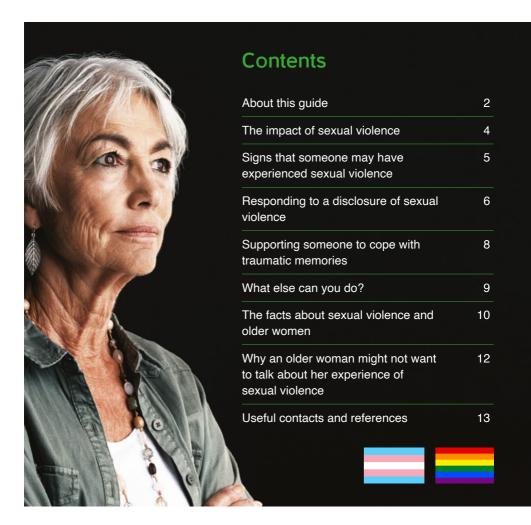


Sexual violence and older women

A guide for providing support



About this guide

This booklet provides information for those who work with or support older women. It has been produced by professionals who work in the sexual violence sector and is based on the work of the South West Rape Crisis Partnership.

> 1 in 5 women experience sexual violence at some stage during their life

Women can experience sexual violence at any stage in their life, yet there is a commonly held misconception that rape, sexual assault and sexual abuse is something that only happens to younger women. Older women are less likely to access specialist services for their experiences of sexual violence than younger women.

Everyone has ideas about what rape and sexual violence is – who does it to whom and why. We live in a society where myths and misconceptions are ingrained in the way we think about rape and sexual abuse. Together with widespread prejudices about older age, myths1 about sexual violence create barriers for older women seeking specialist services and support.

What do we mean by 'older women'?

The work of the South West Rape Crisis Partnership² has focussed on selfidentifying women aged 55 and over. This covers multiple generations and life experiences. It includes working women living in their own homes through to women in the final stages of their lives with care and support needs.

It was identified that the number of women aged 55 and over coming forward to use rape crisis services is very small compared to the number of older women who are. statistically, likely to be victim-survivors of rape and sexual abuse.3

Everyone has the right to live a life free from sexual violence and to access support for their experiences, whatever their age.

What is sexual violence?

Sexual violence is defined by the World Health Organisation WHO (2013) 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" This includes, but is not limited to, rape, sexual assault, sexual harassment and unwanted touching.

Why only women?

We acknowledge that anyone can be a victim-survivor of sexual violence. The work of the South West Rape Crisis Partnership has been funded specifically to focus on older women as evidence shows that women are 3 times more likely to be raped or sexually assaulted then men4. You can find information on support services for male victim-survivors of sexual violence in the Useful Contacts section of this booklet.

¹ Bows and Westmarland, 2017

² The South West Rape Crisis Centre Partnership is made up of Somerset and Avon Rape and Sexual Abuse Support, The Women's Centre Cornwall, Gloucestershire Rape and Sexual Abuse Centre and Devon Rape Crisis and Sexual Abuse Services

³ In 2019 only 2% of victim-survivors accessing rape crisis services in the South West of England were aged 65 and over

⁴ Crime Survey for England and Wales 2017

The impact of sexual violence

Rape, sexual assault and sexual abuse are traumatic events or experiences. When someone has gone through something traumatic, they can experience strong physical, emotional and behavioural reactions. Currently, more commonly known as Post Traumatic Stress Disorder or PTSD, a medically recognised term, these reactions are a normal way of responding to disturbing events and will vary for everyone. The impact of trauma caused by sexual violence can be devastating and life-long.

Like all victim-survivors, older women can experience a range of behavioural. emotional and physical reactions including, but not limited to:

- Panic attacks and flashbacks
- **Nightmares**
- Increased smoking/drug or alcohol use
- Eating disorders
- Self-harm
- Depression and anxiety
- Anger, fear and self-blame
- Low self-esteem and loss of confidence
- Tiredness or hyperactivity
- Muscle tension, sweating and headaches
- Unsteady breathing or tightness in chest

Traumatic memories are stored differently in the brain to other memories. This can result in memories becoming disjointed. fragmented or suppressed for a long time.5

Recent research suggests that the menopause⁶ can have a significant impact on victim-survivors of sexual violence, triggering PTSD symptoms such as flashbacks, anxiety and dissociation (a disconnection from the present surroundings). This can result in further negative impacts including loss of employment, relationship breakdown or a developing dependence on drugs or alcohol.

Physical evidence such as bruising may be misinterpreted as 'normal' markings on an older body. This can be overlooked. People working with or supporting an older woman may not identify that physical or mental ill-health issues are linked to sexual violence.

For more information on the impact of rape and sexual abuse, go to: www.sarsas.org.uk/wp-content/uploads/2020/03/SARSAS-Self-Help-Guide Families20.pdf

⁵The body keeps the score – Bessel Van Der Kolk (2014) Penguin books ⁶SW Rape Crisis Partnership, The Chilling Silence, 2020

Signs that someone may have experienced sexual violence

Physical signs that someone may have experienced sexual violence (especially recently) can include:

- Unexplained bruising
- Cuts, bruises and bleeding in the inner thighs or genital area
- Unexplained difficulty in walking or sitting
- Problems urinating
- Complaints of pain or discomfort from intimate areas
- Stained underwear or bedlinen
- Damage to clothing
- Missing items such as underwear.

There may not always be physical signs of sexual violence. Non-physical signs to look out for:

- Anger
- Withdrawal
- Increased anxiety or pronounced startle response
- Refusing help from a carer with intimate needs
- Increased levels of confusion
- Any of the trauma reactions listed on page 4.



"It's never too late for someone to get the support they deserve."

Responding to a disclosure of sexual violence

- The most important thing you can do is listen and believe. Be patient and offer choices. Telling someone else about a personal experience of rape or sexual abuse can be a very difficult thing to do.
- Allow the time to talk in a safe and confidential space.
- Don't share what you have been told with other staff or family members. Follow your organisational and local authority safeguarding procedures by talking to your Safeguarding Lead.
- Offer the choice to refer to or find information on a local specialist support service, if they would like.
- If you are concerned about an older woman being abused or neglected in a care setting or receiving a home care service, you can contact the local authority to raise a safeguarding concern. You can also contact the Care Quality Commission (CQC).
- Some women may want to report what has happened to them to the police. This is a personal choice and no-one should ever be pressured into reporting.
- Your local ISVA (Independent Sexual Violence Advisor) service can provide support and guidance for someone thinking about reporting or going through the criminal justice process. You can find your local service here: www.survivorpathwav.org.uk

Supporting someone who has experienced sexual violence can be difficult and stressful for you as well as the person concerned. It's important to remember to take care of yourself; you may also need support to deal with the possible effects on vourself.

If the woman you are supporting has been assaulted recently (in the last 8-10 days), they may want to go to your local Sexual Assault Referral Centre (SARC) where they can get specialist medical attention and a Forensic Medical Exam. SARCS also offer a range of services and health outcomes including medical, practical and emotional support. They have specially trained doctors, nurses and support workers. You can find information about vour local SARC here:

www.survivorpathway.org.uk/assaultedin-the-last-8-days



^{*} Registered health and social care service providers must inform the CQC of abuse incidents or allegations. They should also inform the local authority and, if a nursing home, the clinical commissioning group.

Asking the question

If you are concerned about a woman you are supporting and they have not voluntarily told you something, you could give them the opportunity to disclose. Many older women may not identify with terms such as sexual violence, rape or sexual assault because they feel that they don't represent their experiences. Any of the signs listed on page 5 might lead you to ask the woman if she feels safe, is being hurt or is frightened of anyone. Women can feel reassured if given this opportunity, even if they don't immediately disclose.

I'm worried about you. You You seem seem scared. upset/anxious. Is everything ok? Do you feel safe?

Supporting someone to cope with traumatic memories

Triggers

A trigger is anything that generates a memory or flashback to the traumatic event of sexual violence. Triggers are very personal and different things can trigger different people. A trigger can be a sound or smell, a word, an object, a place or anything that takes that person back to their traumatic experience.

Grounding

If someone you are supporting is dealing with flashbacks, panic attacks or self-harm, grounding can be a very useful technique to help them focus on the present and to distract from extreme negative feelings. There are lots of different grounding techniques that you can try; it can take time for someone to develop the technique that best works for them.



What else can you do?

Reading this quide is a great first step. All of us can question ideas or prejudices that we might have around older age and the idea that only young women are raped or sexually assaulted. Think about how these ideas may affect you, your colleagues, and the woman or women you support. Sexual violence affects women of all ages and the older woman that you are supporting may be a victim-survivor of recent abuse or abuse in the past.

Professionals

- Ensure training on sexual violence and older women is incorporated within your organisation and policies. Your local rape crisis centre can provide you with information, leaflets and often offer training to help you recognise the signs of sexual violence and how to respond.
- Consider having a member of staff who has had specialist training and is a single point of contact for any concerns regarding sexual violence by staff, volunteers, visitors and residents - record and take relevant precautions. even if just at the point of suspicion.
- Display information of local and national rape crisis centres and specialist centres, especially in community areas including GP surgeries, community centres and libraries.
- Encourage key individuals to join existing multi-agency initiatives such as sexual violence and domestic abuse forums - find out what is happening in your area and send a representative along to meetings.

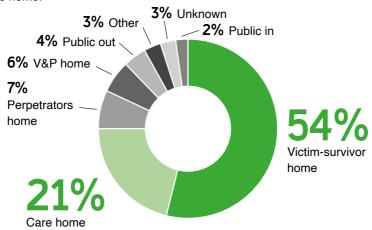
Everyone

- Learn more about the life-long impact trauma can have on victim-survivors of sexual violence and remain vigilant to the signs and symptoms for the older woman you support.
- Think about the language you use to talk about sexual violence. Social and cultural factors may mean that some older women don't have the words to describe what they have experienced.
- Help to increase awareness of sexual violence against older women to reduce stigma and encourage more women to come forward for support by sharing the information in this leaflet with others.

The facts about sexual violence and older women

Older women's experiences of sexual violence can vary greatly. For some women, the sexual violence can be recent and on-going; for others it can go back decades, leaving them with a life-time of trauma. Many women will have experienced sexual violence multiple times.

The majority of assaults on older women occur in their own homes followed by a care home.7



A report by the Care Quality Commission, identified that in England,

In a 3 month period, there were

incidents of alleged sexual abuse' in adult social care services.8

- Older women who receive care in their own home or in residential care homes (especially those that rely upon others for general and intimate care) are more likely to be abused. Abuse may be inflicted by other residents or staff within residential care homes or by home-visit carers and relatives in personal homes.
- Research also shows that women living with a mental or physical health disability are more vulnerable to abuse 9

⁷ Bows and Westmarland, 2017

⁸ Promoting sexual safety through empowerment a review of sexual safety and the support of people's sexuality in adult social care - Care Quality Commission 2020

⁹ Prevalence and risk of violence against adults with disabilities: a systematic review and metaanalysis of observational studies, WHO 2012

Women of all ages and from all walks of life experience rape or sexual violence.

There is a myth, perpetuated in campaigns and the media, that rape only happens to young women on a night out. Older women that you support may have been recent victims of rape or sexual abuse¹⁰ or be living with the trauma of sexual violence that they experienced as younger women or children.11

Most offenders are known to their victims.

There is a myth that most older women are raped or sexually assaulted by strangers. The South West Rape Crisis Partnership research identified that the most common perpetrator of sexual violence against women 55 and over was a partner/ex-partner or spouse.

Many older women believe that they should be 'over it by now' but the impact of sexual violence can be devastating and life-long.

Some women will have experienced sexual violence as a child or younger woman and may have lived with the trauma for many years before telling someone or seeking support. The impact is devastating whether the experience was 5 days ago, 5 years ago or 50 years ago. Older women need and deserve support as much as anybody else.

"It's lifelong trauma. It makes me sad."

¹⁰ Research by Dr Hannah Bows at Durham University found that there were 150 reported rapes, each year across England, Wales and Northern Ireland, involving a victim over 60. The vast majority of victims were women. Rape is a vastly under-reported crime (approximately 13% of rapes are reported to the police) so we know that it is likely that the real figure is much higher.

¹¹ SW Rape Crisis Partnership, 2020

Why an older woman might not want to talk about her experience of sexual violence

"More than a third of over 65s do not consider forced marital sex (to be) rape."

Attitudes to Sexual Consent Research for the End Violence Against Women Coalition by YouGov

Law Changes. In the UK, the law changed to make rape in marriage a crime in 1991. Women who grew up in a generation before the law changed may find it difficult, now, to see what happened/ is happening to them as a crime.

Concern for how other people might react. Older women may not want to tell someone what has happened to them for fear of not being believed, upsetting or losing contact with close friends and family at a potentially vulnerable time in their life.

Concern that their disclosure will be misinterpreted or dismissed as part of dementia/mental ill-health. They may also have previous experience of discloures being dismissed, preventing them trying to tell anyone else.

Not identifying themselves as victimsurvivors of sexual violence. Older women may find it difficult to acknowledge their own experiences. A lack of specialist services in the past and a society that downplayed or dismissed sexual violence as 'not serious enough' create an extra barrier for older women.

Relying on a perpetrator for care. Older women may be dependent on or living with and/or caring for their perpetrator. This presents additional challenges for women who may be thinking about telling someone or leaving their homes.12 They may not have the financial, emotional or physical support they need to move out of the family home. There may also be concerns about having nowhere to go, losing independence or being moved into a care facility.

"At the time, years ago, I felt it was not named as what it was ... it was downplayed."

Useful contacts and references

If you have immediate concerns about someone's safety, please call 999.

Regional Rape Crisis Centres

Devon Rape Crisis and Sexual Abuse Services

devonrapecrisis.org.uk 01392 204174

Gloucestershire Rape and Sexual Abuse Centre

www.glosrasac.org 01452 305421

Somerset and Avon Rape and Sexual Abuse Support

www.sarsas.org.uk 0808 801 0456

The Women's Centre Cornwall

www.womenscentrecornwall.org.uk 01208 77099

The Survivor Pathway

A guide to specialist services in the South West of England. www.survivorpathway.org.uk

SARSAS Self-help guides (for more information on trauma and grounding)

www.sarsas.org.uk/self-help-guides

National Services

Rape Crisis England and Wales, Rape Crisis Scotland and Rape Crisis Northern **Ireland** provide a range of specialist services to support survivors of sexual violence.

To find your local centre visit:

rapecrisis.org.uk (England and Wales) www.rapecrisisscotland.org.uk (Scotland) www.rapecrisishelp.ie (Northern Ireland)

Sexual Assault Referral Centres (SARCs) provide support following a rape, including interviews, examinations and storage of forensic evidence. To find out more, or for information on the nearest SARC, you can search on the NHS website:

Specialist Services for Men

SurvivorsUK

www.survivorsuk.org

Safeline run the National Male Survivors Helpline

www.safeline.org.uk/what-we-do/helpline-and-online-support-service

Other specialist services

Age UK centres provide a range of advice, information, activities and support for people aged 50 and over in their local communities. To find your nearest Age UK centre visit www.ageuk.org.uk or call 0800 169 8787

Galop provides Hate Crime, Domestic Abuse and Sexual Violence support services to Lesbian, Gay, Bisexual and Trans victims/survivors by telephone, email, text and WhatsApp. Visit www.galop.org.uk or call 0800 999 5428

Hourglass is a national charity dedicated to ending harm, abuse and exploitation of older people in the UK. They offer support for older people who have experienced, or are at risk of, any kind of harm, abuse or exploitation. Visit wearehourglass.org or call 0808 808 8141

Refuge provide the national Domestic Abuse helpline. Visit www.refuge.org.uk/get-helpnow/phone-the-helpline or call 0808 2000 247

Respond is a national charity providing therapeutic and support services to people with learning disabilities, autism or both who have experienced abuse, violence or trauma. Visit respond.org.uk or call 020 7383 0700

The content of this booklet is based on The Chilling Silence: a research briefing paper produced by the South West Rape Crisis Partnership 2020 and research by Dr Hannah Bows which was supervised by Professor Nicole Westmarland at the Durham Centre for Research into Violence and Abuse.

www.sarsas.org.uk/wp-content/uploads/2020/01/the-chilling-silence.pdf bjc.oxfordjournals.org/content/early/2016/04/12/bjc.azv116



Bows, H (2017). Sexual Violence against older people: A review of the empirical literature.

Bows, H (2018). Practitioner Views on the Impacts, Challenges, and Barriers in Supporting Older Survivors of Sexual Violence. Violence Against Women, 24(9), 1070-1090

Bows H., Westmarland N. (2017), Rape of older people in the United Kingdom: Challenging the "real rape" stereotype. British Journal of Criminology, 57(1), 1-1

Care Quality Commission, (2020). Promoting sexual safety through empowerment: A review of sexual safety and the support of people's sexuality in adult social care.

End Violence Against Women Coalition, (2018). Attitudes to Sexual Consent Research. Research for the End Violence Against Women Coalition by YouGov

Hughes K., Bellis M., Jones L., Wood S., Bates G., Eckley L., McCoy E., Mikton C., Shakespeare T., Officer A. (2012). Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. Liverpool: Liverpool John Moores University, Centre for Public Health and Geneva, Switzerland: Department of Violence and Injury Prevention and Disability, World Health Organisation

Mann R., Horsley P., Barrett C., Tinny J. (2014). Norma's Project: A research study into the sexual assault of older women in Australia. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University

Office for National Statistics, (2018). Sexual offences in England and Wales: year ending March 2017: Analyses on sexual offences from the year ending March 2017 Crime Survey for England and Wales and crimes recorded by police

Van der Kolk, B (2014). The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma

