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Violence against women and girls, its causes and consequences

Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly the report of the Special Rapporteur on violence against women and girls, its causes and consequences, Reem Alsalem, in accordance with Assembly resolution 79/152.

* A/81/50.

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Report of the Special Rapporteur on violence against women and girls, its causes and consequences, Reem Alsalem

Violence against older women

Summary

In the present report, the Special Rapporteur on violence against women and girls, its causes and consequences, Reem Alsalem, examines the different manifestations of violence against older women.

I. Introduction

1. The Special Rapporteur on violence against women and girls, its causes and consequences, Reem Alsalem, submits the present report pursuant to Human Rights Council resolution 50/7. In the report, the Special Rapporteur examines the main forms and manifestations of violence experienced by older women and their intersection with other grounds.

2. In response to the call for input to the report, the Special Rapporteur received 108 submissions from different stakeholders, including 20 from States, and subsequently convened consultations with 58 experts. The Special Rapporteur also analysed information from reliable secondary sources, noting the insufficiency of disaggregated statistics on older women and their frequent exclusion from research and surveys.

II. Background and terminology

3. Older persons are most often defined in United Nations sources as individuals aged 60 years and above.[1] However, understandings of old age vary across regions and contexts. In many countries of the global North, older age is associated with persons aged 65 and above. By contrast, in parts of the global South, it is frequently understood to begin as early as 50 years.[2] The Inter-American Convention on Protecting the Human Rights of Older Persons and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa adopt a contextual approach to defining older persons, using 60 years as a reference threshold while allowing for national laws and policies to apply. In the case of the Inter-American Convention, the age set by domestic law cannot exceed 65.

4. Globally, the number of women aged 60 years or older is estimated to be 664 million in 2025 and is projected to reach 1.13 billion by 2050.[3] Currently, women make up 54% of those over 60, rising to 62% of those over 80.[4] Women's longer life expectancy contributes to the "feminization of ageing", with older women more likely to be widowed, to live alone to experience poverty, disability or social isolation and to be dependent on care.

5. Most elder abuse victims are women.[5] They are also more likely than older men to experience sexual offences, harassment and related crimes,[6] or to suffer from neglect in crisis settings. Yet, their specific needs are frequently ignored in legal and policy frameworks, and violence against them receives little attention.

6. The report defines older women as those above the age of 60. However, it also recognizes situations in which protections designed for older women should apply below this threshold, including for women younger than 60 who may experience: (a) lower life expectancy because of specific conditions in a given region; (b) the onset of age-related conditions and their consequences at an earlier age; or (c) the same harm as a result of negative stereotypes or severe discrimination associated with ageing as older women.

[1] See https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2017/08/Ageing-Older-Persons-and-2030-Agenda_Issues-Brief-low-resolution-.pdf.
[2] See https://pmc.ncbi.nlm.nih.gov/articles/PMC10738734/.
[3] See https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa_pd_2026_pb186_gender_matters_in_an_ageing_world.pdf.
[4] Ibid.
[5] See https://pubmed.ncbi.nlm.nih.gov/41564820/; and https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/elder-abuse-and-womens-health.
[6] Submission by Canada.

7. Therefore, intersectional vulnerabilities contributing to biological and social processes of ageing must be effectively addressed separately, under the relevant human rights obligations. It is also widely recognized that data on women of all ages, including those understood as past the reproductive age but not yet defined as older, is lacking. In addition, the report recognizes that older women are not a homogeneous group and that the needs of all those on the "older" spectrum may differ.

III. Root causes of violence

A. Intersecting vulnerabilities

8. Many older women experience a continuum of harm throughout their lives. Society is often desensitized to their suffering, as it often blames older women for being passive and not leaving or changing their situation. They may feel resigned, as if their lives no longer had meaning.[7] Many older women were socialized to view violence within the family as a private matter or a normal aspect of long-term relationships, and they fear shame or stigma if they disclose abuse.[8] Some were also made to believe that engaging in sexual intercourse, even if coerced, is a duty within relationships.[9]

9. Older women, especially Indigenous women, also suffer from the enduring scars of colonization.[10] Poverty and financial dependence further compel older women to remain in abusive situations.[11] Mobility limitations might increase the risk of physical and sexual violence.[12] While significant advances have been made in the recognition of women's rights, many continue to suffer the long-term consequences of historical injustices. Child and forced marriage, even more prevalent in the past, significantly increase the risk of violence and vulnerability in older age.[13] In cultures marked by a historical preference for male children, girls often had reduced access to adequate food and nutrition during crucial developmental years, increasing their risk of illness in later life.[14] Many were also denied equal access to education, with some remaining illiterate throughout their lives, significantly affecting their access to information, services, financial systems and justice mechanisms.[15]

10. Those abused as children are at higher risk of becoming trapped in cycles of violence.[16] Untreated health conditions resulting from pregnancy and childbirth may worsen with age, leading to disability and increasing dependence.[17] Injuries sustained earlier in life and their long-term health consequences may compound age-related conditions.[18] Age-related stressors,[19] as well as traumatic events and attacks,[20] can trigger memories of earlier experiences of violence.

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[7] See https://hipatiapress.com/hpjournals/index.php/generos/en/article/view/13251.
[8] Submission by Canada.
[9] Submission by Spain.
[10] Submission by New Zealand Federation of Business and Professional Women (BPW NZ).
[11] Submission by Megan McCloskey, University of Washington.
[12] Submission by Kathryn Falb.
[13] See https://serbia.unfpa.org/sites/default/files/pub-pdf/final_report_005.pdf, p. 59.
[14] See https://vawnet.org/sites/default/files/assets/files/2016-10/JEAN-InvisibilityOlderWomen.pdf.
[15] Submission by the Institute for Human Rights and Development in Africa.
[16] Submission by Relationships Australia.
[17] See https://documents1.worldbank.org/curated/en/995591611122468396/pdf/Violence-Against-Women-and-Girls-Resource-Guide-Brief-on-Violence-Against-Older-Women.pdf, p. 3.
[18] See https://academic.oup.com/gerontologist/article/66/3/gnaf287/8373887.
[19] Submission by Paula, eV – Beratungsstelle für Frauen ab 60 Jahren.
[20] Submission by Ben-Gurion University.

B. Ageism and sexism

11. Social perception of older women as burdensome or "unproductive" deprioritizes them in policy and service provision, normalizes neglect and reinforces their exclusion from decision-making and participation.[21] The status traditionally accorded to older persons as custodians of experience and collective memory has weakened in many contemporary societies. Patriarchal social norms further devalue women no longer seen as "reproductively viable."[22] Women might even reject being perceived as old, as a reaction to negative stereotyping and its consequences.[23] By contrast, older men are often regarded as being "wise" or "powerful".

12. The topic of sexual violence against older women continues to be largely taboo, including because of persistent stereotypes that it affects only younger women,[24] with older women, especially those with disabilities, perceived as "sexless".[25] As old age is often viewed as "innocent", it can make it harder to recognize that an older man can still engage in intimate partner violence and sexual violence against women and girls, including older women.[26]

13. Campaigns against domestic abuse often exclude older women,[27] accompanied by a lack of political urgency to address violence against them.[28] The intersection of ageism and sexism also creates barriers to employment, particularly in professions that prioritize physical "attractiveness" and youth.[29]

C. Invisibility in data

14. Most demographic health surveys, later used to inform development programmes and investment priorities, collect data only from women of reproductive age (15–49).[30] Similarly, in a global prevalence review by the World Health Organization identifying 392 studies on sexual violence, only 66 studies (17%) included any data on women aged 50 years or older, despite their being at the greatest risk of violence.[31] There are no data available from any country on the relationship between domestic abuse and older women's requests for assisted dying.[32]

15. Many surveys impose an upper age limit of 75, implicitly assuming that women beyond that age have cognitive impairments and therefore cannot reliably participate, while at the same time not providing them with accommodations enabling participation.[33] Assessments are often conducted when caregivers are present, discouraging open communication and making data unreliable.[34] Some, especially those born in rural communities, might be unable to indicate the date of birth required in surveys, reinforcing their exclusion.

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[21] Submission by the European Network of Migrant Women.
[22] Submission by the School of Social Science.
[23] Expert consultations.
[24] Submission by Paula, eV – Beratungsstelle für Frauen ab 60 Jahren.
[25] Submission by the Association of People with Disability.
[26] Submission by the Swedish Women Lobby.
[27] Submission by Fondacija Lara.
[28] Submission by Relationships Australia.
[29] Submission by Pour les droits des femmes du Québec.
[30] See https://dhsprogram.com/methodology/Survey-Types/DHS-Questionnaires.cfm.
[31] See https://pubmed.ncbi.nlm.nih.gov/41110454/.
[32] See https://static1.squarespace.com/static/627be27aeebc7620ee956da1/t/6742f6bae4bdc83efee3f5b6/1732441788287/Safeguarding+women+in+AD+The+OH.pdf.
[33] Submission by AGE Platform Europe.
[34] Submission by the National Council of Women of New Zealand.

D. Exclusion from participation in public life

16. Older women are generally excluded from policymaking, including voting.[35] It is usually assumed that their views are represented by family members.[36] Older women, particularly Indigenous women, are also not meaningfully consulted in development and governance processes, which fail to recognize their knowledge and role in sustaining community and environmental systems.[37]

E. Lack of access to targeted essential services

17. Services addressing violence against women are often embedded within sexual and reproductive health frameworks designed primarily for those of reproductive age.[38] According to one analysis, only 0.1% of "gender equality"-focused spending specifically includes older women.[39] The situation is compounded by the severe shortage of non-governmental organizations dedicated specifically to addressing older women's needs.[40]

18. Older women have specific health needs that are often insufficiently addressed, such as incontinence, menopause, cancer screening and HIV and other sexually transmitted infection prevention.[41] Clinical trials rarely include older women, and those over the age of 70 are often excluded from breast cancer prevention programmes – and sometimes from treatment altogether.[42] The situation is exacerbated by the tendency for care providers for older persons to receive low wages and inadequate training.[43]

19. When healthcare for older women, including psychological and end-of-life care, is neglected, they might see no positive alternatives and feel pressured to agree more frequently to physician-assisted suicide or euthanasia,[44] the normalization of which may institutionalize harmful assumptions about the value of those who need additional care.[45] Studies further indicate that, even though pain can now be medically controlled in up to 98% of cases, most cancer patients still die in pain. The availability of euthanasia and assisted suicide might decrease incentives for training in pain management.[46]

20. For many older women, spending the final stage of life at home is deeply important, yet adequate support to facilitate that is often unavailable.[47] Shelters and affordable public housing for older women can often be unequally distributed throughout the country[48] and are underfunded. Accommodation for women escaping violence prioritizes those with minor children, and older women may be denied access

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[35] See https://www.cambridge.org/core/journals/ageing-and-society/article/abs/older-and-still-voting-a-mixedmethods-study-of-voting-amongst-the-older-old-in-europe-and-in-the-northwest-of-england/96AB777A88E5C691482AEB322936E4C9.
[36] Submission by Komnas Perempuan.
[37] Ibid.
[38] Submission by Kathryn Falb.
[39] See https://www.helpage.org/wp-content/uploads/2024/09/Investing-in-Equality.pdf, p. 5.
[40] Submission by HelpAge International España.
[41] Ibid.
[42] Submission by the Older Women Network Europe.
[43] Submission by Australian Feminists for Women's Rights.
[44] Submission by Fondation Jérome Lejeune.
[45] See communication CAN 2/2021. All communications mentioned in the present report are available from https://spcommreports.ohchr.org/TMsearch/TMDocuments.
[46] Joint submission by Alliance Defending Freedom (ADF International) and others.
[47] See https://pmc.ncbi.nlm.nih.gov/articles/PMC12409080/.
[48] Submission by the Slovak National Centre for Human Rights.

to it.[49] They may not have access to housing that offer calmer environments where residents are of a similar age.[50]

F. Macro policies failing older women

21. Unilateral coercive measures might result in a country being unable to meet older women's needs. For example, because of the sanctions imposed by the United States of America on Cuba, older women suffer from chronic shortages of medicines, adequate nutrition or hygiene supplies in care facilities.[51]

22. Discriminatory macroeconomic policies, including austerity measures, regressive taxation, sovereign debt burdens, trade liberalization, privatization and restrictive monetary policies, systematically underinvest in healthcare, education, social protection and care infrastructure, disproportionately affecting older women. These policies reinforce patriarchal divisions of labour by increasing women's unpaid and underpaid care responsibilities, limiting their access to decent work, assets, pensions and wealth accumulation, thereby producing cumulative economic disadvantage in old age. As a result, older women experience heightened poverty, dependency, social exclusion and greater exposure to different forms of violence and abuse. Debt distress faced by developing countries, coupled with externally imposed austerity measures, undermines social spending, disproportionately affecting older women.[52] Moreover, funding cuts in foreign aid and humanitarian assistance further undermine efforts to prevent and respond to violence against women, including older women.[53]

G. Isolation and exploitation of dependency relationships

23. Loneliness is linked to increased risks of suicide,[54] cardiovascular disease, cognitive decline and frailty, through mechanisms such as chronic stress, poor sleep quality and immune dysregulation.[55] Some older women withdraw into isolation, characterized by negative feelings towards others, which in turn leads to an increased vulnerability to further abuse.[56]

24. When caregivers are also gatekeepers to accessing services, they may perpetrate abuse,[57] and economic dependence on the aggressor discourages reporting.[58] At the same time, many older women feel compelled to shoulder extensive caregiving responsibilities and even face a double caregiving burden when they have to take care of both their grandchildren and their elderly parents.[59] Grandmothers who become sole caregivers for grandchildren due to the long-term labour migration of parents, as is the case in Cambodia, often prioritize their grandchildren's needs, while being left with little or no resources for themselves.[60]

[49] Submission by Relationships Australia.
[50] See https://journals.sagepub.com/doi/10.1177/10778012251351915.
[51] Submission by Cuido60.
[52] Submission by the Center for Economic, Social and Cultural Rights.
[53] See https://www.helpage.org/news/older-people-at-the-edge-of-humanitarian-response/.
[54] See https://pubmed.ncbi.nlm.nih.gov/20836914/.
[55] See https://link.springer.com/article/10.1186/s12877-025-05846-4.
[56] See https://link.springer.com/article/10.1186/s12877-025-05889-7.
[57] Submission by Kathryn Falb.
[58] Submission by Mexico.
[59] Submission by María Rosa Avila.
[60] See https://wellcomeopenresearch.org/articles/11-246/v1.

H. Digital and informational exclusion

25. The increasing digitalization of services excludes older women who lack digital access or confidence in managing them.[61] For example, in South Africa, women are around 14% less likely than men to use mobile Internet, with older women facing the highest barriers.[62] The cost of technological devices and Internet services, as well as unreliable connectivity, present further obstacles.[63]

26. As a result, many older women are forced to rely on others for technological assistance, which makes them more vulnerable to financial exploitation and coercive control.[64] Online-only reporting mechanisms, abuser control of smartphones and passwords and requirements for digital identification or multi-factor authentication make services inaccessible.[65] Older women might also not know how to find locations that others reach using global positioning systems, be unable to schedule medical appointments online or be excluded from services that require an email address.[66] Similarly, excessive bureaucratization often leaves older women helpless.[67]

I. Crises, conflicts and displacement

27. Older women are disproportionately affected by crises and conflicts, as well as their humanitarian consequences. Pre-existing abuses also often grow in scale while public attention is diverted towards the crisis.[68]

28. Due to dependency or physical limitations, they often remain in conflict zones[69] or in devastated territories, including areas beyond State control.[70] They may be compelled to assume new or sole caregiving responsibilities, including for their grandchildren.[71] As a result of the aggression by the United States and Israel on the Islamic Republic of Iran[72] and Israeli attacks on Lebanon in 2026,[73] older women face displacement, neglect and the denial of essential medication.[74]

29. Tellingly, in situations marked by grave violations of international humanitarian law, many women may be prevented from reaching older age altogether: in Gaza, for example, life expectancy decreased by 29.9 years (38.6%) during the first 12 months of the genocide.[75]

30. In crisis settings, the physical symptoms of ageing might be present earlier due to malnutrition, chronic illness, physical exhaustion or trauma exposure.[76] Being a

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[61] Submission by BPW NZ.
[62] Submission by Media Monitoring Africa.
[63] Submission by Université Bourgogne Europe – Centre de recherche sur le droit des marchés et des investissements internationaux (CREDIMI).
[64] Joint submission by Open University and others.
[65] Submission by Soroptimist International.
[66] Submission by The Beehive.
[67] Submission by Université catholique d'Afrique centrale.
[68] See https://www.ohchr.org/en/statements-and-speeches/2024/06/global-emergencies-proliferate-older-persons-must-not-be-left.
[69] Submission by Just Access.
[70] Submission by Doctoral Clinic Aix Global Justice.
[71] Submission by Just Access.
[72] See https://www.unwomen.org/en/news-stories/statement/2026/04/un-women-statement-on-the-impact-of-the-recent-military-escalation-in-the-middle-east-on-women-and-girls.
[73] See https://www.ohchr.org/en/press-releases/2026/03/amid-protection-crisis-lebanon-un-experts-warn-bombing-civilians-force.
[74] Submission by the National Commission for Lebanese Women.
[75] See https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02810-1/abstract.
[76] Submission by Gem Tigray.

survivor of armed conflict, such as in Colombia[77] or Bosnia and Herzegovina,[78] generates cumulative effects that increase women's vulnerability in old age, including chronic trauma, disability, poverty, social isolation and unresolved grief. Armed conflicts also leave large numbers of women widowed – reportedly as many as 50% in the Democratic Republic of the Congo[79] – or permanently separated from their spouses.

31. Climate change and environmental disasters, coupled with limited access to emergency services, exacerbate older women's vulnerabilities and increase the death toll among them.[80] Climate-induced displacement places older women at heightened risk of physical, psychological and economic abuse as a result of the destruction of community infrastructure, overcrowded living conditions, the loss of land, housing and traditional sources of livelihood.[81]

J. Lack of consideration for sex-specific needs

32. Laws and policies that permit self-identification of gender identity, conflating sex and gender, fail to account for sex differences[82] and are problematic for older women in residential care settings, particularly for lesbians.[83] Older women often have no enforceable right to refuse intimate personal care from trans-identifying male workers, which may be especially retraumatizing for survivors of sexual violence.[84]

33. Regulations that prohibit care facilities from refusing to assign males in female rooms or restrooms and that impose financial and other penalties for non-compliance may force older women to end up deprived of care.[85] In addition, the use of deliberately sex-neutral or overly broad terminology, such as "elder abuse" when referring to violence predominantly experienced by older women and perpetrated by males, may obscure the nature of the harm and hinder the development of evidence-based responses.

IV. Barriers in access to justice and remedies

34. With regard to reporting, most older women experiencing violence never disclose it to anyone[86] and may not even conceptualize the term as relating to their situation.[87] They are also less likely to report abuse to the male officers who usually constitute the majority of law enforcement.[88] Police officers, judges, healthcare professionals and social workers frequently lack awareness of the specific dynamics of violence against older women,[89] and they may dismiss it as a private family matter.[90]

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[77] Joint submission by the Tejiendo Calles Association and SeRaíz.
[78] See https://pressto.amu.edu.pl/index.php/pk/article/view/29389/30233.
[79] See https://www.un.org/en/observances/widows-day.
[80] A/77/136, para. 53.
[81] Submission by Juan Didier Pierre.
[82] A/HRC/59/47, paras. 18 and 25.
[83] Submission by Australian Feminists for Women's Rights.
[84] Submission by the Affiliation of Australian Women's Advocacy Alliances.
[85] See https://www.ewtnnews.com/world/us/dominican-sisters-challenge-new-york-gender-identity-law-in-court.
[86] Submission by Czechia.
[87] Submission by the International Network for the Prevention of Elder Abuse.
[88] Submission by China HRD Watch.
[89] Submission by the University of Malta.
[90] Submission by the Social Impact Center Albania.

35. Estimates range from one in five to three in five older victims having some type of cognitive or psychological impairment,[91] often leading to their testimony being discounted and making it difficult for them to navigate complex legal procedures. Abuse of the guardianship role, when an older woman is partially or fully stripped of her legal capacity, severely limits her possibility of legal recourse and risks manipulation of the legal system.[92] Geographical remoteness means that legal aid services, courts and support organizations are frequently accessible only in urban centres.[93] Especially in cases involving adult family perpetrators, accountability is frequently avoided, as victims are diverted away from justice mechanisms into care-based responses instead.[94]

36. The high cost of litigation, including legal representation, transportation and court filing fees, disproportionately affects older women.[95] Documentation barriers are also significant, as many older women, including Roma women, lack the required birth certificates, identity documents or proof of residence.[96] Delays in collecting evidence or interviews conducted over an extended period of time are problematic if the woman has a progressive illness,[97] and some may not live long enough to see justice delivered.

V. Groups of women particularly at risk

37. Some groups of older women are at particular risk of violence and discrimination. These groups include, but are not limited to, those set out below.

A. Widows

38. Widows are often older women. For example, in India, 48% of women over 60 are widowed, compared to 16% of men.[98] They may experience a decline in social status or increased dependence on male relatives, with the expectation to withdraw from public life and to defer decision-making authority to younger family members.[99] In Vrindavan, India, often referred to as the "city of widows", many of the estimated 15,000 to 20,000 destitute women residing there after being abandoned by their families survive through begging.[100]

39. Available evidence shows that widows around the world are routinely subjected to stigmatization and highly discriminatory social practices, such as mandatory ritual cleansing and mobility restrictions.[101] Furthermore, they may be expected to comply with prescribed dress codes or behaviours and strict mourning practices,[102] or pressured to forcefully remarry.[103] In countries such as Nigeria,[104] widows are at risk of property-grabbing, eviction from marital homes and the denial of inheritance by relatives of deceased spouses.

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[91] Submission by Canada.
[92] See A/HRC/57/42.
[93] Submission by Juan Didier Pierre.
[94] Joint submission by Open University and others.
[95] Submission by the Institute for Human Rights and Development in Africa.
[96] Submission by the Global Forum of Communities Discriminated on Work and Descent.
[97] Submission by Collective Shout.
[98] Submission by the Association of People with Disability.
[99] Submission by Royal Melbourne Institute of Technology (RMIT University).
[100] See https://www.bbc.com/travel/article/20160907-the-widows-who-cant-return-home.
[101] See https://data.unwomen.org/sites/default/files/documents/Publications/Advocacy-Brief_Older-Women.pdf.
[102] Submission by the Rural Women Assembly.
[103] Submission by Nueva Democracia.
[104] Submission by United Nations Entity for Gender Equality and the Empowerment of Women.

B. Women accused of witchcraft

40. Older women, especially those experiencing cognitive decline, might, in some contexts be accused of supernatural possession and labelled as "witches".[105] Witchcraft accusations in countries such as the United Republic of Tanzania,[106] Kenya,[107] Papua New Guinea,[108] Ghana[109] or Haiti[110] often result in older women being subjected to severe violence, including killing, torture, burning and forced exile. Hundreds are also forced into "witch camps", where they remain separated from the community and reside in inadequate living conditions.[111]

C. Migrant women

41. Older migrant women may be prone to trafficking for economic exploitation, such as begging.[112] Those arriving in destination countries through temporary or dependency-based arrangements, such as "grandparent visas"[113] or family reunification pathways, are vulnerable to exploitation by their family members, especially when they do not speak the language and lack financial resources.[114] Migrant women may also be ineligible for pensions if they have not lived in the country long enough,[115] or where there are no special agreements to allow for cross-border access to pensions.[116] At the same time, restrictive migration policies may prevent older women from reuniting with their families altogether, by limiting reunification to mothers of minor children or conditioning it on sufficient economic resources.[117]

D. Stateless women

42. Older women may face specific obstacles in proving their nationality, as they may lack the primary documentary evidence needed to apply for a nationality or these documents may have been lost or destroyed.[118] Stateless women find it difficult to gain access to justice and legal assistance in cases related to violence, divorce or inheritance. They may also be separated from their families and excluded from the governance of their country.[119]

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[105] Submission by the Association of People with Disability.
[106] Submission by the Institute for Human Rights and Development in Africa.
[107] Submission by the School of Social Science.
[108] See https://www.aljazeera.com/news/2022/8/16/papua-new-guinea-struggles-to-end-evil-of-sorcery-related-violence.
[109] See https://rpl.hds.harvard.edu/religion-context/case-studies/violence-peace/witch-camps-ghana.
[110] See https://news.un.org/en/story/2024/12/1158506.
[111] See https://www.amnesty.org/en/latest/news/2025/04/ghana-witchcraft-accusations/.
[112] Submission by Guatemala.
[113] Submission by the Older Persons Advocacy Network.
[114] Submission by RMIT University.
[115] Submission by the Swedish Women Lobby.
[116] A/80/203, para. 17.
[117] A/HRC/62/49, para. 58.
[118] See https://www.ohchr.org/sites/default/files/2022-01/Background-Nonpaper-Statelessness-Discrimination.pdf, para. 18.
[119] A/78/256, paras. 34, 42, and 43.

E. Women in conflict and crisis settings

43. Older women in conflict and crisis settings suffer from restrictions on the entry of assistive devices, including wheelchairs and materials needed for prosthetic, orthotic and hearing aids, classified as "dual-use".[120] They may also be denied humanitarian assistance, because they do not meet the criterion of a "nuclear family".[121] They may also experience difficulties in providing official documents necessary to accessing services and remedies.[122]

44. Standing in long queues for food, water or medical supplies is particularly exhausting for older women. They may be sexually assaulted while carrying out essential survival activities, such as collecting food, water or firewood.[123] Their age does not spare them from being exposed to sexual exploitation[124] and humiliation, as documented in Tigray, Ethiopia,[125] and in the Sudan.[126]

45. Siege tactics involving deprivation of food, water and medical care result in deaths from malnutrition, especially among older persons.[127] Older women also face a disproportionate risk of death during armed conflict, such as in Ukraine.[128]

46. Older women in conflict situations can be specifically targeted and killed, as was the case in the genocide by Da'esh against Yazidis in Iraq.[129] They may be unable to escape as rapidly as others to find safety or hear and react to evacuation orders and sounds, as is the case in Gaza.[130] They may also be abducted, as was the case on 7 October 2023, where 13%[131] of those taken hostage by Palestinian armed groups were older than 65.

F. Rural women

47. Older women living in rural and remote areas are among those most exposed to violence and the least likely to receive protection or support. Their vulnerability is shaped by the intersection of age, sex, poverty and geographical isolation, as well as entrenched patriarchal norms that often concentrate landownership, productive assets and financial decision-making in the hands of men, increasing risks of economic exploitation and dispossession. Rural working women might experience early health deterioration due to heavy physical strain and exposure to heat, while also being socially devalued for becoming weaker.[132] Climate change, environmental degradation and humanitarian crises further intensify these vulnerabilities.[133] Social isolation,

[120] See https://www.un.org/unispal/wp-content/uploads/2025/06/situation_of_older_persons_in_gaza_f.pdf.
[121] Submission by Medical Aid for Palestinians.
[122] Submission by the Committee for Justice.
[123] See https://scienceportal.msf.org/assets/differences-sexual-violence-against-younger-older-adults-complex-humanitarian-settings-retrospective-analysis-m%C3%A9decins-sans-fronti%C3%A8res-2019-24.
[124] See https://www.hrw.org/report/2022/02/23/no-one-spared/abuses-against-older-people-armed-conflict.
[125] See https://citghub.org/wp-content/uploads/2025/10/War-Induced-Genocidal-Sexual-and-Gender-Based-Violence-in-Tigray-Vol-1-1-4.pdf, p. 28.
[126] See https://sihanet.org/wp-content/uploads/2025/12/SIHA-More-Than-Numbers-Report-Final.pdf.
[127] Submission by Just Access.
[128] See https://www.helpage.org/news/millions-of-older-ukrainians-continue-to-suffer-after-three-years-of-war/.
[129] A/HRC/32/CRP.2, para. 48.
[130] See communication ISR 18/2024.
[131] See https://pmc.ncbi.nlm.nih.gov/articles/PMC11524421/.
[132] Expert consultations.
[133] Submission by Raphael Maurel.

stigma and dependence on family members or caregivers may make rural older women less likely to report violence or seek assistance. Distance from services, transport barriers, limited access to information and digital exclusion frequently restrict access to services.

G. Women in institutional care

48. More older women than men reside in long-term care settings, and the majority suffer from some kind of cognitive impairment.[134] An official investigation in Australia estimated the prevalence of abuse in residential aged care at 39.2%.[135] Police data from Canada further indicates that women accounted for 66% of victims in nursing and retirement homes and were four times more likely than men to experience sexual assault.[136] Their privacy, autonomy and ability to escape abusive environments are severely limited, especially when they feel isolated and do not have contact with the outside world.

H. Women with disabilities

49. Older women with disabilities experience some of the highest levels of exposure to violence, due to the cumulative and intersecting effects of ageism, sexism and ableism. Physical, sensory, intellectual and psychosocial disabilities may increase dependence on family members, intimate partners, caregivers or institutions, creating conditions in which coercive control, neglect, economic exploitation and abuse can occur, with limited possibilities for escape or disclosure.[137] Violence may include the withholding of medication, assistive devices, food or personal care, denial of autonomy in medical and financial decisions, involuntary institutionalization and the use of physical or chemical restraints in care settings. In the case of the oldest women with profound cognitive disabilities, sexual abuse is often wrongly perceived as causing little or no harm to them.[138] They also face significant barriers in accessing justice and support, including inaccessible reporting mechanisms, communication barriers, a lack of reasonable accommodation and a dependence on perpetrators to reach services or pursue complaints.[139]

I. Incarcerated women

50. Older female prisoners have heightened health, mobility and care needs, which prison systems frequently fail to meet.[140] Basic conditions in cells, inaccessible sanitary facilities, wards located on higher floors and common areas spread across multiple levels may significantly impede mobility and increase the risk of falls and injuries.[141] The confiscation of personal belongings, including eyeglasses, makes it impossible for older prisoners to read documents.[142] Incarceration spaces are often noisy and lack privacy, particularly affecting women struggling with sleep during

[134] Submission by the Feminist Legal Clinic.
[135] Submission by Relationships Australia.
[136] Submission by Canada.
[137] Submission by Alliance internationale pour la défense des droits et des libertés.
[138] Submission by Collective Shout.
[139] Submission by Ontario, Canada.
[140] See https://pubmed.ncbi.nlm.nih.gov/30943874/.
[141] Confidential submission.
[142] Submission by Legal Initiative.

menopausal transition.[143] Older women serving life sentences suffer particularly from the distress of being unable to connect or reconcile with their families and from the fear of death in prison.[144]

J. Minorities, human rights and political leaders

51. Older women defending land rights [145] and democracy may experience persecution, threats and suppression. Those searching for forcibly disappeared relatives, including in Sri Lanka,[146] Argentina or Mexico,[147] may experience reprisals. Older women who are imprisoned for their political activities, such as in Belarus, may be incarcerated in inhumane conditions, cut off from the outside world and without access to healthcare.[148] Those belonging to religious minorities, such as Falun Gong in China[149] or the Baha'i community in the Islamic Republic of Iran,[150] might face violence, arrests and detention as part of the harassment of their communities.

VI. Manifestations of violence

A. Physical violence

52. Physical violence is multidimensional and not limited to physical injuries. It can include denial of access to food, necessities and healthcare or the removal of older women from their own homes.[151]

53. Older women can be subjected to beatings, with injuries being dismissed and mischaracterized as signs of ageing.[152] The experience of abuse can also lead to consequential suicide.[153] Older victims are less likely to be known to police prior to serious harm or femicide, indicating missed opportunities for early intervention.[154]

54. Data, such as from Italy, suggest that femicide of older women is frequently justified as stemming from the intention of family members or partners to "put an end to the suffering of the older person".[155] Women subjected to such killings in the United Kingdom of Great Britain and Northern Ireland, for the most part, had no expressed wish to die and overwhelmingly (78%) were not terminally ill, but disabled, elderly and infirm.[156] In some parts of India, rituals aimed at hastening death by causing hypothermia, renal failure, pneumonia or high fever are performed on older people, often for socioeconomic reasons.[157]

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[143] See https://journals.sagepub.com/doi/full/10.1177/17455057251392754#bibr25-17455057251392754.
[144] See https://journals.sagepub.com/doi/10.2190/om.60.1.c?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed.
[145] Submission by the Global Forum of Communities Discriminated on Work and Descent.
[146] See https://www.ohchr.org/en/stories/2024/05/legacy-enforced-disappearances-haunts-sri-lanka.
[147] A/HRC/62/49, para. 28.
[148] See communication BLR 5/2024.
[149] Submission by the Falun Dafa Information Center.
[150] Submission by the Baha'i International Community.
[151] Submission by Rural Women Assembly.
[152] Submission by the Swedish Women Lobby.
[153] A/HRC/59/47, paras. 38 and 39.
[154] Joint submission by Open University and others.
[155] See https://www.unodc.org/documents/data-and-analysis/statistics/crime/global_femicide_meeting_2025/Femicide_meeting_report.pdf.
[156] See https://theotherhalf.uk/safeguarding-women-in-assisted-dying.
[157] See https://pmc.ncbi.nlm.nih.gov/articles/PMC6504736/.

55. Older women are also disproportionately represented in killings connected to burglary and "overkill" violence, which suggests they are specifically targeted because of their diminished physical strength or living alone.[158] Many older women are harmed inside or near their homes, as is the case of settler attacks in the Occupied Palestinian Territories.[159]

56. Women account for approximately 69%–77% of psychiatric euthanasia cases.[160] There are also reports of older women euthanized at the request of their family, despite being incapable of expressing their wishes at the time[161] or even where they expressed a wish to be provided with palliative care rather than euthanasia.[162]

B. Psychological violence

57. Older women experience the escalation of psychological violence even as physical violence may diminish.[163] They may be used as proxies for broader family conflicts, when neglect or emotional abuse directed at an older woman serves as a weapon in disputes that do not concern her directly.[164] Contact with grandchildren is also used to exercise leverage and inflict emotional or financial harm.[165] Some women experience profound psychological distress when their partners remarry, including to younger women, in order to have children.[166]

58. Emotional neglect and indifference likewise have a severe impact on older women.[167] Sometimes, they are threatened with institutionalization against their will to enforce compliance,[168] which is a threat that has no parallel for younger women.

59. Older women may face paternalistic, infantilizing,[169] aggressive and humiliating[170] attitudes from medical professionals. Those often take a form of medical gaslighting when symptoms are dismissed and attributed to "age-related complaints" or "emotions".[171] They might not be given comprehensible explanations about their illness or treatment and criticized for not adhering to medical advice.[172]

60. The ageing process or any cognitive impairments may be exploited to manipulate women into believing that abuse did not occur or was merely imagined. Symptoms of psychological violence are sometimes interpreted by professionals lacking appropriate awareness as misunderstandings or confusion on the part of the older woman.[173]

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[158] See https://www.femicidecensus.org/wp-content/uploads/2025/03/2000-Women-full-report.pdf, at p. 27.
[159] See https://www.middleeasteye.net/news/israeli-forces-beat-elderly-palestinian-woman-death; and https://abcnews.com/International/video-shows-palestinian-woman-attacked-alleged-israeli-settler/story?id=126732512.
[160] See https://www.cambridge.org/core/blog/2023/07/25/why-do-more-women-receive-psychiatric-euthanasia/.
[161] See https://www.nationalreview.com/corner/canadian-dementia-patient-euthanized-at-familys-request/.
[162] See https://macdonaldlaurier.ca/wp-content/uploads/2025/02/MDRC-Report-2024.4_Same-Day-Next-Day-Provisions_Final.pdf, pp. 21 and 22.
[163] See https://pmc.ncbi.nlm.nih.gov/articles/PMC7514024/.
[164] Submission by the Association of People with Disability.
[165] Submission by Relationships Australia.
[166] Submission by Medical Aid for Palestinians.
[167] Submission by the Lutheran World Federation Jordan.
[168] Submission by BPW NZ.
[169] Submission by Australian Feminists for Women's Rights.
[170] Submission by the Lutheran World Federation Jordan.
[171] Submission by Division of Social Affairs of the Ministry for Foreign Affairs of Brazil.
[172] Submission by The Beehive.
[173] Submission by the Swedish Women Lobby.

61. Psychological violence also takes the form of portraying elderly women as a financial burden for society, presenting conditions of vulnerability, illness or age-related decline as incompatible with a dignified life.[174] Based on data from Ontario, Canada, 47% of respondents pointed to not wanting to pose a burden on family and caregivers as one of their main reasons for seeking euthanasia or assisted suicide.[175] Some older women reported being pressured into accepting euthanasia or assisted suicide when seeking medical assistance for health conditions, including treatable pain[176] or requests for wheelchair ramps,[177] and not giving informed consent.[178]

C. Economic violence

62. Older women are more likely than men to suffer from poverty[179] and to experience land dispossession, such as in the Plurinational State of Bolivia.[180] Significantly fewer older women than older men worldwide receive a pension.[181] The situation is particularly dramatic in developing countries. For example, in Ethiopia, only 1.5% of older women receive pension benefits, compared to 12.9% of men.[182] In 2024, the average pension for women aged 65 or over in the European Union was 24.5% lower than that for men;[183] the same proportion was identified in countries belonging to the Organisation for Economic Co-operation and Development.[184] They suffer from the long-term effects of the "motherhood penalty" and reduced lifetime savings.[185] Many older women continue working in the informal sector due to economic necessity, often under precarious conditions, with low wages and without labour rights.[186]

63. Economic violence can also take the form of denial of alimony,[187] forced labour or forced begging.[188] Relatives may collect cash assistance on behalf of older women, especially when they are unable to reach assistance points themselves, and then withhold it,[189] at times claiming that the women are incapable of managing money themselves.[190] Reports also document "quick loans" or debts taken out in older women's names by relatives,[191] while guardianship arrangements may be exploited to appropriate assets.[192] In some cases, older women transfer property or savings to their children in the expectation of receiving care in return, only to later experience

[174] Submission by Argentina.
[175] See https://www.ssph-journal.org/journals/international-journal-of-public-health/articles/10.3389/ijph.2025.1608760/full.
[176] See https://www.forbes.com/sites/sallypipes/2026/04/06/what-canadas-euthanasia-surge-reveals-about-single-payer-health-care.
[177] See https://www.independent.co.uk/news/world/americas/christine-gauthier-paralympian-euthanasia-canada-b2238319.html.
[178] See https://globalnews.ca/news/2973423/great-granny-gets-inked-to-avoid-doctor-assisted-death/.
[179] See https://documents1.worldbank.org/curated/en/995591611122468396/pdf/Violence-Against-Women-and-Girls-Resource-Guide-Brief-on-Violence-Against-Older-Women.pdf, p. 3.
[180] Submission by the Plurinational State of Bolivia.
[181] See https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_dialogue/@actrav/documents/publication/wcms_855079.pdf.
[182] See https://www.ageinternational.org.uk/siteassets/documents/reports/csw-briefing-2025/csw-gender-briefing.pdf, p. 3.
[183] See https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20260225-1.
[184] See https://www.oecd.org/en/publications/pensions-at-a-glance-2025_e40274c1-en.html.
[185] See A/HRC/62/49.
[186] Submission by Komnas Perempuan.
[187] Submission by Saudi Arabia.
[188] Submission by Guatemala.
[189] Submission by Kathryn Falb.
[190] Submission by the Rural Women Assembly.
[191] Submission by Albania.
[192] Submission by the Association of People with Disability.

neglect.[193] Even where grandmothers bear the bulk of care work for their grandchildren, parents might remain the only ones collecting child benefits.[194]

D. Digital violence

64. Artificial intelligence, including voice-cloning technologies, is increasingly used in so-called grandparent scams[195] that target older women through impersonation, technical support and romance fraud schemes. General misinformation online and disturbing content disproportionately impact older women who lack the means to verify it.[196] Financial abuse may also occur when another person takes control of accounts or provides technology support for older women.[197] There are reports of adult children blocking numbers in older women's phones, or ex-partners hacking devices and disrupting contact with friends, family and medical professionals.[198]

E. Sexual violence and exploitation

65. Older women with disabilities face sexual violence at rates up to four times higher than those without disabilities.[199] Data from residential aged-care homes in Australia shows that, for the 2018/19 period, there were 790 reports of unlawful sexual contact – a number that is nonetheless severely understated.[200] As reports have emerged of women being sexually assaulted by males identifying as females who were housed in women's facilities,[201] older women may be especially vulnerable to such attacks due to physical frailty or a limited ability to call for help.

66. Some women continue being exploited in prostitution into older age, particularly in the absence of viable exit pathways or social protection.[202] Sometimes, they are advertised as younger or are moved to recruit and control other women.[203] A market also exists specifically for older women, catering to special fetishes.[204] The "grandmother porn" genre combines references to older women with explicit sexually degrading materials, including when using neutral terms to do online searches. The recurring theme is the normalizing of sexual abuse of older female relatives.[205] The permission to access porn for older men in shared residential aged-care facilities in some countries[206] exacerbates the risks of sexual abuse for older women.

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[193] Submission by Australian Feminists for Women's Rights.
[194] Submission by Collective Shout.
[195] Submission by Soroptimist International.
[196] Submission by Université catholique d'Afrique centrale.
[197] Submission by Age Concern New Zealand.
[198] See https://www.thetimes.com/uk/crime/article/smart-devices-being-used-for-elder-abuse-police-are-warned-dqq3fbtgz.
[199] Submission by HelpAge International.
[200] See https://www.opalinstitute.org/uploads/1/5/3/9/15399992/20201022acrc-day98-final.pdf.
[201] See, for example, https://www.bbc.com/news/articles/c4glne43101o; and https://www.theguardian.com/society/2018/oct/11/karen-white-how-manipulative-and-controlling-offender-attacked-again-transgender-prison.
[202] Submission by the European Network of Migrant Women.
[203] Submission by Women's Support Project.
[204] Submission by Every Candle.
[205] Ibid.
[206] Submission by Collective Shout.

67. Older women who are survivors of prostitution suffer from lifelong scars and chronic illnesses,[207] particularly when they were exploited in prostitution for a long time.[208] They include those who were exposed to HIV infections at a time when antiretroviral therapy was not widely available[209] and those who resorted to substance abuse as a coping mechanism,[210] leaving them with chronic diseases.[211] Older women who want to leave or who have exited prostitution often suffer from the absence of secure social safety nets and prejudice from service providers or law enforcement.

68. Older women who are survivors of sexual exploitation in their youth in times of war often remain neglected in transitional justice processes and are left without truth, justice or reparation.[212] For example, the survivors of wartime sexual slavery by the Japanese army during the Second World War, also known as "comfort women", are still denied recognition and other forms of reparation and continue to be traumatized and impoverished.[213]

VII. Perpetrators

69. Family members are frequently identified as the primary perpetrators of violence against older women. Contributing factors include a sense of entitlement, a lack of empathy, unemployment, financial dependence, substance abuse, caregiver stress and cohabitation driven by economic hardship.[214] Adult children, especially those suffering from mental health conditions or addiction while continuing to receive care from their older mothers, may perpetrate physical violence, verbal abuse, coercive control or financial exploitation.[215] The same can be true for elderly partners, including those with cognitive impairments, for whom older women may continue to provide care.[216]

70. Formal and informal carers may also perpetuate abuse, including due to the lack of safeguards and monitoring mechanisms, but also due to burnout, inadequate training and poor working conditions.[217] In institutional settings, residents themselves may commit violence against other residents. Victims and perpetrators often remain in the same facility because it is uncommon for the abuser to be removed.[218]

71. Community members and, in some contexts, traditional or religious authorities, might likewise contribute to abusive practices or reinforce harmful norms.[219]

72. Digital platforms and credit card companies also fail to take measures to protect older women from financial online scams and facilitate their exploitation in online and offline prostitution.

73. States may tolerate or facilitate abuse and exploitation or be unable or unwilling to protect older women, such as those who are prostituted,[220] or may refuse to acknowledge the needs of older women. They may also divert resources away from assisting or protecting them, deprive them of access to single-sex spaces, punish those

[207] See https://serp.ie/wp-content/uploads/2023/02/Confronting_the_Harm_Briefing.pdf.
[208] Submission by Women's Support Project.
[209] See https://pmc.ncbi.nlm.nih.gov/articles/PMC4897385/.
[210] A/HRC/56/48, paras. 8 and 13.
[211] Submission by Collective Shout.
[212] Submission by Komnas Perempuan.
[213] Submission by Lila Filipina.
[214] Submission by AGE Platform Europe.
[215] Submission by Albania.
[216] Submission by the Swedish Women Lobby.
[217] Submission by AGE Platform Europe.
[218] Submission by Collective Shout.
[219] Submission by the Institute for Human Rights and Development in Africa.
[220] Submission by The Beehive.

women who assert their needs for such spaces[221] or tolerate or engage in violent and discriminatory treatment.

74. In conflict and humanitarian settings, States, de facto authorities and non-State actors may also bear responsibility through the obstruction of humanitarian aid, denial of access to essential services or abrupt and large-scale reductions in humanitarian and development assistance.

VIII. Good practices

75. Although insufficient, where States have adopted measures aimed at protecting older persons generally from violence and abuse, older women benefit from them too, as they constitute most of the older population.

76. Some States have identified age or sex as a risk factor for violence that requires tailored protections. One example is South Africa, which, in its national strategic plan on gender-based violence and feminicide, identifies older women as a specific target group.[222] In Peru, Law No. 30364 grants special attention to women in vulnerable situations, particularly due to their age.[223] In Saudi Arabia[224] and Burundi,[225] abuse against a vulnerable person, including an older person, is treated as an aggravated circumstance in the penal code.

77. Other countries, including Nigeria[226] and Nepal,[227] have formally acknowledged the specific protection risks that older women are exposed to, such as witchcraft accusations. The Government of Australia appointed an Interim First Nations Aged Care Commissioner, focused specifically on addressing the needs of older First Nations people.[228]

78. To increase awareness of the rights of older persons, in 2021, the Federal Ministry for Education, Family Affairs, Senior Citizens, Women and Youth of Germany published, in German, a compilation of the decisions by the European Court of Human Rights and the European Court of Justice.[229]

79. Some States also strengthened monitoring, independent oversight and accountability mechanisms in long-term care settings for older persons. In Czechia, the Ombudsperson conducts regular unannounced visits to facilities, including those for the elderly.[230] In New Zealand, complaints in institutional settings may also be reviewed externally by the Aged Care Commissioner and the Aged Care team within the Health and Disability Commission.[231] Malta established the Older Persons Standards Authority as a body with powers of licensing, monitoring, unannounced inspection and formal investigation into allegations of abuse and neglect in geriatric services.[232] In Canada, the Code of Conduct for the Delivery of Banking Services to Seniors requires banks to publish annually on their websites a report on the steps they

[221] A/HRC/59/47, paras. 33–37.
[222] Submission by Université Bourgogne Europe – CREDIMI.
[223] See https://www.defensoria.gob.pe/deunavezportodas/wp-content/uploads/2019/02/Ley3036_erradicarviolencia.pdf, art. 1.
[224] Submission by Saudi Arabia.
[225] Submission by Burundi.
[226] See https://www.euaa.europa.eu/nigeria-country-focus/217-individuals-accused-witchcraft.
[227] Nepal, Criminal (Code) Act, 2074 (2017), art. 168.
[228] Submission by Collective Shout.
[229] Submission by the Federal Ministry for Education, Family Affairs, Senior Citizens, Women and Youth of Germany.
[230] Submission by Czechia.
[231] Submission by Age Concern New Zealand.
[232] Submission by the University of Malta.

have taken to support older persons, including women and the copy of the report must be delivered to the Financial Consumer Agency of Canada.[233]

80. Regarding tailored support and assistance, “elder self-help groups” in India are voluntary associations of older adults who support each other and promote leadership and participation in decision-making, especially among older women.[234] In Mexico City, “Casa Xochiquetzal”, a house jointly funded by non-governmental organizations and the Government, provides shelter, mental health counselling and medical care for older women in prostitution and those who have exited it.[235]

81. To improve identification of and outreach to older women at risk, Iraq,[236] Guatemala[237] and Ecuador[238] provide home-based medical visits. Serbia maintains records on identified cases disaggregated by geographical location and containing specific information on older women’s experiences of violence.[239]

82. Regarding valorization and inclusion in society, intergenerational programmes connecting older women with younger volunteers, such as those supported by the Australian Red Cross, reduce their loneliness and isolation.[240] “Third-age” universities in Poland[241] and France[242] offer academic lectures, language courses, digital skills training and physical activities for older persons, most of them women, helping them remain active, pursue lifelong learning and expand their social networks.

IX. Legal framework

A. Universal instruments

83. Article 1 of the Convention on the Elimination of All Forms of Discrimination against Women defines discrimination in terms broad enough to encompass the intersectional forms that affect women because of their age, while article 11 (1) (e) guarantees the right to social security in old age. In its general recommendation No. 27 (2010) on older women and the protection of their human rights, the Committee on the Elimination of Discrimination against Women elaborated on the specific harms faced by older women and noted the relevant obligations of States to respect, protect and fulfil their rights.

84. The International Covenant on Civil and Political Rights, under article 25, safeguards the right to take part in the conduct of public affairs. The right to social security, an adequate standard of living and the highest attainable standard of health for older women are protected under articles 9, 11 and 12 of the International Covenant on Economic, Social and Cultural Rights.

85. Article 25 (1) of the Universal Declaration of Human Rights also safeguards the right of everyone to security, including in the event of sickness, disability, widowhood

[233] See https://www.canada.ca/en/financial-consumer-agency/services/industry/laws-regulations/voluntary-codes-conduct/annual-reports-seniors.html.
[234] See https://www.ijfmr.com/papers/2025/3/49798.pdf.
[235] Submission by Women’s Support Project.
[236] Submission by Iraq.
[237] Submission by Guatemala.
[238] Submission by Ecuador.
[239] Submission by the Group of Experts on Action against Violence against Women and Domestic Violence.
[240] See https://www.redcross.org.au/agedcarevolunteer/.
[241] See https://www.selco.blog/the-third-age-universities-in-poland/.
[242] See https://www.ut-capitole.fr/home/course-offer/the-university-of-the-third-age-celebrates-its-50th-anniversary-at-toulouse-capitole-university.

or old age. As many older women experience disabilities, the relevant protections of the Convention on the Rights of Persons with Disabilities, particularly those under article 6, apply to them, too.

86. Despite their heightened vulnerabilities, there is no distinct category of protection for older women in international humanitarian law, but they are protected primarily under the general regime applicable to civilians. The possibility of special protections based on age is mentioned, however, in article 16 of the Geneva Convention relative to the Treatment of Prisoners of War, and articles 16 and 17 of the Geneva Convention relative to the Protection of Civilian Persons in Time of War refer to the protection of "infirm" and "aged" persons.

87. Although International Labour Organization (ILO) conventions, including the Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128), are concerned with old-age benefits, they remain far from being universally ratified.[243] Moreover, ILO conventions do not cover age as a protected characteristic, which obscures the discrimination that older women might suffer in employment and social security. The ILO Older Workers Recommendation, 1980 (No. 162) is the only instrument directly concerned with older workers, but, unlike conventions, it does not have binding force and was adopted with the intention of treating it as being of an interim nature.[244]

88. Regarding non-binding acts, the 1991 United Nations Principles for Older Persons establish five pillars that should be implemented in national programmes, namely independence, participation, care, self-fulfilment and dignity. The Principles build upon the 1982 Vienna International Plan of Action on Ageing and are reflected in the Madrid International Plan of Action on Ageing, 2002, which stressed the need to recognize the differential impact of ageing on women, calling for their increased participation in decision-making and protections in the labour market and in new technologies, with particular attention paid to those in rural areas.[245]

89. The 1995 Beijing Declaration and Platform for Action emphasized the need to address older women's distinct reproductive and sexual health issues, in particular those related to menopause, as well as their protection in workplaces.[246] The reviews of the Beijing process, which took place in 2023 and 2024, demonstrated that, although Governments sometimes recognized older women as a marginalized group, they largely failed to identify specific measures taken to prevent violence against them.[247]

B. Regional instruments

90. Under article 9 of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, States should take special account of the vulnerability of women to violence by reason of age. Similarly, under its articles 9, 20 and 23, the Inter-American Convention on Protecting the Human Rights of Older Persons calls on States Parties to eliminate practices that generate violence against older women, to eradicate illiteracy among them and to abolish administrative or financial practices that discriminate against them. In its advisory

[243] They have been ratified by 68 and 17 States, respectively. See https://www.ilo.org/resource/news/ilo-global-campaign-ratification-convention-no-102-gains-momentum; and https://normlex.ilo.org/dyn/nrmlx_en/f?p=normlexpub:11300:0::no:11300:p11300_instrument_id:312273:no.

[244] See https://www.ilo.org/sites/default/files/2024-08/16_TN%204-4%20-%20Older%20workers%20%289%20Aug%202024%29-EN.pdf.

[245] Madrid International Plan of Action on Ageing, 2002, paras. 8, 22 (c), 29 and 40.

[246] Beijing Declaration and Platform for Action, paras. 95, 101 and 165 (b).

[247] Submission by Megan McCloskey, University of Washington.

opinion on the content and scope of care as a human right and its interrelationship with other rights, the Inter-American Court of Human Rights recognized the right of everyone, with particular emphasis on older women, to receive and provide care in dignified conditions as an autonomous human right, with corresponding State obligations to enable it.[248]

91. In the African system, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, in its article XXII, recognizes the right of elderly women to be free from violence and to be provided with tailored protections, including access to employment and professional training. In the same vein, article 9 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa ensures their protection from violence, sexual abuse and discrimination, including through legislation protecting rights to land and inheritance. In *Association pour le progrès et la défense des droits des femmes maliennes (APDF) and the Institute for Human Rights and Development in Africa (IHRDA) v. Republic of Mali*, the African Court on Human and Peoples' Rights condemned discrimination against widows in matters of inheritance.[249]

92. While neither the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence nor the Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights) specifically address older women, in *Carvalho Pinto de Sousa Morais v. Portugal*, the European Court of Human Rights concluded that reducing compensation for medical negligence for a 50-year-old woman, based on an implicit assumption that sexuality was less important for a woman her age, violated article 14 (on non-discrimination) and article 8 (on private life) of the European Convention on Human Rights.[250] In *Verein KlimaSeniorinnen Schweiz and Others v. Switzerland*, the Court decided that inaction on climate change violated the human rights of over 2,500 older women, also under article 8, as claimants highlighted that older women were particularly vulnerable to heatwaves.[251]

C. Towards an international treaty on older persons

93. While there is no dedicated international treaty specifically protecting older women, the open-ended intergovernmental working group for the elaboration of a legally binding instrument on the promotion and protection of the human rights of older persons, established by the Human Rights Council in its resolution 58/13, is examining gaps in the existing framework and considering the possible development of a new international instrument on the rights of older persons spelling out the obligations of States towards them. Such a covenant must recognize the specific violations that older women experience, as well as their experiences and needs, rather than treating them only as part of the wider group of older persons.

[248] Inter-American Court of Human Rights, Advisory Opinion OC-31/25, 12 June 2025.

[249] See https://www.cambridge.org/core/journals/international-legal-materials/article/association-pour-le-progres-et-la-defense-des-droits-des-femmes-maliennes-apdf-and-the-institute-for-human-rights-and-development-in-africa-ihrda-v-republic-of-mali-afr-ct-hpr/B1970D31213E9FFC98ECEEEDB9927D7D.

[250] European Court of Human Rights, *Carvalho Pinto de Sousa Morais v. Portugal*, Application No. 17484/15, Judgment, 25 July 2017.

[251] European Court of Human Rights, Grand Chamber, *Verein KlimaSeniorinnen Schweiz and Others v. Switzerland*, Application No. 53600/20, Judgment 9 April 2024.

X. Conclusions and recommendations

94. **Older women experience intersecting forms of violence directed at them throughout their lives because of their age, sex, disability and other intersecting vulnerabilities. Yet, older women remain largely invisible in laws, policies, data research, responses and public discourse. Utilitarian attitudes that measure human worth primarily in economic terms contribute to the neglect of women in service provision, exacerbating the continuum of harm to which many have already been exposed. Comprehensive support, participation and inclusion, understood not as a welfare measure, but as the fulfilment of human rights obligations, is necessary and must be translated into concrete solutions implemented in practice.**

95. **Considering the above, the Special Rapporteur makes the recommendations below to States and other relevant stakeholders.**

96. **Regarding enhanced legal protections, the above-mentioned stakeholders should:**

(a) **Explicitly recognize violence against older women as a distinct and intersectional form of violence against women and girls arising from the interaction of sex-based discrimination, ageism and cumulative and overlapping inequalities across the life course. Such recognition should move beyond generic concepts of "elder abuse" and acknowledge manifestations of violence in family, institutional, caregiving and community settings, including coercive control, neglect and abandonment;**

(b) **Reverse the erosion of international humanitarian law and document, investigate, and prosecute specific violations against older women;**

(c) **Review and strengthen legislation to ensure the explicit recognition and prohibition of economic and institutional abuse, coercive control, neglect, abandonment, property and inheritance deprivation, pension appropriation, technology-facilitated violence, witchcraft accusations and violence linked to land dispossession and widowhood;**

(d) **Support the development of a legally binding international instrument on the rights of older persons that explicitly recognizes and addresses the forms of violence experienced by older women and that guarantees autonomy, consent, social protection and freedom from violence and discrimination.**

97. **Regarding prevention, the above-mentioned stakeholders should:**

(a) **Address the structural causes of violence against older women, including ageism, economic dependency, the feminization of poverty, pension inequalities, social isolation and the unequal distribution of unpaid care work throughout women's lives;**

(b) **Adopt sex- and gender-responsive budgeting and responsible debt management, and shift towards fair models of taxation and wealth, while strengthening pension rights and social protection by recognizing unpaid care work and eliminating discriminatory retirement ages;**

(c) **Strengthen universal social protection systems responsive to older women's needs, including contributory and non-contributory pensions, disability support, survivor benefits, pension credits for unpaid care work and income guarantees that promote autonomy and dignity in old age;**

(d) **Recognize care as a public good and universal right and develop comprehensive care systems that support family caregivers, while preventing caregiving arrangements from becoming sites of coercion, exploitation or abuse;**

(e) **Adopt measures to prevent financial exploitation, coercive financial control and economic dependency;**

(f) **Carry out public awareness campaigns and provide professional training that challenge ageist and sexist stereotypes, improve recognition of abuse and promote older women as rights holders, knowledge bearers and transmitters and active members of society.**

98. **Regarding improved protection and support services, the above-mentioned stakeholders should:**

(a) **Ensure that programmes targeting older women, including for homes, accommodation, public transport and clubs, are adequately funded and that funding criteria are not guided solely by narrow cost-effectiveness criteria that disadvantage older persons, but rather grounded in the equal dignity and worth of everyone;**

(b) **Strengthen policies and increase investment in high-quality palliative and hospice care, including access to psychological, social and spiritual support for older women;**

(c) **Establish specialized, age-appropriate and survivor-centred services for older women survivors of violence, including healthcare, psychosocial support, legal assistance, shelters, housing support and economic empowerment programmes. Services should be physically, economically and geographically accessible and adapted to the needs of different groups of older women who are particularly vulnerable to abuse and violence;**

(d) **Expand affordable housing options for older women, including through lower age thresholds for social housing, rent-to-buy schemes and co-housing arrangements;**

(e) **Mainstream older women into violence prevention and response programmes, to ensure that they are not excluded through age restrictions or through the embedding of such programmes in sexual and reproductive health programmes only;**

(f) **Strengthen outreach, mobile responses and non-digital access pathways and establish multiple confidential and accessible reporting mechanisms, including telephone hotlines, community-based reporting points and in-person services that do not rely on family members or caregivers who may themselves be perpetrators;**

(g) **Ensure adequate funding for programmes targeting older women in humanitarian settings and crises, and invest in early warning and evacuation systems for use during disasters to ensure that older women receive timely information and support necessary to evacuate safely;**

(h) **Guarantee access to single-sex spaces for older women, particularly in institutional settings, and protect those subjected to harassment or vilification for insisting on such spaces;**

(i) **Provide alternatives to detention or incarceration for elderly women, whenever possible, and, if it is unavoidable, ensure they have access to all disability, sex- and age-related accommodations and appropriate healthcare.**

99. **Regarding access to justice and accountability, the above-mentioned stakeholders should:**

(a) **Establish mandatory safeguarding standards, regular inspections, independent monitoring bodies and confidential complaints mechanisms for nursing homes, hospitals, residential institutions and long-term care facilities,**

(b) **Explicitly prohibit and sanction institutional practices that harm older women, including physical and chemical restraints, involuntary institutionalization, denial of medication or assistive devices, neglect and violations of privacy, dignity and consent;**

(c) **Ensure that justice systems are physically, economically and procedurally accessible to older women through free legal aid, procedural accommodations, mobile courts, where appropriate, and age-sensitive evidentiary procedures, make legal aid accessible to older women through telephone and outreach-based services, simplify procedures, and provide specialized intermediaries supporting communication between complainants and judicial authorities;**

(d) **Provide judicial personnel, law enforcement officials, healthcare workers and social service providers with mandatory training on age- and sex-based discrimination and violence against older women;**

(e) **Establish safeguards against pension appropriation, fraudulent property transfers, inheritance deprivation and abuse through guardianship or power-of-attorney arrangements, while guaranteeing older women's autonomy, informed consent and legal capacity;**

(f) **Guarantee older women's equal rights to own, inherit, manage and dispose of property, land and financial assets and ensure remedies for economic abuse and dispossession.**

100. **Regarding technology-facilitated violence and digital inclusion, the above-mentioned stakeholders should:**

(a) **Recognize technology-facilitated violence against older women as a form of violence against women and girls, and address online fraud, impersonation scams, artificial intelligence-enabled deception and digital financial exploitation;**

(b) **Ensure that essential public and private services are never exclusively digital, and provide safe and accessible in-person alternatives;**

(c) **Strengthen safeguards against digital fraud and improve digital literacy programmes without shifting responsibility onto the victims themselves.**

101. **Regarding data, the above-mentioned stakeholders should:**

(a) **Collect, analyse and publish data disaggregated by sex, age and other relevant characteristics, with age-related data collected in five-year cohorts and without upper age limits;**

(b) **Include dedicated modules on violence against older women in national surveys on violence against women, elder abuse and crime victimization, alongside longitudinal research on perpetrators and patterns of abuse;**

(c) **Invest in research relating to the health needs of older women, including menopause and post-menopausal conditions, chronic illnesses, disability-related needs, dementia and the long-term consequences of violence and trauma.**

102. **Regarding participation and autonomy, the above-mentioned stakeholders should:**

(a) **Promote older women's leadership in governance and community structures, as well as in the design of policies and programmes that affect them;**

(b) **Guarantee the decision-making autonomy of older women by strictly regulating representation schemes and prohibiting any delegation of their capacity to act without their consent;**

(c) **Establish supported decision-making mechanisms for older women, when needed, including the use of continuing powers of attorney rather than solely advance directives or guardianship arrangements, ensuring that such mechanisms are officially registered by the State, accompanied by legal advice and subject to regular monitoring, clear revocation procedures and respect for the person's current preferences to the greatest possible extent;**

(d) **Promote intergenerational initiatives aimed at strengthening mutual understanding and reducing loneliness, as well as peer support networks through which survivors can connect with others who have had similar experiences.**