

INCREASING ACCESS TO JUSTICE FOR OLDER
VICTIMS OF SEXUAL ASSAULT

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RESEARCH SNAPSHOT #3

SEXUAL ASSAULT AND JUSTICE FOR OLDER WOMEN:
A CRITICAL REVIEW OF THE LITERATURE



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This is the third in a series of Research Snapshots produced for the project *Increasing Access to Justice for Older Adult Victims of Sexual Assault*

Each Snapshot features a relevant research study or resource from Canada or emerging topics that have been identified in other countries.

For more information about this project, visit cnpea.ca/en/knowledge-exchange/cnpea-projects

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WHAT IS THIS RESEARCH ABOUT?

This article presents a critical review of the current knowledge base and literature on the sexual assault of older women. The author discusses key themes in the literature on sexual violence in older age, focusing predominantly on the unique needs and challenges faced by older victims of sexual violence, and the theoretical and empirical gaps in our knowledge, understanding, and response to sexual assault in older age. The article concludes with suggestions for future research, theory, and practice.

WHAT DID THE AUTHOR DO?

The author conducted extensive literature searches using key terms like “older women,” “sexual assault,” “elder sexual abuse,” and manually searched reference lists in these articles until no new results were obtained. The author uses a framework that explicitly stresses the need to study older women’s experiences of sexual violence by considering the role of gender and ageism and analyzes and discusses the resulting themes in the literature through this lens.

WHAT DID THE AUTHOR FIND?

A total of 76 relevant articles were identified. Of these articles, the largest proportion were quantitative research studies (n=27), followed by commentaries or legal analyses (n= 13), literature reviews (n = 13), qualitative research studies (n = 8), mixed-methods studies (n = 8), case reports (n = 5), and quasi-experimental research (n = 1). Most of these studies were conducted in the United States, followed by the United Kingdom, and Australia, and were primarily drawn from the elder abuse literature, although some of these studies were based in the criminological and feminist research on sexual violence victimization.

This snapshot article presents a brief synopsis of some of the author's key findings and discussion points, with an emphasis on the gaps in our understanding and suggestions for future research.

WHAT IS AGEISM, AND HOW IS IT RELATED TO SEXUAL ASSAULT IN OLDER AGE?

Ageism refers “broadly to the loss of authority, power and status and the experiences of inequality and discrimination that accompany old age.” (p. 2). Ageist views impact how instances of sexual violence against older persons are perceived and responded. In particular, ageist discourses and perceptions that sexual assault represents a sexual activity (as opposed to the enactment of control) and that older women are asexual, or that victims of sexual assault are desirable and attractive (the rape myth) contribute to the belief that older women do not represent potential victims of sexual violence. These assumptions result in the omission of older women’s experiences of sexual violence victimization in much of the literature. Not only is there a dearth of literature and research attention to sexual assault experiences among older women, but ageist conceptions of sexuality and gender impact the likelihood of identifying, disclosing, and reporting instances of sexual violence, including subsequent response and progression through the criminal justice system. Analyses of sexual assault in older age need to be contextualized with these social assumptions in mind.

WHAT DO WE KNOW ABOUT THE PREVALENCE OF SEXUAL ASSAULT IN OLDER AGE?

The limited literature reports relatively low estimates of sexual victimization in older age across studies (<1 % to 7%), however, reported estimates suffer from substantial methodological limitations and thus are very likely underestimating the actual prevalence. For instance, differences in definitions of old age and sexual assault, and variations in the sample/population included in research studies leads to varying prevalence estimates in the literature. Studies typically focus on samples of sexual assault victims who have come to the attention of police or health care workers, women who reside in the community, or women who reside in care facilities. Reported estimates typically include **the proportion of sexual assault victims who are older, the proportion of older women who experience sexual assault** (e.g., 1%-7%), and **the proportion of reported elder abuse cases that involve sexual victimization** (e.g., <1%), making comparisons across studies problematic.

Moreover, many women and subpopulations of older women are omitted from research altogether. For example, women who live in the community but who have cognitive impairments, and women who reside in care facilities are excluded from community-based research studies, and women who are over the age of 60 years tend to be excluded from population-based studies on sexual violence. As a result, although the available literature on sexual assault in older age is informative, it is limited.

WHAT ARE SOME CHARACTERISTICS OF SEXUAL ASSAULT IN OLDER AGE?

Sexual assault of older women is perpetrated by a range of different people who have different relationships to their victim(s). However, perpetrators across all contexts and relationships are typically male and are known to their victims. Perpetrators can include family members such as a spouse, carers such as service providers, nursing aides, or staff at care facilities, co-residents in care facilities, and some cases, strangers.

Similarities in experiences of sexual assault across younger and older adulthood are evident; however, there do appear to be some notable differences in the context and circumstances of the sexual assault victimization between older and younger victims. For instance, older women are more likely to live alone, be socially isolated, be dependent on others for care, have fewer supports, and have physical and cognitive impairments (e.g., dementia, impaired mobility) that can increase their vulnerability of being targeted for sexual victimization and can also influence the subsequent identification, reporting, and prosecution outcomes.

Older women are more likely to be sexually assaulted in their own home or a care facility, with differences in vulnerability for sexual violence and the severity of sexual violence differing based on where victims live. For example, sexual violence in care facilities, compared to sexual violence experienced by older community-residing women, is less likely to involve overt violence or coercion and more likely to involve abuse of authority.

The impact of sexual violence includes both physical and psychological consequences. Although these are traumatic at any age, some of these impacts may be more likely or severe in older age. For example, older women are more likely to experience genital injuries after sexual assault due to age-related physiological changes; they may experience heightened physical or psychological impacts in contexts where their abuser breached trust or safety (e.g., perpetrated in a care facility or by a family member) or if they have experienced multiple instances of victimization over their lives.

In the aftermath of sexual violence victimization, older women face unique barriers in the identification, labelling, and reporting of their experiences. For instance, many older women were socialized in a context where sexual violence was not openly discussed, and it was women's duty or role to have sex with her husband. As a result, it is possible that older women may not recognize certain instances of sexual violence as sexual violence, or they may not feel comfortable to discuss or report these experiences. Moreover, it is likely that women who are dependent on their abusers for care may be reluctant or limited in their ability to report their abuse. However, although women with dementia and cognitive impairments may be less likely to report their victimization experiences, they do disclose their experiences through behavioural cues (e.g., using non-verbal signs of anxiety, being fearful of the perpetrator, showing distress during personal care). The issue, however, is that these methods of disclosure are not always heard or recognized. Ageist beliefs and assumptions can also influence the likelihood of others identifying and reporting these experiences, as others may be unlikely to suspect sexual victimization and therefore may not be attuned to the ways that older victims (especially with cognitive impairments) disclose their abuse experiences (e.g., nonverbal disclosure such as aggression, fear of specific people or caregiving activities).

The literature on justice responses to the sexual assault of older persons is quite limited, yet suggests that many older women do not report their experiences of sexual victimization to the police, and when they do, they face issues of progression through the justice system, especially when women have cognitive impairments. Not all responses necessitate criminal justice responses, however. For example, in cases of sexual violence in care facilities, criminal justice responses are often diverted, and cases are handled informally within the institution (e.g., moving resident perpetrators to different facilities, termination of employment of perpetrators).

IMPLICATIONS FOR RESEARCH

- Research tends to rely on a sub-population of older women who have attended crisis centers, reported their experiences to the authorities, or whose abusive experiences were witnessed or identified by others. As a result, we need research that taps into the experiences of women who are omitted in these studies (e.g., those whose experiences are not reported).
- There is limited acknowledgment of the different needs of older women depending on their age (e.g., younger-old <70yrs; or deep-old >70), or the different contexts in which they are sexually assaulted (e.g., by a family member in their own home or by a fellow resident in a care facility). Research should explore these potential differences, as it is very likely experiences and needs vary throughout old age.
- Research should include older women and those who have experienced sexual violence victimization to tap into their needs and desired outcomes. This can help examine diversity in needs that older victims face in the aftermath of sexual victimization.

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- Research should be informed by gendered and age-based perspectives that consider the intersection of gender, age, and vulnerability for sexual violence victimization.
 - We need assessments of the impact of ageist and/or sexist attitudes on the identification of, or response to, sexual victimization in older age, including the extent to which older women recognize what constitutes sexual violence, and the ways sexual violence is responded to by the criminal justice system.
 - There is a need to develop a more thorough understanding of the ways individuals with dementia communicate and disclose sexual assault.
 - Other gaps in understanding and areas of research include justice responses to sexual violence in older age and the role of bystanders in intervening or responding to sexual violence against older women.

IMPLICATIONS FOR POLICY OR PRACTICE

- There is a need for residential care providers to be aware of and acknowledge the vulnerability of residents for this type of abuse, as well as a need for clear policies on reporting and responding to instances of sexual assault of older women.
- There is no one size fits all approach. Responses to sexual violence victimization in older adults must be diverse, with unique experiences included in policies on sexual violence.
- All instances of alleged or suspected sexual violence victimization should be taken seriously and responded to accordingly.