursing home residents. *Journal of psychosocial nursing and mental health services*, 38(6), 10-18.