



PRIMARY PREVENTION: STOPPING SEXUAL ASSAULT IN LATER LIFE BEFORE IT OCCURS

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WHAT IS SEXUAL ASSAULT IN LATER LIFE?

For older adults, who live in the community and assisted care settings, sexual assault is the most underreported and least detected type of abuse [1].

Sexual assault in later life refers to sexual victimization perpetrated against an older adult who is typically aged 60 years or older and involves a series of hands-off and hands-on behaviours [2-4]. These behaviours include voyeurism, being left undressed, having photos taken without consent, unwanted touching, physical molestation, unnecessary genital or rectal care practices, forced oral or genital contact, forced penetration, etc. [4]. We have a limited understanding of how often this type of abuse occurs, but when it does occur, older victims/survivors are not readily achieving justice. Preventing sexual assault in later life is imperative to increase access to justice for older victims/survivors of sexual assault.

PREVENTING SEXUAL ASSAULT IN LATER LIFE: A PUBLIC HEALTH APPROACH

The public health approach to violence prevention distinguishes prevention efforts based on the timing in which they apply. Primary prevention occurs before a sexual assault has occurred, while secondary and tertiary prevention occurs after a sexual assault has occurred [5].

The focus of this factsheet is on the most common suggestions and recommendations for the primary prevention of sexual assault in later life. For recommendations and suggestions specific to secondary and tertiary prevention of sexual assault in later life, please see our other factsheets.

PRIMARY PREVENTION OF SEXUAL ASSAULT IN LATER LIFE

Primary prevention aims to prevent sexual assault before it occurs [6-9]. It involves multifaceted efforts aimed at changing underlying causes, behaviours, and attitudes that can lead to the sexual assault of older persons. Primary prevention efforts are directed at society, elders, advocates, and care providers. The most common primary prevention initiatives and strategies are listed in the next pages.

PRIMARY PREVENTION THROUGH LEGISLATION AND POLICY

Legislation and policy (or the lack of) protecting older persons can hinder or facilitate contexts for sexual assault of older adults, particularly for intervention development and implementation. Especially needed are health and welfare policies specific to older persons, including policies related to aging, consent, sexuality in later life, and rights among those who are living with cognitive impairments [8, 10].

PRIMARY PREVENTION THROUGH UNIVERSAL PUBLIC EDUCATION AND AWARENESS

Public education and awareness campaigns that challenge myths about aging and encourage dialogue about sexual assault in later life are essential for primary prevention [7, 11]. These campaigns can occur through social media, mass media, printed materials, or websites. Some suggestions for challenging myths and misconceptions while increasing knowledge and understanding about sexual violence in later life include:

- **Educational and awareness campaigns that challenge ageism, sexism, and stereotypes** about sexual violence by promoting positive and healthy views of aging and that encourage awareness of different types of elder abuse, including its occurrence and impacts [10, 12].

- **Raising public and professional awareness** that older adults are vulnerable to sexual assault and stressing that sexual violence is about power and control, [8, 11-17].
- **Developing and implementing intergenerational programs** that encourage meaningful interaction between older adults and younger persons to help combat ageism and related negative attitudes towards older persons [12, 14]. Examples of these initiatives include:
 - Penpal or email correspondence between younger persons in educational institutions and older persons in church groups, the community, and/or long-term care facilities.
 - School programs that take students on trips to seniors' homes, nursing homes, or other age-related community services.
 - Programs that encourage younger persons to assist older persons in the community (e.g. with lawn care, snow removal).

PRIMARY PREVENTION THROUGH TARGETED EDUCATION AND AWARENESS FOR OLDER ADULTS

We need initiatives targeted at older persons who reside in the community and care facilities that take into account their distinct generational differences, diverse histories, and socio-cultural identities [3]. Primary prevention targeted to older persons should [3, 10, 12, 14, 18-20]:

- **Involve outreach and educational strategies tailored to specifically to older women** of diverse age cohorts (e.g., younger-old (60-80 yrs.), and the oldest of old (80+ yrs.).
- **Provide a safe space for discussions about sexuality in later life**, whether that involves older persons speaking with physicians, health care providers, or social service providers who can provide acknowledgement of older persons' experiences and reliable information.
- **Break down shame and barriers to discussing sex and sexuality** in later life and provide information about what is normal and healthy in relationships.
- **Challenge generational beliefs and perceptions** that sexuality is a private matter and that sexual assault cannot occur in a marriage or partnership.
- **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.

- **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 by including spouses, adult children, grandchildren, other residents, and caregivers.
- **Use announcements and informational presentations** at seniors' centres, nursing homes, hospitals, faith communities, immigrant services, and aging services (e.g. home-delivered meals programs or home care programs). Practical suggestions for these educational materials and presentations include [3, 19, 21-26]:
 - Use clear and large fonts, images of older persons that are inclusive of multiple identities and abilities, accessible and relevant language and terminology for older persons from different racial and ethnic communities or with varying gender identities and sexual orientations.
 - Ensure materials are not biased towards heterosexual relationships and are available in multiple languages. Word choice is also important. Terms such as "sexual assault," "elder abuse," or "abuse," which may have judgemental connotations, should be avoided. Instead, use examples and expressive words to describe behaviours

and characteristics of abuse such as “causing you harm,” “mistreatment,” “taking photos without your permission,” or “forcing you.”

- Use scenarios and case vignettes that depict practical examples of sexually abusive situations (in the community and care residences) and utilize these examples to outline potential pathways to help.

- Ensure the educator or presenter arrives early and stays later in case some older adults would like to follow up privately.

PRIMARY PREVENTION THROUGH TARGETED EDUCATION FOR POTENTIAL PERPETRATORS

We have minimal understanding of 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 [3]. Nevertheless, one of the most frequently suggested recommendations in the literature is to teach safe and healthy relationship skills across the lifespan, including encouraging social norms that foster positive and respectful relationships and interactions [13, 23, 33, 51, 70, 78]. Primary prevention for potential perpetrators involves:

- **Focusing on enhancing interpersonal skills**, teaching effective communication, problem-solving, conflict resolution, empathy and understanding about what is and is not considered healthy in families and intimate relationships.
- **Stressing that violence and abuse, including sexual coercion in any relationship or marriage, is not healthy.** These efforts will help to build norms facilitating healthy relationships over the lifespan [3].
- **Focusing on families and ways to manage family relationships, conflicts, and stressors** [8, 17], as these relationship dynamics can be especially important for older persons who reside in the community and who are cared for by family.
- **Social-emotional and relationship skills programs** (e.g., in schools, care facilities, community centers) for adolescents, adults, and couples [17].

PRIMARY PREVENTION THROUGH ORGANIZATIONAL POLICIES AND EDUCATION FOR CARE PROVIDERS

Primary prevention of sexual assault in later life also occurs through organizational policies and professional awareness initiatives for care providers who work with older persons in the community and supportive care settings. Organizations include health care facilities, long term care facilities, nursing homes, and services supplying home care. Primary prevention involving organizations should include:

- **Developing and maintaining an organizational culture that emphasizes zero tolerance of abuse** via clear policies, mandatory staff education, and training in patients' rights; appropriate boundaries between caregivers and patients; ways of assessing and determining consent in adults who are living with dementia or other cognitive impairments; and awareness about the nature and occurrence of sexual assault in later life [27-32].
- **Specific hiring policies** to ensure due diligence in recruiting, screening, employing, training and supervising personnel so that potential and actual sexual perpetrators are prevented from gaining access to vulnerable adults. This may include mandatory criminal background checks and developing and utilizing care aide registries for all employees [3, 6, 7, 33].
- **Procedures and policies for “team working”** which involves multiple care providers working together to provide direct care to vulnerable patients. Team working can help minimize opportunities for abuse and distribute responsibility for care to multiple caregivers [6, 7, 34].

- **Proactive policies and practices to prevent resident-to-resident sexual assault.** More specifically, these should include [32, 35-37]:

- On-going education for care providers about sexuality in later life, including sexuality and consent among patients with cognitive impairments.

- Policies and training for care providers on ways to identify and manage hypersexualized behaviours, including reporting and documentation procedures when these occur.

- Environmental interventions such as single rooms or separation of residents who have a high risk of victimization from residents who have a high risk of perpetration.

- Behavioural interventions for residents who display hypersexualized tendencies include providing toys or dolls to keep residents' hands busy and clothing that makes exhibitionism more difficult (e.g., clothing that buttons up in the back, coveralls that are more difficult to remove).

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For more information about this project and to access other project materials and additional resources, visit www.cnpea.ca

