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Comparisons of Sexual Assault Among Older and Younger Women

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ABSTRACT. This study examined the nature and extent of coercion, violence, and physical injury among older victims of sexual assaults (55 years and older) and compared these with the sexual assault victims of mid-age (31-54 years) and younger women (15-30 years). The results of this investigation reveal that older victims of sexual assault are more likely to be living alone at the time of the attack. In addition, older victims of sexual assault tended to report higher rates of vulnerabilities such as psychiatric and cognitive disabilities than did younger female victims. In contrast to younger victims, elder sexual assault victims are also more likely to be assaulted in their own home and one-quarter of older victims require ambulance involvement. Although the use of weapons was most likely in the sexual assaults of younger women, the use of physical violence and restraint was common and equally likely among all three groups. Similarly, vaginal penetration and the presence of physical trauma were just as likely in elder victims as in younger victims of sexual assault.

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These results reveal new information about the nature and extent of violence and coercion in elder female sexual assaults. The vulnerability of the older victims illustrated in this investigation raises a number of research questions about these women's prior history of victimization and future safety.

KEYWORDS. Sexual violence, sexual assault, rape, elderly victims, older women

INTRODUCTION

Despite the fact that sexual violence affects victims regardless of age, race, and physical appearance, the professional literature on survivors of sexual assault has remained predominantly focused on young female victims. The sexual assault of women over the age of fifty is rarely reported in the literature, and the notion of older women as victims of sexual assaults is relatively new (Ball, 2005; Muram, Miller, & Cutler, 1992). Existing societal myths regarding rape of the elderly, such as the widely held belief that older women are not sexually desirable and therefore, not capable of being sexually victimized, exacerbates the difficulties older women have in disclosing the experience of sexual assault and increases their stigma while hindering the development of appropriate services and research (Burgess & Morgenbesser, 2005). Indeed, the few empirical studies on elderly victims suggest that many sexual assaults of older women may go undetected (Burgess, Hanrahan, & Baker, 2005; Cartwright & Moore, 1989; Muram et al., 1992). It is clear that our knowledge and understanding of elder female sexual assault is very limited.

Several important studies have already documented the prevalence of sexual assault during the later years of life (Amir, 1971; Clark & Lewis, 1977; Fletcher, 1977; Groth, 1978; Pollock, 1988; Tyra, 1993). A retrospective study using National Women's Study (NWS) survey data to compare assault characteristics of women 55 to 89 years of age with women 18 to 35 years of age reported a higher prevalence rate of rape in the younger cohort (17%) versus in the older women (6%) (Acierno, Gray, & Best, 2001). In Amir's early study (1971) of the incidence of

forcible rape in Philadelphia, he found that 3.6% of the reported assaults were directed toward women aged 50 or older. In a Canadian study, Clark and Lewis (1977) found that in Vancouver, during a 5-year period, over 3% of rapes reported to the police involved victims 55 or over and 2% involved victims over 64 years of age (as cited in Pollock, 1988). Fletcher (1977) cites the incidence of reported rapes against women over 55 in New York City as 2% and in Detroit as averaging 6.8% over a three-year period. She also reported that 5.2% of the victims reporting to the Rape Crisis Center of Syracuse were over 55 years old and noted that the average age of the rape victim is increasing. It may be misleading, however, to consider only the absolute age of the victim. For example, in an early Californian study (1954), it was found that 25% of the victims were 30 or more years older than their assailants (as cited in Groth, 1978). In comparison, the reported literature on rape suggests that the majority of victims fall into the same age bracket as their offenders or are only slightly younger. Thus, the older victim has not received much attention in the clinical literature on sexual assault. Moreover, many investigators argue that the limited attention paid to such assaults misrepresents the magnitude of the problem since the sexual assault of older women is even more underreported than sexual assault in general (Burgess & Morgenbesser, 2005; Cartwright & Moore, 1989; Groth, 1978; Pollock, 1988). In addition to older victims' higher threshold for reporting sexual victimization (Acierno et al., 2001), researchers such as Roberto and Teaster (2005) have also noted that estimates of sexual assault represent only the most overt cases and that agencies such as the Adult Protection Services (APS) underestimate the incidence of sexual abuse of older women who are cognitively or physically disabled. In general, estimates for unreported rapes are between 3 and 10 times the number reported (Tyra, 1993).

The few studies that have focused on older rape victims have reported that the assault is "often an exceptionally violent crime that is more an issue of hostility than sexual desire" (Pollock, 1988). According to Groth (1978), one of the most prominent characteristics of these sexual assaults is the degree of violence exhibited in the offences. In his sample of 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. In essence, far more physical force and aggression were used in the commission of these offences than would have been necessary had the intent of the offender been simply to overcome his victim's resistance. In fact, when asked their intention in committing the sexual assault, approximately

one-third of the offenders stated that they wanted to hurt their victims and express their anger, while only 17% reported sexual gratification to be a motivating factor (Groth, 1978).

Previous studies have revealed that the sexual assault of older victims often takes place in the victim's home by an assailant who is unknown to the victim (Cartwright & Moore, 1989). Older women are also less likely to try to protect themselves and are more likely to sustain injuries, particularly injuries to the genital area (Bachman, Dillaway, & Lachs, 1998; Cartwright, 1987; Pollock, 1988). In a more recent study conducted by Muram and colleagues (1992), 72% of older victims (55 years of age or older) were assaulted in their own home, 79% were assaulted by complete strangers, and 51% presented with genital injuries, 28% of which required surgery. These studies have also demonstrated the inherent vulnerability of older women to violent crime. More specifically, older women are more likely to live alone and due to their physical size, decreased strength, and age-related physiological changes, their mobility and ability to flee or resist a physical attack is reduced (Safarik, Jarvis, & Nussbaum, 2002; Roberto & Teaster, 2005). It has been argued that vulnerability and accessibility play a more significant role in determining victim selection in sexual assault than does physical attractiveness or alleged provocativeness (Ball, 2005; Groth, 1978).

In addition to older victims' increased vulnerability to physical injuries as a result of sexual assault, the professional literature also indicates that there are a number of serious issues that may complicate the recovery from sexual assault when the victim is older (Burgess et al., 2005; Burgess & Morgenbesser, 2005; Tyra, 1993). Older victims may be more susceptible to the effects of rape trauma syndrome due to the diminished physical, social, and economic resources that often accompany aging (Groth, 1978). For instance, elder victimized women have been shown to exhibit trauma symptoms of becoming fearful of the location of the assault, of males and male caregivers if raped in a nursing home, to experience flashbacks, to be easily startled, and demonstrate general symptoms of traumatic stress (e.g., fear, confusion, lack of appetite, withdrawal, insomnia, exacerbation of existing conditions (Burgess & Morgenbesser, 2005). It has also been found that clinicians underdiagnose sexual victimization of older women when physical and psychological manifestations of sexual assault are attributed to normal consequences of aging (Bachman et al., 1998). In addition, compared with the younger woman, older victims may have fewer available friends to turn to for support in this time of stress and the social values of her generation may compound the psychological impact of the sexual

assault since she may see her victimization as a disgrace. Moreover, her sense of increasing helplessness and mortality may be activated by the experience of the assault. In addition, financial considerations may limit her alternatives for coping with her trauma, for example, moving from her home when this has been the site of her assault may not be feasible.

It is apparent that the extent to which sexual assaults of older women differ from those of younger victims needs further investigation. Very little work has focused on examining both the general characteristics of older-victim sexual assault as well as the unique distinctions between older, mid-age, and younger victims and their experiences. Previous studies examining the sexual assaults of older women have generally involved very small sample sizes and did not include control groups to determine if the findings were related to the victim's advanced age, or rather reflected the population seen at that particular health care centre. Earlier studies have also tended to focus on the convicted offenders of older-victim sexual assaults while little data has been collected directly from sexual assault victims in the general community. Thus, the present investigation sought to address the gaps in the research literature through an examination of the characteristics of elder sexual assaults in a community sample of women.

METHODS

Participants

Information used in this study was obtained from a previously constructed database of clients presenting for assessment and/or treatment to a hospital-based Sexual Assault Care Centre (SACC) in a metropolitan area in Ontario, Canada between the years of 1992 and 2002. Based on age groups studied in the existing sexual assault literature, female clients who were 55 years of age or older (55-87 years) at the time of the assault (n = 61) were compared with a randomly selected mid-age group (31-54 years) of sexual assault victims (n = 73) and a randomly selected young age (15-30 years) victim group (n = 78). Male clients attending the Centre were not included.

The hospital-based urgent care centre provides specialized medical, psychological, and social assistance and treatment to approximately 350 victims of sexual assault per year. It is part of a larger emergency crisis unit, The Sexual Assault and Domestic Violence Center, which provides services for both sexual assault and domestic violence.

Services are offered to adult women and men within 72 hours of a sexual assault and include the option of forensic evidence collection as well as referral to the centre's counseling program. Information used in the study was obtained from any client presenting for a sexual assault.

Database

Information used in this study was obtained from the Centre's database that was constructed and maintained by research staff from 1992 to 2004. Accuracy and inter-rater reliability of data collection was assessed on an ongoing basis during the maintenance of the database. The database contains non-identifying and coded medical and nursing information extrapolated from client health records. The health record information was collected routinely by intake and treatment personnel at the hospital's emergency department and at SACC during the time of a client's admission. It includes client, assault, assailant, and treatment variables as well as general demographic, historical, and presentation information.

Measures

Five categories of clinically significant variables relevant to our study were examined. These included (1) client characteristics, (2) presentation and service delivery characteristics, (3) sexual assault characteristics, (4) coercion, and (5) physical injuries. Client characteristics included age, ethnicity, employment status, current living situation and pregnancy at the time of the assault. Client presentation and characteristics of service delivery included circumstances surrounding presentation to the centre and medical services received. Sexual assault characteristics were described by victim-assailant relationship status, location of assault, and type of sexual assault committed.

Variables related to coercion included the use of verbal threats, alcohol and drugs, physical restraint, assault while sleeping, physical violence and weapon use. As well, a mean severity of coercion index was developed in collaboration with 10 sexual assault clinicians who rank-ordered coercion methods for severity. Following this, the clinicians provided weightings for each method of coercion according to their clinical experience. Weighting ranged from attacks while the victim was asleep ($\times 1$), coercion involving verbal threats ($\times 2$), drugging the victim ($\times 3$), use of physical restraint by the assailant ($\times 4$), to the use of physical violence ($\times 5$). A total coercion score was computed for

each participant by adding all of the weighted coercion variables together. This total score was used to compute the mean severity index of coercion experienced by the three groups of participants.

Type and location of physical injuries based on both client self-report and clinician observation were also recorded. A sum of physical injuries for each individual was computed for each injury type. As with coercion, a mean severity of physical injury index was developed in collaboration with 10 sexual assault clinicians in the same manner described above. Weighting ranged from injuries involving tenderness as reported by the client ($\times 1$), pain as reported by the client ($\times 2$), soft tissue trauma such as contusions and bruises ($\times 3$), the presence of lacerations ($\times 4$), fractures ($\times 5$), to internal injuries ($\times 6$). A total trauma variable was computed for each participant by adding all of the weighted injury variables together. This total score was used to compute the mean severity index of trauma experienced by the three groups of participants.

Data were analysed using chi-square statistics for nominal data and analysis of variance for continuous data. Due to the large number of comparisons carried out in the analyses, an adjusted alpha level of 0.01 was used.

RESULTS

Client Characteristics

Clients involved in this investigation ranged in age from 15 to 87 years. As seen in Table 1, the mean age of each victim group significantly differed from each other, $F(2, 211) = 704.57$, $p = 0.000$. Approximately one-fifth of the entire sample of women described themselves as members of visible minorities (20%). However, there were no significant differences between the victim-age groups in terms of their ethnocultural status (see Table 1).

Approximately 27% of the clients reported being currently employed. This did not significantly differ among the victim-age groups, $\chi^2(2, 180) = 7.46$, $p = 0.024$. At the time of the assault, about 57% of all women were single, 18% were married or in a common-law relationship, 13% were separated or divorced, and 8% were widowed. Marital status did significantly differ among the victim-age groups with the youngest women most likely being single, $\chi^2(2, 212) = 39.00$, $p = 0.000$, and the eldest women significantly most likely to be widowed at the time of the assault, $\chi^2(2, 212) = 41.48$, $p = 0.000$. Consistent with these

TABLE 1. Victim Characteristics

	Eldest (N = 61)	Mid-Age (N = 73)	Young (N = 78)	F/χ^2
Mean(SD) Age	64.6(9.2)	37.9(6.1)	21.8(4.5)	704.57**
Ethnocultural Group (%)				
White	86.0	80.0	70.8	4.03
Black	8.0	9.2	20.0	4.80
Hispanic	2.0	0.0	3.1	1.92
Asian	2.0	3.1	0.0	1.92
First nations	2.0	6.2	1.5	2.53
Employed (%)	16.4	35.6	28.2	7.46
Marital Status (%)				
Single	32.8	47.9	83.3	6.73
Married/Common-law	19.7	24.7	9.0	39.00**
Separated/Divorced	13.1	21.9	6.4	7.70
Widowed	27.9	1.4	0.0	41.48**
Living Situation (%)				
Alone	42.6	26.0	11.5	17.44**
Family	23.0	32.9	46.2	8.31
Group	14.8	2.7	7.7	6.52
Street/Shelter	6.6	17.8	11.5	3.97
Friend Support (%)	24.6	34.2	47.4	7.93
Psychiatric History (%)	41.0	47.9	24.4	13.33**
Cognitive Disability (%)	19.7	8.2	5.1	8.34*
Physical Disability (%)	4.9	6.8	0.0	5.18

Note. *p < 0.01 **p < 0.001

results and illustrating their increased vulnerability, was the finding that elder victims were most likely to live alone (43%). In addition, trends suggesting that the younger victims were more likely to be living with family and were more likely to report having the support of friends was found, $\chi^2(2, 212) = 8.31$, $p = 0.016$ and $\chi^2(2, 212) = 7.93$, $p = 0.019$.

Of considerable note was the finding that 37% of all clients had a history of psychiatric difficulties with the two oldest victim groups being significantly more likely than the youngest group, $\chi^2(2, 156) = 13.33$, $p = 0.001$. Psychiatric difficulties included a variety of illnesses such as schizophrenia, depression, and bipolar disorder. In addition to their

psychiatric history, approximately 20% of the eldest victims also demonstrated a cognitive disability, which further illustrates their heightened vulnerability to all forms of victimization, $\chi^2(2, 212) = 8.34$, $p = 0.015$. In comparison, physical disability status did not differentiate the victim groups, $\chi^2(2, 212) = 5.18$, $p = 0.075$.

Presentation and Service Delivery Characteristics

As outlined in Table 2, the majority of clients in this study were accompanied to the sexual assault care centre by police, $\chi^2(2, 212) = 1.44$, $p = 0.487$ and the victim groups did not significantly differ on the likelihood of involving ambulatory services, $\chi^2(2, 212) = 6.15$, $p = 0.046$. In comparison, the youngest victims were most likely to be accompanied to the care centre by a friend, $\chi^2(2, 212) = 14.18$, $p = 0.001$. There was no significant difference among the groups in terms of how long after the assault they arrived at the care centre, $F(2, 197) = 0.488$, $p = 0.615$. In addition, once at the sexual assault emergency centre, victim-age groups did not significantly differ in the likelihood of undergoing a physical examination or completing the collection of a forensic evidence kit, $\chi^2(2, 204) = 2.71$, $p = 0.257$ and $\chi^2(2, 205) = 0.575$, $p = 0.750$. Client groups also did not differ in hospital admittance rates, $\chi^2(2, 212) = 3.41$, $p = 0.182$.

Sexual Assault Characteristics

Several aspects of the sexual assault were examined by victim-age group status. As presented in Table 3, analyses involving the victim-assailant relationship revealed no significant group differences. All women in this study were just as likely to be assaulted by a stranger (41%) as they were by an acquaintance (41%), $\chi^2(2, 207) = 0.359$, $p = 0.836$ and $\chi^2(2, 207) = 2.08$, $p = 0.354$. Approximately 14% of mid-age victims, 9% of younger women, and 5% of the elder victims reported being assaulted by a spouse or boyfriend, $\chi^2(2, 207) = 3.04$, $p = 0.219$. Very few women in each group reported being assaulted by a relative, $\chi^2(2, 207) = 0.300$, $p = 0.861$. An analysis involving the number of assailants revealed that on average, younger victims were most likely to be assaulted by more assailants during an assault than victims over the age of 55 years, $F(2, 198) = 4.44$, $p = 0.013$. Young and mid-age victim groups did not significantly differ on this variable.

Significant differences between the victim groups emerged when the location of the sexual assault was examined. Consistent with previous research, results revealed that the eldest victims were most likely to be

TABLE 2. Presentation and Service Delivery Characteristics

	Eldest (N = 61)	Mid-Age (N = 73)	Young (N = 78)	F/χ^2
Police Accompaniment (%)	67.2	67.1	59.0	1.44
Ambulance Accompaniment (%)	24.6	12.3	10.3	6.15
Friend Accompaniment (%)	3.3	12.3	25.6	14.18**
Mean(SD) Hours Since Assault	24.1(37.5)	25.9(56.5)	18.6(41.7)	0.49
Physical Exam (%)	77.0	71.2	80.8	2.71
Forensic Kit (%)	52.5	60.3	62.8	0.58
Admitted to Hospital (%)	9.8	8.2	2.6	3.41

Note. *p < 0.01 **p < 0.001

TABLE 3. Sexual Assault Characteristics

	Eldest (N = 61)	Mid-Age (N = 73)	Young (N = 78)	F/χ^2
Assailant Relationship (%)				
Stranger	42.4	43.6	39.0	0.36
Acquaintance	47.5	35.2	42.9	2.08
Spouse/Boyfriend	5.1	14.1	9.1	3.04
Relative	3.4	4.2	2.6	0.30
Mean(SD) Number of Assailants	1.0(0.14)	1.3(0.61)	1.4(0.82)	4.44*
Location of Assault (%)				
Victim's Home	51.7	20.0	19.2	21.41**
Assailant's Home	8.3	28.6	19.2	8.52*
Vehicle	3.3	5.7	17.9	10.19*
Park/Outside	15.0	25.7	20.5	2.26
Institution	5.0	2.9	0.0	3.71
Type of Assault (%)				
Vaginal	65.0	69.9	80.8	4.62
Fellatio	8.3	16.4	24.4	6.19
Anal	10.0	11.0	11.5	2.59
Foreign Object	3.3	1.4	3.8	0.91
Cunnilingus	5.0	2.7	5.1	0.64
Fondling	15.0	13.7	24.4	3.42
Mean(SD) Number of Acts	1.6(1.0)	1.8(1.1)	2.0(1.3)	1.53

Note. *p < 0.01 **p < 0.001

assaulted in their own home, $\chi^2(2, 208) = 21.41$, $p = 0.000$. In comparison, the mid-age women were frequently assaulted in the assailant's home, while assaults committed in vehicles were significantly more likely to involve the youngest women, $\chi^2(2, 208) = 8.52$, $p = 0.014$ and $\chi^2(2, 208) = 10.18$, $p = 0.006$. The likelihood of suffering a sexual assault outdoors or while in an institution did not significantly differ among the three groups, $\chi^2(2, 208) = 2.26$, $p = 0.322$ and $\chi^2(2, 208) = 3.71$, $p = 0.157$. In general, the type of sexual assault committed appeared to be similar across the victim-age groups with the majority of clients experiencing vaginal penetration (73%).

Coercion by Assailant

As outlined in Table 4, an analysis involving the number of different coercion methods used by assailants revealed no significant group differences. Although not statistically significant, there was a trend suggesting that the assailants of the youngest victims used the highest number of coercion methods while assailants of the eldest victims used the least, $F(2, 211) = 4.11$, $p = 0.018$. Similarly, when severity of the coercion was taken into account, there was no significant difference among the victim-age groups, $F(2, 211) = 2.63$, $p = 0.074$. In other words, older women were just as likely to experience severe methods of coercion such as physical violence and restraint as their younger counterparts.

Results revealed that various methods of coercion were involved in many of the sexual assaults reported, including verbal threats, assaulting

TABLE 4. Coercion Variables

	Eldest (N = 61)	Mid-Age (N = 73)	Young (N = 78)	F/χ^2
Mean(SD) Number of Coercion Types	1.0(0.94)	1.3(0.83)	1.4(0.86)	4.11
Mean(SD) Coercion Severity Index	3.57(3.41)	4.47(3.12)	4.83(3.26)	2.63
Coercion Type (%)				
Verbal Threats	26.2	38.4	42.3	4.03
Physical Restraint	45.9	53.4	61.5	3.40
Physical Violence	19.7	24.7	24.4	0.57
Drugged	6.6	8.2	7.7	0.14
Sleeping	3.3	8.2	7.7	1.55
Weapons Used (%)	6.6	9.6	25.6	10.93*

Note. *p < 0.01 **p < 0.001

a sleeping victim, physical restraint, use of drugs and/or alcohol to commit an assault, and physical violence. Physical restraint was the most common form of coercion and was used equally against all three-victim groups, $\chi^2(2, 212) = 3.40$, $p = 0.182$. Physical violence and verbal threats were also used frequently by assailants and this also did not differ among the groups, $\chi^2(2, 212) = 0.573$, $p = 0.751$ and $\chi^2(2, 212) = 4.03$, $p = 0.134$. Also presented in Table 4, weapons were used significantly more by assailants of younger sexual assault victims (26%), $\chi^2(2, 182) = 10.93$, $p = 0.004$.

Physical Injuries

Physical injuries sustained during the assault were also examined in this investigation. The majority of victims arrived at the care centre with some form of physical trauma present and the victim groups did not significantly differ on this variable, $\chi^2(2, 204) = 3.45$, $p = 0.178$. Moreover, as seen in Table 5, the mean severity index and the mean number of injury types illustrates that injury severity and range of injuries sustained also did not differ between the groups, $F(2, 210) = 0.012$, $p = 0.988$ and $F(2, 210) = 0.149$, $p = 0.861$.

Type of physical trauma resulting from the assault included tenderness and pain, soft tissue injuries such as contusions and bruises, lacerations, fractures, and internal injuries. Among the three-victim groups, the most common injury types were soft tissue (50%) and lacerations (34%). There were no significant differences between the victim-age groups on any of the injury types analysed (see Table 5).

The location of physical trauma was coded on three body sites: the head/neck/face, the vagina, and the perineal/anal region. Approximately one-third of all victims presented to the care centre with head and/or facial trauma and perineal/anal injuries, $\chi^2(2, 212) = 1.48$, $p = 0.476$ and $\chi^2(2, 212) = 3.38$, $p = 0.185$. Moreover, as can be seen in Table 5, the finding, although not significant, illustrates the trend for older women to present with more vaginal injuries than younger victims, a result that is consistent with previous research, $\chi^2(2, 90) = 5.35$, $p = 0.069$ (Bachman et al., 1998; Cartwright, 1987; Pollock, 1988).

DISCUSSION

The findings of this investigation suggest that there is a relationship between some sexual assault characteristics and victim-age group

TABLE 5. Physical Trauma

	Eldest (N = 61)	Mid-Age (N = 73)	Young (N = 78)	F/χ^2
Physical Trauma Present (%)	65.6	65.8	75.6	3.45
Mean(SD) Injury Severity Index	3.6(3.5)	3.6(3.7)	3.6(3.1)	0.01
Mean(SD) Number of Injury Types	1.3(1.2)	1.3(1.3)	1.4(1.2)	0.15
Injury Type (%)				
Tenderness	26.2	35.6	33.8	1.47
Pain	11.5	12.3	16.7	0.95
Soft Tissue	47.5	47.9	52.6	0.46
Lacerations	36.1	34.2	32.1	0.25
Internal Injuries	3.3	1.4	0.0	2.64
Fractures	1.6	1.4	1.3	0.03
Mean(SD) Number of Injury Locations	1.4(1.5)	1.3(1.3)	1.5(1.4)	0.22
Injury Location (%)				
Head/Neck/Face	29.5	28.8	37.2	1.48
Vaginal	50.0	20.6	38.9	5.35
Perineal/Anal	39.3	24.7	33.3	3.38

Note. *p < 0.01 **p < 0.001

status. While previous findings on older-victim sexual violence were supported (Cartwright, 1987; Cartwright & Moore, 1989; Groth, 1978; Muram et al., 1992; Pollock, 1988; Safarik et al., 2002), this study presents new evidence about the nature and extent of violence and coercion in the sexual assaults of older women.

The majority of the victims reporting to this acute care sexual assault centre were white and not employed at the time of the assault. Approximately one-fifth of the women were members of visible minorities. The oldest group of women were the least likely to be living with family and report supportive friendships yet they were most likely to be living alone. These findings support those of previous research while confirming the notion that older women's vulnerability to sexual assault may be due to their social and demographic isolation (Ball, 2005; Groth, 1978; Muram et al., 1992; Safarik et al., 2002). While this describes the majority of older women in this sample, it must also be noted that 15% of the older assault victims resided in a group setting. The nature of the setting is unknown in this study but could suggest a residential or institutional home. Assaults among older persons in group-care facilities have been

highlighted in recent years (Ball, 2005; Burgess & Morgenbesser, 2005) and our findings suggest that further research is greatly needed in this area.

Consistent with the concept of vulnerability to sexual assault, an alarming portion of the women presenting to this sexual assault care centre reported a history of psychiatric problems. Psychological difficulties appear to be more likely among the mid-age and oldest victims, yet the significant rate of psychiatric problems among the entire sample of women also reflects the high-risk and vulnerable population who frequent this care centre. A higher rate of cognitive disabilities among older female victims was found, which reflects these women's heightened accessibility as sexual assault victims.

In terms of the presentation and service delivery characteristics, the majority of clients in this study were accompanied to the sexual assault care centre by police. Although the groups did not statistically differ on the likelihood of ambulatory involvement, it is worthy to note that 25% of the oldest victims were accompanied to the sexual assault care centre by ambulance. This may be due to older women's heightened isolation.

Once at the sexual assault emergency centre, victim-age groups did not significantly differ in the likelihood of undergoing a physical examination or completing the collection of forensic evidence. Seventy-seven percent of older victims underwent a physical examination while approximately 53% of older women completed a forensic evidence kit. A question that we were unable to investigate with this particular study but that would have important practical implications is whether older-victim sexual assaults lead to police investigations and the use of collected evidence kits in criminal proceedings. Finally, although 10% of older sexual assault victims were admitted to hospital, this rate did not significantly differ from the other two groups.

Several aspects of the sexual assault were examined by victim-age group status. Surprisingly, analyses involving the victim-assailant relationship revealed no significant group differences. All women in this study were just as likely to be assaulted by a stranger as they were by an acquaintance. Similar rates of middle-aged victims, young victims, and older victims reported being assaulted by a spouse or boyfriend. These findings are in contrast to previous studies that have found that the majority of older victims are assaulted by complete strangers (Cartwright & Moore, 1989; Muram et al., 1992). Future research should focus on a qualitative analysis of who the acquaintance assailants of these older victims actually are in order to devise ways to better protect these women. An analysis involving the number of assailants revealed that on average,

younger victims are most likely to be assaulted by more than one assailant than victims over the age of 55. This may reflect younger women's increased likelihood of being in large social gatherings such as college parties.

Significant differences among the victim groups did emerge when the location of the sexual assault was examined. Consistent with previous research, results revealed that the eldest victims were most likely to be assaulted in their own home (Cartwright & Moore, 1989; Muram et al., 1992). In comparison, the middle-aged women were frequently assaulted in the assailant's home while assaults committed in vehicles were significantly more likely to involve the youngest women. Interestingly, the likelihood of suffering a sexual assault outdoors did not significantly differ among the three groups and 15% of the oldest victims were assaulted in an outdoor setting.

In contrast to the continuing perception that older women are asexual and incapable of being raped, the type of sexual assault committed appeared to be similar across the victim-age groups. The majority of clients experienced vaginal penetration. Older victims were also likely to experience the same number of sexual acts during an assault as middle-aged and younger victims.

An analysis involving the severity of coercion used against victims revealed that there were no significant differences among the victim-age groups. Assailants were just as likely to use severe methods of coercion such as physical violence and restraint with older victims as they were with younger victims. This finding is of much concern and significance if we remember that in previous research, older women have been found to be less likely to physically resist a sexual assault (Safarik et al., 2002). Similarly, when the number of different coercion methods used by assailants was examined, the victim-age groups did not significantly differ although there was a trend suggesting that younger victims experienced a larger number of coercion types than older victims. Thus, while assailants are using a number of different types of coercion methods during the assaults of young victims–most likely due to younger women's increased likelihood to struggle–the coercion's severity is likely to be the same regardless of the age of the victim or their level of acquiescence. Consistent with past research, more coercion appears to be used in the commission of older victim sexual assaults than would be necessary if the intent is simply to overpower the victim (Groth, 1978; Pollock, 1988).

Various methods of coercion were involved in many of the sexual assaults. Physical restraint was the most common form of coercion and

was used equally against all three-victim groups. Forty-six percent of the older victims experienced physical restraint. Physical violence and verbal threats were also used frequently by assailants and this also did not differ among the groups. Twenty percent of the oldest women experienced physical violence and 26% were subjected to verbal threats. In comparison, assaults while the victim was sleeping or drugged were less frequent but also did not differ among the victim-age groups. Also, weapons were used significantly more by assailants of younger sexual assault victims. Once again, this may be due to the fact that younger women are more likely to fight back during a sexual assault.

When the physical trauma variables were examined, it was found that the results were consistent with the findings that all victim groups were equally likely to experience severe forms of coercion. Specifically, the probability that victims presented to the care centre with physical injuries did not significantly differ among the victim-age groups. The majority of victims arrived to the care centre with some form of physical trauma present. In fact, 66% of older and middle-aged victims and 76% of younger victims presented with at least one physical injury. Moreover, both the severity and the number of injuries victims sustained did not significantly differ between the three groups.

Among the victim-age groups, the most common injury type was soft tissue and approximately 50% of the sample sustained this type of trauma. As well, approximately a third of the sample was presented to the care centre with lacerations. There were no significant differences between the victim-age groups on any of the injury types analysed. These findings are in contrast to previous studies that have suggested that older victims of sexual assault are more likely to sustain physical injuries (Cartwright, 1987; Pollock, 1988). This discrepancy may be due to the fact that previous studies examining victim's injuries have involved the collection of data from convicted offenders during a forensic evaluation. Sexual assaults which result in an investigation and criminal conviction may in fact be different and more violent from those reported by women in the general community.

Finally, in terms of the location of physical trauma, approximately one-third of all victims presented to the care centre were with head or facial trauma and anal injuries. Moreover, the data revealed a trend suggesting that older women tended to present with more vaginal injuries than younger victims, a result that is consistent with previous research and age-related physiological changes. Fifty percent of older victims sustained some type of vaginal injury.

In conclusion, the results of this study demonstrate the vulnerability and heightened accessibility of older women to sexual violence and the severity of these assaults in a community-based sample of women. These results challenge some of the enduring stereotypes about elder sexual abuse and illustrate the high levels of physical violence used against older women. Moreover, the results of this investigation introduce some important empirical and practical questions. For instance, the findings on older women's demographic and social isolation and cognitive disabilities raise a number of research questions about these women's prior history of abuse and future safety. In addition, findings suggesting frequent acquaintance-assailant assaults, the collection of forensic evidence, the victim's use of alcohol, and the severity of coercion and injury in older victims elicit significant implications for subsequent criminal investigations and proceedings. Future research must focus on increasing both the social and the personal recognition of the seriousness of these assaults.

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