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Department of Justice
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Ministère de la Justice
Canada

Increasing Access to Justice for Older Adult Victims of Sexual Assault

A Capacity Building Approach

Presented By: Kathy Majowski, Registered Nurse
& CNPEA Board Chair

Facilitated By: Benedicte Schoepflin, Project
Coordinator & CNPEA Executive Director



CNPEA RCPMTA

Visit CNPEA.ca for all project materials and additional resources
for health care providers, caregivers, and older adults

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The Access to Justice Project
 Project funded by the Justice Canada Victims Fund

Full title: "Increasing Access to Justice for Older Adult Victims of Sexual Assault: A Capacity Building Approach"

Project timeline: April 1, 2017 - March 31, 2020

Kathy Majowski

Acknowledgement for her work and her role in the National Network of Ambassadors, the CNPEA, the National Network of Ambassadors, the CNPEA, the National Network of Ambassadors, and the role of the Public Health...

- CNPEA Board Chair
- Working in Health Care since 1988
- BSc in Health Care Act (HCA) and a Registered Nurse
- Having experience in health, social, and community services, she is currently a GP in Ontario.
- Her research focuses on the working for various multi-professional HCA, Community Support workers, and other public health professionals.
- Staff Educator in Long Term Care
- Board Member of the Community Health

About the CNPEA

The Canadian Network for the Prevention of Elder Abuse is a pan-Canadian nonprofit organization that connects people and organizations to foster knowledge exchange, and to advance program and policy development at the local, regional, provincial/territorial, and national levels to prevent the abuse of older adults.

Visit our website at CNPEA.ca



Our Team & Advisory Committee

Myrna Dawson - Project Consultant
 Professor and Director of the Centre for the Study of Social and Legal Responses to Violence (CSLRV), University of Guelph. Her research focuses on trends/patterns in and social/legal responses to violence with emphasis on violence against women and females.

Dr. Amy Peirone - Research Assistant
 PhD candidate at the University of Guelph, University of Guelph, and Ontario.

Project Advisory Committee

Joan Braun Lawyer, Mediator, and Counselor	Wendy Lettice Transition Family Crisis Resource Centre Inc.
Dr. Cathy Carter-Snell Mount Royal University	Rosann Bidart Elder Abuse Prevention Ontario
Lucie Fortin Lawyer/Mediator	Bernice Sewell Seniors Association of Greater Edmonton

Knowledge Gaps

What we know about sexual violence victimization among older adults in Canada is limited.

- Information gaps often fails to focus specifically on incidents of sexual violence
- Methodological shortcomings, including:
 - Inconsistent data collection methods
 - Impacts the ability to generalize to diverse populations

What Needs to Happen Now?

A national strategy that assesses the incidence, prevalence, and characteristics of the experiences of sexual violence among older women in Canada.

- Sexual assault of older persons is the least likely form of elder abuse to be disclosed and the least likely form of sexual violence to be disclosed
- The private nature of...

Kathy Majowski

Acknowledgement that I work and live in Treaty 1 territory, the traditional territory of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene Peoples, and in the heart of the Métis Nation



- CNPEA Board Chair
- Working in health care since 1999, first as a Health Care Aide (HCA), and then a Registered Nurse
- Nursing experience includes hospitals, care homes, community settings, clinics, and remote communities
- Experience classroom and online teaching for various health professions (HCAs, Community Support Workers, Unit Clerks, Medical Office Assistants)
- Staff Educator in long-term care
- Board Member at Klinik Community Health

About the CNPEA

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Professor and Director of the Centre for the Study of Social and Legal Responses to Violence (CSSLRV; www.violenceresearch.ca), University of Guelph. Her research focuses on trends/patterns in and social/legal responses to violence with emphasis on violence against women and femicide.

Dr. Amy Peirone - Research Assistant

Post Doctoral Fellow, University of Guelph. PhD candidate at the University in Windsor in the Department of Sociology, Anthropology and Criminology. She holds a Master's degree in Criminology from the University of Ottawa, and a Master's degree in Social Data Analysis from the University of Windsor.

Bénédicte Schoepflin - Executive Director & Project Coordinator

Bénédicte joined CNPEA in Feb 2015 to become the Network's Communications Assistant during the Knowledge Sharing Project. Since the completion of the project, she has moved into the role of CNPEA's Executive Director, overseeing the management of the Hub, development of webinars, the Network's communications and social media, as well as all daily operations and the current Access to Justice project.

Project Advisory Committee

Joan Braun
Lawyer, Mediator, and
Consultant

Kristal LeBlanc
Beauséjour Family Crisis
Resource Centre Inc.

Dr. Cathy Carter-Snell
Mount Royal University

Raeann Rideout
Elder Abuse Prevention
Ontario

Lucie Fortin
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Bernice Sewell
Seniors Association of
Greater Edmonton

Wanda Gabriel
McGill University

**Wendy Verhoek-
Oftedahl**
Family and Human
Services/Child and
Family Services

Mona Gregory
Libra House Inc.

Krista James
Canadian Centre for
Elder Law

What we know

- Persons aged 65 years and older represent almost one-fifth (17%) of the Canadian population (Statistics Canada, 2016)
- Four to 10 percent of Canadian seniors experience some form of abuse, only a fraction of these cases are reported

Elder Abuse

A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. (WHO 2002)

Sexual Abuse of an Older Adult

While sexual abuse across the lifespan is vastly underreported for most victims, sexual abuse of older adults is described as the most underreported and least acknowledged type of elder mistreatment

Elder sexual abuse refers to sexual victimization that is perpetrated against an adult aged 60 years or older, and includes a series of hands off and hands on behaviours (Ramsey-Klawnsnik, 1991, 2010).

Into the Light: National Survey on the Mistreatment of Older Canadians (2015) *Regarding Sexual Assault*

Definition: Direct or indirect involvement in sexual activity without consent.

Perpetrators

- Majority were not family (79%)
- Most were male (87.7%)
- Only 3.1% lived with victim
- 17.9% had mental health problem, and 20.9% had problematic alcohol use

Abused Older Adults

- One-fifth of abused had a previous experience with sexual abuse (as a child, youth, or adult)

Societal Misunderstandings about Sexual Assault

Myths: these crimes are fueled by sexual desire, and rape is an expression of passion

- Coupled with the ageist assumption that older adults are asexual and not vulnerable to sexual abuse, it makes acknowledging sexual violence against an older person difficult
- In reality, sexual assault involves the use of power and control over a vulnerable person, and not passion
- Not only does society underestimate the possibility and likelihood of sexual abuse against older adults, so too do potential or actual victims.

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In Canada

The trend in the nationally representative Canadian victimization studies on older adults is to combine the categories of physical and sexual violence. This limits the ability to assess the prevalence of sexual violence against older adults, independent of other physical types of abuse or violence.

In Canada

A comprehensive case law review of sexual assaults over a period of two decades in Canada (1995-2015), reported that almost four percent of cases of sexual violence throughout Canada involve older complainants (aged 55 years or older).



The Sexual Assault of Older Women: Criminal Justice Responses in Canada
(2016) 62:1 McGill LJ 41

Characteristics of the Abused

- Older women are much more likely than older males to be victims of all forms of mistreatment, including sexual abuse and violence
- Older female victims (55+ years) of sexual violence were more likely to live alone and to have physical and cognitive impairments
- Victimization occurs most often in the victim's home
- Poor physical and/or mental health as well as physical and/or mental disabilities have been associated with a higher risk

Characteristics of the Perpetrators

Knowledge about perpetrators of sexual violence against older adults is limited. The vast majority of information is derived from case reports at police stations or other agencies

- Few studies focus on those who victimize older persons
- We know that sexual perpetrators prey on victims who are easy to overpower, unlikely to report the abuse, and will not be viewed as credible if they do report
- Perpetrators who target older women tend to display more severe behaviours, motivated by rage, anger, sadistic intent and/or a desire to be in control
- More likely to engage in brutal violence involving a weapon, resulting in injury, or death

Other Correlates

- Indigenous women are disproportionately victims of sexual violence across the lifespan, including in older age
- Individuals who have activity limitations are more likely to experience sexual violence than those without limitations
- Lower levels of income and education are also associated with higher levels of sexual violence among older adults
- Previous sexual victimization was found to be the strongest predictor of sexual assault among older adults
- Lower levels of social support were found to be associated with all types of abuse

Suggestions for Responding to Sexual Assault of Older Adults

- Challenge societal values regarding older women and sexuality
- Recognize older women's vulnerabilities re: sexual violence
- Educate older persons about sexual abuse
- Improved education/training for staff on the signs, symptoms, patterns, and risk factors of abuse associated with both victimization and perpetration
- Take immediate action, to prevent compromising evidence
- Importance of not blaming the victim by linking caregiver stress to abuse
- Move beyond the 'awareness phase' to develop, implement and test social and legal interventions for sexual violence of older persons

Literature Review #2

Key Resources and Strategies

Strategies for Encouraging Disclosure & Identification

- Training on signs or assessment of screening.
- Have physicians that an older person with a diagnosis of dementia or Alzheimer's disease should be screened for sexual abuse.
- Training on signs or assessment of screening.
- Training and awareness for health care professionals on the possibility of sexual abuse in older adults.

Strategies for Encouraging Disclosure & Identification

- Older victims have barriers (including experiences of sexual violence).
- Practical suggestions and guidelines for case professionals and service providers to encourage self-disclosure and to increase the likelihood of recognizing and identifying indicators of sexual abuse in older victims.

Practical Strategies
Prevention, Identification, and Intervention

- Literature and research on elder sexual abuse stresses the importance of tailoring prevention, identification, and intervention efforts specifically to older adults.
- Methods and approaches for addressing sexual violence in younger adults are not necessarily applicable for older victims.
- Vulnerability of elders as a unique group of victims is highlighted throughout the literature.
- Although older victims of sexual abuse may require more assistance and specialized help compared to younger victims, older victims typically receive less services and interventions, characterizing a gap in our current approach to elder sexual abuse.

Strategies for Intervention

- Once sexual abuse has been disclosed or identified, services, safety planning strategies, and needs of older victims should be tailored to address the unique needs of older victims.

Strategies for Intervention

- Training and education for law enforcement, health care professionals, and other service providers.
- Training and education for older victims and their families.
- Training and education for older victims and their families.

Strategies for Prevention

- Education and awareness campaigns.
- Training for health care professionals.
- Training for law enforcement.

Strategies for Prevention

- Combining multiple strategies designed to reduce or mitigate risk factors for sexual violence.
- Prevention approaches for use in various settings.

Some Existing Resources and Tools

General Resources for Older Adults

Safe at any age: curriculum
<http://www.pcar.org/sites/default/files/resource-pdfs/pcarsafeatanyage.pdf>

Preventing and Responding to Domestic & Sexual Violence in Later Life
<https://vawnet.org/sc/preventing-and-responding-domestic-sexual-violence-later-life-0>

Resources for Service Providers & Health Care Professionals

Sexual Abuse of Older Adults: An Intervention Guide
<http://www.elderabuseontario.com/wp-content/uploads/2018/03/MARCH-2018-Sexual-Module-final.pdf>

Sexual Violence in Later Life: A Technical Assistance Guide
https://www.nsvrc.org/sites/default/files/2013-10/publications_nsvrc_guides_sexual-violence-in-later-life_health-care-providers.pdf

Resources for Support Groups & Advocates

NCALL Trainer's Toolkit: Sexual Abuse in Later Life <https://www.ncall.us/for-trainers/>

Elder Sexual Abuse: Online Course
https://c.ymcdn.com/sites/www.naswma.org/resource/resmgr/imported/FCE_ElderSexualAbuse.pdf

Maturing Your Services: Advocating for Survivors of Sexual Violence in Later Life
<https://www.nsvrc.org/elearning/21003>

Resources for Criminal Justice Personnel

Elder Sexual Abuse: The Hidden Victim
http://www.pcar.org/sites/default/files/resource-pdfs/eldersexualabuseatrianing_programforlawenforcement.pdf



Practical Strategies

Prevention, Identification, and Intervention

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Strategies

Educational

- Challenging
- Materials
- Discussion
- Bystander

Training:

- Initiatives
- Emphasizing
- adults and

Policy Development

- Due diligence
- training,
- Staff response
- behaviour
- cognitive

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- institutional
- Prevention
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Strategies for Prevention

- Combining multiple strategies designed to reduce or mitigate risk factors for sexual violence victimization and perpetration, awareness campaigns, training, and institutional policies.
- Prevention approaches are multifaceted, with efforts aimed at elders, care providers, advocates, and larger society.

Strategies for Prevention

Educational & Awareness Campaigns:

- Challenging the myths about sexual violence
- Materials specific to older adults
- Discussions between care providers and older adults
- Bystander education

Training:

- Initiatives for LTC staff, care givers, and advocates
- Emphasis on zero tolerance of abuse toward older adults and a clear articulation of organizational response

Policy Development & Implementation:

- Due diligence in recruiting, screening, employing, training, and supervising personnel
- Staff response and management of hypersexualized behaviours among those with dementia and other cognitive impairments

Strategies for Encouraging Disclosure & Identification

- Older victims face barriers to disclosing experiences of sexual victimization
- Practical suggestions and guidelines for care professionals and service providers to encourage self-disclosure, and to increase the likelihood of recognizing and identifying indicators of sexual abuse when victims hesitate to, choose not to, or are unable to disclose their abuse experiences

Strategies for Encouraging Disclosure & Identification

- Routine and regular assessment and screening
- Avoid assumptions that an older person with a diagnosis of dementia/other cognitive impairments is unable to disclose their experiences
- Taking a trauma informed approach to inquiring about potential abusive experiences
- Training and awareness for health care professionals and care providers on ways to identify potential victims of elder sexual abuse based on non-verbal or behavioral changes

Strategies for Intervention

Once sexual abuse has been disclosed or identified, services, safety planning strategies, outreach, and response should be tailored to address the unique needs of older victims.

Programming & Services:

- Designed specifically for older adults, with input from older adults
- Training older adults to provide peer support
- Domestic violence and sexual assault centres/ services should be inclusive spaces that are welcoming to older victims of sexual assault

Strategies for Intervention

Training and Education:

- Mandatory training for care/service providers, to ensure that they're aware of actions to take in the aftermath of elder sexual abuse
- Criminal justice professionals should also receive training regarding appropriate ways to respond to older victims of sexual assault

Collaboration:

- Cross-agency collaborative approach, to develop a coordinated community response focused on the unique needs of older victims of sexual abuse
- Sexual abuse advocates to help older adults navigate available services and supports, including helping with guardians or loved ones about the impacts of sexual victimization in later life

W #2

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Some Existing Resources and Tools

General Resources for Older Adults

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 - Bystander education

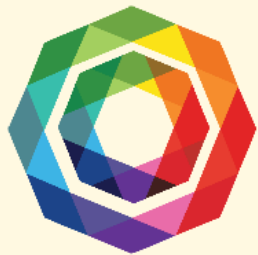
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 - Initiatives for LTC staff, care givers, and advocates
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- Policy Development & Implementation
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CNPEA Fact Sheets

For Older Adults and Caregivers

- Definition of sexual abuse and examples
- Who is most at risk (living in community and in long term care settings)
- Identifying the likely perpetrators
- What someone might feel, and what caregivers might see
- Where to get support

SEXUAL ABUSE IN LATER LIFE A FACT SHEET FOR OLDER ADULTS

WHAT IS SEXUAL ABUSE FOR OLDER ADULTS?

Any sexual behavior directed towards an older adult without their consent or consent of their adult, is that which is occurring along a continuum of harmfulness. It is based on harmlessness. These behaviors may include, but are not limited to:

• Inappropriate touching (sexual or non-sexual), abuse or aggression	• Persistent sexual harassment or sexual abuse	• Unwanted touching or touching
• Physical force or coercion to have sex or sexual contact	• Exposure of male or female body parts for sexual gratification	• Sexual or nonsexual genital hygiene problems
• Using explicit or implicit threats to harm or punish	• Prostitution	• Consent quality
• Forced genital penetration	• Forced oral sex	• Forced genital penetration

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It is important to remember sexual abuse does not only happen to younger people. It occurs across the lifespan. Individuals of all ages and in all settings and across all ethnicities.

WHO IS THE MOST LIKELY TO CAUSE YOU SEXUAL ABUSE?

Sexual abuse is most common in intimate relationships. The victim, but also includes other people, including strangers, through whom the victim may be sexually abused. The most likely to engage in sexual abuse are:

- Partners
- Spouses
- Children
- Friends
- Caregivers
- Strangers
- Family members
- Friends
- Strangers
- Friends
- Family members
- Friends
- Strangers

WHAT IF I HAVE BEEN HARMOED SEXUALLY?

- You should seek help from a healthcare provider
- You have a right to live free from all types of violence harm
- You have a right to safety and security
- You have a right to privacy
- Abuse of this nature can be reported to law enforcement
- There is no reason for abuse EVER, when it's not your fault

WHAT ARE SOME COMMON FEELINGS AND REACTIONS AFTER BEING HARMOED SEXUALLY?

• Fear	• Shame	• Embarrassment	• Frustration	• Depression
• Anxiety	• Guilt	• Isolation	• Confusion	• Helplessness
• Sadness	• Worry	• Anger	• Self-blame	• Loss of self-esteem
• Shame	• Guilt	• Embarrassment	• Frustration	• Depression
• Anxiety	• Guilt	• Isolation	• Confusion	• Helplessness
• Sadness	• Worry	• Anger	• Self-blame	• Loss of self-esteem

WHAT CAN I DO TO STAY SAFE FROM ABUSE AND INCREASE MY SAFETY?

- If you are in a relationship with a partner, consider setting boundaries and using safe words
- If you are in a relationship with a partner, consider setting boundaries and using safe words
- If you are in a relationship with a partner, consider setting boundaries and using safe words
- If you are in a relationship with a partner, consider setting boundaries and using safe words

WHAT TO DO IF YOU BECOME AWARE OF SEXUAL ABUSE?

- Consider the needs and desires of the victim, and what the victim wants to do
- Ask the victim about abuse and the presence of the perpetrator
- Do not engage about abuse if the presence of the perpetrator is not clear
- Document the incident, date, time, location, and any other relevant information
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GENERAL CHARACTERISTICS OF ABUSE

Abuse is a pattern of behavior that is intended to harm, control, or isolate the victim. It is not a single incident, but a pattern of behavior that is intended to harm, control, or isolate the victim.

- Characteristics to watch for in potential abusers
 - History of violence
 - History of substance use
 - History of mental health issues
 - History of sexual abuse
 - History of domestic violence
 - History of child abuse
 - History of elder abuse
 - History of neglect
 - History of isolation
 - History of control
 - History of manipulation
 - History of intimidation
 - History of threats
 - History of violence
 - History of substance use
 - History of mental health issues
 - History of sexual abuse
 - History of domestic violence
 - History of child abuse
 - History of elder abuse
 - History of neglect
 - History of isolation
 - History of control
 - History of manipulation
 - History of intimidation
 - History of threats

WHO IS AT RISK?

Older adults living in the community are at risk for sexual abuse.

- Men
- Women
- Those who are isolated
- Those who are dependent
- Those who are in long-term care settings
- Those who are 70+
- Those who are cognitively impaired
- Those who are dependent on others

WHO ARE THE PERPETRATORS?

Perpetrators of sexual abuse against older adults are often family members, friends, neighbors, and strangers.

- Family members (e.g., spouse, child, grandchild)
- Friends
- Neighbors
- Strangers



SEXUAL ABUSE IN LATER LIFE: A FACT SHEET FOR OLDER ADULTS

WHAT IS SEXUAL ABUSE OF OLDER ADULTS?

Any sexual behaviour directed towards an older adult without their consent. Sexual abuse of older adults is best viewed as occurring along a continuum of hands-off to hands-on behaviours. These behaviours may include, but are not limited to:

Inappropriate or harassing sexual comments, jokes, or suggestions	Forcing you to watch or listen to pornography or masturbation	Unwanted kissing or touching
Forcing you to engage in, or listen to discussions of sex or sexualized activities	Exposure of one's private body parts to you without your consent	Harmful or unnecessary genital hygiene practices
Taking explicit photos/videos & sharing them online without your consent	Fondling	Coerced nudity
Forced vaginal penetration	Forced oral sex	Forced anal penetration

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➤ **It is important to remember sexual abuse does not only happen to younger people. It occurs across the life span to individuals of all ages and in all cultures and socio-economic groups.** ◀

WHO IS THE MOST LIKELY TO CAUSE YOU SEXUAL HARM?

Quite often, abuse is caused by someone known to the victim, but also includes any other offender, including strangers. Although women can and do cause sexual harm, men are more likely to engage in sexually-harmful behaviour. Persons most likely to cause sexual harm can include:

- Spouses or partners
- Sons, grandsons, and nephews
- Caregivers
- Acquaintances
- Friends
- Strangers

WHAT IF I HAVE BEEN HARMED SEXUALLY?

Please remember:

- You deserve, and have a right to be treated with respect
- You have a right to live free from all types of deliberate harm and abuse
- You have a right to safety and security
- You are not alone
- Abuse often gets worse over time
- **There is no excuse for abuse EVER. Abuse is NOT your fault**

WHAT A REACTI SEXUA

- Fear
- Anxiety
- Neglect of one's own health

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WHAT ARE SOME COMMON FEELINGS AND REACTIONS AFTER BEING HARMED SEXUALLY?

- Fear
- Anxiety
- Neglect of one's own health
- Anger
- Shock
- Sleep disturbances
- Shame and/or Embarrassment
- Disbelief
- Lack of trust
- Powerlessness
- Confusion
- Alcohol, substance, or medication misuse
- Depression
- Self-blame
- Not wanting to be touched

NOTE: These are only some of the reactions you may have. It is OK and NORMAL to have these and/or any other reactions and feelings.

WHAT CAN I DO TO STAY SAFE FROM ABUSE AND INCREASE MY SAFETY?

- If you are in immediate danger **call 911**
- If you can, try to get to a **safe place**, away from the abuser
- If you are experiencing pain or have injuries, **consider seeking medical treatment**
- Consider **seeking counselling, and/or reach out to someone you trust** – family, support worker, caregiver, health care professional, seniors centre, legal professionals, members of faith communities
- **Prepare a safety plan** in case you need to leave your home quickly. This safety plan should outline the steps to take when exiting an abusive situation, including:
 - o identifying safe places to go (e.g. friends, family, community shelters, etc.)
 - o having a list of medications and important phone numbers
 - o having taxi or bus fare prepared
 - o planning for pets (if applicable), including a place for them to go if they cannot go with you, or having someone care for them at home

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WHO IS AT RISK?

Older adults living in the community:

- Women
- Those living alone
- Those with physical weakness, frailty
- Those who are dependent on others

Adults in long-term care settings:

- Women
- Those who are 79 +
- Those with cognitive impairments
- Those who are dependent on others

WHO ARE THE PERPETRATORS?

Although stranger-perpetrated sexual abuse does occur, sexual abuse of older adults is typically perpetrated by males who are well-known to their victim(s). They can include:

- Caregivers such as nurses, aides, PSW's, or other formal/ informal caregivers
- Male family members, (e.g. adult children, grandchildren, or nephews)
- Spouses or partners
- Other residents in care facilities
- Volunteers or other staff at LTC facilities
- Strangers

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GENERAL CHARACTERISTICS OF ABUSE

While not necessarily definitive of sexual abuse, the following characteristics or red flags may be useful in identifying a potentially risky or abusive situation. Recognizing these characteristics can help caregivers provide adequate and appropriate support to victims.

Characteristics to watch for in potential victims

- Self-disclosure of sexual abuse
- Frequent changes in doctors, or 'Doctor shopping'
- History of missed appointments and/or a delay in seeking medical care
- Frequent visits to ER, doctors office, or clinics with unexplained injuries

Characteristics to watch for in potential perpetrators

- Doesn't want to leave the patient alone with the health care provider
- Behaves aggressively towards the older person, or treats them rudely, or like a child
- Makes decisions without consulting the older person
- Refuses to allow diagnostic tests or hospitalization for the older person
- Inconsistency or conflicting information provided by the caregiver (e.g. caregiver says they give medication as directed, but patient has very low quantities of medication in their system)
- Is evasive, defensive, or hostile when questioned directly
- Evidence of marital conflict, instability, or familial discord
- Lack of understanding of the aging process, or expression of an ageist attitude

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WHAT TO DO IF YOU BECOME AWARE OF SEXUAL ABUSE?

- **Consider the needs and desires of the victim**, and whether he/she wants intervention
- **Address immediate safety issues:**
 - *Do not enquire about abuse in the presence of the suspected abuse*
 - *If the victim has been injured, determine if they require medical attention*
 - *Determine if the victim can self contact police, shelters, or other emergency services*
- Express sympathy and empathy, and **do NOT blame the victim**
- **Consider reporting abuse to police**
- **If you are a medical professional**, follow appropriate protocols for reporting abuse.
- **Be aware of community resources** for intervention and counselling, and direct or assist the older person in accessing these resources.
- If the victim lives with the abuser and they are currently not prepared or able to terminate the relationship or seek alternate living arrangements, **help them create a safety plan.**



CNPEA Research Snapshots

- Each Snapshot features a relevant research study or resource from Canada or emerging topics that have been identified in other countries.
- Each Snapshot also identifies how this information can be used by professionals to guide policy change and improve the work we do

Snapshot #1: summarizes research on Resident on Resident Abuse in Long-Term Care

Snapshot #2: summarizes research on criminal justice responses to the sexual assault of older women in Canada

Snapshot #3: summarizes a critical review of the current knowledge base and literature on the sexual assault of older women

Snapshot #4: summarizes the first comprehensive review incorporating empirical research on sexual violence against older people across multiple disciplines and fields of study



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CNPEA Learning Briefs

- Two Learning Briefs have been developed, focusing on:
 1. Sexual Assault in Later Life
 2. Elder Sexual Assault in Long-Term Care Facilities: Key Findings and Trends
- Each Learning Brief has a "Recommendations for Research, Policy, and Practice" companion document



Project Webinars

Sexual Violence and Older Women: Working Towards Justice

Dr. Bianca Fileborn

The Sexual Assault of Older Women: Criminal Justice Responses in Canada

Isabel Grant & Janine Benedet

Sexual Assault of Older Adults: Building Bridges Between Health and Justice

Linda Reimer & Raeann Rideout

Trauma-Informed Supports for Older Adults who are Survivors of Sexual Assault: A Manitoba Perspective

Jerra Fraser, Amanda Thiessen, Katherine Nelson

Being Heard: Police Response and Support for Older Victims of Sexual Assault

Laura Proctor, Detective Staff Sergeant Tracey Bednarczyk, Detective Inspector Karen Arney



Knowledge Gaps

What we know about sexual violence victimization among older adults in Canada is limited

- Literature is sparse, often fails to focus specifically on instances of sexual violence
- Methodological shortcomings, including small sample sizes or convenience samples
- Impacts the ability to generalize or draw concrete conclusions

Key elements in the study of elder sexual abuse

- Issues related to terminology and definitions of elder sexual abuse
- Risk factors for victimization and perpetration
- Key differences in victim-perpetrator relationships
- outcomes of elder sexual violence
- Suggestions and recommendations for preventing, addressing, and responding to instances of elder sexual violence.

What Needs to Happen Now?

A national strategy that assesses the incidence, prevalence, and characteristics of the experiences of sexual violence among older women in Canada

- Sexual assault of older persons is the least likely form of elder abuse to be disclosed and the least likely form of sexual violence to be disclosed
- The private nature of sexual victimization among older persons, coupled with ageist assumptions regarding the sexuality and sexual health of older persons complicates the identification and recognition of elder sexual abuse substantially.

Examine the longitudinal impacts of elder sexual abuse

The need for research on perpetrators characteristics

- Including the examinations and evaluations of treatment or programs for perpetrators

The need to include older persons voices in the development of intervention and/or policy initiatives



Increasing Access to Justice for Older Adult Victims of Sexual Assault

A Capacity Building Approach

Presented By: Kathy Majowski, Registered Nurse
& CNPEA Board Chair

Facilitated By: Benedicte Schoepflin, Project
Coordinator & CNPEA Executive Director



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Department of Justice
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Visit CNPEA.ca for all project materials and additional resources
for health care providers, caregivers, and older adults

