

## Just Advocating for Older Survivors.mp3

**Introduction** [00:00:05] Now, this is recording, RTI International Center for Forensic Science presents Just Science.

**Voiceover** [00:00:20] Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about forensic science, innovative technology, current research, and actionable strategies to improve the criminal justice system. In episode nine of our Research and Considerations for Sexual Assault Cases season, Just Science sat down with Ms. Marya Simmons, founder and CEO of Shift in Notion Consulting, to discuss considerations for supporting older survivors of sexual assault. Shift in Notion Consulting is focused on developing and implementing strategies for supporting all victims of sexual assault, regardless of gender, age, or sexual orientation. As Shift in Notion's CEO, Marya Simmons works tirelessly to ensure that law enforcement agencies, advocacy groups, and volunteer support networks have the tools and trainings they need to provide empathetic trauma informed services to the most vulnerable populations. Listen along as she discusses elder sexual assault and best practices for supporting older victims in this episode of Just Science. This season is funded by the National Institute of Justice's Forensic Technology Center of Excellence. Some content in this podcast may be considered sensitive and may evoke emotional responses or may not be appropriate for younger audiences. Here's your host, Tyler Raible.

**Tyler Raible** [00:01:36] Hello and welcome to Just Science. I'm your host, Tyler Raible with the Forensic Technology Center of Excellence, a program of the National Institute of Justice. Today, we're going to be discussing elderly sexual assault victims, and in order to lead us in that conversation, I'm joined by Ms. Marya Simmons, the founder and CEO of Shift in Notion Consulting. Ms. Simmons is a nationally recognized victim advocate and trainer with a specialty in the formation of multidisciplinary teams and sexual assault response teams. Marya, welcome back. It's great to see you.

**Marya Simmons** [00:02:01] Thank you. It's great to be back, Tyler.

**Tyler Raible** [00:02:03] Marya, oftentimes when we think about sexual assault cases and sexual assault victims, we might not always immediately think about sexual assault against the elderly, but in actuality, the elderly can be a pretty easily targeted vulnerable population. Can you clarify why this is the case? Are there age-related factors that might put them at risk?

**Marya Simmons** [00:02:22] Absolutely. The elderly are a vulnerable population for various reasons. What makes the elderly vulnerable are factors such as mental health conditions such as dementia, Alzheimer's, bipolar, PTSD, physical impairments and limitations, or disabilities, and also hearing or vision limitations. Being unable to take care of themselves on their own or psychologically feeling isolated - no family members or friends - that in itself can invite predators who portray themselves as caring, charismatic, concerned, et cetera. I believe that sexual assault and sexual abuse among the elderly population happens because they are seen as frail, helpless, possibly unable to defend themselves. I have a statistic from the Bureau of Justice that reports that people with intellectual disabilities are likely to become victims of sexual assault at rates more than seven times those of people without disabilities. So the elderly and individuals with intellectual disabilities are commonly victimized by someone they know, someone they trust, whether that's a neighbor, a friend, someone else with an intellectual disability, or a family member. Another aspect to consider is what they are unable to tell about what happened to them.

So how often do we dismiss or minimize someone's statements when they have a mental health condition - their statements are erratic or there is someone else speaking on their behalf to deny what is being said and labeling it as delusional. Or they may even be in a catatonic state and unable to verbalize what happened. So all of those factors all contribute to the vulnerabilities, especially specifically talking about the elderly population.

**Tyler Raible** [00:04:03] That seven times figure is staggering. It really kind of highlights the power aspect of sexual assault. You know, sexual assault is often underreported statistically. So, Marya, do you think that cases associated with elderly victims are even further underreported?

**Marya Simmons** [00:04:21] Well, as I just stated, the elderly are targeted for their vulnerabilities, right. And so another statistic which I obtained from RAINN, which is the Rape, Abuse, Incest National Network, every 73 seconds, an American is sexually assaulted. And so if you are considering the factors that we just talked about, victims of sexual assault often know who their perpetrator is, someone they know and trust. So imagine the level of self blame, fear or even guilt that they could cloud their rational judgment in holding their offender accountable if they're able to do so. And so, based on my experience with supporting elderly victims, there was a consistent fear factor that existed - seeing the offender in court or knowing that the offender knew where they lived. They did not want to relive the horrific details of their assault or the abuse that they may have encountered. So we all must consider this level of trauma and the barriers that it causes in reporting.

**Tyler Raible** [00:05:18] Can you speak a little bit about how the elderly are targeted or maybe what kind of circumstances put them in these vulnerable situations?

**Marya Simmons** [00:05:25] So nursing homes have been an ongoing concern for the elderly due to the vast number of neglect and abuse cases that have come about, right. As many as five million people are affected by elderly abuse every single year, and that's according to the National Center of Elder Abuse. Based on my experiences, this population was targeted because they lived alone. They may have had a mental health or chemical dependency diagnosis or concern or there was a long history of victimization. And so I often think about when I'm working with victims or just thinking about the elderly population as a whole when they're living on their own, who is watching them? Who's paying attention to these vulnerabilities that exist? I actually pulled up a recent case out of Stuart, Florida, where the Martin County Sheriff's Office detectives made an arrest in connection with a home invasion and a rape of an eighty-two year old woman. At 3:00 in the morning, a 20-year old offender walked into her home wearing a mask, a hat, and binding equipment to tie the victim's hands. An 82-year old woman sleeping in her bed at three o'clock in the morning - think about how violating and traumatic that is. It is extremely difficult to digest the realities of what victims endure during a sexual assault. The victims I worked with all had unique cases and unique circumstances. But when you add the layer of sexually assaulting the elderly, it is appalling to think that a victim is someone's grandmother or grandfather, powerless and unable to seek help. It takes this crime to a more unconscionable level.

**Tyler Raible** [00:07:00] It's terrifying. What role does advocacy play in these situations?

**Marya Simmons** [00:07:05] Advocacy plays a huge role in these situations - considering potential limitations and barriers in engagement, individualizing and providing trauma informed support is vital. Transportation may be a concern if they are unable to drive or

have someone bring them back and forth to court and/or meetings with law enforcement and prosecutors - counseling services as well, or other necessary support within their community. They may not have the income to pay for transportation or other related expenses due to the crime. Being a victim advocate, I made it a priority to discuss and assist filing victims of crime applications at the beginning of our engagement. They may have had endured injuries that required more care and treatment in addition to the evidence collection of a rape kit. My role as an advocate is to ensure that I identify and assess the individual needs of every victim that I support. The emotions of a sexual assault victim cannot be predicted. They may not be able to tell us what they want or what they need because of the level of shock that they are in. So helping them take care of their immediate needs is critical. The role of an advocate is to be patient, empathetic, knowing community resources and how to connect victims to those services, being trauma informed and trauma responsive, and also to know how to protect their rights. Elderly victims may also consider filing a civil protection order. Assisting them with the process can provide them with a safety plan and also for advocates to support them during their hearings. Maintaining communication with them and law enforcement and prosecutors to keep them informed about their cases, no matter how minimal the information may seem to us. Our communication can mean the world to a victim who may feel like this process is slow and frustrating.

**Tyler Raible** [00:08:49] It seems that we're kind of reiterating some of the things that we've talked about previously - being victim centered, taking this trauma informed approach. My first thought is how do we address safety in these situations? You know, if they're in a nursing home, obviously they can't just go stay with parents. So are there any tips that you would provide or suggestions you'd have for somebody who might be working with this population?

**Marya Simmons** [00:09:11] Letting your presence be known. When I was working with victims who may have been in a nursing or rehabilitation facility, I was able to have them sign a release of information so that I could talk to their social worker or other professional that was working in that facility so that I can maintain communication with my victim, making sure that those providers know who I am and what my role is being an advocate. And that's really to ensure that their rights are not violated through this process. But that I'm also overseeing that, making sure that I'm staying in communication with them and that there is someone who has their best interests at hand outside of their facility. That was important. Oftentimes my phone calls and conversations with victims that were in those facilities would be short, but they would be appreciated because I made that phone call. They didn't have to wonder and worry about what was going on with their cases based on them being in a facility and may feel detached from the process. So that was also very important aspect of my role, is making sure that I stayed in contact and had frequent communication with them, and that others knew that I was participating and supporting them through the process.

**Tyler Raible** [00:10:18] I love that you're taking such an active role. I imagine that most advocates do, which is the point and that's the beauty of it. But that immediately makes my mind think of the isolation that a lot of survivors feel under normal circumstances. So in this instance where you have an elderly victim who might not either have access to resources like being able to get on support groups online or drive to meetings, do these victims feel even more isolated?

**Marya Simmons** [00:10:43] I believe that isolation with the elderly is a high vulnerable risk for them - not having an outlet for someone to be able to talk to them or just listen or even

be able to assist them with processing what they're feeling or how they're feeling and what needs to be done in order to make them feel safe. And so ensuring that safety measures are put in place, and that means identifying if there are any safety concerns, if their home was broken into - how can I advocate for potentially finding some type of funding resource to assist with an alarm system or what are the other resources that I can do to help them feel more protected? And that comes with education as well. At the beginning of a case, with all the questions and concerns of what this process looks like, explaining it step by step, but also in a way for them to understand and feel safe - that they don't have to feel as if they are even more vulnerable now that this has happened to them. Keeping them informed about incarceration statuses about the offender, letting them know what that process looks like, signing them up for notification processes so they're informed before an offender is released from jail or prison. So those are additional safety measures that are put in place. But I also think that making sure that they know that they have someone to talk to when they have questions or concerns, and sometimes this level of victimization can increase anxiety. And so they may feel as if there are other situations that are going on that could pose an additional threat to them. So listening and validating, rationalizing with them and just allowing them the safe space to process what they're feeling.

**Tyler Raible** [00:12:23] I imagine that giving them that safe space to process and really honing in on the the victim centered approach, I mean, each case is important and each survivor is unique. If the survivor has special needs, what if they are unable to talk - are there any other additional considerations to keep in mind?

**Marya Simmons** [00:12:40] Well, I think that with any language barriers or challenges that there needs to be a reach out to professionals who can be able to assist. We never want to put words in anyone's mouth. We definitely want them to give us their narrative. There are challenges with that. It's up to the professionals, us as professionals, to reach out to other agencies that may be able to assist, allow a victim to be able to disclose what happened to them in the best way that works for them. Different techniques - be able to assist them based on the expertise of those that are able to provide those services.

**Tyler Raible** [00:13:14] It seems like an extended operation of the multidisciplinary team. So I want to crack open some of these myths that are kind of associated with with sexual assault and specifically elderly victims. I think the first one is that there's this assumption that elderly victims are only female. That's- that can't be correct, right?

**Marya Simmons** [00:13:32] No, that is not correct. Sexual assault happens to males. Sexual assault does not discriminate on age or gender. Another statistic that I can share with you is, according to the National Sexual Violence Resource Center, is that 43 percent of men reported experiencing some form of sexual harassment and/or assault in their lifetime. I have worked with elderly male victims of sexual assault, and in those cases, there were mental health and intellectual disabilities. In many cases, they were often contacting me just to talk because they had no one to talk to. Advocacy is important because it's about taking the time that is needed when a victim needs us - being a sounding board when victims need to vent or process. And so making an assumption that it just happens to females, the challenges of working with male victims can definitely be increased because they may not be able to express or show any type of emotion or feel as if they are comfortable and safe enough to talk about what happened to them because of the stigma of being a male as a sexual assault victim, which we've talked about before. And so I think that just considering the fact that those barriers may be present with dealing with any victim of sexual assault, but especially other vulnerable populations such as male

victims, child victims, and also other victims who may not be able to express themselves through the process.

**Tyler Raible** [00:14:53] In addition to this myth that elderly victims are only female, we've also talked about that- the myth that it's only happening in nursing homes. Marya, I know we've talked about it before, and I'm hoping you can reiterate because I think it's pertinent to this population, but can you talk a little bit about the myth of power versus sexual attraction?

**Marya Simmons** [00:15:11] Yes. So as we know that sexual assault, rape is about power and control. It's not about being sexually attracted to the victim. It's really about self gratification or some other type of instability within the offender who was seeking victims. They're seeking their vulnerabilities, those that may not be able to speak back or fight back. And so seeking the vulnerable is almost an easy access for them to be able to perpetrate, for unwilling people who may not even know that someone is actually paying attention to them or watching them and seeking what their vulnerabilities are. I would say that elderly victims and their vulnerabilities, that it's increased because they may not be believed, especially if there's mental health concerns as well.

**Tyler Raible** [00:15:55] And I could see that that could even be exacerbated if the perpetrator was their caregiver, right. Like wouldn't that make it even harder to come forward and report?

**Marya Simmons** [00:16:05] I believe it does. Absolutely. Because as I talked about earlier, we're talking about people of authority, people that they may trust, people that they know. And so when you add that layer on and as we know already with sexual assault, a lot of cases, the victims do know who their perpetrator is. And so you have that additional fear factor, the guilt, the shame that may be involved with reporting and actually following through on cases. I've heard that some victims don't want to get anyone in trouble, and so if you're talking about intellectual disabilities and mental health, I heard that a lot from that population as well is that they didn't want to get anyone in trouble. And being able to process trouble versus justice, and as we know that justice is different for every victim, but that they weren't to be blamed for what happened to them, that nothing was their fault. And just reiterating that fact to them really was a game changer in keeping them involved and reducing their anxiety and fear about participating in their cases.

**Tyler Raible** [00:17:05] Are there any myths about elder assault that we haven't covered yet?

**Marya Simmons** [00:17:09] Although I gave the myths of elderly assault earlier, they may be perceived as frail and unable to speak for themselves, right. But I have supported some strong and determined elderly victims who still had a fight in them and who wanted to use their voice and strength to hold offenders accountable. I believe that we should not minimize what they're saying or minimize that there may be other layers of mental health and intellectual concerns, even trauma - the layers of trauma, I know that I had not really delved into that piece of it, but all of these aspects definitely lead to the road of trauma. And so they may be telling us something through what they're not saying or they can't say. So it's important to really dive deeper into things that we may not understand and help them to conceptualize what happened to them in the best way that they can. Again, seeking additional resources professionals in the field that may be able to help facilitate those conversations.

**Tyler Raible** [00:18:03] So in the vein of these strong survivors who are willing to come forward, do you have any particular case in mind or anything you'd want to share, maybe broad strokes to kind of frame the latter half of our conversation?

**Marya Simmons** [00:18:15] Absolutely. There's one victim that comes to mind, and she was violated within her home. She was in her 70s. And one of the main things that I was able to see was that there were mental health concerns, which she was very open about, and just being able to help her through this process by explaining everything to her, answering all of her questions. There were many frequent phone calls almost on a daily basis, just questions or concerns or something that she may have forgotten to ask on the last call, but it also exasperated her mental health conditions. And so with that being in consideration, I worked with my team in order to process the concerns that I- that I was aware of, that she was sharing with me in order to allow the prosecutors and law enforcement and other professionals that were working on this case to understand moving forward may not be the best for this victim right now. These are the immediate concerns that we need to address and/or how can we resolve the case still holding an offender accountable with minimizing the trauma that the victim may experience. And so in this particular case, we were able to do that. We were able to hold the offender accountable. We were able to make sure that she had the resources that she needed, that we were able to stabilize her mental health conditions, and that she did not have to feel that she was being forced to participate in a process that she knew that she psychologically could not handle at that time.

**Tyler Raible** [00:19:41] It really highlights making them feel safe. And I think that that's one of the key messages that you share every time that we get to talk. So in this situation and in the other situations similar to this, how is advocacy support different? What are some things that need to be considered, especially if maybe a new advocate is working with their first elderly victim?

**Marya Simmons** [00:20:03] Building rapport and trust. Building rapport is the golden nugget for sustaining engagement. They may have never been a victim or understand what the system entails. Having frequent communication, as I just talked about - you may be the only person who they trust or that they have to support them through the process. I've supported countless victims who have been sexually assaulted. No victim was the same, no victim responded the same, but every victim needed support. They needed safety and they needed justice. So identifying what that need is and making their engagement in the system less traumatic is the golden nugget. They may be in a wheelchair, so ensuring that they have access to required destinations to minimize frustration or anxiety. I've worked with victims who have been wheelchair bound or who may have anxiety or phobias about being around big crowds of people or going into an elevator. And so being able to make sure that all of these concerns of a victim are addressed, are important - assisting them with linkage to necessary medical and mental health access in the community and really paying attention to what their concerns and their questions are. The active listening skills that we talk about in trauma informed practices are important. If there are mental health concerns, participation in the system can exasperate their conditions. And so these concerns should be evaluated with your MDT members, as well as making sure that the victim understands the process so they can be able to make rational decisions through the process, informed decisions through the process.

**Tyler Raible** [00:21:39] What if the victim is speech impaired or physically unable to talk? You know, if there was an assault that happened while the victim was in a catatonic state,

you know, maybe they're comatose. How do you advocate for somebody who may not really be able to advocate for themselves?

**Marya Simmons** [00:21:53] Be the victim's voice in making sure that the system works for them. Although they may not be able to verbalize what happened to them, being able to see them as a person, someone who's been violated, someone who needs someone to be able to speak up for them on their behalf - working with law enforcement, working with the prosecutors, working with the court system and being the voice through the process. That is the most impactful advice that I can give is being their voice. That's why I started in this work. I saw that victims may not have always had the ability to speak up on their behalf. And so as a victim advocate, I was their voice. I was the one that was able to potentially advocate in areas that they may not have even known about, that there could be potential concerns or barriers within the system. But me knowing the insides and outsides of the system, I was able to be able to navigate on their behalf. And I think that's the most impactful piece of being an advocate for someone who may not be able to speak on their own.

**Tyler Raible** [00:22:51] One of my favorite things about talking to you, Marya, is that you are just so inspiring, just the work that you do and the way that you work with people. It really is uplifting. But I do want to know a little bit about this connection between physical health and mental health. So is there a concern that an elderly victim of sexual assault might suffer additional physical ailments or have their health decline, either following the assault or during the investigation or during the stuff that follows? Are there any concerns about that?

**Marya Simmons** [00:23:22] Yes, as I just discussed, engagement in a system is traumatizing in itself. The stress and feeling alone through the process can cause many other health concerns, such as anxiety, high levels of stress, depression, insomnia, body aches, headaches, the list can go on and how our physical being of being in a traumatic experience can affect not just the psychological but the physical ailments that may be created based on the levels of stress that we are under. And so when you're adding on these layers, especially for the elderly population, when we're talking about exasperated mental health concerns, anxiety, insomnia and stress, not eating properly, and not really having anybody to actually check in and say, hey, I'm here, I care, let me know what you need. Those can all affect us physically and psychologically. So maintaining consistent communication with victims is vital in ensuring that they have that support. It's important to ensure that the victims have equitable access to medical services in their community and that they know that they can reach out to us when they need help. I've had victims that say, you know, I don't want to bother you. I know that we just talked the other day. I know you're busy, but I just have a question. But my first response to that is that I am never too busy to take the time to talk with you and hear what your concerns are. And when they know that we make the time to engage with them and talk to them, even if we are just sitting on the phone listening, if that's what they need, it's important for us to be able to provide that. But I also know that other professionals, such as law enforcement and prosecutors, are busy doing other tasks. So a victim advocate's role is really being able to be that liaison between them so that they can focus on their work and that we can really focus on the needs of the victim.

**Tyler Raible** [00:25:09] I love that. Marya, we've talked about it a little bit - that there are additional challenges with effectively providing advocacy for elderly victims. Is there anything special that victim advocacy agencies do to prepare for and address these challenges?

**Marya Simmons** [00:25:22] Yes, so many agencies who are working with victims, they understand the philosophy and the best practice model of working as a multidisciplinary team. And your multidisciplinary team means that there are mental health providers, prosecutors, victim advocates, law enforcement, and other medical professionals that are all at one table together to discuss their cases. And so when you have challenging cases, bringing everybody's expertise to the table, evaluating challenges that may arise or that may be existent, and working towards the common goal instead of silos is important. When everyone works together, there is a more effective team in reaching that common goal, holding offenders accountable and providing effective and trauma informed support for victims. It brings everyone's opinions, ideals, and their own background to the table in order for us to say, hey, maybe I didn't consider this, but you just brought that to my attention. Let's process that a little bit further. I didn't think about how this could have impacted a victim. Let me hear more about your conversations with that victim so that we can put those into consideration. It's really about having those conversations and being respectful of everyone's expertise and limitations and really just valuing the piece that if we all work together, we can have a strong team behind these victims that we're supporting

**Tyler Raible** [00:26:42] So, Marya, correct me if I'm wrong, but the multidisciplinary team that you would need for supporting survivors, like, would you need to bring in speech therapists? Would you need to bring in physical therapists? Would you need to bring in people who are better to diagnose cognitive decline and stuff like that? Is that kind of an expansion on the multidisciplinary team?

**Marya Simmons** [00:27:01] Absolutely. I've worked with professionals from the Board of Developmental Disabilities, for Adult Protective Services, and so multidisciplinary teams really mean bringing everybody's expertise to the table that can assist. So, yes, I'm glad that you brought that point up. It is about expanding what those resources and support mean, and the professionals that can really assist with making determinations about how to best support victims in consideration with moving through the system.

**Tyler Raible** [00:27:30] So as far as supporting elderly survivors of sexual assault and also, as you mentioned earlier, recognizing that justice means different things from one survivor to another, how can advocates support the healing process of elderly survivors, whether or not their case is moving forward?

**Marya Simmons** [00:27:46] By doing everything that I just discussed - be there to answer questions, be that sounding board for frustrations without taking it personally, checking in with them, following up. You can't just close a case without follow up. There may need to be additional resources and support that we can provide - connect with the prosecutor and contact the victim together if the case is not moving forward so that they can provide that support. The prosecutors can provide that support and answer any legal questions that the victim may have, but also for the victim advocate to provide emotional support to that victim if they are unable to process the information that's being said to them. Some victims may be upset if a case is not moving forward. And so for a victim advocate to be able to follow up and be able to provide that safe space for them again is important in letting them know that just because your case is not moving forward, I'm still here if you need support, but also that giving them the acknowledgment of their strength to actually participate in their case, acknowledging the fact that we understand that this process was difficult, but your participation was appreciated and it was valued in the way that we were able to pursue the case or not pursue the case. So I think that that communication is very



important in validating their feelings appropriately. Sometimes all it takes is for someone to listen and show that they care.

**Tyler Raible** [00:29:06] In that same vein, are there resources available or maybe support groups available that are tailored specifically toward this population?

**Marya Simmons** [00:29:14] I think resources that are tailored for victims of sexual assault will be able to meet the needs of all victims, such as the local rape crisis center. They may see from children to adolescents, adults and the elderly. Again, reaching out and really specifying what a victim advocates role is, is being able to identify where they would be able to go and access the needed support that they need for counseling and therapeutic services. The national hotlines as well - I mean, if there's nothing locally, where can we get access to these services that a victim may need. If they're in a nursing home or rehabilitation center, how can we provide that access to them where they are? Do we have agencies and resources in the community that may be able to go visit them and be able to do face to face? Does the facility have access to technology where they could do telehealth? All of those aspects can be evaluated through the process to make sure that those needs are met.

**Tyler Raible** [00:30:10] That's marvelous. Are there any final thoughts you'd like to share with our listeners?

**Marya Simmons** [00:30:13] Yes. That the elderly population are vulnerable on many levels as we discussed. Their process of wanting justice may not be ours. So individualizing your interactions with every victim and addressing the barriers in real time is critical. Have patience with the process and remember why you began this work and who you're doing it for.

**Tyler Raible** [00:30:34] I'd like to thank Marya Simmons for sitting down with Just Science to discuss elderly survivors of sexual assault. Marya, as always, it's an absolute pleasure to sit down and talk with you. So thank you for joining us today.

**Marya Simmons** [00:30:43] Thank you so much for having me. It was a pleasure.

**Tyler Raible** [00:30:45] If you enjoyed today's conversation, be sure to like and follow Just Science on your podcast platform of choice. For more information on today's topic and resources in the forensic field, visit [ForensicCOE.org](http://ForensicCOE.org). I'm Tyler Raible and this has been another episode of Just Science.

**Marya Simmons** [00:31:00] Next week, Just Science sits down with Rachel Lovell and Mary Weston to discuss crossover offending in sexual assault cases. Opinions or points of views expressed in this podcast represent a consensus of the authors and do not necessarily represent the official position or policies of its funding.