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The other side of late-life intimacy? Sexual violence in later life

Objective(s): to explore the extent, nature and consequences of sexual violence in later life

Methods: Data was obtained from all police forces in England, Wales and Northern Ireland on rape and sexual assault by penetration (Sexual Offences Act 2003) offences involving a victim aged 60 and over recorded between 1st January 2009 and 31st December 2013. Qualitative interviews were conducted with 27 practitioners working in specialist violence or age-related organisations and with three female survivors.

Results: the majority of victims were female and most offenders were male. Offenders were generally younger than victims, most offences occurred in the victim's home although 1 in 5 occurred in a care home. Physical, psychological and social consequences were described which create specific challenges in accessing and receiving support.

Conclusion: an intersectional life course analysis of sexual violence is required to develop a better understanding of the consequences, particularly for older women.

Key words: sexual violence in later life; sexual violence of older people; elder sexual abuse; gender; ageism; sexism

Impact Statement: this paper addresses some of the previous gaps in both the sexual violence/interpersonal violence literature, which has largely excluded older people, and the ageing/gerontology literature which has seldom been concerned with sexual violence. It provides an empirical and conceptual starting point for future research across countries and cultures, foregrounding both gender and age. This paper could influence policy and practice by raising awareness of sexual violence in later life among professionals and family members, highlighting the need to (i) improve training offered to specialist sexual violence workers and (ii) to enhance existing services to ensure they meet the needs of older survivors.

Introduction

Although sexual health, wellbeing and rights are major public health issues which have received significant global research, policy and practice development (1), older people have been marginalised in these discussions and advances. Dominant cultural constructions of ageing, gender and sexuality have placed older people, and particularly older women, in a category of asexuality (2). Consequently, it has long been assumed, indeed projected, that older people do not engage in sexual activity (2-4). A further unfortunate extension of this position is that older people have also been viewed as unlikely victims of sexual violence; since older people do not engage in *consensual sex* it is incomprehensible that they may be victims of *non-consensual sex* (rape) or other forms of sexual assault. Following a brief review of the broader context of ageing, sex and sexual violence, this article presents the data from the first national study in England, Wales and Northern Ireland to examine sexual violence against people aged 60 and over.

Ageism and sex

The world population is frequently described as a rapidly ageing one, although this is predominantly a western phenomenon. In the UK, it is estimated that by 2066 there will be 20.4 million people aged 65 and over, almost doubling the current 11.8 million figure (5).

Similarly, in Australia, it is projected that, by 2057, there will be 8.8 million older people (22% of the population) an increase of 7% (6).

This increase in the older population has inevitably led to growing interest about the health rights and needs of this group. However, this growing interest has primarily focused on (adverse) physical and psychological conditions and negative consequences of ageing and growing old (7). As such, age is generally portrayed as a negative experience and something that should be avoided. As Jones and Powell (8) note, it is generally viewed as a process of decay, decline and deterioration.

Ageism, sexism and the older woman

I have argued elsewhere (2) that constructions of sexuality are inextricably bound up with broader constructions and perceptions of ageing and the body reflecting the intersections of ageism and sexism. Snellman (9) notes that ageism has developed conceptually since it was first coined in the 1960s. One of the major developments has been the shift from understandings of ageism as a *result* of attitudes to understanding that ageism, like other isms, is a form of oppression *embedded* in social attitudes. This has led to recognition that age is 'a producer of social division, with a role as a social and identity marker, but also underlining its power in defining social relations, giving rise to institutions and creating inequalities' (10: p.33)

However, age is not the only producer of social division and a true understanding of oppression and marginalization can only be achieved through examining the multiple social identities which overlap and create intersections of inequality. As Krekula *et al* (11: p.34) point out, gender was one of the first social categories mapped onto the discussions of ageism to examine the multiple disadvantages and discrimination experienced as a result. Gendered ageism highlights the ways in which patriarchal norms and structures combine with youth-centered policies and practices to discriminate against older women in particular ways that are not experienced by men.

There is little research exploring women's experiences of the body and body image in relation to age and ageing, however, the available research suggests a complex relationship linked to Western society's youth-centric preoccupation and the value placed on (young) physical appearance and thinness (11-13). It has been argued that older women experience a 'double standard', sometime even a triple standard, where physical signs of advanced age are judged more harshly for women than men and women are particularly disadvantaged in their efforts to achieve, and then maintain, dominant cultural standards of physical attractiveness (14). Bradway and Beard draw on Barker (2004), who described ageism and sexism as 'twin prejudices' which stigmatize and discriminate against older women and further argue, 'if women are sexually objectified and subjected to the male gaze, then older women are particularly disadvantaged by youth culture' (14: p.505).

Sexual violence against older people

Given the negative constructions of ageing, gender and sexuality, it is perhaps unsurprising that older people have not been considered likely victims of sexual violence. Sexual activity, whether consensual or otherwise, is associated with youth. Young people feature in the majority of campaigns, policies, research on sexuality and equally dominate the depictions

and narratives around sexual violence which continue to reflect the 'real rape' stereotype (2); a term used to describe the dominant misconception that rape usually occurred at night, in a public place, and involved a male stranger violently raping a young female. In fact, decades of research have confirmed rape is usually perpetrated by someone the victim knows, often a partner or spouse, and occurs in the victim's home. Nevertheless, the real rape stereotype persists.

Sexuality and sexual activity in later life continue to be taboo topics and it is assumed that older people are not victims of sexual violence since they do not fit the real rape model of a young woman who is violently attacked and raped by a male stranger who is motivated by sexual desire (2, 15). Consequently, very little is known about the extent, nature and consequences of sexual violence in later life.

As discussed earlier in this paper, it has generally been assumed that older people are low risk for sexual violence (2, 15). More broadly, older people have been viewed as low risk for all interpersonal violence, however the available 'elder abuse' literature indicates the levels of violence and abuse are higher than was once thought. A global systematic review of prevalence literature revealed that, on average, 1 in 6 people aged 60 and over experience some form of violence or abuse each year (16). This review reported a pooled prevalence estimate of 0.9% for sexual abuse. Globally, it equates to around 9 million older people each year (16). In the UK, this would equate to around 120,000 older people each year (5). In Australia, this would mean approximately 24,000 older people experience sexual abuse each year (6).

Thus, whilst risk of sexual victimisation may be *lower* in older cohorts compared with younger groups, it should not be described as *low*. Nevertheless, research examining sexual violence against older people remains limited (see 14-15). Little is known about the extent, nature and contexts of sexual violence against older people, or about the characteristics of victims, offenders and incidents.

Methodological limitations of previous research

The majority of data on sexual violence victimisation comes from national victimisation surveys in different jurisdictions. Most of these surveys have methodological limitations; for example, most only sample community dwelling individuals, excluding those living in care homes, nursing homes, prisons or other institutions. Furthermore, many have age caps – the Crime Survey for England and Wales imposed an age cap of 59 on the self-completion module in the survey which collected data on domestic violence, sexual violence and stalking until 2017. This has now been extended to people aged 74 (17) meaning the CSEW will collect data on sexual violence, domestic violence and stalking from a sample of community-dwelling individuals aged between 16-74. However, this still excludes people aged 75 and over. Internationally, many victimisation surveys impose similar sampling restrictions. Those which do sample older people often aggregate respondents over a certain age (e.g. 55 or 60) into a single category making analysis difficult. Equally, it is widely acknowledged that sexual violence can lead to a range of serious negative physical and mental health outcomes. However, most of the research examining the impacts and consequences of sexual violence is limited to samples of young women. It is therefore not known whether the consequences and impacts are the same for older women (2).

Consequently, we have little available data from official state or public sector sources. A small body of academic research has developed to address this gap in evidence (for a comprehensive review see 18-19). However, most of these studies have been limited to small samples drawn from forensic or medical case files, or from a single police force database. Separately, an important body of work has emerged over the last two decades highlighting the prevalence and consequences of domestic violence against older women (e.g. 18-24) and elder abuse (see recent special issue edited by Yon and colleagues, 16) Importantly, very few studies have engaged with older victims to examine their experiences of sexual violence, help-seeking choices and behaviours, and challenges/barriers to accessing support after sexual violence. My work over the last six years has attempted to address some of the gaps in knowledge and provide a starting point for further investigations.

Methodology

The remainder of this article considers the main findings from doctoral research which examined the extent, nature and consequences of sexual violence against people aged 60 and over in the UK (for the full findings, see 2,15,20). This mixed-method study had the following research aims: first, the research aimed to examine the prevalence and nature of rape and serious sexual assault against older women who have been raped or sexually assaulted since the age of 60 in the UK. Second, this research aimed to explore the impacts of rape and sexual assault against older women and the services needs they present, with particular focus on the extent to which these needs can be met through existing support provisions.

To address the first aim, Freedom of Information requests were used to request data from all police forces in the UK. Individual forces were asked to provide the total number of recorded rape and sexual assaults by penetration (section 1 and 2 of the Sexual Offences Act, 2003 [England and Wales]) offences recorded between 1st January 2009 and 31st December 2013 and the proportion of those that involved a victim aged 60 and over. For the cases involving an older victim, police were asked to provide data on victim and offender gender, age and ethnicity, the location of the offence, relationship between victim and offender. All forces from England, Wales and Northern Ireland returned data but Scotland refused due to limitations with their database preventing searches by victim age. Data was input into SPSS and bivariate and multivariate analysis was conducted to examine frequencies and relationships between variables.

To address the second aim, qualitative interviews were conducted with 24 practitioners working with victims of sexual and/or domestic violence, three practitioners working in age-related organisations and three female survivors who had been raped since in the age 60. Older men were not excluded from the study, but no male victims were accessing support through the agencies and organisations contacted as part of the research. The findings discussed in this paper emerged from the sexual/domestic violence practitioner and survivor interviews. Interviews explored the impacts and consequences of sexual violence for older women, service and support needs and the extent to which these were met through specialist sexual violence/domestic violence and age-related organisations. Practitioners were recruited through a convenience sample based on existing networks with specialist sexual and domestic violence organisations in England and Wales. Interviews were conducted by phone or face-to-face and were transcribed before being analysed thematically (see 2, 15 and

20 for further methodological details). Ethical approval for the study was granted by anonymised for review (Ethics Approval Number 1127/2013-14/000267265).

Extent of sexual violence

Analysis of offences recorded between January 2009 and December 2013 revealed the majority of victims were female (92%) and most offenders were male (85%). This is consistent with global data on sexual violence against younger women (25). The age of victims ranged from 60 to 100 and over. Offender age ranged from under 16 to 99 years old. The analysis revealed most offenders were younger than victims: most victims were aged between 60 and 69 (58%), whereas 66% of offenders were aged under 60. The largest age group of offenders was 50-59 (23%) Furthermore, most victims were raped or assaulted by an acquaintance (26%), stranger (20%) or partner (20%). Most offences occurred in the victim's home (54%) but just over 1 in 5 occurred in a care home.

Impacts and consequences of sexual violence

The impacts and consequences described by the practitioners and older women spanned physical, psychological and social categories.

Physical

The most common physical impacts described by practitioners and the older survivors included bruising, cuts, genital injuries, broken bones, and incontinence. Many of these are experienced by younger survivors (see 20 for an overview), but may be exacerbated by existing age-related conditions such as arthritis or heart/respiratory conditions. Some practitioners described their older client's health significantly declining following sexual violence.

Poor physical health created challenges in accessing support and was cited by all practitioners. The primary issues were health conditions linked to ageing and physical impairments, some of which were pre-existing but in some cases were a result of the violence experienced by the women. This could create difficulties in accessing support services: although all services had premises accessible for people with mobility restrictions (e.g. ramps for wheelchairs) and sight or hearing disabilities, some services could be difficult, or impossible, to provide to people with specific health problems. For example, forensic nurse examiners said that although examination beds could be lowered to accommodate mobility issues, those with physical restrictions might not be able to be examined. For older people with arthritis, for example, it might not be possible to open their legs wide enough for an examination. Similarly, those with certain conditions might not be able to lie on their backs. Consequently, practitioners felt that outreach support was particularly important for older survivors who were unable to attend the premises of services due to physical conditions or mental health challenges.

Psychological

Practitioners described many of the emotional impacts of violence on older survivors as similar to those observed in younger survivor groups, including posttraumatic stress disorder (PTSD), depression, anxiety, sleep disturbance, and stress. However, all practitioners felt these impacts and effects could be amplified for older people, because of their age. Practitioners felt older survivors had fewer opportunities to draw on supportive networks, for example through employment or relationships, which have been established as important

features in the 'recovery' and quality of life following sexual violence among samples of younger women (26-27). Research from the field of ageing has consistently identified social isolation and limited support networks effect a significant number of older people and the risks of experiencing this increase with age, with significant negative physical and mental health consequences (28). This has implications for sexual violence support programmes and interventions which may rely, to some extent, on the survivor having wider social support networks in place.

While a sense of shame, fear, anxiety, and self-blame are common emotional responses to sexual violence. Practitioners felt these were often enhanced for older survivors because of prevailing cultural norms from their earlier lives, which served to inhibit disclosure or discussion of sexual violence. This was echoed by survivors, who all described feeling 'embarrassed' that they had been raped 'at their age'. The three women interviewed all attributed responsibility for their victimisation on themselves. They described feeling embarrassed about being 'in this predicament' and felt they 'should be more respectable at their age'. The women and practitioners all felt that ageism and sexism combined to create specific difficulties for older women. Deeply entrenched and internalised beliefs about rape, centering on the 'real rape stereotype' combined with understandings of sex and sexuality being a preserve of the young, together with beliefs that older women are not sexually desirable were described by practitioners and evidenced by survivors in their narratives about their experiences.

Social

The most common social consequences described by practitioners and survivors were social isolation, break—down of relationships with family and friends, low or disengagement with support organisations and local communities. The three survivors described having less trust of people, but particularly men, since their experiences. They described negative impacts on their family, relationships with their children, partners and friends.

The ageist and sexist attitudes and beliefs described earlier in this paper also created particular challenges, making it difficult for older survivors to understand their experiences of sexual violence. Practitioners described challenging some of the ageist and sexist beliefs about women, and sexual violence particularly, a central role for counsellors and support workers.

All 23 sexual/domestic violence practitioners felt the combination of low levels of awareness of sexual violence among older people and ageist attitudes depicting older people as vulnerable, frail, and undesirable, created barriers to providing support. None of the practitioner's had received any specific training on working with older survivors. Further, all of their previous training had been based around case study examples involving younger women. None of the organisations had any campaign posters or information guides which specifically featured, or referred to, older survivors.

Some, particularly counsellors, found supporting older survivors emotionally challenging themselves and several described experiencing difficulties with their own prejudicial and stereotypical attitudes about sexual violence (despite their training and knowledge). For example, one practitioner who was a sexual violence helpline volunteer said they found it

harder to work with older survivors and difficult to provide support to them, because they had always looked up to people older than themselves.

The three practitioners working in age-related organisations did not have any direct experience of working with, or supporting, older victims of sexual violence. The organisations did not have any information or advice leaflets for their service users which discussed violence or abuse. None of the organisations had relationships with specialist domestic or sexual violence organisations and there were no referral pathways between these organisations. None had any experience or knowledge of older people disclosing sexual violence to their organisation.

Limitations

This study has several limitations. The quantitative data analysed was drawn from police recorded cases. Sexual violence is one of the most under-reported crimes, and cases that are reported are more likely to be in keeping with the 'real rape' stereotype. Further, although every effort was made to interview practitioners from a range of services, some communities are not well captured in this study. Notably, practitioners working with older people from black and minority ethnic and lesbian, gay, bisexual and transgender communities are not represented in this study. Similarly, very few organisations worked with male victims. The sample of practitioners, and survivors, is therefore non-representative. However, the findings do provide a starting point for future research and indicate some specific areas that warrant further exploration.

Conclusion

It has long been assumed that older people are immune from the risk of violent victimisation. Powerful ageist and sexist understandings and constructions of sex, sexual activity and rape have rendered older people invisible in the public and academic discourses around sexual violence. The emerging evidence has indicated older people are not as low risk for interpersonal victimisation as once thought, however the majority of this work has been subsumed within more general elder abuse studies. There has been little scholarly research specifically examining sexual violence against older people.

The research presented in this paper aimed to address some of the gaps in evidence around the extent, nature and implications of sexual violence for people aged 60 and over in England, Wales and Northern Ireland. These findings reveal a number of themes that may be common across other jurisdictions, such as Australia or elsewhere. The findings reveal that sexual violence occurs across the life course and victimisation in later life shares many similarities with sexual violence experienced by younger people: women continue to be victimised at higher rates than men, whilst men are responsible for the majority of offending. Most sexual violence occurs in the victim's home and in the majority of cases the victim and offender are known to each other. Similarly, the impacts of sexual violence on older people are similar to those described by younger survivors. However, it is important to analyse sexual violence (and other forms of interpersonal violence) across the life course to develop an understanding of how the risks, nature and implications of violence may differ at different stages of the life-course.

This study has indicated that age itself may affect the nature of sexual violence, for example occurring in care homes which are predominantly occupied by older people. Furthermore, whereas research and national statistics have often reported offenders to be the same age or slightly older than victims, this study found offenders are usually younger than victims. Moreover, age may exacerbate the consequences of violence for older victims or create additional challenges to accessing support. The real rape stereotype, which depicts victims to be young, attractive women raped by stranger continue to dominate public understandings of sexual violence. The lack of awareness of sexual violence against older people and the continuing use of campaigns and awareness materials which feature young women as victims compound these issues. There is an urgent need for practitioners working across age and specialist violence organisations to work together and alongside health and criminal justice agencies to challenge the stereotypes, develop awareness material and ensure policies and practices are inclusive and flexible to meet the needs of all survivors, regardless of their age.

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