Abuse in gendered institutional contexts: Sexual victimization of older adults in long-term care facilities

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Agenda

– Violent sexual crime / sexual abuse and institutional care
– Methodological approaches to a difficult field
– Some key findings from an analysis of judicial files
– Conclusions, limitations & outlook
Sexual abuse and institutional care (1)

- **Institutional abuse** has become an **important topic** with regard to a number of institutional contexts including
  - Religious institutions
  - Schools / boarding schools
  - Sports clubs / sports organisations
  - Youth organisations
  - Child care facilities

- **Much less so** with regard to
  - Prisons and correctional facilities
  - Military institutions
  - Healthcare facilities, such as hospitals and nursing homes
Sexual abuse and institutional care (II)

Topic links two cases of “gendered social reality”

1. Institutional care:
   - At the end of 2021, 62% of all care recipients in Germany were female, in institutional care even 69%.
   - Nationwide, hands-on care in nursing homes was provided by around 493,000 persons, of whom 82% were female and 18% male.
   - Care is predominantly women’s work, which in institutional care for the elderly at the same time benefits women as the majority of care recipients.
Sexual abuse and institutional care (III)

Topic links two cases of “gendered social reality”

2. Sexual violence / sexual abuse:
   - Police-recorded offenders of violent sexual offences in Germany in 2021 were 1.36% female and 98.64% male.

   - Victims of the most severe forms of sexual violence (Sec. 177 and 178 of German Criminal Code) were 94.0% female and 6.0% male (Germany, year 2021).

   - (Violent) sexual offences are predominantly committed by men and mostly directed against women. Women rarely appear as perpetrators of sexual violence, men are relatively rarely victims of sexual violence.
Methodological challenges when researching sexual abuse in long-term care

- Sexual abuse in institutions of eldercare not easily accessible for empirical research
- From a social science perspective, victimization surveys would be the preferred approach; but:
  - Hardly feasible considering the victim population

- Alternatives to a victimization survey would include
  - Surveys / interviews among possible perpetrators
  - Surveys / interviews among possible witnesses / informants
  - (Expert surveys / interviews)
  - Analyses of judicial or police data
Methodological approach:
Analyses of judicial files on violent sexual offences in institutional care

– Sampling not easy since specific constellation („in institutional care“) could neither be retrieved from police nor from judicial databases

– Alternative approach: Extensive internet-based searches of media coverage of relevant judicial cases with offences committed in Germany between 2010 and 2020

– 60 (seemingly) relevant cases identified via media searches

– Tracking of judicial file numbers
  ➢ Access to files requested from Public Prosecutor‘s Offices
  ➢ 53 files received
  ➢ 47 files met inclusion criteria

– Offences directed against 87 residents of long-term care facilities and 3 staff members

– Results presented will focus on victim group of LTC residents
Some main findings

- The highly specific field - police-registered and court-adjudicated cases of sexual violence against residents of long-term care institutions in Germany 2010-2020 - is very diverse in itself.

3 prototypical victim-offender constellations could be identified

- Abuse of (female) nursing home residents by staff
- Abuse of (female) nursing home residents by co-residents
- Abuse of (female) nursing home residents by sex offenders unrelated to the institution
Offender-victim constellations in court-adjudicated cases

<table>
<thead>
<tr>
<th>Offender Group</th>
<th>No. of offenders (Gender composition)</th>
<th>No. of victimised residents (Gender composition)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>25 (23 m, 2 f)</td>
<td>49 (5m, 44w)</td>
</tr>
<tr>
<td>(Co-) Residents</td>
<td>16 (16m, 0 f)</td>
<td>24 (0 m, 24f)</td>
</tr>
<tr>
<td>Offenders not affiliated with institute</td>
<td>6 (6 m, 0 f)</td>
<td>14 (2 m, 12f)</td>
</tr>
</tbody>
</table>
StRSA – Staff-to-Resident Sexual Abuse (I)

- **25 perpetrators** (23 men, 2 women); Ø age 44 y.
- Perpetrators mainly registered nurses (11) and nursing assistants (11); 2 in management positions; 1 still in vocational training
- 6 perpetrators had previous convictions (3 of them for sex offences)
- 7 perpetrators with diagnoses of mental health problems (substance abuse; psychotic disorder in one case)

- **49 victims** (44 women, 5 men)

- **Types of victimization:**
  - 46 % of victims affected by vaginal, anal or oral penetration
  - Frequent other forms: unwanted kissing / fondling; manipulation of breasts; victims coerced to perform manual stimulation
StRSA – Staff-to-Resident Sexual Abuse (II)

- Staff perpetrators make use of easy access to victims.
- Exploit power imbalance resulting from their professional position and role
- Take advantage of situational conditions / opportunities:
  - without witnesses present (in single rooms; during nightshifts...)
  - victims with limited / lacking capacity to provide testimony
- Some sexual assaults disguised as acts of care
- Only 2 cases with female perpetrators: Both females cooperated (directly/indirectly) with males
  - (1) female perpetrator part of a group of three who jointly committed offences against care recipients (up to homicide and including sexual violence)
  - (2) female perpetrator committed abuse on her own; had been incited by a male acquaintance (himself involved in child pornography offenses) to abuse residents, videotape acts and forward footage to him
RtRSA – Resident-to-Resident Sexual Abuse (I)

- **24 female residents** victimized by **16 male residents**;

- Ø age of **perpetrators** (just) 59 y.; 11 perpetrators with previous convictions (often for physical assault or sexual offences)

- Perpetrators overall relatively young (for nursing home population); partially (n=5) unimpaired in terms of ADL; but: all 16 perpetrators with mental health problems (alcohol dependence, Korsakoff syndrome, personality disorders, depression, psychoses, intelligence deficits, dementia)

- **33 % of victims** with vaginal, anal or oral penetration (frequent other forms: unwanted kissing / fondling; victims forced to perform manual stimulation)
RtRSA – Resident-to-Resident Sexual Abuse (II)

- As co-residents, perpetrators had easy access to victims; doors not locked
- Offences rarely with long-term planning
- Occurred in the context of dementia-related changes or other mental disorders such as Korsakoff syndrome
- Subgroup of relatively young offenders; physically able and mentally impaired (often substance abuse) and with a history of delinquent behavior
  - ... accommodated in a facility together with highly vulnerable old women
  - ... raises questions as to appropriate institutional placement of a group of younger men who are comparatively little physically impaired and at the same time characterised by tendencies towards aggressive behaviour
ItRSA – Intruder-to-Resident Sexual Abuse (I)

- **6 male perpetrators; Ø age 46 y.**
  - 3 perpetrators with diagnosed **mental health problems**
  - 5 out of 6 with **previous convictions** (physical violence and in 2 cases sexual offences)
  - all 6 offenders **unemployed** at time of offense
  - all 6 offenders under influence of **alcohol** during offense
  - offenders **unrelated to victim and institution** (exception: one offender had been a visitor to another resident of this LTC institution before the offense)

- **Victims:** 12 female and 2 male residents

- **Types of sexual violence:** again very diverse; including penetration, unwanted kissing, fondling, touching, forced manual stimulation of the perpetrator by the victim and other forms of sexual assault
ItRSA – Intruder-to-Resident Sexual Abuse (II)

- **Perpetrators’ access to LTC institutions:**
  - as “visitor”
  - using defective doors or windows left open
  - partly at night time, when staffing levels and social control were low
  - once inside, perpetrators were able to move around the facility quite freely

- **Criminological characterization of offences:** Offenders either
  - actively seek out LTC facilities as a favourable environment for committing sexual offences
  - spontaneously take advantage of perceived opportunities during a temporary stay there
Conclusions (I)

- Sexual abuse of LTC residents is a significant problem (of largely unknown dimensions).

- While sexual harassment of LTC staff by residents has been touched upon in a number of studies, the current research (along with some others) points to the fact that there are severe instances of abuse of LTC residents by staff.

- **Staff-to-resident sexual abuse:**
  - **Power, opportunity and lack of informal social control** appear as the conditions favouring or facilitating StRSA
  - Offenders generally male; both female offenders in sample acting in complicity / in conjunction with males
Conclusions (II)

- Resident-to-resident sexual abuse:
  - Offences need to be seen against backdrop of disorders, especially mental / cognitive impairments
  - Possible specific problem: accommodation of relatively younger men, characterised by a history of addictive disorders and delinquency, in residential care facilities for mainly very old people
  - In sample: only male offenders, only female victims
Conclusions (III)

- **Intruder-to-resident sexual abuse:**
  - Sexual violence in long-term care facilities committed by persons who had no established relationship to the facility
  - LTC facility: favourable crime scene from perpetrators' point of view – where they encountered and sexually assaulted highly vulnerable and barely defensible older persons.
  - In sample: only male offenders, predominantly female victims
  - Group of offenders characterised by intoxication during the offences, diagnosed mental disorders, history of substance abuse, police-recorded history of delinquent behaviour
Conclusions (IV)

- Abuse in gendered institutions
  - In a predominantly female institutional environment, the overall societal picture of sexual violence reproduces itself with regard to gender relations.
  - Sexual violence in institutions of long-term care is typically perpetrated by men. In most cases, it is directed against women.
  - In incidents of sexual violence, power is exploited and exercised. Power arises from professional positions or functions and the opportunities for action associated with them, as well as from physical or cognitive superiority over the victim.
Conclusions (V)

- Possible specifics of sexual abuse in LTC institutions
  - Those affected by sexual violence are **highly vulnerable** due to their health condition, cannot effectively defend themselves, can often contribute little to investigation / prosecution of offenses.
  - **Partially, perpetrators are also cognitively impaired** and limited in their ability to control their actions (co-residents; but disorders also prevalent in group of perpetrators from outside the facility).
  - Both the probability of **detecting** a sexual offence and the possibility of **providing evidence** that can be used in court are impaired by vulnerability factors.
  - Severe forms of **dementia** are common among LTC residents. Here in particular, physical fragility and vulnerability combine with cognitive impairment, which can make persons both "**easy victims**" and "**not so good witnesses**".
Limitations and outlook

- Pilot study with a small sample of cases

- Findings limited to police-recorded / court-adjudicated cases; undetected cases not covered

- Victim voice is weak due to the methodological approach chosen

- Given features of institutional abuse (easy access, easy cover-up), it must be assumed that the number of undetected cases is considerable.

- Larger and more multifaceted multi-method studies are desirable for the future
Many thanks for your attention!

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