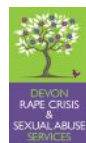


The chilling silence

A briefing paper on sexual violence
against older women in the
South West of England



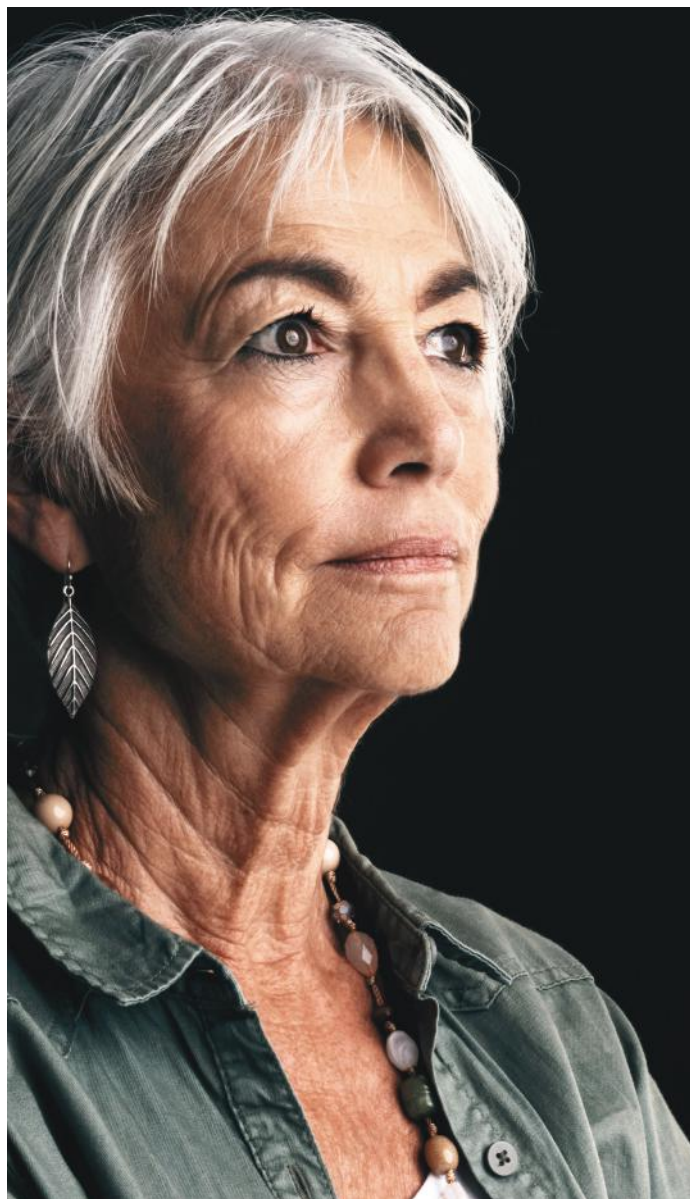
Introduction

There is a chilling silence and invisibility around sexual violence against older women (aged 55 and over) in the South West of England and more widely across the United Kingdom. For some women this sexual violence² will be recent and ongoing; for others it can go back decades to childhood, leaving them with a potential life-sentence of trauma. Many will have experienced sexual violence multiple times.

Reasons for this chilling silence are not difficult to identify. They include:

- The reality that older women are still, as a rule, invisible in sexual violence awareness campaigns, training and literature. We live in a society that views older women as 'asexual' and assumes advancing age will protect them from sexual violence when in fact the opposite appears to be the case.
- The use of the euphemistic term 'elder abuse' for sexual violence and/or domestic abuse hides the reality and prevalence of these crimes within our homes, institutions, communities and especially in our care system and nursing homes.
- Older women are less likely to speak openly about past and present sexual and domestic violence including child sexual abuse. Reasons for this include a legacy of societal norms, dependency on their perpetrator for daily care and fear that disclosure may be misinterpreted as part of dementia.
- The chronic lack of, or interest in, accurate national research and data.

It is hard not to conclude that we live in a society that is willing to ignore and turn away from older women who are victims or survivors of sexual violence in the same way that we once ignored and turned away from the victims or survivors of childhood sexual abuse.



New ways are needed to make sexual violence services more accessible to older women and new guidelines are needed to enable aged care and statutory organisations to better understand the needs of older women disclosing sexual violence. We must now, together, take action to ensure every individual woman who has experienced sexual violence at any stage in their life is recognised as a victim or survivor and has access to appropriate and meaningful support.

¹ We acknowledge defining 'older women' in this project as 55 years and over covers at least three generations and very different stages in life from working women living in their own home through to women in the final stages of their lives housed in nursing homes needing full-time care.

² For the purpose of this report, the definition of sexual violence used is that used by the WHO (2013). This 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."

Background

According to the 2017 Crime Survey for England and Wales (CSEW), one in five women in England and Wales have experienced some type of sexual assault since the age of 16³. Census research shows there is an older than average population across the South West of England and we have calculated there are approximately 176,000 older women living in the region who have experienced sexual violence at some point in their life⁴. In 2019, the South West Rape Crisis Centre Partnership⁵ undertook a project to identify and recommend ways of reducing barriers to support older women that have experienced sexual violence at any time in their life. It was undertaken as only 10% of the South West Rape Crisis Centre Partnership service users are over the age of 55 and we know this should be higher. The project was funded by Comic Relief.

Somerset and Avon Rape and Sexual Abuse Support (SARSAS) on behalf of the Partnership undertook a survey in September 2019 across Bristol, Bath and North East Somerset, North Somerset, Somerset, South Gloucestershire, Gloucestershire, Cornwall, Torbay and Devon. A total of 124 women aged 55 and over completed the survey. The survey was a regional first in the South West of England. The aim was to gather data on sexual violence experienced by women aged 55 and over (at any time in their life), themes around impact and coping strategies, and, information on barriers that may prevent older women from accessing specialist support services.

SARSAS also undertook a review of national and international academic literature and relevant research on sexual violence against older women. The aim of this review was to gain a



wider insight on how sexual violence against older women is currently approached across the U.K. and globally. Particular acknowledgement needs to be given to the work of Dr. Hannah Bows.

³ ONS (2017)

⁴ According to official analysis of the Crime Survey for England and Wales (CSEW) by the Office of the National Statistics (ONS), one in five women in England and Wales have experienced some type of sexual assault since the age of 16. Using this statistic with data collated from both the most recent population census (2011 Census: Population estimates by single year of age and sex for local authorities in the United Kingdom) and the VOSCUR (support and development agency for Bristol's Voluntary, Community and Social Enterprise (VCSE) sector) Sexual Violence Needs Assessment for Avon and Somerset 2018, we estimate there are potentially 176,000 women survivors of sexual violence, over the age of 55, living in the South West.

⁵ The South West Rape Crisis Centre Partnership is made up of Somerset and Avon Rape & Sexual Abuse Support, Devon Rape Crisis & Sexual Abuse Services, The Women's Centre Cornwall and the Rape and Sexual Abuse Centre Gloucestershire.

The Key Findings

of the Survey of the South West of England

“Because you are older you are considered to be able to have got over something. It’s all about the young these days.”⁶

- **Accessing support** - Nearly 60% of survey respondents stated they had never accessed support for their experience/s. The most common reason for this was not considering what happened to them as ‘serious enough’ (despite 63% identifying an impact on their mental or physical health) or not wanting to talk about it. Comments included feelings of shame and self-blame, being frightened or embarrassed. Ways of overcoming barriers to support were identified as more awareness around what constitutes abuse, availability of specialist women-led services and more information in places such as GP surgeries, community centres and libraries on the services that are available.

“It has been a life sentence.”

- **Long term impact** - A reoccurring theme in survey responses was the life-long trauma experienced by older women as a result of sexual violence. A large number (63%) of participants said their experience/s had an impact on their mental or physical health. Respondents emphasised the long-term effects of the sexual violence with 75% stating their experience/s had impacted their relationships with others (this includes friends, family members, partner/spouse or work colleagues). A small number reflected that their experience had resulted in further abusive relationships.

“It appeared to be the way of the world then.”

- **Societal and cultural factors** - Older women who were victims or survivors of sexual violence when they were younger, including child sexual abuse, find it difficult to acknowledge their own experiences, communicate their trauma or reach out for support. One reason for this is past and present societal and cultural factors. The lack of specialist support services in the past plus the limited societal awareness of what constituted sexual violence appear to be key factors as to why older women never accessed support and continue to not access support in later life. In response to a variety of questions, survey respondents repeatedly told us, things were culturally different ‘back then’. Sexual violence was downplayed, normalised to the point of acceptance or dismissed as ‘not serious enough’ by the affected women and wider society both at the time of the offence and now looking back in 2020.

“At the time, years ago, I felt it was not named as what it was. I think it was down played.”

- **The impact of the menopause** – The survey highlighted the potential impact of the menopause on women who are victims or survivors of sexual violence when they were younger including child sexual abuse. Specifically, that the menopause may be a trigger for a reoccurrence of Post-Traumatic Stress Disorder (PTSD) connected to the sexual violence. This can result in negative impacts including loss of employment and the breakdown of personal relationships. This was an unexpected finding and further research is needed.

⁶ All quotes in this briefing paper are from answers of the South West Rape Crisis Partnership survey undertaken in September 2019.

The Key Findings

of the review of national and international research relevant to the South West of England

- Failure to consider ageism and rape myths connected to older women has unwittingly reinforced stereotypes in sexual violence awareness campaigns of rape victims as young, white women who are recent victims. This is now changing within sexual violence organisations. However, in the Police, Health, Social Care and Local Authority awareness campaigns, training and literature, older women continue, as a rule, to be invisible.
 - The nature and severity of sexual violence against older women is not fully understood by professionals in the health services, adult safe-guarding teams, care and nursing homes. Support services are not geared towards supporting their needs and reducing barriers for older women nor are they working together resulting in older women not receiving specialist support to help with their recovery from these traumatic experiences⁷.
 - The framing of sexual violence affecting older people as 'elder abuse' is another reason older women who have experienced recent rape or sexual violence do not receive the same support as younger women in the UK. The term compounds the all-pervasive ageist perception that older people are asexual and sexually undesirable. It suggests the nature of sexual violence is different dependent on age. It masks criminal offences as elder abuse is usually presented within a health and welfare model with different practice and policy responses to sexual violence.
- “When the safe places in our lives are not safe, and sexual and physical violence pervade every aspect of our life, it is impossible that future relationships are not tainted by these past experiences.”
- Older women receiving support either in their own home or in residential, care or nursing homes can face particular threats from relatives or service providers. This is especially relevant if the women rely upon others for general and intimate care or have cognitive vulnerability. The extent of sexual violence against women by other residents or staff within residential, care or nursing homes environments and home-visit carers and relatives within personal homes remains hidden in the UK. Older women may be reliant on and/or living with the perpetrator which presents additional challenges. They are also more likely to have physical health issues and because of this and increasing frailty, they may be dependent on abusive partners/relatives⁸. This hidden sexual violence should be of concern for all of us in the South West of England and nationally.
 - Current statistics around the prevalence of sexual violence for older women are unreliable due to the varying criteria and methodology used in existing research. This deficiency of knowledge means there is limited understanding of the impact of and coping

⁷ Bows, 2017

⁸ Mann et.al, 2014



“I have no true knowledge of my wants and desires, both intimately and in life.”

strategies used by older women who have experienced sexual violence. The emotional and physical impacts of sexual violence may be exacerbated for older survivors but, again, this is largely unknown due to lack of research. As previously stated, the extent of sexual violence by other residents and staff against women within nursing home environments or carers visiting women in their homes remains hidden in the UK and is of considerable concern.

The small amount of research that has been undertaken in this field indicates a wide range of impacts for older women who have experienced sexual violence including highly significant long and short-term health and social impact. We need to understand better how sexual violence may worsen existing health conditions such as heart conditions, depression, arthritis or dementia and the impact, if any, of the menopause.

- Older women may not see themselves as victims of sexual violence due to social and cultural challenges and ageist beliefs and attitudes. This is due, in part, to the prevailing myth that rape is about sexual gratification rather than power and control. Older women are not reflected in literature and campaigns about rape. As Dr. Hannah Bows describes older women are characterised as asexual and do not fit the ‘real rape’ model. Therefore, they may not perceive their experiences of sexual violence as abuse and feel less inclined to report for fear of not being believed. Emotional challenges are magnified for some older survivors because there was a lack of open discussion around sexual violence in the past and a huge culture of shame and stigma for the victim or survivor. This makes it even harder for older women to talk about or disclose what has happened to them⁹. There is also concern that some older women are unaware of their legal rights including the laws around rape within marriage¹⁰.

⁹ Bows, 2017

¹⁰ Bows,(2015) (2017); End Violence Against Women Coalition, (2018)

Recommendations

- 1.** The term 'elder abuse' is no longer used to describe sexual violence by national and local aged care and statutory organisations working in the South West of England. The correct terminology should be sexual violence, rape, sexual assault or sexual abuse.
- 2.** New research on sexual violence against older women is commissioned in the South West and nationally covering (but not limited to): women living in social care settings, impact and coping strategies, the experiences, prevalence and impact of sexual violence within minority communities, women living with dementia, women with learning and physical disabilities, the impact of the menopause.
- 3.** An appropriate support and service delivery model for older women who are victims or survivors of sexual violence should be funded by statutory bodies, developed and implemented in the South West of England.
- 4.** Clear referral pathways and access to advice is developed for professionals including GPs in order to improve support provisions for older survivors and victims.
- 5.** Across the South West, all appropriate organisations including Police Forces and Local Authorities, review their older people and sexual violence and rape strategies to ensure older women are actively included and reflected in their work and campaigns. These organisations need to proactively challenge ageism and the still prevalent cultural beliefs and myths surrounding older women as victims or survivors of sexual violence.
- 6.** National and local aged care and statutory organisations working in the South West of England review their guidelines in order to improve their support for older women disclosing sexual violence. Aged care sector staff are trained on signs and symptoms in older women relating to sexual violence.

Conclusion

“Seeing and being around women who had had similar experiences and were now living a good life and enjoyment in being alive had such a significant positive and crucial impact on my life.”

An older woman survivor who has received support from a member of the South West Rape Crisis Centre Partnership



In the South West of England, we can, with the support of funders and partners, learn more, implement these recommendations and provide national best practice in supporting victims or survivors of sexual violence against older women.

Nationally, we call for the commissioning of new research and for action to break the chilling silence that still surrounds sexual violence against older women. Ideally, a national coherent strategy on sexual violence against older women is required.

All of us have a role to play and together we will make a difference. It is never too late.

Claire Bloor, CEO
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Maggie Parks, CEO
The Women's Centre Cornwall

Maggie Stewart, CEO
Gloucestershire Rape and Sexual Abuse Centre

The South West Rape Crisis Centre

Partnership is made up of Somerset and Avon Rape & Sexual Abuse Support, Devon Rape Crisis & Sexual Abuse Services, The Women's Centre Cornwall and the Rape and Sexual Abuse Centre Gloucestershire.

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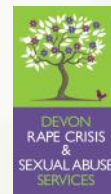


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