



## Sexual violence & older women: working towards justice



CANADIAN NETWORK for  
the PREVENTION of ELDER ABUSE

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# Overview

- What do we know about sexual violence against older women?
  - Prevalence
  - Contexts of violence
  - Impacts
  - Disclosure & responses
  - Conceptual & Theoretical Understandings
  
- Criminal justice responses
  - Barriers to achieving justice
  
- Developing victim-centered justice responses
  
- Social justice

# + Defining 'older' age

- 'Old' age as culturally and socially constructed
  - *As well as* material and physiological 'realities' of ageing
  - Conceptions of 'old age' shift over time, and social/cultural context. E.g., 'Baby Boomers' doing ageing differently
  
- 'Old' age varies in the literature
  - Typically 60+
  - Sometimes based on physiological markers, such as entering menopause
  - Distinctions between 'early', 'mid' and 'deep' old age

# + Defining sexual violence

- World Health Organisation:

- *“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.” (WHO, 2002)*

- Liz Kelly’s (1988: 41) continuum of sexual violence:

- *“Any physical, visual, verbal or sexual act that is experienced by the woman or girl, at the time or later, as a threat, invasion or assault, that has the effect of hurting her or degrading her and/or takes away her ability to control intimate contact”*

# + Prevalence

- Current estimates suggest that sexual violence against older women is not common:
  - In UK, women aged 60 & over consisted of:
    - 0.6% recorded rapes
    - 1.4% of sexual assaults by penetration (Bows & Westmarland, 2017)
  - Estimates of sexual violence in past 12 months range from 0.8%-8% (Bows, 2017)
  - Women most commonly the victims
  - But: significant limitations with these data sources

# + Methodological challenges

- Older women excluded from data collection
  - Cognitive impairments
  - Living in a residential care facility
- Different definitions of 'older' women used
- Different definitions of sexual violence across studies
- Questions about how older women understand and define sexual violence
- Different data sources and methodologies
- Over-reliance on:
  - Reported cases, or women who have presented to a crisis service
  - Incidents observed by aged care service providers

# + Conceptual & theoretical understandings

- How we understand sexual violence against older women has implications for what 'counts':
  - Gender-based harm?
  - Elder abuse?
- Neither approach is satisfying:
  - Need to account for intersections of gender, age & other factors such as race and class (Buchbinder & Winterstein, 2003)



# Prevalence across life course

- Globally, the World Health Organisation estimates prevalence of sexual violence across the life course as:
  - 1 in 3 women and girls experience some form of sexual or physical violence in their lifetime
  - 1 in 5 girls, and 5-10% boys experience childhood sexual abuse
- In Australia, approximately 1 in 5 women experience sexual violence in adulthood (ABS, 2017)
- Sexual violence is common



# Contexts of sexual violence

- Older women experience sexual violence across a broad range of relationship contexts:
  - Intimate partner and family violence
  - At home
  - In healthcare and aged care settings
  - Public space
  - Perpetrators are predominantly men (Bows, 2017; Mann et al, 2014):
    - Current/ex partners
    - Family members
    - Friends
    - Carers
    - Aged-care and health professionals
    - Co-residents
    - Strangers

# + Impacts

- Impacts occur in immediate, short and long-term
- Some are specific to older women:
  - More likely to receive genital injury (Eckert & Sugar, 2008)
  - Decline in cognitive and/or physical health (Cook et al, 2013; Speck et al, 2013)
  - Increased mortality (Cook et al, 2013; Speck et al, 2013)
  - Distress and changes in 'usual' patterns of behaviour (esp. cognitive impairment) (Burgess & Morgenbesser, 2005)
  - Impacts may be heightened/more severe for older women (Burgess & Morgenbesser, 2005)

# + Impacts

- General impacts include (Boyd, 2011):
  - Physical
    - Injury
    - STIs
    - Incontinence, pelvic pain/discomfort
  - Emotional/psychological
    - Depression
    - Anxiety
    - PTSD
    - Fear
  - Social
    - Withdrawing from social and romantic relationships
    - Losing interest in sex; no longer finding sex pleasurable
    - Difficulty with intimacy and trust

# + Disclosure & Responses

- Limited research on older women's disclosure patterns
  - Likely to face barriers to disclosure
- Aged-care service provider responses can be problematic (see Bows, 2017; Fileborn & Barrett, forthcoming):
  - Lack of institutional policy and practice protocols
  - Limited understanding of what constitutes sexual assault; adherence to rape myths and misconceptions, and ageist stereotypes
  - Lack of training
  - Poor relationships with counselling and support services
  - Victim-survivor being unable to communicate, and/or in poor health

# + Disclosure & Responses

- Features of 'good' responses to disclosure include (Fileborn & Barrett, forthcoming):
  - Establishing trust
  - Staff observations and ability to notice change in 'usual' behaviour
  - Operational environment: having clear policy and procedures in place
  - Nature of the incident
  - Listening to the victim, expressing belief and validation

# + Criminal Justice Responses

- Highly under-researched
- Sexual violence is under-reported:
  - 85% of cases never reported to the criminal justice system
  - Older women's experiences also under-reported (Mann et al, 2014)
  - 16% of victims in one study reported their experience to police (Acierno et al, 2010)
- High rates of attrition in the criminal justice system
  - Cases with a cognitively impaired victim more likely to be dropped (Burgess & Phillips, 2006; Payne, 2010)
  - Unable to 'reliably' or clearly communicate experience
  - Exception if there was another witness to the assault (Payne, 2010)
  - Police not trained to interview cognitively impaired victims

# + Barriers to justice

- Reporting & disclosure:
  - Older women experience stigma, shame & embarrassment
  - May not recognise or label experiences of sexual assault
  - May have normalised or accepted ongoing relationship abuse
  - Cognitive impairment and communication difficulties
  - Reliance on perpetrator for care and support
  - Reliance on aged-care providers to identify and report incidents
- Myths & misperceptions about sexual violence against older women (Bows & Westmarland, 2017):
  - Older women not 'at-risk' because they are 'asexual'
  - Sexual assault occurs in the context of another crime, e.g., break-in

# + Barriers to justice

- Ageism:
  - Belief that sexual violence against older women is not as serious or harmful
  
- Challenges in investigating:
  - Impaired health and/or cognitive impairment of victim or perpetrator – reduced ‘credibility’ of older victims (Burgess et al, 2000; Mann et al, 2014; Speck et al, 2013)
  - Victim reluctance to report or speak openly (Mann et al, 2014)
  - Absence of witnesses
  - Absence of additional physical injury or tangible evidence

# + Working towards justice

- Improving criminal justice responses:
  - Training police to interview those with dementia and other cognitive impairments
  - Video-recording of initial evidence
  - Developing techniques for prosecuting cases involving victim with cognitive impairment
  - Strengthening relationships with ageing experts and service providers

# + Working towards justice

- Aged-care service providers:
  - Training in sexual assault
    - Appropriate responses to disclosure
    - Recognising signs of potential assault
  - Developing stronger relationships with police and support services
  - Implementation of policy and practice protocols
  - Considering design and culture of aged care facilities to avoid retraumatisation – “trauma-informed” design (Clark & Fileborn, 2010)

# + Working towards justice

- Victim-survivors:
  - Educative action regarding what constitutes sexual assault
  - Awareness-raising about appropriate support services
  - Creation of safe spaces and trusting relationships to facilitate disclosure
- Further research required across each of these domains

# + Victim-centered justice responses

- Limitations of criminal justice system in responding to sexual violence are well acknowledged
- Feminist scholars advocate for 'victim-centered' justice (Clark, 2010, 2014; Daly, 2014)
  - Having 'voice'
  - Belief and validation
  - Control
  - Perpetrator apology and recognition
  - Punishment, vindication
- Can involve formal or informal justice responses
  - Formal criminal justice responses inappropriate in some instances (e.g., perpetrator with a cognitive impairment)
- Lack of research considering older women's justice needs

# + Social justice

- Nancy Fraser: achieving justice requires *“social arrangements that permit all (adult) members of society to interact with one another as peers”* (2007: 27)
- This requires:
  - *“The distribution of material resources must be such as to ensure participants’ independence and ‘voice’”*
  - *“That institutionalised value patterns that systematically depreciate some categories of people and the qualities associated with”* are dismantled

# + Social justice

- Addressing underlying structural oppression of older people:
  - Increasing autonomy of older women, especially in aged care settings
  - Ensuring economic support and independence, appropriate and adequate welfare provisions, access to carers
- Addressing cultural and social devaluation of older people:
  - Ageism
  - Older people as “burdens”, “past it”, “asexual”, no longer “useful” members of society

# + Social justice

- Addressing gender inequality
  - Unequal distribution of material resources and structural discrimination occurs across the life course
    - Gendered impacts in later life, e.g., older women more likely to live in poverty
  - Cultural devaluation of women, and intersections of gender and age
    - Devaluation of older women as *older* women.



# Conclusion

- Sexual violence against older women is an emerging issue
  - Current evidence suggests prevalence is low
  - But: substantial limitations with existing research
  - Sexual violence has substantial impacts on victims
  
- Limitations associated with current criminal justice responses
  - Barriers to disclosure and reporting
  - Ageist assumptions
  - Challenges of cognitive impairment and ill-health
  
- Multi-pronged approach to justice:
  - Reforming criminal justice and aged care practices
  - Developing victim-centered responses
  - Social justice

# + Thank you 😊

- Please feel free to contact me with any questions:
  - Email: [b.fileborn@unsw.edu.au](mailto:b.fileborn@unsw.edu.au)
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This webinar is part of CNPEA's project ***Increasing Access to Justice for Older Adult Victims of Sexual Assault: A Capacity Building Approach*** funded by the [Justice Canada Victims Fund](#)

For more details, please [visit our project page](#) on [cnpea.ca](http://cnpea.ca)





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