This submission is based on Human Rights Watch research on human rights issues impacting older women, including domestic violence, abuse, and neglect in residential institutions for older people, abuses during armed conflict, and health disparities.

**Violence against Older Women**

Older women may be at heightened risk of domestic violence, by partners, adult children, or other family with whom they live, or from caregivers. The World Health Organization regards violence against older people, including older women, as physical, psychological, and sexual violence, financial abuse, and neglect. This violence can occur in but is not limited to homes, long-term care facilities, and the internet. Covid-19 lockdown orders, which in some places lasted longer or were exclusively targeted for older people, may exacerbate the risk of violence and can increase social isolation and loneliness, financial dependency on family members or other caregivers, and alcohol and substance use in caregivers.

Inadequate data collection prevents governments from understanding the full scope of violence against older women. In some cases, data collected on older people does not include information disaggregated by gender. In other cases, data collected on violence against women does not

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1 For more information on Human Rights Watch’s reporting on women, including older women, please see https://www.hrw.org/topic/health/rights-older-people.


4 Ibid.
include older women. Some surveys or data collection include women between the ages of 18 and 74 years only.5

In Brazil, data from the Ministry of Women, Families and Human Rights hotline indicates a 70 percent increase in the number of cases of rights violations against older people, including mistreatment and exposure to health risks, from January to September 2020, when compared to the same period in 2019.6 In 2020, violence against older people ranked third in the number of complaints after violence against women and violence against children.7

In France during the first two weeks of its Covid-19 lockdown in March, there was a 30 percent increase in reports of domestic violence.8 In China, the rates of domestic abuse and family abuse increased threefold in February 2020 compared to February 2019.9 The World Health Organization Regional Office for the Eastern Mediterranean noted an increase of 50 to 60 percent in calls to women’s organizations’ domestic violence hotlines in the region, which already ranked second in the prevalence of violence against women before the pandemic.10

Recommendations

• Governments should ensure all measures to prevent and remedy violence against women, including holding perpetrators accountable and ensuring justice, includes specific policies and activities that take into consideration potentially unique situations of older women.

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5 For example, the Crime Survey of England and Wales does not collect domestic abuse data on people over 74 years old. “Don’t turn a blind eye to abuse in older people,” Age UK, June 2020, https://www.ageuk.org.uk/discover/2020/06/world-elder-abuse-day-2020/. In addition, the US-based and funded Demographic Health Survey administered in more than 90 countries does not collect data on violence against women over the age of 49, including during the Covid 19 pandemic. DHS Program: Quality information to plan, monitor, and improve population, health, and nutrition programs, https://dhsprogram.com/.


7 Ibid.


Governments should collect and make publicly available data on violence against older women and include disaggregation by disability.

Older Women in Nursing Homes

Human Rights Watch has documented how nursing homes in the United States and Australia routinely give older people, including older women, antipsychotic drugs as chemical restraints.\(^{11}\) Antipsychotic medications are often given without free and informed consent. Studies have found that on average, antipsychotic drugs almost double the risk of death in older people with dementia.\(^{12}\)

Human Rights Watch research in 2020 and 2021 on older people, including older women, in nursing homes in the United States documented serious concerns including extreme weight loss, dehydration, untreated bedsores, inadequate hygiene, mental and physical decline, and inappropriate use of psychotropic medications among nursing home residents.\(^{13}\) Staffing shortages, a longstanding issue that was a significant problem during the pandemic, and the absence of family visitors, many of whom nursing homes rely on to help staff with essential tasks, may have contributed to possible neglect and decline.\(^{14}\)

Despite serious concerns about the treatment of nursing home residents during the pandemic, 32 US states have passed laws or executive orders shielding nursing homes from civil liability during the pandemic, making it more difficult for residents or their loved ones to sue facilities for alleged harms.\(^{15}\)

Human Rights Watch also documented concerns about governments’ and institutions’ lack of transparency and clear data reporting during the Covid-19 pandemic.\(^{16}\) The US government restricted long-term care ombudspersons from visiting facilities, with limited exceptions, and suspended all routine inspections by surveyors except for infection control from March to September 2020.\(^{17}\) The US government also waived a series of data reporting requirements during

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\(^{12}\) Human Rights Watch, *They Want Docile: How Nursing Homes in the United States Overmedicate People with Dementia*.


\(^{14}\) Ibid.

\(^{15}\) Ibid.

\(^{16}\) Ibid.

\(^{17}\) Ibid.
the pandemic, including on staffing and comprehensive clinical assessments of nursing home residents, as well as on physical and mental health and indicators of neglect.

In Serbia, Human Rights Watch found that the government published daily data on the number of infected people in institutions and on the total number of people who recovered, but did not release the total number of infections and deaths. In Russia, news media and nongovernmental organizations have highlighted dozens of known outbreaks in institutions, where in some cases up to half of the residents and workers have been infected by the Covid-19 virus. Yet federal officials do not appear to publish detailed regular statistics about the numbers of infections or deaths in institutions. In June 2020, the Russian daily Kommersant quoted officials saying that there were more than 4,000 infections and over 100 deaths from Covid-19 in nursing homes.

**Recommendations:**

- Governments should ensure transparency and effective monitoring of all residential institutions, including where older women live, and ensure meaningful penalties in the event of abuse, neglect, inappropriate use of medication, or other concerns.
- Governments should ensure that older women, including those living in residential facilities, have access to complaint mechanisms, protection measures, and justice.
- Governments should ensure quality, accessible, affordable home-based and community-based services so that older people, including older women, may live at home, if they choose to do so.

**Older Women in Armed Conflict and Humanitarian Emergencies**

Crises have gendered and disproportionate impacts on women and girls, including older women. Human Rights Watch has documented that older people, including older women, experience serious risks during armed conflict and humanitarian emergencies because of unique barriers to escaping and staying out of harm’s way, as well as the degradation of support structures, including pension systems, that existed before the crisis.

Human Rights Watch’s research has found that older women have been arbitrarily detained, tortured, subjected to sexual violence, and killed including by being burned alive, among other

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20 Ibid.
serious harms, by government forces and non-state armed groups during armed conflicts in many
countries including Armenia, Cameroon, the Central African Republic, Ethiopia, Guinea, Mali,
Myanmar, and South Sudan.22

For example, during the 2020 war between Armenia and Azerbaijan, Human Rights Watch
documented cases in which Azerbaijani forces unlawfully detained older women, subjecting them
to inhuman and degrading treatment.23 Human Rights Watch in 2019 found that in the ongoing
violence in Cameroon’s Anglophone regions, people with disabilities and older people have been
among those killed, violently assaulted, or kidnapped by government forces and armed
separatists. People with disabilities, including older women and men with disabilities, have faced
attack and abuse by belligerents, often because they were unable to flee.24

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22 “Protecting Older People and People with Disabilities in South Sudan,” Human Rights Watch dispatch, June 5, 2019,
https://www.hrw.org/news/2019/06/05/protecting-older-people-and-people-disabilities-south-sudan; Tanya Lokshina (Human Rights
Watch, “Cameroon: People with Disabilities Caught in Crisis,” Human Rights Watch news release, April 5, 2019,
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Violence in Nzérékoré During Guinea’s Constitutional Referendum and Legislative Elections” (New York: Human Rights Watch, September
25, 2020),
“Cameroon: Survivors of Military Assault Await Justice,” February 26, 2021
https://www.hrw.org/news/2021/02/26/cameroon-survivors-military-assault-await-justice; They Forced Us Onto Trucks Like Animals:
Cameroon’s Mass Forced Return and Abuse of Nigerian Refugees” (New York: Human Rights Watch, September 27, 2017),

Interview: Uncovering Crimes Committed in Ethiopia’s Tigray Region, Human Rights Watch, December 23, 2020,
forcibly-disappeared; “Myanmar: Serious Rights Abuses Persist,” Human Rights Watch news release, January 13, 2021,

23 Tanya Lokshina (Human Rights Watch), “Survivors of Unlawful Detention in Nagorno-Karabakh Speak Out About War Crimes,”

Human Rights Watch has documented human rights concerns for older people due to the serious humanitarian crisis in Venezuela, including insufficient access to food, medicines, basic supplies, and medical care. Many have been unable to secure their pensions and other retirement benefits. Many have been forced to flee to other countries, where they may face discrimination in obtaining employment and obstacles to accessing their pensions.

Older people, including older women, with limited mobility due to illness, disability, or advancing age who live in nongovernment-controlled areas of eastern Ukraine have faced overwhelming difficulty accessing their pensions or are unable to get them at all. In November 2014, the Ukrainian government stopped funding government services in areas of eastern Ukraine controlled by Russia-backed armed groups. Since then, the authorities have required people who live in these areas to register as displaced persons and cross the contact line to government-controlled areas to receive their pensions. According to the Ukrainian Parliament Commissioner for Human Rights (Ombudsperson), over 450,000 of the 1.2 million pensioners living in these areas do not receive their pensions.

In March 2020, in response to the Covid-19 pandemic, the Ukrainian government and Russia-backed armed groups enforced travel restrictions on people residing in conflict-affected areas in eastern Ukraine, further inhibiting access to pensions and pushing many further into poverty, as pensioners cut back on food, medication, and essential hygiene products. Although freedom of movement is not absolute and can be restricted, including in the interest of public health, authorities and entities in charge of regulating crossing between government-controlled and nongovernment-controlled territories should ensure that restrictions don’t exceed public health needs, taking into account other less intrusive measures to help prevent the spread of the virus. Restrictions should be clear and not applied arbitrarily, and should never result in the denial of access to goods, medicines, health care, and social services.

**Recommendations:**

- The UN and UN member states should act to prevent violence against civilians, adopt policies that mitigate disproportionate harm to women and girls during situations of
conflict and crisis, and ensure effective protection and assistance, including for older people.

- Governments should ensure older people caught up in armed conflict have access to basic services, unimpeded and inclusive humanitarian assistance, and avenues of redress for violations of their rights.
- Governments should ensure people have access to their pensions, including during armed conflict and humanitarian crises.

Access to Health Care

Human Rights Watch conducted research in 2017 and 2018 in a region of the southern US state of Alabama having a predominantly Black population, high rates of poverty, and poor healthcare system. Human Rights Watch documented the failure of healthcare providers to recommend appropriate screenings for cervical cancer for older women. Cervical cancer is one of the most common cancers in women worldwide, but it is highly preventable and treatable. Advances in preventive, diagnostic, and treatment services have decreased cervical cancer mortality rates in nations with developed healthcare systems. However, these advances have not been equal among all groups.

In the US, marginalized women, including women of color and those who have low-income and are uninsured, face disproportionate cervical cancer incidence and mortality rates. Black women, and particularly older Black women, are especially at risk and are dying of cervical cancer at exceptionally high rates. Nearly all the women with whom Human Rights Watch spoke to in its research in Alabama described providers recommending cervical cancer screenings at regular intervals—some even more frequently than indicated by federal government guidelines—with one notable exception: older women.

Inadequate screening prior to reaching age 65 increases the risk of cervical cancer that women face in older age. Human Rights Watch interviewed women who reported barriers to accessing adequate screenings and follow-up care including enormous financial costs because they did not have consistent health insurance, lack of access to a local gynecologist, or difficulties securing transportation to appointments. Rural women reported having to drive long distances for essential

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32 Ibid.
gynecological care, with the cost and burden often being prohibitive. Women described having to choose between lifesaving reproductive health care and other basic needs such as electricity, medication, and food. Recent Human Rights Watch research in the state of Georgia, also in the southern US, has documented similar barriers to accessing reproductive health care for Black women living in rural areas, as well as difficulties accessing telehealth services during the Covid-19 pandemic, especially for older women who are not familiar with or comfortable using the technology required.34

Recommendations:

- Governments should protect and promote the right to health and ensure quality, accessible, and affordable healthcare services and information for everyone, without discrimination, including older women.
- Governments should develop and implement policies to improve access to quality health care for marginalized and older women that take into consideration different types and intersecting forms of discrimination and marginalization that women may experience throughout their lives and how those experiences may have a cumulative effect on women and impact their health outcomes as they age.

34 Human Rights Watch is currently conducting research in the state of Georgia. To access future publications on this research, please visit: https://www.hrw.org/topic/womens-rights.