



Violence Against  
Women & Girls

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**BRIEF ON VIOLENCE AGAINST  
OLDER WOMEN**

**May 2016**



The Global  
Women's Institute  
THE GEORGE WASHINGTON UNIVERSITY





*“Discriminatory laws and practices against older women in all spheres of their political, economic, social and family lives fuel violence and abuse.”*

Source: United Nations General Assembly. (2013). [\*Follow-up to the International Year of Older Persons: Second World Assembly on Ageing: Report of the Secretary General\*](#) (A/68/167).

## KEY DEFINITIONS

- There is no global consensus on when “old age” begins, in large part because the perception of aging varies by individual, community, and societal contexts.<sup>1</sup> Women (and men) are considered “old” when they experience treatment from society that differentiates them as older. Borrowing from the social definition of disability, this brief advances a definition of age that recognizes its social construction in place of chronological age.<sup>2</sup> This is because the global population reaches “old age” at considerably different rates. For example, women in Somalia have the world’s shortest average lifespan, 56 years, compared with women in Spain, who are considered to have the longest average lifespan at 86 years.<sup>3</sup>
- Ageism is the systemic stereotyping of and discrimination against people because they are considered old.<sup>4</sup> The social construction of old age is reinforced by ageism, which can further inhibit the realization of equality for older women.
- Violence against older persons in general has been addressed through the frame of elder abuse. The World Health Organization (WHO) defines elder abuse as harm to an older person aged 60-plus through any single or repeated act—physical, psychological, sexual, emotional, or financial—including neglect and abandonment.<sup>5</sup> This definition of abuse lacks a specific gender lens and excludes women who are beyond reproductive age but not yet considered “old” in their cultural context.
- This brief addresses older age as a risk factor for gender-motivated violence by providing attention to women survivors aged 50 and older, looking at this specific age group due to the paucity of global data collection on women after the age of 49. In line with the WHO, we define “violence against older women” as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering” to women aged 50 and older “including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”<sup>6</sup> This can also include financial abuse, exploitation or deprivation of resources, neglect, and abandonment. For more details on these key definitions, see the glossary.

## KEY POINTS

- Women aged 50 and above represent nearly one-quarter (23.6%) of women around the world.<sup>7</sup>
- Globally, the number of people aged 60 and above is expected to reach 1.4 billion in 2030 and 2 billion in 2050; the majority of the older population will continue to be women living in low- and



middle-income countries<sup>8</sup> and outnumbering men as they age. In 2015, women accounted for 54% of the global population aged 60 years or more and 61% of the global population aged 80 years or more.<sup>9</sup>

- Global development discourse and action on gender equality and women’s empowerment have centered on women and girls of reproductive age, mostly due to the fact that globally comparable data sets, as modeled by the Demographic Health Surveys, collect data only from women of reproductive age (that is, 15 to 49).<sup>10</sup> As a result, older women (aged 50 and above) have not typically been considered in the critical dialogue that informs development programs and investments, as well as the benefits that are derived from them. This includes actions aimed at reducing violence against women and girls (VAWG).<sup>11</sup>
- The systematic exclusion of older women within advocacy for the rights of women and girls is starting to change. Most recently, the mandate of the United Nations Sustainable Development Goals (SDGs) to “leave no one behind” shows promise in expanding data collection on older women regarding VAWG. Moving beyond the age-limited sampling of the Demographic Health Surveys and similar models, SDG 5 indicators on VAWG are on track to measure the prevalence of intimate partner violence (IPV) and non-partner sexual violence among those aged 15 and older, thus continuing to measure experiences of violence for women beyond the age of 49.<sup>12</sup>
- Globally, older women experience discrimination that jointly stems from strict gender norms and culturally embedded values that place a premium on youth and women’s role as child-bearers—in some cases, making harmful assumptions that older women are “useless” once they are past reproductive age. This creates a specific type of vulnerability to violence driven by ageism, as well as sexism.<sup>13</sup>
- Health status, disability, care dependency, and HIV status are also characteristics that can intersect with age- and gender-related identities and thus influence one’s experiences, social expectations, and societal roles.<sup>14</sup> Intersectionality is specific to each context; however, in many societies, this intersection can increase older women’s disadvantage and vulnerability to violence.
- Overt, widespread, and frequently hostile discrimination and social exclusion are forms of structural violence. These rights violations limit older women’s ability to meet their basic needs and access services, which places them at risk for other acts of violence.
- Violence against older women not only hurts these women, but also undermines their ability to contribute to their families and communities.

*“Older women face greater risk of physical and psychological abuse due to discriminatory societal attitudes and the non-realization of the human rights of women. Some harmful traditional and customary practices result in abuse and violence directed at older women, often exacerbated by poverty and lack of access to legal protection.”*

Source: United Nations. (2002). [\*Political Declaration and Madrid International Plan of Action on Ageing\*](#), Paragraph 38. New York: Author.



## CAUSES, TYPES, AND CONSEQUENCES OF VIOLENCE AGAINST OLDER WOMEN

### Gender Inequality and Ageism

The Beijing Declaration underscored the reality that across the globe, women’s full and equal participation in society is prevented and their opportunities are restricted “by discriminatory attitudes, unjust social and economic structures, and a lack of resources” throughout their entire lifespan.<sup>15</sup> Older age adds another layer of discrimination and deprivation. Combined, age and gender discrimination can lead to a lifetime of greater likelihood of poverty, limited access to protective resources, and heightened risk of violence and abuse.<sup>16</sup> Older women are not only confronted with negative views of aging (ageism) that are exacerbated by sexist social norms, but also often suffer from a lower standard of living in old age resulting from diminished opportunities for economic security and education throughout their lifespan on account of their gender.

- For example, in many countries, older women—who were as girls denied the opportunity to complete secondary school—have lower levels of education than older men.<sup>17</sup> In low- and middle-income countries, nearly twice the proportion of women aged 65-plus are illiterate compared with men of the same age group (58% compared to 34%).<sup>18</sup>
- For many older women, poor health and disability is another manifestation of gender disparity across the lifespan. Research on the social determinants of health shows that health status in later life is linked to the conditions and activity of an individual throughout the lifespan; in countries or cultures in which families heavily favor male children, girls may have lesser access to adequate food and nutrition in their developmental years, increasing the risk of disease in old age.<sup>19</sup>
- Further, complications during pregnancy and childbirth remain a leading cause of death and disability among women in many countries. According to the World Bank, 15 to 50 million women per year are injured or seriously disabled during childbirth, suffering from conditions such as severe anemia, incontinence, damage to the reproductive organs or nervous system, chronic pain, and infertility.<sup>20</sup> These conditions can worsen in later life, leading to greater dependence, lower quality of life, and increased marginalization and vulnerability.

### Older Women and Economic Deprivation

In both developed and developing countries, older women are more likely than their male counterparts to be poor.<sup>21</sup> Living in poverty augments older women’s vulnerability to violence, limiting their ability to leave an abusive partner or household due to limited economic independence.

- The majority (80%) of the world’s older people do not have access to any form of pension. Where access does exist, older women are systematically excluded from non-contributory programs. Though countries with social pension/social security schemes can provide a degree of economic security in later life, older women may have little or no material assets independent from these



subsistence programs, relying heavily on government assistance.<sup>22</sup> In many countries, the survivors benefits paid through a husband's contributory pension benefits are the sole sources of income for older women.<sup>23</sup> Further, as women generally live longer than men, they must stretch their lower benefits over a longer lifespan.

- When women are expected to assume unpaid caregiving responsibilities for children and other family members, they are often prevented from building any savings for later life through employer- or government-based contributory pension schemes.<sup>24</sup> For example, in Western Europe, fewer older women than older men receive a pension (87% of women compared with 99% of men).<sup>25</sup> In Latin America, the gap is similar, with 53% of women and 62% of men receiving pensions.<sup>26</sup>
- When women are engaged in formal paid employment, they usually face discriminatory practices and attitudes that impact economic security in later life by reducing wages earned or pensions accrued over a lifetime—unequal pay for equal work, for example, or differential retirement ages than men. For example, women in China are required to retire from the workforce 10 years earlier than men.<sup>27</sup>
- Access to land is one of the fundamental economic, social, and cultural rights protected under various international treaties and national constitutions, yet women own only 1 to 2% of all land worldwide. Deprivation of land rights is increasingly being categorized and addressed as a form of economic violence, given the critical link between financial stability and land ownership. In largely agrarian developing countries, widows (often older women) can be denied equal land and inheritance rights following their husband's death. Communities in certain regions use violence, threats, and intimidation to drive them away from their property under accusations of witchcraft.<sup>28,29</sup>

### Restricted Access to Health Services

In addition to the economic disadvantages older women often grapple with, there is significant evidence that older age impacts women's health-seeking behavior and access to services, which in turn furthers the cycle of violence. In part based on the focus on women of reproductive age, the sexual health of older women is often ignored, marginalized, and stigmatized, impeding access to preventive services and care for interpersonal violence and sexually transmitted infections, including HIV. While many primary care providers avoid talking to their patients about sexual health (due to a range of reasons such as time constraints, lack of resources, training, or perceived ability),<sup>30</sup> they are even less likely to inquire about the sexual activity of older patients.<sup>31</sup>

- The Global Study of Sexual Attitudes and Behaviors surveyed 27,500 men and women aged 40 to 80 and found that only 9% had been asked about their sexual health by a provider in the past three years, even though 49% of women had reported at least one sexual problem (including, but not limited to, lack of desire, inability to climax, lack of lubrication, and physical pain during intercourse) in the past 12 months and 41% of women responded that they believed providers should spontaneously ask about sexual problems as a part of routine care.<sup>32</sup> This lack of



communication is problematic since it is known that sexual problems can negatively impact a person's quality of life.<sup>33</sup>

- A report by the Joint United Nations Program on HIV/AIDS (UNAIDS) emphasizes that “health communication and health services are not geared towards people aged 50 and older living with HIV” and that “clinicians are less likely to be trained on the specific needs of people 50 and older living with HIV.”<sup>34</sup> Studies in the United States show that older women are uniquely at risk of not knowing whether they have HIV, as they are extremely unlikely to ask for an HIV test without first being prompted by a provider.<sup>35</sup> Given the increasing degree to which successful GBV interventions are combined with programming for HIV testing, services, and care, it is concerning that older women are excluded from most of these settings.<sup>36</sup>
- Interventions for VAWG in community health settings that are combined with reproductive health services generally exclude women past childbearing age who do not seek out sexual health care.

### Interpersonal Violence

Violence against older women is widespread yet mostly hidden. It occurs in multiple, often-intersecting forms by varying perpetrators, including intimate partners or spouses, family members, caregivers (both in and outside of institutional settings), or members of their community. Reliable, comprehensive prevalence data are lacking.

- Violence against older women includes physical, sexual, and psychological violence, verbal abuse, financial exploitation (including economic coercion), and neglect. For more information, please visit the [Terminology](#) section of our website.
- It is important to note that older women can be subject to all of these forms of violence throughout their lives, though some types of abuse are even more likely to occur in older age. For example, a perpetrator might exploit an older woman's vulnerability in terms of physical ability, social status, availability of financial resources, or all of the above. In addition to the terms explored on our [website](#), older women can also experience:<sup>37</sup>
  - Psychological/emotional abuse through denial of access to sacred sites or participation in faith activities, most salient in cultures in which spiritual and religious traditions are strong;
  - Financial exploitation or economic abuse through the illegal or improper use of their money, property, or assets, including the use of threats, intimidation, and/or force to take control of their resources; and
  - Neglect, including desertion or abandonment, or intentional failure by a caregiver to provide essential support such as food, clothing, shelter, and health and medical care.<sup>38</sup>
- One of the few prevalence studies to focus on violence and abuse against women aged 60 and above was conducted in five European Union countries. It found that 28% of older women reported experiencing some form of abuse in the previous year (neglect, emotional, financial,



physical, sexual, and/or “violation of rights”). Emotional abuse was the highest-reported category, with 24% prevalence of this type of abuse in the home in the previous 12 months.<sup>39</sup>

- For all forms of abuse (with the exception of neglect), a spouse or intimate partner was the most commonly named perpetrator. This underscores the fact that IPV remains a problem for women across the lifespan.<sup>40</sup>
- Research from the United States indicates that women remain at a fairly constant risk for IPV regardless of age when measures of abuse are included such as “autonomy-limiting behavior” and “psychological vulnerability.”<sup>41</sup>
  - Aging is not a defense against sexual violence, and these crimes are significantly underreported to law enforcement. Data from the United States show non-partner sexual assaults committed against adults aged 65 and older are reported 15.5% less frequently than sexual assaults committed against individuals between 25 and 49.<sup>42</sup>
- Research on violence and abuse against older women remains predominantly concentrated in developed countries.<sup>43</sup> For example, in a 2013 WHO study on violence against women globally, women aged 50 and above comprised less than 6% of the sample; less than 1% of women aged 50 and above included in the survey came from low- and middle-income countries.<sup>44</sup>
- In addition to IPV and non-partner sexual violence, older women can be subjected to harmful practices that vary by regional and local contexts. These include practices of widow burning,<sup>45</sup> wife inheritance,<sup>46</sup> and forms of violence and stigma related to accusations of witchcraft.<sup>47</sup>

### Additional Risk Factors for Violence

Data on violence against older women in vulnerable settings or from marginalized populations is very limited; however, several studies, complemented by observations from development practitioners working with older populations, have identified factors that can magnify older women’s risk for violence and abuse.

- **Isolation.** Older women who are isolated from friends, family, and community have a threefold risk of exploitation and limited to no access to services or support in the event they experience violence or abuse.<sup>48</sup> Living alone, particularly when coupled with poor health or mobility challenges, increases the risk of isolation and creates barriers for older women to access social services. Worldwide, almost half of older women live alone due to being widowed, divorced, or never married.<sup>49</sup>
- **Cognitive decline and dementia.** Of all people with dementia—most of whom are women—about half experience some form of abuse.<sup>50</sup> Older women with dementia are especially vulnerable, as it may prevent them from seeking help for abuse or cause the recipients of reports to question their veracity. Globally, the rate of people with dementia being abused by their caregivers is high, ranging from prevalence of 34% to 62%.<sup>51</sup> In regions where belief in witchcraft is strong, older women with cognitive decline or severe dementia are sometimes accused of being witches, and are subjected to extreme physical and emotional violence and/or social exclusion.



Even an accusation, whether or not it is followed by violence or banishment, is a form of psychological abuse.<sup>52</sup>

- **Disability and care dependency.** Women and girls with disabilities of all ages are subjected to violence and abuse at alarmingly high rates, as high as 80% over the course of their lifetimes.<sup>53,54</sup> Disability can be an added risk factor for older women, who may acquire an age-related disability. Women with a lifelong disability can become more vulnerable to violence as they become older, particularly if they are dependent on another person for daily care.<sup>55</sup>
- **Prior history of interpersonal violence.** Women with histories of relationship abuse are at increased risk for violence and abuse in later life.<sup>56</sup> Further, research on risk factors for the mistreatment of older adults indicates that a prior traumatic event increases the likelihood of abuse twofold.<sup>57</sup>

### Intersecting Forms of Marginalization for Older Women

Older women are not a monolithic group, but rather include women from all countries, ethnicities, sexualities, gender identities, professions, and health statuses. Those from marginalized populations continue to be at greater or unique risks for violence throughout their lifespan and in older age.<sup>58</sup>

- **Immigrant and ethnic minority women.** Culture plays a significant role in shaping how older women experience abuse and who the perpetrators are. For example, a study in Canada of Tamil immigrants revealed that older women experienced various forms of threat and control from their community, which exerted considerable control over the older women's decisions regarding leaving an abusive spouse, living alone, engaging in paid employment, or refusing to engage in unpaid work.<sup>59</sup> A 2013 report from the United Nations notes that while insufficient data exist, small descriptive studies, qualitative data, and anecdotal evidence point to older immigrant women's vulnerability to abuse, especially for those whose residence in the host country is sponsored by their adult children.<sup>60</sup>
- **Women in emergencies.** Humanitarian crises can further increase an older woman's risk, as ordinary social controls are eroded. In emergencies, all women can face violence and abuse (such as rape and sexual assault) regardless of their age or be subjected to particular acts of violence based on their being older. In the Democratic Republic of the Congo, for example, 15.5% of women seeking care for sexual violence in a South Kivu hospital between 2004 and 2008 were aged 55 and above.<sup>61</sup> Reports from Iraq highlighted a mass grave of older Yazidi women murdered by the Islamic State of Iraq and Syria (ISIS). According to observers working to rehabilitate the younger surviving women, those aged 40 and above were murdered because they could not be bought and sold as sex slaves.<sup>62</sup>
- **Sexual and gender minority women.** One study of older lesbian, bisexual, transgender, queer/questioning, and intersex (LBTQI) women in the United States found that nearly one-quarter reported experiencing some type of physical, emotional, verbal, sexual, financial, or neglectful abuse.<sup>63</sup> Older LBTQI women with lifetime histories of physical abuse report lower self-esteem, more loneliness, poorer mental health, and more suicide attempts compared to their



peers who have not been abused.<sup>64</sup> For more on violence against sexual and gender minority women, see the [brief dedicated to this topic](#) in the VAWG Resource Guide.

- **Indigenous women.** Native American women living in the United States experience domestic and sexual violence at significantly higher rates than other populations in the country, and research shows that older Native American women are at greater risk of abuse and neglect than men. In Native, First Nations, tribal, and indigenous communities, violence and abuse against older women can manifest in unique cultural contexts, such as denying her sacred role in the community by barring access to significant spiritual sites or burial grounds.<sup>65</sup>
- **Women living with HIV.** The population of people living with HIV throughout the world continues to grow. Recent modeling of sub-Saharan Africa predicts the population of people living with HIV aged 50-plus will triple over the next few years.<sup>66</sup> As with younger women, older women can experience stigma, shame, and discrimination for being HIV-positive; many may have become HIV-positive from sexual violence in their lifetime.<sup>67</sup>
- **Sex workers.** Female sex workers experience a disproportionate burden of violence globally compared to the general population.<sup>68</sup> This is compounded by widespread criminalization of sex work that negatively impacts the monitoring, reporting, and provision of services for survivors of violence in this population.<sup>69</sup> Although data on older women and sex work are limited, some research demonstrates that female sex workers experience a heavier burden of violence as they age,<sup>70</sup> which is associated with an increased risk of acquiring HIV.<sup>71,72</sup> Up to 40% of women in sex work started before the age of 18, meaning that “older” age is broad and can begin as early as a worker’s mid-twenties.<sup>73,74</sup> Older female sex workers are also at an additional risk of living in poverty,<sup>75</sup> with some older women entering into sex work to engage in survival sex, further increasing their vulnerability to violence and HIV.<sup>76</sup>

## Impacts of This Violence

There is a substantial body of research demonstrating that trauma stemming from abuse throughout the lifespan has a devastating impact on older women. Further, the significance of older women’s economic contributions, both as unremunerated caregivers and labor force participants, suggests that families, communities, and economies also suffer from lost productivity resulting from abuse.

- For older survivors of sexual assault, the health consequences and resulting injuries are often more severe, with data from the United States indicating older adults are more likely to be admitted to a hospital following an assault than younger individuals or other older adults who have not experienced sexual violence.<sup>77</sup>
- Data from physicians in the United States indicate that post-menopausal women experience more frequent and more severe genital injuries from sexual assault than younger women,<sup>78</sup> and older women with a history of repeated experiences of sexual assault demonstrated a two- to threefold risk of arthritis and breast cancer compared to older women without a history of assault.<sup>79</sup>



- A survey of older women accused of witchcraft in Burkina Faso reveals the mental health implications of community rejection are significant, with 55% of women surveyed confiding that their immediate thought upon being accused was to commit suicide.<sup>80</sup>
- In addition to the incalculable human suffering cause by violence and abuse, in the United States, the direct medical costs associated with violent injuries to older adults stemming from interpersonal abuse are estimated to add over \$5.3 billion to the nation's annual health expenditures; this does not, however, calculate the human and economic burden of neglect.<sup>81</sup>
- No studies have yet looked specifically at the economic costs of violence against older women. Researchers have established that VAWG (with studies typically looking at women and girls aged 15 to 49) reduces employee productivity, the ability of survivors to maintain stable jobs, and in severe cases, forces survivors to miss work.<sup>82</sup> The same may be true when violence is experienced by older women workers, whose labor force participation has increased since 1990 in all regions of the world.<sup>83</sup>
- A significant proportion of the global agricultural workforce is above the age of 55, with a majority of older women who are economically active citing agriculture as their primary source of income (62% in Asia and 59% in sub-Saharan Africa).<sup>84</sup> Lost productivity due to injury from violence and abuse may therefore impact the agricultural output of many low- and middle-income countries.
- Worldwide, violence and abuse undermine older women's ability to be resources to their families who depend on them to be lead caregivers for grandchildren while parents are at work. For example, a study of Bolivian migrants who moved to Spain found that 69% left their children at home, usually with grandparents. In rural China, grandparents care for 38% of children under five years of age whose parents have gone to work in cities.<sup>85</sup>

## ETHICAL AND SAFETY RECOMMENDATIONS FOR VAWG INTERVENTIONS

Any intervention that aims to prevent or address VAWG should include precautions above and beyond routine risk assessment to guarantee no harm is caused. This includes following ethical guidelines related to **respect for persons**, **non-maleficence** (minimizing harm), **beneficence** (maximizing benefits), and **justice** to protect the safety of both service providers and the survivors. Interventions should:

- Assess whether the intervention may increase VAWG
- Minimize harm to women and girls
- Prevent revictimization in terms of VAWG

## VIOLENCE AGAINST WOMEN AND GIRLS RESOURCE GUIDE

### BRIEF ON VIOLENCE AGAINST OLDER WOMEN



- Consider the implications of a country’s possible mandatory reporting requirements for suspected VAWG cases
- Minimize harm to staff working with survivors
- Provide referrals for care, safety planning, and support to survivors

For interventions specifically addressing violence against older women, particularly for contexts in which the abuser is a caregiver or family member, it is critical to ensure confidentiality and anonymity of program participants. Interventions should not assume that older women have disabilities, but should support the equal participation of women with disabilities. When working with women of all ages, using a survivor-centered advocacy model is vital, as it allows service providers to offer information and options while encouraging survivors to choose their own next steps based on their own priorities and needs.



For further details on these ethical and safety recommendations, visit the [Ethics](#) section of our website.

## RAPID SITUATION ANALYSIS

Integrating prevention and response on violence against older women into development projects requires an understanding of the legal, social, and epidemiological context of this violence as it relates to initiatives in various sectors. Teams should work with governments (including actors in the health, social services, and law enforcement and judicial sectors), private sector partners, non-governmental organizations (NGOs), local experts (including grassroots advocacy groups for older persons and service providers), and other counterparts in the country to answer some or all of the following questions:

- What types of violence against women are codified as crimes? Are they aligned with international or regional legal frameworks? Is any specific mention of age made in these legal frameworks?

## VIOLENCE AGAINST WOMEN AND GIRLS RESOURCE GUIDE

### BRIEF ON VIOLENCE AGAINST OLDER WOMEN



- Are there laws that penalize widowhood or single, unmarried women? Are there laws that limit the full empowerment and inclusion of older women? Are inheritance laws and access-to-pension laws the same for women and men?
  - Are there non-discrimination or hate crime laws that specifically include gender and older age as special protected statuses?
  - Is customary law present? How does customary law treat older women, and widows in particular, with respect to land and property rights?
- Is confidentiality ensured between older survivors reporting abuse and civil servants such as police officers?
  - Is there a local or national action plan to address violence against women that includes older women and crimes against the elderly?
  - Do local belief systems put older women at risk of accusations of witchcraft?
  - Are reports readily available on the social status of older women (i.e., whether they are considered revered elders or face discrimination or stereotyping in communities)?
  - Is antipathy toward women salient? Are there any studies that measure commonly held sentiments toward female empowerment or the general public's attitudes on masculinity, gender norms, or aging?
  - Are there NGOs established by older women and men to serve their needs and/or advance their rights?<sup>86</sup>
  - Do older women experience barriers in accessing services or livelihood opportunities due to age caps, mandatory retirement age, or age limits in advertisements for work?
  - What services are in place to ensure the well-being and dignity of older women who have survived sexual violence?
  - What services are in place for older adults who have experienced abuse or neglect by their caregivers?

For general questions on undertaking a rapid situation analysis, visit the [Integrate](#) section of our website.



## KEY AREAS FOR INTEGRATING PREVENTION AND RESPONSE ON VIOLENCE AGAINST OLDER WOMEN INTO DEVELOPMENT PROJECTS

Based on a combination of age and gender discrimination, older women are routinely denied access to health services, care, support for independent living, education, social security, information, appropriate housing, financial services, employment, transport, and other facets of economic, social, and community life.<sup>87</sup> Such exclusion undermines the development of protective factors against violence and heightens their risk for violence and abuse. This reality has implications for decisions and actions that must be taken at the national policy, institutional, and community levels.

### Policy Level

- **Work with pertinent ministries or policymakers to ensure proposed legislation, as well as current legal and customary practices, do not discriminate against individuals based on age**, including laws or informal practices that provide differential treatment to older women than older men.<sup>88</sup>
- **Work with governments to revise existing laws on inheritance, land rights, and tenure of property** to ensure that older women are not excluded from the right to own land or hold property under their own name. India recently revised the law of *karta*, which had stipulated that management of property was the sole right of the eldest household male; it now includes women as eligible heads of household.<sup>89</sup> This is especially important where customary practices deny widows formal possession of assets from their late husbands and instead pass on property to sons or other living male relatives.
- **Encourage governments to develop policies and take all appropriate measures (including awareness campaigns) to combat ageism and sexism**, as well as foster intergenerational cooperation and positive images of aging, to promote the respectful treatment of older women.<sup>90</sup>
- **Work with pertinent ministries or policymakers to include specific reference to the rights of older persons, in particular older women, in their national action plans and laws.** It may be useful to highlight the international agreements their governments have ratified and their obligation to protect women in older age. For example, according to the United Nations Committee on the Elimination of Discrimination against Women general recommendation no. 27 on older women and protection of their rights, states parties have an obligation to recognize and prohibit violence against older women.<sup>91</sup>
- **Support ministries to develop action plans for the inclusion of older women**, defining and integrating specific actions for prevention and response to violence. Examine whether financial or technical capacity is needed to implement them or ensure sustainability.

## VIOLENCE AGAINST WOMEN AND GIRLS RESOURCE GUIDE

### BRIEF ON VIOLENCE AGAINST OLDER WOMEN



- **Ensure that the legal definitions of “rape” and “sexual assault” are relevant to all people—regardless of age or gender.** Definitions of sexual violence should recognize any unwanted or forced sexual contact and not just forced penetration. For example, many cases of sexual violence against older women involve forced genital touching, which can degrade a survivor’s dignity and cause significant psychological trauma.<sup>92</sup>
- **Work with ministries of justice and other policymakers to ensure all forms of violence and abuse experienced by women in older age are identified as crimes and that they are reported, investigated, and when appropriate, prosecuted.** Ensure that older survivors choosing to pursue legal recourse are provided necessary accommodations, such as visual or audio aides if needed or assistance with transport to court, so that limitations to their full and equal participation linked with age-related disability do not impede their access to justice.<sup>93</sup>
- **Recognizing access to a livelihood or other form of income as a protective factor, work with relevant ministries and policymakers to establish legal assurances for non-discrimination on the basis of older age in all matters of employment in the formal and informal sectors, including harassment on the basis of older age.**<sup>94</sup> For example, in Peru, the





national service for civil registration worked to register older adults, mostly women, to ensure the receipt of social pensions for those who had no formal state record of identification. (See Box 1.)

- **Promote the inclusion of older women and men in programs and funding allocations for HIV/AIDS,** and in particular those programs that combine services for violence against women with HIV testing and care. Sometimes this funding may come from national governments in support of their own national HIV/AIDS action plans. In this case, the Ministry of Health will be an important counterpart to advance the inclusion of key vulnerable populations. In other countries, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the United Nations Development Program, UNAIDS, and the WHO are working to combat HIV and prioritizing key vulnerable populations and human rights. In countries where the provision of HIV services is coordinated primarily through multilateral organizations working in partnership with ministries of health, country-coordinating mechanisms can be an ideal platform to discuss the inclusion of older women.
- **Consider how coordinating across sectors (such as social protection and HIV) can better support vulnerable older women.** For example, poor older women looking after children orphaned by parents who have died from complications related to HIV/AIDS should receive cash transfers as part of a social protection program for HIV-affected populations.<sup>95</sup>
- **Engage older women and men in the development of policies and structures that articulate and protect their rights.** This may be particularly important for those from underrepresented and

### Box 1. *Promising Practices... Securing Livelihoods for Older Adults in Peru*

In 2011, the Congress of Peru passed *Pensión 65*, a non-contributory pension for all people at least 65 years old. In order to access this pension, qualifying men and women are required to prove their age. Unfortunately, many older women have lived their whole lives without formal birth registration or documentation.

Discrimination in birth registration and low access to formal education, employment, and government-provided health care all led to a perfect storm of women living without formal legal recognition from the state through legal identification.

In order for Peru to ensure the equal protection of the law, it mandated the *Registro Nacional de Identificación y Estado Civil* (National Registry of Identification and Marital Status) to mobilize the registration of older women and men in order to allow them to access their right to *Pensión 65*. Between 2010 and 2013, the number of registrations among older Peruvians increased by almost half a million people, with women accounting for at least 55% of clients.

These non-contributory pensions are a critical source of equality for older women, many of whom have not had the opportunity to contribute to a pension through formal employment. With these registrations, and equal access to this minimum pension, many more women in Peru are now able to enjoy their right to a secure income in old age.

*Source:* [En cuatro años \*Pensión 65\* sacó del olvido y exclusión a 474 mil adultos mayores pobres del país \[In four years, \*Pensión 65\* pulled 474,000 poor older adults in the country from obscurity and exclusion\]](#). (2015, October 19). *Pensión 65*.



marginalized groups, such as indigenous, LGBTQI, and ethnic minority people. This engagement helps to ensure that their voices are heard and that the full spectrum of their specific needs and experiences can be recognized and, ideally, addressed through policy instruments and relevant policy actions.

- Given the heightened risk of violence and abuse in emergency settings, **work with relevant ministries and other policymakers to promote age- and gender-responsive disaster preparedness planning, and policies and legislation on response.**<sup>96</sup> For more on this, see our brief on preventing and responding to VAWG in [disaster and risk management](#) programs.

### Institutional/Sectoral Level

- **Create or strengthen governmental entities with the mandate to prevent or control violence and ensure that violence against older women is explicitly included in this mandate.** It is critical that violence prevention bodies be aware of the real risk of violence faced by older women, and that relevant data be used to inform the development of programs and policies to respond appropriately to this violence.
- **Address violence against women through projects involving governance, citizen security, or rule of law.** Specifically, determine if older women have equal access to justice and that those institutions do not subject them to further discrimination, and identify remedies to allow equal access.
- **Ensure that social protection programs are accessible to older women and men,** and that older persons are made aware of their rights and eligibility for these benefits and social services. Provide support in application processes, including for those without identity documentation.<sup>97</sup>
- **Assess whether the stigmatizing attitudes of those administering the programs may serve as a barrier to access.**<sup>98</sup> Ensuring that employment-advertising language and staffing are inclusive of all people can expand accessibility for older women, as well as other communities of women traditionally underserved by social services. When possible, promote the hiring of older women as advocates or staff for such services.
- **Work with the private sector** to promote older women’s “equitable access to financial services, including bank loans, micro-loans, mortgages, and other forms of financial credit.”<sup>99</sup>
- **Train healthcare providers on effective, empathetic, and appropriate ways to support older survivors of sexual violence.** In providing services to survivors of all ages, professionalism is key—i.e., treating patients in a non-discriminatory and non-judgmental manner, and taking care not to discredit the survivor’s report of abuse. For older survivors in particular, it is not uncommon for health professionals to accept alternative explanations for injuries that would be readily attributed to sexual trauma among younger patients.<sup>100</sup>
- **Support government efforts to develop formal, regulated caregiving systems** for older adults who have a disability or other health condition that requires assistance with daily activities.



Ensuring quality standards of care and fair conditions of employment for caregivers will promote the well-being of vulnerable older persons and safeguard against their abuse by those who care for them. For example, in the Anhui province of China, the World Bank is partnering with the local government to build a formalized system of care for older adults to increase access to elder support services in response to the growing demand for such assistance. (See Box 2.)

- Mobility challenges may also present barriers for older women to seek services for violence and abuse. When applicable, **encourage improvements to public transit systems for accessibility** (for instance, [the United Nations Human Settlements Program \(UN Habitat\)](#) has recommendations for disabled and older persons and sustainable urban mobility).<sup>101</sup>

### Box 2. *Promising Practices*... Developing Formalized, Quality Systems of Care for Vulnerable Older Adults in Rural China

Anhui—an agricultural province located in the central region of China along the middle part of Yangtze River—faces particular difficulty with meeting the elder care needs of its population. Their population is aging faster than that of many other provinces in China. Today, about 10% of the population of the province is now 65 or older, which is above the national average. This is partly explained by the fact that Anhui is a migrant-sending province—nearly 15 million of Anhui’s population of 61 million work in other parts of the country. One of the common socioeconomic trends in China is that migrant workers, who tend to be relatively young, often leave behind their aging parents when migrating to take up economic opportunities in other cities. When those older parents are left behind, those requiring assistance with daily living, particularly those with health challenges or a disability, can be vulnerable to violence and abuse from negligent caregivers or strangers.

Most elder care services in Anhui are supplied informally, as in the rest of China, and are provided by family members, relatives, or other unpaid caregivers at home. A quarter of the elderly in urban Anhui who need care do not receive it—double the overall rate in urban China. To address this challenge, the World Bank is supporting the government of Anhui province in establishing and managing a diversified (public and private) system of delivery of elder care services (including home, community, and residential services) that serves the most vulnerable older adults: those with physical or cognitive disabilities or limitations related to activities of daily living. The project has several aims: 1) supporting the development of government stewardship capacity for the elder care system; 2) strengthening the delivery and management of community- and home-based services; and 3) strengthening the delivery and management of nursing care. This project also seeks to improve the quality of care that older persons receive by introducing regulatory standards and training a larger workforce in skilled nursing care, community care, and home care. By introducing quality measures and increasing access to care for vulnerable older persons, the World Bank is enhancing protective factors for elders otherwise at risk for abuse.

*Source:* World Bank. (2016). *Anhui Aged Care System Demonstration Project*. On file with author.



- **Support and enforce policies on non-discrimination in access to comprehensive health services on the basis of older age**, in particular access to comprehensive sexual and reproductive health services such as the prevention and treatment of HIV and other sexually transmitted infections, post-menopausal health services, and the promotion of positive sexual well-being.
- Not all older survivors will report or seek help for violence, so it is important to **build the capacity of health care personnel, social workers, traditional or community healers, and law enforcement** to recognize and respond to situations of violence, abuse, and neglect of older adults. (See Box 3.)
- **Work with pertinent ministries and other policymakers to ensure that older women (and men) have access to transport on an equal basis with others that is affordable, physically accessible, available, and safe, particularly in rural areas.** The difficulty that older persons may have in accessing services for abuse—such as domestic violence shelters, community health centers, or rape crisis centers—can stem from mobility constraints, other types of disability, or cost of transportation.<sup>102</sup>

### Box 3. *Promising Practices...* Raising Providers' Awareness of Violence against Older Women in Europe

Across the European Union, efforts are being undertaken to raise awareness among social services and health providers working with older women on violence and abuse in later life. The European Commission financed the two-part project “Breaking the Taboo” and “Breaking the Taboo II” to increase the ability of professionals working with older adults to recognize violence against older women and to provide required support services to these survivors. Through “Breaking the Taboo,” nurses, home health aides, social workers, and physicians received targeted training on how to detect violence against older women in the home by their families.

“Breaking the Taboo II” was developed to enable senior staff and/or trainers to carry out awareness-raising workshops through a train-the-trainer approach to recognizing and responding to violence against older women within the family. This training targeted public health and social services professionals, as well as advocates in mainstream domestic violence shelters; it facilitates peer-led workshops, and an online curriculum is available in German, English, Dutch, Bulgarian, Slovenian, and Portuguese.

An evaluation of the first installment, “Breaking the Taboo,” found the project made the issue of violence against older women visible and charted a path forward for coordinated action across European health and social services systems. These findings underscore the critical role these professionals play in the detection of violence against older women, particularly as they are often the only source of outside contact for older persons living at home with their families. Because “Breaking the Taboo” revealed that many health and social service organizations working with older adults do not have designated procedures for reporting abuse and referring to support services, the second phase sought to train organizations to develop protocols for identifying older survivors and providing assistance; this included additional capacity-building for health professionals to engage in strengthening networks among community victim service providers.

*Source:* Edthofer, J., & Bammer, D. (2010). [\*Breaking the Taboo II – Developing and testing tools to train the trainer: European report.\*](#)



### Box 4. *Promising Practices...* Expanding Research on Violence against Older Women

The NGO HelpAge International is conducting a multi-country study on the prevalence of GBV among older women and men over the age of 49 in conflict and post-conflict settings. Currently in its second year, this study is assessing the magnitude of violence across situations of protracted displacement in two regions of Uganda and one in Iraq. The goal of this research is to underscore the need for more inclusive data collection among people of all ages. Using targeted surveys, it is quantitatively documenting the prevalence, risk factors, and effects of GBV on displaced persons older than 49 years of age. Data from situations of protracted displacement offer a window into prevalence figures, allowing us to extrapolate to both humanitarian crises and stable development environments. Such information is applicable to humanitarian crises, in which the breakdown of the social fabric can increase the risk of GBV, and to developing countries, in which the focus on women of reproductive age eclipses other populations.

In 2016, an analysis of GBV prevalence rates in each of the five communities studied will be published. The results will be disaggregated, and researchers will analyze contextual data from the five sites to identify differences and similarities across communities. The long-term objective of this dissemination will be agreement among policymakers on the need for systematic data collection and delivery of humanitarian services to people of all ages experiencing GBV.

*Source:* HelpAge International. (2016). *Report with authors*. Manuscript in preparation.



- **Ensure country gender assessments used to plan and justify investments include and respond to the perspectives and experiences of older women and men.** Countries may want to look to the recommendations in the Madrid International Plan of Action on Aging for guidance.<sup>103</sup>
- **Include data on older women in national- and program-level data collection.** These data must be collected safely and ethically, as discussed above. The significance of research in making violence against older women visible cannot be overestimated, as decisions about prioritizing policies and funding are made largely based on official data. (See Box 4.)

#### Community Level

- Consultations with stakeholders are crucial for designing effective programs. **Work with older women and men, listen to their experiences, and build bridges between older adults and feminist and other social justice organizations in the community.** Engage service providers to uncover and address damaging norms and attitudes toward



older persons. For example, the Grandmother Project based in Senegal works with older women as stakeholders in communities to mobilize change related to traditional beliefs on gender, reproductive health, and sexual health. By engaging older women as leaders in their communities, the project combats age and gender discrimination and promotes a positive view of older women.<sup>104</sup>

- **Involve communities, including religious and other leaders, to stimulate change in the social norms that perpetuate ageism, sexism, and other forms of discrimination.** These prevailing attitudes contribute to the maltreatment of older women, such as unreported violence or accusations of witchcraft fueled by superstitions and traditional beliefs. (See Box 5.)
- **Support projects that promote participation, local empowerment, responsiveness to demand, greater downward accountability, and enhanced local capacity**—i.e., “community-driven development”<sup>105</sup> that is inclusive of older persons. This can build the financial and social empowerment of marginalized groups. Keep in mind that programs that do not incorporate an inclusive approach violate the principle of non-maleficence by magnifying the marginalization of an already-marginalized population relative to the rest of the community.
- **Work with community leaders and members to promote older women’s property rights**, including: their ability to own, use, occupy, transfer, sell, inherit, and distribute land and other property; allowing older women to participate in the redistribution of land and in property programs on an equal basis with others and ensure they are not arbitrarily or unlawfully deprived of

#### Box 5. *Promising Practices...* Involving Communities to Change Social Norms and Combat Gender-Based Ageism in Tanzania

In the Sukumaland region of Tanzania, older women cooperated with local spiritual leaders and traditional healers to conduct community workshops to break down stereotypes that contribute to violent accusations of witchcraft and killings of older women. From 2001 to 2007, the Sukumaland Older Women’s Program sought to address the causes, symptoms, and effects of the murder and victimization of older women due to witchcraft allegations in a number of districts throughout Tanzania.

The program’s activities were divided into four components: challenging harmful beliefs and practices by winning understanding and support in the communities (both allies and potential opponents) by organizing and conducting a series of sensitization meetings at the very local level; empowering older women to access basic rights by providing opportunities to discuss foundational gender concepts and analytical skills for communities, village older people committees, and partner staff; practical interventions focusing on problems identified as key correlates to witchcraft allegations, including improved shelter, HIV/AIDS community awareness, and fuel-efficient stoves that do not irritate eyes and lungs; and capacity-building for a wide range of stakeholders. As a result of these trainings, traditional healers agreed to ban the practice of divination, which was responsible for a large proportion of witchcraft allegations; this significantly reduced murders of suspected “witches” in the region, which had previously totaled close to 100 per year.

*Source:* Mengele, H. (2007). *The Sukumaland Older Women’s Programme final evaluation*. Dar es Salaam: HelpAge International.



their property; and eliminating traditional widowhood practices that deprive women of property and inheritance rights and in some cases can lead to their death or forced marriage.<sup>106</sup> When possible, raise awareness about national laws creating equal property rights between men and women and effective application. (See Box 6.)

### Box 6. *Promising Practices...* Protecting the Land and Property Rights of Older Women in Vietnam

Vietnam’s centuries-old tradition of men receiving preference in land ownership and inheritance is not supported by national laws, which affirm women’s equal right to own, inherit, and pass on land. Yet women own a very small proportion of land—only 14% in 2014. Gaps in awareness and in the implementation of national laws have limited the effect of these positive policy changes for rural women, and emerging evidence suggests this may be a particular challenge for older women. [Land Access for Women \(LAW\): Vietnam](#) is a two-year pilot intervention that aims to close these gaps. Implemented by the Institute for Social Development Studies and the International Center for Research on Women, with funding from the United States Agency for International Development, the centerpiece of the program is the mobilization and training of 60 community volunteers for gender equality advocacy (CVGEAs) to raise awareness of land rights and provide legal counseling in two provinces.

In 2015, CVGEAs advised 1,800 women, 44% of whom were 50 or older. Monitoring data show that the most common concerns raised by the older women related to land boundary disputes and loans, compared to younger women, whose requests centered more on domestic violence and inheritance rights. Among the oldest women in the program (those aged 60 and above), more than 21% sought counsel from CVGEAs on “land-grabbing”/boundary matters, another 18% on inheritance rights, 9% on obtaining land use certificates, and 7% on writing a will. Success stories from this project illustrate the life-changing effects of the LAW program for older women, demonstrating that programs like this can help women—especially widows and older women who are often at greatest risk of “land-grabbing” and property rights violations—to claim their rights. They can also provide the impetus for erasing long-standing gender inequalities, as well as promoting economic stability and empowerment, for millions of women around the globe.

*Sources:* International Center for Research on Women (ICRW). (n.d.). [Land Access for Women: Vietnam](#); Alvarado, G., Khuat, T. H., Douglas, Z., Nguyen, T. V. A., Nguyen, T. P. T., Mukasa, S., Trinh, T. N. D., & Vu, X. T. (2015). *Women, land and law in Vietnam*. ICRW; Sproule, K., Kieran, C., Quisumbing, A. R., & Doss, C. R. (2015). *Gender, headship, and the life cycle: Landownership in four Asian countries* (IFPRI Discussion Paper 01481). Washington, DC: International Food Policy Research Institute.

## GLOSSARY OF KEY TERMS

**Ageism:** The systemic stereotyping of and discrimination against people because they are considered old.<sup>107</sup>

**Aging:** The chronological process of adding years to life and growing older, as well as the social process by which persons are subjected to perceptions based on their relative accumulation of age.



**Elder abuse:** Maltreatment of an older adult consisting of “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.”<sup>108</sup> Elder abuse includes physical and sexual abuse, emotional and psychological abuse, financial exploitation, and neglect.

**Gender identity:** A person's internal sense of gender, which may differ from the sex assigned at birth.

**Interpersonal violence:** Violence, including both physical violence and non-physical abuse such as verbal, emotional, psychological, and economic abuse, that occurs within the context of a relationship (intimate and non-intimate).

**Intersex:** A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male.

**LBTQI:** An acronym to describe lesbian, bisexual, transgender, questioning, queer, and intersex women. Many NGOs and civil society organizations use this to specifically focus on women within the LGBTQI population. Typically used to demarcate an experience specific to lesbian, bisexual, transgender, questioning, queer, and intersex women, but not gay or bisexual men.

**LGBTQI:** An acronym that includes lesbians, gay men, bisexual people, transgender people, those questioning their sexual and gender identity, those who identify as queer, and those who identify as intersex.

**Older women:** The precise definition of an “older woman” is loose, ranging anywhere from ages 45 and older to ages 65 and older.<sup>109</sup> Social definitions of aging argue that women (and men) are considered “old” when they experience treatment from society that differentiates them as older. Due to the paucity of global data collection on women after the age of 49, this brief suggests a focus on women aged 50 and above, while recognizing the heterogeneity of older women as a whole population.

**Sex work:** “The provision of sexual services for money or goods.”<sup>110</sup> Sex workers understand sex work as a contractual arrangement in which sexual services are negotiated between consenting adults, with the terms of engagement having been agreed upon between the seller and the buyer of sexual services. “By definition, sex work means that adult female, male, and transgender sex workers who are engaging in commercial sex have consented to do so.”<sup>111</sup>

**Sexual orientation:** A person's physical, mental, romantic, and/or emotional attraction.

**Social protection:** “The set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or a substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner); the provision of health care; and, the provision of benefits for families with children.”<sup>112</sup>

**Survival sex:** “The sale and exchange of sex for goods in humanitarian and post-conflict settings” is often referred to as survival sex,<sup>113</sup> but the term can also refer to the practice of individuals exchanging sexual services for shelter, food, or other necessary items as an alternative to homelessness outside the context of emergencies.



**Transgender:** An individual whose gender identity does not reflect their sex assigned at birth. They may have transitioned or plan to transition to the sex not assigned at birth.

**Transgender women:** A term for a transgender individual who, assigned male at birth, currently identifies as a woman.

**Violence against older women:** “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering” to older women, “including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”<sup>14</sup> This can also include financial abuse and exploitation or deprivation of resources, neglect, and abandonment

**Widow:** In many societies and cultures, the overall status of women is closely tied to their marital status. Widowhood can result in diminished social status, greater likelihood of poverty, and in some contexts, targeted acts of violence. Communities can also inflict psychological violence by associating shame with a woman’s newfound status as a widow. Some regions continue certain harmful practices, such as widow burning (“sati” in India, in which a Hindu widow sacrifices herself on her husband’s funeral pyre), accusations of witchcraft, and widow inheritance (a widespread cultural practice in sub-Saharan Africa in which a designated male assumes responsibility for the social and economic support of a widow upon the death of her husband in exchange for her subservience in the household and fulfillment of sexual demands of the new husband).

## RECOMMENDED RESOURCES

### Guidance/Tools

- Frye, A. (2013). [\*Disabled and older persons and sustainable urban mobility: Thematic study prepared for Global Report on Human Settlements 2013\*](#). Nairobi: United Nations Human Settlements Program.
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## VIOLENCE AGAINST WOMEN AND GIRLS RESOURCE GUIDE

### BRIEF ON VIOLENCE AGAINST OLDER WOMEN

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United Nations General Assembly. (2012). [Report of the special rapporteur on violence against women, its causes and consequences, Rashida Manjoo](#) (A/HRC/20/16).

United Nations General Assembly. (2012). [Thematic study on the issue of violence against women and girls and disability: Report of the United Nations High Commissioner for Human Rights](#) (A/HRC/20/5).

United Nations General Assembly. (2013). [Follow-up to the International Year of Older Persons: Second World Assembly on Ageing: Report of the secretary general](#) (A/68/167).



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- <sup>2</sup> **Note:** The social definition of aging is adapted from the shift in defining disability through a “medical model” to a “social model” in which people are viewed as being disabled by society rather than by their bodies. World Bank & World Health Organization (WHO). (2011). [\*World report on disability\*](#). Geneva: WHO.
- <sup>3</sup> United Nations Department of Economic and Social Affairs (UN DESA) Population Division. (2015). [\*World population ageing 2015\*](#) (ST/ESA/SER.A/390). New York: United Nations.
- <sup>4</sup> **Note:** Ageism can take multiple forms, from prejudicial beliefs to discriminatory practices, and occurs in societies across the world; it is not limited to any one region, ethnicity, or social group. WHO. (2015). [\*World report on ageing and health\*](#). Geneva: Author. See also: Butler, R. N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, 9(4), 243-246.
- <sup>5</sup> WHO. (2015). [\*Elder abuse fact sheet\*](#).
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- <sup>7</sup> United Nations General Assembly. (2013). [\*Follow-up to the International Year of Older Persons: Second World Assembly on Ageing: Report of the secretary general\*](#) (A/68/167).
- <sup>8</sup> UN DESA Population Division. (2013). [\*World population prospects: The 2012 revision\*](#). New York: United Nations.
- <sup>9</sup> UN DESA Population Division. (2015). [\*World population ageing 2015\*](#) (ST/ESA/SER.A/390). New York: United Nations.
- <sup>10</sup> United States Agency for International Development. (2013). [\*Standard recode manual for DHS 6: Demographic and health surveys methodology\*](#).
- <sup>11</sup> **Note:** While some data sets have included women aged 50 and older in surveys on lifetime prevalence of intimate partner violence (IPV), there is very limited data on IPV prevalence among women aged 50-plus in the last 12 months. Some researchers caution that expanding the age range for women included in 12-month IPV prevalence surveys would reduce average prevalence rates. WHO cautions that lack of data should not be interpreted as evidence that older women experience lower levels of partner violence, but rather that less is known about patterns of violence among women aged 50 years and older, especially in low- and middle-income countries. WHO. (2013). [\*Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence\*](#). Geneva: Author.
- <sup>12</sup> United Nations Economic and Social Council. (2015). [\*Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators: Note by the secretary general\*](#) (E/CN.3/2016/2).



<sup>13</sup> United Nations General Assembly. (2013). [Follow-up to the International Year of Older Persons: Second World Assembly on Ageing: Report of the secretary general](#) (A/68/167).

<sup>14</sup> World Bank. (2013). [Inclusion matters: The foundation for shared prosperity](#). Washington, DC: Author. doi:10.1596/978-1-4648-0010-8

<sup>15</sup> United Nations. (1995). [Beijing Declaration and Platform for Action, adopted at the Fourth World Conference on Women](#), Paragraph 38 (A/CONF.177/20).

<sup>16</sup> Ibid.

<sup>17</sup> **Note:** The gender gap in access to primary and secondary education in low- and middle-income countries has decreased over the past three decades, but a gap remains. Progress in increasing access for girls to attend school correlates with historic and ongoing gender disparities. For example, 87% of women aged 65 and older in Morocco have no formal education, compared with 16% of women and girls aged 14 to 24. International Foundation for Electoral Systems and the Institute for Women's Policy Research. (2010). [The Status of Women in the Middle East and North Africa \(SWMENA\) Project: Focus on Morocco: Educational attainment and career aspirations topic brief](#).

<sup>18</sup> According to UN Women, "average levels of illiteracy for women aged 65 or over are as high as 78% in Africa and 53% in Asia, compared to 58% and 29% respectively for men in these regions." UN Women Coordination Division. (2012). [Between gender and ageing: The status of the world's older women and progress since the Madrid International Plan of Action on Ageing: Executive summary](#); UN DESA Population Division. (2010). [World population ageing 2009](#) (ST/ESA/SER.A/295). New York: United Nations.

<sup>19</sup> WHO. (2007). [Women, ageing & health: A framework for action: Focus on gender](#). Geneva: Author.

<sup>20</sup> World Bank. (n.d.). [Reproductive health and disability fact sheet](#).

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<sup>23</sup> UN DESA Population Division. (2015). [World population ageing 2015](#) (ST/ESA/SER.A/390). New York: United Nations.

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<sup>25</sup> HelpAge International. (n.d.). [Infographic: Older women](#).

<sup>26</sup> Ibid.



<sup>27</sup> World Bank. (2013). [Inclusion matters: The foundation for shared prosperity](#). Washington, DC: Author. doi:10.1596/978-1-4648-0010-8

<sup>28</sup> **Note:** According to a 2012 report from the special rapporteur on violence against women to the United Nations Human Rights Council, targeted killings of older women accused of witchcraft have been documented as a significant occurrence in countries across Africa, Asia, and the Pacific Islands. These murders often involve public shaming ceremonies and are used to justify the seizure of an older woman's property. In the majority of cases, the accusations and killings are perpetrated by a male relative or community member known to the victim; it is not uncommon for these crimes to be committed with impunity. United Nations General Assembly. (2012). [Report of the special rapporteur on violence against women, its causes and consequences, Rashida Manjoo](#) (A/HRC/20/16).

<sup>29</sup> **Note:** For example, police reports from eight regions in Tanzania between 2004 and 2009 show that 2,585 older women were killed after being accused of witchcraft. United Nations Population Fund (UNFPA) & HelpAge International. (2012). [Ageing in the 21<sup>st</sup> century: A celebration and a challenge](#). New York: UNFPA & London: HelpAge International.

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## VIOLENCE AGAINST WOMEN AND GIRLS RESOURCE GUIDE

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<sup>38</sup> Ibid.

<sup>39</sup> **Note:** The DAPHNE Abuse and Violence against Older Women (AVOW) study included data collected from Austria, Belgium, Finland, Lithuania, and Portugal; it measured the prevalence of older women experiencing violence or abuse in their homes in the previous 12 months. Overall rates included: neglect: 5.4%; emotional abuse: 23.6%; financial abuse: 8.8%; physical abuse: 2.5%; sexual abuse: 3.1%; violation of rights: 6.4%; and overall abuse: 28.1%. Luoma, M. L., Koivusilta, M., Lang, G., Enzenhofer, E., De Donder, L., Verté, D., Reingarde, J., Tamutienne, I., Ferreira-Alves, J., Santos, A. J., & Penhale, B. (2011). [Prevalence study of abuse and violence against older women: Results of a multi-cultural survey in Austria, Belgium, Finland, Lithuania, and Portugal \(European report of the AVOW project\)](#). Finland: National Institute of Health and Welfare (THL).

<sup>40</sup> **Note:** For financial abuse, the spouse/partner was the most prevalent abuser (33.7%); this was closely followed by the category comprising daughter, son, and son-/daughter-in-law (28.7%). The most prevalent category of abuser for neglect was daughter, son, and son-/daughter-in-law (40.6%). Ibid.

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<sup>44</sup> WHO. (2013). [Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence](#). Geneva: Author.

<sup>45</sup> **Note:** Widow burning, or “sati,” in India, in which a Hindu widow sacrifices herself on her husband’s funeral pyre, is illegal but continues (albeit rarely) in parts of South Asia. Not all widows are older women, but tend to be in their 40s and above. Solotaroff, J. L., & Pande, R. P. (2014). [Violence against women and girls: Lessons from South Asia](#). South Asia Development Forum. Washington, DC: World Bank.

<sup>46</sup> **Note:** Widow inheritance is a widespread cultural practice in sub-Saharan Africa in which a designated male assumes responsibility for the social and economic support of a widow upon the death of her husband. Often, widows are expected to fulfill the sexual demands of the new husband and



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## VIOLENCE AGAINST WOMEN AND GIRLS RESOURCE GUIDE

### BRIEF ON VIOLENCE AGAINST OLDER WOMEN

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