

**Arab States Regional Office Arab Women organization**

**Final Concept Note**

**Proposed Research on Violence against Older People**

**Background**

Ageing in the Arab region is an emerging issue manifested by the growing number of older persons and the complexities associated with their settings, being in developmental or humanitarian settings. Globally, the world is ageing rapidly. People aged 60 years and older make up 12.3 per cent of the global population, and by 2050, that number will rise to almost 22 per cent.

As a result of changes in fertility and life expectancy, Arab countries have experienced profound changes in the age structure of their populations, characterized by a rapid increase in the number of people aged 25-64 years, and slow, though considerable, increases in the numbers and proportions of older persons. The percentage of adults aged 60 and older in the Arab region is estimated to be 5.3 per cent in 2005, with projections showing an increase to 18.1 per cent in 2050. Currently, Lebanon has, by far, the highest percentage of persons aged 60 years and older (10 per cent). This is followed by Egypt (7 per cent). By the year 2050, the percentage of older persons will exceed 15 per cent in 10 out of the 13 countries of the region, an almost 50% of whom are women. Currently, the total number of older individuals aged 60 years and over in the Western Asian countries is estimated 10,555 thousand in 2005 elderly and this is expected to increase to 61,451 thousand in 2050.

It is predicted that by the year 2025, the global population of those aged 60 years and older will more than double, from 542 million in 1995 to about 1.2 billion. The total number of older people living in developing countries will also more than double by 2025, reaching 850 million – 12% of the overall population of the developing world – though in some countries, including Colombia, Indonesia, Kenya and Thailand, the increase is expected to be more than fourfold.

Older women are a vulnerable age group and are subjected to various forms of discrimination, abuse and neglect. This applies to both developmental ) and humanitarian contexts. Amongst other human rights, older people have the right to protection from all forms of violence and abuse anddiscrimination also when it comes to sexual and reproductive health. However, the human rights obligation on national governments to protect older people from any abuse is not explicitly articulated in existing international human rights law.

Since 1982, when the first World Assembly on Ageing adopted the Vienna International Plan of Action on Ageing, renewed commitments and efforts have been made to ensure that policies, legislation, programmes and services are designed and implemented to specifically address the quality of health and well‑being in the lives of older people. In 1991, the United Nations General Assembly adopted the UN Principles for Older Persons, which encouraged governments to incorporate consideration of ageing populations into their national plans. The following year, the second World Assembly on Ageing adopted the Political Declaration and the Madrid International Plan of Action on Ageing. The Madrid Plan, still recognized as a valuable international instrument, urged governments to mainstream ageing throughout their policies and programmes. It also stressed a human rights‑based approach, shifting away from viewing older people as being social burdens and/or mere ‘welfare beneficiaries’ to being positive and active agents in society.

A similar view is captured in the Sustainable Development Goal (SDG), which suggests that states should “ensure healthy lives and promote well‑being for all at all ages.” This goal offers an important opportunity to promote more age‑inclusive health systems through a life-course approach and services and views older people’s quality of life as a health priority.

Lack of appropriate action against the abuse of older people is considered one of the forms of violence implicated upon them. Despite the need of this age group to sexual and reproductive health including the right to access to healthcare, sexual and reproductive health and reproductive rights of older people tends to be overlooked in society because of the stereotypical belief that older people are no longer sexually active.[[1]](#footnote-1)

Health professionals’ misconception and lack of knowledge on older people’s sexual health can also contribute to delays in appropriate health services.[[2]](#footnote-2) Ageism also is a challenge that limits access to health services in general such as stereotyping, prejudice and discrimination against people on the basis of their age. This includes health care workers having negative attitudes towards older people or the ageing process, engaging in patronising behaviour, failing to consult older people about their preferences for care, and discouraging or restricting access to otherwise indicated medical interventions. It may create barriers that prevent older people from receiving adequate health care.[[3]](#footnote-3)

A 2017 World Health Organization (WHO) study estimated that one in six people aged 60 years and older were subjected to some form of abuse. Elder abuse can take many forms: it includes not only physical abuse, but also sexual, psychological, emotional, financial and material abuse, abandonment, neglect and serious losses of dignity and respect. All types of elder abuse have a negative impact on the health and well‑being of older people. The effects of elder abuse may also be fatal, as a result of severe injury or suicide. Victims of elder abuse are more likely to be women because of their socio‑economic dependency

**Older people in the region**

The Arab region has witnessed major socio-political transformations in the past decade or so. The political upheavals necessitated involuntary migration of millions of people including refugees and IDPs; older women are amongst the most vulnerable of these migrants because they do not have opportunities for earning income, getting specialized services and protection. Older people are traditionally among the most revered persons in society. The family has for a long time been the best hub for giving care to older people. However, as societies are changing family structures are experiencing various changes from extended to nuclear families altering traditional societal structures. Arab countries share a number of similarities; however, tremendous diversity exists in the patterns of ageing between countries. This diversity reflects differences in economic resources, in demographic and socio-political priorities, in migration patterns, and political stability. These can be elaborated as follows:

1. Demographic changes in the Arab region are indicating a rapid pace of ageing;
2. Valuing older persons as societal capital and a resource for their families, communities, and the economy can go a long way in contributing to socio-economic development;
3. Ministerial departments and national committees on ageing have been established in 13 and 11 Arab countries, respectively. Around half of departments are specialized, focusing solely on ageing issues (Bahrain, Egypt, Kuwait, Oman, Palestine, Saudi Arabia and Tunisia) while others are instituted under the broader title of ‘Family Affairs’ (Lebanon and Morocco) or tied with disability matters (Iraq, Libya and Qatar). Institutional arrangements across both public and private constituencies are generally low, despite high cooperation between ministries and civil society;
4. Mainstreaming ageing in policies and legislations is on the rise and there is evidence of political support for the ageing agenda. National Plans of Action on Ageing exist in 12 Arab countries with three others in the process of development. However, lack of financial resources and the need for evidence-based guidelines for best practices are reported to be the strongest barriers to their implementation;
5. Overall, the priority given to ageing research in national research agendas and national funding agencies is inadequate. With the exception of Lebanon, Egypt and to a lesser extent Tunisia, studies and publications on the subject are scarce in Arab countries;
6. A comprehensive and systematic approach to the human rights of older persons is yet to be instituted, although the Arab Charter on Human Rights calls on States to provide care and special protection for the aged.

**Data on Violence Against older people:**

UNFPA works to raise awareness about ageing populations and the need to both harness opportunities and address challenges. UNFPA also supports research and data collection to provide a solid base for policies and planning, and makes sure ageing issues are integrated into national development programmes and poverty reduction strategies.

Data on ageing is generally scarce in the Arab region, though census and most national sample surveys produce age disaggregated data. However, much remains to be available on conditions of older people with regards to vulnerability, protection, rights, violence and abuse. Much of which is attainable mostly through intensive qualitative data analysis. Research on older people is equally insufficient, particularly on violence against older people, in various settings including development and humanitarian.

Paucity of quality data is becoming increasingly visible and constitute a major constraint on availing adequate policies and programmes responding to basic needs of older people including protection. This is all the more significant on issues of older women, particularly in crises or humanitarian settings. It’s to be noted that most Arab countries, barring GCC countries are affected by humanitarian crises including protracted situations such as Sudan, Somalia, Iraq, Palestine etc.

**Violence and abuse:**

Although older people’s abuse was first identified in developed countries, where most of the existing research has been conducted, anecdotal evidence and other reports from some developing countries have shown that it is a universal phenomenon.s. When it comes to violence against older people, older women are often in higher risk of violence compared to older men as Women’s status is generally low and gets further exacerbated in humanitarian situations where the needs and vulnerabilities of older people are overlooked and older women are often the least priority

Abuse of older people manifests in various forms and can be in the form of active abuse (act of “commission”) or of omission (in which case it is usually described as ‘‘neglect’’). It may be either intentional or unintentional. The abuse may be of a physical nature, it may be psychological (involving emotional or verbal aggression), or it may involve financial or other material maltreatment (denial of resources). Violence against older women, while widespread, remains mostly hidden. It occurs in numerous, often intersecting ways, inflicted by a variety of perpetrators including intimate partners or spouses, family members, caregivers both in homes and institutional settings, and community members. Yet, reliable comprehensive data on how often it occurs—among whom, by whom, and what its associated personal and economic costs are— does not exist. Research shows that trauma induced by abuse across the lifespan has a devastating impact on older women[[4]](#footnote-4). Regardless of the type of abuse, it will certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and a decreased quality of life for older people.

There is growing global awareness and concern about violence against older people and the impact on human rights and gender equality.

**Objectives and research Design:**

ASRO intends to carry out a research study in partnership with The Arab Women Organization (AWO) addressing violence against older people. The research aims to throw light on the different types of violence inflicted on older people in the region and provide alternative policy options to governments, CSOs and the UN system for addressing issues of violence against older people in the region, issues that are largely neglected and under-reported.

*Objectives*

The overall objective of the study is fourfold and can be found below.

1. Strategically position UNFPA as lead agency on violence against older people
2. Inform UNFPA programmes and create demand for more substantive work on violence against older people in both development and humanitarian settings
3. Knowledge production to enhance UNFPA Country Offices and partners ability to provide information to human rights treaty bodies in relation to Universal Periodic Review, CEDAW etc.
4. Establish or strengthen UNFPA’s partnership with actors working on violence against older people

*Research questions*

The study should answer the following questions.

1. What are the laws, policies and practices related to violence against older people on a global, national and community level, what are the government's actions to combat violence against older people and what are the discrepancies between the normative framework and the reality?
2. What is the scope and scale of violence against older people diasaggregated by sex? What are the most common vulnerabilities of older men and women?
3. What are the drivers of violence against older people and are they different in development and humanitarian settings?
4. What can be done to prevent, mitigate and respond to violence against older people on an individual, community and national level and what are the actions to be taken in development and humanitarian settings? What are the actions needed to ensure inclusion of older people into interventions related to gender-based violence.

*Definition*

According to WHO “Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect”[[5]](#footnote-5).

When looking at violence, WHO identified the following three typologies based on the survivor-perpetrator relationship[[6]](#footnote-6).

* Self-directed violence refers to violence in which the perpetrator and the victim are the same individual and is subdivided into *self-abuse* and *suicid*e.
* Interpersonal violence **r**efers to violence between individuals, and is subdivided into family and intimate partner violence and community violence. The former category includes child maltreatment; intimate partner violence; and elder abuse, while the latter is broken down into acquaintance and stranger violence and includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces and other institutions.
* Collective violence refers to violence committed by larger groups of individuals and can be subdivided into social, political and economic violence.

*Methodology*

The study should use the following methods to inform the study.

1. Literature review of the various laws, policies and practices, studies/assessments, project documents, surveys, government policies and strategies etc. related to violence against older people in the selected countries
2. Focus group interviews with the following groups
   1. Older people (men and women) including survivors of violence and groups identified through literature review of being at high risk of violence. When conducting interviews with survivors, GBV survivor centered approach should be followed as well as internationally recognised guidelines on how to conduct focus group interviews with survivors.
   2. Focus groups with service providers including caregivers.
   3. Focus groups interviews with national key informants
   4. Focus groups with decision makers
3. National consultation workshop in each of the selected case study countries. At the workshop, representation from older people, women’s organisation, national stakeholders and UN agencies should be present.

*Modalities of implementation*

The following two modalities are suggested.

* *N*ational experts will be recruited to conduct this study. These experts will be supervised by a regional expert who will be in charge of monitoring process, developing a unified tool for all countries, collecting national reports and developing regional report.
* A regional institution will be contracted to monitor the process, developing a unified regional tool for all countries, collecting national reports and developing regional report. the regional institution will develop the tool, and coordinate with national consultants

*Steering Committee*

A steering committee will be identified by UNFPA and the AWO who will provide technical inputs to the study and will need to approve the steps taken by the researcher or institution, who will conduct this study on a regional level. Additional advisory committees might be established on country level to provide technical inputs.

*Case study countries*

The study shall cover four countries in the Arab States region, including two from conflict affected settings and two from stable settings. Selection of the countries to be covered shall be made to ensure adequate representation of the region, in order to ensure that findings are sufficiently applicable to the whole region. the selection of countries should be based on the following criteria:

* One country from Northern Africa, one from the Levant, one from GCC and one from the horn of Africa
* High rate of older people
* Two from conflict affected countries
* Commitment of the CO to contribute technically and financially to this study
* Noo recent studies n conducted on violence against older people (avoid duplication)

*Tentative time frame*

* Consultant/research institute to submit draft methodology including outline of documents, draft review tools, detailed timeline, focus groups questionnaire and intended respondents - by 2 weeks
* Steering Committee to provide input to the draft methodology - by 4 weeks
* Consultant/research institute to submit revised methodology - by 6 weeks
* Steering Committee to approve methodology, if applicable otherwise additional rounds of revisions will take place until approved by Steering Committee - by 8 weeks
* Consultant/research institute to complete data collection (literature review and focus group interviews) - by 14 weeks
* Consultant/research institute to submit draft reports - by 14 weeks
* Steering Committee to provide feedback to draft reports - by 16 weeks
* Consultant/research institute to revise draft reports by - by 18 weeks
* Steering Committee to approve draft report, if applicable, otherwise additional rounds of revisions will take place until approved by Steering Committee - by 20 weeks
* Consultant/research institute to present the outline of the national validation workshops to Steering Committee for feedback - by 21 weeks
* Consultant/research research institute to conduct national validation workshops with support of AWO and UNFPA - by 22 weeks
* Consultant/research research institute to revise the draft reports based on national validation workshops- by 24 weeks
* Consultant/research research institute to submit draft report and other deliverables (policy briefs etc.) to Steering Committee for approval, if applicable, otherwise additional rounds of revisions will take place until approved by Steering Committee - by 24

**Budget and division of labour**

This study will be carried out by UNFPA in partnership with Arab Women Organisation (AWO). UNFPA will be responsible for recruiting a regional consultant or an institution to conduct the study. AWO will be responsible for carrying out the validation meetings/workshops in each of the selected countries. Both organisations will be responsible for providing technical feedback to the planning, implementation and evaluation phase of this activity. Below is the overall budget of this activity.

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| **Agency** | **Items** | **Budget** |
| **UNFPA ASRO** | **Research consultant/institution** | **25,000 USD** |
| **Arab Women Organisation (AWO)** | **Validation workshop(s)** (direct payment - should not be part of the budget of the research consultant/institution) | **15,000 USD** |
| **UNFPA Tunisia and Palestine Country Office** | **National consultants** (direct payment - should not be part of the budget of the research consultant/institution) |  |

**Deliverables**

The deliverables should be both in English and Arabic languages. They are:

* A comprehensive regional report in the Arab region, which should include Country Profiles
* 4 Country Profiles (country case studies)
* 4 policy briefs for the four countries covered by the study
* 1 regional policy brief

1. ICPD, PoA 1994, para 7.3 [↑](#footnote-ref-1)
2. Lusti-Narasimhan, M, Beard, J and Temmerman,M (2013) Unsafe Sex at 50+. Entre Nous No.77 [↑](#footnote-ref-2)
3. HelpAge International (2017) Op. cit. [↑](#footnote-ref-3)
4. Violence against older women is widespread but untallied, World Bank (2016): <https://blogs.worldbank.org/voices/violence-against-older-women-widespread-untallied> [↑](#footnote-ref-4)
5. Elder Abuse, WHO (2017): <https://www.who.int/ageing/projects/elder_abuse/en/> [↑](#footnote-ref-5)
6. Definition and typology of violence, WHO: <https://www.who.int/violenceprevention/approach/definition/en/> [↑](#footnote-ref-6)