



OLDER WOMEN'S NETWORK, EUROPE

Response to Independent Expert call for evidence

11 April 2021

The Older Women's Network, Europe welcomes the opportunity to respond to the Independent Expert's request for evidence on the human rights of older women. And we thank Dr Bridget Penhale and Neus Pociello Cayuela of the Aroa Foundation in Barcelona, Spain for their detailed contribution.

We believe that older women play a key role in their families, communities and society. We recognize that inequalities across the life course – low waged work; interrupted labour market participation; gender pay gap – is exacerbated in older age, leading to a gender pension gap and poverty in later life. For example, in the UK, 65% of claimants of pension credit were women (February 2021).

“Although a lot has been achieved in the past 25 years, there is still prejudice, negative stereotyping and a huge lack of knowledge about differences between women and men as they age – about how policies affect women's daily lives differently, often with negative effects cumulating in old age on their health, social and working lives, income, violence and abuse”.

Laura Christ (OVN-NL and OWN Europe)

There is an urgent need to strengthen and extend data collection across many different domains. Analysis of data by sex and five-year age cohorts, including the oldest old rarely occurs as routine practice. Disaggregation of data by age and sex is needed in order to provide a better/full picture of older women.

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

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

EU member states have adopted age discrimination in employment into national legislation. At present, despite representation from civil society, there appears little appetite for the EU to extend this to goods and services; the same applies in the UK.

What types 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?

Insufficient detailed data collection and analysis beyond age 75 across EU (and UK) means that older women in all their diversity are effectively invisible. This particularly relates to the oldest old in populations, the majority being older women. There is insufficient disaggregation of data relating to age and sex. This is especially challenging with regards intimate partner violence and abuse as many countries do not collect data beyond age 49 (reproductive age) in their prevalence studies.

The Crime Survey for England and Wales contains a self-completion module about domestic violence, sexual victimisation and assault. From April 2017, the age range was extended from 59 to 74; before that, only people aged 59 years or younger could complete this self-report module. In Spain, data is collected beyond 65 but in a homogenous range from this age, making invisible the diversity of situations and experiences of older women

Please indicate how older women take part in participatory mechanisms?

OWN Europe members are active at local and national level through either older people's, women's or community based civil society organisations. As members of AGE Platform Europe, OWN Europe takes every opportunity to influence the Council of Ministers, the European Parliament and the European Commission. We are also active internationally through the Global Alliance for the Rights of Older People.

In the UK, representatives of older women's organisations have the opportunity to join a UK-wide Alliance of women's organisations, particularly in relation to

holding the government to account for progress at CSW and CEDAW. For the first time, members of the Alliance were invited to be part of the UK Government virtual delegation and an older woman was selected to speak from the government 'seat' at the interactive dialogue, 'Building Back Better', urging the inclusion of older women's skills and experience in all post-pandemic efforts.

Economic, social and cultural realities lived by older women

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.

Because of the inequalities experienced by women over their life course, the pension gap in Europe in 2018 was 30%. On average older women with low income spend more years in poor health than older men. Yet they struggle to access the health and long-term care they need. In particular preventive and mental health care, hearing aids, dental care and glasses and residential care are not adequately funded in many countries.

Older women face a much higher risk of needing to move to a nursing home in later life. Yet nursing homes are very costly and women's pensions are in general far from adequate in covering their long-term care needs, particularly where state assistance with paying such costs is limited.

The COVID-19 first wave revealed how ageist our society is: when hospitals feared becoming overburdened with COVID-19 patients, some form of triage was introduced which denied residents in nursing homes aged over 75 access to hospital and intensive care: a majority were older women. Some did not even get compassionate palliative care and were left to die alone – the most vulnerable being older women with dementia. Consequently, a disproportionate number of COVID-19 victims were older persons – majority of them older women – particularly those who died in residential and nursing homes.

In the UK, some older people were discharged from hospitals into care and nursing homes – to increase the capacity of hospitals to treat patients with the virus – without adequate testing for the virus. Patients who were COVID-19 positive introduced or spread the viral infection into those care homes.

We support Age Platform Europe's recommendation that the Independent Expert

should encourage member states to empower national equality bodies to monitor the impact of COVID-19 on older persons in nursing and care homes, those receiving long-term care at home, as well as the development of improved standards of care. This would include the development of a common methodology across member states and beyond to monitor older persons' rights to health and long-term care (especially in very old age).

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?

Inadequate income in old age is the cumulative result of discrimination and disadvantage across the life course. The majority of women workers are found in low paid part-time work, have interrupted labour market participation in the main due to their need to provide child and adult care, for which they are generally the principal/main caregiver. There is also a major lack of access to affordable quality health and social care, respectful of older women as rights holders, particularly the oldest old, the majority of whom are women.

Has the COVID-19 pandemic affected older women differently than older men and how?

Older women, particularly black, Asian, minority ethnic and Roma older women, have been affected by losing income and livelihoods during periods of lockdown. These women are often the ones in low paid or temporary part-time jobs – not covered by state 'support'. More older women than men have been locked into isolation due to confinement measures – in long-term care settings, as well as at home by losing care and support services that supported their autonomy, due to restrictions in the provision of such services. In the health and social care sectors, many older women have worked without appropriate support or protection. The consequence of older men dying of the virus in the general population has resulted in an increase in widows – many of them older women whose living standards and financial arrangements have deteriorated significantly.

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

Older women make significant contributions to their families, communities and society: in employment, in unwaged work providing care and support to family and friends, as volunteers across a range of activities, as artists, writers and musicians.

Forms of discrimination against older women and gender-specific abuses

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?

Inadequate income in old age is a result of disadvantage accumulated by women over their life course. Risk of poverty in old age, in particular very old age, is higher for women than men in all EU countries, including ones with high living standards. For example, in Germany, mini-jobs are quite common among students, single parents and pensioners with low disposable income, many of whom are older women who struggle to make ends meet. Their lives were difficult before the COVID-19 pandemic, and this has worsened since last March because many mini-job employees have lost their job/salary, yet they have no right to social benefits, unemployment benefit, or short-time work benefits. They are left with access only to basic income support which is not enough to cover their basic needs and pay for their rent and other bills.

In addition, COVID-19 measures have adversely affected the most vulnerable women the hardest. In many countries, social services provision – such as meals-on-wheels, social centres serving hot meals to community older persons, and day centres – were forced to cease their provision and close down; this affected older women in greater numbers than men. When they re-opened, food banks saw new profiles of individuals visiting for help: students, families with young children and pensioners/senior citizens (mainly older women).

There is a critical need to raise awareness of the urgency to collect data on poverty and social exclusion among older men and women including those in the oldest cohorts. Statistical collection ceases too early to capture the reality faced by older women, in particular the very old.

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?

Experiences of racism, disablism and LGBTI phobia continue into later life. Where older women from black and minority ethnic communities are in contact with community-based organisations that they trust, support and advice can be accessed more easily than relying on generic services to meet their specific needs. However these specialist services may again be targeted at younger women

with children. Disabled older women experiencing intimate partner violence (IPV) are particularly vulnerable if access to help and support is mediated by an abusive partner. Similarly for older women who identify as LTBI.

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.

The link below gives details of femicide of older women in the UK. Femicide census 2008 - 2018. During this period, 278 older women were killed (aged 60 and older). Of these, 38% were killed by their spouse or partner, 24% by a son, 14% by an acquaintance, and 13% by strangers:

End femicide: 278 dead – the hidden scandal of older women killed by men | Crime | The Guardian

There is not much recent data in terms of prevalence of abuse and violence against older women. The last full prevalence study in the UK, in 2007, was not restricted to women. A prevalence study in five European countries – Austria, Belgium, Finland, Lithuania and Portugal – undertaken in 2010-11 – used a common measurement instrument that indicated high prevalence rates among older women in those countries. However many prevalence studies use different methods and are not replicated over time, so it is not possible to derive generalisations from them.

The femicide report referred to above provides a glimpse of incidence (but not prevalence as it is not population based). The Crime survey of England and Wales data, also incidence based, now covers a slightly wider age-range for the self-report module (see above). Similarly, the most recent adult safeguarding data for England (provided by NHS Digital) which collects and analyses data from Local Authority areas) for 2019-20 – precluding the pandemic as the survey runs from April-April each year – indicates that most S42 enquiries about abuse/neglect and safeguarding under the Care Act 2014 related to people aged over 85 (one for every 38 in the population). However, this data is not disaggregated by gender in the report. There were 141 such enquiries for 18-64 year olds, and 3769 for over 65s. Most are likely to be women but we don't have data from the report.

The recent launch of the WHO report on prevalence of violence against women in March 2020 is based on data from surveys undertaken in 2018. The report highlights the lack of data on women aged older than 50 (as the surveys only include women up to 49 years old) as well as the failure to capture older women's experiences of violence (which is indicated as one of the key gaps/challenges in the report).

Evidence from Aroa Foundation, Barcelona

With regards prevalence of male violence against older women (VAOW), a high number of women beyond age 65 - 45% of those surveyed on gender-based violence in Catalonia, Spain - identified as having suffered gender-based violence (GBV) throughout their lives: 15% of them identifying as having suffered it from their ex-partner and 10% from their current partner. However, this violence is not necessarily recent or experienced at this stage of life, as only 5.1% said they had suffered it in the last year.

These findings seem to be in line with the total number of cases that reach specialized public services (within the resources available in the region) to protect and support women of all ages that are victims of GBV. Taking into account the data from specialized public services and helplines, 6% to 7% of these resources support women aged over 60.

Other services (such as health services) identify a number of suspected and confirmed cases of GBV against women aged over 60: about 17% of detected cases are in the age range between 60 and 94 years.

These incidence figures are higher when we look at the percentage of femicides committed against older women, which in recent years has reached a cumulative 20% of all femicides committed, the vast majority of them carried out by the partner, ex-partner or spouse.

It is also important to note the low number of reports, which decreases with increasing age. However, the health services only begin to register a significant decrease in cases of VAOW from the age of 79, which seems to indicate that the incidence of violence does not fall with age, but rather that the services and security forces do not report or denounce it as from a more advanced age.

Except in the cases of femicide, there is little information on the aggressors, the information available indicates that sons and daughters are the main aggressors, followed by partners or ex-partners, and care givers.

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.

This is rarely captured in any routine sense. In the UK, there are different systems for consideration of violence and abuse of older women (dealt with as part of adult safeguarding framework) and Domestic Violence and Abuse of younger adult women and children. This means that the issues are considered and treated as separate entities.

Systems to prevent and address gender-based violence do not systematically include consideration of the experiences and needs of older women. This is often justified because statistics on abuse of older women indicate fewer older women experience violence and abuse. However such justifications are unreliable given the majority of prevalence studies do not collect such data (see above), and the comparative lack of attention on to this issue: we simply do not know how many older women are affected. A life-course or life-cycle approach towards gender-based violence is not generally considered or applied in the majority of European countries where legislation, policy and practice are concerned.

Evidence from Aroa Foundation, Barcelona

Many of the existing documents in Spain addressing elder abuse are not binding, as they do not constitute laws but principles of action. As far as binding documents are concerned, there is neither a specific law on tackling VAOW nor any specific focus on GBV affecting older women in particular.

Policies that address older persons abuse do not include a gender perspective, and specific policies that address GBV do not include a life cycle perspective. However specific articles on ageing have appeared recently but these focus only on the changing patterns in women's lives in order to facilitate self-identification of the situation in which violence occurs; they do not relate to the provision of services or awareness-raising in society.

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

Reporting systems in relation to older women victims are sporadic in many countries. Remedies and protective mechanisms that are in place for younger adult women may apply, in a general sense, to older women but are unlikely to be sufficient to meet their needs. For example, the provision of refuge or shelter arrangements are generally focused on the requirements of adult women with children rather than older women or those with health conditions and/or disabilities. There is a lack of measures focused specifically on older women.

In the past year, the Government of Catalonia has provided specific training on VAOW to social services and care centre professionals. Recently it also launched an awareness-raising campaign and commissioned research to identify the scope of VAOW in its region, together with gaps in legislative and protective mechanisms (results will be available in June 2021). These are one-off, unco-ordinated initiatives with no planned follow-through, nor do they meet the provisions of any specific policy or programme.