

GBV AoR Helpdesk

TIP SHEET: The Inclusion and Participation of Older Women in GBViE Programs

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Introduction

Gender-based violence (GBV) against older women is common, but it is often hidden. In emergencies, GBV program interventions tend to focus on specific life stages or age groups of women, without contextualizing their experiences.¹

This tip sheet highlights the importance of inclusion of older women in GBV in emergencies (GBViE) programming. It reviews key terms and concepts related to addressing the needs of older women; examines global data on aging women, and on GBV affecting older women; presents relevant frameworks and tools for improving response and prevention programming; and summarizes tools and resources for further advocacy and action.

Terms and Concepts

An **older person** is defined by the United Nations (UN) as a person who is over 60 years of age. In practice, however, this definition may not be an overriding or useful indicator. Families and communities often use other socio-cultural markers and characteristics to define age (particularly if birth documentation and certification is not a common practice), including family status (grandparents), physical appearance (e.g., gray hair), age-related health conditions, and stature/standing in the community (e.g., being perceived as an elder in a community if in a leadership role/office).²

The UN defines **abuse of older people** 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.”³

Elder violence, abuse and neglect is used as an umbrella term to describe different forms of violence experienced by older people in general, due to several factors, including but not limited to their age, gender, disability, place of origin, marital status, class or sexual orientation.

GBV perpetrated against older women may often be included under these umbrella terms of **abuse of older people** and/or **elder violence, abuse and neglect**. In some instances, using this terminology for violence that elder women experience can make invisible the gendered dimensions of that violence, or mis-represent women’s experience. It is important to consider how gender informs all types of violence to which older women are exposed, and to recognize that many forms of violence against older women represent GBV.

Furthermore, it is important to **apply a life course perspective to GBV, including how it affects older women**. As Horstead argues, this involves looking at “the way that a person’s ability to make decisions and their responses to major life events are influenced by the systems and structures within which they live, the opportunities they have, and the discrimination they face.”⁴ For older women this may mean an accumulation of GBV experiences, with compounding impacts across the life cycle.

Background Data on Aging and Women

The population of older people, and older women specifically, is growing. Between 2022 and 2050, the proportion of persons aged 65 or

¹ See Horstead, K. (2018). [Developing a life course approach to women’s rights and gender equality](#). GADN Thinkpiece, p1.

² Adapted from UNHCR (2024). [Emergency Response Handbook: Older Persons](#).

³ WHO (2024). [Abuse of older people factsheet](#)

⁴ Horstead, K. (2018). [Developing a life course approach to women’s rights and gender equality](#). GADN Thinkpiece, p1.

over is projected to increase globally from 10 percent to 16 percent.⁵ In 2021, women aged 50 and over accounted for 26 percent of all women and girls globally. This was up from 22 percent 10 years earlier.⁶

One reason for this increase in the population of older women is that women are living longer. Globally, a woman's life expectancy is on average 73.8 years.⁷ Notably, however, life expectancy for women (and men) in the least developed countries lagged 7 years behind the global average in 2021.⁸ In addition, the conditions of older women's lives remain constrained by gender roles globally. For example, older women do an average of 4+ hours a day of unpaid domestic/care work—more than double that of men.⁹ In Bangladesh, 50% of women aged 65–69 who are not in paid employment, indicated family responsibilities as the reason.¹⁰

Many older people will experience mental health issues, some related to aging. Approximately 14 percent of adults aged 60+ live with a mental health disorder.¹¹ According to 2019 Global Health Estimates data, mental health conditions account for 10.6 percent of the total disability (in disability adjusted life years, DALYs) among older adults.¹² The most common mental health conditions for older adults are depression and anxiety. In 2000, depressive disorders represented a leading cause of years lost to disability (YLD), at 5.9 percent for men and women globally.¹³

Data on violence against elder people is limited. The World Health Organization estimates that one in six people aged 60 years and older experiences some form of abuse annually.¹⁴

However, only 1 in 24 cases of elder abuse are thought to be reported.¹⁵

Older Women and GBV

Older women are at on-going risk of many forms of GBV. Specific forms of violence such as withholding food, medications, access to health care treatment, denial of land/property and money linked to discriminatory laws and customs, and coerced premature end of life arrangements (e.g., forms of femicide such as coerced suicide/so-called mercy killings, etc.), may be more likely to impact older than younger women, particularly widows. In addition, older women may have violence perpetrated against them by 'care' providers, whether formal institutional providers or informal (familial or community-based) providers.

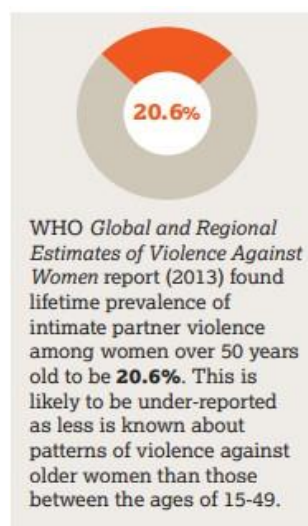


Image credit: HelpAge International (2017). [Violence against older women discussion paper](#). P. 2.

However, reliable prevalence data on GBV experienced by older women is inadequate. In a telling example, a WHO global report on prevalence of sexual and intimate partner violence had information about women over the age of 49 in only 66 of the 392 studies included in the report.¹⁶ The surveys this report was based on typically capture information about women of reproductive age,

⁵ See UNDESA (2022). [World Population Prospects 2022: Summary of Results](#), p 7.

⁶ United Nations, Department of Economic and Social Affairs. (2021). [World Prospects 2021](#).

⁷ See UNDESA (2022). [World Population Prospects 2022: Summary of Results](#) p i.

⁸ Ibid, p 1

⁹ Samuels, F. Samman, E. et. al. (2018). [Between work and care: older women's economic empowerment](#). London: ODI.

¹⁰ HelpAge International. 2016. [Work, family and social protection: old age income security in Bangladesh, Nepal, the Philippines, Thailand and Vietnam](#). Chiang Mai, Thailand: HelpAge International East Asia/Pacific Regional Office, p 13.

¹¹ Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx). <https://vizhub.healthdata.org/gbd-results/>

¹² WHO (2019) [Global Health Estimates](#)

¹³ Ibid.

¹⁴ WHO (2022). [Tackling abuse of older people: five priorities for the United Nations Decade of Healthy Ageing \(2021–2030\)](#). Geneva: World Health Organization. P 1.

¹⁵ WHO (2017). [Elder Abuse Factsheet](#)

¹⁶ WHO, LHSTM & SAMRC (2013). [Global and Regional Estimates of Violence Against Women: prevalence and health effects of intimate partner violence and non-partner sexual violence](#).

starting at 15 or 18 and stopping at 49, irrespective of the fact that violence against women has no age limit.

These limitations related to data on older women and GBV persist in humanitarian settings, although the evidence base is growing. Approximately 4 percent of people displaced by humanitarian crises are older people.¹⁷ By virtue of their age and where they live, older women may be exposed to multiple humanitarian crises (both conflict-related and natural disasters) throughout their life course. An American Association for the Advancement of Science (AAAS) and HelpAge International study of the prevalence of GBV among older women living in protracted displacement settings established that 32 percent of women aged 49+ experienced intimate partner violence (17 percent in the past year), while 37 percent experienced non-intimate partner domestic violence (14 percent in the past year).¹⁸ Older women may also be specifically targeted by some perpetrators (including aid workers) during emergencies because they are older women.¹⁹ A study from DRC reported that over 15 percent of women accessing health services for exposure to sexual violence were over the age of 55 years.²⁰

The UN Independent Expert on the enjoyment of all human rights by older persons' 2023 report on violence against and abuse and neglect of older persons to the Human Rights Council noted that sexual violence in old age remains the least reported and documented form of abuse of older persons, and that the lack of disaggregated data impedes a comprehensive understanding of its magnitude.²¹ This lack of data also creates challenges in designing appropriate programming for older women who are exposed to GBV. And yet, as is discussed in the next section, failures to address violence against

older women is a violation of their human rights and undermines the principle of the universality of human rights.

Taking a **gender-transformative life course approach** helps us to understand that women are not a homogenous group, and that each woman's life is made up of many different and interlinked social characteristics, phases, events and transitions that shape her particular experience of discrimination in different ways and at different points throughout her life. It recognizes how gender inequality and patriarchy intersect with other systems of oppression, and how these intersections then contribute to unique experiences of oppression and privilege. It also acknowledges that there are certain challenges that girls and women are more likely to face during particular life stages, including barriers to schooling, adult education, maternal healthcare, and entry and re-entry to the workforce, compounded by intersecting discriminations based on race, disability and other factors.

Excerpted from: Horstead, K. (2018). [Developing a life course approach to women's rights and gender equality](#). GADN Thinkpieces, p 2.

The Importance of Ensuring GBViE Programming for Older Women

It is essential to actively seek the engagement and participation of older women in GBViE programming because they are directly impacted by GBV across their life course — likely multiple times and in a variety of forms. Being inclusive of, and accountable to, older women in all their diversity is an ethical imperative and in line with the GBV guiding principles. Being inclusive is also central to leaving no one behind, as well as to promoting intergenerational solidarity between women and girls through GBViE programming.²²

¹⁷ Staunton, M. (2023). [Presentation: Older Women and GBV in Humanitarian Emergencies: Hiding in Plain View](#). HelpAge International for the GBV CoP Webinar.

¹⁸ AAAS and HelpAge International (2017). [Age is no protection: Prevalence of gender-based violence among men and women over 49 years of age in five situations of protracted displacement](#). p 11-13

¹⁹ Lipscomb, L.A. (2023). [Presentation: Older Women and GBV in Humanitarian Emergencies: Hiding in Plain View](#). GBV CoP Webinar. Also, Kavala, A. (2023) for examples of

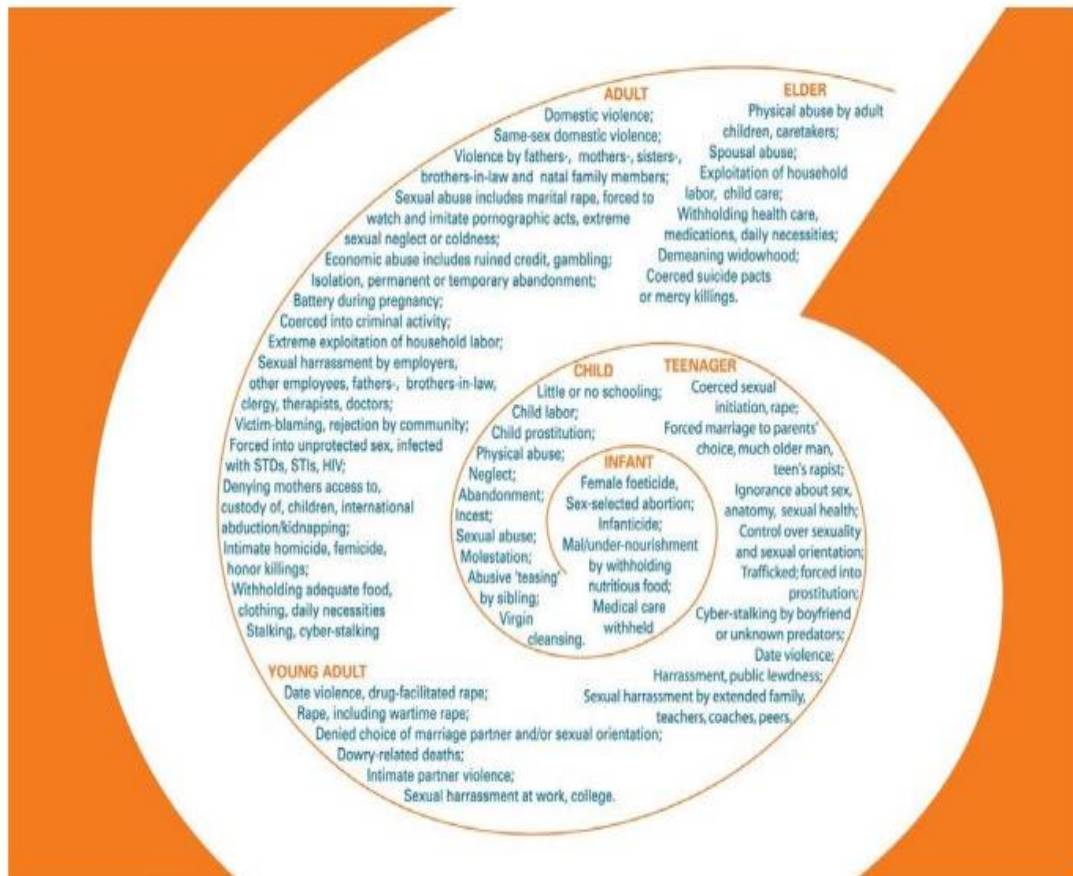
incidents of [aid worker exploitation and abuse of older women during response to cyclones in Malawi](#).

²⁰ Harvard Humanitarian Initiative & Oxfam (2010). [Now, the World is Without Me: An Investigation of Sexual Violence in Eastern Democratic Republic of Congo](#).

²¹ See UNECE (2023). [Amid worrying trends in attitudes towards gender-based violence, UNECE calls for commitment to end all violence against women](#).

²² The [UN Decade of Health Ageing: Plan of Action 2021-2030](#) explains intergenerational solidarity as enabling 'social

Lifetime Spiral of Gender Violence



Translated versions of the Lifetime Spiral in Chinese, Farsi, Korean, Punjabi, Tagalog and Vietnamese available at api-gbv.org. January 2002. Revised 2010.

Image credit: Asian Pacific Institute on Gender-based Violence (2010) [Lifetime Spiral of Gender Violence](#). Available to download in multiple languages

Given that health and protection responses to elder abuse often fail to comprehensively acknowledge the gender dimensions of violence, there is the risk that inadequate attention to the relationship between gender, age and violence may result in older survivors falling between the cracks of elder abuse health and protection responses. Even GBV program specialists may lack capacity and understanding of how violence is experienced and manifested for older women - in all its dimensions- limiting the availability, accessibility and quality of GBV response and prevention programming for older women in humanitarian settings.²³

This lack of attention to older women is even more concerning given the inconsistent levels of

protection and redress available to them in national legislation, policies and practice.²⁴ A HelpAge International discussion paper on older women and VAW concluded that lack of data, coupled with a lack of prioritization of the needs of older women, results in "a lack of protection mechanisms, limited access to tailored services and a lack of effective prevention programs for older women."²⁵

It is vital that GBV specialists as well as other humanitarian actors prioritize attention to older women. Further efforts are also needed to include older women in disaster risk reduction and resilience processes to inform efforts to mitigate the GBV risks they face.

cohesion and interactive exchange among generations to support health and wellbeing for all'. WHO (2020). p 6.

²³ Adapted from HelpAge International (2017). [Violence against older women: discussion paper](#), p 2.

²⁴ Ibid, p 3.

²⁵ Ibid.

Intersecting Factors Contributing to GBV Risks for Older Women

A first step in creating more responsive GBViE programming for older women is understanding some of the factors that increase their risk of exposure to specific forms of GBV. Common features of older women's lives known to increase their GBV risks include:

- **Poverty:** the UN has noted that, "old-age poverty has a woman's face."²⁶
- **Care-giving responsibilities:** Older women often continue in their unpaid caring roles, even simultaneously taking on new responsibilities for additional generations; this includes partners, children, grandchildren, older parents, extended family and/or wider community members.²⁷ This disproportionate burden of unpaid labor on older women is discriminatory.
- **Widowhood:** There are approximately 258 million widows around the world.²⁸ In some cultures, older widowed women may be at **increased risk of forced marriage** to a deceased partner's family member. Similarly, being a widow can result in women being unseen, unsupported, excluded from society and from humanitarian responses. Laws that prevent women from inheriting property combined with gender- and age-based discrimination also have negative consequences for widows.
- **Ill-health/deterioration in health:** Older women may experience a decline in health as part of the ageing process (e.g., sensory impairments, cognitive decline, exacerbation of chronic conditions, etc.). Data suggests there is an overlap between the **ageing process and disability**: 46% of people over

60 have a disability. In addition, **trauma from previous experiences of GBV** can be long-lasting, as evidenced in multiple humanitarian contexts.²⁹ Having a disability increases GBV risk with studies from low- to middle-income countries indicating that women with disabilities are 2-4 times more likely to experience intimate partner violence (IPV).³⁰

- **Discrimination based on customary beliefs:** In some cultures and contexts there is **shame and devaluation** of women associated with the ageing process. This may or may not be linked to perceptions of a woman's **reproductive age/status**. Other customary beliefs ascribe harmful or evil powers to older women. For example, Age International reported that in October 2021, four older women in Kenya were accused of witchcraft and brutally lynched.³¹ And, there have also been reports of women being hunted or killed because of being accused of witchcraft in Ghana, Nigeria and Malawi³². In Malawi, for example, there are reports that since 2019 mobs have unlawfully murdered at least 75 people accused of witchcraft³³.
- **Status as refugee or displaced older woman:** Women are at heightened risk of GBV when on the move or displaced from their homes³⁴. Older women may also be at **increased risk of abandonment**³⁵ when crises occur, especially if they are dependent on others.

Barriers to GBViE Programs for Older Women

In addition to understanding the various factors contributing to risks for GBV for older women, another critical component of creating more responsive GBViE programming for older

²⁶ See Roig, Marta and Daisuke Maruichi (2022). [Old-age poverty has a woman's face](#). UN Department of Economic and Social Affairs.

²⁷ Age International (2015). [Facing the facts: the truth about ageing and development](#). London: Age International, p 17.

²⁸ WURN (2023). International Widows' Day - June 23 - Invisible Women, Invisible Problems.

²⁹ As outlined by Lipscomb, L.A. (2023). [Presentation: Older Women and GBV in Humanitarian Emergencies: Hiding in Plain View](#). GBV CoP Webinar.

³⁰ See Dunkle, K, Heijden, Ivd, Stern, E & Chirwa, E 2018, [Disability and violence against women and girls](#), UK aid., London. Pearce, E. (2000). [Disability Considerations in GBV Programming during the COVID-19 Pandemic](#). GBV AoR Helpdesk.

³¹ See Age International (2024). [Why is violence against older women going unrecorded?](#)

³² See Oladipo, P. (2024) [In Africa witchbranding destroys elderly women's lives](#). AllAfrica.com

³³ France24.com (2022). [Malawi's struggle with deadly witchcraft violence](#).

³⁴ For example, research conducted in South Sudan found that women and girls who were directly exposed to an incident of armed conflict or were displaced were two to three times more likely to experience IPV. Global Women's Institute at the George Washington University, International Rescue Committee, and CARE International UK (2017). [No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan](#).

³⁵ IRC (2021). [Safe at Home. Module 3. Part E. Prevention: 36](#)

women is understanding barriers to services they may experience.³⁶ These can be **attitudinal, institutional and environmental**. Some specific examples of these include:

- **Stigma and other barriers to accessing different types of services**, such as mental health and/or sexual and reproductive health (SRH) services, due to assumptions and biases about older women. In relation to SRHR, for example, services are often targeted specifically at 15–49-year-olds rather than older women. Humanitarian programming more generally has a dominant focus on women of reproductive age, which contributes to excluding and making invisible older women's GBV and SRH experiences and support needs. Older women may not disclose GBV if they feel uncomfortable accessing services where they predominantly see younger women.³⁷
- **Isolation and a lack of adequate social support**. Older women may become dependent on caregivers which, in turn, impacts on their ability to obtain safe and confidential access to GBV services, as well as to make autonomous decisions and provide informed consent to receive services. They may also be isolated because of:
 - Physical accessibility / mobility
 - Language / communication issues, lack of literacy, including digital literacy
 - Lack information about available services
 - Lack of access to technology-based information and services
- **International, regional and national legal frameworks** that are inconsistent or inadequate in addressing violence, abuse and neglect older women experience.³⁸
- **Representation and definition-related issues**. Given older women fall into an age category as well as a gender definition, it is not always clear who or what sector (e.g. aging experts, gender and GBV experts) are responsible for being accountable to their needs. This can mean they fall through the cracks of both sectors. In June 2023, the UN Human Rights Expert on Older Persons called

for improved research to make GBV against older women more visible in humanitarian data systems, programming and research.

General Considerations for GBViE Programs to Better Meet Needs of Older Women

Acknowledging the general risks and barriers identified earlier in this tip sheet, it is important that GBViE actors conduct contextually relevant analyses and develop a clear plan to monitor and address challenges that older women may face related to GBV exposure and access to care. As a starting point, questions on disability (the Washington Group Short Set of Questions (WGSS)³⁹ and older people (age cohorts) should be included in all GBV assessments, safety audits and other assessment tools.

Some additional overarching considerations when designing and implementing GBViE programming to better meets the needs of older women include:

- Recognize that there are opportunities for older women to benefit from GBV services and to **experience healing from multiple experiences of violence across their life course** if they are prioritized, consulted and engaged in service design and delivery. This means supporting active participation of older women across at all stages of service delivery. This could include, for example, forming an advisory committee of older women and/or engaging them in decision-making roles.
- **Take action to address the barriers/issues of concern** older women have identified. Don't assume; consult with older women to understand their needs, priorities and perspectives in accessing and using services. For example:
 - **Use and analyze data from client feedback mechanisms**, ensuring there are a range of feedback mechanisms that are explicitly suited to older women.
 - Ensure that **reasonable**

³⁶ As outlined by Dr Leigh Ashley Lipscomb, (2023). [Presentation: Older Women and GBV in Humanitarian Emergencies: Hiding in Plain View](#). GBV CoP Webinar.

³⁷ IRC (2021) Safe at Home. Module 3. Part E. Prevention: 33. <https://rescue.app.box.com/s/afplu91fb714jvxz67qwlzxxiu5xtzy9>

³⁸ HelpAge International (2017). [Violence against older women discussion paper](#).

³⁹ See [Washington Group Short Set of Questions \(WGSS\)](#) and the [WGSS Enhanced Set](#) for further information.

accommodations⁴⁰ are made to support older women's engagement and participation in a range of prevention and response activities. There should be no age limit on women's access to GBV services.

- **Consider ensuring activities by age-groups**, as well as inter-generational activities, to support older women to both access their peers, but also have opportunities to engage with varying age groups.
- **Recruit older women as staff and volunteers** to improve representation and support an incorporation of an older age lens within programming.
- Coordinate and **collaborate with older persons' associations and organizations** in locations of service delivery.⁴¹
- Recognize that older women face **societal pressures and discrimination related to social norms**. It is important that programs understand local norms and customs related to how older women are viewed and treated publicly and privately. Service providers should not expect or require older women to fit these norms, nor should they discriminate against them under any circumstance. For example, service providers must question the myth that older women do not experience sexual violence. In fact, some older women may be especially at risk of sexual violence, including conflict-related sexual violence, because they are left behind or have less mobility to move from conflict-affected areas.
- **Recognize that women's health needs usually change with age** (particularly with the onset of perimenopause and menopause), and that older women are also likely to be living with one or more chronic conditions. Ensure that information about available health services is available. Consider joint programming activities between GBViE and health providers to enhance quality of care for older women. Also consult older women to determine the

content of in-kind assistance packages such as dignity and hygiene kits so that these are more tailored and relevant to their specific needs within the context and make sure older women can access distribution mechanisms.

- Ensure **safe and ethical data collection** about women and girls in all age groups. This means **disaggregating data** by age groups to understand, for example, who is and who is not accessing GBV services. The SDGs require data is disaggregated by sex, age (in five-year cohorts), disability, location and other factors;⁴²
- **Develop the awareness and strengthen the capacity of service providers and communities** by consistently incorporating information about the GBV experiences of older women within GBV trainings, together with information about effective response and prevention strategies and interventions. Ensure this information recognizes that older women are **not a homogenous group**. All older women will not have the same needs and experiences.

GBV Case Management Considerations

While the above recommendations are geared generally to GBV programming, there are specific considerations for improving case management processes to meet the needs of older women. Some of these are identified below.⁴³

- Ensure that **psychosocial interventions**, including communication methods, techniques and practices, are age, gender and context appropriate. Train case workers on adaptations in working with older women.
- **Factor for survivors' capacity to consent** (for example in the event of cognitive decline), recognizing that care providers may be perpetrators and ensuring that they are not present or providing consent if there are signs of abuse.
- **Assess for the intersecting experiences older women have**, including key risk factors

⁴⁰ For further information see Age and Disability Consortium (2018). [The Humanitarian Inclusion Standards \(HIS\) for Older People and People with Disabilities](#), p 115.

⁴¹ Ibid.

⁴² HelpAge International (2017). [Violence against older women discussion paper](#), p4.

⁴³ This section draws on IRC (2021). Safe at Home Response: Guidelines for Integrating an Older Age Lens into Existing Case Management Response. USA, NY.; Roth, D. (2023) presentation to GBV CoP [Presentation: Older Women and GBV in Humanitarian Emergencies: Hiding in Plain View](#). GBV CoP Webinar.

such as isolation, depression (or other mental health conditions), relationships of dependency or other factors which increase vulnerability to GBV.

- When **developing action plans, make these as encompassing** of the older woman's needs as possible, recognizing they may have a broader and higher range of support needs depending on their experiences, level of risk and other specific characteristics.
- During the case plan implementation and follow-up stages, ensure that all referrals provide services to older women. **Seek older women's perspectives on the type of services they are receiving** to understand if the services are meeting their needs and are being delivered in a safe and non-discriminatory manner. It may be necessary for case workers to seek support from supervisors and through relevant coordination mechanisms to identify additional service providers if existing service mappings and referral pathways are insufficient for addressing survivors' needs.
- **At the case closure and evaluation stage of the case management process, case workers will need to consider any changes in health status** (including cognitive decline) before closing a case. Ensure there is supportive communication to support a

survivor's comprehension that their case is being closed.

- Incorporate **safe referral** of older women into SOPs.
- **Address and monitor service user feedback** so that barriers and concerns in relation to service provision are addressed in a timely manner.

GBV Prevention Programming Considerations

Often ignored in prevention efforts, it is important to promote the inclusion and participation of older women in GBV prevention programming and to promote GBV prevention for older women more broadly. Shame and stigma can result in GBV against older women going unreported and unrecognized, so an important step in prevention is shifting norms at the family and community level to give more voice to this issue.⁴⁴

Wherever feasible in humanitarian settings, it is important to explore with communities their positive and negative perceptions of older women and how these may vary according to various life circumstances and factors (such as relationships status, reproductive status, independence or dependency).⁴⁵ Community dialogues can also be used to examine older women's help-seeking related to exposure to GBV and generate guidance on where to focus prevention efforts. Ideally at least some of these dialogues will be held separately with older women and older men.⁴⁶

Another useful strategy in programming for older women is to collaborate with mental health service providers to weave in relevant mental disorder prevention (and response) approaches into GBViE programming for older women, in order to support the well-being of older women and reduce their future risk of violence linked to mental health issues. Some mental disorder prevention strategies⁴⁷ may include:

- measures to reduce women's financial insecurity and income inequality;

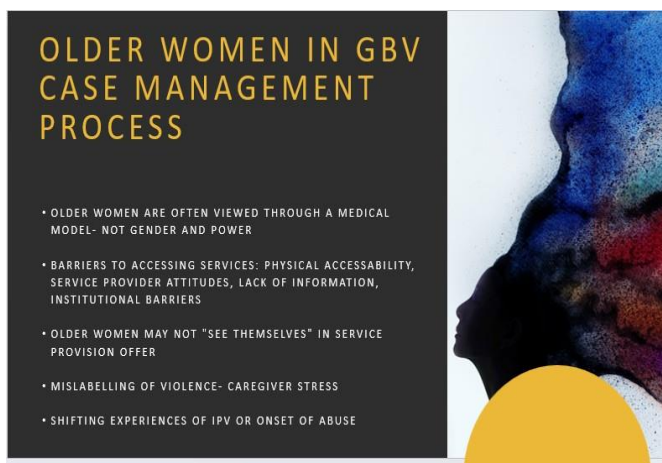


Image credit: Image credit: Roth, D. (2023). Older Women in GBV Case Management Process. International Rescue Committee. Presentation to GBV CoP.

⁴⁴ IRC (2021). [Safe at Home. Module 3. Part 3D. IPV through the Life Course: 40.](#)

⁴⁵ Adapted from IRC (2021). [Safe at Home. Module 3. Part 3E: Preventing Violence, Abuse and Neglect of Older People: 4.](#)

⁴⁶ Ibid.

⁴⁷ Adapted from WHO (2023). [Mental health of older adults factsheet.](#)

- programs to ensure older women's access to safe transportation, and to safe shelter;
- social support activities for older women and their carers, and for older women who live alone or in remote areas and those living with a chronic health condition;
- support for healthy behaviors, such as an adequate and balanced diet, physical activity, refraining from/reducing substance use.

Conclusion

The consistent inclusion and participation of older women in GBViE programs is essential. Whilst there has been increasing attention to the GBV-related rights and needs of older women in recent years, it is evident that this area requires further program piloting, implementation, practice-based learning, research and analysis to continue to advance progress for older women. Some of the key tools for promoting advocacy on this issue are identified below, as well as resources for additional information.

Key Tools, Guidelines and Instruments

The Madrid International Plan of Action on Ageing (MIPAA)⁴⁸ is a global plan of action that was adopted in 2002 by 159 governments at the Second World Assembly on Ageing in Madrid, Spain. The plan is a list of commitments for UN Member States that focuses on three priority areas to build a society for all ages:

- **Older persons and development.** Older people should be able to fully participate in and benefit from a country's social and economic development. This includes work, employment, education, training, income security, social protection, and more.
- **Advancing health and well-being into old age.** This includes issues such as age-friendly primary health care.
- **Ensuring enabling and supportive environments.** This includes removing

barriers that exclude or discriminate against older people and promoting the implementation of human rights conventions.

The **United Nations Principles for Older Persons**⁴⁹ set out 5 key principle areas within a total of 18 principles, for States to incorporate in relation to how older persons should be treated. These encompass independence, participation, care, self-fulfillment and dignity. Commitments under the **Sustainable Development Goal 5** to "achieve gender equality and empower all women and girls" saw a removal of an upper age cap from indicators on violence against women.⁵⁰ It is worth noting, however, there is currently no UN Convention on the Rights of Older People, despite calls from multiple agencies.

The **2022 Rome Ministerial Declaration** emphasizes the widespread and urgent need for age-disaggregated and ageing-relevant data and statistics on this and other issues.⁵¹

The Humanitarian Inclusion Standards (HIS) for Older People and People with Disabilities⁵² set out actions that can be taken to protect, support, and engage older people and people with disabilities in GBV prevention and response. They cover key universal inclusion standards as well as protection specific inclusion standards relating to the identification of protection concerns, addressing concerns and barriers and ensuring the participation and empowerment of older people and people with disabilities.

Guidelines for Including Ageing and Older People in Development and Humanitarian Policy and Practice⁵³ developed by Age Action outline a framework for the inclusion of older

⁴⁸ United Nations (2002). [Madrid International Plan of Action on Ageing](#).

⁴⁹ UN General Assembly (1991). [United Nations principles for older persons](#). Incorporated within resolution 46/91.

⁵⁰ For further information see UN SDG 5 (2015). [Goal 5: Achieve gender equality and empower all women and girls](#), and HelpAge International (2017). [Violence against older women discussion paper](#).

⁵¹ Rome Ministerial Declaration (2022). ["A Sustainable World for All Ages: Joining Forces for Solidarity and](#)

[Equal Opportunities Throughout Life"](#). See para 5.g. p.2. UNECE.

⁵² Age and Disability Consortium (2018). [The Humanitarian Inclusion Standards \(HIS\) for Older People and People with Disabilities](#).

⁵³ Age Action (2014). [Guidelines for Including Ageing and Older People in Development and Humanitarian Policy and Practice](#).

people, including guidance on organizational policies, programming, and advocacy.

Systems Strengthening: Priorities for Humanitarians Working with National Governments and Institutions

According to the UN Department of Economic and Social Affairs, "Countries with ageing populations should take steps to adapt public programs to the growing numbers of older persons, including by establishing universal health care and long-term care systems and by improving the sustainability of social security and pension systems".

Source: [World Population Prospects 2022: Summary of Results](#) p.2.

Further Reading and Resources

Age and Disability Capacity Programme. (2018). [Humanitarian Inclusion Standards for Older People and People with Disabilities](#).

Age Action (2014). [Guidelines for Including Ageing and Older People in Development and Humanitarian Policy and Practice](#).

American Association for the Advancement of Science (2017). [Age is No Protection: Prevalence of Gender-Based Violence Among Men and Women Over 49 Years of Age in Five Situations of Protracted Displacement](#).

Crockett, C. et. al. (2016). [Brief on Violence Against Older Women](#). US DoH, ICRW, Center for Health and Gender Equity, HRW, HelpAge USA, HelpAge International.

GBV CoP (2023). [Older Women and GBV in Emergencies: Hiding in Plain View Webinar](#).

HelpAge International. (n.d.) [Violence Against Older Women](#).

HelpAge International. (2017). [Violence Against Older Women: Discussion Paper](#).

International Rescue Committee (IRC) (2021). [The Safe at Home Resource Package: Safe at Home Module 1](#), USA, NY.

International Rescue Committee (2021) [The Safe at Home Resource Package: Older Persons Safe at Home module. Safe at Home Inclusion Curricula](#). USA, NY.

IRC (2021). [Safe at Home Response: Guidelines for Integrating an Older Age Lens into Existing Case Management Response](#). USA, NY.

IRC (2021). Safe at Home Response: Easy Read Case Management Tools. USA, NY.

IRC (2021). Safe at Home. Module 3 - Women and Children with Disabilities and Older Persons Safe at Home. Part 3D: Intimate Partner Violence through the Life Course – Session 4: IPV in Old Age. USA, NY.

UNHCR (2021). [Need to know guidance: working with older persons in forced displacement](#).

References

AAAS and HelpAge International (2017). [Age is no protection: Prevalence of gender-based violence among men and women over 49 years of age in five situations of protracted displacement](#).

Age and Disability Consortium (2018). [The Humanitarian Inclusion Standards \(HIS\) for Older People and People with Disabilities](#).

Age International (2015). [Facing the facts: the truth about ageing and development](#). London: Age International.

Age International (2024). [Why is violence against older women going unrecorded?](#)

Dunkle, K, Heijden, Ivd, Stern, E & Chirwa, E (2018). [Disability and violence against women and girls](#), UK aid.

France24.com (2022). [Malawi's struggle with deadly witchcraft violence](#).

Global Women's Institute at the George Washington University, International Rescue Committee, and CARE International UK (2017). [No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan](#)

Harvard Humanitarian Initiative & Oxfam (2010). [Now, the World is Without Me: An Investigation of Sexual Violence in Eastern Democratic Republic of Congo](#).

HelpAge International. (2016). [Work, family and social protection: old age income security in Bangladesh, Nepal, the Philippines, Thailand and Vietnam](#). Chiang Mai, Thailand: HelpAge International East Asia/Pacific Regional Office.

HelpAge International (2017). [Violence against older women: discussion paper](#)

Horstead, K. (2018). [Developing a life course approach to women's rights and gender equality](#). GADN Thinkpiece.

Institute of Health Metrics and Evaluation. (N.d.) [Global Health Data Exchange](#) (GHDx).

IRC (2021). [Safe at Home Response: Guidelines for Integrating an Older Age Lens into Existing Case Management Response](#). USA, NY.

IRC (2021). [Safe at Home. Module 3. Part E. Prevention: 36](#). USA, NY.

Kavala, A. (2023). [Aid worker exploitation and abuse of older women during response to cyclones in Malawi](#).

Lipscomb, L.A. (2023). [Presentation: Older Women and GBV in Humanitarian Emergencies: Hiding in Plain View](#). GBV CoP Webinar.

Oladipo, P. (2024) [In Africa witchbranding destroys elderly women's lives](#). AllAfrica.com

Pearce, E. (2000). [Disability Considerations in GBV Programming during the COVID-19 Pandemic](#). GBV AoR Helpdesk.

Roig, Marta and Daisuke Maruichi (2022). [Old-age poverty has a woman's face](#). UN Department of Economic and Social Affairs, USA, NY.

Roth, D. (2023) Presentation to the GBV CoP [Presentation: Older Women and GBV in Humanitarian Emergencies: Hiding in Plain View](#). GBV CoP Webinar.

Samuels, F. Samman, E. et. al. (2018). [Between work and care: older women's economic empowerment](#). London: ODI.

Staunton, M. (2023). [Presentation: Older Women and GBV in Humanitarian Emergencies: Hiding in Plain View](#). HelpAge International for the GBV CoP Webinar.

United Nations (2002). [Madrid International Plan of Action on Ageing](#). USA, NY.

United Nations (2015). [Sustainable Development Goal 5: Achieve gender equality and empower all women and girls](#). USA, NY.

United Nations, Department of Economic and Social Affairs. (2021). [World Prospects 2021](#). USA, NY.

UNDESA (2022). [World Population Prospects 2022: Summary of Results](#). USA, NY.

UNECE (2023). [Amid worrying trends in attitudes towards gender-based violence, UNECE calls for commitment to end all violence against women](#). USA, NY.

UN General Assembly (1991). [United Nations principles for older persons](#). USA, NY.

UNHCR (2024). [Emergency Response Handbook: Older Persons](#).

UN Sustainable Development Goals 5. (N.d.)
[Goal 5: Achieve gender equality and empower all women and girls.](#)

[Washington Group Short Set of Questions \(WGSS\)](#)

[Washington Group Short Set of Questions Enhanced Set.](#)

WHO (2017). [Elder Abuse Factsheet](#)

WHO (2019) [Global Health Estimates](#)

WHO (2020). The [UN Decade of Health Ageing: Plan of Action 2021-2030](#)

WHO (2022). [Tackling abuse of older people: five priorities for the United Nations Decade of Healthy Ageing \(2021–2030\)](#). Geneva: World Health Organization.

WHO (2023) [Mental health of older adults factsheet.](#)

WHO (2024). [Abuse of older people factsheet](#)

WHO, LHSTM & SAMRC (2013). [Global and Regional Estimates of Violence Against Women: prevalence and health effects of intimate partner violence and non-partner sexual violence.](#)

WURN (2023). International Widows' Day - June 23 - Invisible Women, Invisible Problems.

The GBV AoR Helpdesk

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The Helpdesk is available 09.00 to 17.30 GMT Mon – Fri. Our services are free and confidential.