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## Literature Review #2

### Key Resources & Strategies for Increasing Access to Justice for Older Victims/Survivors of Sexual Assault

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## INTRODUCTION

The sexual assault of older adults<sup>1</sup> represents one of the most under-identified and under-reported types of abuse among older adults who live in the community as well as those who reside in long-term care (LTC) facilities<sup>2</sup> or assisted living residences [1-3]. Given that older adults represent the fastest-growing demographic in Canada, it is crucial that we understand not only the nature of, risk factors for, and consequences of different types of elder abuse but also the strategies and recommendations for increasing access to justice for older victims of sexual assault. Drawing from the literature on elder sexual abuse, elder abuse, intimate partner/domestic violence and sexual violence, this report highlights some of the key strategies and resources available for increasing access to justice for older victims of sexual assault. Increasing access to justice for older victims of sexual assault includes, but is not limited to, the prevention of sexual violence (re-) victimization, increasing rates of identification and disclosure in instances of elder sexual assault, and promoting effective intervention and response to older victims/survivors of sexual assault.

This report was developed as part of the Canadian Network for the Prevention of Elder Abuse series *Increasing Access to Justice for Older Adult Victims of Sexual Assault: A Capacity Building Approach*. It was designed for a broad audience including researchers, policymakers, advocates, health care providers, and social service providers. It is divided into three main sections. **Section I** provides an overview of what we know about sexual assault in later life, including what constitutes sexual assault of older adults, its prevalence, risk factors for victimization and perpetration, and barriers to reporting and intervening. **Section II** outlines practical strategies and recommendations for the prevention, identification, and intervention of sexual assault in later life. **Section III** provides a selective list and description of some of the available tools and resources that can be useful for older persons, health care and service providers, advocates, and criminal justice personnel.

<sup>1</sup> “Sexual assault of older adults” encompasses all forms of sexual victimization and sexual abuse of older adults. It is used interchangeably with “elder sexual assault”, “elder sexual abuse” and “sexual abuse of older adults”.

<sup>2</sup> Long-term care (LTC) facilities refer to residential settings where older persons live and receive care and supportive services (e.g. supports with medication, mobility, dressing, feeding, and other activities of daily life).

## SECTION I: WHAT DO WE KNOW ABOUT SEXUAL ASSAULT IN LATER LIFE?

Sexual assault of older adults cannot be attributed to any singular cause or factor and, therefore, cannot be prevented or remedied with a singular approach or intervention. As such, this report stresses the importance of understanding the sexual assault of older adults through a socio-ecological framework. Developed by Bronfenbrenner (1977; 1979) as a model of human development, the socio-ecological model or framework accounts for the multi-level influences between an individual and their social environments [4-9]. This model has shown utility in its application to the study of violence against women [7], elder abuse [10], and other types of violence (e.g. bullying, sexual assault, etc.). In particular, the socio-ecological framework provides a model for understanding the different factors that enhance or decrease vulnerability/marginalization or protection from violence. Figure 1 provides a visual depiction of this model, with overlapping circles illustrating how factors at the different levels of one's socio-ecological environment influence and interact with each other. Using this framework, the sexual assault of older persons is viewed as the result of an interplay of factors at the individual-level (microsystem), relationship-level (mesosystem), community-level (exosystem), societal-level (macrosystem), and over time (chronosystem) [9]. The following section provides an overview of the nature and prevalence of sexual assault in later life, risk factors for victimization and perpetration, and barriers to disclosure and identification. (For a more in-depth discussion of these characteristics, please see the first literature review in this series: *Sexual Assault Against Older Adults* [11]).

### 1.1 What is Sexual Assault in Later Life?

Sexual assault in later life refers to sexual victimization perpetrated against an older adult (typically aged 60 years or older) and includes a series of hands-off and hands-on behaviours [12-14]. At one end of the spectrum are hands-off behaviours such as exhibitionism, voyeurism, forced pornography, being left undressed, uncomfortable gestures, talk, or comments; at the other end of the spectrum are hands-on behaviours such as touching, physical molestation, forced oral and/or genital contact, penetration, and unnecessary genital or rectal care practices [15-19].

## **1.2 How Often Does Sexual Assault in Later Life Occur?**

There are no known national prevalence estimates of elder sexual abuse in Canada or the United States [20-22]. Nevertheless, information from large scale community-based surveys and studies utilizing smaller samples of victims who attend hospitals or rape crisis centres provide some descriptive context to this problem. Results from these surveys of older adults suggest that approximately one to four percent of the population experience sexual violence in later life [8, 23, 24]. Slightly higher estimates (4% - 6%) are reported in studies that focus specifically on victims who seek sexual assault services, or studies that analyze case reports of sexual violence perpetrated towards older adults [21, 25-27]. However, these estimates represent only the “tip of the iceberg” [28], as most instances of sexual victimization go unreported, suggesting that older victims of sexual violence are not effectively accessing or achieving justice.

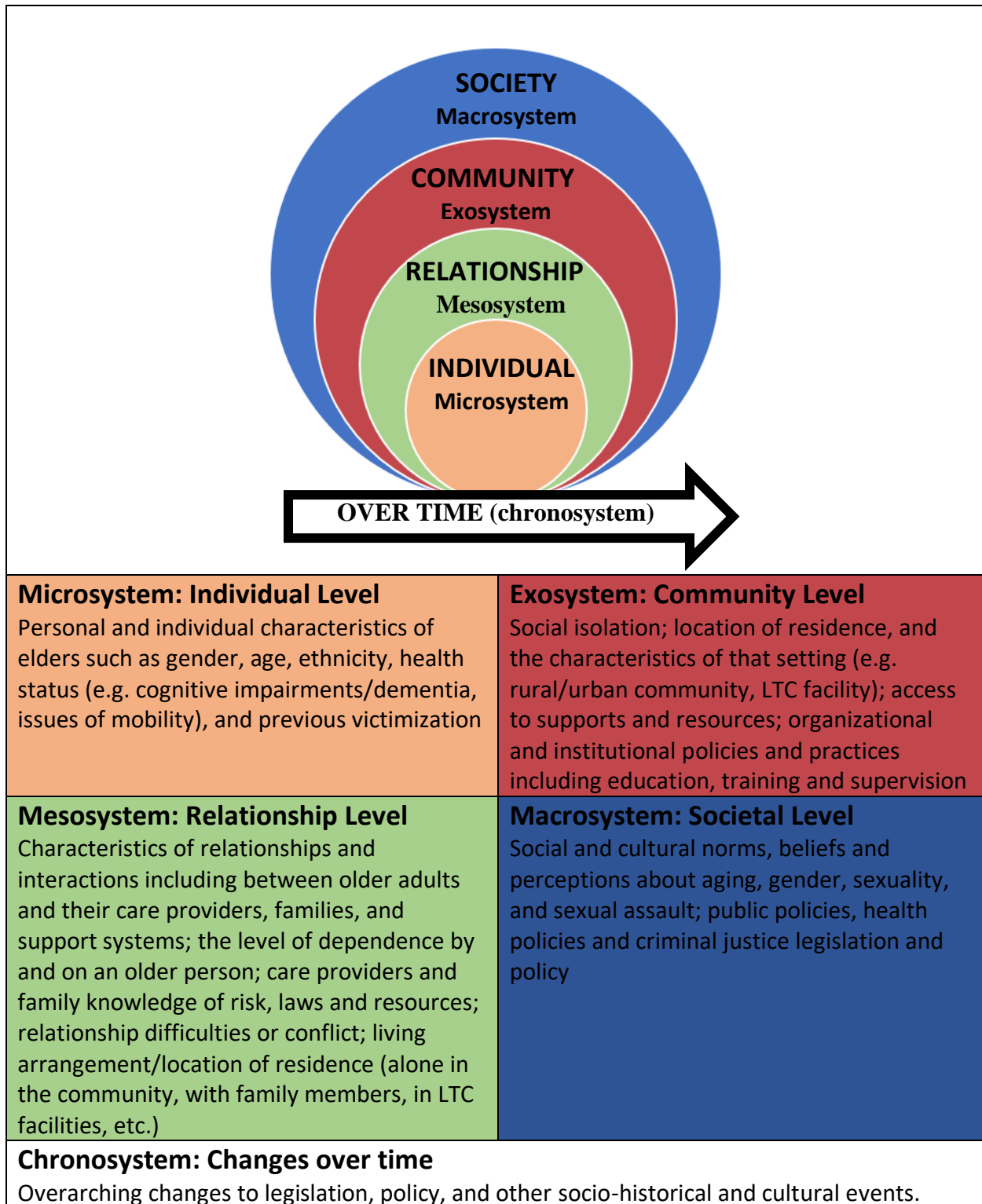
## **1.3 Who is Most ‘At Risk’ For Sexual Assault in Later Life?**

Using the social-ecological model as a guiding framework helps to highlight how the occurrence of elder sexual assault (like other forms of elder abuse) is the result of individual, relationship, community, and societal level influences [5, 6, 10]. As Figure 1 shows, levels of one’s socio-ecological environment are depicted in a series of nested or concentric circles. The microsystem is in the centre of all levels or ‘systems’ of the ecological environment and includes individual-level factors or characteristics (e.g., gender, age, ethnicity, or disability status). Encompassing the microsystem is the mesosystem. Mesosystem factors include relationship factors such as the interactions and dynamics between older persons and their caregivers, families, and institutions that provide services (e.g., level of dependence, caregiver stress, living arrangement, institutional practices). Encompassing both the microsystem and mesosystem is the exosystem. The exosystem includes community-level factors that do not directly include/involve the individual per se, but which impact the individual’s microsystem and mesosystem (e.g., health and social welfare policies, policies related to old age, health care provider training, general supports for care providers). The macrosystem is the overarching ‘system’ that encompasses all other levels of the socio-ecological environment. Macrosystem

factors include such things as societal level attitudes, values, beliefs, and perceptions about older persons, gender, aging, and sexual assault, as well as the broader institutional and criminal justice approaches and responses to the victimization of older adults [5, 6, 9, 29, 30]. Lastly, the chronosystem refers to changes over time, which can be especially salient for older persons (e.g., changes to legislation, policy, perceptions of sexual violence, or other prominent social or cultural events).

While there is substantial room for interpretation regarding where a particular factor most appropriately fits, the exact location of factors is not crucial to how these factors influence vulnerability, but rather the interplay between factors at multiple levels [7]. There is no clear-cut answer to who is “most at risk” for sexual assault in later life. The intersection of factors such as aging, gender, and (dis-) ability result in heightened vulnerability or marginalization for sexual assault among certain older persons [23, 27]. Previous research suggests that females, those who are older (79 years +), and those with cognitive impairments, mental health issues, physical frailty or immobility, and those who are socially isolated, highly dependent others, and/or who are experiencing current relationship problems are most at risk for sexual violence victimization [1, 8, 21, 23, 27, 31-36]. For a more in-depth discussion of these factors, see our previous work in the *Access to Justice for Older Victims of Sexual Assault* Project [11, 37], and other articles that utilize the socio-ecological model to discuss and contextualize the multi-level factors related to elder abuse [5, 6, 8, 10].

**Figure 1: The Socio-Ecological Model Adapted to Sexual Assault in Later Life**



Note: The authors of this report developed this figure by incorporating resources on sexual assault [1, 8, 23, 32] and adapting existing socio-ecological models on violence and elder abuse [5-7].



#### **1.4 Who are the Typical Perpetrators of Sexual Assault in Later Life?**

Men are the most common perpetrators of elder sexual assault [21, 38-41]; however, their relationships with victims vary. There are five main types of victim-perpetrator relationships: 1) sexual abuse by another resident in a care facility; 2) sexual abuse by an unrelated caregiver; 3) incestuous sexual abuse by a family member; 4) sexual abuse by an intimate partner; and 5) stranger or acquaintance sexual assault [23, 39, 41-43]. Common characteristics of perpetrators include having a history of family violence, mental health issues, cognitive impairments (for resident perpetrators), caregiver burden, financial dependence on victims, social isolation, substance misuse, and problems with stress and coping [5, 6, 34].

#### **1.5 What are the Barriers to Self-Disclosure and Third-Party Recognition of Sexual Assault in Later Life?**

For older victim-survivors of sexual assault to achieve justice and to receive appropriate interventions and supports in the aftermath of sexual assault, victimization experiences have to be self-disclosed, or someone else has to witness or identify signs and symptoms and then has to respond. Multiple interrelated factors such as cognitive and verbal abilities, knowledge and understanding about the sexual assault of older adults, coupled with generational, ageist, and sexist attitudes and beliefs about sexuality, older persons, and the sexuality of older persons contextualize and contribute to elder sexual assault being the most underreported and under-identified form of abuse of older persons [1, 23, 32, 44-48]. The identification of these barriers and impediments to self-disclosure and third-party identification (e.g. by family, friends, faith leaders, caregivers, medical professionals, facility staff) of elder sexual assault represent vital focal points for increasing access to justice for older victim-survivors of sexual assault.

Understanding the various impediments and barriers to disclosure and identification can be used in the development of prevention and intervention initiatives to improve access to justice for older victims/survivors of sexual assault. Some of the barriers to self-disclosure and third-party identification and recognition of sexual assault among older adults are outlined below.

### ***1.5.1 Barriers to Self-Disclosure of Sexual Assault in Later Life***

Pathways to help are often unclear for older adults who have been sexually assaulted [13].

Several factors influence and impede older victims' decision and/or ability to disclose instances of sexual victimization, which subsequently impact an older person's access to justice following sexual violence victimization. Researchers have identified some of the most notable barriers to self-disclosure of sexual assault among older adults, including [13, 32, 34, 43, 44, 47, 49-57]:

- **Cognitive impairments, mental illness, or other age-related dementias** that inhibit verbal disclosure.
- **Lack of knowledge and understanding** about what constitutes sexual abuse, and what rights older persons have in marriage, as patients, as caregivers, and more generally.
- **Generational attitudes and beliefs** that sex, sexual health, and sexual violence are private matters, and therefore are not to be discussed publicly or outside of a relationship/family.
- **Cultural norms, stereotypes, and even language barriers** may impact perceptions of consent and who are 'typical' victims or perpetrators, especially in cases of spousal and familial perpetrated sexual assault.
- **Social isolation** that limits opportunities for disclosure.
- **Fear and shame** that others will find out and that they will be judged, viewed as at fault, lose privacy, and in some cases, lose independence or be further victimized.
  - Community-residing older adults may be fearful of being moved into a care facility if they disclose abuse by their partners or caretakers, or they may express concern for their abuser. They may also not want their abusive partner to move into a care facility, or to have involvement with the criminal justice system. Wanting to avoid police and criminal justice involvement may be especially salient for older persons from racialized minority groups (e.g. black and indigenous groups in Canada) who have had historical tensions and conflict with the law.
  - Older adults in LTC facilities may be fearful of further victimization, especially if they are not believed or if prompt action to stop the abuse is not taken.

- **Lack of knowledge about services** specific to older victims of sexual assault may result in an older person not reaching out for help or disclosing their experiences. Older persons may feel their experiences are quite distinct from younger victim-survivors of sexual assault, and that supports and services are not available or relevant to them.
- **Previous interactions with police and criminal justice personnel** may impede disclosure of sexual victimization, especially among older victims who belong to racialized and other minority groups that have experienced disappointing, traumatizing or discriminatory interactions by police and/or others in the justice system (e.g. indigenous populations have experienced long-standing historical trauma as a result of previous governmental policies, and as a result may fear further institutional abuse).

### ***1.5.2 Barriers to Third-Party Identification and Recognition of Sexual Assault in Later Life***

In the aftermath of sexual victimization, access to justice may require third party identification, recognition, and response, especially when older victim-survivors live with cognitive impairments and dementia-related ailments that impede self-disclosure. As a result, we must understand the barriers and impediments to third-party identification and recognition of elder sexual, as these barriers serve as entry points for improving access to justice for older victim-survivors of sexual assault. Researchers have identified some of the main barriers to third-party identification of elder sexual assault [13, 15, 20, 32, 47, 52, 58-60]. These include:

- **Ageist and sexist attitudes** that older women are asexual and, therefore, safeguarded from sexual victimization. These assumptions and stereotypes constrain the ability of others to acknowledge and recognize the vulnerability of older persons for sexual victimization, which can further impede response and intervention in the aftermath of sexual assault.
- **Lack of understanding about sexuality among those with cognitive impairments** can pose ethical dilemmas for both staff and families and can lead to uncertainty on how to respond to sexual activity or behaviours among older adults who experience impairments in cognitive ability.

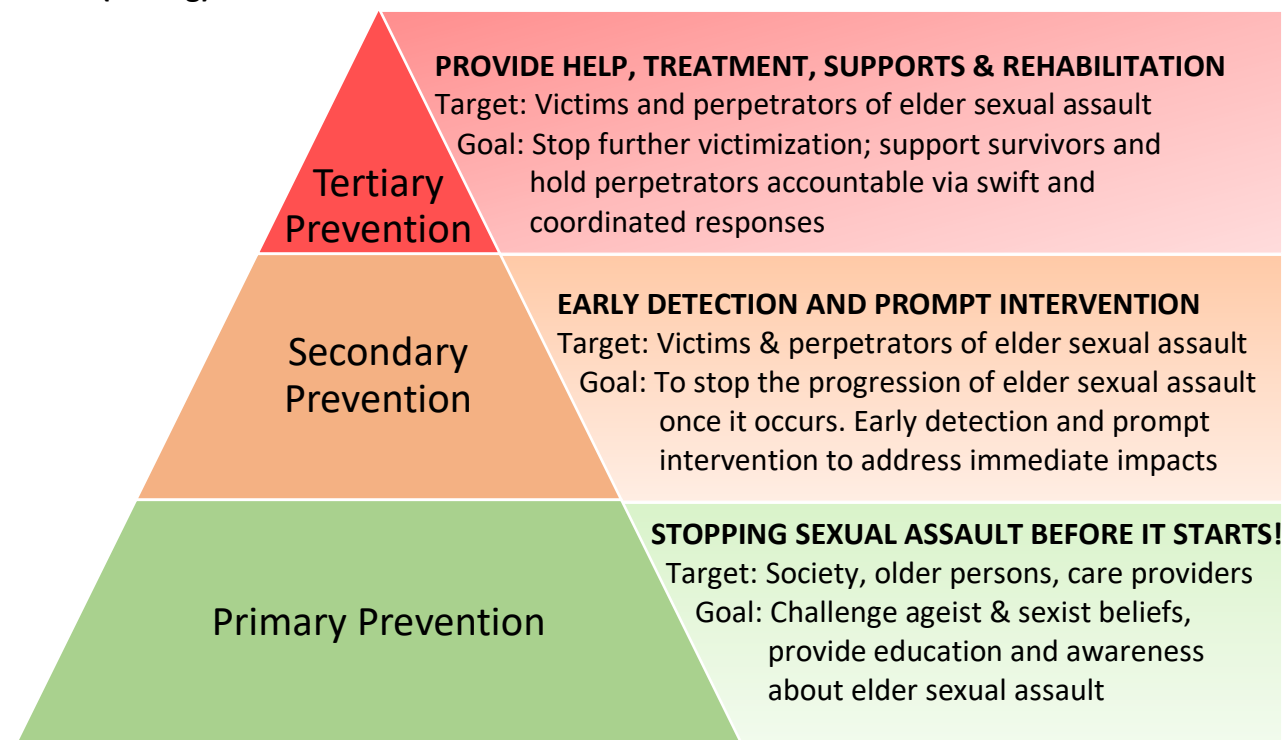
- **Lack of awareness and knowledge** among family members about sexual assault in later life can inhibit the recognition of sexually abusive situations and victimization experiences.
- **A lack of training for physicians and other care professionals** in recognizing the signs and outcomes of sexual assault (some of which may be non-verbal) may result in a hesitancy to identify and label specific signs or behaviours sexual assault.
- **Lack of or conflicting policies and protocols** for when and how health care professionals should proceed in reporting instances of (suspected) sexual assault can also impact identification and intervention.

The previous section provided a brief informational overview of what we know about the nature of, risk factors for, and barriers to disclosure identification and response to elder sexual assault. The next section of this report is devoted to the practical strategies and recommendations for preventing, identifying, intervening, and responding to elder sexual assault. It is these combined efforts that characterize how we can increase pathways and access to justice for older victim-survivors of elder sexual assault.

## **SECTION II: PRACTICAL STRATEGIES FOR THE PRIMARY, SECONDARY, AND TERTIARY PREVENTION OF SEXUAL ASSAULT IN LATER LIFE**

As there is no single cause or precursor to sexual assault among older adults, we need to view it as the result of an interaction of influences at the level of the individual, relationship, community, society, and over time in order to prevent and respond to it [61]. Accordingly, a comprehensive and multi-sectoral approach to prevention and intervention is necessary [4, 6, 36, 47, 62-64]. One such approach is the public health approach to violence [62]. Driven by the socio-ecological model, the public health approach emphasizes the importance of evidence-based and collaborative methods of intervention and violence prevention [4, 62]. Prevention efforts can be categorized based on the timing of intervention, with primary prevention occurring before sexual victimization occurs, and secondary prevention and tertiary prevention occurring after sexual violence (See Figure 2 for a visual representation of the public health approach to violence prevention).

**Figure 2: Public Health Approach to the Prevention of Sexual Assault in Later Life:  
Levels (Timing) of Prevention:**



The authors adapted existing models and resources to create this figure [4, 9, 62, 65].

The public health approach to preventing sexual assault of older adults begins with primary prevention, which utilizes strategies to prevent and stop sexual violence before it occurs. Secondary prevention focuses on immediate responses to sexual violence, including early detection and prompt intervention, and tertiary prevention aims to reduce, mitigate, and lessen the negative consequences and impacts of sexual violence through treatment, rehabilitation, and prevention of re-victimization/perpetration [4, 9, 36, 62]. However, classifications of prevention do overlap [4]. For example, a tertiary prevention approach, such as criminal justice or institutional responses (e.g., harsh criminal sanctions for perpetrators), can influence individual and community attitudes and perceptions (primary prevention) by publicly denouncing elder sexual assault [4]. Primary prevention through universal awareness and education about sexual assault among older adults may also impact third-party rates of detection and intervention (secondary prevention) and may lead to more efficient responses,

and prompt access to supports and services that encourage treatment and recovery, and that prevent recidivism (tertiary prevention).

Taking a public health approach to sexual violence prevention fosters multi-sectoral, cohesive and diverse strategies for addressing sexual violence in later life by simultaneously acknowledging and addressing risk factors at the different levels of one's socio-ecological environment<sup>3</sup> and by focusing on multiple target groups [8, 9, 36]. For example, 'universal approaches' target the general population or an entire sub-group of individuals (e.g. all health care workers, all school-aged children, or all 'older' persons) independent of their level of risk (primary prevention) [8]. 'Selected approaches' target individuals or groups of individuals who are at-risk for victimization or perpetration (primary and secondary prevention at the level of the individual, relationship, and community). Finally, 'indicated interventions' are directed at victims or perpetrators of violence (secondary and tertiary prevention at the individual, relationship, community, and societal level) [8, 9]. The following section describes (or identifies) some of the most common recommendations and strategies for the primary, secondary, and tertiary prevention of sexual assault in later life. However, given the limited research and literature on this topic, many of the recommendations and suggestions come from research that focuses on either sexual assault or elder abuse more broadly. Further, the majority of recommendations and strategies listed below apply to the prevention of elder sexual assault in both the community and care facilities, but distinctions are noted where applicable.

## **2.1 PRACTICAL STRATEGIES FOR THE PRIMARY PREVENTION OF SEXUAL ASSAULT IN LATER LIFE**

The underlying tenant behind primary prevention is that the most effective way to prevent sexual victimization is to stop it *before* it occurs [36, 66-68]. In order to do this, efforts at all levels of society (individual, relationship, community, and society) are needed [13]. Primary prevention approaches are multifaceted and aimed at elders, care providers, advocates, and the larger society. Public and professional education and awareness campaigns and legislative

<sup>3</sup> see O'Donnell and colleagues (2015) review of elder abuse services and interventions at each level of the socio-ecological model.

or institutional policies represent some of the most frequently identified primary prevention initiatives because they combine multiple strategies designed to reduce or mitigate risk factors for sexual assault [35, 36, 67, 68]. These prevention initiatives and strategies are described in more detail in the following section.

### **2.1.1 Primary Prevention Through Legislation**

At the societal level of our socio-ecological environment, overarching policies and legislation are imperative for the primary prevention of elder sexual assault. The presence or absence of specific legislation and policy can dictate or create the environments for abuse to occur and facilitate environments or climates in which other interventions may or may not be developed and implemented. In particular, we need:

- **Legislative policies that protect elderly citizens.** For instance, we need health and welfare policies, policies related to aging, consent, rights among those with cognitive impairments, and advocacy programs for older persons [24, 67]. The Canadian Criminal Code, The Protecting Canada's Seniors Act and the different provincial Patient's Bill of Rights, and other provincial Adult Protection Acts represent overarching legislation that can impact the climate for all forms of elder abuse. Similarly, acts such as The Protecting Patients Act (Bill 87) can provide protection and methods of response to cases of sexual abuse by regulated health care professionals.

### **2.1.2 Primary Prevention Through Education and Awareness**

#### *Universal Education & Awareness of Sexual Assault in Later Life*

Public campaigns designed to challenge myths and encourage dialogue and awareness about aging and sexual assault in later life are essential for primary prevention [4, 36]. Ageist beliefs and misconceptions that older persons are asexual and therefore, safeguarded from sexual violence, inhibit pathways to help and reduce access to justice for older victims [32]. Older persons are typically not considered as potential or actual targets of sexual violence, resulting in a lack of awareness that sexual assault of older adults can and does occur [13, 32]. When misconceptions and myths about aging and sexual violence are eliminated, pathways to help

can be more direct [8, 13]. Some of the suggested ways of challenging myths and misconceptions about older persons and increasing knowledge and understanding about sexual violence in later life include:

- **Challenging ageism, sexism, and stereotypes about sexual violence** through public awareness campaigns targeted at all members of society. These campaigns can be through social media and mass media, either printed materials or websites that promote positive and healthy views of aging and that encourage awareness of the occurrence and impacts of different types of elder abuse [8, 24]. For instance, *Aging Without Violence* initiated the Invisibility of Older Women Awareness Campaign that involved posters and postcards for the general public and service providers to highlight that older women experience violence.
- **Raising public and professional awareness that older adults are vulnerable to sexual assault** and stressing that sexual violence is about power and control, not passion, is integral in communicating the risk and vulnerability of older persons to sexual victimization [4, 8, 20, 30, 35, 49, 67, 69]. By encouraging positive attitudes towards older persons and increasing public knowledge about sexual assault in later life, we can “help to turn an often hidden and neglected problem into something more noticeable and less tolerable among society” [8, 13].
- **Intergenerational programs and initiatives that encourage exposure and meaningful interaction between older adults and younger persons** can help combat ageism and related negative attitudes towards older persons and aging in general [8, 30]. Ageism can set the stage for mistreatment of an older adult, through negative attitudes and perceptions of older persons, including that they are asexual, undesirable, fragile, weak, and dependent on others [8]. Initiatives that encourage interaction between people of diverse age cohorts can help challenge these beliefs and assumptions about older persons, especially since people are more likely to hold negative and inaccurate stereotypes about those they do not interact with or know much about [30]. Examples of these programs and initiatives include:
  - **Penpal or email correspondence between youth or young adults** in educational institutions, church groups, and employment programs with older adults in the community and/or long-term care facilities can help break down stereotypes about



older persons and can help foster positive intergenerational bonds and friendships. A Canadian-specific example is a project and toolkit *Across the Generations: Respect All Ages*. This toolkit includes information guides and resources and activities for educators, children, and older adults to encourage awareness and understanding of aging, increase sensitivity towards mistreatment, nurture empathy, and develop respect in attitudes across generations [70].

- **School programs that take students on trips to seniors' homes, nursing homes, or other age-related community services** can help normalize aging and breakdown the associated misunderstandings [8].
- **Programs that encourage younger persons to assist older persons** in the community (e.g. with lawn care, snow removal) can help encourage favourable perceptions and relationships between persons of different age cohorts [8].
- **Social media campaigns**, such as the World Health Organization's photo campaign on Instagram (#Years Ahead) that challenges typical stereotypes of aging is an example of this type of primary prevention. This campaign encouraged older persons to upload photos of themselves showing their involvement with families and in communities, and also encouraged younger persons to upload photos of themselves with older persons whom they value [71].

#### *Targeted Education & Awareness of Sexual Assault in Later Life for Older Adults*

In addition to public awareness and education on a large scale, we also need targeted initiatives about sexual violence in later life for older persons who reside in the community and care facilities. Initiatives should take into account the distinct generational differences within older ages, diverse histories, and socio-cultural identities of victims/survivors [13]. Primary prevention through awareness and education for older persons should:

- **Focus on challenging generational beliefs and assumptions about sexuality and sexual assault in later life.** We know that older persons may have come of age during a time when sexual assault was considered a private or family matter, victim-blaming was the default,

and it was perceived that sexual assault could not occur within a marriage or romantic partnership [13, 36, 44]. These beliefs and assumptions impede access to justice because they restrict an older person's likelihood of recognizing, labelling, and disclosing experiences of sexual assault. Education and awareness initiatives for older adults should address the generational beliefs and assumptions that support these misconceptions. The focus should be to [15, 64, 72]:

- **Provide a safe space for education and discussions about sexuality in later life.** This can occur via discussions between older persons and physicians, health care providers, and social service providers who can provide acknowledgement of older persons' experiences, reliable information and awareness, and foster safe spaces for dialogue about sensitive topics.
  - **Develop outreach and educational strategies tailored to older women** so that they are aware of anti-violence services in their communities and are aware of their options for leaving abusive situations, and to encourage interactions and cohesiveness to combat social isolation among older adults.
  - **Break down shame and barriers** to discussing sex and sexuality in later life.
  - **Ensure that older persons are aware of their rights** not to be abused, particularly as participants in partnerships, marriages, as caregivers, or recipients of care providers.
  - **Encourage healthy marriage and relationship** skills through education and awareness initiatives that stress what is normal and healthy in relationships.
  - **Raise awareness about the nature and characteristics of sexual violence in older age**, healthy alternatives to violence and abuse, potential protective measures, and community/local resources.
  - **Ensure representation when describing the perpetrators of sexual assault** in later life, and include spouses, adult children, grandchildren, other residents, and caregivers.
- **Include public service announcements and informational awareness presentations** at seniors' centres, nursing homes, hospitals, faith communities, immigrant services, and aging services (e.g. home-delivered meals programs or home care programs) to increase

awareness of elder sexual assault among the elderly population. Practical suggestions for awareness and educational materials include [13, 50, 55, 58, 72]:

- **Use clear and large fonts** and ensure that documents are not too text-heavy.
- **Use images of older persons** that are inclusive of multiple identities and abilities. For instance, ensure images depict heterosexual and same-sex relationships, as well as older persons of various ages, abilities, and from different cultural backgrounds.
- **Use language and terminology that is accessible and relevant** for older persons from different racial and ethnic communities, and those with varying gender identities and sexual orientations [72-75]. For instance, ensure materials are not biased towards heterosexual relationships, create materials that are available in multiple (relevant) languages and be aware that word choices can influence the understanding and likelihood that an older person will be able to relate to the materials. Use phrases such as “across the lifespan” and avoid acronyms and words such as “sexual assault,” “elder abuse,” or “abuse” as these words may have judgemental connotations. Instead, use examples and descriptive words to describe behaviours and characteristics of abuse such as “causing you harm,” “mistreatment,” “taking photos without your permission,” or “forcing you” [55].
- **To increase awareness of sexual assault in later life, use scenarios and case vignettes** that depict practical examples of sexually abusive situations and utilize these examples to outline potential pathways to help. Examples include outlining a case of an older person being sexually assaulted in a care facility by a care provider or other resident, as well as an older person who resides in the community and who is sexually assaulted by their spouse or family member.
- When providing presentations and materials to older persons, **arrive early and stay later** in case some older adults would like to follow up privately.

*Primary Prevention of Sexual Assault of Older Adults for Potential Perpetrators*

- **Teach safe and healthy relationship skills across the lifespan.** We have minimal knowledge and understanding regarding the most effective approaches to preventing sexual violence in

general, and this knowledge is even more limited concerning preventing the perpetration of elder sexual assault [13]. Nevertheless, one of the most frequently identified suggestions and recommendations in the sexual assault and elder abuse literature is to teach safe and healthy relationship skills across the lifespan. Education and awareness of social norms that endorse healthy and respectful relationships, communications, and boundaries across the lifespan are critical to violence prevention, as they can help to promote social norms that foster positive and respectful relationships and interactions [13, 23, 32, 50, 69, 76].

Examples of ways to endorse healthy relationships include [13, 67, 69]:

- Initiatives that focus on enhancing interpersonal skills, teaching effective communication, problem-solving, conflict resolution, empathy and understanding about what is/is not considered healthy in families and intimate relationships.
- Education and awareness that underscores that violence and abuse, including sexual coercion in any relationship or marriage, is not healthy. These efforts will help to build skills and awareness of healthy norms and relationships early and continue over the lifespan.
- Education and awareness should also focus on familial relationships and ways to manage family relationships, conflicts, and stressors as these relationship dynamics can be especially important for older persons who reside in the community and who are cared for by family.
- Programs designed to teach healthy relationship skills can include social-emotional programs for youth in schools and relationship skills programs for adolescents, adults, and couples.

### ***2.1.3 Primary Prevention Through Organizational Policies and Education for Care Providers***

Primary prevention also occurs at the relationship and community level via organizational policies and professional awareness initiatives for care providers who work with older persons in the community and supportive care settings (e.g., LTC facilities, nursing homes, etc.).

Recommendations for the primary prevention of sexual assault of older adults explicitly targeted to care workers, or health care settings are presented below.

- Health care facilities, LTC facilities, and organizations that employ in-home community care providers should exhibit and convey an organizational culture that strongly emphasizes **zero tolerance of abuse toward older adults**. For instance, there should be clear policies and mandatory staff education and training in [32, 40, 42, 77-79]:
  - patients' rights;
  - appropriate boundaries between caregivers and patients';
  - awareness about the nature and occurrence of sexual assault in later life (and risk factors for older persons who reside in the community and assisted living settings);  
and
  - ways of assessing and determining consent in adults who are living with dementia or other cognitive related impairments.
- **Hiring practices** in long-term care facilities and other organizations that provide home care services should have policies and procedures in place so that potential/actual sexual perpetrators do not gain access to or authority over vulnerable adults. This involves due diligence in recruiting, screening, employing, training and supervising health care and social service providers [13, 36, 52, 66]. In particular, organizational hiring policies should:
  - Mandate criminal background checks of all employees (whether or not they are providing direct care).
  - Utilize care aide registries that monitor and keep track of employment records for current and former employees (e.g., BC Care Aide Registry, Protecting Patients Act).
  - Care registries should also be developed for personal support workers (PSWs) and other support workers.
- **Procedures and policies for team working** in nursing homes and other supportive care settings for older persons should be implemented, especially with older women who have cognitive deficits or severe mobility restrictions. Team working involves multiple care providers working together to provide direct care to vulnerable patients. Mandating team working can help to minimize the opportunities for abuse, and will distribute the responsibility for care to multiple caregivers [21, 36, 66].

- **Policies for preventing and mitigating the risk of potential resident-to-resident sexual assault** are essential given that we know that sexually- inappropriate behaviours can be a symptom of dementia-related impairments [77, 80, 81]. Proactive policies and practices to prevent resident-to-resident sexual assault include [79-82]:
  - **Developing policies for LTC settings** to manage intimacy and sexual behaviours in dementia. For instance, policies are needed to assess resident sexual awareness (e.g., can they avoid exploitation or understand the risks of sexual behaviour), reporting policies including whether or not families are notified, documentation procedures, and steps and procedures on when to report to the Ministry of LTC and/or the police.
  - Providing on-going education and training for care providers to **identify and manage hypersexualized behaviours**.
  - On-going education about sexuality in later life, including **sexuality and consent among patients with cognitive impairments**.
  - **Environmental interventions** such as single rooms or same-sex wings areas in LTC facilities can mitigate risk through environmental design. These approaches separate those who have a high risk of victimization from those with a high risk of perpetration. It is recognized that this suggestion is heteronormative and will not prevent all sexual victimization. However, given that sexual assault in later life is highly gendered (women are the most likely victims and men the most likely perpetrators), this type of policy can help to reduce opportunities for sexual victimization and perpetration.
  - **Behavioural interventions** can help prevent sexual violence perpetration among persons who display hypersexualized tendencies. For instance, this may include behavioural modification through redirection such as providing toys or dolls to handle and keep hands busy, or by providing clothing for those who may be prone to engage in exhibitionism that makes this activity more difficult (e.g., clothing that buttons up in the back, coveralls that are more difficult to remove). These

interventions can reduce the chances of hypersexualized behaviours among residents progressing to the sexual assault of other residents.

While the previous strategies and recommendations aim to prevent sexual violence before it occurs, the next section outlines some of the main recommendations and suggestions for promptly identifying and responding in the aftermath of sexual assault.

## **2.2 PRACTICAL STRATEGIES FOR THE SECONDARY PREVENTION OF SEXUAL ASSAULT IN LATER LIFE**

Through early detection, secondary prevention focuses on stopping the violence once it begins and providing immediate protection to those in need [4, 62]. This is difficult because older victims/survivors, friends, families, and care providers face a myriad of barriers to disclosing and recognizing experiences of sexual victimization [44]. As a result, secondary prevention strategies aim to encourage self-disclosure and increase third-party identification, recognition, and responses (e.g., by family, health care providers, social service providers, faith leaders) to sexual assault in later life [4, 67]. These strategies typically involve improving and enhancing support and assistance for victim-survivors, focused caregiver education and training, the development and implementation of screening and referral systems, and interagency collaborations [67, 68]. The following sections will outline the most commonly reported suggestions and recommendations for the secondary prevention of sexual assault in later life and target victims/survivors, perpetrators, bystanders and those who provide health and social services to older persons.

### ***2.2.1 Secondary Prevention of Sexual Assault in Later Life: Taking a Trauma-Informed Approach***

While primary prevention is concerned with universal education and awareness about sexual assault in later life, secondary prevention is concerned with ensuring that immediate supports are available to, and accessed by, older victims/survivors. This requires a concerted effort, with available supports at multiple levels and by multiple parties who are committed to enhancing self-disclosure and improving third-party identification, response, and intervention.

Underscoring the recommendations and suggestions for increasing pathways to support and justice following sexual assault in later life, is the importance of taking a **trauma-informed approach**. Trauma-informed approaches account for the impact of multiple types of trauma throughout one's life and help to minimize further trauma [44, 64, 83, 84]. These approaches are applicable for bystanders, health care and social service providers, and criminal justice personnel who inquire about and/or respond to cases of sexual assault among older adults in the community and care facilities. Guiding principles of this approach emphasize the need to [64, 84]:

- **Realize** the impact of trauma and understand pathways for recovery; **recognize** the signs of trauma in individuals, families, staff, and other service providers; and **respond** through the integration of knowledge and understanding about trauma into policies, procedures, and practices to **resist re-traumatization** [84].
- **Listen:** Often, care providers and service providers are rushed and give the impression that they do not have time to listen to concerns of their patients. If care providers take the time to sit with patients and to let them know their care is a priority, older persons will be more likely to feel as though their needs and concerns are valid. Active listening can help to foster positive relationships and dialogue and encourage disclosure of victimization.
- **Avoid victim-blaming:** Being mindful of language and semantics is especially integral to providing a safe setting for victims to disclose abuse. Never use victim-blaming statements. For example, do not ask, "why did you do that..." or "why didn't you do ...". Instead, use statements such as "this is not your fault" and "I am sorry this happened," as this will convey compassion and show the victim that the care provider or whomever they are disclosing to, holds the offender responsible.
- **Allow for and facilitate self-determination:** It is crucial to ensure a victim's desires and needs are respected in the aftermath of sexual victimization. In community settings, victims may be fearful of intervention and experience a loss of independence if they think they (or an abusive spouse/partner) will be relocated to a care facility or subjected to the criminal justice system. In care facilities, older victims/survivors may be hesitant



to disclose abuse due to fear of re-victimization, especially if perpetrators are care providers or other residents. As a result, context-specific concerns and fears disclosed by older persons must be taken into account when determining appropriate responses to sexual assault.

- **Be attentive to culture, history, and gender:** Supports and services must take into account the racial, ethnic, and cultural needs of older victims/survivors. Methods of inquiring about sexual assault, supportive services, and policies that dictate how to respond to cases of sexual assault in later life must be attentive to historical traumas and tensions and how these can impact disclosure, desired responses, and recovery in the aftermath of sexual assault victimization [55, 84].

### ***2.2.2 Secondary Prevention by Encouraging and Providing Opportunities for Self-Disclosure of Sexual Assault***

Guided by the principles of a trauma-informed approach, supports and services must find ways to facilitate opportunities for older victims/survivors of sexual assault to disclose their victimization experiences and to be open to seeking and receiving help. Initiatives and approaches that encourage older victims/survivors to disclose sexual victimization can help to increase access to justice by stopping the violence and obtaining prompt supports and services. To increase the self-disclosure and prompt response to sexual assault in later life, it is essential to:

- **Provide spaces and opportunities for disclosure of sexual assault.** Older persons, regardless of whether they reside in the community or in care facilities, need to have regular opportunities to disclose their victimization experiences. Safe spaces for disclosure can be encouraged through informal discussions with friends, families, and faith leaders, and through formal discussions and assessments with health care providers, in-home care providers, or other service providers (e.g., occupational therapists). The key here is to ensure there are sufficient and adequate spaces and opportunities for victims/survivors to disclose sexual assault and to seek help [15, 56].

- **Provide bystander education and awareness.** This goes beyond primary prevention efforts involving universal education and awareness by including education and awareness specifically on ways to respond to sexual assault in later life. Bystanders (e.g., family, friends, caregivers, faith leaders, and other community members) can also help provide spaces for dialogue and disclosure and can help an older victim/survivor access services and supports to assist with recovery [13, 48, 56, 69]. For instance, research shows that when older adults seek help, they may be less likely to reach out to health care professionals or criminal justice personnel, and more likely to first reach out to their faith communities and leaders (especially in communities where trust and respect for faith-based institutions are evident) [54, 85, 86]. As a result, it is especially important to equip bystanders and community leaders with the knowledge and tools to ask questions and respond to disclosures of sexual assault in trauma-informed ways that can help to stop the progression of violence.
- **Include older persons as staff, volunteers, and advocates at violence organizations.** Older persons should be visible as volunteers and advocates in domestic violence shelters, sexual assault crisis centres, and other places where older persons can turn to receive immediate supports in the aftermath of abuse. Older victims may not feel they can relate to younger persons but may be more comfortable disclosing experiences and utilizing available services when they can see that older persons are employees, volunteers and advocates.
- **Provide age-specific supports and safety planning.** Service providers, advocates, and care providers can help encourage self-disclosure of sexual assault and immediate access to supports and services by older victims/survivors by making sure that resources and supports account for older persons' unique needs following sexual assault. Examples of age-specific safety planning and supports in the immediate aftermath of sexual assault in later life include:
  - Safety planning that accounts for the type of residence in which a victim/survivor lives (e.g., community, long-term care facility), who the abuser is (e.g., family member, caregiver, spouse, stranger), and whether or not the victim or perpetrator has cognitive impairments [50].

- Safety plans should also consider victims' health, home care visits, feelings associated with grief, loss, or aging, changing familial roles, economic advocacy and legal issues such as wills, power of attorney, guardianship and health care wishes [50].
- Supports from persons who are trained to understand and respond to intergenerational or long-term violence [72]. Service providers must take extra caution to minimize additional traumas, as current safety planning and education may trigger memories of past instances of abuse.
- Safety plans should be regularly revisited to ensure that changing circumstances (e.g. death of a trusted person, changes in the health status of the victim) are reflected [50], and that safety planning is realistic for survivors (e.g. reflective of their wishes, consistent with their abilities) [49].
- Specialized shelters for older persons who reside in the community represent an age-related safety strategy and immediate supportive intervention. Specialized shelters can help counter the fear of losing independence that comes with being relocated and moved into a care facility, and can provide safety and security when making changes to home care plans following a sexual assault [72, 87].

### ***2.2.3 Secondary Prevention Through Training and Assessment to Identify and Respond to Sexual Assault in Later Life***

When older victims/survivors of sexual assault are unable or hesitant to self-disclose, the onus is on others to recognize and identify the signs and symptoms of sexual victimization. The following section provides suggestions and recommendations for increasing third-party recognition and response to cases of sexual assault among community-residing older adults as well as those who reside in supportive care settings.

- **Targeted education and training for health care and social service providers are needed.** Service providers and care providers need to have the tools and confidence to identify and respond to sexual assault in later life. Practical training and education on trauma-informed ways to screen for sexual assault in older adults (both in the community and in care

facilities) include using resources such as webinars, teleconferences, workshops, e-learning tools, handbooks, factsheets, and hands-on training [68].

- **Enhance the screening for sexual assault in both the community and supportive care settings.** The responsibility for screening for sexual assault should not be limited to care providers in LTC settings. Screening should also occur in hospital settings, primary care settings, and home visits to help ensure elders who reside in the community and supportive care settings are being regularly assessed for different types of abuse (including sexual assault) [15, 34, 56, 64, 83].
- **Expand the role of patient advocates** to include regular visits and assessments with patients in care facilities (e.g., not just waiting until older persons reach out to them). Having patient advocates initiate regular contacts can help provide additional spaces and opportunities for both self-disclosure and third-party identification of elder sexual assault.
- **Support on-going training and education for service providers on ways to respond in the immediate aftermath of sexual assault in later life.** Ongoing and regular training for service providers and medical professionals to respond in the aftermath of sexual assault should include [21, 32, 40, 42, 54]:
  - **Age and context-specific interviewing and questioning techniques** for assessing potential instances of abuse. For instance, when screening for sexual assault, care providers must speak slowly, reassuringly, and directly. Patients and caregivers should be interviewed separately, with the patient first to allow for understanding and clarification, and general questions should be asked before specific questions [15, 64, 83]. When screening for sexual assault in care facilities and the community, some example screening questions include [56, 64]:
    - Has a care provider ever touched you inappropriately?
    - Has anyone ever done sexual things in front of you that you did not want?
    - Has anyone forced you to watch pornographic material or pictures?
    - Has another resident ever attempted to touch you in a sexual way? Did they force you to engage in or watch a sexual act?

- Has a care provider or another resident come into your room without your consent while you were dressing or attending to your personal hygiene?
- Is there anyone close to you that makes you feel uncomfortable? Is there anyone that you fear being left alone with?
- Have you ever felt pressured to take part in a sexual act with your partner because he/she has threatened you?
- Has anyone taken pictures of your private parts without your consent? What about pictures of you with or without your clothes on?
- Has anyone forced you to touch them when you did not want to?
- Has anyone ever forced you to take medications or substances that make you tired, sleepy, or that impact your memory?

➤ **Training on ways to identify sexual assault among older adults living with cognitive impairments.** Training for health care professionals and care providers on ways to identify signs and cues of sexual victimization that are non-verbal are integral. We know that many older victims of sexual abuse have cognitive or other impairments that may impede their ability to disclose their abusive experiences; however, they often give non-verbal behavioural cues as a method of disclosure. These include [32, 88]:

- **Behavioural changes** such as increased levels of fear, paranoia, depression, anger, aggression, or changes in sleeping or eating habits. Victims may begin expressing themselves in overly sexual ways, they may appear especially fearful or engage in avoidant behaviours when certain people are nearby (e.g. particular residents, caregivers, or even men in general), or during certain practices such as dressing, and bathing.
- **Physical indicators** include signs such as ripped, stained, misbuttoned, backwards or inside out clothing, UTI's or STI's and other genital infections, visible trouble or discomfort that is not typical when sitting, walking, or eliminating, vaginal or rectal bruising or bleeding, or other signs of injury,

including bruising around wrists or inside thighs that would suggest being held or pinned down.

- **Steps in responding** to disclosed, witnessed, and suspected cases of elder sexual abuse. For instance, training and education should focus on providing immediate supports, accounting for historical traumas, following appropriate legal, institutional, and mandatory reporting requirements and ways of properly preserving evidence (e.g., documentation via photography; not showering or bathing victims, nor brushing their teeth or changing their clothes before having a medical exam) [35, 43, 64, 83].
- **Clear policies and protocols** to ensure understanding of whom to report to and the appropriate reporting steps in cases of elder sexual assault are crucial. Some researchers have suggested having specific teams in care facilities that can help to facilitate a swift, coordinated, and comprehensive response that follows formal procedures [67, 89].

#### ***2.2.4 Collaborations Across Services and Agencies to Foster Prompt Responses to Sexual Assault in Later Life***

To foster effective responses and interventions in the aftermath of sexual violence, collaborations across services and agencies can help ensure that older victims/survivors achieve access to justice. In particular, the following methods of collaboration can assist in the immediate aftermath of sexual victimization:

- **Cross-training and collaboration** among medical personnel, domestic violence agencies, aging services, sexual violence agencies, and criminal justice personnel can help to bridge the gap across services and facilitate more comprehensive approaches to stopping sexual violence and increasing safety through prompt identification and intervention in the aftermath of sexual victimization [35, 51, 64] [86].

While secondary prevention centres around the identification of sexual assault and the immediate halt of further victimization, tertiary prevention measures focus on the long-term impacts and consequences of sexual assault in later life. The following section discusses the

practical strategies and recommendations for the tertiary prevention of sexual assault in later life.

### **2.3 PRACTICAL STRATEGIES FOR THE TERTIARY PREVENTION OF SEXUAL ASSAULT IN LATER LIFE**

Similar to the secondary prevention of sexual assault in later life, tertiary prevention occurs *after* an event of sexual assault has occurred. There is substantial overlap between secondary and tertiary prevention measures; however, the main distinction is related to timing. Secondary prevention applies immediately following a sexual assault event, and tertiary prevention applies to the long-term impacts and consequences of that sexual assault event for older victims/survivors and the perpetrators. More specifically, tertiary prevention encompasses approaches that aim to reduce, mitigate, and lessen the negative consequences of violence through treatment, rehabilitation, and prevention of future victimization/perpetration [4, 9, 62, 67]. The most frequently identified suggestions and recommendations for tertiary prevention of elder sexual assault include those related to programming and services, collaboration across sectors, and legislative and criminal justice responses.

#### ***2.3.1 Programming and Services for Older Victim/Survivors of Sexual Assault***

Once sexual abuse has been disclosed or identified, services and programs should meet the unique needs of older victims. In particular, to support recovery and lessen the consequences of sexual assault in later life, supports and services need to recognize and account for the vulnerability of older victims/survivors and their need for more assistance and/or specialized help compared to younger victims/survivors of sexual assault [50, 72]. However, despite the importance of supports and services specifically designed for older victims/survivors of sexual assault, these specialized supports are lacking in Canada and elsewhere. Older victims typically receive fewer services and interventions, characterizing a gap in our current approach to sexual assault in later life [47, 58]. Practical suggestions and recommendations for helping to close this gap by providing specialized services for older victims/survivors of sexual assault include:

- **Create welcoming and accessible spaces.** Domestic violence and sexual assault centres and services must create welcoming and inclusive settings for older victims of sexual abuse. For example, information and educational materials, promotional materials, posted advertisements, décor, and environmental design should be accessible to and inclusive of older persons and their unique needs and diverse backgrounds. Shelters should create accessible sleeping rooms, bathrooms (e.g., grab bars in bathtubs), and common areas. There should be a quiet space for older victims away from younger families and children, and chore schedules and expectations should be based on one's needs and abilities [50].
- **Tailor programming and services to older victims/survivors.** When possible, supports and programs should be targeted specifically to older victims/survivors and should be distinct from programs offered to younger victims/survivors. Services and programming should follow a trauma-informed approach [84] and take into account the needs, abilities, and desires of victim-survivors [50]. Key recommendations include [50, 54, 58, 61, 68, 87, 90]:
  - **Supportive phone lines telephone counselling, and mobile counselling,** especially for victims/survivors who have mobility restrictions and who reside in the community. For example, Ontario has a Seniors Safety Line (SSL), that can provide assistance to older victims/survivors of abuse through safety planning, counselling, and referrals to other appropriate services and supports.
  - **Peer support groups and specialized survivors' groups,** including specialized services for sexually assaulted older men; and ethnocultural programs for older victim-survivors who reside in the community and who reside in supportive living settings.
  - **Therapies that involve music and art** in recovery and aim to help with victims/survivors' coping with the long-term impacts of sexual victimization.
  - **Accommodations to encourage access to and participation in supports and services.** For instance, when older victims attend programming in the community, they should be provided with travel assistance or reimbursement, bus fare, and access to a telephone.



- **Restrict programming to older victims/survivors of sexual assault** so that age-specific supports and programming can encourage recovery and healing with others in similar situations. For instance, rather than focusing on topics most applicable for younger victim/survivors (e.g., child custody, job training, employment, parenting issues, custody), services for older victim/survivors should focus on more long-term age-relevant topics and concerns (e.g., aging, visiting grandchildren, participation in faith-based activities, dealing with pets, loss of friends or death of a spouse, isolation, changes in health and well-being, decrease in independence, and financial issues) [50, 90]. If programs and supports are provided simultaneously to victims/survivors across generations, content must include age-specific content and use terminology that is comfortable and understandable to victims of all ages.

### ***2.3.2 Collaborative Responses in the Aftermath of Sexual Assault in Later Life***

Prevention of sexual assault in later life requires multidisciplinary collaboration. A collaborative approach can help develop a coordinated community response that is attentive to the unique long-term needs of older victims of sexual abuse and help older victims achieve justice [8, 50, 51, 91, 92]. This collaboration should include stakeholders from aging services and organizations, health care providers, social workers, geriatrics specialists, sexual abuse advocates and practitioners, and criminal justice professionals. Examples of collaborations that foster a holistic approach to sexual assault in later life include [68]:

- **Agency cross-training and referrals** in instances of elder sexual assault to help to ensure that older victims/survivors are provided with the pathways to supportive services.
- **Dedicated and specially trained courts, police, social workers, geriatric counsellors, and consultation teams** that respond to and prosecute cases of sexual victimization of older adults in the community and care facilities.
- **Cross-agency training and education for criminal justice personnel** on trauma-informed approaches and ways of responding to sexual assault in later life. This training must understand the unique issues relevant to the progression of cases of elder sexual abuse

through the criminal justice system, and best practices and approaches when perpetrators have cognitive impairments [44, 54, 93].

- **Criminal justice legislation, criminal justice sanctions, and institutional policies in care facilities must hold perpetrators accountable** and send messages of denunciation, punishment, and rehabilitation.
- **Preventing future perpetration and increasing opportunities for rehabilitation of perpetrators.** Those at-risk for the perpetration of elder sexual assault and identified perpetrators of elder sexual assault require targeted interventions and programming [61, 67]. For instance, case law on elder sexual assault indicates that, especially in cases of stranger-perpetrated sexual assault, perpetrators had a history of similar offences, highlighting the need to address the root causes of perpetration in order to prevent future abuse [21].

## **2.4 SUMMARY OF PREVENTION STRATEGIES FOR ELDER SEXUAL ASSAULT**

Increasing access to justice for older victim-survivors of sexual assault requires increasing rates of disclosure and identification, promoting effective interventions, and the prevention of sexual violence (re-)victimization in response to the sexual victimization of older adults. This can be achieved through a coordinated effort that employs strategies of primary, secondary, and tertiary prevention. While the previous section outlined and described different approaches and initiatives that target different individuals and sub-groups of individuals across the multiple levels of our socio-ecological environment, there are several essential themes across all prevention and intervention initiatives. These include:

1. We must view elder sexual assault as a human rights issue that demands a multi-sectoral and collaborative approach to its prevention.
2. A trauma-informed approach to the prevention and intervention of elder sexual assault is necessary [64, 84].
3. Programs, policies, and initiatives must have contextual relevance to persons from different cultural backgrounds [4, 74, 87] and who have different sexual orientations [73, 75]. We need to ensure acknowledgment, recognition and adaption of services, interventions, and

strategies account for different historical backgrounds and social identities of victim-survivors.

- For instance, cultural differences regarding views of family and avoiding shame, confidentiality, those related to historical trauma, and negative experiences with the police and criminal justice system (e.g., Indigenous and other racialized groups have experienced long-standing discrimination and negative interactions with actors from the criminal justice system) can result in barriers to disclosure, help-seeking, and ultimately access to justice [51, 55, 57].
  - We need to employ “cultural safety” in our prevention and intervention efforts. In particular, this goes beyond cultural sensitivity to take into account power imbalances, institutional discrimination, colonization, and relationships with dominant groups, including the criminal justice system [68, 94].
  - It is vital that services and programming are inclusive to older LGBTQ survivors of elder abuse (in particular sexual assault), utilize inclusive language, and honours multiple and interconnected social identities [72, 73].
4. In order to ensure that efforts are meeting the needs of older victim-survivors, older persons from diverse backgrounds should be involved in the development of prevention and intervention approaches. It is evident that not all older victims of sexual violence are coming to formal attention, and therefore are not accessing justice. We need to include these persons in our research and development of policies, programs, and services to ensure pathways to justice are clear and accessible for **all** victim-survivors of elder sexual assault. Recruiting older adults from diverse backgrounds to sit as board members, committee members, staff, and/or volunteers, and to facilitate focus groups, needs assessments, and feedback to obtain ongoing suggestions and recommendations can help to meet the short and long-term needs of all older victims of sexual assault [50].

## 2.5 NEXT STEPS FOR THE PRIMARY, SECONDARY, AND TERTIARY PREVENTION OF SEXUAL ASSAULT IN LATER LIFE

Our awareness, understanding, and knowledge about sexual assault in later life are limited, and as a result, specialized supports and services for older victims/survivors are scarce. In order to effectively prevent and respond to sexual assault in later life, and to help older victims/survivors achieve justice in the aftermath of sexual assault, future research is needed. In order to prevent sexual assault in later life, we must have a comprehensive understanding of it. Suggested directions for future research include:

- **Population-based prevalence research.** We need large scale studies that assess the prevalence of sexual assault both in the community and in LTC facilities [13, 40].
- **Research that explores the multi-level short and long-term consequences** of sexual assault in later life [13], including the impact of sexual assault on different health outcomes, pre-existing medical conditions, and general well-being of victims/survivors [23, 95].
- **Research that examines perpetrator behaviours and progression of behaviours**, including ways they access victims and conceal their behaviours, and ways of encouraging rehabilitation and treatment.
- **Research that includes victims/survivors from minority ethnic and sexual orientation groups**, as we know that these sub-groups of persons do not access or achieve justice the same way as white heterosexual women do. Research should focus on ways of ensuring services and interventions are responsive to the unique needs and concerns of all marginalized groups [41, 73, 74].
- **Research that seeks to understand why some older victims/survivors of sexual assault do not seek justice** through the criminal justice system and how their needs could be met in other ways (CJS) [54].

While the previous sections outlined the suggestions and recommendations for increasing access to justice among older victim-survivors of sexual assault via primary, secondary, and tertiary prevention, the next section will provide a detailed list of some of the existing resources for increasing access to justice for older victim-survivors of sexual assault.

### SECTION III: EXISTING RESOURCES & TOOLS FOR INCREASING ACCESS TO JUSTICE FOR OLDER VICTIMS/SURVIVORS OF SEXUAL ASSAULT

The final section of this report provides a detailed list and description of some of the tools and resources available to address sexual assault in later life. Given the scarcity of resources specific to sexual assault in later life, some of the included resources are broader in their reach (e.g., elder abuse; sexual violence), but they can be adapted for a wide array of users and a variety of settings. In particular, resources and tools include those for older persons, service providers and health care professionals, advocates, bystanders, and law enforcement and criminal justice professionals. They are applicable for older persons who reside in the community and care facilities. The following section organizes these resources based on where they best fit in the public health approach to the prevention of sexual violence (see Figure 2 above). Canadian resources, where available, are flagged.

#### 3.1 Resources Most Applicable for Primary Prevention

- *Primary Prevention Through General Understanding and Awareness: Targeted to Older Persons & Bystanders (Level of the Socio-Ecological Model: Individual & Relationship-Level)*

#### [Across Generations: Respect All Ages ToolKit](#)

This Canadian toolkit was designed to increase sensitivity and empathy about elder abuse and to promote intergenerational relationships that are positive and respectful, and to prevent mistreatment of older adults. In particular, this toolkit includes information guides for educators (e.g., teachers, health care workers, community leaders, and parents), activities for children and older adults, hands-on print and audiovisual materials, resource lists, and curriculum connections for teachers (grades 4 through 6). The focus of materials is on addressing stereotypes and myths of aging, definitions, abuse and mistreatment of older adults, human rights and responsibilities, methods of conflict resolution, ways to improve communications, and ways to move forward. Each section includes tangible ways to engage participation.

### [Safe at any age: A curriculum designed to educate elders in Pennsylvania communities about sexual violence.](#)

Published by the Pennsylvania Coalition Against Rape (PCAR), this curriculum was designed for older persons over the age of 60 who reside in the community and do not require full-time care. This curriculum is designed to be communicated in a training/informational setting and is designed to empower elders. Potential sites for this training include senior centres and communities, nursing and personal care homes, independent living settings, adult daycare centres, women's groups at churches and community centres, and hospital volunteer programs, for instance. This curriculum includes information about understanding boundaries, understanding sexual violence, and what to do in the aftermath of sexual violence victimization.

### [Preventing and Responding to Domestic & Sexual Violence in Later Life](#)

This resource hub includes links to other websites and resources on information about elder abuse and abuse in later life, including but not limited to sexual abuse. Resources include those specifically for older persons, family members, friends, caregivers and bystanders, as well as domestic and sexual violence victim advocates, health care professionals, adult protective services, aging network professionals, justice professionals, and faith communities. Access to training materials and information on laws and public policy are available (Note: although the specific information on laws is not directly applicable to Canada, the remainder of the information is informative and useful).

### [Where Faith and Safety Meet: Faith Communities Respond to Elder Abuse \(2010\)](#)

This report provides information for faith communities and faith leaders about elder abuse and how they can help. Premised on the finding that victims of elder abuse are more likely to turn to faith communities for help, this guide emphasizes the role that faith communities can play in preventing elder abuse and neglect and in providing services. This resource helps faith leaders to recognize the signs of elder abuse, and offer support and information to victims. It provides a list of red flags for victims and perpetrators. It lists additional questions that can be asked to prompt more information in a non-offensive way, a non-judgemental way that emphasizes safety for the victim-survivor. It provides a list of things not to do and why.

- *Primary Prevention Through Specific Understanding and Awareness of Sexual Assault in Later Life: Targeted to Health Care Providers, Advocates and Social Service Providers (Level of the Socio-Ecological Model: Relationship & Community-Level)*

### [NCALL Trainer's Toolkit: Sexual Abuse in Later Life.](#)

This module is part of the NCALL series of trainer toolkits. The module specifically on sexual abuse in later life communicates what sexual abuse in later life constitute and illuminates the unique issues that older victims face. It includes resources such as PowerPoint slides, videos, and interactive training exercises and training modules on sexual abuse in later life. The

resources are explicitly designed to provide information to professionals and those who work in the field of domestic violence, sexual assault, the aging services network, adult protective services, health care, the CJS, faith communities, and other organizations.

### [Sexual Violence in Later Life: A Technical Assistance Guide for Advocates \(2010\).](#)

Developed by Holly Ramsey-Klawnsnik, this guide developed for advocates provides detailed information about elder sexual abuse, including information on signs and symptoms of sexual victimization. It includes information about unique or special issues facing older victims, and primary prevention techniques that can be implemented to mitigate risk for sexual violence victimization.

- *Primary Prevention Through Organizational Policies and Guidelines in Care Settings (Level of the Socio-Ecological Model: Relationship & Community Level)*

### [Intimacy, Sexuality, and Sexual Behaviour in Dementia: How to develop practice guidelines and policy for long-term care facilities](#)

Developed in Ontario with a multidisciplinary working group, this report was designed to develop a discussion and reflection about the identification and management of sexual behaviour among those diagnosed with dementia. It is designed as a guide to assist LTC facilities in the development of resident-oriented policies that can balance resident rights, safety, and the goals of the organization. It includes steps to outlining policy development, facilities and resources to contact, educational resources, and worksheets to help teams discuss clinical cases.

### [Sexual Boundaries: Organisational Policy \(2016\)](#)

A policy template developed for services to outline their organizational expectations for home care staff and sexual boundaries. Outlined boundaries include those for clients and families of clients towards a home care worker, as well as boundaries from health care workers towards their clients

## **3.2 Resources and Tools Most Applicable at the Level of Secondary Prevention**

- *Secondary Prevention Targeted to Health Care and Social Service Providers (Level of the Socio-Ecological Model: Relationship & Community-Level)*

### [Sexual Abuse of Older Adults: An Intervention Guide for Service Providers and Partners in Care](#)

Developed by Elder Abuse Ontario, this resource is designed as a Sexual Abuse Training Module applicable for service providers and care providers of older adults. This training module includes information on risk factors and warning signs of sexual abuse, assessment questions and interview strategies, safety planning suggestions, reporting steps and legislation, and case studies with example assessment questions and decision trees to help with identifying appropriate supports, responses, and interventions. The case studies are especially useful as they provide practical, real-life examples that include unique issues, risk factors, and safety considerations, with guidelines on appropriate or ideal ways of responding and intervening. A series of relevant resources for Canadians are also included. The module is adaptable for seniors and volunteers in the community; health care professionals in care facilities, community-based settings, and in-home care, LTC staff, and frontline responders.

### [Helping Front-Line Health and Social Services Professionals Detect Elder Abuse](#)

Recognizing the important role that the clinical community needs to play in addressing elder abuse, the Institut National de Sante Publique Du Quebec prepared a summary report for managers and decision-makers in the health and social services network. This summary report includes key detection tools and training activities for professionals as well as the organizational environment. While many of the detection tools, assessment tools, and risk assessment tools apply to multiple types of elder abuse, some of the identified tools include those specific to elder sexual abuse.

### [Strategies for Interprofessional Health Care Providers to Address Elder Abuse/Mistreatment \(2013\)](#).

Prepared by the Canadian Association of Occupational Therapists, this comprehensive report discusses strategies for addressing different types of elder abuse, including education on signs and indicators of abuse, assessment and intervention protocols, relevant legislation, regulatory requirements as well as resources for older adults. This resource helps tap into the expertise of a different type of care provider that is often in contact with older persons - the occupational therapist.

### [Guidelines for Developing Elder Abuse Protocols: A South West Ontario Approach. Approved by South West Regional Elder Abuse Network \(2011\)](#)

A comprehensive publication that provides guidelines to agencies and service organizations to identify and respond appropriately to cases of elder abuse and neglect. While this report outlines guidelines for multiple distinct types of elder abuse, specific guidelines for elder sexual assault, including protocols for the identification, assessment and management of elder sexual abuse. It is relevant for the community, health care/social service agencies, Institutional



settings, and specialty assessment and treatment facilities. It also includes a summary of the laws in each province and territory as it relates to elder abuse.

### [Ontario Association of Interval & Transition Houses: Violence Against Older Women Online Training](#)

Developed by the Ontario Association of Interval & Transition Houses, *Aging Without Violence*, offers informational materials, resources, and a repository of online materials on violence against older women. A series of online training, webinars and webcasts are applicable for service providers who work with older women in the community and in LTC settings. Examples of the resources include videos on safety planning with older victims/survivors of assault, understanding complex trauma in later life, barriers to seeking services and supports, and a webinar on sexual violence and older women in long-term care.

### [Sexual Violence in Later Life: A Technical Assistance Guide for Health Care Providers \(2013\)](#)

Published by the National Sexual Violence Resource Center, this guide is designed as an assistive tool for physicians, nurses, and other care providers to meet their professional obligations in identifying and intervening in cases of elder sexual abuse. This guide contains information on the definition of sexual violence in later life, a description of the problem, and provides real-life scenarios and detailed steps to assist care providers with recommendations for practice, including gathering patient history, performing exams, and collecting evidence.

### [Partnering to Address Faith and Safety: A Guide for Faith Leaders and Domestic and Sexual Violence Service Providers to Assist Older Victims of Abuse](#)

Developed by NCALL and Safe Havens Interfaith partnership against DV, A guide that encourages ongoing conversations and collaborations in communities on how domestic violence service providers, sexual violence service providers and faith leaders can build partnerships that support older victim-survivors. This guide incorporates ideas, best practices and strategies on facilitating this type of partnership. It provides a way to view abuse in later life through a lens of faith while highlighting how faith can be both a barrier to safety and a resource to safety. Emphasizes why older victims of abuse need faith communities and leaders. For instance, faith leaders can help with the emotional and psychological impacts of sexual assault on older victims who reside in LTC facilities, emphasizing healing and peace. Challenges and ways around challenges for domestic violence, sexual violence and faith communities to work together are provided.

### [Reclaiming What is Sacred: Addressing Harm to Indigenous Elders and Developing a Tribal Response to Abuse in Later Life.](#)

Developed by the National Clearinghouse on Abuse in Later Life (NCALL), this report serves as a resource specific to indigenous communities and ways to create meaningful responses to abuse

in later life. It includes cultural considerations, potential actions, and tools to enhance conversation and programming. In particular, it focuses on issues specific to indigenous communities, including fear, confidentiality, access to services, historical trauma, shame, and spiritual issues. This resource is useful for all service providers.

### [In Hand: An Ethical Decision-Making Framework \(2010\)](#)

A framework developed to support and assist psychosocial service providers and practitioners in ethical reflection in cases of decision-making during the intervention of different types of elder abuse. This framework targets different values that may come up during an abusive situation, and presents different suggestions for practice, facilitates the identification of both psychological and ethical issues that service providers and practitioners are likely to encounter when dealing with cases of elder abuse. Information is provided for multiple steps of the process, including the initial assessment of the situation, ongoing assessments for monitoring the situation over time. It provides a useful visual flow chart of the potential decision-making outcomes, utilizing questions regarding decision-making capacity by victim-survivors, and victim-survivors wishes and views on intervention, highlighting the importance of respecting autonomy. It also provides clear examples of support and formal protective interventions.

### [Elder Sexual Abuse](#)

This online text course by Holly Ramsey-Klawnsnik provides information about elder sexual abuse including ways for advocates and support workers to recognize the vulnerability of older adults for sexual assault, to help prevent elder sexual abuse, to recognize forensic markers of sexual victimization, and to respond appropriately to alleged and confirmed cases of elder sexual abuse.

### [Elder Sexual Assault: Technical Assistance Manual for Older Adult Protective Services](#)

Developed by the Pennsylvania Coalition Against Rape (PCAR) and the PA Department of Aging, an organized statewide approach to addressing elder sexual abuse was developed. The primary purpose and focus were to help ensure that responses to sexual abuse in older age do not re-traumatize the victim, and instead assists with the older victims' emotional and physical healing in the aftermath of sexual violence. Given that sexual abuse is the least form of abuse that is reported, this manual was designed to provide a quick reference educational resource guide during an investigation. Information relates to the PA sexual assault statutes, signs of elder sexual abuse, investigative checklists to provide to service works. While much of this manual is specific to Pennsylvania, the sections on indicators of elder sexual abuse and checklists for interviewing older victims of sexual abuse are useful.

### 3.3. Resources and Tools Most Applicable at the Level of Tertiary Prevention

- *Tertiary Prevention Through Resources Targeted to Advocates & Social Service Providers (Level of the Socio-Ecological Model: Relationship & Community).*

#### [Promising Practices Across Canada For Housing Women Who Are Older and Fleeing Abuse \(2015\).](#)

Developed by Atira Women's Resource Society, this resource is designed for organizations to develop safe, supportive, housing for older women experiencing abuse. Through the presentation and discussion of promising practices and shared knowledge, this document provides a guide to assist with the adaptation of programs to be inclusive and responsive to older victims/survivors.

#### [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

Provides a framework and guidance for developing a trauma-informed approach to responding to victim-survivors in the aftermath of abuse. This report outlines a framework that can be adapted to a multitude of settings (including for responding to elder sexual assault), to understand the connections between trauma, behaviour, and health, and to guide systems to be trauma-informed.

#### [Working with Older Survivors of Abuse: A framework for advocates \(2016\)](#)

Written by Bonnie Brandl, this toolkit is about elder abuse more generally but includes some specifics on sexual abuse, as well as suggestions and strategies for sexual abuse advocates. Materials include links to videos, self-assessment workbook and resource list, and training modules that outline principles and guidelines for advocates working with older survivors of abuse.

#### [Elder Sexual Assault: Technical Assistance Manual for Pennsylvania's Sexual Violence Centers](#)

This manual provides sexual violence advocates the information and tools to become skilled in addressing the needs of elder victims of sexual assault. Many sections end with on-line resources on each subject, so advocates can continue their learning.

#### [Golden Voices: Support Groups for Older Abused Women \(2003\)](#)

Developed by the National Clearinghouse on Abuse in Later Life (NCALL), this document provides a framework for the development and maintenance of a support group exclusively for older women who are victim-survivors of abuse. The purpose of the manual is the help professionals create or enhance a support group for older abused women by defining dynamics of abuse in later life, offering guidelines and recommendations on beginning and continuing a

group, and providing suggestions and exercises for the maintenance of a support group for older women specifically.

### **Maturing Your Services: Advocating for Survivors of Sexual Violence in Later Life.**

This free, online (1-hour) course offered through The National Sexual Violence Resource Center (NSVRC) is designed to increase professional capacity for serving victims of sexual violence in later life. The course is designed for advocates and other victim service professionals' as it includes social, physical, and emotional factors that are essential considerations for serving the needs of older victims of sexual abuse.

- *Tertiary Prevention Targeted to Criminal Justice Personnel (Level of the Socio-Ecological Model: Community-Level)*

### **Elder Sexual Abuse: The Hidden Victim. A Training Program for Law Enforcement.**

This facilitator's guide developed by the Pennsylvania Coalition Action Against Rape (PCAR), is a training manual designed to provide the information required to develop a day-long training experience for law enforcement response to crimes of sexual assault against older persons. This resource includes a multitude of background information on elder sexual abuse, including unique issues facing older victims, and includes a detailed script for presenting the information to participants. The training program is designed to be presented by two trainers – one from a sexual violence victim advocacy organization, and another from a law enforcement personnel who has experience investigating sex crimes. The primary goal is to ensure participants understand sexual violence against older adults, and of the necessity of a coordinated community-wide response. Information includes what constitutes elder sexual abuse, covert and overt stages of elder sexual abuse, styles of perpetrator approach, characteristics of typical victims and offenders, generational perspectives, environmental factors, barriers, and a range of responses. Materials also include case studies and true/false quizzes. Although this curriculum was developed in the United States, most of the information is applicable across locations. Sections specifically on legal statutes and precedence could be replaced with Canadian specific information to make this training resource applicable in the Canadian context.

### **Elder Victims of Sexual Abuse: The Challenges of Adult Victim Sexual Assault Cases**

Developed through the National Judicial Education Program, this resource is designed specifically for prosecutors, and includes a PowerPoint presentation, suggested readings, and case study exercises that emphasize the unique challenges and implications that prosecutors face when responding to cases of elder sexual abuse. The curriculum is designed to be presented by both an expert on elder sexual abuse, as well as a judge who has experience in elder abuse and/or sexual assault cases. While some of the statute specific information is state-specific, information is available on ways to adapt the curriculum to the locale in which the

training is being presented. Case studies, handouts, and PowerPoint presentations are relevant in the Canadian context.

### **Practical Issues: Preparing and Prosecuting Elder Sexual Assault Cases**

A booklet by Ann Burgess and Jill Hoexter that explores the obstacles to prosecuting cases of elder sexual assault, and some practical solutions. While this resource has been developed in the United States, like the other US resources, it is quite applicable in Canada, despite some need to update the US statute/law specific materials.

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