



AGE Platform Europe contribution to the Independent Expert on the Enjoyment of All Human Rights by Older Persons

## The human rights of older women

22 March 2021

This answer is submitted in reply to the call of the United Nations Independent Expert on the Enjoyment of All Human Rights by Older Persons to stakeholders. AGE Platform Europe (AGE) has ECOSOC status and is accredited to the UN Open-Ended Working Group on Ageing since 2012. As the largest European network of self-advocacy organisations of older people, our position aims to reflect the situation at EU level on behalf of the 40 million older citizens represented by our members. Our contribution is based on our past policy papers on international and EU levels and has been reviewed by AGE's internal Task Forces of nominated experts. AGE has members in 24 member States<sup>1</sup> and comprises 5 European networks<sup>2</sup>.

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### The rights of older women in international, regional and national law, policies and Programmes

#### ***1. What legal instruments, policies and programmes exist to address the particular challenges faced by older women, and how are they implemented and monitored?***

Older women are covered on EU level by [the European Charter of Fundamental Rights](#) which prohibits discrimination on the grounds of age and gender in the application of EU law. The treaty on the European Union states the fight against discrimination on the basis of age and gender in the purposes of the Union, however this provision is not fully implemented by secondary law. The Fundamental Rights Agency and the European Network of National Human Rights Institutes play a key role in monitoring the application of the Charter.

The [Directive on equal treatment for men and women in matters of social security](#)<sup>3</sup> dates from 1979 and contains many outdated exemptions, such as the ability for member States to set different pension ages for men and for women, the modalities

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<sup>1</sup> All EU countries with the exception of Lithuania, Latvia, Luxembourg and Slovakia

<sup>2</sup> FIAPA, ESU, NOPO, EDE, OWN Europe

<sup>3</sup> Council Directive 79/7/EEC of 19 December 1978 on the progressive implementation of the principle of equal treatment for men and women in matters of social security.





to acquire pension benefits after child care breaks and survivor's benefits. While most exemptions were provided as forms of positive discrimination, they are not in line with the aim to close the gender care gap. AGE provided [an assessment of the directive in 2015<sup>4</sup>](#).

The gender ground is quite well-covered by the [EU Gender Directive<sup>5</sup>](#), which prohibits discrimination both in employment matters and in the access to goods and services, including financial services after a judgement by the European Court of Justice ('Test-Achats'), stating that an exclusion of financial services contravenes the spirit of the Directive.

The ground of age is covered only by the [Employment Framework Directive<sup>6</sup>](#), which applies only to employment and occupation and contains vast exemptions for the ground of age (the directive also covers other grounds: sexual orientation, disability and religion and belief).

However, the ground of discrimination of age and intersecting discrimination are subject of a draft [Horizontal Equal Treatment Directive<sup>7</sup>](#), proposed by the European Commission in 2008 and which is still not adopted because of a blockage in the Council of the EU.

The European Union has put in place a [Gender Equality Strategy 2020-2025<sup>8</sup>](#), in which older women are still largely invisible. The Gender Equality Strategy consists of the strands of being free from violence and stereotypes, to thrive in a gender-equal economy, and calls on women to lead in society. The EU-wide survey on violence against women is planned for 2023 but it is not clear which age brackets the survey will cover; older women are often excluded from studies on violence against women. The focus of a gender-equal economy is on reducing segregation in jobs and closing the gender pay and (child) care gaps; however, long-term care and support for informal carers, who in their vast majority are women, is only mentioned briefly. The emphasis on an equal labour market comes too late for older women who already face a gender pension gap of 30% and higher poverty and social exclusion rates. The EU pledged to explore the provision of pension credits for care-related career

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<sup>4</sup> AGE Platform Europe (2015) : *Gender equality in social security: AGE highlights obstacles in response to a consultation*. <https://www.age-platform.eu/policy-work/news/gender-equality-social-security-age-highlights-obstacles-response-consultation>

<sup>5</sup> Directive 2006/54/EC of the European Parliament and of the Council of 5 July 2006 on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation (recast)

<sup>6</sup> Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation

<sup>7</sup> European Commission (2008) : Proposal for a Council Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation. COM(2008)0426 final – CNS 2008/0140.

<sup>8</sup> European Commission (2020) : A Union of Equality: Gender Equality Strategy 2020-2025. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. COM(2020)152 final.



breaks, but this process has not been scheduled in the Commission work programmes.

The [Council of Europe developed a Convention on Preventing and Combating Violence Against Women and Domestic Violence](#)<sup>9</sup>, better known as the Istanbul Convention. This treaty aims to improve the protection of women from violence, including older women, based on the pillars of prevention, protection, prosecution and co-ordinated policies. It has been signed by the EU and all EU member states; however, several member states and the EU itself have not ratified it yet. Implementation is monitored via a double mechanism: a group of experts and the Committee of the Parties, a political body.

With all these action plans and programmes, it is an open question to what extent these are implemented and followed up on with concrete action. Furthermore, the issues faced by older women are intersectional by nature, which means that measures to protect older women need to connect several policy areas: poverty and social exclusion are linked to challenges in the labour market and vice-versa, just like the inadequacy of child-, long-term care and education services. The overexposure to labour market risks and poverty and social exclusion also reduces the possibility of women, and older women in particular, to access health services, both in terms of prevention and curative health. Programmes and strategies should distinguish between actions benefitting women before reaching retirement and women who have already reached retirement, as their needs and ability to 'catch up' for example on non-acquired pension rights is different.

## ***2. What type of statistical data are collected on older women, if any, and is it disaggregated by age, gender, and other relevant factors? How are older women defined for the purposes of law, policy and data collection?***

Most indicators are disaggregated by gender, however not sufficiently by age groups. Indicators on poverty and social exclusion, for example, are limited to age brackets 55-64, 65-74 and 75+, leaving invisible the 85+, where older women may particularly be confronted with old-age poverty and social exclusion. More indicators exist on national level, however these are often not homogeneous and cannot be compared across member States.

The newly adopted Action Plan on the European Pillar of Social Rights<sup>10</sup> announces a target for life-long learning to achieve 60% of all adults participating in life-long learning within one year, and 80% of adults until 75 having at least basic digital skills by 2030. The underlying indicator for the 'all adults' life-long learning target however only measures participation of persons between 25 and 64 years<sup>11</sup>, and the digital

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<sup>9</sup> Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaty Series No. 210. Istanbul, 11.5.2011.

<sup>10</sup> European Commission (2021) : The European Pillar of Social Rights Action Plan. [https://ec.europa.eu/info/files/european-pillar-social-rights-action-plan\\_en](https://ec.europa.eu/info/files/european-pillar-social-rights-action-plan_en)

<sup>11</sup> European Commission (2021) : Commission Staff Working Document Accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee



skills target excludes the 75+ -- while women, particularly older women, are disadvantaged in acquiring digital skills and older women are more likely to live alone and be faced with social isolation, a situation which access to life-long learning can positively influence.

On violence against women, the Eurostat database only allows assessing the number of victims of intentional homicide for the group of 60+, the same is true for the indicator on violence against women, used to measure the attainment of SDG5 on gender equality. There are some studies but only a 2011 one does estimate prevalence in 5 different EU countries<sup>12</sup>. The scarcity of specific research on violence against older women is a reflection of the general lack of awareness, research and investigation into the larger phenomenon of elder abuse, for which no EU-wide prevalence study exists to date.

In the health domain, the lack of data collection also goes to the disadvantage of older women. For example, clinical trials of new medication often do not include sufficient groups of older patients to ensure medicine safety for older persons generally; given the differences in life expectancy and healthy life years, older women are more likely to receive multi-medication over longer periods of time than men, therefore this creates potential health risks for older women.

### **3. Please indicate how older women take part in participatory mechanisms?**

While women are underrepresented in most decision-making functions (members of parliaments, governments, heads of state, judges on high courts, CEOs, boards of large companies, ...) this is particularly the case for older women. Data on this is rarely collected, such as in the [‘Power’ domain of EIGE’s Gender Equality Index](#), where no breakdown by age is available.

European Statistics on participation in voluntary activities or active citizenship show the gender gaps in formal volunteering activities highest at age 75+, namely 5 percentage points. These statistics are only available for 2015.<sup>13</sup>

Action plans in order to increase the participation of women and men at all levels equally should focus both on participating locally in one’s community, such as through volunteering, as well as at higher levels, organising as self-advocacy organisations meaningfully consulted and involved in drawing up and implementing legislation at all levels. Especially this last part should be properly developed to support older women.

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and the Committee of the Regions. The European Pillar of Social Rights Action Plan. SWD(2021)46 final. P. 109.. <https://ec.europa.eu/social/BlobServlet?docId=23704&langId=en>

<sup>12</sup> Luoma, Minna-Liisa et al. (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 for Health and Welfare (THL). [https://thl.fi/documents/189940/2291729/AVOW+EuropeanResearchReport\\_April2011.pdf/fe9e799b-029e-4e50-9577-a970265a13b0](https://thl.fi/documents/189940/2291729/AVOW+EuropeanResearchReport_April2011.pdf/fe9e799b-029e-4e50-9577-a970265a13b0)

<sup>13</sup> Eurostat (2021): *Participation in formal or informal voluntary activities or active citizenship by sex, age and educational attainment level*. [https://ec.europa.eu/eurostat/databrowser/view/ilc\\_scp19/default/table?lang=en](https://ec.europa.eu/eurostat/databrowser/view/ilc_scp19/default/table?lang=en)



## Economic, social and cultural realities lived by older women

***4. What are the specific challenges and concerns faced by older women, including on the basis of their accumulated life experience as compared to older men, in enjoying their economic, social and cultural rights (for example in terms of social protection, health, education, work, adequate standard of living, land and property ownership)? Please provide related data and statistics, including disaggregated data, where available.***

### Employment:

As the consequence of discrimination and segregation in the labour market, older women face the highest gender employment gap (14 percentage points in 2019) of all age groups before retirement age (55-64). They also face the highest gender pay gap and have the highest prevalence of part-time work of all age groups (34% for 55–64-year-olds, vs. 9% for men in this age group in 2019).

Women form the majority of older workers providing informal long-term care: 31% of women 50-64 in the labour market are active at least once a week to provide unpaid care to grandchildren; almost 20% of women provide care to a sick or disabled family member, according to [Eurofound](#) – with an increasing tendency. Older women who had to drop out of the labour market because of care responsibilities are not covered by this figure. Eurofound also finds that informal care provision is linked to higher risk of poverty and social exclusion, feeling lonely and having physical or mental health problems.

A particular challenge for older female (and male) workers is therefore return to the labour market after periods of providing informal long-term care. The EU directive on work-life balance<sup>14</sup>, providing five days of care leave per year, without setting a minimum standard of remuneration and only limited to care for persons living in the same household does not seem sufficient to enable informal carers to stay in the labour market. Support services such as day-care, respite care, peer counselling and training are also insufficient.

It should be stated that in some EU member states, pension ages for men and for women are still not aligned, meaning that some women face mandatory retirement earlier than men and giving women less time to build up sufficient pension rights before retirement.

### Poverty and social exclusion:

Older women face a higher risk of poverty and social exclusion, particularly in the years before retirement age (when many older women are excluded from the labour

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<sup>14</sup> Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32019L1158#PP4Contents>



market) and in higher age. For instance, risk of poverty and social exclusion is shockingly high for women over 75 in Latvia (62%) and Lithuania (50%). Overall, the poverty risk of women 75+ is 25.6% (vs. 18.3% for men), higher than the average for the total population, while it is 28.2% for women aged 55-64 (23.2% for men). Lack of breakdowns for higher age groups mean that the situation of the 85+ is not known, but can be presumed to be worse.

Old-age Poverty and social exclusion is linked to the gender pension gap, the differences in life expectancy (older women finding themselves more often living alone after their, often better-earning, partner passed away) and care needs (women living a longer proportion of their lives in bad health).

#### Pensions:

A common approach to tackle the costs of demographic change is in reducing the significance of statutory pensions by encouraging occupational and private pension savings. AGE is concerned that this undermines the solidarity mechanisms, such as compensation for periods caring for children or longer unemployment spells, that only statutory systems (and to a limited extent some occupational systems) comprise. Therefore, pension reforms reinforcing the link between contributions and benefits often go at the disadvantage of older women.

#### Health:

Many conditions specific to older women are less known, receive less investment in research or have less specific guidance.<sup>15</sup> For instance, breast cancer screening is often unavailable past a certain age (although the risk for developing breast cancer continues to increase with age) and older women are more likely to develop dementia because of inequalities throughout the life-cycle. The specific symptoms of women with cardio-vascular diseases are less well known, leading to an under-recognition of them in women. Older people, and especially older women, are also under-represented in clinical trials. Overall, the healthy life year indicator show that older women spend a longer time in bad health than older men do, as they are only 0.5 years of healthy life expectancy apart while the difference in life expectancy is of 3 years.<sup>16</sup>

### ***5. What forms of gender-based discrimination and inequality experienced by women throughout the life cycle have a particular impact on the enjoyment of their human rights in older age?***

The gender pension gap and its associated risk of poverty and social exclusion is linked to women's biographies of gender-based discrimination throughout the life-cycle. The gender pension gap in itself is linked to multiple factors leading to lower life-time income and pension contributions for women: the gender care gap means that women spend longer time outside of the labour market for unpaid child and long-

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<sup>15</sup> Cf. AGE Special Briefing : [Healthy ageing: the double burden faced by many older women](#), 2019.

<sup>16</sup> Eurostat, [Healthy life years by sex](#).





term care duties. The differences in gender roles for caring also lead to labour-market segregation, with women more likely to occupy positions allowing for part-time or flexible work, themselves associated with lower pay. In case of family separation, it is more likely that women are responsible of a higher share of responsibility for children, as exemplified by the high proportion of female-headed single-parent families<sup>17</sup>, further complicating the reconciliation of work and private life.

Furthermore, professions that are mainly fulfilled by female workers – such as in the education, health or social care sectors, but also ‘front-office’ jobs in retail and service provision or cleaning – are associated with lower wage levels. Overall in the European Union, women’s salaries are 14% below men’s, according the [2021 Gender Equality Report](#) of the European Commission. Gender segregation in occupation remains present, even though the share of women in the labour market, including in gender-segregated professions, increases in younger cohorts.<sup>18</sup> These phenomena continue to exist despite the fact that women overall have higher levels of educational achievement than men in the EU.

Women may experience violence across the life-course. Trauma and disadvantage cumulate and may have a strong impact on older women’s health, social and economic situation. Similarly to the low tendency of older people of all genders to report abuse (only 1 in 24<sup>19</sup>), older women may face additional obstacles to report violence; feelings of powerlessness and hopelessness may be particularly strong. A critical factor that aggravates the situation is the underrepresentation of older women in policies and public campaigns on violence against women. Some reports point to the fact that older women may be less likely to be taken seriously by police and law enforcement bodies<sup>20</sup>, which reveals the existence of institutionalised abuse.

## **6. Has the COVID-19 pandemic affected older women differently than older men and how?**

The pandemic has affected older women differently in many ways:

- The reduction of care services, both long-term care and childcare, as well as schools has meant that many older women stepped in to provide informal care or education such as homeschooling. This can have accelerated temporary or permanent departures from the labour market particularly from older women.
- Many jobs lost are in the services sector, part-time or temporary jobs, in which women of all ages are overrepresented, exposing them to unemployment,

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<sup>17</sup> Cf. European Parliamentary Research Service (2020): *The situation of single parents in the EU*. Study requested by the FEMM committee. p.12,

[https://www.europarl.europa.eu/RegData/etudes/STUD/2020/659870/IPOL\\_STU\(2020\)659870\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/659870/IPOL_STU(2020)659870_EN.pdf).

<sup>18</sup> European Institute for Gender Equality (2018): *Study and work in the EU: set apart by gender. Review of the implementation of the Beijing Platform of Action in the EU member States*. p.55.

<https://eige.europa.eu/publications/study-and-work-eu-set-apart-gender-report>

<sup>19</sup> World Health Organisation (2020): *Elder abuse*. <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>

<sup>20</sup> Foster, Dawn (2018): ‘Older women are victims of domestic violence, too’ In: *The Guardian*. 25 April 2018. <https://www.theguardian.com/society/2018/apr/25/domestic-violence-abuse-older-couples-increase>





premature departure from the labour market and reduction of pension rights. Many older women with inadequate pensions rely on occasional jobs to make ends meet and have lost this in the economic crisis. The loss of income has its effects on the risk of poverty and social exclusion faced by older women.

- Confinement measures and curfews mean that services assisting women facing abuse or violence were no longer physically available, or that women were discouraged to use them, increasing the risk of exposure to gender-based violence. This is a particular concern where isolation measures are strictest and access to information a particular challenge, such as in care institutions, but also in care homes.
- Total and disproportionate isolation measures were and are in place concerning long-term care settings, with women being overrepresented in long-term care settings. This means older women are more exposed to the risk of social isolation and loneliness with its consequences on mental and physical health. It has however to be mentioned that although older women are overrepresented as users of long-term care and support services, it is primarily men who have suffered from complications due to the COVID-19 disease and fatalities. Therefore, older women have mainly been affected by the isolation measures. They also have been affected by infections and fatalities linked to the lack of protection of the long-term care sector overall, but not to the same extent than men.
- Older women form a large share of the formal long-term care, medical and paramedical workforce who was not properly supplied by personal protective equipment and exposed to higher infection rates than other population groups.

### ***7. Please share examples of how older women participate in and contribute to economic, social and cultural life, including inter-generational solidarity and support.***

AGE has collected examples of how older women contribute to economic, social and cultural life at various occasions:

- AGE article on older women in leadership roles: <https://age-platform.eu/policy-work/news/older-women-lead-equal-future-post-pandemic>
- Stories of women activists for the theme of International Women's Day 2020, 'Generation Equality': <https://www.age-platform.eu/special-briefing/older-women-have-built-generation-equality-and-claim-equality-across-generations>
- AGE member organisation Older Women's Network Europe took part in several Erasmus project on life-long participation, including [inVisible Talents](#), [Active 80+](#), [Mobility Scouts](#)
- The focus on Gender and Ageism of our [2018 campaign #AgeingEqual](#)





## Forms of discrimination against older women and gender-specific abuses

### *8. What forms of structural and systematic discrimination do older women face (for example through laws, policies, traditional and customary practices, etc.) and what measures have been taken to address them?*

AGE collected several examples in the past of structural discrimination against older women in particular:

- An experiment of social workers' attitudes towards intimate partner abuse showed, in a similar situation, that social workers are more likely to label a case as abuse and to offer help if the female victim is younger<sup>21</sup>. A study found that one in three workers in social care institutions admitted to having committed a form of elder abuse, with women forming the majority of residents in institutions.<sup>22</sup>
- The [European Institute of Women's Health points out](#) that women, and in particular older women, are underrepresented in clinical trials and more likely to develop adverse reaction on certain drugs.
- Minimum pensions in a number of EU member States being inadequate to protect from poverty and social exclusion. As there is a much larger share of older women who are recipients of minimum pensions, this constitutes a structural discrimination against older women. Furthermore, women are more likely to be beneficiaries of survivors' pensions, themselves often lower as the original pension and sometimes even lower as minimum pensions. The higher exposure of women to these risks is primarily an effect of the lower pension rights women acquire in the labour market, so it is secondary to labour market discrimination, but inadequacies of pension systems overall affect more women than men.
- Women still bear the bulk of informal care delivery and domestic work. Social norms around the gender division of such tasks seem to remain strong across the EU. On average 80% of all care in the block is delivered informally, which has a strong impact on women's participation and gender equality overall<sup>23</sup>.

### *9. How do intersectional factors exacerbate the combined effect of ageism and sexism, including the perspective of older LGBTI women, older women with disabilities, older migrant women, older women belonging to indigenous and minority groups, etc. ?*

The European Disability Forum points out that **older women with disabilities** are significantly more likely to be pushed into situations of economic dependency. They

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<sup>21</sup> Yechezkel, Rachely and Ayalon, Liat (2013) : 'Social Workers' Attitudes towards Intimate Partner Abuse in Younger vs. Older Women'. In: Journal of Family Violence No. 28, pp. 381-391.

<https://link.springer.com/article/10.1007/s10896-013-9506-0>

<sup>22</sup> Laas, Anu et al. (2019) : Analytical Report on Abuse of Older Women in Selected European Countries. TISOVA project. [https://www.wave-network.org/wp-content/uploads/TISOVA\\_report\\_1557298137.pdf](https://www.wave-network.org/wp-content/uploads/TISOVA_report_1557298137.pdf)

<sup>23</sup> Eurocarers (2017) : The gender dimension of informal care. <https://eurocarers.org/publications/the-gender-dimension-of-informal-care/>



are more exposed to the risk of poverty and social exclusion, more likely to be subject to violence and abuse, have higher chances of facing unmet needs, are more likely to be institutionalised or develop age-related impairments.<sup>24</sup>

Concerning **older Roma women**, AGE found in its special focus 2020<sup>25</sup> on older Roma that they face structural disadvantages in accessing health and child care facilities, with older women taking a much stronger role to provide informal care. Older Roma women are more likely not to have earned sufficient pension rights to earn a minimum pension. It has been reported that shelters and services for Roma women victims of violence and abuse are not equipped to accommodate older women.

AGE desk research in 2020 found that **older LGBTI+** have significant lower health outcomes, including higher rates of specific conditions such as obesity, breast cancer or HIV. It is reported that older LGBTI conceal their identity, particularly when in care settings. As older LGBTI are more likely to age without having children, they are also more at risk of not having sufficient informal care networks should they develop a need for care and support.<sup>26</sup> Few organisations of older LGBTI+ exist, and even fewer focussing specifically on women. However, the German federation 'lesbians and ageing'<sup>27</sup> mentions several challenges faced by older lesbians: poverty and social exclusion, dignified long-term care that recognises non-heterosexual orientations, access to adequate housing.

**Older migrant women** face the double effect of agism and sexism, as they only very rarely had a professional activity sufficient to earn pension rights, and are sometimes also only partially entitled to a minimum pension, where these are based on the number of years of residency in a member State. Older migrant women are also more likely to have only low levels of educational achievement.

### ***10. What forms does gender-based violence and abuse against older women take and how is such violence prevalent? Please share available data and statistics, including in relation to femicides.***

According to the only available prevalence study covering 5 EU countries over the period of one year, **28.1% of older women experienced some kind of violence or abuse**. This took different forms and with different frequencies: emotional abuse

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<sup>24</sup> Suarez, Natalia (2020) : Older persons with disabilities in Europe. European Disability Forum.

<https://www.edf-feph.org/older-persons-with-disabilities-the-eu-ought-to-take-intersectional-actions/>

<sup>25</sup> AGE Platform Europe (2020) : AGE Barometer 2020. [https://www.age-platform.eu/sites/default/files/AGE\\_BAROMETER\\_2020.pdf](https://www.age-platform.eu/sites/default/files/AGE_BAROMETER_2020.pdf)

<sup>26</sup> AGE Platform Europe (2020);, Older LGBTI people: how do they live through COVID-19?. <https://www.age-platform.eu/policy-work/news/older-lgbti-people-how-do-they-live-through-covid-19> and AGE Platform Europe (2020): AGE Barometer 2020. [https://www.age-platform.eu/sites/default/files/AGE\\_BAROMETER\\_2020.pdf](https://www.age-platform.eu/sites/default/files/AGE_BAROMETER_2020.pdf)

<sup>27</sup> Lesben und Alter, *Ein Netzwerk entsteht*. <https://www.lesbenundalter.de/ein-netzwerk-entsteht/>





(23.6%), financial abuse (8.8%), violation of rights (6.4%), neglect (5.4%), sexual abuse (3.1%) and physical violence (2.5%).

There are estimates based on systematic reviews and meta-analyses. One of them found a **global prevalence of 14.1%**, which could be broken down as follows: psychological abuse at 11.8%, neglect at 4.1%, financial abuse at 3.8%, sexual abuse at 2.2% and physical abuse at 1.9%<sup>28</sup>.

Figures may underestimate the true extent of the phenomenon, due to the high level of underreporting mentioned above. Some reports point to the lack of investigation into homicides against older people and women in particular<sup>29</sup>.

### ***11. Please provide examples of how the life cycle perspective is integrated into policies and programmes to prevent and address gender-based violence against women and girls.***

EU policies on demographic ageing tend to overlook the reality of abuse and violence that women may experience across the life course, and how that has an impact on older age: EU's Green Paper on Ageing only mentions abuse and violence once without any deeper elaboration on the impacts they have and how they cumulate across people's lives<sup>30</sup>.

In the new EU Victims' Rights Strategy 2020-2025 older victims do feature as a target group of EU action in this area<sup>31</sup>. This should enable the adoption of policies and the implementation of existing legislation – including an EU Directive of 2012 – as to address the needs of older victims and particularly older women. This can be particularly the case if such Strategy is interpreted jointly with EU's Gender Equality Strategy 2020-2025.

EU funding programmes do fund research in the area of violence against women; there has been reportedly a very limited number of successful funding proposals focusing on violence against older women specifically. Some of them have delivered

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<sup>28</sup> Yon, Y. *et al.* (2019) : 'The Prevalence of Self-Reported Elder Abuse Among Older Women in Community Settings: A Systematic Review and Meta-Analysis' In : *Trauma Violence Abuse No. 20(2)*. pp. 245-259.

<https://pubmed.ncbi.nlm.nih.gov/29333977/>

<sup>29</sup> The Guardian (2021): *End femicide: 278 dead – the hidden scandal of older women killed by men.*

<https://www.theguardian.com/society/2021/mar/07/end-femicide-278-dead-the-hidden-scandal-of-older-women-killed-by-men>

<sup>30</sup> European Commission (2021): *Green Paper on Ageing. Fostering Solidarity and Responsibility between generations.* [https://ec.europa.eu/info/sites/info/files/1\\_en\\_act\\_part1\\_v8\\_0.pdf](https://ec.europa.eu/info/sites/info/files/1_en_act_part1_v8_0.pdf)

<sup>31</sup> AGE Platform Europe (2020): *Older victims feature as a target group in the new EU Strategy on Victims' Rights 2020-2025.* <https://www.age-platform.eu/policy-work/news/older-victims-feature-target-group-new-eu-strategy-victims%E2%80%99-rights-2020-2025>





tools to help care professionals identify abuse against older people or boost the ability of services to respond to older women's needs<sup>32</sup>.

***12. Please share information about reporting, accountability, remedy and protective mechanisms available and targeted to older women victims of gender-based violence and discrimination***

Some EU states have developed reporting and support services specific to domestic violence and women that suffer abuse and violence<sup>33</sup>. In some specific law enforcement bodies have been created. Mainstream victim support services may need support to be able to address the needs of older women experiencing abuse, and inter-agency work has been seen as a key step to improve reporting, detection, protection and support<sup>34</sup>.

Regarding reporting, accountability, remedy and protective mechanisms to protect older women from discrimination, AGE drew up a contribution to the Open-Ended Working Group on Ageing in the area of Access to Justice.<sup>35</sup> AGE pointed out that free legal aid is often only available for persons with very low incomes, reducing the ability to access justice for middle-income earners for financial reasons. This is especially the case if older women aim to challenge decisions relating to social protection (such as accessing survivors' pensions, or sharing pensions after divorce), as long waiting times due to judicial backlog create the risk of poverty and social exclusion. In the context of care provision, it is often also complicated for older women to access justice, as decisions might be taken on their behalf by the family, care professionals or a civil judge. This is a protracted situation especially if cases are about abuse, where breaches might be tolerated or suppressed, or not brought forward by the victim for fear of shame, loss of affections or more abuse. Access to justice might further be complicated by older women with care duties, as respite care is often not organised nor taken financially in charge by the procedure.

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<sup>32</sup> Check the [WHOSEFVA](#) and [MARVOW](#) EU-funded projects in these areas.

<sup>33</sup> Such as Veilig Thuis in the Netherlands: <https://veiligthuis.nl/> or a specific hotline in Spain: <https://violenciagenero.igualdad.gob.es/informacionUtil/recursos/telefono016/home.htm>

<sup>34</sup> See [MARVOW](#) project.

<sup>35</sup> AGE Platform Europe (2019) : *Submission on access to justice*. <https://social.un.org/ageing-working-group/documents/eleveth/Inputs%20NGOs/AGE%20Platform%20-%20Access%20to%20Justice.pdf>

