

## **Sexual Violence against Older People: A Review of the Empirical Literature**

*Ageing and sexual violence are both established areas of research, but little attention has been paid to research into sexual violence against older people. This article presents a critical review of the literature reporting empirical research in three overlapping fields of inquiry: elder abuse, domestic violence and sexual violence, identifying points of theoretical and methodological similarity and difference across academic disciplines. Using a range of search terms combining age, sexual violence and elder abuse, the following databases were searched: EBSCOHOST, Ingenta-Ingenta connect and JSTOR. In total, the databases searches returned 40 relevant articles and an additional 9 relevant articles were found through manual searches of bibliographies and Google searches, which were grouped into three categories: elder abuse, domestic violence in later life and sexual violence against older people. Four themes common across these fields emerged: prevalence; characteristics of victims and risk factors; impacts and coping strategies; and perpetrator and assault characteristics. The findings in each area are discussed in detail, exposing gaps in knowledge and understandings of sexual violence against older women. The article ends by defining a future research agenda for this under-explored phenomenon that is of increasing importance in a context of global ageing.*

# **Sexual Violence against Older People: A Review of the Empirical Literature**

## **Introduction**

Sexual violence is a violation of human rights and has been described as a worldwide epidemic affecting millions of people. For the majority of reported cases, women are victims and men are perpetrators. It is estimated that 1 in 4 women will experience at least one incident of sexual violence during their lifetime. An international report by the World Health Organisation (WHO, 2013) reports that, globally, 35.6% of women experience sexual or physical violence at least once in their lifetime. Research has shown that reports of rape and sexual assault decrease with age, leading to the conclusion that victimisation and risk also declines with age. It is perhaps for this reason that some surveys have excluded respondents over the age of 60 (e.g. the Crime Survey for England and Wales) and the primary focus of sexual violence research has been on young women. Despite violence against women surveys revealing that sexual violence does not completely dissipate with age (Stöckl *et al*, 2012; FRA, 2014), the idea that older women can be victims of sexual assault is relatively recent and little understood (Mann *et al*, 2014). It remains one of the last taboos (Jones and Powell, 2006) but despite the silence that surrounds the topic, it is becoming increasingly evident that sexual violence against older people, in particular women, occurs in a range of settings and circumstances (Mann *et al*, 2014).

Although there is some recognition and acceptance that sexual violence does happen to older people, there is a lack of research exploring it and no easily identifiable body of literature informing the issue. Rather, the existing literature is somewhat bitty, as it exists in the pockets of criminology, elder abuse and domestic violence fields, making it difficult to get a comprehensive overview of sexual violence against older people. The three fields have

evolved separately and continue to be treated as distinct, despite the obvious overlaps across definitions and approaches (McCreadie, 1996; Whittaker, 1995; Penhale, 2003). This is perhaps most surprising to feminists, particularly those working in the field of intersectionality. However, as Jones and Powell (2006) point out, feminists have mostly distanced themselves from issues relating to older women. The lack of feminist empirical research and theory underpinning sexual violence against older women has not gone unnoticed (Wolf, 1997; Whittaker, 1995; Jones and Powell, 2006) however, to date there has been a lack of concerted effort to address this gap.

This article presents an overview of the research which has emerged over the last four decades to further understandings of sexual violence against older people, drawing empirical literature from three fields of inquiry: elder abuse; domestic violence; and sexual violence. By examining the literature across three fields and the ranging contexts, a more comprehensive picture of sexual violence against older people is possible. Whilst there have been other reviews in each individual field (Cooper *et al*, 2008 and Daly *et al*, 2011; Roberto, Mcpherson and Brossoie, 2013; Ball, 2005; Yan *et al*, 2015; Fileborn, 2016), this is the first comprehensive review that brings together all of the empirical data across the fields in relation to sexual violence against older people. It builds on earlier reviews by Ball (2005) and more recently, Fileborn (2016) which both examined sexual violence against older people but addressed different areas of literature. Ball's review was not a systematic review and focused more narrowly on the literature specifically relating to sexual violence and older people, which did not incorporate elder abuse or intimate partner violence. The number of articles reviewed by Ball was less than 15. Whilst Fileborn's review was wider in scope than Ball's, the focus was more on justice responses (although prevalence and impacts on survivors are included in Fileborn's review but some studies, particularly from the elder

abuse field are not included, e.g. O'Keefe *et al*, 2007; Naughton *et al*, 2010; Soares *et al*, 2010). This review therefore builds on both of these previous reviews and is wider in scope, examining prevalence by drawing on wider literature from three fields, characteristics of victims, perpetrators and incidents, the impacts of sexual violence across the fields of research and what is currently known about coping strategies. As Hughes *et al* (2005, p.32) has pointed out, 'different forms of interpersonal violence historically have had their own literature and focus' which, in the present context, limits our understanding of sexual violence against older people. There is much to be learnt by examining the literature across other disciplines, which helps to build a more comprehensive understanding of the issues.

The focus of this article is on sexual violence that is experienced by people in old age, rather than abuse that occurred in earlier childhood or adult life (typically referred to as historic abuse). The findings of the relevant research are outlined and the gaps in knowledge highlighted. This paper also considers the current methodological approaches to research in this area and concludes by outlining future directions for research and policy.

### **Problems with existing terminology**

There is no single definition for elder abuse, sexual violence or domestic violence, with different jurisdictions, policies and researchers adopting different definitions, terms and meanings. All three are umbrella terms, which are used to describe a range of abusive behaviours, with several overlaps across the three. Johannesen and Dina LoGiudice (2013) suggest there are two key concepts central to elder abuse definitions: that elder abuse involves an act or omission resulting in harm to the older person, and this occurs within a relationship of trust. The focus on this relationship of trust limits the domain of interest to very specific contexts and may inadvertently lead to biased interpretations. Most definitions

include physical, financial, emotional and neglect, however traditionally sexual violence has often been excluded from definitions of elder abuse. For the purpose of this review, elder abuse studies which did not include sexual violence in their definitions were excluded. Thus, the results presented in Table 1 relate specifically to rates of sexual violence rather than other forms of elder abuse. Furthermore, where it was not possible to separate sexual violence specifically from other forms of abuse (for example where sexual violence data is reported within broader 'physical and sexual abuse' categories) these studies have been excluded.

Domestic violence definitions (used interchangeably with intimate partner and domestic abuse in this review) similarly centre on physical, sexual, financial, or emotional abuse (and more recently, coercive control) that is perpetrated by an intimate partner and/or family member (thus excluding rape by friends, acquaintances or strangers). There is considerable overlap between domestic violence and elder abuse definitions, with the primary differentiator being age: when a victim experiences violence by a family member in their 30s, it will probably be labelled domestic violence, but if they experience it in their 60s, it is more likely to be defined as elder abuse.

Perhaps the most useful definition of sexual violence (used interchangeably with sexual abuse in this review), and the one adopted in this review, is provided by the World Health Organisation (2002) which defines sexual violence as: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

There is also a lack of agreed definition of older, although the World Health Organisation suggest 60 as a starting point for older age. However, the existing research across the three fields use varying starting points, making comparisons of findings difficult. In this review,

literature relating to people aged 50 and over were included to reflect the lower point of some of the existing research, particularly in the domestic violence and sexual violence fields.

The lack of unified definitions of all four terms is problematic and may limit our understandings of violence experience by older people (Whittaker, 1996; Penhale, 2003). However, by acknowledging the different words used in these definitions and incorporating them into the search terms used in this review, it is hoped a more thorough picture of sexual violence against older people will emerge.

### **Method**

The purpose of this review is to bring together the existing empirical research on sexual violence against older women. A number of keyword searches were conducted using the following terms: *older sexual violence; sexual violence against older people; sexual violence older women; sexual violence older men; older sexual abuse; elder sexual abuse; elder sexual violence; elder abuse sexual, older intimate violence; older domestic violence; older domestic abuse; elder domestic violence*. These keywords were systematically entered into the following databases: EBSCOHOST, Ingenta-Ingenta connect and JSTOR. The inclusion criteria were reports, book chapters and journal articles which document empirical research, published in English, that included sexual violence. Thus, studies from elder abuse and domestic violence fields which did not include sexual violence in their definitions were excluded from the review. Existing literature reviews in each field were also analysed for relevant studies.

In total, the databases searches returned 40 relevant articles and an additional 9 relevant articles were found through manual searches of bibliographies and Google searches, which were grouped into three categories: elder abuse, domestic violence in later life and sexual

violence against older people. The key domains across the bodies of literature were: prevalence of sexual violence, characteristics and victims and risk factors, impacts on victims; and characteristics of perpetrators and characteristics of assaults.

## **Prevalence**

### **Key Findings**

- There is considerable variation across the three fields with respect to the estimated rates of previous 12-month sexual violence against older people. However, the range of methods and varying sampling approaches mean the rates produced by these studies are not necessarily comparable as they do not always estimate the same thing.
- General population of elder studies (typically surveys) generally yield the lowest results (ranging from 0.2% to 3.1%) whilst studies involving specific subpopulations of elders (for example elders seen in health centres or calling helplines) report between 0.2% and 5.2% disclosing sexual violence. The highest disclosure rates are seen in studies examining reported sexual violence across all age groups (usually surveys) ranging from between 1.2 and 17%.
- Furthermore, the nature of the sample also affects the findings; studies utilising samples from criminal justice agencies generally report slightly higher rates of disclosure (2-7%) than health based samples (1.2-5.2%).
- Overall, elder abuse studies tend to yield particularly low rates, ranging from 0.05% to 2%
- Overall, domestic violence literature tends to report higher rates, up to 15%.
- The specific sexual violence literature has limited findings in relation to prevalence due to small sample sizes, however the existing studies have found rates of between 2

and 8% sexual violence in the previous year, though varying methods and samples mean this research is difficult to compare.

- Despite the differences in methodology, discipline and rates, women are victimised at significantly higher rates than men.
- Most of the prevalence research includes men and women, but the vast majority of victims in these studies are female (discussed further in the section 'Characteristics of victims and risk factors for victimisation').

### **Elder abuse literature**

The majority of existing elder abuse studies have focused on estimating the prevalence of abuse against the elderly (See Cooper *et al*, 2008). Generally quantitative surveys are used and samples consist of those living in the community who meet the age criteria determined by the researchers, which tends to be 60 and over, although some studies adopt slightly younger or older starting ages. Early studies in the US, Canada, Amsterdam and the UK excluded sexual abuse, including the infamous study by Pillemer and Finkelhor (1988) and some continue to do so (Oh *et al*, 2006; Chokkanathan and Lee, 2005; Wu *et al*, 2012; Yan and Tang, 2001). For example, few studies originating from Asia have included sexual abuse (for an overview see Yan *et al*, 2015).

Internationally, a small number of recent studies have included sexual abuse, however, it is rarely considered a distinct form of abuse; instead it is often viewed as a subset of physical abuse. Furthermore, the definitions of sexual abuse vary – some studies include unwanted sexual communication as well as touching whereas others are limited to physical sexual contact only. However, the primary issue across the studies is the varied methodologies, with some studies examining sexual violence against older people through surveys of the general elder population, whilst others evaluate the number of older people attending specific

institutions (e.g. hospitals or sexual assault centres) and others compare prevalence between older and younger cohort samples, usually drawn from a single data source. Consequently, the figures presented in this review do not always estimate the same thing. Therefore, the prevalence rates must be treated with caution, as they may not accurately reflect rates of sexual violence victimisation and cannot necessarily be compared.

*Table 1 – Prevalence of previous year sexual violence victimisation in Elder Abuse Studies*

Internationally, a small number of studies have considered the prevalence of elder sexual abuse, with the majority emerging from the USA and some from Asia. Those in Asia (China, Japan and Singapore) have yielded prevalence rates of sexual assault between 0 – 2% (Eisikovits, Winterstein and Lowenstein, 2004; Dong, Simon and Gorbien, 2007; Anme, 2004; Anetzberger and Yamada, 1999). In the USA this is slightly lower (e.g. 0.6% reported in Acierno *et al*, 2010). In the UK the main two studies yield much lower results; 0.2% (O’Keefe, 2007) to 0.7% (Naughton *et al*, 2010) and in Europe a recent survey reports previous year sexual violence prevalence of 0.7% (Soares *et al*, 2010).

**Domestic violence literature**

Literature exploring domestic violence against older people has also been concerned with estimating the prevalence. Domestic violence (or domestic abuse) is an umbrella term which includes a range of abuse behaviours including physical, emotional and sexual abuse and different jurisdictions have their own definitions. Some use ‘intimate partner violence’ rather than domestic violence/abuse to refer specifically to violence perpetrated by partners or ex-partners.

*Table 2 – Prevalence of previous year sexual violence victimisation in Domestic Violence Studies*

There have been few domestic violence studies examining prevalence of specific forms of abuse (e.g. sexual). Overall, the European studies range from 2% (Amesberger, Haller and Tóth, 2013) to 23% (Nägele *et al*, 2010). Most studies have involved surveys although some have used data held by criminal justice organisations (Amesberger, Haller and Tóth, 2013) or refuges (Lunday and Grossman, 2004). Internationally, previous year prevalence rates range from 0.8% to 4.9% (Yan and Chan, 2012; Lundy and Grossman, 2004).

**Sexual violence literature**

Internationally, there have been few attempts to measure or estimate the prevalence of sexual violence against older women. The small pool of existing literature exploring sexual violence against older people has reported between 2 and 8 %of samples experiencing sexual violence. These studies are generally quite small and limited to samples drawn from a single source (often criminal justice agencies). Larger surveys (Cannell *et al*, 2014) report lower figures of 0.9%. This reflects the issues with the existing data, as it is not possible to accurately assess the prevalence because of the varying methods and nature of the different samples across the literature. Research utilising criminal justice agency samples, for example, reflect cases that have been reported to official authorities and therefore may present a different cohort to people who do not report to law enforcement but disclose in self-completion population surveys. This is important, as research suggests specific types of sexual violence cases are more likely to be reported, particularly where they confirm to ‘real rape’ stereotypes involving stranger rapes (Author’s Own, 2015; Brown et al. 2007; Ellison and Munro 2009). The vast majority of cases go unreported to official authorities (Office for National Statistics, 2016) thus the extent of sexual violence involving older people that is estimated by these

studies is likely to be significantly less than the true number and the characteristics of perpetrators and victims in these cases may not accurately represent the sexual violence against older people overall.

*Table 3 – Prevalence of previous year sexual violence victimisation in Sexual Violence Studies*

Across the three fields, the methods used in the studies impact on the rates of prevalence reported. Broadly, the existing research can be methodologically categorised into three groups: (a) general population of elder studies; (b) specialised subpopulation studies (e.g. elders reporting to a health centre or police station); and (c) population of reported sexual violence of all age groups). Generally, population of elder studies (which typically take the form of surveys) yield the lowest results (ranging from 0.2% to 3.1%) whilst studies involving specific subpopulations of older people report between 0.2% and 5.2% disclosing sexual violence. The highest disclosure rates are seen in studies examining reported sexual violence across all age groups (usually surveys) ranging from between 1.2 and 17%. Furthermore, the nature of the sample also effects the findings; studies utilising samples from criminal justice agencies generally report slightly higher rates of disclosure (2-7%) than health based samples (1.2-5.2%). Similarly, some of the studies aim to estimate how many sexual violence victims are older whereas others estimate how many older people specifically report experiencing sexual violence, and others aim to examine how many women who experience domestic violence report experiencing sexual violence. Those that specifically examine how many sexual violence victims are older through surveys of general populations tend to report lower rates than studies that examine how many older people specifically report sexual violence. Therefore, the existing prevalence data is limited by the varying nature of

samples and methods utilised, the definitions of old age and sexual violence and direct comparisons cannot always be made across the existing research.

### **Characteristics of victims and risk factors for victimisation**

#### **Key Findings**

- The vast majority of older victims across all three fields of research are women.
- White older women are generally reported to be at a higher risk compared to other ethnicities, although some studies are limited to white samples.
- There is considerable variation in the age most at risk across the literature, with some studies reporting the younger end of the samples (50-59 or 60-69) more at risk, and others findings those in older groups experience higher levels of victimisation.
- Older women with lower education status and lower incomes appear to be at a higher risk of victimisation across all three fields.
- Older people with physical and/or mental illnesses or dependencies are at an increased risk compared to those without.
- Regardless of the method or nature of the sample, gender, poor physical health, low income and low education is observed across the studies in all three fields in relation to victimisation.

A number of studies have looked at the characteristics and risk factors for victimisation across the three fields, although few have looked at these characteristics and risk factors in relation to sexual violence specifically. The majority generalise the risk factors for all/any type of abuse. Table 4 provides an overview of the most common victim characteristics reported in the literature and associated with higher levels of victimisation in relation to sexual violence. In some of the studies, sexual violence is considered alongside physical

abuse, so some of these characteristics may crossover and it is not possible to separate the specific impacts of sexual violence from those of other forms of physical abuse (for example Naughton *et al*, 2010; O’Keefe *et al*, 2007). However, as others have pointed out, in reality most older people will experience multiple forms of abuse simultaneously so it is very difficult to separate specific characteristics and impacts for individual forms of abuse (Sev’er, 2009).

*Table 4 – Characteristics of victims and perpetrators*

**Gender**

Elder abuse, domestic violence and sexual violence studies have all found that older victims are almost exclusively female (e.g. Author’s Own, 2015; Ball and Fowler, 2008; Cannell *et al*, 2014; Del Bove and Stermac, 2005; Gorbien and Eisenstein, 2005; Luoma *et al*, 2011; Soares *et al*, 2010). Only one study has looked specifically at sexual violence against older men (Teaster *et al*, 2007). Most of the men lived in care homes and tended to be perceived cognitively as fairly well oriented, with over half of investigations involving men oriented to person (85%) and place (54%), and over a third oriented to time (39%). Most of the men (77%) in investigated cases either were not ambulatory or required physical or mechanical assistance. Over half (64%) either needed assistance with their finances or could not manage them. Over half (54%) had no barriers to communication.

**Age**

There is some variation across the literature in terms of the most common age group of victims, however most studies examining sexual violence among those living in the community have reported those aged in their 60s and 70s report victimisation at a higher rate than those at the eldest end of the spectrum (Author’s Own, 2015; Ball and Fowler, 2008;

Baker, Sugar and Eckert, 2009; Jeary *et al*, 2005; Lea *et al*, 2011; O'Keefe *et al*, 2007; Naughton *et al*, 2010).

Where the victims live in care homes, those at the oldest end of the spectrum (79–99 years) were more frequently subjected to sexual abuse (Baker, Sugar and Eckert, 2009; Teaster *et al*, 2001; Teaster and Roberto, 2004; Teaster *et al*, 2007, Ramsey-Klawnsnik *et al*, 2008; Burgess *et al*, 2000).

### **Ethnicity**

The majority of research has found victims are usually White, compared to other ethnic groups (usually African American, Black and 'other' categories were used) (Baker, Sugar and Eckert, 2009;; Del Bove and Stermac, 2005; Lea *et al*, 2011). However, this may reflect the reluctance of older people from minority ethnic groups to disclose sexual violence and does not necessarily mean they are at less risk. One interesting finding reported in Sommers *et al* (2006) was the higher incidence (for times as likely) of genital injury in White women compared to Black women (although this was the same across all age groups).

### **Living arrangement and location of assaults**

The majority of sexual violence, domestic violence and elder abuse empirical literature reports rape or other forms of sexual abuse are most likely to occur in the victim's home. An obvious exception is the elder abuse research which focuses specifically on institutional settings (such as nursing homes). In Scriver *et al's* (2013) analysis of survivors accessing rape crisis centres in Ireland, the majority had been victimised in their home, however a significant proportion (35%) had been victimised in an 'other' location such as a car or hotel room.

There is significant variation across the literature in relation to the living arrangement of victims. Some have reported those living alone are at increased risk (Del Bove and Stermac,

2005) whereas others report living with at least one other increases risk (O'Keefe *et al*, 2007; Naughton *et al*, 2010). Some research has found higher levels of reported abuse among those living in urban areas (Brozowski and Hall, 2010) whereas others have found living in a village or countryside is associated with higher risk (Naughton *et al*, 2010).

The majority of studies are limited to people living in the community, as most of the large scale surveys and smaller studies exclude people living in care homes or other institutions. Few sexual violence or domestic violence studies have included institutional settings in their data collection, and where they have (for example Ball and Fowler, 2008; Jeary, 2005) they have often found few reported cases. However, some studies, have included institutional settings and have found in these environments perpetrators tend to be the care providers (Baker, Sugar and Eckert, 2009) whilst others have reported facility residents are the most common perpetrators (Roberto and Teaster, 2005).

However, even where studies have not had these limitations, they have found assaults usually occur in the victim's home (Ball and Fowler, 2008), although some research has reported significant proportions do occur in care homes (Jeary, 2005; Teaster *et al*, 2001). Burgess, Ramsey-Klawnsnik, and Gregorian (2008) report 284 cases of alleged and confirmed sexual abuse of elders that came to official attention through reports to either law enforcement or APS. About a quarter of the alleged assaults occurred in facilities. Ramsey-Klawnsnik *et al* (2008) found 73% of the 124 cases analysed occurred in care homes.

### **Marital Status**

There is a lack of consistency across the literature in relation to marital status and risk. Elder abuse studies have reported victims who are married report higher levels of victimisation (Naughton *et al*, 2010; O'Keefe *et al*, 2007; Cannell *et al*, 2014) as have some domestic violence studies (Luoma *et al*, 2011) however other studies report being divorced increases

risk (Brozowski and Hall, 2010). However, it is likely these differences reflect the focus of the studies; both domestic violence and elder abuse studies usually adopt definitions that limit violence to that committed by either spouse or family members, and do not include strangers.

### **Income and education**

A consistent finding is that low levels of education and low income have been associated with higher levels of sexual violence victimisation across the three fields of existing research (Brozowski and Hall, 2010; Naughton *et al*, 2010; Soares *et al*, 2010; Cannell *et al*, 2014). However, comparisons with younger groups have not been made, therefore it is not clear whether these issues are specifically associated with age.

## **Physical and mental health**

### **Key Findings**

- Poor physical and/or mental health are associated with a higher risk of victimisation across the studies
- Dementia/Alzheimer's is reported across several studies as a characteristic of victims, however there may be some bias in some of the studies due to the nature of samples (for example care or nursing home samples).
- It is not always clear whether these conditions are linked to the violence or are pre-existing.

Poor physical and/or mental health has also been associated with a higher risk of victimisation (Baker, Sugar and Eckert, 2009; Brozowski and Hall, 2010; Del Bove and Stermac, 2005; Flueckiger, 2008; Luoma *et al*, 2011; Soares *et al*, 2010). In their study of 119 alleged sexual abuse cases involving elder individuals residing in care facilities, Ramsey-Klawnsnik *et al* (2008) found victims suffered from a range of physical and psychological

conditions. These included dementia (64%), heart disease (45%), diabetes (16%) and Parkinson's disease (8%). They found many victims were dependent on others, with 48% requiring assistance in all activities of daily living. In a recent small study examining 14 cases of sexual violence involving an older victim in Portugal (Pinto *et al*, 2014, p.194) almost 58% of the cases evidenced relevant previous pathological history; 4 had a physical handicap (sphincter incontinence in case 4, left hemiparesis in cases 8 and 9, and severe hypoacusis in case 14), and 2 had a mental/cognitive handicap (mental retardation and Alzheimer's disease in cases 1 and 12, respectively). Two of the individuals were completely unable to communicate (either through words or gestures) due to their physical and/or cognitive impairments.

A limitation of these findings is that it is not clear whether the victim had these conditions prior to the victimisation, how long for, or whether these were triggered (or exacerbated) by the victimisation. In domestic violence and elder abuse studies, a lack of information for how long the victim had experienced sexual violence (as well as other forms of abuse) also limits our understanding of how the physical and mental health conditions may interact with longevity of victimisation.

### **Impacts and coping strategies**

#### **Key Findings**

- Very few studies have specifically examined impacts by abuse type.
- Notable sexual violence impacts can be categorised into physical and psychological groups.
- Physical impacts include genital trauma, aches and pains, cuts and bruises and sexually transmitted diseases including HIV.

- Psychological impacts include low self-esteem, depression, sleep problems.

In general, the impacts and coping strategies of older people who have experienced sexual violence has not been well researched in elder abuse or sexual violence research, which has tended to focus more on prevalence. The emerging domestic violence research has given more consideration to this area, however there are a lack of longitudinal studies across the three disciplines so the long-term impacts of sexual violence on older individuals is not understood. Across elder abuse and domestic violence literature there are very few studies which specifically examine the impacts of different types of abuse, therefore the impacts described here relate to abuse generally, unless otherwise stated.

### **Physical impacts**

A number of impacts of sexual violence have been cited in the existing research. Jeary (2005) reports a range of long-term physical and mental health problems following women's experiences of sexual violence which result in a range of impacts requiring painkillers as a result of injuries, or creating long-term problems such as suffering incontinence since the assault.

The literature indicates older women who experience sexual violence are more prone to genital trauma than younger women (Muram *et al*, 1992; Ramin, 1997; Jones *et al*, 2009; Templeton, 2005; Morgan *et al*, 2011). Burgess *et al* (2008) reports that 59% of her sample of sexually abused elders experience genital trauma injuries. Another study by Burgess *et al* (2000) report that over half of the sample of sexually abused women (n=20) died within a year of the assault. However, some studies have found no differences between older victims of sexual assault and younger victims in relation to physical injury. Del Bove, Stermac and Bainbridge (2005) found that vaginal penetration and the presence of physical trauma were just as likely in elder victims as younger victims of sexual assault. Baker, Sugar and Eckert

(2009) report that the majority of their sample of sexually abused elders in different living arrangements did not experience any serious injury, with the majority experiencing either no injury or minor injuries (such as bruising). Burgess (2006) reports the majority of victims in her sample (n=284) had visible injuries, and just under 7% had sexually transmitted diseases. A recent study by Soares *et al* (2010) also reported somatic symptoms (such as body aches, pains) were linked to sexual abuse. Similarly, Morgan *et al* (2011) reported bruising as an impact observed at a higher rate in postmenopausal women.

One notable, specific impact of sexual violence is sexually transmitted infections and HIV. Two studies conducted by Somanti and colleagues (Somanti and Shibusawa, 2008; Somanti, Wu, and El-Bassel, 2004) using data from urban health clinics found women aged 50 and older experiencing intimate partner violence were at a higher risk for HIV than women of the same age who had not experienced IPV in the past 2 years. Risk factors for contracting HIV included having a partner who insisted on intercourse without a condom, having intercourse with an IV drug user, and having a sexually transmitted infection.

One of the key limitations of these studies is that they tend to treat rape or sexual assault as an isolated and discrete event (Bright and Bowland, 2008; Mann *et al*, 2014). Other factors including pre-existing physical and/or mental health conditions, socio-economic factors and experiences of previous abuse are not considered. As such, it is not possible to state the cause and effect of sexual assault and negative health implications reported in these studies.

### **Psychological impacts**

Ramsey-Klawnsnik (2003) is one of the few studies to look specifically at the impacts of elder sexual abuse against women and men. Older male victims of sexually abusive spouses

displayed psycho-social consequences similar to the long-term victimization of women, including low self-esteem and hopelessness. Also, like female victims, males were reported to experience multiple barriers to leaving a long-term violent marriage (such as emotional, social, and financial attachment to the abuser and the perceived duty to remain to care for the spouse). Burgess (2006) also found numbness, appearing withdrawn, sleeping problems, depression and psychological upset were frequently reported. Jeary (2005) reports older survivors experiencing a range of psychological impacts including flashbacks and nightmares, problems sleeping, anxieties and fears about leaving their home or, if the attack happened in their home, fear of living in the property resulting in some older women moving house or into residential care settings.

### **Perpetrator and assault characteristics**

#### **Key Findings**

- Across the research the vast majority of perpetrators are male.
- A significant body of research has found perpetrators are often much younger (more than 30 years) than victims.
- Perpetrators are usually known to victims, although some research has found higher reports of stranger assaults compared to younger victims.
- Some research has found perpetrators tend to have previous convictions (for sex or other offences).
- It is not known whether perpetrators are also perpetrating violence against non-elders.

There are marked differences across, and within, the three fields with respect to perpetrator characteristics. As Burgess *et al* (2007) note, one of the few indisputable conclusions about sexual offenders is that they constitute a markedly heterogeneous group. The childhood and

developmental histories, adult competencies and criminal histories of sexual offenders differ considerably. The motives and patterns that characterise their criminal offences also differ considerably.

*Table 5 – Characteristics of victims and perpetrators*

### **Relationship**

Given the definitions of elder abuse and domestic violence which tend to be limited to abuse perpetrated by a spouse, family member or someone in a trusted relationship, the majority of elder abuse and domestic violence studies have found perpetrators to be either spouse or adult children (Naughton *et al*, 2010; O’Keefe *et al*, 2007) although some of the elder abuse research has found acquaintances or friends to be the most common perpetrator (Soares *et al*, 2010). The sexual violence research reports inconsistent findings; some studies have commented on the high levels of stranger rapes (Groth, 1978; Jeary, 2005; Burgess, 1996; Burgess *et al*, 2007) whereas other research has found perpetrators are usually known to the victim (Ramsey-Klawnsik, 1991; Pollock, 1988; Pinto *et al*, 2014; Teaster *et al*, 2001) although some have only known the victim for a short amount of time (Baker *et al*, 2009) which Safarik *et al* (2002) describe as a relative stranger.

### **Age of perpetrators**

**The early literature (and some of the most recent work) reported that** perpetrators were younger than their victims, in some cases observing more than 30 years difference between the victim and perpetrator (Author’s Own, 2015; Groth, 1978; Pollack, 1988; Ball and Fowler, 2008; Burgess *et al*, 2007; Jeary, 2005). However, other studies have contradicted these findings, (Roberto and Teaster, 2005; Teaster *et al*, 2001; O’Keefe *et al*, 2007) reporting that perpetrators are most likely to be a similar age to the victim. The variation in age at least partly reflects the type of study: domestic violence and elder abuse studies, by

definition, do not include rapes perpetrated by strangers, and it is more likely that partner or carers will be a similar age to the victim, whereas studies like Groth and Pollack were stranger rape samples which would explain the significant age differences reported in those studies.

## **Violence**

Early studies reported high rates of physical violence and the use of weapons in older sexual violence cases. Groth's (1978) sample of 170 sexual offenders convicted of sexually assaulting a woman aged 50 or older, 60% seriously injured their victims, 43% savagely beat them, 7% stabbed their victims, and 10% murdered the women. Groth (1978) also reported that in 60% of his sample a weapon was used and in a similar number of cases the victim sustained a serious injury. Pollock's (1988) study compared clinical records of five men who had sexually assaulted older women with seven men who had assaulted younger women revealed the majority of offenders who sexually assaulted older women used excessive force (more than required to overcome the victim's resistance) and most used a weapon. In addition, more than half either killed or tried to kill their victim. In contrast, only one of the men who assaulted younger women used a weapon and none inflicted life threatening injuries on their victims. Similarly, Burgess *et al* (2007) and Jeary (2005) report high levels of violence in cases involving older victims.

Other research has reported no significant differences between cases involving younger and older victims in terms of weapon use. For example, Lea *et al* (2011) found no significant statistical difference between older and younger victims of rape and sexual assault with respect to the violence used during the attack. Ball and Fowler (2008) compared 16 older female victims aged 60 and over with 832 younger victims, aged 18-40. They found sexual

offences committed against older female victims were not more likely to be more severe or be associated with a greater degree of violence.

### **Perpetrator backgrounds**

Perpetrators of physical and sexual violence against elders have often been assessed as displaying antisocial behaviour and traits of psychopathology (Burgess, 2006; Burgess *et al*, 2007, Ramsey-Klawnsnik, 2003 in Brozowski and Hall, 2010). Some of the existing literature has observed that perpetrators are often financially dependent on the victim (Roberto and Teaster, 2005) and are substance misusers (Brozowski and Hall, 2010) or have problems with alcohol (Naughton *et al*, 2010; Roberto & Teaster, 2005).

Some research has found perpetrators usually have previous convictions for either sexual or non-sexual offences (Jeary, 2005; Lea *et al*, 2011; Pinto *et al*, 2014). However, it is not clear whether perpetrators of sexual violence against the elderly are more likely to have previous convictions than those who commit offences against younger people.

### **Conclusion and future directions for research and practice**

Although the three fields of inquiry discussed in this paper are distinct areas of scholarship (elder abuse, domestic violence against older people and sexual violence against older people) there are overlaps across all three. Modern definitions of elder abuse and domestic violence across jurisdictions incorporate abuse perpetrated by partners, family members and others in trusted relationships. Furthermore, the existing research has shown that sexual violence against older people tends to be committed by partners or other family members (with the exception of the few studies which have found higher levels of stranger attacks) and thus would fall under either the elder or domestic violence definitions.

Whilst the findings with respect to victim and perpetrator characteristics, location of assault and motivations of offenders are not entirely consistent, there are a number of similarities shared across all three fields. Women, who are White tend to be the most at risk, and those with physical and/or cognitive disabilities, in particular dementia, are at higher risk. The sexual abuse tends to occur either in the victim's home or in an institutional setting where the victim lives, the perpetrator is typically known to the victim and is either a spouse or other family member. There are some studies which suggest a significant minority of perpetrators might have alcohol or other substance abuse problems and have previous criminal records/have served prison sentences.

Furthermore, the disciplines have all produced similar findings in relation to the impacts and consequences of sexual violence on victims – a range of negative physical and psychological consequences have been reported in the existing studies, including physical injuries, incontinence, sleep disturbance, depression, anxiety and a range of coping strategies, including alcohol and drug misuse, although both the impacts and coping strategies have received little attention (reflecting the lack of longitudinal studies) and require further research to explore more thoroughly. Thus, the three fields appear to be producing broadly similar themes across the research – however, what distinguishes each field from the other are the theoretical and methodological underpinnings of each discipline which influence the terms used. Furthermore, the limitations of the definitions of elder abuse and domestic violence limit populations and therefore limit what can be said about typical characteristics of offences.

Whilst few studies explicitly define their theoretical approach, elder abuse has been traditionally rooted in biological and social gerontology, whereas domestic violence has been mainly approached from a feminist perspective. The existing specific sexual violence against older people research sits somewhere in-between and is currently characterised by a lack of theoretical grounding, something which has not gone unnoticed (Ball, 2005; Jones and Powell, 2006) and which requires future attention. There is also significant variation in the methodology adopted by each discipline. Elder abuse studies have tended to be quantitative in nature, focusing on estimating prevalence of different types of abuse through surveys, whereas domestic violence studies have been more qualitative in their methodology and focused more on the nature and impacts of sexual violence against older women. Sexual violence studies have also tended to be more qualitative, though a number of studies have adopted quantitative approach and some have mixed methods.

There are a number of notable gaps in the existing literature across all three fields. There is generally a dearth of research exploring sexual violence against older people – the existing research is often hidden in broader elder abuse or domestic violence studies and many do not separate the different behaviours encompassed within these umbrella phenomenon, making it difficult to analyse the specific characteristics of victims and perpetrators and impacts on victims in relation to sexual violence specifically. Many elder abuse studies continue to exclude sexual violence from their methodology.

Little is known about the long-term impacts of sexual violence, as there are no known longitudinal studies underpinning the existing literature. Furthermore, the majority of studies exploring domestic and sexual violence against older people suffer a number of methodological limitations, including small sample sizes which are typically drawn from

single sources (individual police databases, convenience case selection from rape crisis centres or health databases) and are almost exclusively focused on the experiences of heterosexual women. The majority of samples are limited to older people living in the community, perhaps reflective of the ethical and methodological challenges in researching populations in institutions, particularly if there are additional health considerations such as dementia.

Little is known about the impacts of sexual violence on older lesbian, gay, bi-sexual and/or transsexual individuals. Furthermore, there have been few studies exploring the experience of male victims of sexual violence, an area which warrants urgent attention. Moreover, certain marginalised groups are underrepresented in the existing research – the majority of the research in all three fields is limited to predominantly white victims and white perpetrators, with a few notable exceptions (Eisikovits, Winterstein and Lowenstein, 2004). The coping strategies of women who have been sexually victimised is under-researched, although there are some indications from the domestic violence literature that pathogenic coping strategies such as alcohol abuse are observed in older populations, although it is unclear whether this is at a higher rate than younger populations.

Finally, there is a lack of research examining or evaluating existing prevention initiatives and how these apply, or how they can be developed, to include older populations. In particular, bystander intervention programmes (Coker *et al*, 2011; Gibbons, 2013) have been evaluated in relation to younger populations, usually at colleges or university, and there is a lack of understanding of how these may be useful with older populations.

### **Priorities for future research**

The existing studies have made important initial contributions to our knowledge of sexual violence against older people, particularly women, who appear to be the most at risk. However, much more is required to develop our understanding further. In particular, future research may wish to prioritise the following:

- Include the experiences of older victim-survivors; focus on particular groups of older victim-survivors, including those from BME backgrounds, male survivors and those living in other marginalised communities such as travellers.
- Examine the longitudinal impacts of sexual violence against older people. Particular issues also warrant further exploration, for example the coping strategies used by older victims, such as alcohol.
- Importantly, research which specifically examines the intersecting areas of age, gender, and other characteristics is needed, as the research to date across all three fields suggests women are the vast majority of victims and men the vast majority of perpetrators.
- Little is known about perpetrator backgrounds and there has been no research examining treatment or programmes for perpetrators of older sexual violence.
- It is not known whether perpetrators are also perpetrating violence against non-elders. This would be interesting to explore; are there links between elder abuse and domestic violence, for example? Do perpetrators who abuse their elderly parents also perpetrate violence against their spouse?

### **Implications for practice**

- Practitioners working in age-related and sexual violence organisations should be aware that older people can be victims of sexual violence.

- The needs of older people may be different to those of younger victims; research shows genital trauma is more likely in older groups and existing conditions may be exacerbated (for example heart disease).
- Whilst older victims may not be affected by some sexual health issues, such as pregnancy, resulting from the rape, practitioners should be mindful of sexually transmitted diseases (including HIV).
- Little is known about victim coping methods however practitioners should be mindful that alcohol abuse may be an issue in older populations. Similarly, positive coping strategies that have helped older survivors need to be identified and considered in future support plans.

### **Implications for policy**

- Sexual violence must be recognised and conceptualised as such, rather than being considered under broader headings which serve to obscure the existence of this form of gendered violence. The inconsistency in the definitions used makes it difficult to analyse sexual violence against older people.
- It appears that women with physical and/or cognitive impairments are at a higher risk of victimisation and policy must be developed to protect these vulnerable groups.
- Where victims living in care homes, residents have been identified as the most common perpetrators in several studies. Policies must balance respect for resident's privacy with the need to protect people from sexual violence.

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## Tables

| <b>Table 1 – Prevalence of previous year sexual violence victimisation in Elder Abuse</b> |                            |   |   |
|---|----------------------------|---|---|
| <b>Studies</b>  |                            |   |   |
| <b>Authors</b>  | <b>Year of Publication</b> | <b>Method</b>   | <b>Rates of disclosure</b>  |
| <i>Acierno et al</i>  | 2010                       | Quantitative survey of 5777 adults aged 60 and over from general population using computer-assisted telephone interviewing.   | 0.6% of older people reported previous year victimisation.  |
| Anetzberger and Yamada  | 1999                       | Qualitative analysis of 150 records of elder abuse from telephone helpline in an 18-month period were analysed (March 18 1996 and September 30 <sup>th</sup> 1997). | 0.7% of calls were sexual violence disclosures – however, calls made by victims and third parties |
| Anme  | 2004                       | Qualitative interviews with 78 people aged 60 or over who were residents of agricultural village near large urban centre in Japan.                                  | 1.3% elders disclosed sexual violence.  |
| <i>Cannell et al</i>  | 2014                       | Quantitative survey data from 24,343 of older adults aged 60 and over from the 2005 Behavioral Risk Factor Surveillance System.                                     | 0.9% reported sexual violence   |

|   |      |  |   |
|---|------|--|---|
| Dong, Simon and Gorbien                             | 2007 | Quantitative survey of 412 people in China aged 60 years or older who presented to a single urban medical centre in July 2005. | 1.2% disclosed sexual violence                          |
| Eisikovits, Z., Winterstein, T., and Lowenstein, A. | 2004 | Quantitative survey of 1045 persons, 392 men above the age of 65 and 650 women, 60 and older.                                  | 2.% disclosed sexual violence                           |
| Naughton <i>et al</i>                               | 2010 | Quantitative survey interview of 2,021 people aged 65 and over in Ireland.   | 0.05% (rising to 0.7% when acquaintances were included) |
| O'Keefe   | 2007 | Quantitative survey interview of 2111 individuals aged 66 and over in UK.  | 0.2% disclosed sexual violence                          |
| Soares <i>et al</i>                                 | 2010 | Quantitative survey across seven European countries with total sample of 4,451 people aged 60-84. 57.3% were women.            | 0.7% disclosed sexual violence                          |

| <b>Table 2 – Prevalence of previous year sexual violence victimisation in Domestic Violence Studies</b> |                            |   |  |
|---|----------------------------|---|--|
| <b>Authors</b>  | <b>Year of Publication</b> | <b>Method</b>   | <b>Rates of disclosure</b>   |
| Amesberger, Haller and Tóth   | 2013                       | Qualitative analysis of 554 case files involving women aged 60 and over drawn from CJS institutions from 6 European countries.                            | 2% reported sexual violence  |
| Lisboa <i>et al</i>   | 2009                       | Quantitative - two questionnaire surveys to a sample of 1000 women and 1000 men aged 18 more years.   | 17% of all women who were victims of recent sexual violence were 65 years or over. |
| Lundy and Grossman  | 2004                       | Analysis of cases of women aged 65 and older accessing a refuge between 1990 and 1995 in a large mid-western state in the USA (n=1057). 75.4% were White. | 5.2% disclosed sexual violence   |
| Luoma <i>et al</i>  | 2011                       | Quantitative survey of 2880 women aged 60 and over across five countries during 2010.   | 3.1% reported sexual violence  |
| Yan and Chan  | 2012                       | Secondary analysis of a quantitative household survey to examine domestic violence (n=5,049) in Hong Kong. 937 cases                                      | 1.2% of the cases involved sexual violence.  |

|  |  |                                     |  |
|--|--|-------------------------------------|--|
|  |  | involved a victim aged 60 and over. |  |
|--|--|-------------------------------------|--|

| <b>Table 3 – Prevalence of previous year sexual violence victimisation in Sexual Violence Studies</b> |                            |   |  |
|---|----------------------------|---|--|
| <b>Authors</b>  | <b>Year of Publication</b> | <b>Method</b>   | <b>Rates of disclosure</b>   |
| Author own  | 2015                       | Anonymised for review   | Anonymised for review  |
| Amir  | 1971                       | Quantitative statistical analysis of all police recorded data of rape cases in Philadelphia between January 4 <sup>th</sup> 1958 and December 31 <sup>st</sup> 1958, and January 1 <sup>st</sup> 1960 and December 31 <sup>st</sup> 1960 (n=646) including a specific examination of adults aged 50 and over. | 3.6% of cases involved a victim aged 50 or over  |
| Ball and Fowler   | 2008                       | Quantitative analysis of police recorded data of sexual offences in single force area in rural south east of England (n=1061) between April 1 <sup>st</sup> 1999 and June 20 <sup>th</sup> 2004. Comparison of cases involving those 60 and over.   | Proportion aged years and above w 5.1%, 55 years a over 3.0%, 60 years and mo 1.7%, 65 years a |

|                      |      |  |                                      |
|----------------------|------|--|--------------------------------------|
|                      |      |  | above 0.8%, and years and more 0.4%. |
| Cartwright and Moore | 1989 | Qualitative analysis of 740 sexual assault victim treatment records in an inner city hospital.             | 2.7% of victims were aged 60-90      |
| Macdonald            | 1971 | Qualitative analysis of 200 cases of rape in Denver.   | 7% aged 50 and over                  |
| Scriver <i>et al</i> | 2013 | Quantitative analysis of rape crisis data in Ireland in 2011 relating to women of all age groups (n=2036). | 6% aged 55 and over                  |

**Table 4 – Characteristics of victims and perpetrators**

| <b>Author</b> | <b>Year of Publication</b> | <b>Discipline</b>     | <b>Base sample</b>    | <b>Characteristics /risk of victims</b> | <b>Characteristics of perpetrators</b> |
|---------------|----------------------------|-----------------------|-----------------------|---|--|
| Author own    | 2015                       | Anonymised for review | Anonymised for review | Anonymised for review                   | Anonymised for review                  |

|                                  |      |                    |   |  |                                     |
|----------------------------------|------|--------------------|---|--|-------------------------------------|
| Baker,<br>Sugar<br>and<br>Eckert | 2009 | Sexual<br>Violence | Women<br>who<br>attended<br>urban<br>sexual<br>assault<br>centre<br>between 1 <sup>st</sup><br>January<br>1998 and<br>31 <sup>st</sup><br>December<br>2006 (198<br>cases<br>involved<br>woman<br>aged 50 or<br>older).<br>70% of the<br>sample<br>were<br>White<br>(African<br>American<br>and Native | White (70.2%)<br>In 60s (ranged<br>50-98)<br>Living in<br>domestic setting<br>Dementia (106<br>of 198 cases)<br>Physical<br>disability (43<br>cases) | Male (77%)<br>Known to victim (75%) |
|----------------------------------|------|--------------------|---|--|-------------------------------------|

|                    |      |                 |   |   |                               |
|--------------------|------|-----------------|---|---|-------------------------------|
|                    |      |                 | American were over represented in the sample).  |   |                               |
| Ball and Fowler    | 2008 | Sexual Violence | All recorded sexual offences recorded at single police force in semi-rural county in south east of England between 1 <sup>st</sup> April 1999 and 20 <sup>th</sup> June 2004. | Female (100%)<br>Aged 60-69                   | Male (100%)<br>Aged 50+ (66%) |
| Brozowski and Hall | 2010 | Elder Abuse     | Analysis of Canadian General  | Female<br>Living in an urban area<br>Divorced |                               |

|         |      |                 |  |  |  |
|---------|------|-----------------|--|--|--|
|         |      |                 | Social Survey 1999 – respondent s aged 65-80 (n=3,366) male and female.  | Low income Youngest and oldest end of spectrum Chronic sleep problems Health limitations |  |
| Burgess | 2006 | Sexual Violence | 284 forensic cases of adults aged 60 and over drawn from multi-disciplinary group who investigated or examined the cases. 82.3% of | Female (93.2%) White (82.3%) Aged in 80s (34.3%) Domicile locations (70%)                | Male (87.5%) Stranger (26%) Aged 30-39 (27%) |

|                         |      |                    |   |   |  |
|-------------------------|------|--------------------|---|---|--|
|                         |      |                    | sample<br>were<br>White and<br>93.5%<br>were<br>female.   |   |  |
| Cannell<br><i>et al</i> | 2014 | Sexual<br>Violence | Sample of<br>24,343<br>adults aged<br>60 and<br>over from<br>the<br>Behaviour<br>al Risk<br>Factor<br>Surveillance<br>System. | Female<br>Aged 60-69<br>(59%)<br>White or 'other'<br>ethnicity (73%)<br>Low income<br>(26%)<br>Married or in<br>non-married<br>relationship<br>(36%)<br>Fair or poor<br>general health<br>(46%)<br>Dissatisfaction<br>with life<br>At least one<br>poor mental<br>health day in the |  |

|                               |      |                    |   |   |                              |
|-------------------------------|------|--------------------|---|---|------------------------------|
|                               |      |                    |   | previous month  |                              |
| Davis<br>and<br>Brody         | 1979 | Sexual<br>Violence | Case histories of 87 women over the age of 50 in New York and Philadelphia who had been raped.      | Assaulted in own home (73%)   | Male (100%)<br>Strangers 68% |
| Del<br>Bove<br>and<br>Stermac | 2006 | Sexual<br>Violence | Sample drawn from hospital based sexual assault care centre in metropolitan area of Ontario between | White (86%)<br>Single (32.8%)<br>or widowed (27.9%)<br>Lives alone (42.6%)<br>Psychiatric history (41%) or cognitive disability (19.7%) |                              |

|       |      |                    |   |  |  |
|-------|------|--------------------|---|--|--|
|       |      |                    | 1992-2002<br>involving<br>women<br>aged 55<br>and over.<br>85% were<br>White.   |  |  |
| Groth | 1978 | Sexual<br>Violence | Data<br>drawn<br>from 170<br>offenders<br>referred to<br>a forensic<br>psychiatric<br>facility in<br>Massachus<br>etts<br>between<br>1970 and<br>1975 who<br>had<br>assaulted<br>adult<br>victims, of<br>which 12 |  | Male (100%)<br>More than 30 years<br>younger than victim<br>Stranger |

|       |      |                    |  |                             |  |
|-------|------|--------------------|--|-----------------------------|--|
|       |      |                    | had<br>offended<br>against a<br>woman<br>aged 50<br>and over.  |                             |  |
| Holt  | 1993 | Sexual<br>Violence | 90 cases of<br>sexual<br>violence<br>involving<br>an adult<br>aged 75 or<br>older<br>known to<br>protective<br>services in<br>England. | Female<br>Dementia<br>Frail |  |
| Jeary | 2005 | Sexual<br>Violence | Cases of<br>adult male<br>offenders<br>who had<br>committed<br>offences<br>against an<br>older   | Aged in 70s or<br>80s       | Aged 16-30<br>Previous conviction for<br>sexual offences,<br>significant number<br>against elderly<br>Stranger |

|                  |      |                    |  |                            |   |
|------------------|------|--------------------|--|----------------------------|---|
|                  |      |                    | female<br>from social<br>services<br>and the<br>prison<br>service in<br>England.   |                            |   |
| Lea <i>et al</i> | 2011 | Sexual<br>Violence | Data<br>drawn<br>from<br>Serious<br>Crime<br>Analysis<br>Section of<br>the UK<br>National<br>Policing<br>Improvem<br>ent<br>Agency.<br>All cases<br>since 1998<br>involving<br>female<br>victims | White (97%)<br>Mean age 77 | Male<br>White (94%)<br>Previous convictions<br>(100%) |

|                       |      |                   |   |   |                                    |
|-----------------------|------|-------------------|---|---|------------------------------------|
|                       |      |                   | aged 60 or older. 97% were White.   |   |                                    |
| Luoma<br><i>et al</i> | 2011 | Domestic Violence | Survey of 2,880 women across 5 European countries in 2010.  | Married Retired 70-79 and 80+ Poor physical and mental health | Partner (55.4%)                    |
| Muram<br><i>et al</i> | 1992 | Sexual Violence   | Data drawn from 53 cases of elder sexual violence and 53 cases involving younger victims in Tennessee at a non- | Black (60.4%) Victimized at home (71.7%)                      | Male Strangers (79%) Black (81.1%) |

|                       |      |             |   |   |  |
|-----------------------|------|-------------|---|---|--|
|                       |      |             | hospital based clinic.  |   |  |
| Naughton <i>et al</i> | 2010 | Elder Abuse | Quantitative survey interviews of 2,021 people aged 65 and over in Ireland. 55% were women and 98% White. | Female Married or widowed Lives with spouse and at least one other Lives in village/town or open countryside Low levels of education Low income Aged 70-79 Poor/very poor self reported health Poor community social support. | Adult children or spouse Alcohol problems    |
| O'Keefe <i>et al</i>  | 2007 | Elder Abuse | Quantitative survey   | Female Married or   | Over half were partner / spouse, 49% another |

|                    |      |                 |   |  |   |
|--------------------|------|-----------------|---|--|---|
|                    |      |                 | interviews of 2111 individuals aged 66 and over in UK. 57% were women and 98% White.                    | divorced Lives with at least one other Aged 66-74 Poor health and/or long-term illness | family member, Men Aged 65-74 Retired   |
| Pinto <i>et al</i> | 2014 | Sexual Violence | Data drawn from clinical databases of the National Institute of Legal Medicine of Portugal and Forensic | Female (100%) Lived alone (70%) Physical or mental handicap or impairment (58%)        | Male (100%) Low level of education (100%) Known to the victim Mean age of 47.7 Previous convictions |

|         |      |                |  |  |  |
|---------|------|----------------|--|--|--|
|         |      |                | Sciences<br>between<br>2005 and<br>2009<br>involving<br>victim<br>aged 65<br>and over<br>(n=14).   |  |  |
| Pollock | 1988 | Elder<br>abuse | Data<br>drawn<br>from<br>clinical<br>records of<br>5 men who<br>had<br>sexually<br>assaulted<br>women<br>aged 60 or<br>older<br>between<br>1977 and<br>1985 and<br>referred to |  | Male (100%)<br>Known to victim<br>Unemployed |

|                 |      |                 |   |               |   |
|-----------------|------|-----------------|---|---------------|---|
|                 |      |                 | <p>the Forensic Service of Clarke Institute of Psychiatry in USA. This was compared with 5 cases involving younger women.</p> |               |   |
| Ramsey Klawnsik | 1991 | Sexual Violence | <p>Data drawn from 28 cases of suspected elder abuse referred to protective services. All victims were</p>                    | Female (100%) | <p>Male (98%)<br/>Care giver (family member – son or husband) (81%)</p> |

|                                     |      |                    |   |   |  |
|-------------------------------------|------|--------------------|---|---|--|
|                                     |      |                    | female.   |   |  |
| Ramsey<br>Klawnsnik<br><i>et al</i> | 2008 | Sexual<br>Violence | Data based on 119 cases in care facilities involving alleged sexual violence perpetrator s reported to state authorities across 5 states in the USA between 1 <sup>st</sup> May 2005 and 31 <sup>st</sup> October 2005. | White<br>Dependant on others for daily care<br>Living in a care home<br>Dementia<br>Heart disease<br>Diabetes<br>Diagnosed disabilities of the alleged victims were:<br>cognitive<br>psychiatric,<br>physical,<br>developmental,<br>and sensory | Male (78.4%)<br>White (60%)<br>Employees (43%)     |
| Roberto<br>and<br>Teaster           | 2005 | Sexual<br>Violence | Aggregate data from 125   | Female (100%)<br>Living in a nursing home   | Male (98%)<br>Family member or care home residents |

|                     |      |             |   |                                      |                                 |
|---------------------|------|-------------|---|--------------------------------------|---------------------------------|
|                     |      |             | <p>substantiated Adult Protective Services cases of sexually abused women were collected between 1st July 1996 and 30th June 2001.</p> <p>Women older than 59 years represented 63% of the cases.</p> | (67%)                                | Aged 60+ (74%)                  |
| Soares <i>et al</i> | 2010 | Elder Abuse | Quantitative survey across  | Female Supported by spouses/partners | Friends/acquaintance/neighbours |

|                         |      |                    |   |  |  |
|-------------------------|------|--------------------|---|--|--|
|                         |      |                    | seven European countries with total sample of 4,451 people aged 60-84.  | and other financial means Using health care service frequently In paid work  |  |
| Teaster<br><i>et al</i> | 2001 | Sexual<br>Violence | Aggregate data from Adult Protection Services case files in Virginia involving a victim aged 60 or older between 1 <sup>st</sup> July 1996 and 30 <sup>th</sup> June 1999 (n=42). | Female (95.2%)<br>Living in care home (80.9%)<br>Eldest end of the spectrum (80+) (47.7%)<br>Unable to manage finances/low levels of orientation | Nursing home resident (75%)<br>Aged 70+ (24.3)<br>Dementia (29.6%)<br>Drug/Alcohol abuse (14.8%) |

