

Are older women forgotten in the fight against sexual violence?



In light of this year's International Women's Day on March 8, we want to draw attention to the risk of neglecting older women in the discourse on women's rights and in the recent campaigns around sexual victimisation.

Sexual violence can induce long-lasting sexual, reproductive, physical, and mental health problems for victims and their peers, offspring, and community.¹ In older adults, however, manifestations of these consequences are rarely recognised or linked to sexual victimisation.² In contrast to the increasing research on elder abuse and neglect, sexual violence in older adults remains a largely under-researched area. In a meta-analysis of elder abuse prevalence in community settings,³ only 16 of 52 included studies addressed sexual violence. Moreover, reported prevalences of sexual violence in older adults were likely to be underestimated because of several methodological problems. First, most studies only included questions about rape, which is much less common than for example sexual harassment or sexual abuse without penetration. Second, in the majority of studies older adults were interviewed via telephone, which could lead to underreporting caused by safety issues, especially when victim and assailant live together. Third, all studies exclude cognitively impaired older adults who are known to be vulnerable to different types of abuse.⁴ And finally, all studies focus on assailants known to the victim, ignoring the fact that older adults can also be sexually offended by strangers. In summary, sexual violence in older adults is still too often conflated with other types of violence in the broader context of elder abuse and neglect.⁶

Although research shows that sexuality remains important in older age,⁷ older adults are frequently considered "asexual" in policies and practices.⁸ This assumption of asexuality may further enhance the risk of ignoring that older women can be sexually victimised and in need of tailored care. Even the leading organisations providing guidance on care, including WHO, ignore the complexity of sexual violence in older adults by not including "disrespect of (sexual) intimacy" and "sexual neglect" into their definition of elder abuse and neglect. This exclusion might lead to inadequate care of older adult victims of sexual violence. Revising the definition of elder abuse and neglect by including

"sexual neglect", as has recently been done by a group of academics and policy makers in Quebec, is of utmost importance. They defined "sexual neglect" as "a failure to provide privacy, failure to respect a person's sexual orientation or gender identity, treating older adults as asexual beings and/or preventing them from expressing their sexuality, etc".⁹

Although older women are faced with several challenges that are linked to biological ageing, including physical and cognitive impairment, we argue that they are not suddenly exempted from sexuality nor to being prone to sexual violence exposure. Older women should be considered as much female as women of other ages with specific vulnerabilities and risks of sexual victimisation. We urgently call for increased attention to older women in research, policies, and health practices.

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