

POLICY PAPER

Older adults: forgotten in research, policies and health care practices regarding sexual violence

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Older adults are often neglected in research, policies and practices – also in terms of sexual health and sexual violence. With the UN-MENAMAIS study, the first gender- and age-sensitive sexual violence prevalence study in Belgium, the authors want to raise awareness about this public health problem and to convince policymakers to take adequate measures.

Older adults: an overlooked group in society

Older adults are increasing in number worldwide. According to Eurostat, it is estimated that 30% of the European population will be 65 years or older by 2060. Despite this growing proportion of society, older adults are often overlooked in research, policies and health care practices, which could be seen as an expression of ageism. Ageism is the stereotypical, often negative, construction of the image of older adults, ageing and old age. Research shows that age-based discrimination and ageism are still widespread within research, policies and health care practices. This was confirmed during the first wave of the COVID-19 pandemic, in which older adults were misrepresented and undervalued in the public health discourse surrounding the pandemic. Amnesty International Belgium reported human rights violations of older adults in nursing homes during the first months of the pandemic in Belgium. This negative treatment of older adults and the representation of older age may be internalised by older adults, which in turn contributes to a reluctance of older adults to seek medical and psychosocial help.

Sexual health and sexual violence in older adults

Since the 1990s, sexual violence has increasingly been considered a public health problem of major societal and judicial concern. The World Health Organization (WHO) defined it in 2015 as “every sexual act directed against a person’s will, by any person regardless of their relationship to the victim, in any setting”. In public health research regarding older adults, sexual violence is studied in the broader context of elder abuse and neglect, which the WHO defines 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”. Elder abuse and neglect comprise a broad range of abusive behaviours, including psychological abuse, financial abuse, physical abuse, sexual abuse and neglect. A recent meta-analysis by Yon and colleagues shows that one in six older adults worldwide seems to be affected by elder abuse and neglect, and 0.9% of older adults were sexually victimised in the past year. However, only 16 of 52 included studies addressed sexual violence, indicating a lack of attention towards

the topic in research. Moreover, we argue that sexual violence prevalence rates in older adults are likely to be underestimated because of methodological shortcomings in current studies.

Furthermore, we found that recent United Nations (UN) and WHO policy documents dealing with sexual and reproductive health, rights and ageing neither acknowledge sexual violence in older adults as a potential health risk that needs to be addressed nor mention older adults as a potential risk group for sexual violence. Nevertheless, all these policies emphasise the importance of providing information on sexual health to older adults, recognise a need for sexual health services directed towards older adults, and call for the elimination of all forms of elder abuse and neglect. In spite of the increased attention of policymakers towards sexual health in old age, in practice the sexual health needs of older adults remain mostly unmet. Research shows that health care workers tend not to address sexual health proactively when working with older adults, as they feel it is not a legitimate topic to discuss with this age group. Since they lack the language and skills to adequately address it, they are afraid of offending their patients. In addition, older adults are reluctant to seek (medical) help for sexual health problems since they presume sexual changes are normal at this older age.

Sexual neglect: a form of sexual violence?

It seems that scientists, policymakers, health care practitioners and even older adults themselves are responding to stereotypes of the 'asexual older adult', an ageist depiction that is often portrayed in the media and has become a wide societal image. In 2017, the CIUSS group of scientists, practitioners and policymakers in Quebec, Canada, developed the concept of 'sexual neglect', which they define 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." Therefore, we believe that treating older adults as asexual beings could in itself be seen as an act of violence. Furthermore, the existence of sexual neglect can provide us with a greater understanding of why sexual violence is not taken into consideration in older adults. In a way, current researchers, policymakers and health care practitioners are guilty of 'sexual neglect' themselves, by ignoring older adults as a possible risk group for sexual victimisation and forgetting them in research, policies and practices regarding sexual violence. The inclusion of 'sexual neglect' into the definition of elder abuse and neglect, as was proposed by scientists, practitioners and policymakers from Quebec, could be a step towards the recognition of older adults as sexual beings, which in turn could help raise awareness of sexual victimisation in this older age group. Moreover, we argued in *The Lancet Global Health* that sexual neglect should be included in the WHO definition of sexual violence. Using this broad definition, including sexual harassment, sexual abuse without penetration, (attempted) rape and sexual neglect, could yield a more realistic picture of the magnitude and nature of sexual violence in later life. We assume that this in turn should lead to better and more tailored care for future victims and the development of preventive measures for the general public.

UN-MENAMAIS: the first gender- and agesensitive sexual violence prevalence study in Belgium

Since 2017, we have been coordinating the UN-MENAMAIS study, which aims to achieve a better understanding of the mechanisms, nature, magnitude and impact of sexual violence in Belgium. It is the first study worldwide to research the prevalence and impact of sexual violence in older adults. In the first phase we interviewed 513 randomly selected adults of 70 years and older across Belgium. Our data shows that over 40% of our respondents had been sexually victimised during their life, and more than 8% had experienced at least one form of sexual violence in the past 12 months. The second phase of the UN-MENAMAIS study is currently ongoing and concerns in-depth interviews with older victims on the long-term impact of sexual victimisation. The results of both phases will be used to formulate recommendations for future policies and practices and to provide sensitisation scripts. Based on our

preliminary findings, we recommend that policymakers recognise older adults as a risk group for sexual victimisation in the national and regional action plans regarding (sexual) violence and elder abuse and neglect. To better detect signals, prevent, mitigate and respond to sexual victimisation in old age, professionals working with older adults urgently need capacity building through training, detection tools and care procedures. Finally, sensitisation of society in general is essential, emphasising the need for positive sexuality and respect of intimacy in older adults as well as the prevention of sexual victimisation and other forms of violence against older people.

Conclusion

Although recent research shows that people of 70 years and older are vulnerable to sexual victimisation, policies and health care practices regarding sexual violence in older adults are non-existent. Furthermore, by not including 'sexual neglect', current definitions of elder abuse and neglect and sexual violence do not grasp the complexity of sexual violence in older age. Not recognising older adults as a potential risk group for sexual violence may deprive older victims of adequate care. We call upon policymakers to include 'sexual neglect' in the definitions of elder abuse and neglect and sexual violence, and to acknowledge older adults as a risk group for sexual victimisation. This could lead to a greater awareness of this public health problem among researchers, health care professionals and the general public, and consequently to the development of preventive measures and more tailored care for older victims of sexual violence.

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