



SECONDARY PREVENTION OF SEXUAL ASSAULT IN LATER LIFE

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WHAT IS SEXUAL ASSAULT IN LATER LIFE?

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. 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. [1-3]. Although we have a limited understanding of how often this type of abuse occurs, we know that when it does occur, older victims/survivors are not readily achieving justice. As a result, in order to increase access to justice for older victims/survivors of sexual assault, we must try to prevent it.

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 [4]. The focus of this factsheet is specifically on the most common suggestions and recommendations for the secondary prevention of sexual assault in later life. Please see our other factsheets for suggestions and recommendations specific to primary and tertiary prevention of sexual assault in later life.

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Through early detection, **secondary prevention focuses on stopping the violence once it begins and providing immediate protection to those in need** [4, 5]. Secondary prevention strategies target victims/survivors, perpetrators, bystanders (e.g., family, friends, faith leaders, community leaders), and those who provide health and social services to older persons. These strategies aim to encourage self-disclosure, increase third-party identification, recognition, and responses, and to ensure immediate supports are available and accessed by older victims/survivors.

USING A TRAUMA-INFORMED APPROACH IN RESPONDING TO SEXUAL ASSAULT IN LATER LIFE

Utilizing trauma-informed approaches are essential for increasing identification and disclosure of sexual assault in later life, and in providing older victims/survivors with pathways to support and justice. Trauma-informed approaches account for the impact of multiple types of trauma throughout one's life and aim to help minimize further trauma [6-9]. Guiding principles of this approach emphasize the need to 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 [8, 9]. To do this, it is imperative that service providers:

- **Listen** to the concerns of their patients in helping to foster positive spaces, relationships, and dialogue that may encourage disclosure of victimization.
- **Never use victim-blaming language**, including “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,” to convey compassion and place accountability on the offender.

- **Allow for and facilitate self-determination.** Context-specific concerns, fears, desires and needs disclosed by older persons must be taken into account when determining appropriate responses to sexual assault. For example, older victims/survivors in the community may be fearful of losing independence and being relocated into a care facility. In contrast, those in care facilities may be more fearful of further victimization.
- **Be attentive to culture, history, and gender.** 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 sensitive to historical traumas and tensions and how these can impact disclosure, desired responses, and recovery after sexual assault [8, 10].

SECONDARY PREVENTION BY INCREASING SELF-DISCLOSURE OF SEXUAL ASSAULT IN LATER LIFE

Guided by the principles of a trauma-informed approach, encouraging older victims/survivors to disclose sexual victimization may help 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 safe spaces and opportunities for disclosure of sexual assault.** Safe spaces for disclosure include informal discussions with friends, families, and faith leaders, and formal discussions and assessments with health care providers, in-home care providers, or other service providers [11, 12].
- **Provide bystander education and awareness** on ways to respond to sexual assault in later life. If adequately equipped with the knowledge and tools to ask questions and respond to disclosures of sexual assault in trauma-informed ways, bystanders and community leaders (e.g., family, friends, caregivers, faith leaders, and other community members) can help an older victim/survivor to stop the progression of violence and access services and supports to assist with recovery [2, 12-14].
- **Include older persons as staff, volunteers, and advocates at violence organizations.** 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 safety planning supports and resources** in the immediate aftermath of sexual assault. Such safety planning should [15-17]:
 - Account 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.

- Take caution to minimize additional traumas that may occur when memories of past instances of abuse are triggered.
- Account for feelings associated with grief, loss, aging, changing familial roles, and economic or legal advocacy.
- Be available through specialized shelters for older persons who reside in the community, as these can help counter the fear of losing independence and provide safety and security during changes to home care after sexual assault.

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. Some suggestions and recommendations for increasing third-party recognition and response to cases of sexual assault include:

- **Targeted education and training for health care and social service providers** to have the tools and confidence to identify, screen for, and respond to sexual assault of older adults (both in the community and in care facilities). Useful resources include webinars, teleconferences, workshops, e-learning tools, handbooks, factsheets, and hands-on training [18]. Ongoing and regular training for service providers and medical professionals should focus on [19-23]:

- Utilizing age and context-specific interviewing and questioning techniques for assessing potential instances of abuse. For example, care providers must speak slowly, reassuringly, and directly; patients and caregivers should be interviewed separately, and general questions should be asked before specific questions [6, 11]. Some example screening questions include [9, 12]:

-> Has a care provider ever touched you inappropriately?

-> Has anyone ever done sexual things in front of you that you did not want?

-> Has another resident ever touched or attempted to touch you in a sexual way?

-> Have you felt pressured to take part in a sexual act with your partner?

-> Has anyone forced you to touch them when you did not want to?

- Training on specific ways to identify sexual assault among older adults living with cognitive impairments. 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 [19, 24]:

--> **Behavioural changes** such as increased levels of depression, anxiety, anger, aggression, fear or avoidant behaviours when certain people are nearby or during certain practices such as dressing or bathing, and changes in eating or sleeping behaviours.

-> **Physical indicators** such as ripped, stained, misbuttoned, backwards or inside out clothing, urinary or other genital infections, visible discomfort that is not typical in daily activities, vaginal or rectal bruising or bleeding, and other signs of unexplained injury.

- **Outlining steps in responding** to disclosed, witnessed, and suspected cases of elder sexual abuse. This may include ways to provide immediate supports that account for historical traumas, follow appropriate legal, institutional, and mandatory reporting requirements, and ways to preserve evidence (e.g., documentation via photography; not showering or bathing victims, nor brushing their teeth or changing their clothes before having a medical exam) [6, 25, 26].

- **Widespread and frequent screening for sexual assault in both the community and supportive care settings.**

Screening for sexual assault should not be limited to care providers in LTC settings, but should also regularly occur in hospital settings, primary care settings, and on home visits to ensure elders who reside in the community and supportive care settings are being regularly assessed for different types of abuse (including sexual assault) [6, 11, 12, 27].

- **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), to help provide additional spaces and opportunities for self-disclosure and third-party identification of elder sexual assault.
- **Clear policies and protocols** to ensure understanding of whom to report to and the appropriate reporting steps in cases of elder sexual assault. 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 [28, 29].

SECONDARY PREVENTION THROUGH CROSS-AGENCY COLLABORATION THAT FOSTERS PROMPT RESPONSES

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, it is important for collaboration and cross-training across medical personnel, domestic violence agencies, aging services, sexual violence agencies, and criminal justice personnel to bridge the gaps across services, facilitate more comprehensive approaches to stopping sexual violence, and increasing safety through identification and intervention in the aftermath of sexual assault.

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It is one of three factsheets focused on primary, secondary, and tertiary prevention.

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

