SEXUAL ASSAULT OF OLDER WOMEN

CHANGING THE PERCEPTIONS OF ELDER ABUSE

Dr Catherine Barrett
Senior Research Fellow
Chief Investigator/Coordinator
Sexual Health and Ageing Program
Australian Research Centre in Sex, Health & Society, La Trobe University
215 Franklin Street, Melbourne 3000 Victoria, Australia
Phone: (03) 9479 8702
Email: c.barrett@latrobe.edu.au
Web: normasproject.org.au
Aim: to promote the sexual rights of older people

Objective: undertake research that informs education, resource development and service improvements.

**Sexual Health & Ageing Team**: Carolyn Whyte, Pauline Cramerí, Joe Latham, Micah Scott, Bianca Filebon
NORMA’S PROJECT PARTNERSHIPS

Researchers:
Dr Jean Tinney: National Ageing Research Institute
Dr Rose Mann: The McCaughey Centre, the University of Melbourne
Dr Philomena Horsley: The Centre for Women’s Health, Gender and Society, University of Melbourne.

Community partners:
Alzheimer’s Australia

Project funding:
Australian Department of Social Services.
DEFINITIONS

Sexual assault

Unwanted sexual behaviour that makes a woman feel uncomfortable, frightened or threatened eg: touching, fondling, fingering or masturbation, as well as oral, anal or vaginal sex.

Primary prevention

1. Preventing violence before it occurs
2. Understanding attitudes and behaviours that contribute to vulnerability
3. Changing behaviour and building knowledge and skills
4. Targeting structural, cultural and societal contexts in which violence occurs
• 17 - 21% of Australian women have been sexually assaulted since the age of 15

• In 88% of cases the perpetrator is known to the victim

• Only 19% report sexual assault to the police

• A very small number (~1%) result in convictions

• Report on the Operation of the Aged Care Act includes ‘unlawful sexual contact’


PROJECT AIM

Strengthen the community’s ability to prevent the sexual assault of older women by:

• Developing an evidence base about context of sexual assault
• Developing a framework for primary prevention
• Developing resources
• Creating greater awareness of the sexual assault of older women.
METHOD

1. In-depth interviews (40): face to face, phone, group
2. Survey (55): online and hard copy
3. Questions
   - Is there a story about the sexual assault of older women you would like to share?
   - What factors contribute to the vulnerability of older women to sexual assault?
   - What could be done to prevent the sexual assault of older women?
# Participants

<table>
<thead>
<tr>
<th>INTERVIEWS</th>
<th>NUMBER</th>
<th>SEX</th>
<th>AGE RANGE (MEDIAN) YEARS</th>
<th>RELATIONSHIP/SERVICE</th>
<th>STATE/TERRITORY</th>
<th>MODE (PHONE/F2F/GROUP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/Community members</td>
<td>7</td>
<td>4 F</td>
<td>52-80 (75.5)</td>
<td>4 Family</td>
<td>5 VIC</td>
<td>3 Phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 M</td>
<td></td>
<td>3 Community</td>
<td>1 NSW</td>
<td>2 F2F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 TAS</td>
<td>1 Group (#2)</td>
</tr>
<tr>
<td>Service Providers</td>
<td>19</td>
<td>18 F</td>
<td>30-80 (59)</td>
<td>11 Sexual Assault</td>
<td>9 VIC</td>
<td>18 Phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 M</td>
<td></td>
<td>7 Aged Care</td>
<td>4 NSW</td>
<td>1 F2F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Legal</td>
<td>4 QLD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 WA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 NT</td>
<td></td>
</tr>
<tr>
<td>Small Group (Service providers)</td>
<td>14</td>
<td>7 F</td>
<td>36-64 (54)</td>
<td>13 Sexual Assault</td>
<td>14 VIC</td>
<td>2 Groups (#7+7)</td>
</tr>
<tr>
<td></td>
<td>(1x7)</td>
<td></td>
<td></td>
<td>1 Aged Care</td>
<td>(7 F)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1x7)</td>
<td></td>
<td></td>
<td></td>
<td>(7 F)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SURVEYS</th>
<th>NUMBER</th>
<th>SEX</th>
<th>AGE RANGE (MEDIAN) YEARS</th>
<th>RELATIONSHIP/SERVICE</th>
<th>STATE/TERRITORY</th>
<th>ETHNIC/CULTURAL BACKGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/Community</td>
<td>20</td>
<td>19 F</td>
<td>22-72 (54)</td>
<td>16 Family</td>
<td>14 VIC</td>
<td>17 Anglo/Australian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 M</td>
<td></td>
<td>4 Community</td>
<td>2 NSW</td>
<td>2 Indigenous Aust</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 QLD</td>
<td>1 European</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 ACT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 SA</td>
<td></td>
</tr>
<tr>
<td>Service providers</td>
<td>36</td>
<td>32 F</td>
<td>22-64 (50)</td>
<td>10 Aged Care</td>
<td>19 VIC</td>
<td>32 Anglo/Australian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 M</td>
<td></td>
<td>8 Police/Legal</td>
<td>7 NSW</td>
<td>1 Anglo/Maori</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7 Advocacy</td>
<td>1 QLD</td>
<td>1 Anglo/Chinese</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 Sexual Assault</td>
<td>1 CHinese</td>
<td>1 Chinese</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 Family Violence</td>
<td></td>
<td>1 Macedonian</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 Public Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Disability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FINDINGS: CONTEXT

%

- Home: 40%
- RACF: 39%
- Public: 4%
- Acute: 4%
- Retire Vill: 3%
- Other: 9%
PERPETRATORS

- Home: partner (12), other family (10), stranger (4), home care worker (1)
- RACF: staff (15), family (6), resident (3), stranger (2)
- Public place: stranger
- Acute care: staff
- Retirement Village: other residents
- Other health services: staff, other clients (1)
Question 1: What makes older women vulnerable?

Question 2: How can sexual assault be prevented?
We were working with a woman who was being repeatedly raped by her husband and there were three sons ... [they] were tied up in the [family] property that they worked on ... and she was ... trying to tell them about what was happening to her. ... she didn't really want to stay in the home anymore because she just couldn't manage it, she was ... in her 80s and really quite frail. Now the sons didn't want to hear about it and I mean in the end she was saying to them, "He wants sex all the time," and they were... going, "Well what's the problem with that," ... and then kind of joking about the father's prowess at that age ... So clearly, her first disclosure was to the sons and they were not empathetic and discounted and downplayed her fears and concerns. ... she was quiet for probably another year after that, until the husband, who had dementia but was being prescribed Viagra, he ended up with a case worker and the woman built some trust with this case worker and told her what was going on, then she got an empathetic response (Interviewee S9: sexual assault service).
VULNERABILITY & PREVENTION - ANNE

Vulnerability

- Frail
- Isolated – rural property
- Dependent
- Shame and embarrassment - silence
- Prescription of Viagra without adequate education?
- Lack of information about services - options

Prevention

- Case manager building rapport
- Case manager opening up conversation
- Discussion with GP

© 2014 Sexual Health and Ageing Program, La Trobe University
There was an older woman and her husband accessing our services over a period of years. The woman was frail and struggling to care for her husband who had dementia. Her own health issues and carer status meant her social withdrawal and weepiness was put down to stress and ill health by workers who saw her regularly. It was only when a new worker who started with the couple - they probed a little further into how they were coping to have the wife disclose that she was being sexually assaulted by her husband. The dementia had rendered her husband incapable of determining her consent or willingness and she was afraid to tell anyone as she felt she needed to protect her husband (Survey 19: aged care service).
VULNERABILITY & PREVENTION - AGNES

Vulnerability

• Frail & unwell

• Carer
  • Partner with cognitive impairment – hypersexual/disinhibited
  • Conceptualising ‘unwanted sexual contact’
  • Sense of responsibility/loyalty

• Socially isolated – depressed

• Service provider lack of awareness – perceptions of asexuality

• Lack of information about services & options

Prevention

• New worker – new assessment

• Probing questions

© 2014 Sexual Health and Ageing Program, La Trobe University
I spoke with one woman who literally walked in to find her mother in distress because her father was assaulting her.... And she was really alarmed about it and came to appreciate that this was not a new thing, but she was not willing to name her parents or herself or take any steps for fear of her mother's safety (Interviewee S5: sexual assault service).
Vulnerability & Prevention - Mary

Vulnerability

• Dementia
• Beliefs about rape in marriage
• Beliefs about ‘the good family’
• Rurality
• Silence

Prevention

• Education – broader community including family
• Awareness of services
Mum … broke her hip. She was … in hospital for … for rehabilitation. I said to her, "Oh, the nursing staff are wonderful here, Mum, aren't they?" … and Mum said to me, "Oh. All except one with wandering hands". … She then continued to tell me of the reasons why she is so terrified of this particular nurse. … It was digital rape. And he exposed himself … Edna asked me not to report this …. I could not agree to her request … I found … the charge nurse, when I reported it very protective of him. Like, "That just wouldn't happen". And I know when you would hear something about the colleagues you work with … it's something you don't want to hear. …

He was stood down and investigated and then I was called to an interview. …, the accused nurse … said that he was applying vaginal cream, to which I replied, "Well, was it listed that my mother needed vaginal cream?" … I knew her level of mental ability and I know it did happen. She wasn't that sort who talked to the fairies down the garden (Interviewee F2 & F3: family members).
VULNERABILITY & PREVENTION - EDNA

Vulnerability

• Beliefs about dementia - global
• Myth that sexual assault is about sexual attraction – asexuality & ageing
• Belief that service providers never sexually assault clients
• Failure to hold perpetrators to account

Prevention

• Service provider education – sexual assault & power
• Policies on responses to allegations of sexual assault
I [was asked to provide some support to a residential institution where a resident had reported sexual assault]. … she had some level of dementia, she did have a history of early childhood sexual assault as well, which is ..., you know, there's a bit of weighing up [whether or not she is recounting childhood sexual assault] ... but [the staff said] ... this is what she said happened and she's obviously distressed so ... we're going to believe it.

So I went down [to the facility and], she by that stage ... sort of retreated into, you know, not wanting to kind of go there, so it wasn't possible to kind of have a conversation [with her about what happened] ... But anyway, he was a relieving staff so they made a decision they would never employ him again but, you know. Off he went into the sector because there's absolutely no sort of accountability (Interview s17-22: sexual assault service).
VULNERABILITY & PREVENTION - PATRICIA

Vulnerability

- Dementia
- Trauma
- Dependency
- Difficulty holding perpetrators to account
- Beliefs about child sexual account

Prevention

- Staff education
- Engaging support services
... we had a resident here who was in quite advanced dementia, essentially bedridden, ... There was a relative ... visiting his mother-in-law and you know, just spending time with her but then ... he was found in the room of this other resident, and he was sitting at the bedside and this lady had her breasts exposed. That shocked the staff in a big way. ...He denied that he had done anything and he was just visiting, but I think the difficulty that we have is - who in their right mind would still spend time sitting at a bedside with a lady who had her breasts exposed? You know, why would a man still continue to sit there and not be mortified and embarrassed and rush out of the room. We couldn't understand that (Interviewee S6 aged care service provider).
VULNERABILITY & PREVENTION - AMELIA

Vulnerability

• Frail
• Dependent
• Dementia
• Opportunistic perpetrators
• RACFs managing complex situations

Prevention

• Service provider awareness
• Opening up conversations
• Providing support for staff – modelling ‘lets talk’
[There was] an older woman who had - was in a retirement village. She'd recently moved there, and one of the guys ... who was in his own unit kept inviting her in for cups of tea, and she didn't really like him but she felt sorry for him. You know, the old story women are supposed to look after people. So, she felt sorry that he was lonely and went in there to have a coffee with him. The next thing she remembered was waking up in his bed the next day and she'd been sexually assaulted. Now, she didn't tell anyone; she was too ashamed. ... Too ashamed to tell anyone. But less than a week later he suddenly died and she was so sort of shocked and traumatised by the whole thing that she came and sought counselling about that (Interviewee S1: sexual assault service).
Vulnerability

• Myths of asexuality
  • old age is protective factor against sexual assault
  • older men do not perpetrate sexual assault
• Shame and embarrassment
• Lack of staff education – lack of information for residents.

Prevention

• Information on safety and services
RECOMMENDATIONS

Challenge invisibility and silence

1) Provide education for whole community – everyone has a role
2) Broaden policies on gender based violence
3) Encourage interagency partnerships
4) Improve access to justice system – hold perpetrators to account.
RECOMMENDATIONS

Capacity building

1) Develop information for older women, families and friends on their rights, support services, reporting/complaints mechanisms

2) Explicit reference to prevention in Standards

3) National roll out of education to service providers
RECOMMENDATIONS

Public policy

1) Promote interagency partnerships
2) Review aged care assessment processes
3) Register all aged care workers
   • Minimum standard of education
   • Consistent response to allegations
RECOMMENDATIONS

Data collection & research

1) Improve data collection - identify and respond to patterns
2) Consultation with key stakeholders
3) ABS data breakdown age categories
4) Further research
5) Evaluate reporting systems and interventions.
1. Older women experience sexual assault
2. The sexual assault of older women is preventable
3. We are all responsible for prevention
4. This evidence needs to inform elder abuse prevention strategies – how can you help to ensure this occurs?
5. Calls for a Round Table …