

CANADIAN NETWORK  
FOR THE PREVENTION  
OF ELDER ABUSE

**LEARNING BRIEF**

**SEXUAL ASSAULT  
IN LATER LIFE**



**CANADIAN NETWORK** *for*  
*the* **PREVENTION** *of* **ELDER ABUSE**

**RÉSEAU CANADIEN** *pour la* **PRÉVENTION**  
*du* **MAUVAIS TRAITEMENT** *des* **AÎNÉS**

# ACCESS TO JUSTICE PROJECT



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# KEY HIGHLIGHTS

This mini-review provides an overview of the literature and knowledge base on sexual assault in later life. It is designed to provide a summary of what we know about sexual victimization in older age, including why it should be viewed as distinct from sexual assault experienced by younger adults as well as from other forms of elder abuse, and identifies some key gaps in our knowledge and understanding of sexual assault in later life.

- **Sexual abuse in later life** includes any sexual behaviour directed towards an older adult without their consent. It includes hands-on and hands-off behaviours including (but not limited to) [1-3]:
  - Harassing or unwanted sexual jokes, comments, suggestions, or discussions; forced viewing or listening to pornography or masturbation; coerced nudity; unwanted touching or fondling; forced oral sex or genital penetration; and harmful genital or rectal care/hygiene practices.
- **Victims** are typically females, those who are older (79 years +), those living with cognitive impairments, and/or physical frailty, resulting in increased dependency, and those who are experiencing current relationship problems are most vulnerable to or at risk for sexual violence victimization.

# KEY HIGHLIGHTS

- **Perpetrators of sexual abuse** towards older adults are typically male and include residents or staff in long term care settings; family members such as intimate partners, (grand)children, and other kin; caregivers; acquaintances; and in some cases, strangers.
- **Reported outcomes and consequences** of sexual victimization in later life include both physical and psychological impacts, some of which may be more severe among older victim-survivors.
- **There are substantial gaps** in our knowledge and understanding of the prevalence of sexual abuse in later life, both among community-residing older adults, and older adults who reside in supportive care settings. In fact, prevalence estimates on elder sexual assault in the community or long term care (LTC) settings could not be identified. The small body of literature, however, is illustrative for understanding sexual abuse in later life.

# INTRODUCTION

Sexual assault in later life represents one of the least reported, researched, and acknowledged types of abuse in older age [4, 5]. This is problematic because compared to younger persons, older persons have unique risk factors for experiencing sexual victimization, and may face distinct barriers, impediments, and outcomes in the aftermath of such abuse. For instance, due to the intersection of increasing age, declining health and cognitive abilities, and increasing frailty, dependency, and reliance on other persons, older adults may be vulnerable to sexual victimization in both domestic settings (e.g., by significant others, adult children and caregivers) and institutional settings (e.g., by other residents and staff/care providers) [4]. In order to ensure the needs of older persons, including older victim-survivors are being met, sexual victimization in later life must be conceptualized and empirically studied as distinct from sexual victimization in other age-groups and other forms of abuse in later life.

Although some definitions of elder abuse include sexual abuse this is not always the case [6, 7]. Moreover, there is a lack of research that focuses specifically on elder sexual abuse [2, 3, 6, 8-15]. As a result, what we know about the sexual abuse of older adults is severely limited [6, 11]. Such gaps in knowledge and understanding are particularly problematic because the number of older persons who experience sexual abuse is expected to increase along with global growth in the aging population [3, 16-25].

The body of literature on sexual victimization in later life is quite small in comparison to the literature on sexual abuse/victimization in other age cohorts and the literature on elder abuse more broadly. Moreover, much of the research on sexual abuse in later life has been conducted in the United States, Australia, or the United Kingdom [18, 26], with limited research in a Canadian context [17, 18, 27-29]. However, this international body of literature is informative in identifying some of the general characteristics of elder sexual abuse, including characteristics of victims and perpetrators, outcomes and impacts on victim-survivors, and institutional and criminal justice responses, which may also be applicable in a Canadian context. The following mini-review summarizes the knowledge base on elder sexual abuse by synthesizing the key themes and trends in the international body of literature on sexual abuse in older age.

# **SEXUAL ABUSE IN LATER LIFE: TRENDS IN TERMINOLOGY**

## **WHAT IS 'OLD' AGE & WHO IS 'OLDER'?**

There are inconsistencies in the literature on what exactly constitutes old age [6], with variations in “old,” “older,” and “elderly” across cultures and over time [20, 30, 31]. However, between the ages of 50 and 65 appear to be common cut-off points for the lower bounds of old age [18]. Physiological markers, such as menopause, and socio-cultural markers, such as retirement, are also used to define old age, with some researchers stressing the importance of making distinctions such as “young-old,” “mid-old,” and “old-old” between older age categories [20, 27, 32-35]. Regardless of variations in what is considered old age, this learning brief focuses on research studies that indicate an ‘older,’ ‘aging,’ or ‘elder’ population of interest, despite variations in how researchers operationalize or define old age.

## **WHAT IS SEXUAL ABUSE IN LATER LIFE?**

In addition to variations on what is ‘old,’ there are also inconsistencies in terminology and definitions of what constitutes, and what is used to describe the sexual abuse of older adults. Terms like sexual abuse, sexual assault, sexual aggression, sexual violence, and sexual victimization against older adults are often used interchangeably, despite variations in their definitions and what is considered sexual abuse in older age [4, 6, 23, 36-41].

# **SEXUAL ABUSE IN LATER LIFE: TRENDS IN TERMINOLOGY**

Overall, as a combination of sexual and elder abuse, sexual abuse of older adults typically refers to non-consenting sexual contact that includes behaviours from coerced nudity and forced sexually explicit photographing, to unwanted touching and sexual assault including forced vaginal or anal penetration of an older adult [33, 42, 43].

A useful depiction of sexual abuse in later life involves a continuum of hands-off and hands-on behaviours [1, 2]. At one end of the continuum are hands-off behaviours which include exhibitionism, voyeurism, and forced pornography, and at the other end are hands-on behaviours which include molestation, oral-genital contact, forced penetration, and harmful genital or rectal care unnecessary to the older person [2, 3]. While there appears to be a consensus that sexual abuse against older adults can involve a variety of behaviours and experiences, the lack of a consistent and clear definition limits our knowledge and understanding regarding sexual abuse of older adults.

## **HOW COMMON IS SEXUAL ABUSE IN OLDER AGE?**

In addition to the problems associated with different definitions of sexual abuse, it is also challenging to estimate the prevalence rates of sexual abuse among older adults because studies are conducted in different settings with different samples (e.g. community vs. institutional care setting), leading to substantial variations in estimates [6, 11, 44].



## SEXUAL ABUSE IN LATER LIFE: TRENDS IN TERMINOLOGY

Some researchers provide estimates of the proportion of older persons who experience sexual abuse, while others provide estimates of the proportion of sexual assault victims who are older, making comparisons across studies difficult [6, 11].

General trends in the literature show the lowest prevalence rates of sexual violence are in larger-scale population studies (1) of community-dwelling older persons, and the highest rates of sexual violence are in studies conducted with convenience samples (2) of victimized or institutionalized older persons [6]. Population-based studies tend to report rates of sexual violence ranging from approximately 0.6 percent to four percent of older persons [6, 11, 32, 42, 45-51] and convenience samples of victims of sexual violence (e.g., those in contact with the criminal justice system or health care setting) report that between two percent and eight percent of victims of sexual violence are older [6, 34, 52-55].

Further complicating the interpretation of reported estimates of elder sexual abuse is that many studies include sexual abuse as a subset of physical abuse against older adults and fail to distinguish between these different forms of abuse [4-6, 18, 29, 30, 33, 36, 56-58]. Grouping all forms of abuse in later life is especially problematic as it implies that a single or unitary approach or intervention to elder abuse is applicable, and this is not the case [7].

# SEXUAL ABUSE IN LATER LIFE: TRENDS IN TERMINOLOGY

Prevalence statistics reported in the Canadian literature take this approach, as analyses utilizing larger population-based samples of community-residing persons tend to combine physical and sexual violence [18, 29, 33, 57, 59]. Nevertheless, these studies are illustrative of the overall abuse experienced by older adults. For instance, estimates suggest that four to 10 percent of older persons in Canada are victims of violent crimes (including but not limited to sexual assault) [33, 59, 60], and less than one percent of older adults experience physical/sexual violence by a current or former spouse or partner in the past five years [29, 59].

However, sexual abuse of older adults is the most underreported and least acknowledged form of elder abuse [4, 5, 33, 42, 54, 61, 62]. Most cases of sexual abuse do not get disclosed, officially recorded, or reported to authorities, suggesting that reported estimates are very likely underestimating the problem of sexual abuse among older adults [6, 11, 14, 63]. Despite these research limitations, the available literature is informative in the beginning to understand the sexual abuse in later life.

(1) Population-based studies utilize techniques to elicit samples representative of the entire population.

(2) Research that utilizes convenience samples employ techniques to obtain a sample specifically because of a trait, experience, or other characteristic (e.g. victim-survivors who came to police or medical attention).

# SEXUAL ABUSE IN LATER LIFE: WHO IS AT RISK AND BY WHOM?

## GENDERED TRENDS IN VICTIMIZATION & PERPETRATION

The intersection of age and other characteristics of victims and their social and environmental contexts result in differing susceptibility or risk for sexual abuse in later life. One of the most consistently identified findings in the literature is the gendered aspect of sexual abuse (across the lifespan). Older women are much more likely than older males to be victims of all forms of mistreatment, including sexual violence [4, 24, 42, 64, 65], while men are much more likely to be perpetrators of sexual violence against older persons, regardless of the type of sexual abuse or the location in which the abuse takes place [6, 27, 52, 66]. Although incomplete, Canadian estimates show older women (65-80 years) reporting three times the frequency of physical/sexual assault than men of the same age [33], and older women reporting rates of all types of family violence at a 26 percent higher rate than older men [64].

Even when men are sexually victimized, their abusers are primarily other men who are their caregivers, acquaintances, or friends, often living with cognitive impairments and residing in the same care facility [9, 13, 52, 62]. Although cases of female care providers sexually abusing male clients [62], wives sexually abusing elderly husbands [2], or daughters or wives perpetrating elder abuse towards older parents and husbands [66], have been described in the literature, these cases are so isolated, often presented in the form of case studies or vignettes, we are unable to draw meaningful conclusions.

# SEXUAL ABUSE IN LATER LIFE: WHO IS AT RISK AND BY WHOM?

Thus, while older males do experience sexual victimization, across locations and contexts, older victims of sexual abuse are typically women, and men are typically perpetrators.

## TYPICAL VICTIM-PERPETRATOR RELATIONSHIPS

Older victims of sexual abuse usually know their offenders [52, 67-69], and can be categorized into at least one of five categories of perpetrators:

1. Intimate partners (e.g., spouse, significant other)
2. Other family members (e.g., adult child, grandchild, other kin)
3. Strangers or acquaintances
4. Care providers (e.g., PSW, nurse/nursing aid, LTC, NH, PCH staff, physicians, etc.).
5. Other residents of LTC or other supportive care settings

Victim characteristics and risk factors for victimization tend to be distinguishable based on the nature of the relationship between the victim and perpetrator, which are often tied to whether the victim resides in the community or a supportive residence (e.g., long-term care facility, nursing home, or personal care home). Older persons who reside in LTC facilities (or other care settings) are most susceptible to abuse by care providers or other residents, and community-residing adults are more likely to experience sexual abuse by an intimate partner, family member, stranger, or acquaintance [4, 68, 70].

# SEXUAL ABUSE IN LATER LIFE: WHO IS AT RISK AND BY WHOM?

## PLACE OF RESIDENCE

An older person's place of residence is related to who is assaulted and by whom [12, 27, 68, 70]. Although some research suggests there is a heightened risk for victimization if older persons live with a spouse or other person(s) [23, 47, 71, 72], other research suggests there is a heightened risk of sexual victimization for older persons who live alone [27]. Nevertheless, much of the literature tends to suggest that the sexual abuse of older persons occurs most often in the victim's home, and this is more often the case among older victim-survivors compared to younger victim-survivors [6, 27, 34, 54, 73]. Examining data collected from a Sexual Assault Care Centre (SACC) over a ten-year period (1992-2002) in a city in Ontario, Canada, Del Bove and colleagues (2005) report that older victim-survivors (55-87 years) of sexual assault are more likely to be assaulted in their own homes, and younger victims of sexual violence more likely to be assaulted elsewhere, including in other homes, public areas, or in a vehicle [34, 54].

Although the most likely place for an older person to be sexually victimized is in their own homes, given that older persons do not all reside in community-residences and instead reside in various long-term care facilities, nursing homes, or personal care homes, it is not surprising that older persons are also sexually victimized in these supportive care residence [6, 12, 62, 74, 75].

## **SEXUAL ABUSE IN LATER LIFE: WHO IS AT RISK AND BY WHOM?**

The most frequent location for sexual victimization in these settings appears to be in victims' bedrooms [76]. In long-term care settings, typical perpetrators include other residents, direct care staff (including nurses, aides, and physicians), and visitors (typically acquaintances) [68, 70, 74, 76-78]. However, despite being recognized as a primary health issue both in Canada and globally [51, 77], there are very few studies that utilize samples or data from different long-term care facilities, severely restricting our knowledge of sexual abuse in LTC settings [6, 74]. The limited information we do have suggests that among reported cases of sexual violence against older persons, one-quarter to one-third of older victims of sexual abuse reside in institutional settings [12, 68]. As a result, understanding the unique vulnerabilities and experiences of older persons who reside in care facilities is integral to the development and implementation of effective prevention and intervention policies and practices.

### **AGE**

The risk of sexual abuse in older age varies based on whether an older person resides in the community or long-term care setting. Among community-dwelling older adults, the young-old (60s and 70s) have higher rates of sexual abuse than the oldest-old [47, 68, 71, 73, 79-81], while in long-term care settings, the oldest-old (80+) have higher rates of sexual abuse than the young-old [6, 15, 50, 61, 68, 82-85].

## **SEXUAL ABUSE IN LATER LIFE: WHO IS AT RISK AND BY WHOM?**

This trend is likely a result of the fact that the older a person is, the more likely they are to have cognitive or physical impairments requiring daily care, and thus are more likely than the young-old to need to reside in long-term care facilities.

### **COGNITIVE & PHYSICAL HEALTH**

Age-related declines in physical and mental health represent a vulnerability for abuse, especially given the increased need for routine personal assistance and care from another person [2, 68]. In particular, physical and cognitive limitations and disabilities are associated with a higher risk of sexual victimization, where women with limitations are more likely to be sexually victimized than women without [6, 27, 33, 49, 68, 86-89]. Having cognitive or mental impairments, including diagnosis of dementia or Alzheimer's, leads to a heightened vulnerability of experiencing sexual abuse [23]. Estimates range from one in five to three in five older victims of abuse having some type of cognitive or psychological impairment [27, 90, 91], which when coupled with the findings that older persons in long-term care settings are more likely than older persons who reside in the community to have cognitive impairments [68], highlights the increased vulnerability older victims who live in long-term care facilities.

## **SEXUAL ABUSE IN LATER LIFE: WHO IS AT RISK AND BY WHOM?**

Another complication of older adults with cognitive impairments experiencing sexual abuse is that they may have difficulty identifying the experience as abuse and be less likely or unable to adequately disclose the abuse [42] in ways that others can recognize (e.g., behavioural or non-verbal cues) [11].

So, while older victims of sexual abuse are overwhelming female, and perpetrators are overwhelmingly male, other characteristics of victims and offenders tend to vary based on the location of residence.

Community-residing older women are more likely to be sexually abused by a family member (e.g., spouse, adult child, grandchild, nephew), friend, acquaintance, or stranger, and are more likely to be in the younger-old (age 60s-70s) age group; while older women who reside in care facilities are more likely to be sexually abused by another resident (typically who has dementia or other cognitive limitations/impairments) or staff, are more likely to be in the older age groups (80+), and are more likely to have cognitive or physical impairments that require assistance with activities of daily living.

### **PHYSICAL AND PSYCHOLOGICAL IMPACTS**

Consequences of sexual abuse that older victim-survivors face, like victims of all ages, are vast and take a toll on the emotional, physical, and overall well-being [45].



# SEXUAL ABUSE IN LATER LIFE: IMPACTS, CONSEQUENCES, & RESPONSES

Research on these impacts is scarce, but the available research tends to divide outcomes into physical and psychological impacts [6]. While not all victims sustain physical injuries following sexual abuse, some of the most commonly reported physical impacts include pains, cuts, bruises, genital trauma, STI's, and exacerbation of existing health issues [6, 16]. These outcomes are not necessarily unique to older victims of sexual abuse; however, in some cases, the impacts may be more severe in older age [11, 92] and can be distinct from victim-survivors of other age cohorts. Due to hormonal and physiological changes associated with aging, older women who are sexually abused are more likely to experience genital trauma and injuries [34, 54, 93]. In fact, in their analysis of forensic exams among pre-and postmenopausal women in the UK, Morgan and colleagues (2011) found that after controlling for both demographic and assault characteristics, postmenopausal women were three times more likely to experience genital injuries compared to pre-menopausal women [92]. In addition to a higher frequency of severe injuries, older victims of sexual violence are also at increased risk for mortality compared to younger victims [12, 94-96].

In addition to the physical impacts, the psychological impacts of sexual abuse in older age include fear, anxiety, depression, sleep problems, changes in appetite and mood, increased anger, difficulty with interpersonal relationships, low self-esteem, and fear [6, 12, 97].

# **SEXUAL ABUSE IN LATER LIFE: IMPACTS, CONSEQUENCES, & RESPONSES**

Social, cultural, and generational beliefs and values that older victims may hold further complicate psychological consequences of sexual victimization, and may result in heightened levels of shame, guilt, or disgrace, influencing the likelihood of identifying their experiences as sexual abuse and disclosing or seeking help [6, 79, 98]. Older victims may also be fearful that disclosing the abuse may impact their relationship with the perpetrator, especially if the perpetrator is their spouse or caregiver, or if they are a caregiver to the perpetrator [6, 11]. These nuances in older age are likely to result in barriers to disclosure for community-residing older adults who may fear losing independence if they have to move into a care facility, or who may fear having to move a perpetrator spouse into a care facility, thus signifying a substantial change in their intimate relationships and living contexts [99].

## **RESPONSES TO SEXUAL ASSAULT IN LATER LIFE**

Responses to sexual abuse of older persons include institutional responses (e.g., responses in nursing homes, long-term care facilities, personal care homes, and other supportive care residences), and formal criminal justice responses. While the former applies to victim-survivors who live in supportive care settings, the latter applies to all victim-survivors, regardless of where they live.

## SEXUAL ABUSE IN LATER LIFE: IMPACTS, CONSEQUENCES, & RESPONSES

In an institutional setting, multiple factors influence whether suspected or known cases of sexual victimization are identified and reported to higher authorities (i.e. police or in the U.S. Adult Protective Services). For instance, health care providers and staff in these facilities may lack the knowledge and training to identify cues and signs of sexual abuse [12, 76], especially in instances where victim-survivors experience cognitive impairments that impact their methods of disclosure. Institutional staff may be faced with inconsistent or unclear directives and institutional policies about what constitutes sexual abuse (i.e., the requirement of a visible injury; the presence of a witness) or the appropriate pathways to report these instances [11, 76, 78]. Ageist attitudes and perceptions that older women are asexual and therefore unlikely to be victims of sexual abuse may also impact the likelihood of identifying and responding in cases of sexual abuse of an older person [6, 11, 79, 100], as can feelings of ambivalence about intervening in spousal relationships or questioning an older person's capability of providing consent [101]. Moreover, given the high rates of dementia and other impairments among older persons, especially among residents in care facilities [78], formal criminal justice responses (e.g., police involvement and criminal justice proceedings) and sexual assault examinations may not be viewed as the most appropriate response, and may be perceived as too futile, painful, or traumatic for older victim-survivors, and in some cases, resident perpetrators [18, 78, 102].

## SEXUAL ABUSE IN LATER LIFE: IMPACTS, CONSEQUENCES, & RESPONSES

Instead of formal responses, cases of sexual victimization in long term care settings are often responded to internally with informal approaches [11, 18]. For instance, in cases of sexual abuse of a resident by another resident, reported responses include separating and moving victims and/or perpetrators to different facilities or areas, increased supervision for victims, perpetrators, and those with a propensity to engage in sexually overt or aggressive behaviours, and psychiatric and pharmacological treatment [11, 70, 78]. When staff or caregivers are perpetrators, institutional responses include termination, restriction or change of duties, employment transfers, or being placed on an abuse registry [82, 85].

In addition to informal or internal responses to sexual victimization, formal criminal justice responses are also evident. However, the way the criminal justice system responds to sexual abuse in older age represents one of the most substantial gaps in the literature [6, 11], with minimal information in a Canadian context [18]. In the only identified study on Canadian criminal justice responses to sexual assault against older persons, Grant and Benedet (2016) found that contrary to research that suggests older victim-survivors of sexual assault typically know their victims, the majority of cases that progressed through the CJS involved stranger-perpetrators of sexual abuse towards older women [18].

## SEXUAL ABUSE IN LATER LIFE: IMPACTS, CONSEQUENCES, & RESPONSES

Over the two-decade period, there were almost no cases of familial sexual assault (including spousal sexual assault), leading researchers to stress how certain cases of sexual victimization disproportionately come to the attention of the criminal justice system [18]. Similar sentiments have been voiced by other researchers, who have reported that victim-survivors from minority ethnic or sexual orientation groups are vastly underrepresented in criminal justice cases of sexual violence [52]. Given the historical tensions between racial minority communities, black communities, and indigenous communities and the police (see for example: Truth and Reconciliation Commission of Canada [103]), the underrepresentation of victim-survivors from diverse backgrounds in formal case law is not surprising, and highlights how access to justice for sexual violence survivors varies [52].

Compared to cases of sexual victimization perpetrated against younger victims, cases of sexual abuse of an older person are much less likely to be defined as a crime and to be referred to the criminal justice system for charges [52]; and are less likely to receive forensic examinations or evidence kits [27, 102]; however, when cases do progress through the CJS, the outcomes tend to result in more severe or harsher sentences [18]. Similarly, in comparison to cases of elder physical abuse in the US, cases of elder sexual abuse received harsher sentences, including three times higher likelihood of receiving a prison sentence [104].

## SEXUAL ABUSE IN LATER LIFE: IMPACTS, CONSEQUENCES, & RESPONSES

Given the scarcity of information on formal responses to sexual victimization in later life, the primary conclusions that can be drawn from these studies is that while cases that do progress to and through the CJS are taken seriously, the most substantial challenge is identifying and detecting instances of sexual victimization of an older adult [18]. It is, however, unknown whether the failure and lack of identification and detection of cases of sexual victimization in later age, including cases involving victim-survivors of diverse ethnic and/or sexual orientations, and involving diverse perpetrators (i.e. not just strangers) is the result of non-reporting, or to a failure on the police/authorities to act [18]. In order to build on the gaps in our knowledge base and to ensure that the needs of all older victim-survivors of sexual assault are being met, conceptualizing, researching, and treating sexual victimization in later life as a distinct type of abuse – both from other forms of elder abuse and from sexual victimization at other ages is imperative.

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