

Confronting the shadow pandemic: *COVID-19 and violence, abuse and neglect of older people*

HelpAge

International



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Key findings

- New research in Malawi, Moldova, and Pakistan and insights from wider evidence show that COVID-19 and government measures to prevent its spread are triggering a series of adverse consequences for individuals and communities, creating new – and exacerbating existing – risks for older people in relation to violence, abuse, and neglect.
- In Moldova, older women and persons with disabilities were recognised as being at risk of gender-based violence during the pandemic, and so programmes that explicitly target these groups have been set up. However, governments in Malawi and Pakistan are failing to adequately consider prevention and response to violence, abuse, and neglect of older people in their COVID-19 response and recovery plans.
- Governments are failing to provide older people access to a full range of adequate support services, including domestic and gender-based violence services, during the pandemic.
- Governments are failing to address significant gaps in the collection, analysis and reporting of data on violence, abuse and neglect experienced by older women and men, in all their diversity. This hampers effective prevention and response and wider awareness.
- The research reveals changes in the nature, type, and severity of violence in domestic settings over the course of the pandemic.

Introduction

Since the start of the COVID-19 crisis, there has been a sharp rise in reported cases of gender-based violence globally, specifically domestic violence. The UN has termed this a ‘shadow pandemic’.¹ This briefing presents an overview of insights from HelpAge International’s research in Malawi, Moldova, and Pakistan, supplemented by a review of secondary evidence in Africa, Eurasia and the Middle East, into

how COVID-19 has created the conditions for increased violence, abuse, and neglect of older people.² It describes the impact of this in the words of older women and men themselves.

Data on the prevalence of violence, abuse, and neglect of older people during the COVID-19 pandemic is extremely limited. This is in part due to the challenge of safely and ethically collecting population-based data during acute phases of the pandemic. It also reflects the continued exclusion of older people from datasets and studies (e.g., existing violence against women surveys that primarily focus on women of reproductive age, 15–49 years).³ However, even before the pandemic, the World Health Organization (WHO) estimated that almost one in six people aged 60 years and older had experienced some form of abuse.⁴ It has also been acknowledged that government measures to contain the pandemic have the potential to trigger a rise in violence against older people and all types of abuse (physical, emotional, financial, and sexual), as well as neglect.⁵

one in six persons aged 60 years and older had experienced some form of abuse, even before the pandemic.



In Pakistan and Moldova there are increased reports of domestic violence cases since the start of the pandemic. However, the lack of gender, age and disability disaggregated data collection systems at the national level, to monitor, record, and report on violence against older people means that their situation remains invisible.⁶ Before the pandemic, WHO estimated that just four per cent of cases of abuse experienced by older people are reported.⁷

The findings and recommendations in this report are intended to inform the work of development actors, including national governments, UN agencies, non-governmental organisations (NGOs), donors, and services providers for survivors of violence. It also aims to ensure that action to prevent and respond to violence is fully inclusive of older people, enabling them to participate meaningfully as agents of change in efforts to ‘build back better’.



HelpAge International, Pakistan

“Older people for the most part remain uncounted, unheard, unseen. They just exist.”

Representative of local government service provider, Pakistan

Defining violence, abuse, and neglect

Violence against older women and men is often termed ‘elder abuse’. Globally, there is no agreed definition of elder abuse or what constitutes ‘old age’, which contributes to a lack of comparable and representative data on violence, abuse and neglect experienced in later life. Elder abuse is often defined as a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, that causes harm or distress to an older person.⁸ This definition excludes systemic and structural violence, and perpetrators who are not in a position of trust. Furthermore, elder abuse definitions often fail to acknowledge the gender dimensions of violence.

HelpAge uses ‘violence, abuse, and neglect’ as an umbrella term to describe different forms of violence experienced by older people as a result of several factors, including but not limited to: age, gender, disability, place of origin, marital status, class, or sexual orientation.

Methodology

This research explores the impact of COVID-19 on violence, abuse, and neglect of older people in Malawi, Moldova, and Pakistan. It examines the specific risk factors faced by older people during the pandemic and the extent to which support services, including domestic and gender-based violence services, are accessible to and inclusive of older people.

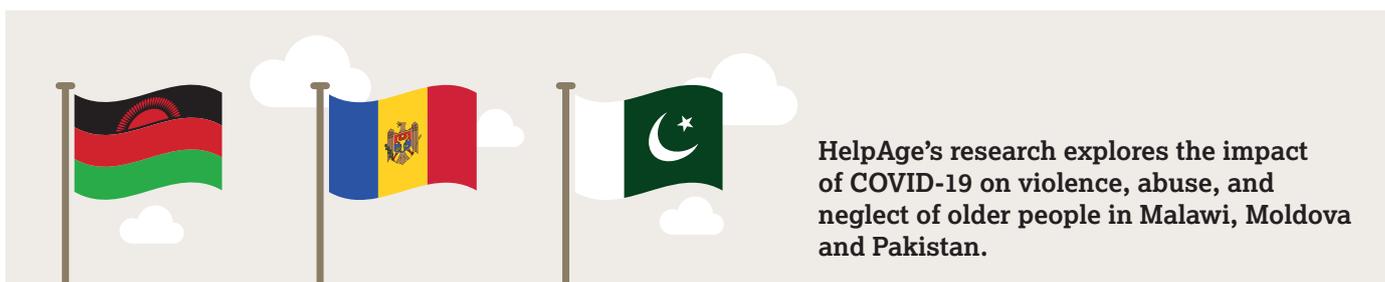
The research is informed by 28 key informant interviews with representatives from frontline support services, government service providers, and older people at risk of – or who had experienced – violence, abuse, and neglect in domestic settings. Both formal or informal support services at national, local or community levels, run by government, the private sector, civil society or voluntary organisations, were included.

Due to the small number of interviews, the findings should not be interpreted as representative of the situation of older people at risk of violence, abuse, and neglect in these settings. Rather, the interviews offer insights into the personal challenges and experiences of a handful of service providers and individual older people.

Data collection took place in November 2020 and covers the period from when the first cases of COVID-19 were reported. Countries were selected for the following reasons:

- 1.** the government had introduced mandatory or advisory measures as part of their pandemic response (e.g. stay at home orders, social distancing, quarantining those exposed, case isolation, workplace closures, limits to movements outside the home and/or curfews);
- 2.** there were opportunities to safely interview older women and men either directly or via a service provider in the community; and
- 3.** support services for survivors of violence were operating (e.g. shelters, psychosocial support, health, and legal services).

The findings are supplemented by a review of secondary evidence at country and regional levels across Africa, Eurasia and the Middle East.



Drivers and risk factors during the pandemic

Researchers identified the following themes across the three countries.

Increased confinement during the pandemic, has put older people at greater risk of violence in all 3 countries.



The inability to escape violence

Shared living is a known risk factor for violence, abuse, and neglect,⁹ but movement restrictions during the pandemic (whether advisory or mandatory), such as quarantine, isolation, and stay-at-home orders, have created a new set of conditions unique to the COVID-19 crisis. Increased confinement with, and exposure to, abusive partners, family members or carers, and an inability or limited means of escape due to restrictions on movement has put older people at greater risk of violence in all three countries. Older people, particularly those with chronic health conditions and physical disabilities, are more likely to have been shielding during the pandemic, making them extra cautious of leaving home,¹⁰ putting them at greater risk of violence, abuse, and neglect.

In Moldova, discriminatory, age-based, stay-at-home orders introduced during the lockdown period (justified by the risks of complications from COVID-19 faced by older people) limited the movement of people over the age of 63 years in public spaces. This increased the specific risk faced by older people of experiencing violence, abuse, and neglect.

“He was even more nervous and aggressive... especially since he didn’t go out much and stayed at home longer.”

Older woman, Moldova



HelpAge International, Moldova

In two cases, older women were abused by dependents who relied on them financially, emotionally, and physically – a level of dependence that is a known risk factor for violence and abuse.¹¹ One older woman interviewee who cared for her intellectually disabled sibling highlighted that the movement restrictions during lockdown had triggered an increase in aggressive behaviour from her sister as she could no longer leave the house to go on therapeutic walks.

“The hardest part was when we weren’t allowed to go out. She had become very aggressive then. ... In those months, when we were locked in the house [during the lockdown period] the situation got out of hand. ... She got upset, annoyed.”

Older woman, Moldova

And in Malawi, older people advised to stay at home because of the pandemic (despite no nationwide order to do so at the time of the research) stopped working as a result – partly because they felt at risk from the virus, but also because their employers requested it.

Social isolation and separation from services

The separation of an older person from support structures is an existing risk factor for violence, abuse, and neglect that has been exacerbated by the pandemic.¹² Reduced or no access to social support networks such as family, friends, relatives and neighbours, and services, due to government pandemic-containment measures has contributed to the social isolation of older people. It has also contributed to an increased risk of violence, abuse, and neglect at the hands of partners, family members or carers in all three countries.



Hussain Ali/Unsplash

35%
more older
women sought
helpline
support

During the lockdown period in Moldova, the number of older women seeking support from a helpline for survivors of domestic violence rose by 35 per cent.

Source: UN OHCHR, (2021)
Impact of COVID-19 on Human Rights in the Republic of Moldova

“Yes COVID-19 really affected us. Mostly it affected my social circle. Now in the current scenario, I don’t get the chance of meeting my relatives frequently. I can’t go to the mosque to offer my prayers.”

Older man, Pakistan

Older people surveyed by the UN Office of the High Commissioner for Human Rights (UN OHCHR) in December 2020, said they were not able to receive or give support to their peers in the community.¹³ When public transport was suspended because of the pandemic in Moldova, no alternative transport arrangements were made to help persons with mobility issues access health services. This failure denies people their right to health.

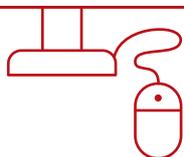
Older people and persons with disabilities have the right to live independently and within the community. However, only 20 per cent of older people surveyed by UN OHCHR reported that social assistance services were fully accessible, 24 per cent assessed them as partially accessible and 29 per cent believed they were not accessible at all. Many people with disabilities were left alone and without social care services, especially in quarantined localities.¹⁴

Isolation limits the monitoring of abusive situations and makes it more challenging to seek help – a situation accentuated by digital isolation, which restricts access to information and contact with family and friends. This is particularly problematic in rural areas where access to services (state and non-state) is already limited.

“Many older persons are suffering in the remote areas. Even within the city, some older persons walk over 10 kilometres to access the services.”

Representative from community-based support service, Malawi

Globally, internet use and smartphone ownership is lower among older women than older men.



Older people are likely to find it more difficult to access critical information and services when the activities of institutions and authorities move online. In Moldova, only 10 per cent of older people have regular access to the internet, partly because of a lack of skills and equipment, but also because they cannot afford it.¹⁵

Globally, internet use and smartphone ownership are lower among older women than older men.^{16, 17} A review of Pakistan’s Ehsaas Emergency Cash Programme found that many older people, especially older women, did not know how to register, either because they were illiterate or because they had no mobile phone.¹⁸

“We used to have volunteers come in to spend time with the older people. We have stopped that now. In cases where there is family, we have asked them to remain in contact by telephone or social media.”

Government frontline service provider, Pakistan

Prolonged periods of isolation and physical distancing negatively affects older people’s mental health,¹⁹ which is an individual risk factor for experiencing violence.²⁰ In addition, it may contribute to stress, anxiety and mental health issues among partners, family members or carers, which can trigger violence or behaviours related to violence, such as increased alcohol consumption.²¹

Stresses on households

Pandemic-related household stressors in the three country contexts include falling income, sudden unemployment, increased economic uncertainty, health-related worries, and a lack of social support, including for those providing care. This is particularly true for families living in a precarious situation before the pandemic, with limited access to social protection.

“We live from hand to mouth. We earn money to be used the same day, and the following day [we are] looking for money again. My husband, ... because of COVID-19 and his older age, stopped working. In the past we could sell doughnuts at the market but with COVID-19 we cannot do that since we are instructed to stay at home... at times... we have slept without eating.”

Older woman, Malawi

An older person's low socio-economic status is also an individual risk factor for experiencing violence.²² The older women and men interviewed for this study have struggled to cope with the economic impact of the pandemic. Perpetrators of abuse are often financially dependent on the individual they are mistreating²³ – a worrying factor given the increased financial pressures faced by older people and their families. For example, in Malawi, 41 per cent of men and 25 per cent of women aged 55 years and older, report financially supporting others due to COVID-19.²⁴

Older women in paid work are often in precarious and informal roles,²⁵ and many enter older age without assets such as property, savings, or a pension.²⁶ In Moldova, the income of older people decreased during the pandemic. The worst affected older workers were those aged 50–59, of whom about 17 per cent lost their income.²⁷ The older women and men interviewed across contexts report no longer selling firewood and produce at the market, ending their formal employment, and reducing their requests for in-kind and financial support from others.

“My son works for a private company. He had a 15 per cent pay cut. ... My pension is not enough. It has been difficult to manage.”

Older man, Pakistan

In Moldova, the state budget for social protection rose throughout 2020.²⁸ Despite this, 43 per cent of respondents aged 60+ surveyed by UN OHCHR have experienced difficulties in receiving their old-age pension and 39 per cent have found it difficult to get their disability pension.²⁹ Due to this and limited employment opportunities, 17 per cent of respondents report that their monthly income has fallen by 5 per cent during the pandemic.

“The elderly are quite invisible. We consider families are taking care of them but... often when economic conditions deteriorate, appropriating resources from the needs of the elderly is a coping mechanism within households. Sometimes this is also with the consent of the older person as they too consider their need secondary to other younger people in the household.”

NGO frontline service provider, Pakistan



Ageism

Ageism, pervasive before the crisis, has been exacerbated during the pandemic. The UN Secretary General's policy brief on COVID-19 and older persons recognises that "COVID-19 is escalating entrenched ageism, including age-based discrimination and stigmatisation of older persons. It is worrying that remarks and hate speech targeting older persons have emerged in public discourse and on social media as expressions of inter-generational resentment".³⁰

An increase in discriminatory and prejudicial attitudes towards older people – a risk factor for violence, abuse, and neglect³¹ – was observed in all three countries. This was particularly the case for older women in Pakistan. A survey by the Social Protection Resource Centre conducted during the pandemic with older people found that 50 per cent of older women feel discriminated against (compared to 32 per cent of older men). Older women also feel more likely to be stereotyped than older men (68 per cent compared to 63 per cent, respectively).³²

Comments by government representatives in Moldova exacerbated existing ageism by promoting negative stereotypes of older people. For example, the Director of the National Agency for Public Health talked of older people being a “burden to society” and was later forced to resign.³³ Older people and service providers have also reported instances of negative stereotyping in the media.

“Television says that the elderly are not important. ... All they [older people] hear is that nobody needs them, that financially they are already useless. There were messages that were perceived as ‘nobody needs you anymore’.”

Representative of non-government support services, Moldova

Internalised ageism (an older person’s implicit belief that they are not important and must forego their wellbeing for the sake of younger people) may result in older people being less likely to demand their rights during the pandemic. Examples of internalised ageism have been found in Pakistan and Moldova.



HelpAge International, Pakistan

“At a certain age, one cannot expect to be a priority. I am at that age too. So I keep to myself.”

Older woman, Pakistan

In Moldova, interviewees said older people diagnosed with COVID-19, those who are sick, and those who have been treated for COVID-19 (and their relatives) have been stigmatised in their communities, especially by neighbours.³⁴ Older people have also experienced age discrimination in the workplace during the pandemic in Malawi. It is unclear how much autonomy they have had in deciding to stop work due to their higher risk of severe illness and death from COVID-19.

“They said that old people like me are the ones who will go [die] first. ... They said that we are the ones who are at high risk... they yelled at us.”

Older woman, Malawi

“My neighbours screamed at me from their balconies for leaving the house, but I told them I needed to get food.”

Older woman, Moldova



In Malawi, 11 per cent and 13 per cent of women (age 50–64 and 65+ respectively) indicated that they had personally experienced violence in the community since the onset of COVID-19.

Source: UN Women and UNDP, (2020) *COVID-19 Rapid Gender Assessment: Gendered Perspective. Malawi*

Nature, type and severity of violence, abuse, and neglect

Through interviews with older survivors, the research reveals changes in the nature, type, and severity of violence over the course of the pandemic – especially in households where abuse was present before the pandemic.

In Pakistan and Malawi, interviews with older survivors suggest the pandemic may have contributed to the neglect of older people. Older women and men interviewed explain that their families, including children, community members, and other caregivers who supported them before the pandemic, were no longer able to do so due to the restrictions on their movement, their fear of contracting the virus, and changes in their financial circumstances.

Cases of financial, psychological, and physical abuse against older people are also highlighted by service providers and older people themselves. In Pakistan, one local government representative reported numerous instances of financial and physical abuse related to disputes over property, and a wide range of perpetrators, including children, siblings and other relatives.



Haydn Golden/Unsplash

In Moldova, older survivors revealed changes in the nature and severity of physical violence compared to before the pandemic. No cases of sexual violence were discovered, but this is unsurprising given that it is usually a hidden form of violence among this age group.



HelpAge International, Moldova

“He also tried with a knife. He never tried that one before. ... I bowed my head, but it was terrible, he was ready to stab me.”

Older woman, Moldova

“The first time he kicked me... I left him and went to a sister and stayed with her for most of August. But he called me to come home. Then in September, he was already more aggressive, I do not know why. ... I came [home]... and he suddenly jumped... [at] me... and beat me.”

Older woman, Moldova

National COVID-19 response and recovery plans

Prevention of, and response to, the perpetration of violence, abuse and neglect against older people are inadequately addressed in COVID-19 response and recovery plans, particularly in Malawi and Pakistan. This, coupled with inconsistencies in national legislation, policies and strategies to ensure all forms of violence, abuse and neglect are identified, investigated, and redressed has put older women and men at greater risk during the pandemic.

While the Malawi government has adopted measures to strengthen services for survivors of violence during the pandemic, services to respond to and prevent gender-based violence are not identified as essential or integral to the country's National COVID-19 Preparedness and Response Plan.³⁵ Older people and persons with disabilities are mentioned as a priority group whose rights and needs must be addressed in programmes implemented across clusters,³⁶ but there is no explicit inclusion of older people and persons with disabilities across violence prevention and response initiatives, and no evidence of effective programmes targeting these groups. Failure to put in place measures to prevent and respond to violence, abuse and neglect constitute a dereliction of human rights obligations to prevent and respond to all forms of violence, abuse and neglect.

There has been a series of investigations into allegations concerning lack of transparency and accountability in the implementation of Malawi's National COVID-19 Preparedness and Response Plan. In a report by the Office of the Ombudsman in Malawi, spending 80 per cent of the total funding allocated to the coordination cluster on allowances or benefits was described as “a reflection of misplaced priorities”.³⁷ Following this in April 2021, senior government officials were arrested and sacked over misuse of COVID-19 funds.³⁸

In addition, the government diverted funding from the Department of Older Persons and Disability Affairs to support the pandemic response. This is despite the department being responsible for implementing the National Policy for Older Persons. This policy outlines support services, prevention mechanisms, and remedies and redress for older survivors and those at risk of violence, abuse, and neglect – all of which are essential during the pandemic.

“[The] government did not view [older people] as a priority group. [The] government did not target them with a dedicated programme to cushion them during the pandemic. Older people... suffered in silence.”

Representative from a community-based support service, Malawi



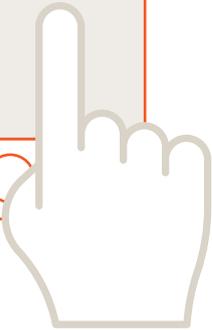
In Pakistan, the government has integrated measures to address gender-based violence comprehensively under the Socio-Economic Impact Assessment and Response Plan for COVID-19.³⁹ In addition, the Ministry of Human Rights has put together a directory of support services available for violence survivors. However, there are no specific measures targeted at older people despite the international acknowledgement of older people being at increased risk of violence.

Interviews with older people and service providers suggest that older people's rights are being denied, their agency unrecognised, and their voices excluded in the COVID-19 response. Older people are not involved in decision-making processes nor represented in implementation bodies, and their concerns and perspectives are not fully integrated into response efforts. This reflects other studies conducted in European countries where older people, including persons with disabilities, continue to be neglected both in the pandemic response, but also in measuring its effect.⁴⁰

“The government’s approach is not proactive; at best, the elderly are viewed as passive victims of a socio-economic and healthcare disaster.”

Representative of local government service provider, Pakistan

In Moldova, older women are being given training in digital skills to help them access support during the pandemic.



The government in Moldova adopted measures to strengthen and increase survivors’ access to gender-based violence services during the pandemic in its national Socio-Economic Response and Recovery Plan,⁴¹ including the provision of online psychosocial and legal assistance and access to centres for violence survivors. Older women and persons with disabilities were recognised as being at risk of gender-based violence during the pandemic, and so programmes that explicitly target these groups have been set up. For example, older women, including persons with disabilities, are being given digital skills training to help them access medical, social and psychological support during the pandemic. A referral pathway from health services has been established for older women (including women with disabilities) who have experienced gender-based violence, and shelters have adapted their services to the needs of women with disabilities. We found no evidence to be able to gauge the effectiveness of these programmes, but these efforts provide a positive example for other countries.



UNFPA, Moldova

Barriers to reporting and seeking help

Interviews conducted for this research highlighted the ways in which social and gender norms shape older women and men’s experiences of, and responses to, violence. In Moldova, one older woman describes how social norms shaped her response to the domestic violence she experienced, and prevent her from talking about or reporting it. She stayed in her marriage because of the shame and stigma of leaving, and notions of being a ‘good mother’ by putting up with violence for the sake of her children. Feeling obligated to care for an abusive partner who was now unable to live alone was cited as a reason for remaining in the relationship.

Another older woman in Moldova describes how powerful social norms led her to continue caring for an abusive family member who was intellectually disabled. These older women view seeking help and confiding in others as embarrassing, unacceptable and futile as they have low confidence in receiving help. They also view the violence as something they deserve.

Older women and men also perceive the violence and abuse they experience as normal. In interviews, neglect is described as something that was expected given the change in circumstances of children, community members, and other caregivers who supported them before the pandemic. Older women rarely view verbal and emotional abuse as violence, and some women do not identify as a victim of violence.

Older people lack information about existing specialised services and often seek help from relatives, neighbours or members of the community in which they live. Moreover, service providers and the legal system often fail to recognise financial exploitation or psychological abuse as abuse, or that older women could be affected by intimate partner violence. In Moldova, only cases of physical abuse where severe and obvious bodily injuries can be demonstrated are investigated and referred to specialist services. Fines imposed on the perpetrator create another barrier for formally reporting abuse to the police, as these often penalise the victim in households where the abuser is dependent on them.

WHO estimates that just one in 24 cases of abuse experienced by older people is reported.⁴² The COVID-19 crisis has created further challenges for older survivors reporting and seeking help in the target countries, not only because of restrictions on their movement and their fear of contracting the virus, but also because of disruptions to services. This is particularly true in rural areas where there is a lack of effective local reporting mechanisms and inadequate coverage of support services. In Moldova, according to recent data, 50 per cent of older women would not report it if they were subject to violence, while 84 per cent did not seek help when they were subject to violence.⁴³



1 in 24 cases of abuse experienced by older people is reported.

Support services during the pandemic

Disruption of support services

Support services (whether state or non-state run) were not prepared for the COVID-19 crisis and consequently not all of them have remained active throughout. In Moldova, the main factors for suspending activities have been the inability to shift to remote working due to a lack of necessary systems and cultural factors; inadequate knowledge of online platforms; a lack of necessary protective equipment; and insufficient staff. However, NGOs providing services to survivors of violence shifted online to provide remote support and advice, whilst others continued to provide support in the usual or modified way.

State institutions continued to operate, though not with the full range of support services for survivors of violence (including psychological and legal counselling, shelter, and recovery). Services at primary health care centres have been restricted during the lockdown period.⁴⁴ However, good cooperation between governmental and non-governmental institutions to provide comprehensive support services to survivors of violence and older people at risk of violence, abuse, and neglect is reported by service providers through multidisciplinary teams.

“We closed our centres. ... As a result we provided very little support to the elderly in their homes. ... They did not have access to a range of services that we normally provide. ... We received many calls from older people requesting that we should re-open the centres as they were suffering at home.”

Representative from community-based support service, Malawi

In Malawi, community-based NGOs providing services to survivors of violence, including food, clothes, medical care, and psychological counselling, suspended their activities despite the increased number of calls from older people reportedly suffering from isolation and neglect.

In Pakistan, support services such as shelters and legal services continued operating modified or reduced-capacity services, prioritising urgent cases. However, without specific attention to the needs and rights of older people, it is likely they have been disadvantaged by this.

These findings align with evidence from the Arab States and Africa which highlight disruptions to shelters, legal services and psychosocial support.^{45, 46, 47}

Underfunding of support services

The pandemic has affected the resourcing of support services, and those with limited resources before the crisis have struggled to adapt. In Moldova, centres for survivors of violence were not equipped with isolation rooms to comply with the COVID-19 prevention measures for new people entering the services. Centres have not been allocated any additional financial resources to maintain minimum quality standards in the face of the pandemic, and no response strategy has been developed for such situations by central and local public authorities.

In Malawi, some older people may not have reported abuse during the pandemic because they were denied access to services. Older people were reportedly turned back from hospitals or police stations as they could not afford personal protective equipment (PPE) such as face masks. Likewise in Moldova, 29 per cent declared that they could not afford to buy basic PPE.⁴⁸ And in Malawi, due to the absence of government assistance and a reduction in funding from existing donors, community-based NGOs have had to significantly reduce their range of services and operating hours.



MANEPO, Malawi

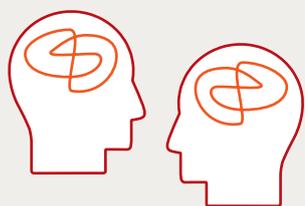
“The older people are denied access to assistance at police stations because they do not have masks. The government is violating the rights of people to access justice. ... These should be provided because people’s economic standing differs in these communities.”

Representative of local government support services, Malawi

These findings fit with reports from civil society organisations in the Arab States which maintain that the COVID-19 pandemic had impacted them negatively in terms of funding.⁴⁹



HelpAge International, Moldova



Support services such as psychological counselling need to be available to older people, including survivors of violence, abuse, and neglect.

Inadequate support services for older people

While support services, including domestic and gender-based violence services, are limited for all ages, the pandemic has highlighted the marginalisation of older people from these services. Across all three countries there are insufficient support services for older people, and older survivors and those at risk do not have access to a full range of services (state or non-state), such as psychological counselling, especially in rural areas. Gaps in the provision of justice, social assistance and health services highlight the need to develop more comprehensive mechanisms to prevent and respond to violence, abuse, and neglect of older people.

Discussions with service providers in all three countries reveal limited understanding of definitions of elder abuse versus gender-based violence, and the varied forms of violence, abuse, and neglect of older people. They also reveal a lack of necessary specialists in this field. The failure to consider the relationship between age, gender and violence may result in older survivors falling between the cracks of the elder abuse and domestic violence systems.

Where services are available, limited community engagement mechanisms mean older survivors remain uninformed about what support is available and how to reach these services. Discussions with service providers in Pakistan reveal no dedicated effort to inform older people about the available support services through community platforms and other channels. For instance, there has been no concerted effort to inform older people, including older persons with disabilities, about the police helpline or to facilitate their access to support services provided through digital technology.

Funding for support services, including domestic and gender-based violence services, whether run by state or non-state bodies, is insufficient. Older people are often not a specific target group. The result of this institutional ageism, which perpetuates the stereotype that violence is typically experienced by younger women, is that when older survivors access these services, they are often not designed to meet their needs.

Many older people are left dangerously at risk because the options available to them are limited, resulting in there being very few pathways out of an abusive situation. In Malawi, the multi-sectoral coordinated referral system provided for in the National Policy for Older Persons to support older people, including in cases of violence, abuse, and neglect, has not been created due to inadequate resourcing. In contrast, referral systems are provided for younger age groups. In addition, there is no identified consideration of the specific access needs of older women or men with disabilities, such as those living with dementia, blindness, or visual or hearing impairments.

Conclusion

The COVID-19 pandemic is an unprecedented, global crisis that has had profound impacts on the everyday lives of people around the world. The pandemic itself, and government measures to prevent its spread, have created new – and exacerbated existing – risks for older people in relation to violence, abuse, and neglect.

The research and review of secondary evidence found that during the pandemic, support services were disrupted and underfunded. Pre-existing limitations of support services for older people have been exacerbated by the crisis, stretching essential services to breaking point and exposing the lack of pre-planning and preparation for system-wide shocks of this sort. This has resulted in a failure to adequately protect the rights of older women and men experiencing or at risk of violence.

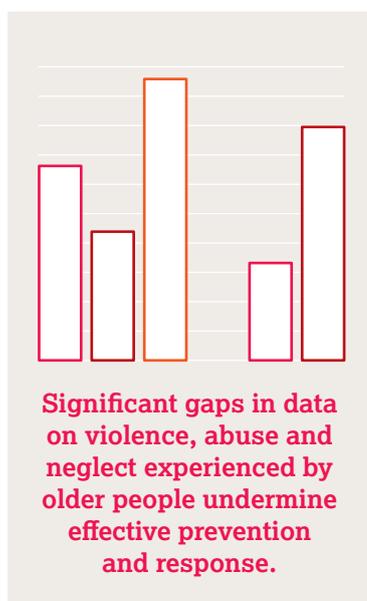
The interviews conducted as part of the research reveal changes in the nature, type, and severity of violence experienced by older women and men in domestic settings over the course of the pandemic. However, due to the scope of data collection, it is not possible to identify if similar trends exist in other settings such as institutional care facilities. This would be a worthwhile area for further research.

The research provides some evidence to suggest that prevention of, and response to, violence, abuse and neglect of older people are not adequately considered in COVID-19 response and recovery plans in Malawi and Pakistan. This is despite the recognised potential of government measures (specifically those that restrict movement and disrupt services) to worsen the incidence of violence against older people and all types of abuse.⁵⁰ This failure to undertake due diligence to prevent such incidents and provide support and redress for violence, abuse, and neglect constitutes a violation of a state's human rights obligations.

The research and review of secondary evidence also highlights how significant gaps in the collection, analysis, and reporting of data on violence, abuse, and neglect of older women and men contribute to the chronic invisibility of older people in data systems globally. These gaps hamper more effective prevention and response to violence, abuse, and neglect, and inhibit awareness of the scale of this threat to older people. In particular, there are gaps in understanding the specific risks faced by (and needs of) different groups of people aged 60 years and above, including by sex, age, disability, and underlying health conditions.

Characteristics such as age, gender and disability, and their intersection with each other, put some groups of older people at heightened risk, especially during times of crisis.⁵¹ UNFPA states that both women and men with disabilities can be up to three times more likely to experience violence,⁵² while women with disabilities are often more likely to face challenges when seeking services and lose their support mechanisms, as well as access to caregivers. More research is needed to understand the intersecting forms of violence, abuse, and neglect experienced by older people, and the risk factors and drivers that lead to them.

While this research provides a window into the experiences of a limited number of older people in three countries who have experienced violence, abuse and neglect during the pandemic, further research is needed to fully understand the complex nature of the risks to older people. Comprehensive national investigations into government handling of the pandemic should take place to learn the lessons about how societies are impacted by such events. These investigations must consider the impact of both the disease and the response to it on older people. A better understanding of how systemic shocks such as COVID-19 affect violence, abuse, and neglect of older people, in all their diversity, is essential to design and implement effective policy and programmes to better prevent and respond to similar health crises in the future.



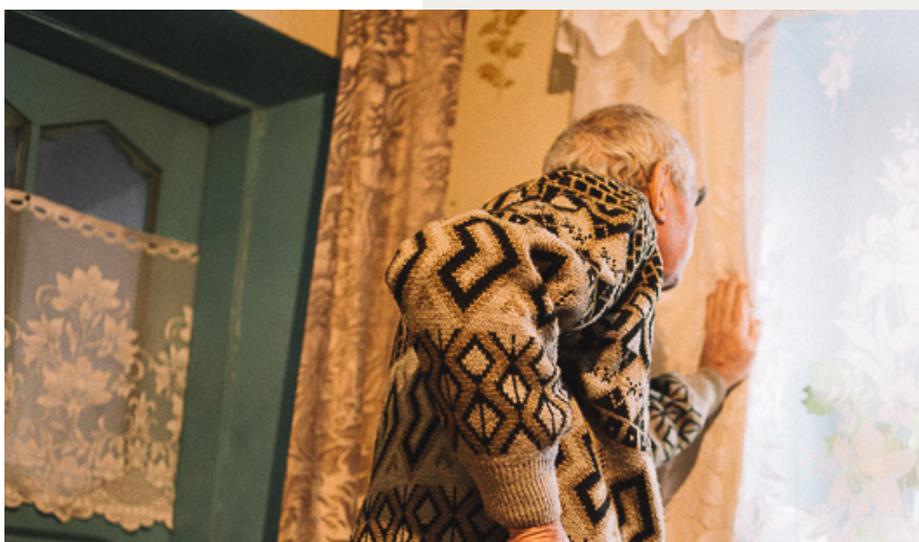


Recommendations

Nine recommendations emerge from the country research and wider review of secondary evidence:

- 1.** Governments, policy makers, service providers and UN agencies must recognise older women and men as being at risk of violence, abuse, and neglect during the pandemic and future crises, and respect their rights in this area. Prevention and response measures for older survivors must be included and adequately resourced in national COVID-19 response plans and risk mitigation communication. Diverse older people's voices and lived experiences must be heard directly and used to assess and inform violence prevention and response efforts. Consultation processes must be formalised and offered in accessible formats.
- 2.** Data producers, including governments, national statistical offices, UN agencies, multilateral agencies, service providers and donors must collect, analyse, use, and publicly disseminate, sex, age and disability disaggregated data on violence, abuse, and neglect of older people during the pandemic to inform violence prevention and response efforts. This must adhere to methodological, ethical and safety principles in the context of the restrictive measures imposed. National data gaps must be addressed beyond this.
- 3.** Governments, UN agencies, service providers, and donors must ensure support services, including domestic and gender-based violence services, are maintained and strengthened to be accessible and inclusive of older women and men, with appropriate PPE levels for staff and service users. Services moving to remote delivery models must employ digital tools and technology that are accessible to all older people, including persons with disabilities. The capacity of key service providers to identify and respond to cases of violence, abuse, and neglect must be enhanced and the coordination of support to older survivors improved now and for future crises. This could be achieved, for example, through virtual multi-disciplinary teams, including care providers, healthcare and social workers, the judiciary, and law enforcement.
- 4.** Governments, UN agencies, service providers and donors should establish helplines where they do not exist and ensure sustainable support for those that already exist. Where possible, existing services should be expanded to deal with spikes in demand during the pandemic. They should be free and accessible to all older survivors, and offer multiple means of contact, including by landline and mobile phone. They must also provide appropriate communication methods for older women and men with communication disabilities. Staff should be trained to identify and respond to cases of violence, abuse, and neglect; provide psychosocial support; and refer older people to relevant services without compromising their safety.
- 5.** Governments and service providers must ensure community members, including older women and men, are trained to recognise the signs of violence, abuse, and neglect, and the availability of support services during the pandemic and future crises. This information must be provided via multiple channels (including radio, television, internet, print media, and notices in grocery shops or pharmacies) and in accessible formats that respond to different levels of literacy, language barriers and disabilities.
- 6.** Government and service providers must provide and strengthen mental health and psychosocial support services, ensuring that they are accessible to and inclusive of older women and men. Self-isolation measures must assess and address the mental health implications for older women and men, their families, and carers. Referral pathways for mental health and psychosocial support services must be up to date and disseminated to older women and men in accessible formats.

7. Governments and UN agencies should prioritise public prevention and awareness-raising campaigns that target harmful gender stereotypes and ageist and discriminatory attitudes towards older people exacerbated during the pandemic. Campaigns should advise people to reduce their consumption of alcohol and other substances and include advice on managing stress.
8. Governments should prioritise investment in social protection as a crucial mechanism to mitigate the impacts of the pandemic on people's wellbeing and poverty while also enabling an inclusive economic recovery. In the short term, governments should expand the coverage of existing social protection schemes, including cash transfers to poor and at-risk populations. Responses should be tailored to reach older women and men experiencing increased levels of violence, abuse, and neglect due to the crisis.
9. Governments should call for and adopt a UN convention on the rights of older people with explicit provisions on the right to freedom from violence, abuse, and neglect. This would provide a definitive, universal statement that older people have the right to freedom from violence, abuse and neglect, and guide governments on how to meet their responsibilities to uphold this and other rights in older age.



HelpAge International, Moldova

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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