Listening to older women who experience sexual abuse

Drawing on recommendations from a recent report released by the Australian Association of Gerontology, the report's co-author **Catherine Barrett** outlines strategies to enable service providers to better respond to and prevent the sexual abuse of women living with dementia and older women living with a partner with dementia

In July this year the Australian Association of Gerontology (AAG) launched a report called *A Fair Future For Older Women Who Experience Sexual Abuse – What Needs to Be Done* (Segbedzi & Barrett 2019). The resource was developed from a workshop hosted by the AAG and the OPAL Institute and sponsored by the Department of Health as part of the AAG's annual conference in Melbourne. The workshop brought together researchers, clinicians, elder abuse services, sexual assault services, police, community activists and family members to share perspectives on sexual abuse of older women and strategies for prevention.

The report outlines the research evidence, strategies shared at the workshop and presents 30 recommended changes to policy, legislation, education, reporting, support, research and assessment. These recommendations are intended to assist the Royal Commission into Aged Care Quality and Safety and the National Plan to Respond to the Abuse of Older Australians.

The AAG report is topical and timely, with growing calls from the media (see for example Connolly 2019; Fanning 2019) and clinicians (Ibrahim 2019) to better resource service providers' capacity for responding to and preventing sexual abuse of older women.

These calls arise from research demonstrating that older women are vulnerable to sexual abuse if they have dementia or if their male partner has a dementia – and from frameworks and strategies to prevent elder abuse.

The idea of older women as victims of sexual assault is relatively recent and little understood

Definitions and prevalence

The World Health Organisation (WHO) (undated) defines elder abuse as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". WHO lists the forms of elder abuse as financial, physical, psychological and sexual – and defines sexual abuse as non-consensual sexual contact of any kind with an older person.

The language used to describe this crime needs to be clarified to outline which behaviours do and which do not constitute sexual abuse (Segbedzi & Barrett 2019). This is particularly important to guide service providers on what they are required to report. Furthermore, the language of 'unlawful sexual contact' in aged care refers to non-consensual sexual contact (Department of Health 2019) but this definition needs to be expanded to include threats or other unwanted sexual activity that result in a person feeling uncomfortable or threatened.

The idea of older women as victims of sexual assault is relatively recent and little understood. However, it is becoming increasingly evident that, despite the silence, such assaults occur in many settings and circumstances. The lack of community awareness can be partly attributed to assumptions that older women are asexual. How, then, can they be the target of sexual assault? What is unimaginable and unacceptable becomes unsayable or invisible.

While recognition of older women's experiences of sexual abuse is increasing, decades of silence means there is little data on prevalence and significant under-reporting. However, the body of evidence is beginning to grow. A 2017 systematic review on elder abuse prevalence in community settings identified a pooled prevalence rate of 0·9% (Yon *et al* 2017). A further review which examined elder abuse in institutional settings estimated prevalence at 1.9% for reports by older adults and 0.7% for reports by staff (Yon *et al* 2019).

In addition to this international data, Australian figures are available for residential aged care, but not community settings. Approved providers of residential aged care must report to the police and the Department of Health every incident of an alleged or suspected reportable assault including 'unlawful sexual contact' (Department of Health 2019). Figures are published annually in the *Report On The Operation Of The Aged Care Act*. The report for the 2017-2018

Education and information resources

The OPAL Institute: The OPAL (Older People And SexuaLity) Institute was launched by Dr Catherine Barrett in 2016 to promote the sexual rights of older people and has established Australia's only hub of resources on preventing and responding to sexual abuse (see https://www.opalinstitute.org/). It also conducts research, disseminates information, advocates for change and aims to empower older people and service providers.

A key resource in The OPAL Institute's knowledge hub is the #SheToo Campaign, co-developed by Margarita Solis (pictured above and on p17), who was a victim of sexual abuse by a staff member in her aged care home. In a film outlining her experiences, Margarita describes how service providers transformed her life by listening to her and believing her. The film and other resources are freely available on the campaign website at www.opalinstitute.org/shetoo.html. (Margarita passed away in August 2019, aged 97.)

The Power Project: In February 2018 The OPAL Institute launched The Power Project, a national resource empowering service providers, older women and community members to prevent sexual abuse of older women. The project includes the following stages:

- establish an online resource
- undertake a community awareness campaign
- develop guidelines for responding to and preventing sexual abuse
- deliver education for service providers
- document older women's stories of sexual abuse.

Details: www.opalinstitute.org/power-project.html

Online training: The OPAL Institute has also developed a one-hour online training program for aged care managers and team leaders on responding to and preventing unlawful sexual contact in residential aged care. The program will be piloted at the Australian Association of Gerontology's annual conference in Sydney in November 2019 in a workshop co-facilitated by the Aged Care Quality and Safety Commission (ACQSC).

The workshop, Unlawful Sexual Contact: Compliance, Resourcing and Prevention, will be co-presented by OPAL Institute Director Dr Catherine Barrett and Ann Wunsch, Executive Director of Quality Assessment and Monitoring Operations at the ACQSC. Details: www.opalinstitute.org/leadership.html

Counselling service: 1800RESPECT is a website and 24-hour national sexual assault and domestic violence counselling service. Details: www.1800respect.org.au

period shows there were 547 reports of unlawful sexual contact for that year, or 2.26 per 1000 people in care – the highest level yet recorded.

However, the number of incidents is likely to be significantly greater given there are limited circumstances for reporting. Providers do not need to report unlawful sexual contact perpetrated by a resident with an assessed cognitive or mental impairment, and when care arrangements are put in place to manage the behaviour within 24 hours. Given this limited circumstance it is likely that the alleged perpetrators of sexual abuse are staff, visitors, volunteers and residents who do not have cognitive impairment. It also means that unlawful sexual contact perpetrated by a resident with dementia is unlikely to be reported and service providers may also not report all other allegations (Segbedzi & Barrett 2019) and therefore the figure is likely to be significantly higher.

Much less is known about the sexual abuse of older women in community settings, particularly in their own homes. However, research on sexual assault more broadly shows that around 20% of women have experienced sexual violence and approximately 25% have experienced physical or sexual violence by an intimate partner (Our Watch 0000). The rate may be higher for older women, given their vulnerability to sexual abuse by male partners with dementia and by home care workers (Mann *et al* 2014).

Vulnerability to sexual abuse

In 2014, the results of Australia's first research study documenting older women's experiences of sexual abuse were published (Mann *et al* 2014). Norma's Project was a three-year study that identified a number of dementia-related factors increasing older women's risk of sexual abuse: in particular that older women with dementia are vulnerable to sexual abuse by service providers and older women may be sexually abused by a male partner living with dementia.

The vulnerability of older women with dementia to sexual abuse was also identified in research by the Clinical Forensic Medicine Unit at the Victorian Institute of Forensic Medicine (Smith *et al* 2019). The study examined the epidemiology of sexual assaults of older women living in residential aged care homes in Victoria between 2000 and 2015 whose alleged incidents were referred to a clinical forensic examiner for a forensic medical examination and found that the majority had some form of cognitive impairment.

Service providers

Vulnerability to sexual abuse by service providers is evident in residential and home care services (Mann *et al* 2014). This needs to be understood if we are to effectively prevent and respond to sexual abuse (Cain & Wyatt 2019). Staff who perpetrate such assault may recognise that older women with dementia who report sexual abuse are less likely to be believed (Ramsey-Klawsnik & Teaster 2012) and have their reports dismissed as recollections of childhood sexual abuse (Mann *et al* 2014). Service providers who do not understand sexual abuse may also fail to understand that women with dementia who experience sexual abuse may present with behaviour signs of distress rather than verbal reporting (Burgess & Stevens 2006) or signs of vaginal rape. Older women with dementia are unlikely to be able to articulate their experience in a consistent or coherent manner, making conviction of the perpetrator unlikely (Speck *et al* 2014).

Male partners

Older women's vulnerability to sexual abuse is also heightened when a male partner living with dementia is hypersexual or sexually disinhibited (Mann *et al* 2014). Some men living with dementia lose the capacity to negotiate sexual consent. This situation presents a particular dilemma for older women who may be embarrassed or ashamed. Additionally, many older women spent most of their married lives with marital rape immunity laws in place, which meant their husbands were immune from rape prosecution (Fileborn *et al* 2017), and thus are reluctant to report it because they believe this would be disloyal to their partner. In these circumstances, older women's health and wellbeing can be adversely impacted (Mann *et al* 2014) with a subsequent decline in their own wellbeing, including risk of falls.

Attitudes to older women

Older women are vulnerable to sexual abuse because of our attitudes towards them (Fileborn *et al* 2017). Too often we are not listening because we misunderstand sexual abuse as being about sexual attraction – when in fact sexual abuse is about power. A further barrier to effectively responding to older women is that for so many service providers who are motivated to deliver quality care it is difficult to believe that a colleague will sexually abuse an older woman in their care. But this does not mean it doesn't happen. Until we accept the facts that some older women are sexually abused by service providers and their partners who live with dementia, we will not understand the power we have to prevent sexual abuse of older women.

Strategies to prevent sexual abuse

The recommendations outlined in the AAG report (Segbedzi & Barrett 2019) include that the Australian Government should:

- Fund appropriate workforce training about preventing and responding to sexual abuse of older people as well as the broader issues of intimacy, sexuality and sexual rights.
- Fund the development of an elder abuse screening tool that specifically includes sexual abuse of older people in both institutional and community settings. The tool must include strategies for screening people with cognitive impairment.
- Implement an appropriate serious incident reporting scheme that provides better ways to prevent and respond to the sexual abuse of older people – and includes incidents where the alleged perpetrator has a cognitive impairment – so that this data can be analysed to identify workforce training and policy needs.

This next section draws on the recommendations to outline principles for better responding to and preventing the sexual abuse of women living with dementia and older women living with a partner with dementia.

Providers need to understand that:

- Older women with dementia are more vulnerable to sexual abuse by service providers than older women who do not have dementia.
- The vulnerability of older women with dementia to sexual abuse occurs because of our attitudes towards older women with dementia – rather than the dementia diagnosis itself.
- Older women are vulnerable to sexual abuse by male partners living with dementia who are sexually disinhibited or hypersexual.
- Sexual abuse by a service provider is an action to assert power over an older women – it is not motivated by sexual attraction.
- Some older men experience unwanted sexual contact by their female partners living with dementia.
- Women who are sexually abused by male partners living with dementia may be reluctant to report or discuss this because they feel ashamed or fear doing so would be disloyal to their partner.
- Indications that an older woman is being sexually abused by her partner may include signs of other forms of abuse, the partner not leaving the woman alone with staff, or unexplained tiredness, tearfulness or other decline.
- The language older women use to refer to sexual abuse may be subtle and may not include words such as 'sexual abuse', 'assault' or 'rape'; they may be more likely to refer to their partner as being 'a bit of a nuisance' or 'a pest'.
- Older women who are sexually abused by male partners living with dementia may not discuss the abuse until they are given permission to do so. Consider asking: 'is everything okay with your partner?', or commenting: 'I was working with someone last week who was in a similar situation and her husband was being a sexual nuisance…can I ask if this is happening to you?'
- Women with dementia who have been sexually abused as older women may be unable to articulate all they have experienced.
- Signs of the sexual abuse of women with dementia may include behavioural changes, withdrawal, or signs of fear in the presence of a particular staff member, family member or co-resident.
- Some service providers target women with dementia because they understand they are less likely to be believed if they report sexual abuse.
- No service provider wants to hear or believe that their colleague has perpetrated sexual abuse – this does not mean that it has not occurred.
- Women who have dementia who have been sexually abused can benefit significantly from counselling provided by a sexual assault service.
- Talking to families about concerns of sexual abuse is important – and sexual abuse should not be minimised or downplayed.
- Women with dementia who have been sexually abused may need extra time and support during attention to personal hygiene to ensure they are not re-traumatised. They may also respond well to a female staff member if the abuse was perpetrated by a male staff member.

In discussions on this topic, a number of service providers have asked for information on how to prevent sexual abuse by a cognitively impaired resident in an aged care home. Such strategies need to be developed to suit the unique circumstance of each resident. However, there are a number of generic principles of service provision that can assist:

- Facilitate training for all staff and volunteers on older people's sexual rights, including the right to be free from sexual abuse. This is a critical step to ensure all staff understand that sexual abuse can occur and to ensure staff are monitoring those at risk and those who may perpetrate sexual abuse.
- Facilitate regular conversations with staff around sexual abuse – particularly when an incident occurs. These conversations help to build staff's understanding of what sexual abuse is and will build their confidence in raising concerns early – this is an important step in prevention.
- Provide education and information for staff on what 'behaviours' need to be reported internally and what the reporting process is. This will assist in ensuring issues are identified and acted on early.
- Where allegations of unlawful sexual

contact have been made or reported against a resident while they were accessing a previous service, ensure that all staff at the current service are aware and contact an appropriately trained health professional (eg, The Dementia Behaviour Management Advisory Service or a geriatrician) to develop strategies to prevent reoccurrence.
- Ensure that the strategies to prevent reoccurrence are documented, communicated to all staff and regularly evaluated, and that all staff comply with the strategies.
- When concerns arise, discuss these with family members.

These principles focus on giving staff permission to discuss their concerns about sexual abuse. The act of facilitating these conversations builds the confidence and competence of staff. It is about organisational leadership – letting staff know what is expected of them and it assumes an adequate level of staff and basic staff training.

Education to build capacity

There is a need for Government-mandated education programs to build the capacity of service providers to better respond to and prevent sexual abuse. This education also needs to include information on older people's sexuality, sexual rights and the importance of intimacy. Understanding sexuality more broadly will assist service providers to recognise that people with dementia have sexual rights, including the right to be free from sexual abuse. ■

The AAG report referred to in this article, *A Fair Future For Older Women Who Experience Sexual Abuse – What Needs To Be Done*, by Tonye Segbedzi and Dr Catherine Barrett, is freely available at: www.aag.asn.au/documents/item/2878

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Ananda Aged Care operates two homes in Adelaide, South Australia – Findon and Hope Valley. Findon's Rose Wing is an eight-bed, female-only Memory Support Unit (MSU) which, until December 2018, was a secure unit. Hope Valley is a one-level, 137-bed home. Its Derwent Wing MSU became an open unit in February 2019 and its occupancy was reduced from 19 residents to 17.

Opening the doors to the MSUs has been a key part of Ananda's new Resident Focused Care Model, which was implemented in 2018 with the aim of changing the model of care from a traditional task-oriented approach to a person-centred approach. It places each resident at the centre of care, emphasising the value of staff relationships and engagement with residents over tasks.

To support this changed model of care, Ananda signed an agreement in January 2019 for Dementia Training Australia (DTA) to provide a one-year Tailored Training Package (TTP), which started in March. The TTP included an environmental assessment of the MSUs using DTA's Built Environment Assessment Tool – Dementia (BEAT-D) app. This assessed the strengths and weaknesses of the MSUs based on 10 principles of design found to be important in reducing confusion, agitation and depression while improving wayfinding, social interaction and engagement with life for people living with dementia (Fleming & Bennett 2017; Fleming *et al* 2016). Changes have already been made to the environment based on the results of the environmental assessment. Longer-term alterations to building design will be incorporated into Ananda's continuous improvement plan.

The TTP also included an Ananda-branded website which offers all staff access to about eight hours of high-quality dementia training, and staff training through DTA's Responsive Behaviours Consultancy (Beattie 2017).

Freedom of movement

Dementia-specific units (or MSUs) are standard practice within aged care, with the aim to 'manage' and restrict mobile residents at risk of leaving the home and getting lost (Aros 2018). They are generally considered to be the 'safest' environment for people living with dementia.

The new Aged Care Quality Standards, which came into effect on 1 July 2019, compel residential aged care homes to provide freedom of movement inside and out, and not make separate provision