Gender-Based Violence Prevention and Response to Older Women

In the Whole of Syria

A Guidance note to support inclusive and targeted programming for older women in the context of the Syria crisis

February 2022
Introduction

Evidence demonstrates that older women experience increased risks of gender-based violence (GBV) in humanitarian settings and that their access to lifesaving GBV services is limited. However, this vulnerable group is often overlooked and documentation on older age inclusion or dedicated programming is lacking.

Violence against Older Women Defined

"Any act of GBV that results in, or is likely to result in, physical, sexual or mental harm or suffering to older women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. This can also include financial abuse and exploitation or deprivation of resources, neglect, and abandonment."2

This Guidance Note is addressed to GBV organisations implementing a prevention/response programme in Syria. The Note aims to:

- Improve understanding of the specific vulnerabilities of older women, the barriers they face to access services and the need for inclusion and/or dedicated services;
- Underline older women's resources and capacities, as well as existing community-based protection mechanisms to capitalise on;
- Encourage and support the GBV actors across Syria to adapt their GBV prevention and response programming to the needs of older women, including through sharing good practices.

The content of this note is based on global and regional resources, on Focus Group Discussions (FGDs) carried out across Syria in the framework of the 2022 Syria Humanitarian Needs Overview, as well as on a series of structured/Experience Exchange Sessions led by the Turkey Cross-Border (TXB) GBV Sub-Cluster (SC) with GBV service providers.3

Demographic Trends

- As of today, people aged 60 and above make up 12.3% of the global population.4
- By 2050, the number of older people in the world should exceed the number of young people for the first time in history, accounting for 22% of the world’s population.
- According to data from World Population Prospects, the 2017 Revision, the number of older persons is expected to be more than double by 2050 and more than triple by 2100, rising from 962 million globally to 2.1 billion in 2050 and 3.1 billion in 2100.
- The majority of the older population will continue to be women living in low- and middle-income countries, outnumbering men as they age.
- In Syria, an estimated number of 1,040,883 persons residing are 60 years old or above (among them, 48% of women), which represent about 4.8% of the total population. According to the 2021 HNO5, 536,783 of them (over 51%) are in need of health services.
- Older women represent about 2.3% of the total population in Syria, or an estimated total of 499,367.

1 For the purpose of the Whole of Syria GBV Programme and the present Guidance Note, "Older Women" is defined by "Women of 60 years old and more". Also see Annex I: Terminology and Definitions.
3 For more details on the Experience Exchange Sessions, see the Turkey Cross-Border (TXB) GBV Sub-Cluster, “Experience Exchange Sessions”, see the section below entitled “Good Practices of Inclusion in the Whole of Syria Programming, under Programme Design and Implementation” (pp. 10-11).
Why is inclusion of Older Women important in GBV Programming?

Acknowledging diversity consists of recognising and taking into consideration the wide range of different existing backgrounds, such as age, sex, disability, race, ethnicity, origin, religion, economic or other status. In that vein, GBV actors must consider women and girls as umbrella terms that encompasses a much larger diversity. For instance, being a woman of old age is a component of diversity that can also be completed by other additional characteristics. This wide diversity also exists in humanitarian contexts and must be taken into consideration in GBV programming.

Traditional systems promoting gender inequality, which pre-dated but have also worsened with the years of conflict, place women and girls at an increased risk of violence and dramatically limit their access to resources and opportunities.

These systems of oppression are interlocking and overlapping, which lead women and girls to experience violence and discrimination differently based on their age, disability, ethnicity, religion and other diversity factors.

Diverse women and girls (such as older women, adolescent girls – including married and first-time mothers – women and girls with disability, widows, divorced and separated women and girls, women and girls belonging to marginalised groups etc.) face multiple and diverse forms of oppression, which further reduce their power and choice, while heightening their risk of exposure to GBV and the barriers to accessing services.

Delivering efficient, inclusive, quality GBV programming can only be done with an in-depth understanding of the multiple experiences of inequality faced by diverse women and girls, including older women, rather than prioritising the experience or needs of one group of women over another.

The GBV Guiding Principles, as well as broader humanitarian values and principles, require targeted actions to support the inclusion of all women and girls in GBV programming. The humanitarian principle of impartiality – providing assistance on the basis of need and without discrimination – requires donors and aid agencies to reduce barriers so that all members of a population can access relief on an equal and equitable basis. In the Sphere Standards, sex, age, and disability disaggregation are core requirements for responding to the needs of people at risk. The lack of prioritisation or discrimination against certain groups of women and girls can lead to their exclusion from emergency response, which might increase casualty rates, psychosocial impact and health issues. This constitutes a form of violence that limits women's and girls' ability to meet their basic needs and increases their risk of additional violence.

Diverse women and girls are present in every humanitarian context. Therefore, GBV actors should always:

1. Consider women and girls in all of their diversity;
2. Focus on serving the most vulnerable/at risk, such as older women, taking into account the specific needs identified and the great variety of experiences they face;
3. Take action to ensure that GBV programming is inclusive and addresses the needs; barriers and risks that diverse women and girls face, as well as avoid further exacerbating vulnerabilities.

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Specific Vulnerability of Older Women

Despite the stereotypical belief that GBV is mostly experienced by younger women, existing global data shows that violence continues to rise in older age and may even be exacerbated in older age. Voices from Syria 2022 confirms this finding and underlines older women as a specific group at risk of GBV. Indeed, violence against women is a systemic, widespread and pervasive human rights violation, experienced largely by women because they are women, and as such affects women of all ages. Moreover, older women can also experience violence precisely because of their age. Discriminatory laws and practices against older women in all spheres of their political, economic, social and family lives also fuel violence and abuse.

“Seniors! Poor them, they are all over the streets and their families are not willing to take care of them anymore.”

— Adult woman, Afrin sub-district, Aleppo, 2021

Women consulted during the development of Voices from Syria raised the alarm over the rising forms of violence against older women, frequently based on their age and the assumption that they are weak members of society and cannot defend themselves. I think it is necessary to raise awareness among women and girls about the issue of violence and to support older people. Unfortunately, we are witnessing many cases of violence against older people that did not exist previously. (Adult woman, Tartous sub-district, Tartous)

Older women themselves underline their limited capacity to confront and challenge this violence due to their age and disabilities. For the elderly and the disabled, when violence occurs, they cannot defend themselves because of their situation. (Older woman, Al-Hasakeh sub-district, Al-Hasakeh)

Various intersecting characteristics put older women at heightened risk of violence, such as living with a disability or severe/chronic health condition (dementia for instance), which affects an estimated 9% of people aged over 59. 11 Being displaced, living in rural areas, having low literacy level, being single or widowed, or care dependency are additional factors of risk.

“Widows, divorced women and senior citizens are also subjected to violence because they have no one to protect them.”

— Adolescent girl, Qamoussa sub-district, Idleb, 2021

GBV Types Affecting Older Women in Syria

“Where does violence occur? Everywhere and all the time.”

— Older woman, Al-Hasakeh sub-district, Al-Hasakeh

Older women can be subjected to GBV throughout their lives, although some types of violence are even more likely to occur in older age, such as physical, emotional and economic violence. Voices from Syria 2022 has identified the following key trends:

• Physical assault by caregivers is most common, including at the hands of older women’s children.

GBV against older women is widespread, yet mostly invisible. The lack of prioritisation of the issue, the normalisation of violence committed against them, the surrounding shame and stigma, the barriers to access services, the multiple obstacles to reach them, as well as the lack of adequate services all contribute to a low reporting rate. Moreover, GBV against older women is also likely to be under-reported as little is known about patterns of violence against women who are older. The widespread perception that older women are spared from GBV due their age and respectability also contributes to the issue being overlooked. According to HelpAge International, 12 if left unchallenged, [this lack of evidence] risks promoting a harmful stereotype that violence only happens in younger age, rendering invisible the experiences of women who are older.

Specific Barriers for Older Women to Access Services

Women and girls are experiencing a number of barriers preventing them from safely accessing timely and quality services and assistance. For older women, some of those barriers are exacerbated by additional specific constraints and impediments, among others,

• Harmful social norms and practices that may lead to the fact that individuals, communities and society more broadly tolerate certain forms of violence when it occurs in older age. Male relatives also tend to discourage older women from accessing services as a risk mitigation measure. Moreover, older women are often seen as carers of the youngest and therefore either neglect themselves or de-prioritise their own needs. Indeed, there is significant evidence that older age negatively impacts women’s health-seeking behaviour and access to services, which in turn means that the harmful health consequences for GBV can go untreated and may worsen, even as GBV continues and increases in frequency and severity.

• Limited access to information on services: due to their limited use of technology, common sight and hearing issues, as well as social isolation, older women are more likely to face barriers in accessing information on services. Too limited efforts are made to ensure proactive outreach to older women/caregivers and delivery of information in various adapted formats (for instance, easy-to-read with big letters and pictograms).

• Hampered physical access to services: older women often face increased challenges linked to
long distance and lack of adequate transportation, distributions are difficult to access by people with disabilities and the elderly due to the distance of the distribution location and transportation costs (Older woman, al-Kisra sub-district, Deir-ez-Zor). In some instances, the lack of adequate transportation or home-based service provision have to be organised, which can delay or even prevent the assistance from being provided.

- **Inappropriate services/condition of delivery:** In too many instances, services and assistance are not accessible for older women.
  - **Staff knowledge, preconceptions or attitude** can undermine the assistance offered. For instance, service providers or frontliners holding ageist stereotypes or being unable to communicate efficiently with older women are commonly reported issues. There is a general lack of awareness and knowledge related to older women's needs, which creates specific additional risks. For instance, the sexual health of older women is often ignored, marginalised, and stigmatised, impeding access to preventive services and care for interpersonal violence and sexually transmitted infections. Causes include a lack of information sharing and awareness against gender-based violence (GBV) Expert, Whole of Syria).

- **Actual conditions of delivery,** such as facility not equipped, activities not suitable, no representation of older women in the facility staff, waiting time. For instance, the conditions of distributions, which may include waiting long hours, difficult weather, and higher risks of exploitation have been flagged as possible challenges. During distributions, they insist that the person who is supposed to receive the basket should be present. Even if they are elderly or disabled, they will still have to wait in turn, which causes fatigue and psychological distress (Woman with disability, Atma camp, Idlib).

**Capacity and Opportunities of Older Women**

While acknowledging the increased risks and limitations they face, older women should not be reduced to the image of a weak and powerless community member who are unable to contribute to a more protective environment for women and girls. On the contrary, practice shows that, when properly supported, the potential of older women to contribute to preventing and responding to GBV is meaningful and should be taken into account. Indeed, older women present outstanding resilience, as well as meaningful capacities and opportunities, which can be harnessed to expand and reinforce the community-based protection networks/mechanisms, and challenge social norms in pursuit of efficient inclusive programming.

Older women that are properly included and integrated in the WGSS can recreate a social network and boost their psychosocial well-being.

"I came to the centre for the first time after I defeated cancer (...). Hence, my whole life began to change for the better. The time I spent at the centre (...) helps me forget my illness, my pain and the loneliness I am facing at home. I start feeling I am a person of value to all those here who treat me with affection and care".

— An older woman, WGSS in Idlib, July 2021.

**Capacity of Older People**

Older people do not constitute a homogeneous group, and their capacities are as diverse as their needs and vulnerabilities. The contributions that older people make to their communities (and their potential to contribute when supported to do so) should also inform development and humanitarian planning. These include:

- **Economic contribution:** older people are still working at an advanced age, supporting their families and communities, and themselves.
  - **Family support:** older people in particular often raise grandchildren and other younger family/community members, particularly in situations in which much of the parenting generation has died as a result of illness or conflict, or where the parenting generation has travelled for work.
  - **Leadership:** Other older people, such as older women, might have an unofficial position of leadership and/or influence owing to their seniority within the community. At the same time, there are often groups of older people – especially the extremely poor who do not take a seat at the decision-making table – that may be marginalised within their communities. It is important to ensure that these groups are also visible.

- **Knowledge Transfer:** older people's lifetime of experience within a community might have provided them with skills and knowledge that are critical to understanding and responding to threats, hazards and disasters within a given context. In particular, they may have vital knowledge regarding sustainable community-based mitigation strategies.
Checklist for Older Women Inclusive and Targeted GBV Programming

The below table presents a set of actions to support GBV actors in ensuring that older women are appropriately targeted in GBV prevention and response programmes. The table also includes, where applicable, good practices that are already in place across the WoS response.

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<tr>
<th>Phase</th>
<th>Actions for Inclusive Targeted Programming</th>
<th>Whole of Syria Good Practice</th>
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<tr>
<td>Assessment</td>
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<td></td>
<td>• Disaggregate data by age/sex/disability and analyse them to inform programming, coordination, and advocacy on the GBV trends affecting older women.</td>
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<td></td>
<td>• Develop awareness among staff, partners and communities on the specific vulnerabilities, increased risks and particular barriers to access services faced by older women, but also on their potential and capacity to participate and contribute.</td>
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<td>• Develop capacity of field staff (specialised and non-specialised) on how to better serve older women at risk or survivors of GBV, including on how to communicate and engage with older women.</td>
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<td>• Ensure representation/active participation of older women in every phase of the programme implementation, and all levels of community engagement.</td>
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<td>• Engage with women-led organisations/local actors who are working with/empowering older women at community level to benefit from their access and share knowledge and experience.</td>
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<td>• Monitor and address barriers faced by older women to access GBV prevention and response services.</td>
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<td>• Review the COVID-related adjustments to GBV service provision to ensure effective inclusiveness of older women.</td>
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<td>Programmes Design and Implementation</td>
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<td>• Proactively engage older women at different stages of the programme design and implementation, as well as in accountability and feedback mechanisms.</td>
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<td>• Check with the GBV Coordination Team on any specific needs/ gaps/ recommendations regarding older women programming in the targeted locations.</td>
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<td>• Consider designing a GBV programme that specifically targets older women with self-intended outcome, outputs and activities oriented towards enhancing older women protection and well-being.</td>
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<td>• Take into account the specific risks, barriers, coping mechanisms documented related to older women in times of COVID while designing the GBV prevention and response initiatives (for instance, developing targeted mobile outreach to share information, option to reach younger boys and girls. The assessment tools have been progressively adjusted to better target older women and get their feedback on GBV types, coping strategies, access and barriers to services to see how accessible, relevant and appropriate they are. More recently, FGDs carried out with older women only provided detailed information on their specific needs, risks and vulnerabilities across Syria and have informed programming, enhanced coordination and supported advocacy efforts.</td>
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<td>• Document qualitative findings that illustrate the experiences of older women to inform programme design.</td>
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<td>• Ensure that the assessment tools capture not only protection risks or vulnerabilities related to older women, but also positive coping mechanisms and capacities.</td>
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<td>• Select data collectors to be as close as possible of the target age group.</td>
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<td>• Train data collectors on how to plan and conduct assessments in a way that is comfortable for older women, (such as choosing a ground floor location, offering acceptable temperature and comfortable sitting, providing water, scheduling regular breaks, etc.), especially in times of COVID (for instance, organising small groups or home-based, with social distancing and other prevention measures).</td>
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<td>• Train data collectors on how to build trust and communicate with older women.</td>
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<td>• Design the assessment tools to better target older women.</td>
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<td>• Include older women in protection/GBV assessments.</td>
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<td>• Disaggregate data collection by sex, age, disability.</td>
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<td>• Include older women in protection/GBV assessments methodology, such as through organizing separate FGDs or key informant interviews (KIs) with older women, including older women in sample population etc.</td>
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<td>• Adapt the tools to ensure/hance efficient inclusiveness of older women, including through developing specific sets of questions, but also through spelling out the questions clearly and keeping the assessments short.</td>
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<td>• Explore communication channels that are the most appropriate and efficient to reach older women (such as radio/word of mouth/mobile teams/phone calls etc.) and use those to disseminate information about availability of services for older women and where/how to access them.</td>
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<td>• Document challenges, lessons learned and good practices to inform and improve programming.</td>
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16 Age disaggregation, such as 0-17 years; 18-59 years; 60+ years as a minimum. 17 See Annex III - Improving Communication with Older Women.
Case Management

- Support GBV services providers with survivor centred case management training that is tailored and specific to older women (prior to better serve older survivors).
- Identify, select and train case workers/managers who are knowledgeable to age and gender specific challenges and can deal with cases involving older women as a priority.
- Ensure availability of safe cash and voucher assistance (CVA) for older women to aid case management when needed.
- Where possible and available, consider providing case management through different modalities, including through remote service provision to decrease older women’s mobility challenges.
- Monitor service access and quality of care that is responsive to the needs of older women survivors of GBV through confidential client feedback surveys, ongoing supervision of case workers, and regular feedback listening sessions group and discussions with older women.
- Deepen service mapping in targeted operational areas to identify existing response services adapted to older women and alert the GBV Coordination Team on any critical GBV service availability or capacity gaps.

Developing Training Material and Technical Resources to support access to quality case management and services for Older Women

The TKI GBV SC has taken into account older women as a specific at-risk group requiring special attention and prioritisation in a number of case management related tools and resources, among others:

- The GBV SC standard operating procedures (SOPs) offer specific considerations related to case management of older women.
- The Advanced Case Management Training package includes how to serve older survivors.
- The CVA-GBV SOPs and Risk Management Analysis assess the potential risks linked to the use of CVA for older women at risk or survivors and possible mitigation measures.

Psycho-Social Support (PSS)

- Support the provision of age and gender sensitive PSS barriers to ensure that older women survivors receive sufficient protection and rehabilitation support.
- Offer options for same age groups activities, such as group counselling or psycho-education, as well as encourage the development of age specific activity manuals.
- Train and support GBV first responders to offer and maintain a supportive environment (i.e. free from ageing stereotypes, non-discriminatory and offering efficient communication with older women) and promote safe access to quality services as per referral pathways.
- Ensure information about PSS reaches older women through targeted outreach.
- Identify and remove barriers to older woman’s access to PSS, including location, mobility and accessibility, cost, privacy, language, culture, childcare, timing of activities, etc.
- Identify and promote older women inclusive community support initiatives that support safety, respect, care, and recovery.
- Ensure that appropriate and effective referral mechanisms are accessible for older women in the targeted areas and that safe and confidential referrals can be made to clinical care, mental health, and other protection/empowerment services.
- Offer alternative modalities to maintain PSS in times of COVID that are well adapted to specific barriers generated by the pandemic for older women (such as online, remote or mobile).

Women and Girls Safe Spaces

- Projectively engage older women in the design of the WISS and activities.
- Ensure the location and physical space of the WISS are actually safe and adapted for older women (i.e. taking into account distance, transportation, roads, but also facilities at the ground floor and possibility to add ramps etc).
- Adopt modalities to keep the WISS safe, including for older women, in times of COVID and communicate with those who are refraining from coming to the WISS, develop targeted interventions to maintain their contact with information and services.
- Ensure safe space activities are designed to be accessible/adapted to older women, based on their priorities and wishes (such as age-friendly sport (yoga, gym, stretching), meditation, embroidery, discussion groups, inter-generational activities, mentorship project with children or adolescent girls (such as a buddy system where older women can be paired with younger women or girls and create friendship, share experiences, advice, knowledge and reinforce each other’s social network etc).
- Organise a WISS committee to run activities that include representation of older women.
- Recruit staff and community volunteers to run WISS activities who represent older women.
- Provide inclusion and diversity sensitisation training to WISS staff and volunteers, and engage them in continuous self-awareness of implicit biases, power dynamics, and privileges that neglect older women.
- Train GBV case managers/workers on how to communicate with older women.
- Engage women and girls actively through informed outreach strategies to mitigate identified access barriers that hinder older women’s equal and meaningful participation.
- Disseminate WISS participants’ feedback on programming by age/ability and address gaps and barriers.
- Raise awareness on GBV risks of older women and the importance of non-stereotyped and non-discriminated access to services.
- Promote activities that built on positive and active roles that older women have in the community, such as joint activities with older women and adolescent girls, identify older women that are community focal points and can support conduct awareness raising or outreach activities in the community.

Addressing barriers reported by Older Women to access WISS

- GBV specialised service providers active in TB and Northeast Syria have initiated meaningful efforts to address access barriers raised by older women. Among others:
  - Ensuring the centres are actually safe both regarding locations and functioning including implementing strict infection Prevention and Control (IPC) measures against COVID.
  - Providing transportation for older women.
  - Ensuring proactive targeted identification and outreach of older women, including through WISS mobile teams.
  - Equipping the WISS with comfortable chairs, ramps, seated toilets, wheelchairs, crutches and more.
  - Training staff on diversity and inclusion to avoid negative attitudes/misconceptions and to improve communication means.
  - Establishing WISS Committees that include representation of older women.
  - Inviting older women to regular activities, as well as organising specific activities for them.
  - Making sure activities where older women are participating are delivered at ground floor.
  - Promoting older women, assigning them with leading roles during sessions.
  - Ensuring information dissemination reaches older women, including through WISS mobile teams, with leading roles during sessions.
  - Ensuring older women also receive psychological supports, including videos and theatre plays that have proven to help concentration.
Referral System

- Encourage consultation with older women in the design and delivery of integrated programming.
- Welcome referrals of older women at risk or survivors from sexual and reproductive health (SRH) services providers.
- Ensure all women survivors of GBV have access to high-quality life-saving health care, including timely clinical management of rape and post-rape treatments.
- Ensure that access to health services is not undermined by GBV and/or health staff attitudes or power dynamics based on the intersectional inequalities faced by older women.
- Ensure health staff are trained to deliver age-appropriate services and include component of diverse populations, non-discrimination, stigma reduction, power dynamics, and right to access services into clinical capacity building for staff.
- Ensure that GBV actors are aware of SRH needs of older women and work in collaboration with GBV teams to raise awareness jointly, including in WBGJ and mobile/outreach teams.
- Support inclusion of community-led outreach, community health workers, women's group and other community outreach workers to exhaustively encompass older women to inform affected health and reproductive health related consequences of GBV and services available.
- Advocate in-house for disaggregation of health information system by sex, age, disability to monitor GBV risk reduction activities and access and barriers to health services (in case your organisation is implementing health/SRH interventions).

When conducting/updating GBV service mapping in the targeted areas, include criteria that assess inclusive access to services by older women.

- Identify local actors providing specialised services to older women GBV survivors, ensure they abide by the inter-agency guidance on safe service delivery in times of COVID, and specify them in the relevant referral pathways.
- Make sure that every referral includes information regarding the survivor/woman at risk age and if any special need vulnerability has been identified.
- Engage social change and inclusion actors to ensure their familiarity with GBV response referral pathways and support older women from these groups to access services.
- Ensure information on multi-sectoral adapted services are accessible to older women through multiple mediums, multi-language radio, posters with big size letters, etc.
- Monitor feedback from older women focusing on barriers and accessibility in referral systems and take action to remove barriers and increase their access to multi-sectoral services.

GBV-SRH Integration

- Target older women in outreach interventions and develop specific priority messages for them (for instance on specific GBV-SRH issues, existing services for older women etc).
- Pilot/implement a range of community outreach approaches that meet the needs of older women, including GBV-related information, education, and communications (IEC) materials that include representations of older women.
- Use radio as well as visual IEC materials reach older women with visual/hearing disabilities.
- Implement a range of community outreach approaches that meet the needs of older women.
- Raise awareness on GBV risks of older women, as well as the importance of non-stereotyped and non-discriminated access to services.
- Work with older age actors and the community to co-host outreach events.
- Discuss with older women how to safely engage them in peer-to-peer outreach activities.
- Implement listening sessions or other preferable feedback mechanisms with older women to get feedback on outreach activities and adjust programming based on their recommendations.
- Leverage experiences, lessons learned/best practices from local actors working with older women.
- Celebrate World Elder Abuse Awareness Day in addition to mainstreaming Older Women risks and needs in regular International Days, such as the International Women's Day and the 16 Days Campaign of Activism against Sexual Violence.

Community Outreach

- Discuss with older women how to safely engage them in peer-to-peer outreach activities.
- Implement listening sessions or other preferable feedback mechanisms with older women to get feedback on outreach activities and adjust programming based on their recommendations.
- Leverage experiences, lessons learned/best practices from local actors working with older women.
- Celebrate World Elder Abuse Awareness Day in addition to mainstreaming Older Women risks and needs in regular International Days, such as the International Women’s Day and the 16 Days Campaign of Activism against Sexual Violence.

Dignity Kits

- Establish eligibility criteria that considers older age as a factor of selection/prioritisation.
- Make sure the content of the kits meets the needs of older women through their participation in the design of the kits and in regular post-distribution monitoring exercises.
- Consider designing tailored dignity kits that better meet the specific needs of older women (including items such as prayer outfit, large size diapers, plus size cotton underwear; moisturising cream, emollient hand cream; other personal hygiene equipment).
- Ensure that the distribution exercise is inclusive to older women needs through adjustments, such as reserved seats, large easy to read font, and support person and home delivery as an option.
- Ensure that strict ICP measures are implemented throughout the distribution exercise.
- Request that older women take part in the post-distribution monitoring exercises so that their qualitative feedback is captured and taken into account.
- Develop a Guidance note to harmonise distribution modalities and uphold inclusion standards.

Ensuring inclusive distribution of dignity kits adapted to the needs of Older Women and other vulnerable groups

- The FJR GBV SC has developed a Guidance note to harmonise the distribution modalities among partners and make sure the inclusion standards are met, including in times of COVID. Among modalities in place:
  - Prioritisation of older women, both in terms of selection criteria and in terms of actual delivery (limited waiting times).
  - Seats and shade are systematically provided and a support person is available to facilitate the procedure.
  - Strict infection prevention and control (IPC) measures are implemented.
  - Home delivery is provided, if needed.
  - The distributions of dignity kits are regularly monitored through third-party monitoring (TPM), which checks specifically the inclusion requirements and the older beneficiaries’ level of satisfaction.

19 World Elder Abuse Awareness Day is celebrated on 15th June. (Elder Abuse can include physical and sexual abuse, emotional and psychological abuse, financial exploitation, and neglect. It can constitute an act of GBV if the root cause of the violence is based on gender inequality. The “World Elder Abuse Awareness Day” is celebrated on 15th June. “Elder Abuse” can include physical and sexual abuse, emotional and psychological abuse, financial exploitation, and neglect. It can constitute an act of GBV if the root cause of the violence is based on gender inequality. The “World Elder Abuse Awareness Day” is celebrated on 15th June. “Elder Abuse” can include physical and sexual abuse, emotional and psychological abuse, financial exploitation, and neglect. It can constitute an act of GBV if the root cause of the violence is based on gender inequality. The “World Elder Abuse Awareness Day” is celebrated on 15th June. “Elder Abuse” can include physical and sexual abuse, emotional and psychological abuse, financial exploitation, and neglect. It can constitute an act of GBV if the root cause of the violence is based on gender inequality.

Piloting targeted Mobile and Online Interventions to Outreach and Engage Older Women

- Acknowledge the physical barriers preventing older women from accessing RSJs and other services in Northwest Syria — significantly worsened by the COVID pandemic — service providers have piloted and documented mobile and outreach initiatives targeting older women.
- The outreach teams have initiated door-to-door visits to share information, raise awareness and engage older women in FAQs and in designing interventions taking into account their feedback and suggestions.
- Protection GBV remote/mobile outreach was initiated in the context of the COVID response to encourage older women to participate in WhatsApp discussions/online awareness raising initiatives.

- Recommendation of local actors working with older women.
- Celebrate World Elder Abuse Awareness Day in addition to mainstreaming Older Women risks and needs in regular International Days, such as the International Women's Day and the 16 Days Campaign of Activism against Sexual Violence.
### Annexes

#### Annex I - Additional Resources

- Age and Disability Capacity Programme, | Humanitarian Inclusion Standards for Older People and Disabilities | 2018.
- Age Action | Guidelines for including ageing and older people in development and humanitarian policy and practice | 2014.
- American Association for the Advancement of Science (AAS) in partnership with HelpAge USA | Age is no protection: Prevalence of gender-based violence among men and women over 49 years of age in five situations of protracted displacement | 2017.
- HelpAge international | Briefing Note on Violence against Women and Girls | 2017.
- HelpAge International | Age-Inclusive Humanitarian Responses | 2017.
- HelpAge International | Ensuring access to GBV services for older survivors in Jordan | 2019.
- UNFPA | Case study, UNFPA’s experience with Disability and Older Age Inclusion (DOAI) in Humanitarian Assistance (Roraima, Brazil) | 2019.
- Violence Against Women and Girls Helpdesk | GBV against Older Women | 2015.
- World Bank | Brief on Violence Against Older Women | 2016.

#### Annex II - Terminology and Definitions

- There is no global consensus on when “old age” begins, mainly because the perception of aging varies by individual, community, and societal contexts.
- The UN define “older persons” as those aged 60 years and over.
- The right terms are “older women” or women who are old. Avoid elders, old women or OAP (for old age pensioner).
- Ageism is the systemic stereotyping of and discrimination against people because they are considered old. The social construction of old age is reinforced by ageism, which can further inhibit the realization of equality for older women.
- Aging. The chronological process of adding years to life and growing older, as well as the social process by which persons are subjected to perceptions based on their relative accumulation of age.
- Barriers to accessing essential services for survivors of violence in later life include, health and social care professionals’ low awareness of GBV against older women; reluctance to disclose abuse or violence; cultural belief systems where older women are seen as carers whose needs are often placed last; lack of awareness of services; and lack of legal justice, particularly if the abuser is also elderly.
- Elder abuse: Maltreatment of an older adult consisting of 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. Elder abuse includes physical and sexual abuse, emotional and psychological abuse, financial exploitation and neglect.
Inclusion is defined as the process of improving the terms of participation for people who are disadvantaged on the basis of several factors, including age sex, disability, race, ethnicity, origin, religion, economic or other status through enhanced opportunities, access to resources, voice and respect for rights.

Risk factors include prior history of interpersonal violence, widowhood, disability, substance abuse, care dependency, isolation, cognitive decline and dementia, depression, lack of support for the older person’s caregiver or caregiver stress, poverty, illiteracy and other language barriers, and residing in institutional care facilities.

Violence against older women: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to older women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. This can also include financial abuse and exploitation or deprivation of resources, neglect, and abandonment.

Humanitarian Inclusion Standards for the Protection Sector

Protection Inclusion Standard 1: Identification of Protection Concerns / Older people and PWD have their protection concerns and capacities identified and monitored.

Key Actions
1.1. Adapt protection assessment and monitoring tools to collect information on the protection concerns and capacities of older people and PWD.
1.2. Include older people and PWD in age- and gender-appropriate protection assessments.

Protection Inclusion Standard 2: Addressing Concerns and Barriers / Older people and PWD with protection concerns have access to protection services and are protected from risks of physical and psychological harm.

Key Actions
2.1. Build awareness among staff, partners, and communities of the increased risks faced by older people and PWD.
2.2. Strengthen case management and referral mechanisms to ensure that older people and PWD at risk of protection concerns are identified and referred.
2.3. Provide appropriate services and support to older people and PWD at risk of protection concerns.
2.4. Address and monitor barriers to accessing protection response services.

Protection Inclusion Standard 3: Participation and Empowerment / Older people and PWD are included in prevention of violence, exploitation and abuse, and in empowerment activities.

Key Actions
3.1. Use a range of communication channels and methods to ensure that older people and PWD have access to information about prevention and empowerment activities.
3.2. Include older people and PWD in community-based protection activities.

Annex IV - Improving Communication with Older Women

Communicating with older women has been raised as one of the main challenges for the GBV service providers and staff. The most common barriers to efficient communication include the declining sensory cognitive and physical abilities of older beneficiaries.

In most cases, older women can communicate directly with no, or relatively small, adaptations. When engaging with older women in GBV prevention and/or response interventions, it is recommended to do the following.

- Schedule case management appointments or awareness/empowerment activities with older women early in the day. Older persons often get tired later in the day and WGSS/Health Centres tend to be quieter in the morning. Unless participants raise specific time constraints (for instance unavailability of accompanying persons or transportation) and suggest otherwise, mornings and early afternoons should be prioritised for interventions/activities engaging older women.

- Allow extra time for sessions including older participants. Because of their increased need for information and their likelihood to communicate less efficiently, to be nervous and to lack focus, older women might require additional time to fully benefit from the intervention. It is preferable to plan for it, and not to appear rushed or uninterested. Participants will sense it and shut down, making effective communication more challenging.

- Take a few moments to welcome older women, especially if they are new to the WGSS/Health Centre or to the activity group. If you meet for the first time, introduce yourself clearly and do not speak too quickly. Remember to explain your role or refresh the participant’s memory of it. In order to establish rapport and/break the ice, ask friendly questions about their families, their living area etc. Make sure they are properly introduced to the staff and other participants they meet.

- Use the proper form to address older participants. Establish respect right away by using formal/culturally appropriate language to address respectfully older women. Or you might ask the participant about preferred forms of address and how she would like to address you. Avoid using familiar terms with older women (even with the aim of breaking the ice and establishing the relationship), as this tends to sound patronising. Make sure the staff understands the importance of addressing respectfully older women.

- Make older women feel comfortable. Ask staff to make sure they are offered a comfortable seat (i.e., firm, and of standard heights with arm support) and they are shown around (activity rooms, bathrooms, support materials if need be).

- Use active listening skills to communicate with older women. Good communication depends on good listening, so be conscious of whether you are really listening to and understanding what older women are telling you.

- Sit face to face. Older women might have vision and hearing loss, and so reading your lips may be crucial for them to receive the information correctly. Sitting in front of them may also reduce distractions. This simple act sends the message that what you have to say to the participants, and what they have to say to you, is important.

- Maintain eye contact. Eye contact is one of the most direct and powerful forms of nonverbal communication. It tells participants that you are interested in them and they can trust you. Maintaining eye contact creates a more positive, comfortable atmosphere that may result in patients opening up and providing additional information.

- Show responsiveness: when the participants are talking, use frequent, brief responses to acknowledge and confirm attention, such as “I see”.

- Compensating for possible hearing deficits. Age-related hearing loss can be common, especially for 65+ persons. In order to communicate with older women who have lost some hearing.

- Make sure the participants can hear you. Ask if they have a working hearing aid.

- Talk slowly and clearly in a normal tone. Shouting or speaking in a raised voice actually distorts language sounds and can give the impression of anger.

- Avoid using a high-pitched voice; it is hard to hear.

- Face the person directly, at eye level, so that he or she can lip-read or pick up visual clues.

- Keep your hands away from your face while talking, as this can hinder lip-reading ability.

- Be aware that background noises can mask what is being said.

- If your patient has difficulty with letters and numbers, give a context for them. For instance, say, “M” as in “Mary” and “five, six” instead of fifty-six. Be careful with letters that sound alike (for example, m and n or b and d).

- Keep a notepad/board handy so you can write what you are saying when and if needs be.

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• Risk factors include prior history of interpersonal violence, widowhood, disability, substance abuse, care dependency, isolation, cognitive decline and dementia, depression, lack of support for the older person's caregiver or caregiver stress, poverty, illiteracy and other language barriers, and residing in institutional care facilities.

• Violence against older women: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to older women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. This can also include financial abuse and exploitation or deprivation of resources, neglect, and abandonment.

Annex III - Humanitarian Inclusion Standards for Older People and People with Disabilities

The Humanitarian Inclusion Standards (HIS) for Older People and People with Disabilities (PWD) were developed as part of the Age and Disability Capacity Programme (ADCAP) in 2018 to provide guidance across all stages of emergency response to ensure older people and people with disabilities are not excluded. The HIS set out clear actions that can be taken to protect, support, and engage older people and people with disabilities and offer guidance to identify and overcome barriers to inclusion.

22 These factors can cumulate, increasing disadvantage and vulnerability.
23 Age and Disability Capacity Programme/ Humanitarian Inclusion Standards for Older People and People with Disability, 2018, available here.
Tell the participants when you are changing the subject. Give clues, such as pausing briefly, speaking a bit more loudly, gesturing toward what will be discussed, or asking a question.

Compensating for possible visual deficits. Visual disorders become more common as people age. In order to help manage the difficulties caused by visual deficits,

- Make sure there is adequate lighting, including sufficient light on your face. Try to minimise glare. Avoid sitting older women in shadows. Good lighting will help the participants’ ability to read printed material, see facial expressions and read lips.
- Check if participants have brought and are wearing eyeglasses, if needed.
- When using printed materials, make sure the type is large enough and the typeface is easy to read.
- If participants face trouble reading, consider alternatives such as IEC materials with large pictures or diagrams.
- In the WGSS/Health Centres, use easy-to-read signs/messaging to help provide important information.

Use short, simple words and sentences. Simplifying information and speaking in a manner that can be easily understood is one of the best to ensure that information is passed and retained. Do not use technical terms that are difficult for the participants to understand. In addition, some words may have different meanings to older participants than to you or your peers. Although you cannot anticipate every generational and cultural/ethnic difference in language use, being aware of the possibility may help you to communicate more clearly. Low literacy or inability to read also may be a problem. Reading materials written at an easy reading level can help.

Frequently summarise the most important points. In a group awareness or an individual case management session, it is critical to take the time to go back to the main element of discussions and key messages/recommendations. You can also suggest that participants recap/rephrase themselves, as repeating would lead to a better recall.

Ensure older women have full opportunity to participate actively. Make sure you capitalise on the capacity of the older participants. In the context of case management, older survivors should lead themselves in the development of the safety plan and the recovery process to the fullest extent possible, in accordance with a survivor-centred approach. In awareness or empowerment sessions, active participation should be encouraged (express themselves, ask questions, take a lead role etc). In order to facilitate/encourage trust-building and effective participation, it is recommended to ensure representation of older women among the organisation staff.

Demonstrate empathy. Watch for opportunities to acknowledge and respond to participants’ emotions, using phrases such as ‘That sounds difficult’ or ‘I’m sorry you’re facing this problem’ or ‘I think we can work on it together’.

Take time, watch, and listen. If you are in a context where you will be able to see the older person more than once (for instance case management or structured activities), you will get to know her better and progressively understand how she communicates.

Never put older women under pressure. Age related impairments or stress can reduce older women’s ability or willingness to participate, contribute or provide information. Especially in the context of case management, respect her readiness to speak and maintain at all times a survivor-centred approach.

Conclusion: Get your Team Ready!

Effective communication is not an exact science. Older women might also present different communication needs, which would require different techniques. GBV team members should be trained on the tips above, keeping in mind that they will have to experiment, find which strategies work best and adjust them if needed. The objective is to equip GBV service providers and staff to better serve older women, helping them to reach an increased level of comfort, satisfaction and empowerment when accessing GBV prevention and response support.
Gender-Based Violence Prevention and Response to Older Women
In the Whole of Syria

A Guidance note to support inclusive and targeted programming for older women in the context of the Syria crisis

February 2022