

Exploring violence against older women in the Western Balkans, Moldova and Ukraine

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The gratitude also goes to UNFPA for supporting this analysis and for their continuing support for research and support projects with older persons.

Special gratitude is owed to Ms. Susan Somers, President of the International Network for the Prevention of Elder Abuse (INPEA) for her insights and continuing support.

Going forward in the context of INPEA

by Susan B. Somers, President, International
Network for the Prevention of Elder Abuse (INPEA)

This is an era of great disruption, suffering and uncertainty but also of hope. COVID 19 is a pandemic that has upended the lives of millions around the world. Older people whether living in their communities or in care homes have been particularly affected, both by the virus itself and well-meaning policies that kept them prisoners of their homes, whether in private or congregate settings. As the UNFNP, the UN Secretary General in his 2020 policy brief, and others have reported, older women have been both exposed to more and hidden violence in their residences and left widowed in greater numbers. This has resulted in many left isolated, lonely and poverty-stricken.

However, as awareness of these tragedies grew, so did responses by human rights activists and organizations like INPEA, which is the only non-governmental organization with consultative status at the United Nations that has as its sole mission the prevention of elder abuse. UNFPA had already helped to organize and promote an international network of older women advocates around the world to share and collaborate on sharing data collection, best practices, interventions and advocacy from around the world. It networked with domestic violence, ageing, and human rights organizations to incorporate older women and widows into research and interventions.

Through its bi-weekly zoom meetings with members around the world, INPEA sought to raise awareness, promote collaborations, and engage a global network of researchers, practitioners, educators and advocates in a stronger focus on older women and abuse. INPEA also reaches out to UN Women and UN Department of Social and Economic Affairs and other UN offices to consult and advocate with them.

INPEA arranges presentations at its bi-month zoom meetings to educate and share expertise and information with and among its participants. Examples include information on trauma and elder abuse, country-based legislative programs to prevent elder abuse, older women and human rights, and other topics. INPEA also participates in UN commissions such as the Commission on the Status of Women, and the Commission on Social Development. Other venues include the Open Ended Working Group on Ageing, and opportunities to comment on reports by the Human Rights Commission and the Independent Expert on Ageing.

Promoting scholarship like the groundbreaking study on neglect, abuse and violence against older women by the Serbian Red Cross and partners to a global audience and the international human rights community is part of INPEAs mission. As expressed by Board Member Dr. Pat Brownell, who consulted on the project, this research meets the gold standard and will be of enormous value to ensure violence against older women can no longer be ignored. We are all indebted to Professor Marija Babovic and Natasa Todorovic, INPEA Regional Representative for Europe, Dr. Milutin Vracevic, INPEA national Representative for Serbia, OSCE for kindly providing access to the research database and UNFPA for recognizing the importance promoting data on violence against older women.

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1.

Introduction

This study presents the prevalence, characteristics, and consequences of gender-based violence against older women, as well as the extent to which they seek help from community-based systems of support and how these systems respond to their help-seeking. The research findings presented here are based on both quantitative and qualitative research methods. In 2018, the Organization for Security and Cooperation in Europe (OSCE) conducted a prevalence study on intimate partner and non-partner violence against girls and women of all ages. The Survey on the Well-being and Safety of Women was conducted in Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, Moldova, Ukraine, and Kosovo*, with the goal of providing comparable data on different forms of violence women experience in their childhood and throughout their life course. It included representative samples of women aged 18-74 in each country/territory. The inclusion of older women in the sample provided an exceptional opportunity to have fully comparable findings between countries/territories in the region and among age cohorts. However, the analysis was done at the level of the entire sample, without further regional and little age disaggregation, consequently, available findings did not fully reflect experiences of violence reported by older women in the study at the country and regional levels.

*This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence

PURPOSE AND OBJECTIVE OF THE REPORT

The purpose of this report is to describe experiences of gender-based violence reported by older women (ages 65-74) in the region of Southeast and Eastern Europe. The study on which the report is based captures the most recent experiences of violence (within the past 12 months of the survey interview) against older women as well as their lifetime experiences with intimate partner and non-partner violence, both as adults and as children. Accumulated disadvantages including experiences of violence during a woman's lifetime strongly influence overall health and wellbeing in older age, particularly when understood in the context of this stage in the life course. The age of 65 was selected as the start of old age for the purposes of this report because it is the legal age of retirement in the countries from which the study sample was drawn.

2.

Conceptual background and methodology

2.1 CONCEPTUAL BACKGROUND

Violence against older women is a problem that has been insufficiently researched. Despite the progress made in the last few years, there is still a dearth of successful interventions, including best practices, for ensuring the safety of this population. While it is well known that violence has adverse consequences on both the physical and mental health of older women, most research and existing evidence focuses on women during their reproductive years (15-49). There is very little data on the types and patterns of violence against women over 50 years¹.

In addition, there is lack of an adequate theoretical framework and insufficient research to shed light on violence against older women, and data collection is not sufficiently systematized. International intimate partner and non-partner prevalence studies on violence against women usually don't include older women as subjects, much less reflect the intersectionality of their life experiences in rural and urban areas, ethnicities like Roma and other factors. Violence against older women affects all areas of their lives. It is both a problem of societal and gender inequality. Gender-based violence does not stop as women age and is a human rights violation.²

Despite data from 2017 showing that one in seven older women, or over 68 million older women worldwide, have experienced some form of violence, this type of gender-based violence has not received the same public health attention as other forms or even the same attention within the existing body of research on violence. It is also a human rights violation and should be monitored within the framework of the United Nations Sustainable Development Goals. In order to achieve goal number 5 – elimination of all forms of violence against women by 2030 – it is paramount that adequate and continuous data collection on violence against women of all ages is available. In monitoring the achievement of this goal, it is important to note the experiences and needs of older women, which are often overlooked in data collection and service development. Addressing this should be a priority public health goal to achieve by 2030. This will require ongoing research to develop effective strategies for preventing and responding to violence against older women

Neglect, abuse and violence were identified at the Madrid 2002 Second World Assembly on Ageing as critical issues affecting the well-being of older people. Older women in particular face “greater risk of physical and psychological abuse due to discrimi-

¹ Meyer, S-R., Lasater, M-E., and García-Moreno, C. (2020) Violence against older women: A systematic review of qualitative literature. *PLoS ONE* 15(9): e0239560. <https://doi.org/10.1371/journal.pone.0239560>

² Nataša Todorović, Milutin Vračević, Marija Babović, Biljana Stepanov, Bojana Matejić and Bosiljka Đikanović; On No Man's Land – Gender based violence against older women (65+) in the Republic of Serbia; red Cross of Serbia 2021: <https://www.redcross.org.rs/media/7139/na-nicijoj-zemlji-web-low-res.pdf>

natory societal attitudes and the non-realization of the human rights of women”³.

The Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) affirms that violence against women is rooted in the historical and structural inequity in the power relations between men and women. Gender-based violence is understood as a form of discrimination that serves as a barrier to the realization of all human rights and fundamental freedoms by women. CEDAW General Recommendation No. 27 specifically addresses the implications for older women⁴.

The lack of specific data on neglect, abuse and violence against older women confounds efforts to identify the scope of the problem world-wide, including prevalence, risk factors, health consequences and cultural differences. Available data are contradictory and confusing, owing to the differing definitions, measures, and forms of abuse studied by researchers, policy makers and practitioners⁵.

An expert working group (EWG) convened by the Department of Economic and Social Affairs (DESA)

³ United Nations (2002): Report of the Second World Assembly on Ageing, Madrid, Spain. United Nations (2002). Retrieved on February 12, 2022, from: undocs.org/en/A/CONF.197/9.

⁴ United Nations (2010), Convention on the Elimination of All Forms of Discrimination against Women: Committee on the Elimination of Discrimination against Women (October 2010). General Recommendation No. 27 on older women and protection of their human rights, CEDAW/C/2010/47/GC.1

⁵ United Nations (2013). Neglect, Abuse and Violence Against Older Women. New York, New York. Retrieved on February 12, 2022, from: <http://un.org/esa/socdev/documents/ageing/neglect-abuse=violence-against-older-women.pdf>

met at the United Nations in New York City in November 2013 to address neglect, abuse and violence against older women across developing and developed countries and obtain a clearer understanding of its prevalence⁶. Its key objectives were to identify gaps in prevalence data to better understand the scope of the problem and promote research, identify best practices and single out strong legislative frameworks for preventing it.

Types of abuse or violence typically measured in violence prevalence studies with older women subjects include physical/sexual, psychological/emotional, financial and neglect. These may be defined differently depending on the framework or paradigm within which these studies are designed. Definitions of elder abuse and neglect are used for research, particularly prevalence and population studies, policy and program development, and practice. Three influential frameworks or paradigms reflecting divergent underlying assumptions about neglect, abuse and violence against older women have been used to guide research and policy decision making. These include **partner/non-partner violence**, **active ageing** and **vulnerable older adult**.

The partner/non-partner framework focuses on intimate partner violence and non-partner violence against women that includes physical and sexual violence, emotional abuse, controlling behaviors and physical violence in pregnancy. It also

⁶ United Nations (2013). Neglect, Abuse and Violence Against Older Women. New York, New York. Retrieved on February 12, 2022, from: <http://un.org/esa/socdev/documents/ageing/neglect-abuse=violence-against-older-women.pdf>

includes a life course perspective on violence by non-partners since 15 years of age, and childhood abuse experienced before 15 years of age. Lifetime violence prevalence is sometimes calculated across the lifespan for girls and women of all ages: this provides a relatively standardized prevalence measure that can be used to compare violence rates across cohorts of women into old age. **Violence** is the term most frequently used to describe harmful acts perpetrated against women subjects. It links intentionality with the commitment of violent acts and links the acts to a power relationship.

Using this theoretical framework to examine violence against girls and women across their life course, researchers have found that older women experience significantly less violence than younger women, suggesting that in this frame the abuse of older women is not a significant problem compared to that experienced by younger women and girls. Looking closer at prevalence studies on partner and non-partner violence against women, it is apparent that older women are marginalized in these studies. Most samples only include women as subjects who are forty-nine years and younger. Survey questions are worded to capture the lived experiences of younger, not older, women. For example, financial exploitation is an important form of violence against older women, but in violence against women (VAW) studies it is typically subsumed under psychological violence.

A different picture of violence against older women emerges when examined within an **active ageing frame**. In the Toronto Declaration on the Global Prevention of Elder Abuse, elder abuse

is defined as “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. It can be of various forms: physical, psychological, emotional, sexual, and financial or simply reflect intentional or unintentional neglect” (1). This is linked to the active ageing concept of older adulthood, in which older women and men live independently in their communities and are productive contributors to society. The term used for harmful acts perpetrated against an older adult is **abuse**. The age of the victim is not defined as part of this definition but is usually 60 years of age and older in older adult abuse studies, because they tend to focus on older adults living in the community, and not specifically on older women. This definition used in elder abuse research, policy and practice formulation, and is reflected in the 2002 Madrid International Plan of Action on Ageing⁷.

‘Trusting relationship’ is a key concept in both active ageing and vulnerable older adult frames or paradigms. This speaks to the nature of the relationship between older adult victims and perpetrators of abuse: crimes committed against older women by strangers are not defined as elder abuse in these research frames. This is not the case in partner and non-partner violence research, where rape and other forms of violence can be perpetrated against girls and women of all ages through casual dating experiences and by strangers.

⁷ United Nations (2002): Report of the Second World Assembly on Ageing, Madrid, Spain. United Nations (2002). Retrieved on February 12, 2022, from: undocs.org/en/A/CONF.197/9.

In the **active ageing** framework or paradigm, perpetrator categories expand to include adult children and grandchildren, other relatives, neighbors and friends, and caregivers. As in the partner/non-partner violence paradigm, victims are assumed to live in the community, but may not necessarily have an intimate partner relationship. Forms of abuse are also expanded in this frame to include, in addition to physical, sexual and psychological abuse, also financial or material exploitation, and neglect. Measures of psychological abuse may go beyond threats of physical or sexual violence to include denigrating verbal abuse as well as non-verbal abuse in the form of social control behaviors like isolating, ignoring, and treating the older woman as a child. Where available, prevalence data for the abuse of older women has been found to be as high as 35%⁸.

A third paradigm of violence and abuse against older women assumes frailty and cognitive impairment leading to care dependency and necessitating protection to avoid victimization. The **vulnerable older adult frame** assumes that the vulnerability of the older people in this category is based on their inability to care for themselves or even supervise care. Gender is not necessarily defined in these studies. Perpetrator categories are expanded to include not only family members and neighbors but also formal caregivers and other residents of

care facilities as well. **Neglect** as a form of abuse is highlighted in this paradigm or frame, although physical and sexual abuse by formal caregivers or other care facility residents is also of concern, as well as financial exploitation. It is assumed that the victim may not be able to report abuse because of cognitive or other impairments, so third party reports are utilized, creating difficulties with data accessibility. Gender-based prevalence data are largely unavailable for older women in protective settings, although this varies from one country to another.

While identified forms of violence against women, including older women, are well established particularly in developed country research, including physical, sexual and psychological abuse, financial exploitation, and neglect, other forms of violence against older women are less commonly identified in research and have not been well studied. These include violence against older women in minority populations and abuse of older adults in institutional settings like care homes.

Interviews with older women victims of abuse often reveal other reasons why they are not well represented in domestic violence programs and police reports. Older women report feeling unwelcome in domestic violence shelters, where programs for younger women with children dominate, and do not feel that they are considered as entitled to services as women of reproductive age. They also feel that adult protective services are not appropriate for them, because they do not identify themselves as frail and cognitively

⁸ Luoma, M. L., Koivusilta, M., Lang, G., Enzenhofer, E., De Donder, L., Verté, D., Reingarde, J., Tamutienne, I., FerreiraAlves, J., Santos, A. J. and Penhale, B. (2011): Prevalence study of abuse and violence against older women: results of a multi-cultural survey in Austria, Belgium, Finland, Lithuania, and Portugal (European Report of the AVOW Project), Finland, National Institute of Health and Welfare.

impaired. Aging service systems, where they exist, may not offer crisis intervention services or trauma counseling. Older immigrant women cite language and cultural barriers. Older women express concerns about leaving batterers, who may be older and ill, as well as reluctance to prosecute adult children and grandchildren, who may suffer from mental illness or substance abuse problems.

The police in some countries may not regard the abuse of older women by aging batterers or adult children as a matter for law enforcement. Psychological abuse, when experienced by older women, has been found to result in physical health problems such as heart disease and joint pain, as well as mental health problems like depression and anxiety. However, this type of abuse often does not rise to the level of a crime, such as menacing or stalking, and may be trivialized by domestic violence programs or law enforcement.

Prevention of violence against older women is an important public policy goal. Strategies range from public education to sanctions through the criminal justice system. Elder abuse prevention has lagged behind domestic violence prevention and, where it exists, has been conducted largely through aging service systems and non-governmental organizations. Criminal justice strategies have largely focused on those who place vulnerable adults at risk. However, several trends are changing this. First, the world is aging, and women outlive men, with more chronic health conditions that generate long-term care needs.

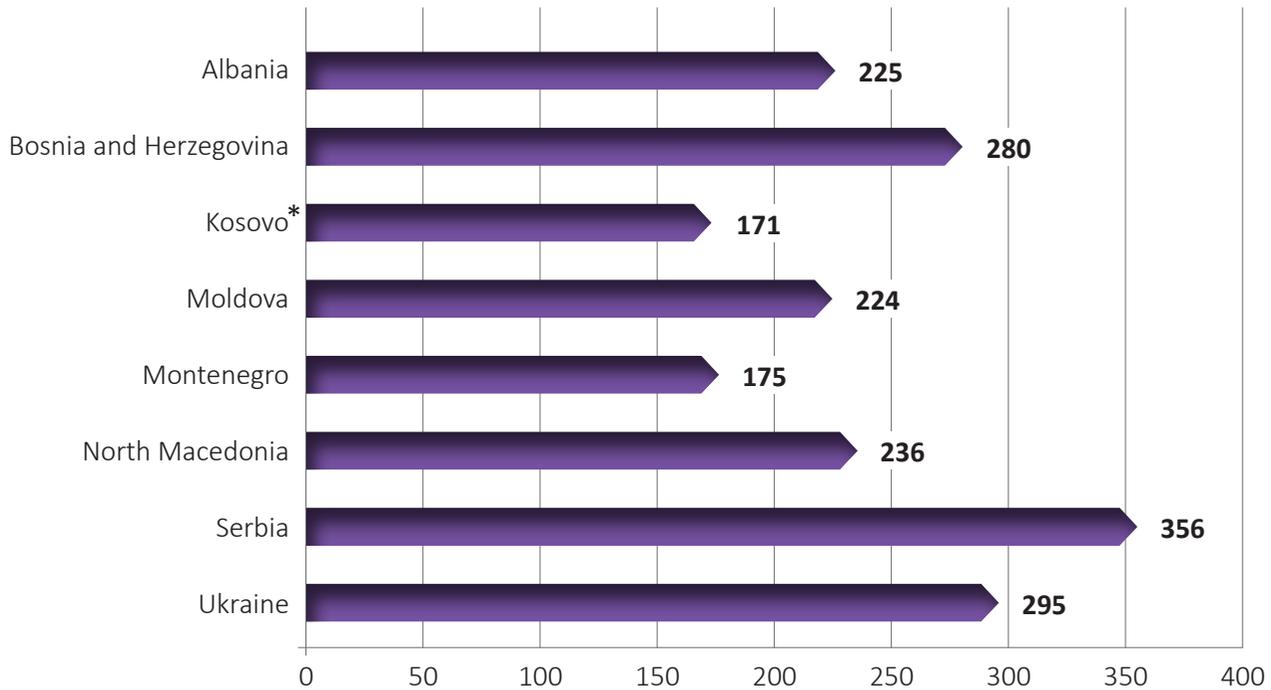
Increasingly, frail older adults live at home or in the community. Elder abuse has been given a higher profile through media attention. Concerns arise about the fiscal viability of services, as older adults live longer on pensions and social security or depend on extended family resources, which are often strained or inadequate. Media coverage has sensitized the public about scams and other fraudulent schemes to financially exploit older adults, especially older women.

In addition to prevalence of neglect, abuse and violence against older women, more information is needed on evidence-based practices for the prevention of and intervention in the abuse of older women and how they can be strengthened. Finally, a review of laws related to the abuse of older women needs to be undertaken, including an analysis of their implementation and impact on the reduction and elimination of violence against older women. Population aging is a global trend that is changing economies and societies around the world.

The feminization of aging, representing the intersection of age and gender, has important implications for policy as the world continues to age. It is time for neglect, abuse and violence against older women, to become visible and to end⁹.

⁹ Brownell, P. (2014). Neglect, abuse and violence against older women: definitions and research frameworks. *SEEJPH* (3), DOI 10.1290.

Figure 1: Sub-sample of older women by country, number



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

2.2 METHODOLOGY

The findings presented in this report are from a secondary analysis of violence against older women utilizing data obtained from an OSCE-led survey on wellbeing and safety of women in Southeast and Eastern Europe. The survey was conducted in 2018 in eight countries - six in the region of Western Balkans (Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, and Serbia),

and two in Eastern Europe (Moldova and Ukraine). The total sample included over 15,000 women respondents, of which 1,963 or 13.2% were older women, defined for the purpose of this report as women aged 65-74 years of age.

This is a unique survey on violence against women (VAW), as it applies the same methodology for measuring the prevalence and identifying characteristics of different forms of violence against women of all ages in the region, allowing for com-

parability. The survey explored different forms of violence: partner (including current and previous partners) physical, sexual, and psychological violence, non-partner physical and sexual violence, sexual harassment, and stalking. Prevalence of different forms of violence was measured in two-time frames – since the age of 15 and during the past 12 months preceding the survey. Violence experienced since age 15 years provides data on abuse across the life course experienced by women of all ages, including older women. This can reflect accumulated disadvantage that impairs the health and wellbeing of older women. Childhood violence (experienced up to 14 years of age) was included in the survey as a potential risk factor for violence in later life.

However, the survey was not designed specifically for identifying the prevalence and characteristics of violence against older women, so the data have some gaps. One is related to the age limits for older women. In studying violence against older women, it is preferable to include women subjects older than 74 years of age. With increased age, functionality might decrease, and dependency on others increase, which may also increase risk of violence.¹⁰ Another gap is related to the specific

forms of violence that are associated with older women, such as neglect and financial exploitation. The survey from which those data on older women are drawn did not include measures for this type of violence. As is typical in domestic violence prevalence studies, economic violence is subsumed under psychological abuse, with prompts given by interviewers that are more typical of situations experienced by younger women with dependent children and spouse/partners on whom they are economically dependent.

Cross-country comparisons are provided when possible. Due to the small size of the older women in the sample, some data will be presented as regional only. Because of the relatively low numbers of older women in the national samples, disaggregated analysis may only be possible in the regional samples of older women.

¹⁰ More on links between functionality and abuse in an older population including gender aspects and violence against women, in Pillemer K, Burnes D, Riffin C, Lachs MS. Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. *Gerontologist*. 2016 Apr;56 Suppl 2(Suppl 2):S194-205. doi: 10.1093/geront/gnw004. PMID: 26994260; PMCID: PMC5291158; WHO (2015) *World Report on Ageing and Health*, https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1&isAllowed=y

3.

Socio- demographic context

Serbia

The estimated population size in the Republic of Serbia in 2020 was 6,899,126.¹¹ Observed by sex, 51.3% were women (3,538,820) and 48.7% were men (3,360,306). The depopulation trend continued, meaning that population growth rate, compared with the previous year, was negative and amounted to -6.7%. The proportion of the population aged under 15 (0-14) fell from 14.4% in 2011 to 14.3% in 2019, while the percentage of the population aged 65 and over increased from 17.3% (2011) to 20.7% (2019). The population aged 15-64 decreased, from 68.3% (2011) to 65.0% (2019). The average age of the population increased from 42.1 years (2011) to 43.3 (2019).¹² The life expectancy rose from 74.337 in 2010 to 75.685 in 2019¹³. Age dependency ratio for older population has risen from 21.701 in 2010 to 29.064 in 2020¹⁴. Life expectancy at 60 is 17.67 for men¹⁵ and 21.2 for

women¹⁶. Healthy life expectancy is 65.4 for men¹⁷ and 68.4 for women¹⁸.

In Serbia, 16% of older women aged 65 to 74 experienced some form of violence after reaching the age of 65. This type of violence is quite covert, victims rarely decide to report it. Older women choose to live with violence for various reasons, out of fear, shame, economic dependence etc., while at the same time strong patriarchal patterns are present in the society. Since turning 15, 40% of women have experienced some form of violence by their current or former partner, while in the previous 12 months (after reaching the age of 65), 7.7% of women have had that experience. The most prevalent form is psychological violence, which was experienced by 38% of women over the age of 15 and 7% of women during the last 12 months (after turning 65)¹⁹.

¹¹ Estimates of population, Estimated number of population in the Republic of Serbia, 2020, Statistical office of the Republic of Serbia: <https://www.stat.gov.rs/en-us/oblasti/stanovnistvo/procene-stanovnistva/>

¹² Statistical Yearbook, Statistical Office of the Republic of Serbia, 2020: <https://publikacije.stat.gov.rs/G2020/PdfE/G20202053.pdf>

¹³ World Bank, Life expectancy at birth, total (years) - Serbia: <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=RS>

¹⁴ World Bank, Age dependency ratio, old (% of working-age population) - Serbia: <https://data.worldbank.org/indicator/SP.POP.DPND.OL?locations=RS>

¹⁵ Trading Economics, Serbia - Life Expectancy At Age 60, Male: <https://tradingeconomics.com/serbia/life-expectancy-at-age-60-male-wb-data.html>

¹⁶ Trading Economics, Serbia - Life Expectancy At Age 60, Female: <https://tradingeconomics.com/serbia/life-expectancy-at-age-60-female-wb-data.html>

¹⁷ Knoema World Atlas, Serbia - Male healthy life expectancy: <https://knoema.com/atlas/Serbia/topics/Health/Health-Status/Male-healthy-life-expectancy>

¹⁸ Knoema World Atlas, Serbia - Female healthy life expectancy: <https://knoema.com/atlas/Serbia/topics/Health/Health-Status/Female-healthy-life-expectancy>

¹⁹ Nataša Todorović, Milutin Vračević, Marija Babović, Biljana Stepanov, Bojana Matejić and Bosiljka Đikanović; On No Man's Land – Gender based violence against older women (65+) in the Republic of Serbia; red Cross of Serbia 2021: <https://www.redcross.org.rs/media/7139/na-nicijoj-zemlji-web-low-res.pdf>

Albania

The population of Albania on 1st January 2021 is 2,829,741, experiencing a decrease by 0.6 % compared to 1 January 2020²⁰. In 2010 the population was estimated at 2,913,081. The median age of the population increased to 37.6 from 37.2 on 1 January 2020²¹ and the life expectancy is on a rise, being 77.5 years in 2010 and 79 years in 2020. The proportion of the population over 65 has between 1 January 2020 and 1 January 2021 increased from 14.76% to 15.25%. Age dependency ratio for older population has risen from 15.913 in 2010 to 21.605 in 2020²². Life expectancy at 60 is 20.92 for men²³ and 22.86 for women²⁴. Healthy life expectancy is 68 for men²⁵ and 70.3 for women²⁶.

²⁰ Population of Albania: Institute of Statistic, 2021: <http://www.instat.gov.al/media/8305/population-on-1-january-2021.pdf>

²¹ Population of Albania: Institute of Statistic, 2021: <http://www.instat.gov.al/en/themes/demography-and-social-indicators/population/#tab2>

²² World Bank, Age dependency ratio, old (% of working-age population): <https://data.worldbank.org/indicator/SP.POP.DPND.OL?locations=AL>

²³ Trading Economics, Albania - Life Expectancy At Age 60, Male: <https://tradingeconomics.com/albania/life-expectancy-at-age-60-male-years-wb-data.html>

²⁴ Trading Economics, Albania - Life Expectancy At Age 60, Female: <https://tradingeconomics.com/albania/life-expectancy-at-age-60-female-years-wb-data.html>

²⁵ Knoema World Atlas, Albania - Male healthy life expectancy: <https://knoema.com/atlas/Albania/topics/Health/Health-Status/Male-healthy-life-expectancy>

²⁶ Knoema World Atlas, Albania - Female healthy life expectancy: <https://knoema.com/atlas/Albania/topics/Health/Health-Status/Female-healthy-life-expectancy>

A 2015 research study found 5.6% of older women in Tirana have been targeted by physical violence from their partner while 12% of them report having been exposed to psychological violence from their partner. Similar figures are reported by older women about abuse from other family members (2.6% for physical and 10.3% for psychological). Older men have not reported physical violence by their partners (but 0.5%, or one person reported physical violence perpetrated by other family members) and 4.6% reported psychological violence from their partner and 4.3% from other family members.²⁷

North Macedonia

The population of the Republic of North Macedonia was estimated at 2,083,374 people in 2020 at mid-year, according to data from the United Nations Population Fund (UN)²⁸. The median age in the Republic of North Macedonia is 39.1 years, while life expectancy at birth for both sexes has been steadily growing and was 76.26 years in 2020, compared to 75.6 years in 2015²⁹. The pro-

²⁷ Guedes, Dimitri & Alvarado, Beatriz & Phillips, Susan & Curcio, Carmen-Lucia & Zunzunegui, Maria Victoria & Guerra, Ricardo. (2015). Socioeconomic status, social relations and domestic violence (DV) against elderly people in Canada, Albania, Colombia and Brazil. Archives of gerontology and geriatrics. 60. 10.1016/j.archger.2015.01.010. <https://www.researchgate.net/publication/272750438>

²⁸ Population estimates, Republic of North Macedonia State Statistical Office, 2015: <https://www.stat.gov.mk/Publikacii/2.4.16.10.pdf>

²⁹ World Bank, Population, total - North Macedonia: <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=MK>

portion of persons over the age of 65 in the population is 14.45% and has been steadily rising over the past 30 years, from 11.60% in 2010³⁰. The Age dependency ratio for the older population rose from 16.45 in 2010 to 20.917 in 2020.³¹ Life expectancy at age 60 years for both sexes combined is 19.32 additional years³². Healthy life expectancy is 65.1 years for men³³ and 67.3 years for women³⁴.

Psychological violence is experienced by 25.7% of older population, financial abuse by 12%, neglect by 6.6%, and physical abuse by 5.7%. Of those reporting violence, 5.6% reported frequent (at least monthly) abuse of one type and 15.7% reported frequent abuse of more than one type. The perpetrator is most frequently a family member. Risk factors include female gender, older age, physical or mental ill health, sensory impairments, lower household income and education.³⁵

³⁰ World Bank, Population ages 65 and above (% of total population) - North Macedonia: <https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=MK>

³¹ World Bank, Age dependency ratio (% of working-age population) - North Macedonia: <https://data.worldbank.org/indicator/SP.POP.DPND?locations=MK>

³² Knoema World Atlas, North Macedonia - Life expectancy at age 60 years for both sexes combined: <https://knoema.com/atlas/North-Macedonia/topics/Demographics/Age/Life-expectancy-at-age-60-years>

³³ Knoema World Atlas, North Macedonia - Male healthy life expectancy: <https://knoema.com/atlas/North-Macedonia/topics/Health/Health-Status/Male-healthy-life-expectancy>

³⁴ Knoema World Atlas, North Macedonia - Female healthy life expectancy: <https://knoema.com/atlas/North-Macedonia/topics/Health/Health-Status/Female-healthy-life-expectancy>

Bosnia and Herzegovina

The population of Bosnia and Herzegovina was estimated at 3,280,815 in 2020 and has been steadily declining since 2006, when it was at 3,765,422.³⁶ At the same time, the proportion of older persons in the population has been on a steep rise for decades. It was at 17.92% in 2020 while in 2010 it was at 13.96%.³⁷ The median age in Bosnia and Herzegovina was 43.1 years while the life expectancy was 77.9 years in 2020, rising from 76.5 years in 2010³⁸. Age dependency ratio for older population is also on a sharp increase, going from 19.856 in 2010 to 26.518 in 2020.³⁹ Life expectancy at 60 is 18.71 for men⁴⁰ and 22.05 for women.⁴¹ Healthy life expect-

³⁵ Marijana Markovik, Dimitrinka Jordanova Peshevska, Dinesh Sethi, Marija Kisman, Eleonora Serafimovska: A report from the former Yugoslav Republic of Macedonia, WHO 2014: https://www.euro.who.int/__data/assets/pdf_file/0006/263940/Community-survey-of-elder-maltreatment-A-report-from-the-former-Yugoslav-Republic-of-Macedonia.pdf

³⁶ World Bank, Population, total - Bosnia and Herzegovina: <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=BA>

³⁷ World Bank, Population ages 65 and above (% of total population) - Bosnia and Herzegovina: <https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=BA>

³⁸ Worldometer, Life Expectancy in Bosnia and Herzegovina: <https://www.worldometers.info/demographics/bosnia-and-herzegovina-demographics/#life-exp>

³⁹ World Bank, Age dependency ratio, old (% of working-age population) - Bosnia and Herzegovina: <https://data.worldbank.org/indicator/SP.POP.DPND.OL?locations=BA>

⁴⁰ Trading Economics, Bosnia And Herzegovina - Life Expectancy At Age 60, Male: <https://tradingeconomics.com/bosnia-and-herzegovina/life-expectancy-at-age-60-male-wb-data.html>

ancy is 65.7 for men⁴² and 68.7 for women⁴³.

Violence against older people is on the rise, both violence of children against their parents and violence of grandchildren against their grandparents. During 2014, 1,459 cases of violence were reported to the Ministry of Interior, where the detailed analysis showed that in 1% of the cases the perpetrators were the grandchildren, and in 13% of cases the perpetrators were the sons. Furthermore, victims of violence were mothers in 6% of cases, grandmothers in 1% of cases and fathers in 7% of the cases. Out of all reported cases, people 65 years and older made up 1.2% of cases, and in 59.3% of these cases, they were either father or mother of the perpetrator.⁴⁴

⁴¹ Trading Economics, Bosnia And Herzegovina - Life Expectancy At Age 60, Female: <https://tradingeconomics.com/bosnia-and-herzegovina/life-expectancy-at-age-60-female-wb-data.html>

⁴² Knoema World Atlas, Bosnia and Herzegovina - Male healthy life expectancy: <https://knoema.com/atlas/Bosnia-and-Herzegovina/topics/Health/Health-Status/Male-healthy-life-expectancy>

⁴³ Knoema World Atlas, Bosnia and Herzegovina - Female healthy life expectancy: <https://knoema.com/atlas/Bosnia-and-Herzegovina/topics/Health/Health-Status/Female-healthy-life-expectancy>

⁴⁴ Initial Report Of Bosnia And Herzegovina On The Implementation Of The Madrid Plan Of Action On Ageing, Bosnia and Herzegovina, 2017: https://unece.org/DAM/pau/age/country_rpts/2017/BIH_report.pdf

Montenegro

The population of Montenegro was estimated at 628,053 in 2021 and has been rising since 2001, when it was at 613,200⁴⁵. The proportion of older people in the population has been increasing since 2009, going from 12.96% to 15.77% in 2020⁴⁶. The median age in Montenegro is 40.7 years, while life expectancy was at 76.884 years in 2019, rising from 75.151 years in 2010⁴⁷. Age dependency ratio for the older population is also rising, from 19.129 in 2010 to 23.826 in 2020⁴⁸. Life expectancy at 60 is 18 additional years for men⁴⁹ and 21.57 for women⁵⁰. Healthy life expectancy is 65.2 years for men⁵¹ and 68.7 for women⁵².

⁴⁵ World Population Review, Montenegro Population: <https://worldpopulationreview.com/countries/montenegro-population>

⁴⁶ World Bank, Population ages 65 and above (% of total population) - Montenegro: <https://data.worldbank.org/indicator/SP.POP.65.UO.TO.ZS?locations=ME>

⁴⁷ World Bank, Life expectancy at birth, total (years) - Montenegro: <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=ME>

⁴⁸ World Bank, Age dependency ratio, old (% of working-age population) - Montenegro: <https://data.worldbank.org/indicator/SP.POP.DPND.OL?locations=ME>

⁴⁹ Trading Economics, Montenegro - Life Expectancy At Age 60, Male: <https://tradingeconomics.com/montenegro/life-expectancy-at-age-60-male-wb-data.html>

⁵⁰ Trading Economics, Montenegro - Life Expectancy At Age 60, Female: <https://tradingeconomics.com/montenegro/life-expectancy-at-age-60-female-wb-data.html>

⁵¹ Knoema World Atlas, Montenegro - Male healthy life expectancy: <https://knoema.com/atlas/Montenegro/topics/Health/Health-Status/Male-healthy-life-expectancy>

⁵² Knoema World Atlas, Montenegro - Male healthy life expectancy: <https://knoema.com/atlas/Montenegro/topics/Health/Health-Status/Female-healthy-life-expectancy>

Moldova

The population of Moldova has been in decline for three decades. In 2010 it was estimated at 2,861,487 and in 2020 at 2,617,820⁵³. However, life expectancy is increasing (69.616 years in 2010 to 71.901 years in 2020)⁵⁴ as is the proportion of people over 65 years in the total population⁵⁵. The increase has been especially sharp since 2014, when the percentage of the over 65 population was 9.96% and by 2020 had risen to 12.49%. During the same period, age dependency ratio for older population increased sharply from 13.426 to 17.444⁵⁶. Between 2010 and 2020, the life expectancy rose from 71.0 years to 72.3.⁵⁷ The median age in Moldova is 37.6 years⁵⁸. Life expectancy at 60 is 14.81 additional years for men⁵⁹ and 19.91

for women⁶⁰. Healthy life expectancy is 61.9 years for men⁶¹ and 67.1 for women⁶².

Acts of violence were experienced by 28.6% of older people. Two-thirds of the victims were women – this proportion was the same for every form of violence reported. A total of 14% experienced psychological abuse, 11% experienced economic abuse, and 4.4% experienced physical violence. Interviewers stated that it was harder to obtain accurate reports of sexual violence from older women subjects because of a perceived stigma associated with this.⁶³

⁵³ Worldometer, Moldova Population: <https://www.worldometers.info/world-population/moldova-population/>

⁵⁴ World Bank, Life expectancy at birth, total (years) - Moldova: <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=MD>

⁵⁵ World Bank, Population ages 65 and above (% of total population) - Moldova: <https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=MD>

⁵⁶ World Bank, Age dependency ratio, old (% of working-age population) - Moldova: <https://data.worldbank.org/indicator/SP.POP.DPND.OL?locations=MD>

⁵⁷ World Bank, Life expectancy at birth, total (years) - Moldova: <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=MD>

⁵⁸ Worldometer, Moldova Demographics: <https://www.worldometers.info/demographics/moldova-demographics/#median-age>

⁵⁹ Trading Economics, Moldova - Life Expectancy At Age 60, Male: <https://tradingeconomics.com/moldova/life-expectancy-at-age-60-male-wb-data.html>

⁶⁰ Trading Economics, Moldova - Life Expectancy At Age 60, Female: <https://tradingeconomics.com/moldova/life-expectancy-at-age-60-female-wb-data.html>

⁶¹ Knoema World Atlas, Republic of Moldova - Male healthy life expectancy: <https://knoema.com/atlas/Republic-of-Moldova/topics/Health/Health-Status/Male-healthy-life-expectancy>

⁶² Knoema World Atlas Republic of Moldova - Female healthy life expectancy: <https://knoema.com/atlas/Republic-of-Moldova/topics/Health/Health-Status/Female-healthy-life-expectancy>

⁶³ Breaking the silence: Elder abuse in the Republic of Moldova, HelpAge International, and National Centre for Demographic Research, Moldova 2015: <https://www.refworld.org/pdfid/566a972e4.pdf>

Ukraine

The population of Ukraine was estimated at 44,134,693 in 2020⁶⁴ and has been declining since 1993 when it was 52,179,200⁶⁵. The proportion of older people in the population had been increasing for decades, but since 2013 it increased from 15.61% to 16.95% in 2020⁶⁶. The median age in Ukraine is 41.2 years⁶⁷, while life expectancy increased from 70.9 in 2010 to 72.5 in 2020⁶⁸. Age dependency ratio for the older population also rose, from 22.374 additional years in 2011 to 25.274 in 2020. Life expectancy at 60 is 15.38 for men⁶⁹ and 20.73 for women⁷⁰. Healthy life expectancy is 60.6 for men⁷¹ and 67.8 for women.⁷²

⁶⁴ Worldometer, Ukraine Population: <https://www.worldometers.info/world-population/ukraine-population/>

⁶⁵ World Bank, Population, total - Ukraine: <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=UA>

⁶⁶ World Bank, Population ages 65 and above (% of total population) - Ukraine: <https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=UA>

⁶⁷ Worldometer, Ukraine Population: <https://www.worldometers.info/world-population/ukraine-population/>

⁶⁸ World Bank, Life expectancy at birth, total (years) - Ukraine: <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=UA>

⁶⁹ Trading Economics, Ukraine - Life Expectancy At Age 60, Male: <https://tradingeconomics.com/ukraine/life-expectancy-at-age-60-male-wb-data.html>

⁷⁰ Trading Economics, Ukraine - Life Expectancy At Age 60, Female: <https://tradingeconomics.com/ukraine/life-expectancy-at-age-60-female-wb-data.html>

⁷¹ Knoema World Atlas, Ukraine - Male healthy life expectancy: <https://knoema.com/atlas/Ukraine/topics/Health/Health-Status/Male-healthy-life-expectancy>

Kosovo*

The population of Kosovo was estimated at 1,775,378 in 2019⁷³ and has been declining since 2013 when it was 1,818,117⁷⁴. The median age was estimated at 30.5 years in 2020, while life expectancy rose from 70.144 in 2010 to 72.495 in 2019. The proportion of older people in the population was estimated at 7.75% in 2020⁷⁵. There are no data for the older population's age dependency ratio, but the general age dependency ratio is 48%⁷⁶. No data are currently available for life expectancy at 60 or healthy life expectancy.

According to Kosovo Police data during the period of 2009-2013, older persons were victims of vio-

⁷² Knoema World Atlas, Ukraine - Female healthy life expectancy: <https://knoema.com/atlas/Ukraine/topics/Health/Health-Status/Female-healthy-life-expectancy>

⁷³ Kosovo Demographics Profile, Index Mundi: https://www.indexmundi.com/kosovo/demographics_profile.html

⁷⁴ World Bank, Population, total - Kosovo: <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=XK>

⁷⁵ Kosovo Demographics Profile, Index Mundi: https://www.indexmundi.com/kosovo/demographics_profile.html

⁷⁶ Trading Economics, Kosovo - Age Dependency Ratio (% Of Working-age Population): <https://tradingeconomics.com/kosovo/age-dependency-ratio-percent-of-working-age-population-wb-data.html>

*This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence

lence in 1,238 cases, or 16% of all reported violence. According to these records, parents were victims of domestic violence in 392 cases, whereas grandparents were victims in 334 cases, uncles and aunts in 291 cases and others in 221 cases⁷⁷.

⁷⁷ Hajdari, Azem, Domestic Violence in Kosovo (October 31, 2015). International Journal of Development and Sustainability, Vol. 4 No. 5 (2015): 537-548: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2684512

4.

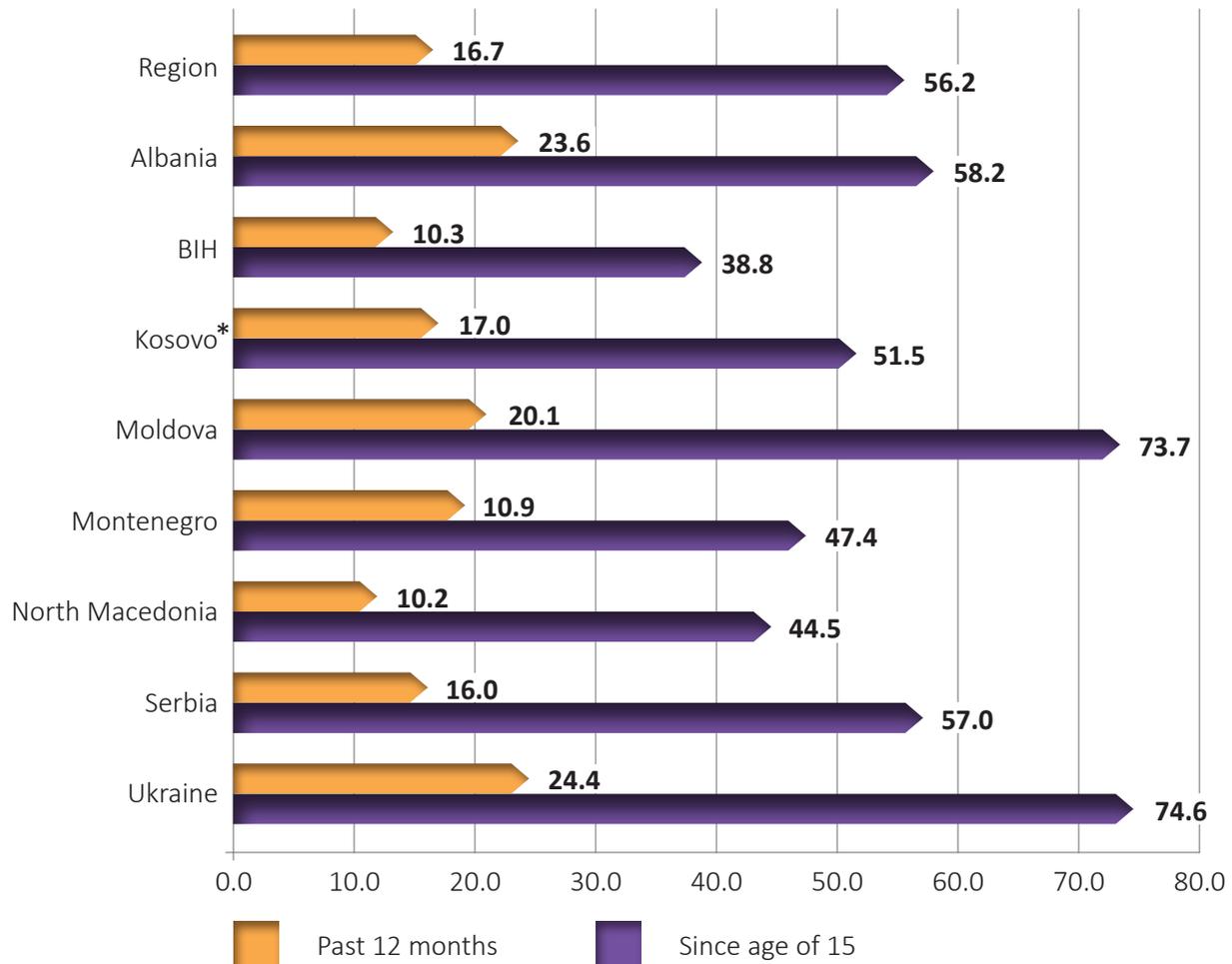
Prevalence of violence

KEY FINDINGS

- Over half of older women in the region experienced some form of gender-based violence during their lifetime, whether by partners or non-partners, in the form of physical, sexual, psychological, sexual harassment or stalking. Every sixth older woman reported experiencing these forms of violence during the 12 months preceding the survey.
- Lifetime prevalence rates of any gender-based violence are lower among older women (65-74) than among middle age (31-64) and young women (15-30).
- Prevalence data for older women should be taken with caution because survey questions were not designed with specific forms of violence experienced older women in mind. For example, questions on neglect and financial exploitation were not included.
- Cross-country differences in prevalence rates for older women are significant, with highest prevalence rates in Moldova and Ukraine, followed by Albania, Kosovo* and Serbia, and lowest rates in Montenegro, North Macedonia, and Bosnia and Herzegovina.
- It should be kept in mind that prevalence rates depend on the willingness of older women to disclose experiences with violence, which might be influenced by a woman's decision whether or not to disclose this. Considering this, reported rates should be understood as the tip of the iceberg and not as a measure of the full magnitude of violence against older women.
- The reported lifetime experiences of intimate partner violence show somewhat different patterns among older and younger women. Older women reported experiencing more physical violence than younger women, while younger women reported experiencing more psychological violence than older women. Age differences in prevalence of intimate partner sexual violence are not significant.
- Older women reported less non-partner violence than middle-age and young women, but the patterns are similar. Violence was experienced most often as pushing, shoving, or slapping, regardless of age of the respondent. It occurred most frequently in women's home or the private homes of others and much less frequently in public spaces or outdoors.

The survey explored the prevalence of different forms of partner and non-partner violence. Regarding intimate partner violence, the survey measured prevalence of physical, sexual, and psychological violence, while for the non-partner violence, physical and sexual violence were measured. Sexual harassment and stalking were included for both.

Figure 2: Percentage of women aged 65-74 who experienced any form of abuse since age of 15, and 12 months preceding the survey, by country, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

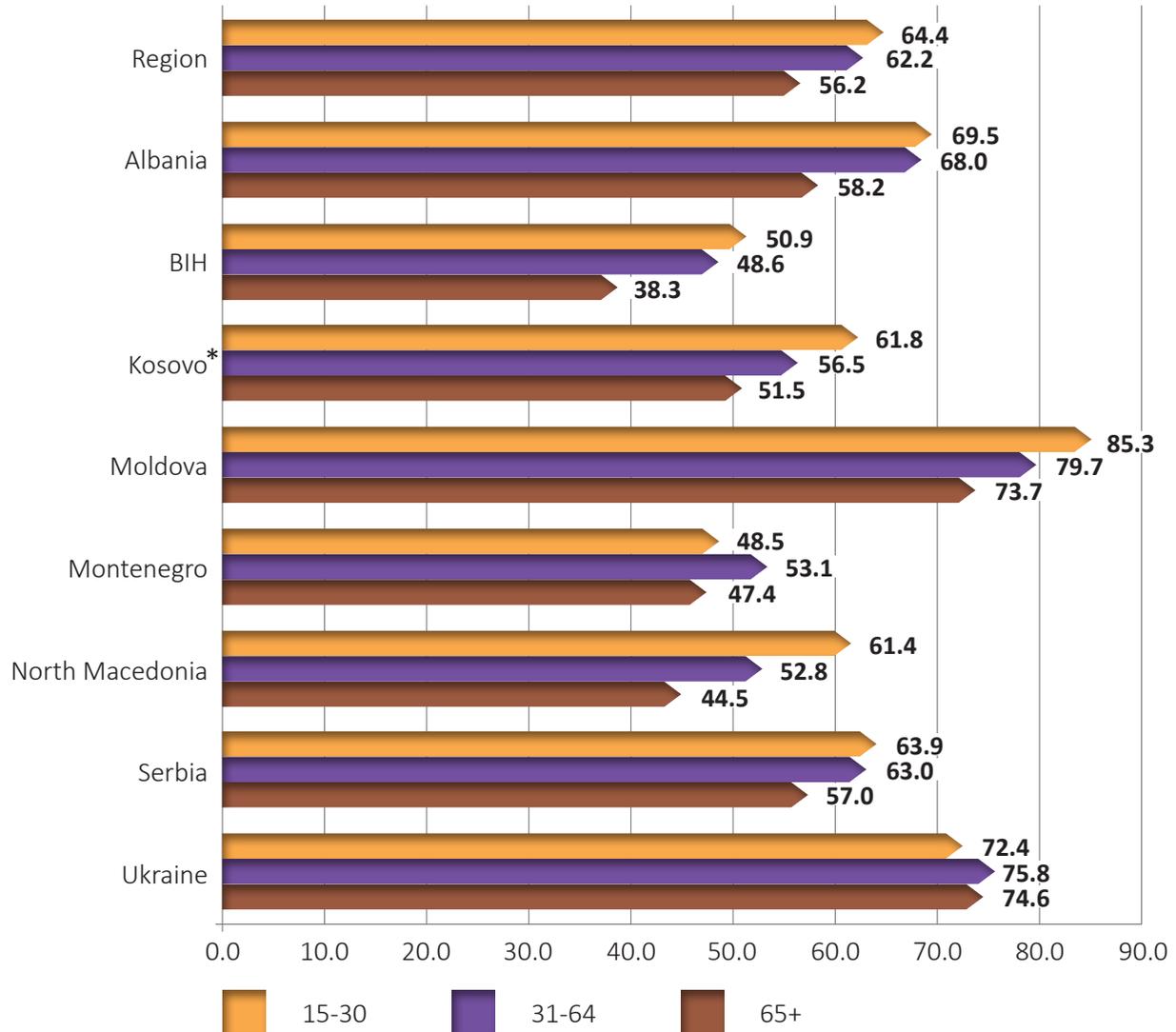
Counting the experiences of all identified forms of violence, at the level of the whole region, **more than half of older women** (56.2%) disclosed experiencing some form of gender-based violence since the age of 15 years. Current violence, which is measured for the period of 12 months preceding the survey, was disclosed by 16.7% of older women. There are significant differences between countries, with the highest lifetime prevalence rates found in Moldova and Ukraine (since age of 15), at 73.7% and 74.6%, respectively, followed by Albania (58.2%), Kosovo* (51.5%) and Serbia Moldova and Ukraine reporting (57%). Lower rates were found in Montenegro (47.4%), North Macedonia (44.5%) and Bosnia and Herzegovina (38.3%) (Figure 2). Prevalence rates for the last 12 months preceding the survey are highest in Ukraine (24.4%), Albania (23.6%) and Moldova (20.1%), and lowest in Bosnia and Herzegovina (10.3%), Montenegro (10.9%) and North Macedonia (10.2%).

The prevalence rates of any gender-based violence decreased as women's ages increased. The highest lifetime rates are disclosed by young women (15-30), and the lowest by older women (65-74). At the regional level, the prevalence rate is 64.4% for the 15-30 age bracket, 62.2% for the 31-64 age bracket and 56.2% for the 65+ age bracket. However, although the age differences are significant at the regional level, the situation is different at the country level. The age differences in prevalence of any gender-based violence are not significant in Montenegro, Serbia, and Ukraine. For Montene-

gro, the rates are 48.5% for the 15-30 age bracket, 53.1% for the 31-64 age bracket and 47.4% for the 65+ age bracket. For Serbia, they are 63.9% for the 15-30 age bracket, 63% for the 31-64 age bracket and 57% for the 65+ age bracket, while for Ukraine they are 72.4% for the 15-30 age bracket, 75.8% for the 31-64 age bracket and 74.6% for the 65+ bracket. This indicates little change for prevalence of gender-based violence among age cohorts. On the other hand, data indicate significant age differences in other countries, with systematically lower lifetime prevalence rates among older women when compared to young and middle-aged women (Figure 3). In Albania, the rate is 69.5% for the 15-30 age bracket, 68% for the 31-64 age bracket and 58.2% for the 65+ age bracket. In Bosnia and Herzegovina the rate is 50.9% for the 15-30 age bracket, 48.6% for the 31-64 age bracket and 38.8% for the 65+ age bracket. The Kosovo* rates are at 61.8% for the 15-30 age bracket, 56.5% for the 31-64 age bracket and 51.5% for the 65+ age bracket. Finally, in Moldova, the rates are 85.3% for the 15-30 age bracket, 79.7% for the 31-64 age bracket and 73.7% for the 65+ age bracket. However, these differences should be taken with caution, as they may originate from reasons than increased trends of gender based violence. For older women in particular, trauma associated with these memories and stigma linked to disclosing them can inhibit responses.

Older women may also have had a higher tolerance for violence earlier in their lives, as public discourse and policies related to violence against

Figure 3: Percentage of women who experienced any form of gender-based violence since age of 15, by age and country, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

women were not developed and widespread until recently. This may have led them to discount their lived experiences, unlike younger women who may be more sensitized to them. Another important reason may be the transformative nature of violence in relation to women's life stages, and lack of indicators that specifically measure forms of violence that are more salient in older age, such as, for example, neglect.

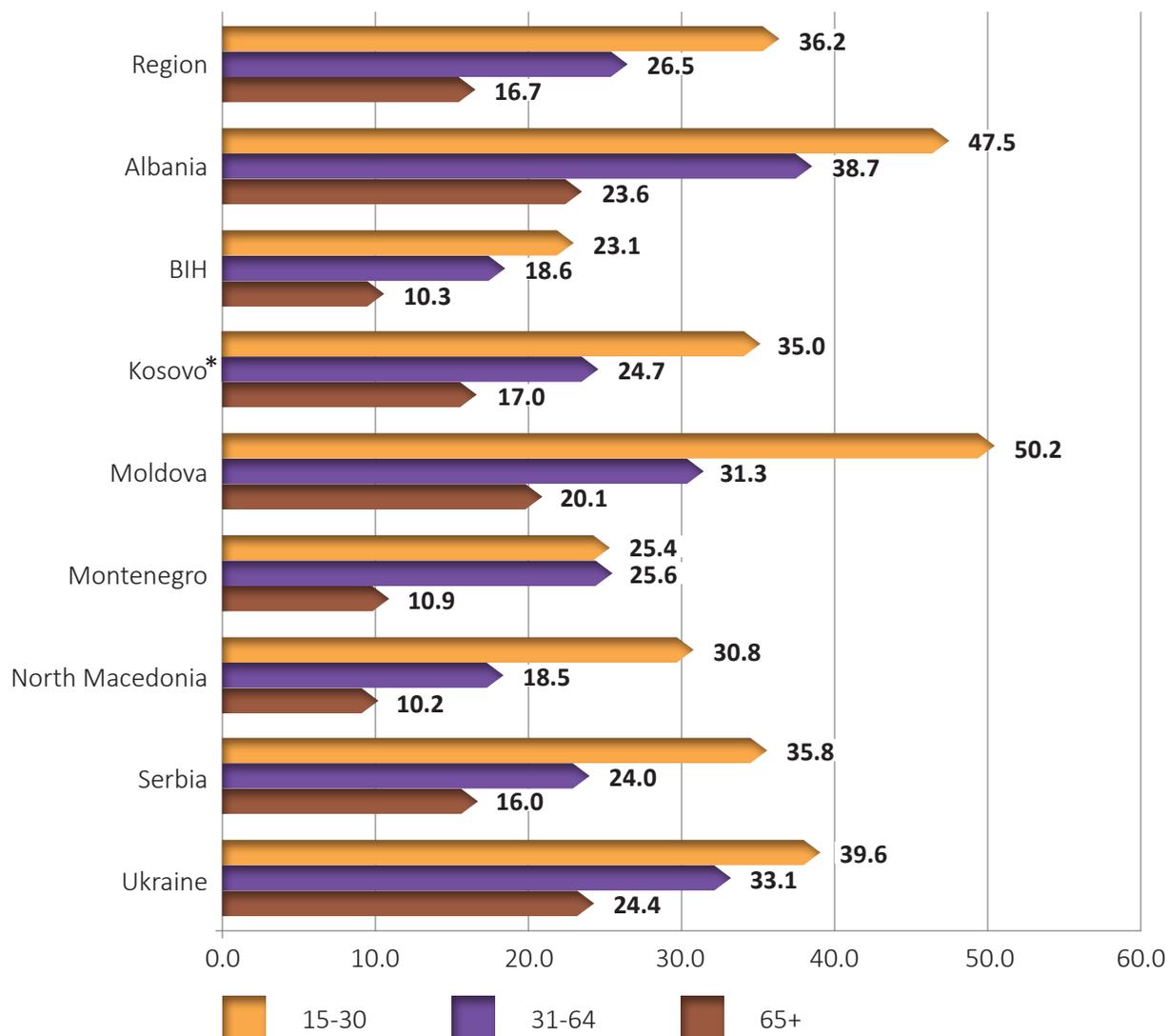
Survey data show significant age differences in all countries, with consistently lowest prevalence rates among oldest women (65-74) (Figure 4). At the regional level, rates are 36.2% for the 15-30 age bracket, 26.5% for the 31-64 age bracket, and 16.7% for the 65+ age bracket. The lowest rates are in Montenegro, Bosnia and Herzegovina and North Macedonia. In Montenegro, the rates for violence experienced in the last 12 months are 25.4% for younger women (15-30), 25.6% for ages 31-64 and 10.9% for women over 65. In Bosnia and Herzegovina, the rates for the violence experienced in the last 12 months are 23.1% for younger women (15-30), 18.6% for the age 31-64 and 10.3% for women over 65. In North Macedonia, the rates for violence experienced in the last 12 months are 30.8% for younger women (15-30), 18.5% for ages 31-64 and 10.2% for women over 65.

The rates for the rest of the region are higher. In Kosovo*, the rates for violence experienced in the last 12 months are 35% for younger women (15-30), 24.7% for age 31-64 and 17% for women over 65. In Serbia, the rates for violence experienced in

the last 12 months are 35.8% for younger women (15-30), 24% for ages 31-64, and 16% for women over 65. In Ukraine, the rates for violence experienced in the last 12 months are 39.6% for younger women (15-30), 33.1% for women aged 31-64 and 24.4% for women over 65. Finally, in Albania, the rates for violence experienced in the last 12 months are 47.5% for younger women (15-30), 38.7% for ages 31-64, and 23.6% for women over 65. This suggests that risks of gender-based violence, in forms measured by the survey, decrease with age. However, since some forms of gender-based violence that are specific of older age were not included, this finding should be taken with caution.

The next sections of the report focus on prevalence of specific forms of gender-based violence.

Figure 4: Percentage of women who experienced any form of gender-based violence last 12 months preceding the survey, by age and country, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

4.1 PREVALENCE OF INTIMATE PARTNER VIOLENCE

Prevalence of intimate partner violence was calculated based on experiences women disclosed during the survey with current or previous partners, regardless of whether they were in formal marriages or other intimate relationships. Three forms of violence were included: psychological, physical, and sexual.

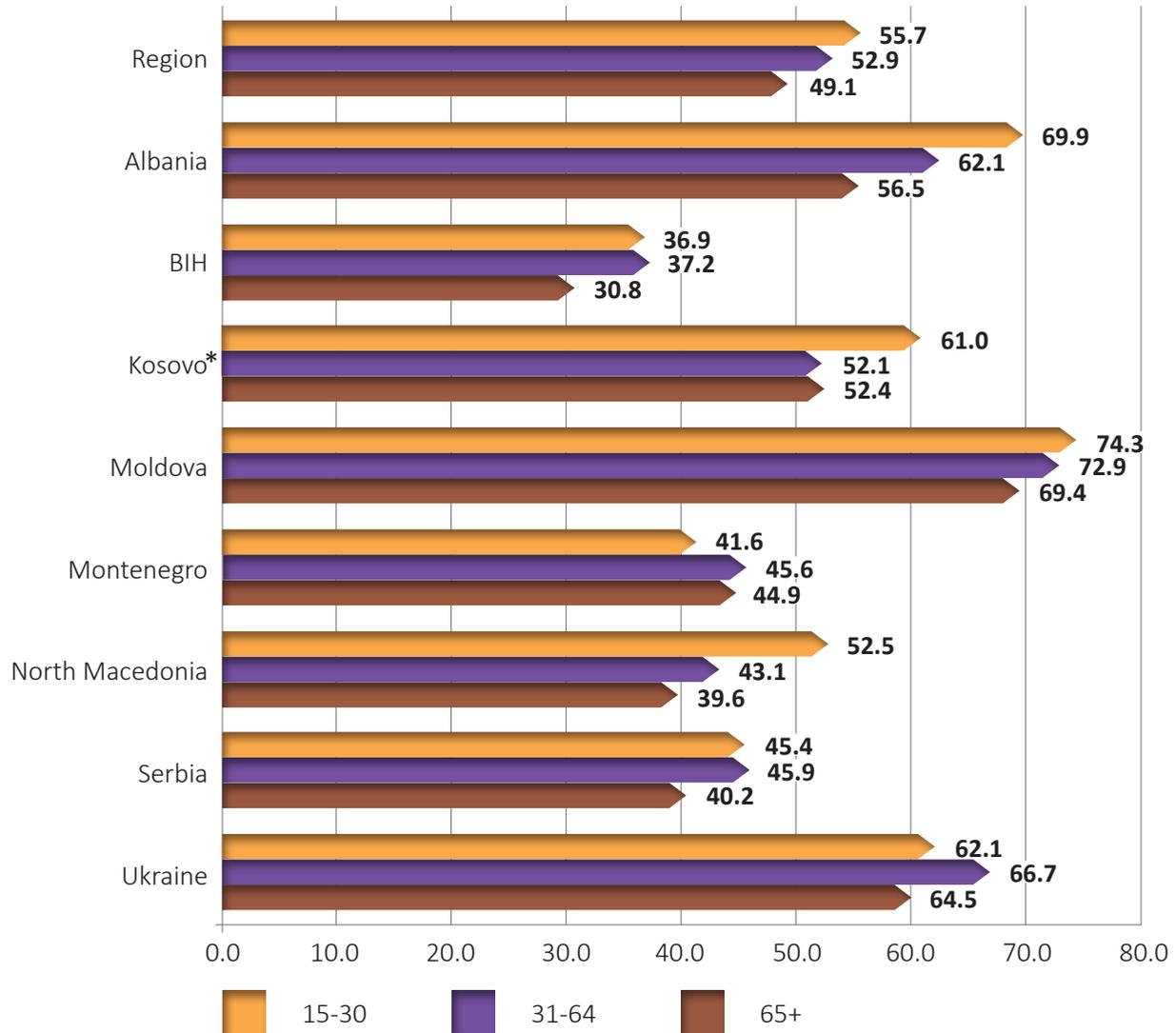
According to survey results, more than half of women in the region experienced intimate partner violence. Both lifetime (55.7% for the 15-30 age bracket, 52.9% for the 31-64 age bracket and 49.1% for the 65+ age bracket) and past 12 months prevalence rates are highest among younger women (15-30) and lowest among older women (65-74). There are also significant cross-country differences. In Moldova, 74.3% of women between the ages of 15-30, 72.9% of women between 31-64 and 69.4% of women over 65 reported intimate partner violence. In Albania, 69.9% of women 15-30, 62.1% of women 31-64 and 56.5% of women 65 years and older reported intimate partner violence. In Ukraine, the rates of reported intimate partner violence are 62.1% for the 15-30 age bracket, 66.7% for the 31-64 age bracket and 64.5% for the 65+). In Bosnia and Herzegovina, the rates of reported intimate partner violence are 36.9% for the 15-30 age bracket, 37.2% for the 31-64 age bracket and 30.8% for the 65+.

Age differences in lifetime prevalence of intimate partner violence are significant at the regional

level, as well as in Albania, Kosovo*, and North Macedonia, while in other countries differences were not statistically significant.

The prevalence rate for intimate partner violence among older women during the 12 months preceding the survey was 12.3% at the regional level, with significant cross-country differences. Albania (21.3%) had the highest rates, followed by Kosovo* (17.9%), Ukraine (16.9%), and Moldova (14.1%). the lowest rates were found in Bosnia and Herzegovina and North Macedonia (8.3% each), Serbia (7.8%) and Montenegro (7.7%). Age differences were significant only in Albania and Moldova, with younger women more likely to be exposed to intimate partner violence than middle aged or older women.

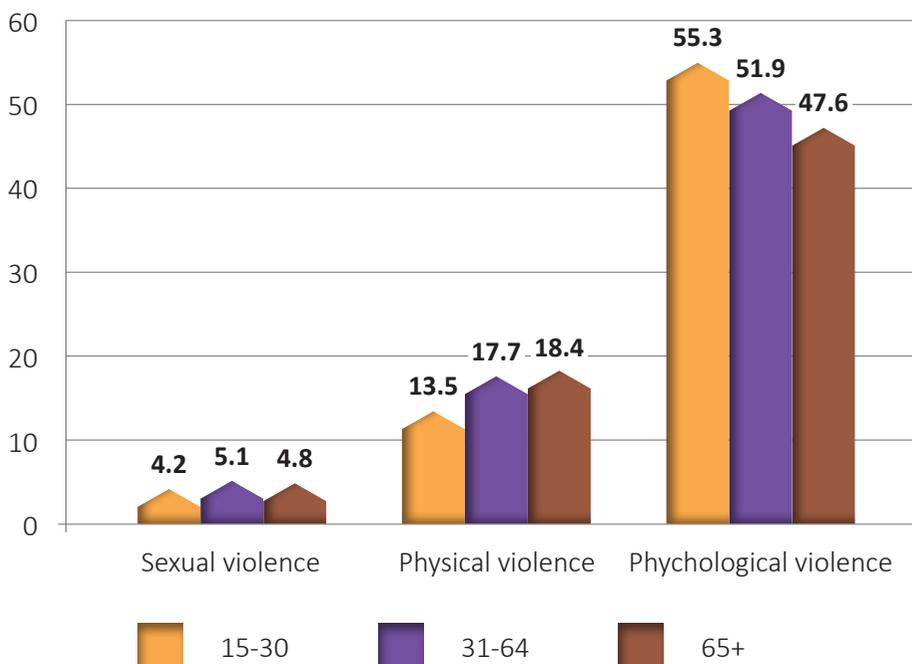
Figure 5: Percentage of women who experienced any form of intimate partner (current or previous) violence (including physical, sexual or psychological) since age 15, by age and country, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

When different forms of intimate partner violence are compared, the most prevalent is psychological violence, which was experienced by 53% of women. This was followed by physical and then sexual violence, experienced by 17.0% and 4.9% respectively. Again, age differences appear as significant, with higher percentages of **older than younger women disclosing experiences of physical violence**, and higher percentages of younger than older women disclosing experiences of psychological violence. Age differences in disclosures of sexual violence are insignificant (Figure 6).

Figure 6: Percentage of women who experienced different forms of intimate partner (current or previous) violence since age of 15, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

4.1.1 Intimate partner physical and/or sexual violence

Definitions applied in the survey

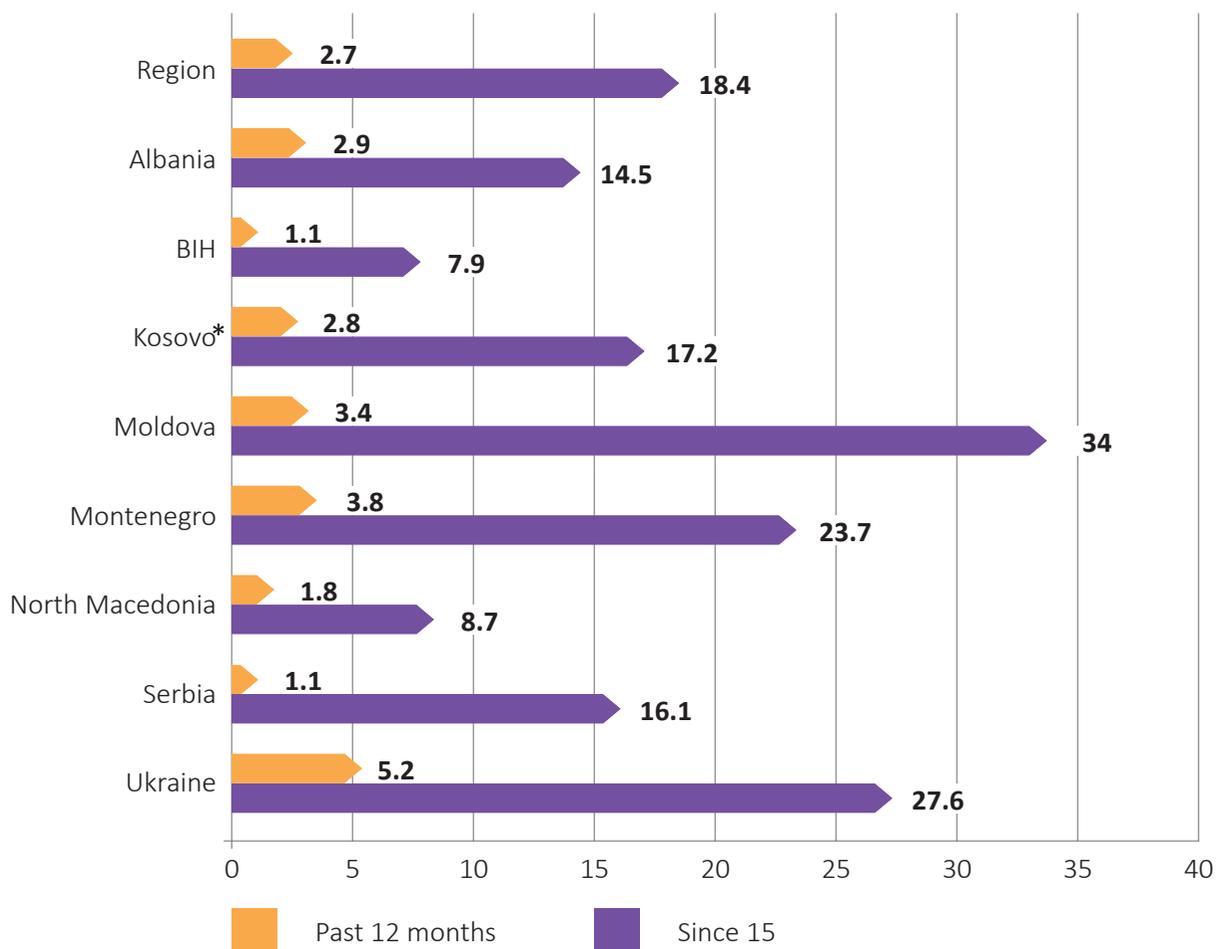
Physical violence was identified through the following survey questions: has someone/a current partner/previous partner ever 1) pushed you or shoved you? 2) slapped you? 3) thrown a hard object at you? 4) grabbed you or pulled your hair? 5) punched you or beaten you with a hard object or kicked you? 6) burned you? 7) tried to suffocate or strangle you? 8) cut or stabbed you or shot at you? 9) beat your head against something? In this report, the prevalence of physical violence is based on respondents who report having experienced at least one of these forms of violence on at least one occasion. The prevalence of physical violence is provided for current partners, previous partners, any intimate partner (either current or previous) and non-partners. The reference period for non-partner violence was since the age of 15/in the 12 months prior to the survey, and for partner violence, whether this had ever happened during your relationship or in the 12 months prior to the survey.

Sexual violence was identified through following questions: Since you were 15 years old and in the past 12 months, how often has someone 1) forced you to have sexual intercourse by holding you down or hurting you in some way? 2) Apart from this, how often has someone attempted to force you to have sexual intercourse by holding you down or hurting you in some way? 3) Apart from this, how often has someone made you take part in any form of sexual activity you did not want to or were unable to refuse?

4) Or have you consented to sexual activity because you were afraid of what might happen if you refused? The prevalence of sexual violence is based on respondents who reported having experienced at least one of these forms of violence on at least one occasion. The prevalence of sexual violence is provided for current partners, previous partners, any intimate partners (either current or previous) and non-partners. The reference periods are as above.

As was already noted, older women disclosed experiencing physical violence at a higher rate than younger or middle-aged women. Physical violence was experienced since the age of 15 by 18.4% of older women in the region and during last 12 months by 2.7%. Differences between countries are significant, with the highest lifetime prevalence rates for Moldova and Ukraine, followed by Montenegro, Kosovo*, Serbia and Albania. Bosnia and Herzegovina and North Macedonia had the lowest (Figure 7).

Figure 7: Percentage of women 65-74 who experienced intimate partner (current or previous) physical violence since age of 15, and during last 12 months preceding the survey, by country, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Women were asked about their most serious incidents of physical and sexual violence. Slapping, pushing and shoving were the most prevalent. As can be seen from Table 1, the prevalence of physical violence is consistently highest among older women. Prevalence of sexual violence is similar for older and middle-aged women, and lowest for young women.

Table 1: Most serious incident of intimate partner (current or previous) of physical or sexual violence, %

	15-30	31-64	65-74
Pushed you or shoved you	6.7	11.0	11.8
Slapped you	7.3	12.7	13.3
Grabbed you or pulled your hair	3.3	6.1	5.9
Threw a hard object at you	1.5	3.8	4.0
Beat you with a fist or a hard object, or kicked you	1.9	5.1	5.2
Beat your head against something	1.0	2.8	2.9
Tried to suffocate you or strangle you	1.0	2.3	2.2
Cut or stabbed you, or shot at you	0.0	0.4	0.5
Attempted to force you into sexual intercourse by holding you down or hurting you in some way	1.6	2.6	2.5
Forced you into sexual intercourse by holding you down	1.8	2.8	2.8
Made you consent to sexual activity because you were afraid of what might happen if you refused	1.4	3.0	2.9
Made you take part in any form of sexual activity when you did not want to or you were unable to refuse	0.9	2.2	2.0

Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

4.1.2 Intimate partner psychological violence

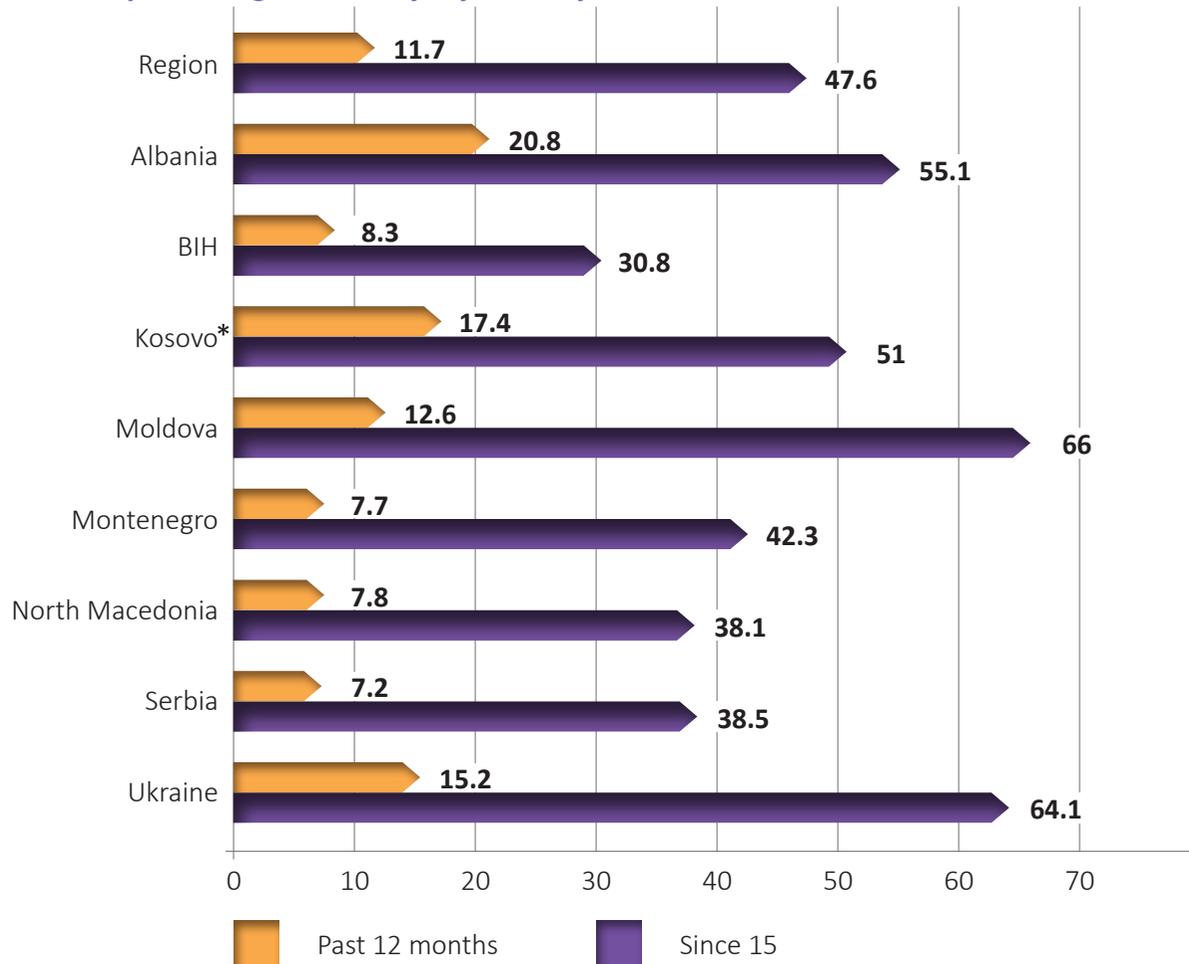
Psychological violence included several broad forms⁷⁸:

- **Economic violence**, which includes experiences in which women were prevented from making decisions about family finances or shopping independently and when they were forbidden to work outside the home.
- **Controlling behaviours**, which include situations where a woman's partner tries to keep her from seeing friends, restricts her use of social media sites, tries to restrict contact with her birth family or relatives, insists on knowing where she is in a way that goes beyond general concern, gets angry if she speaks with another man, suspects that she has been unfaithful, forbids the use of contraception or otherwise restricts decisions on family planning, prevents her from completing school or starting a new educational course, insists on deciding what clothes she can wear or expects to be asked for permission so she can see a doctor.
- **Abusive behaviour**, which includes situations where a woman's partner forbids her to leave the house at all or forbids her to leave the house without being accompanied by a relative, takes away her car keys or locks her in, belittles or humiliates her in front of other people or in private, purposefully scares or intimidates her, makes her watch or look at pornographic material against her wishes, threatens to hurt or kill someone she cares about, threatens to hurt her physically, threatens her with violent sexual acts and hurts or threatens to hurt her when visiting, picking up or bringing back her children.
- **Using a woman's children to blackmail her**, or abusing her children, which includes threatening to take her children away, threatening to hurt her children, hurting her children, or making threats concerning the custody of her children.

Psychological violence is the most prevalent form of intimate partner violence, with almost half of older women disclosing they experienced such violence in the region. There are significant cross-country differences, however, with highest prevalence rates in Moldova and Ukraine, followed by Albania and Kosovo*, countries in which the majority of interviewed older women disclosed they experienced such violence. Somewhat lower rates are recorded in Montenegro, North Macedonia and Serbia, while the lowest prevalence was in Bosnia and Herzegovina (Figure 8).

⁷⁸ OSCE-led Survey on Violence against Women. Wellbeing and Safety of Women. Main Report, pp. 44, <https://www.osce.org/secretariat/413237>

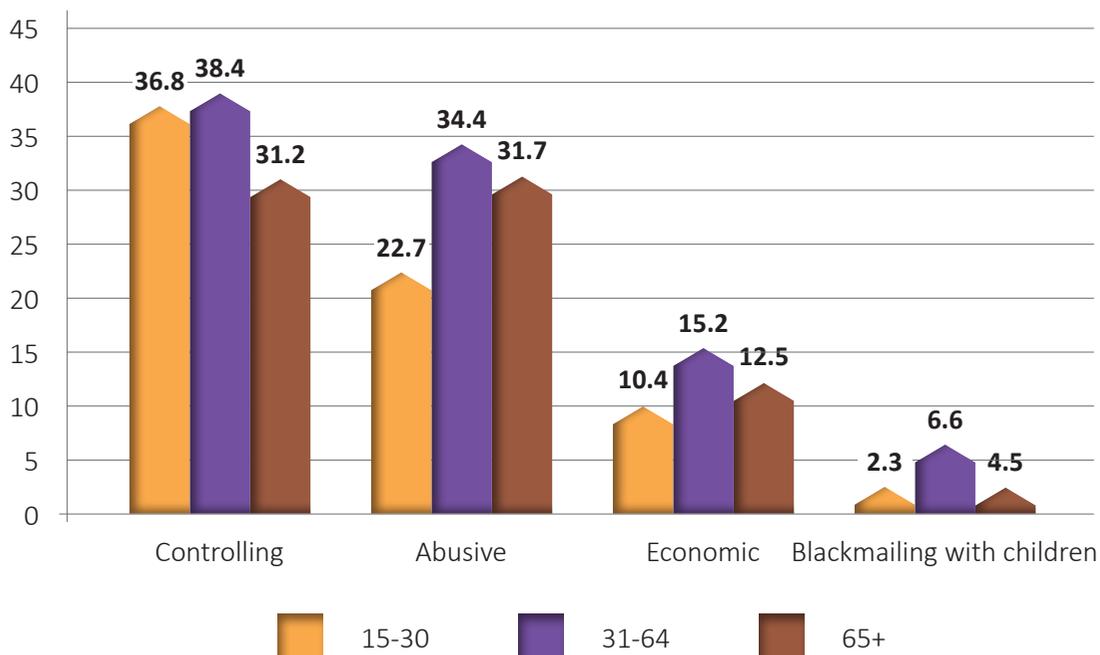
Figure 8: Percentage of women 65-74 who experienced intimate partner (current or previous) psychological violence since age of 15, and during last 12 months preceding the survey, by country%



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Compared between different age groups of women, the prevalence for all forms of psychological violence is highest among middle-age women. Older women disclose lower lifetime prevalence of controlling forms of violence than young women, but higher prevalence of abusive behaviour, economic violence and those forms of control that use children as instruments of violence (Figure 9).

Figure 9: Prevalence (since age of 15) of different forms of psychological violence by age, %

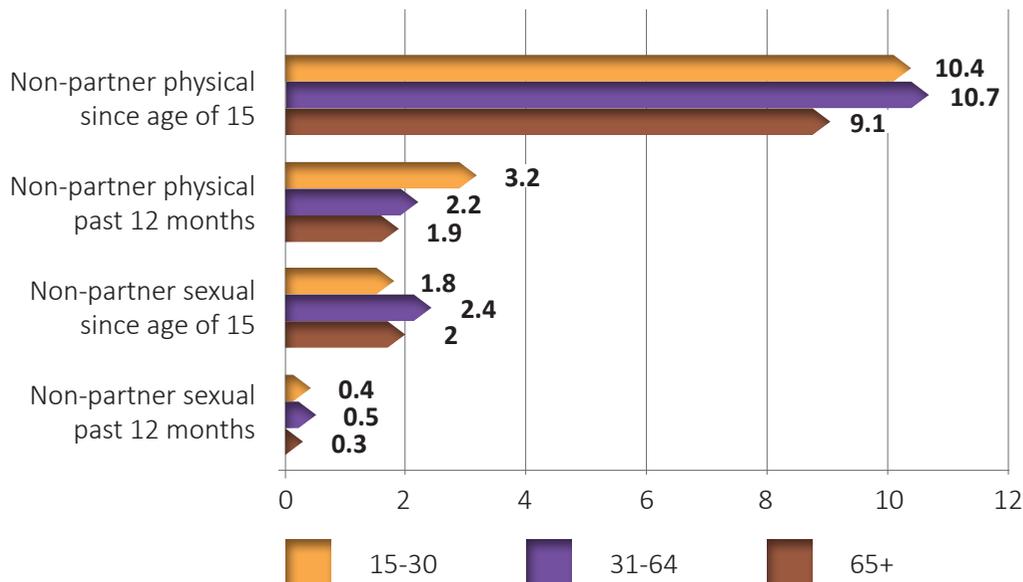


Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

4.1.3 Non-partner violence

Older women show lower lifetime prevalence of non-partner physical violence than middle-age and young women, while the differences in sexual non-partner violence are insignificant (Figure 10).

Figure 10: Prevalence of physical and sexual non-partner violence since age of 15 and last 12 months preceding the survey by age, %



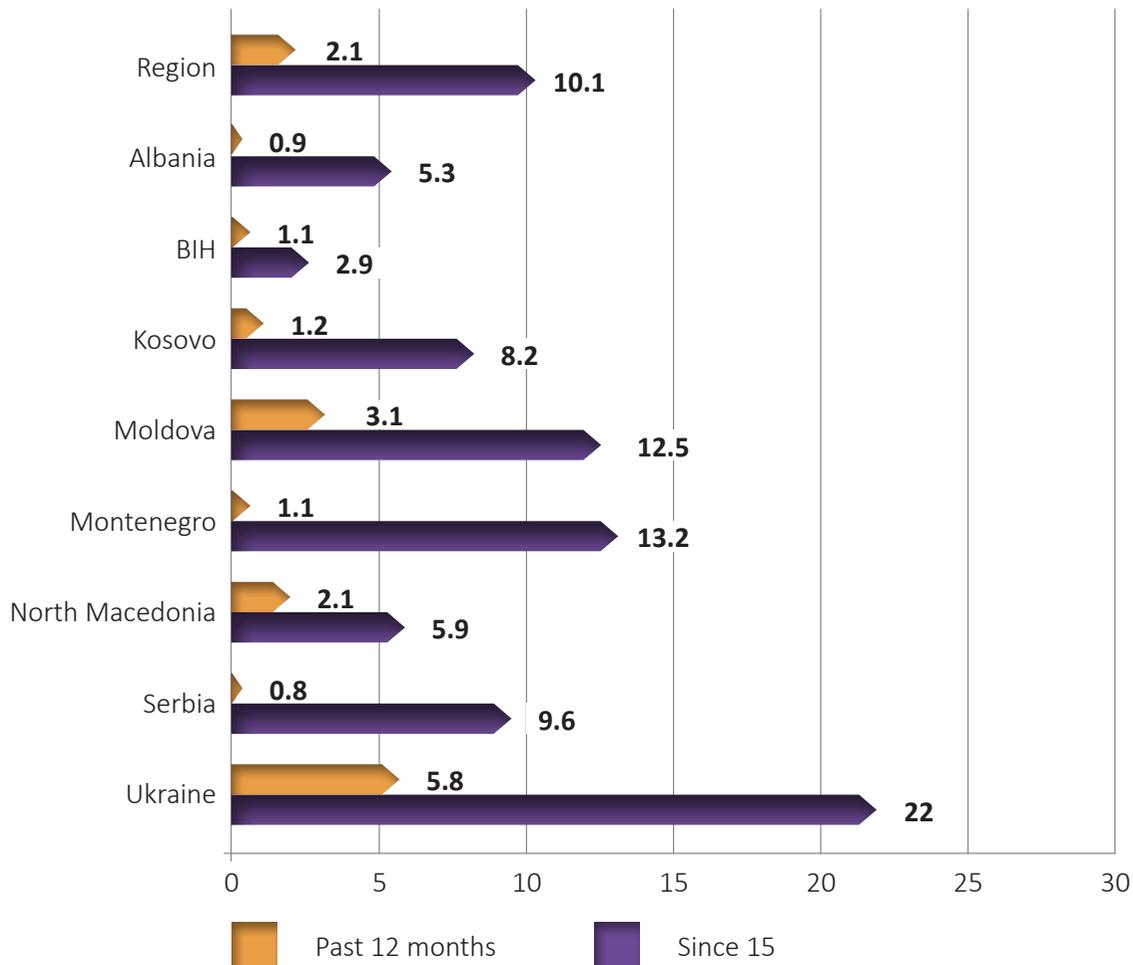
Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Cross-country differences are again significant with highest prevalence of non-partner physical or sexual violence in the Ukraine, followed by Moldova and Montenegro, then Serbia and Kosovo*. The lowest rates among older women were found in Albania, North Macedonia and Bosnia and Herzegovina (Figure 11).

The violence occurred most often in homes of women. Almost half of the cases (46.8%) of the most serious incident of non-partner violence took place in the homes of women, in 20.2% of cases it occurred in homes of others. In other cases, it occurred in public spaces or outdoors. Only 17 women aged 65-74

years reported that the most serious incident of non-partner physical or sexual violence occurred during last 12 months. The small number of respondents in this age category prevents more detailed statistical analysis.

Figure 11: Prevalence of non-partner physical and/or sexual violence among older women, experienced since age of 15 and last 12 months preceding the survey by country, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

The most serious incidents of non-partner physical or sexual violence disclosed by older women included pushing, shoving, or slapping, which are also the most common forms of violence experienced by younger women (Table 2).

Table 2: Most serious incident of intimate partner (current or previous) of physical or sexual violence, %

	15-30	31-64	65-74
Pushed you or shoved you	20.7	24.5	18.4
Slapped you	21.7	20.0	18.3
Grabbed you or pulled your hair	9.6	8.5	4.9
Threw a hard object at you	3.8	6.2	4.1
Beat you with a fist or a hard object, or kicked you	6.4	7.7	2.9
Beat your head against something	2.0	1.8	1.2
Tried to suffocate you or strangle you	3.8	3.6	0.4
Cut or stabbed you, or shot at you	0.6	1.6	0.8
Attempted to force you into sexual intercourse by holding you down or hurting you in some way	3.0	5.6	4.9
Forced you into sexual intercourse by holding you down	2.0	3.8	2.4
Made you consent to sexual activity because you were afraid of what might happen if you refused	0.4	1.8	1.2
Made you take part in any form of sexual activity when you did not want to or you were unable to refuse	1.4	2.0	1.2

Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

4.1.4 Sexual harassment

Sexual harassment is a form of gender-based violence defined by the Istanbul Convention as ‘any form of verbal, non-verbal or physical conduct of a sexual nature with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment’.⁷⁹ **Sexual harassment can lead to sexual violence, but it is not the same as sexual violence.**⁸⁰

- In the OSCE-led survey, sexual harassment is recognized through the set of actions listed below⁸¹:
- Inappropriate invitations to go out on dates
- Intrusive and offensive questions about private life
- Intrusive and offensive comments about appearance
- Inappropriate staring or leering that a woman finds intimidating
- Inappropriate offensive advances on social networking websites such as Facebook or in Internet chat rooms
- The severe forms of sexual harassment:
 - Unwelcome touching, hugging, or kissing
 - Sexually suggestive comments or jokes that offend women
 - Sending or showing sexually explicit pictures, photos or gifts that were offensive
 - Somebody indecently exposed themselves to a woman
 - Somebody made a woman watch or look at pornographic material against her wishes
 - Unwanted and offensive sexually explicit emails or SMS messages

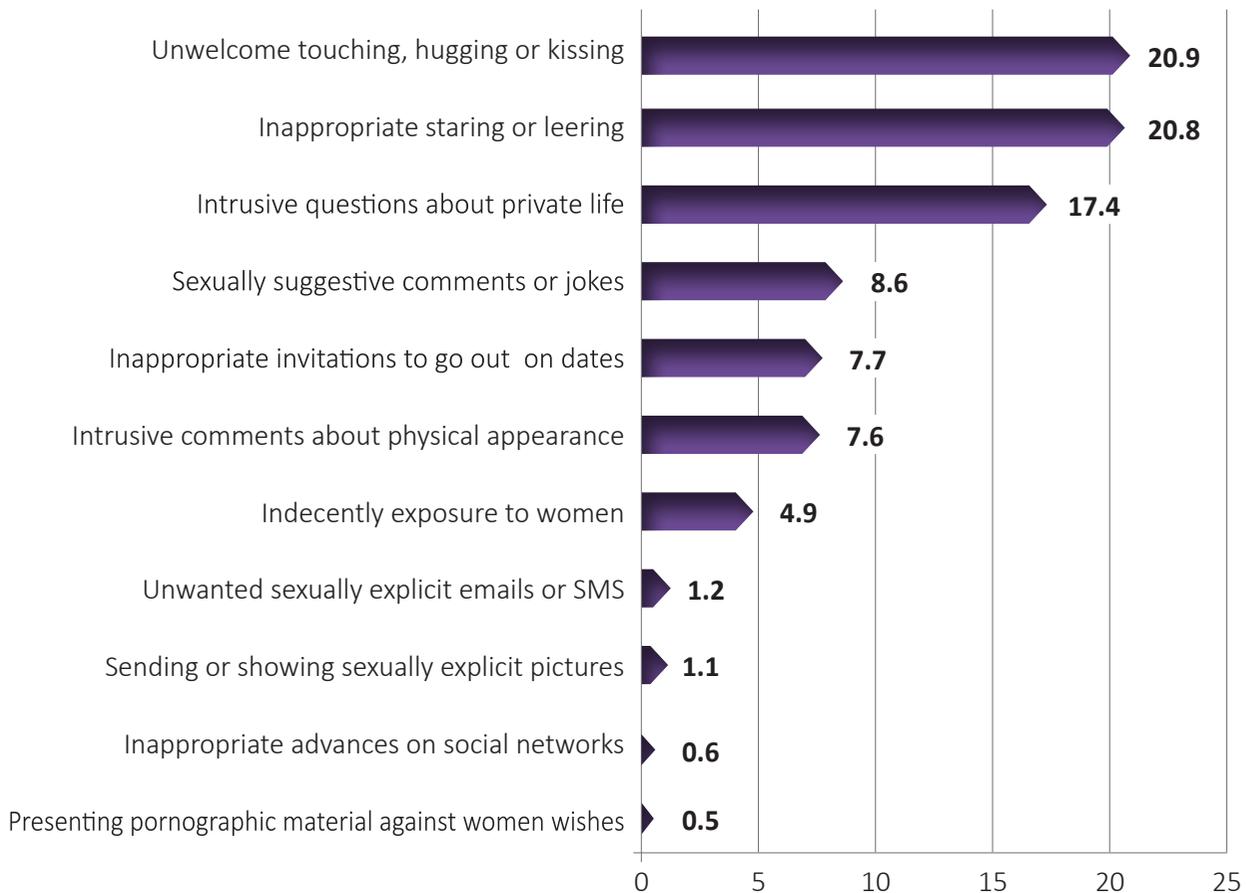
⁷⁹ Council of Europe Convention on preventing and combating violence against women and domestic violence (Article 40).

⁸⁰ According to the Istanbul Convention, sexual violence includes engaging in non-consensual sexual intercourse, in other non-consensual acts of a sexual nature, or causing another person to engage in non-consensual acts of a sexual nature with a third person (Istanbul Convention, Article 36).

⁸¹ OSCE-led Survey on Violence against Women. Well-being and Safety of Women (2019), pp. 29-30.

According to the OSCE-led survey, older women are less likely to be exposed to sexual harassment than younger women. During the life course (since age of 15), 25.7% of older women experienced some form of sexual harassment compared to 34.2% of women aged 31-64 years and 47.1% of women aged 15-30 years. The differences might not necessarily reflect increased lifetime prevalence of sexual harassment for younger than older women. It is possible that sexual harassment was tolerated more in the past and not perceived as gender-based violence. Prevalence rates for the last 12 months preceding the survey also

Figure 12: The most serious incident of sexual harassment experienced by older women since age of 15, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

show lower reports of sexual harassment experienced by older women (5.4%) than middle aged women (12.8%) and young women (25.1%).

Women were asked about the most serious incident of sexual harassment. As presented in the Figure 12, these were most frequently reported as unwelcome touching, hugging or kissing, inappropriate staring or leering and intrusive questions about private life.

In 16.8% of cases, the most serious incidents of sexual harassment happened during the last 12 months preceding the survey. All listed forms of sexual harassment are reported at a higher rate by younger women. Intrusive questions about one's private life is one form that is more often reported by older than younger women.

5. Perpetrators

KEY FINDINGS

- The risks of intimate partner violence are higher among women who live with partners who drink alcohol to excess, or who show aggressive behaviour outside the family.
- The perpetrators of non-partner violence are more often persons close to women, such as friends, acquaintances, neighbours or relatives and members of the family, rather than unknown persons.
- Perpetrators of sexual harassment are predominantly men, although women also reportedly participated in some incidents of sexual harassment, alone or together with men. These cases are mainly related to offensive questions about private life or offensive comments regarding a woman's appearance.

5.1 HIGH RISK PARTNERS

There are certain characteristics of partners that increase risk of violence. However, when compared to the total sample of women in the region or between different age groups of women, partners' characteristics are not equally important as risk factors. For example, while among younger women the partner's activity status⁸² appears as an important predictor of violence, among older women this is not significant, particularly since almost all partners are retired. Similarly, the relative economic power measured by male partners' financial contribution to the household also appears as insignificant for older women. At the same time, among younger women, male partners who contribute less than women are more likely to be perpetrators of violence.

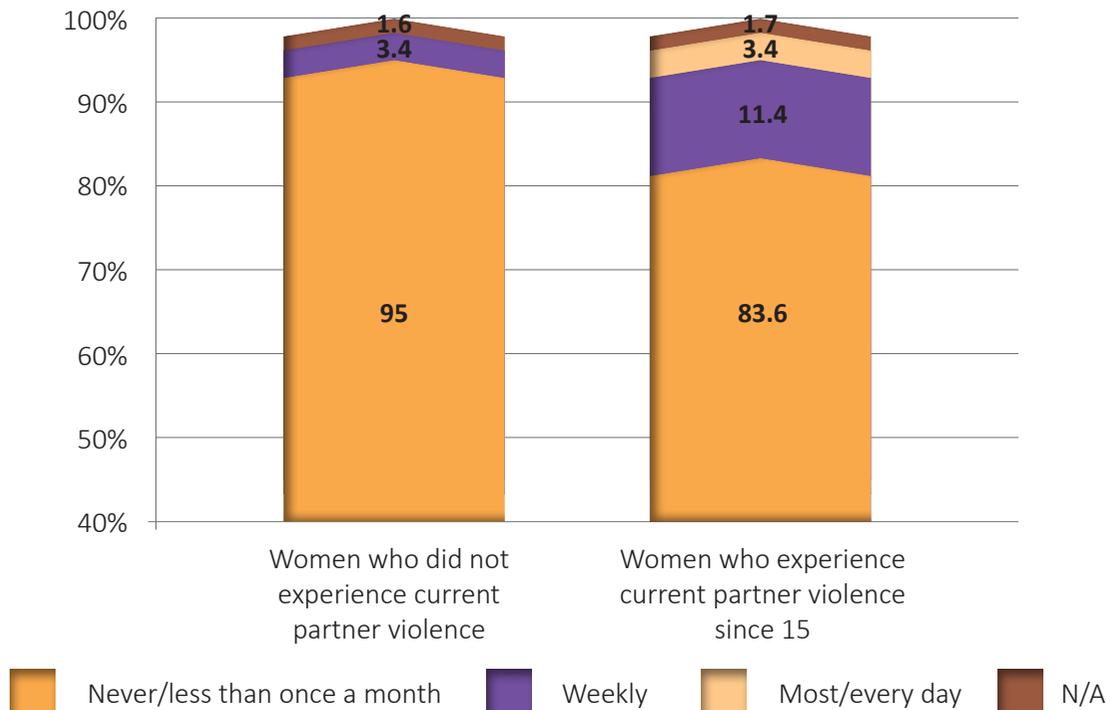
The level of a partner's education appears to be another significant predictor of violence. However, for older women it is not correlated with a likelihood of violence to the extent it is with younger women, for whom probability of violence decreases with the increased level of their partners' education. Among older women, the highest prevalence of current partner violence is among women whose partners completed post-secondary but not tertiary education (72%), followed by

women whose partners completed vocational training (58.7%) and then lower secondary education (53.8%). The lowest prevalence rate is among women whose partners completed higher secondary (46.8%) or tertiary education (47.6%).

Male partners' drinking to excess is an important predictor of violence among all age groups of women. Among older women who experience current partner's violence, there is a higher likelihood that those partners got drunk weekly or daily (Figure 13).

⁸² In the survey partner's activity status was identified as employed (including paid work, self-employed, helping in the family business), unemployed or inactive (including students, in training, not working due to illness or disability, fulfilling domestic tasks, in retirement, compulsory military service, or other reason for inactivity).

Figure 13: Women according to experience of current partner's violence and partner's drinking habits, %⁸³



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Women whose partners were physically aggressive towards people outside the family are also at higher risk of experiencing partners' violence. Among women whose partners had physical conflicts with others, the prevalence rate of partner' violence is 67.8%, while among women whose partners did not exhibit aggressive behavior toward others, the prevalence rate is 49.4%.

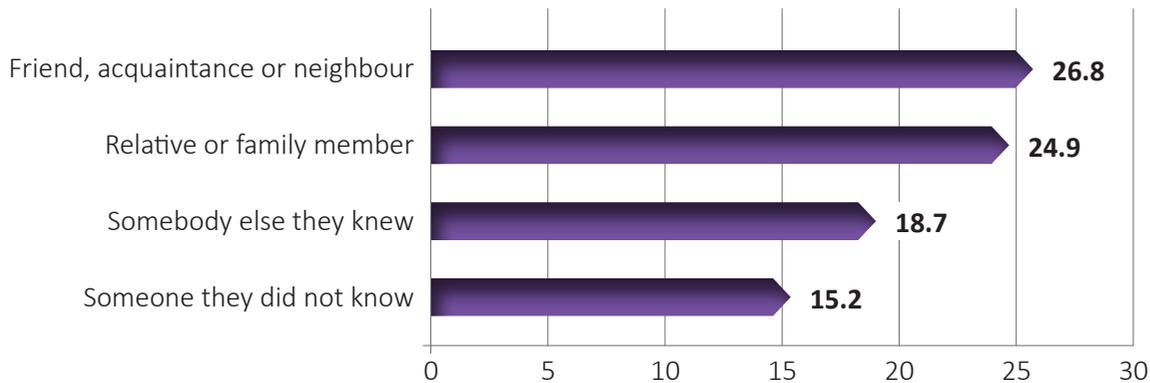
Another difference between older and younger women appears to be their partners' participation in armed conflict. While among younger women, participation of their partners in war increases the likelihood of intimate partner violence, among older women this is not the case.⁸³

⁸³ The question was: How often does your partner drink so much that he gets drunk?

5.2 PERPETRATORS OF NON-PARTNER VIOLENCE

Contrary to the common belief that danger from violence comes from strangers, the survey data indicate that more often perpetrators of non-partner physical or sexual violence are relatively close to their women victims. In more than one quarter of cases, older women experienced non-partner violence by friends, acquaintances, and neighbours. Approximately the same proportion of relatives and family members were also perpetrators of violence. Complete strangers were responsible for 15.2% of cases (Figure 14).

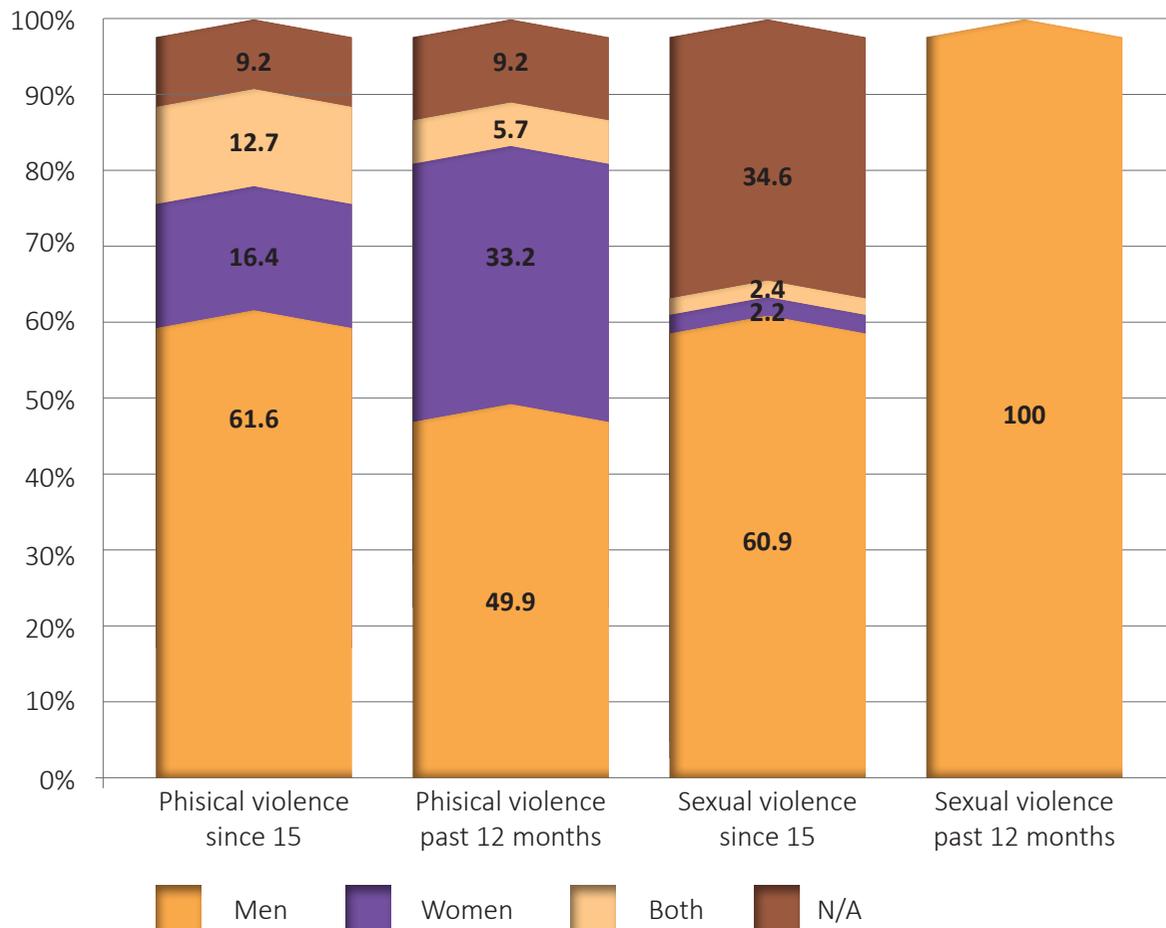
Figure 14: The most common perpetrators of the most serious incidents of non-partner physical or sexual violence against women 65-74, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

In 77.1% of cases of non-partner physical or sexual violence against women who are 65-74 years, there was a single perpetrator, but in 19% of cases women experienced violence from more than one perpetrator. In 29% of cases the perpetrator was drunk.

Figure 15: Perpetrators of the most serious non-partner physical and/or sexual violence by gender, women 65-74, %



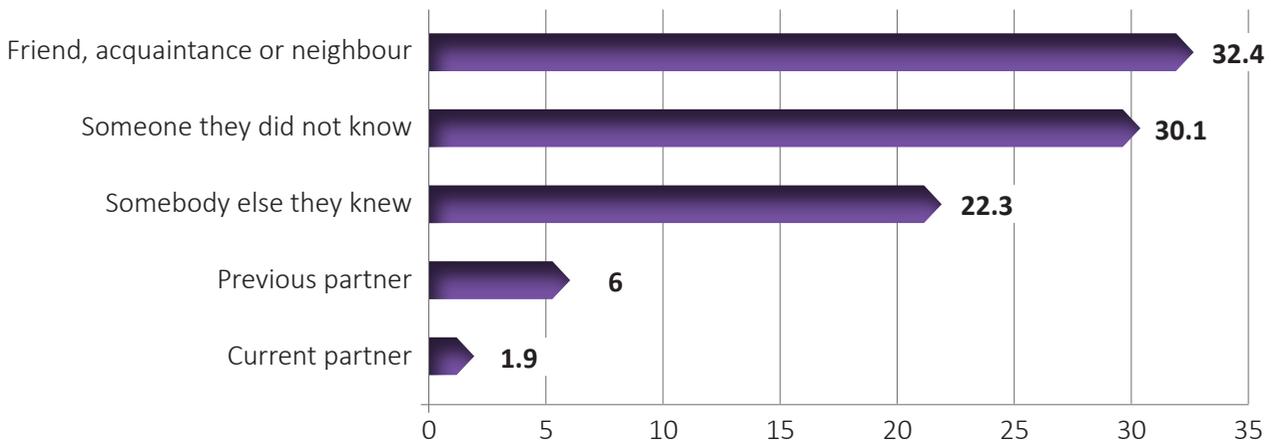
Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

5.3 PERPETRATORS OF SEXUAL HARASSMENT

Perpetrators of sexual harassment are predominantly men, although women also participate in some incidents of sexual harassment. In 58% of sexual harassment incidents reported by older women since the age of 15, men were identified as sole perpetrators, while in 7.3% of cases women were perpetrators and in 29.6% of cases, both men and women were perpetrators. The profile of perpetrators is similar for last 12 months experiences, with 58.6% of women identifying men as sole perpetrators, 7.9% identifying women and 31.1% identifying both men and women as perpetrators.

In almost a third of the most serious incidents of sexual harassments, the persons who sexually harassed older women were friends, acquaintances, or neighbours. In less than one-third of incidents they were strangers, and in more than one fifth of incidents they were some other persons known to the women (Figure 16).

Figure 16: Perpetrators of the most serious incident of sexual harassment by gender, women 65-74, %⁸⁴



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

⁸⁴ Categories with less than 20 cases were omitted from the figure.

6.

Risk factors

KEY FINDINGS

- The strongest predictor of violence against all women, including older women, is childhood violence. The prevalence rates for partner and non-partner violence are much higher among women who experienced some form of violence during their childhood.
- Forced and early marriages significantly increase the risks of intimate partner violence for all women, including older women.
- Financial and material deprivation, as well as economic dependence of women, and lower contributions to household income by male partners increase the likelihood of intimate partner violence among all women, including older women.
- Disability is another important predictor of intimate partner violence, as older women living with disabilities show a higher prevalence of intimate partner violence than women living without disabilities. Unlike younger women with disabilities, who suffer from higher prevalence rates of non-partner violence, among older women disability does not significantly increase the risks of non-partner violence.
- Patriarchal norms and values are an important factor in intimate partner violence. Women (including older women) who agree with views promoting the dominant role of men and show tolerance for violence or consider violence as a private matter that shouldn't warrant intervention outside the family, are at higher risk of partner violence.

There are certain factors that significantly increase the risks of gender-based violence. The study findings indicate that forced and early marriage, economic deprivation, financial dependency of women, and vulnerability linked to a disability, significantly increase the likelihood of violence. Patriarchal attitudes toward women are also linked to higher prevalence rates. One of the strongest predictors of gender-based violence is violence experienced during childhood before 15 years of age.

6.1 CHILDHOOD VIOLENCE

As the primary report on the results from OSCE-led survey on violence against women revealed,⁸⁵ the strongest predictor of adult lifetime experience of partner and non-partner violence is violence experienced during childhood. Among women who did not experience violence in their childhood, 23% said they experienced abuse in the 12 months prior to the survey. Among women who did experience violence in their childhood, 53% said they experienced abuse in the 12 months prior to the survey. Even when violence since age of 15 is considered, childhood violence is still the stronger predictor.

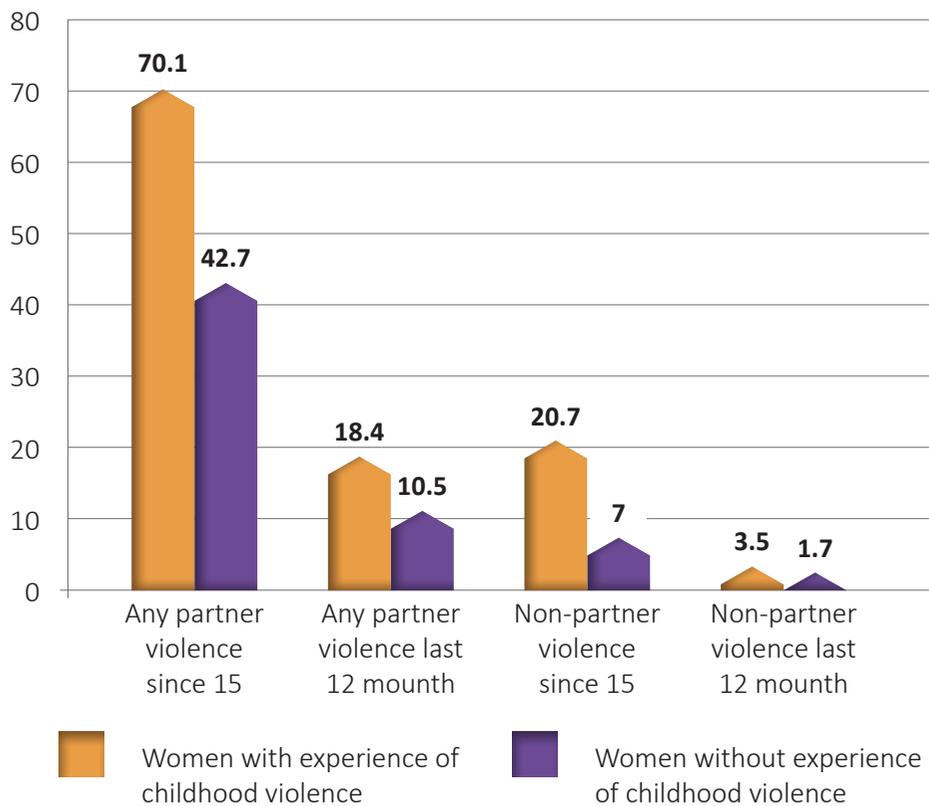
Older women experienced childhood violence at a higher rate than young and middle-aged women. Among young women and middle-aged women, 20.7% (in both groups) reported experiencing violence during childhood, compared with 23.3%

of older women. The most prevalent is physical violence, experienced by 21.6% of older women, while psychological and sexual violence were less prevalent (4.8% and 0.7% respectively).

Survey data show that among older women who experienced physical, psychological and/or sexual violence during childhood, the prevalence rate of any partner or non-partner violence since age of 15, or during last 12 months, is significantly higher than among women who did not experience childhood violence (Figure 17).

⁸⁵ OSCE-led Survey on Violence Against Women. *Wellbeing and Safety of Women in South-East and Eastern Europe*, p. 118.

Figure 17: Women old 65-74 years by experiences of childhood violence and prevalence rates of partner and non-partner violence, %

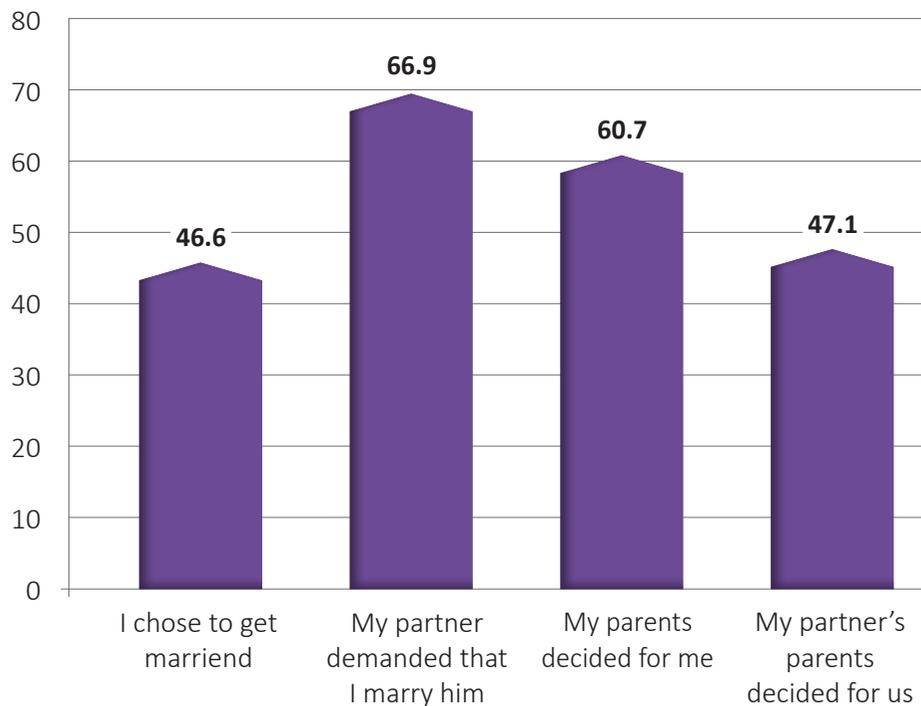


Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

6.2 FORCED AND EARLY MARRIAGE

Forced marriage and early/child marriage (before the age of 18) are identified as forms of gender-based violence by the Istanbul Convention. They are also highly correlated with other forms of violence, particularly intimate partner violence. As survey data show, less than half of women who freely choose to marry experience partner violence, while among those who are forced to marry their husband, over two-thirds became victims of intimate partner violence (Figure 18).

Figure 18: Women 65-74 who experienced current partner violence since age 15, by the way of getting married, %



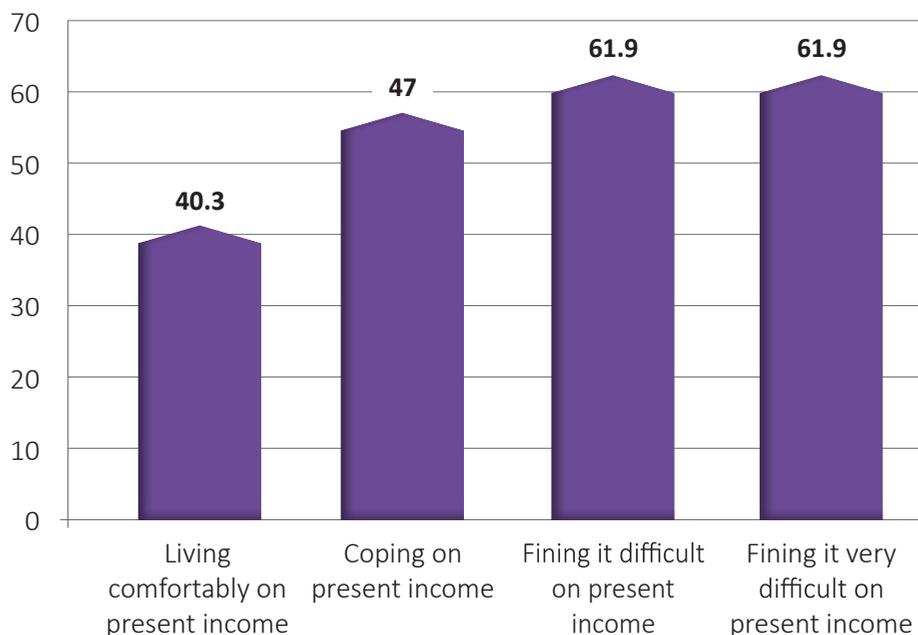
Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Early marriage also increases the risk of violence. Among older women who married before the age of 18, 60% subsequently experienced intimate partner violence. Among women who did not marry before age 18, the rate was 50.1%.

6.3 FINANCIAL AND MATERIAL DEPRIVATION

Although violence against women occurs in all income groups, as some of the studies show,⁸⁶ frustration caused by poverty including financial and material deprivation, significantly increases the likelihood of intimate partner violence. Prevalence rates for intimate partner violence are significantly higher among women who experience income deprivation than those who do not (Figure 19).

Figure 19: Women 65-74 who experienced current partner violence by income deprivation, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

⁸⁶ Malgesini, G, cesarini Sforza, L, Babovic, M. (2019) *Gender-based Violence and Poverty in Europe*, European Anti Poverty Network, <https://www.eapn.eu/gender-based-violence-and-poverty-in-europe-briefing-2/>

Other indicators also point to income deprivation as an important factor that increases the risk of current partners' violence. One of these indicators is women's possession of personal bank accounts. This is an important indicator of economic independence for women and their financial inclusion. Among women who do not have a personal bank account, 55.6% experienced violence by current partners. Among women with personal bank accounts, 44.9% experienced such violence.

The prevalence of current partner's violence is also higher among women who said they did not have enough money for adequate shelter or housing during the past 12 months, compared with women who did not have this problem (56.3% vs. 50.7%). Similarly, the prevalence of current partner's violence was higher among women who reported they lacked money to buy food for themselves and their families during the last 12 months, compared to women who reported they did not have this problem (62.6% vs. 49.1%).

Income deprivation and an equal partnership between husband and wife in the use of household income are both important predictors of intimate partner violence. There is a large difference in the prevalence of current partners' violence toward women who feel that they have an equal say in decisions about the use of the household income and those who feel they do not (48.0% vs. 84.8%).

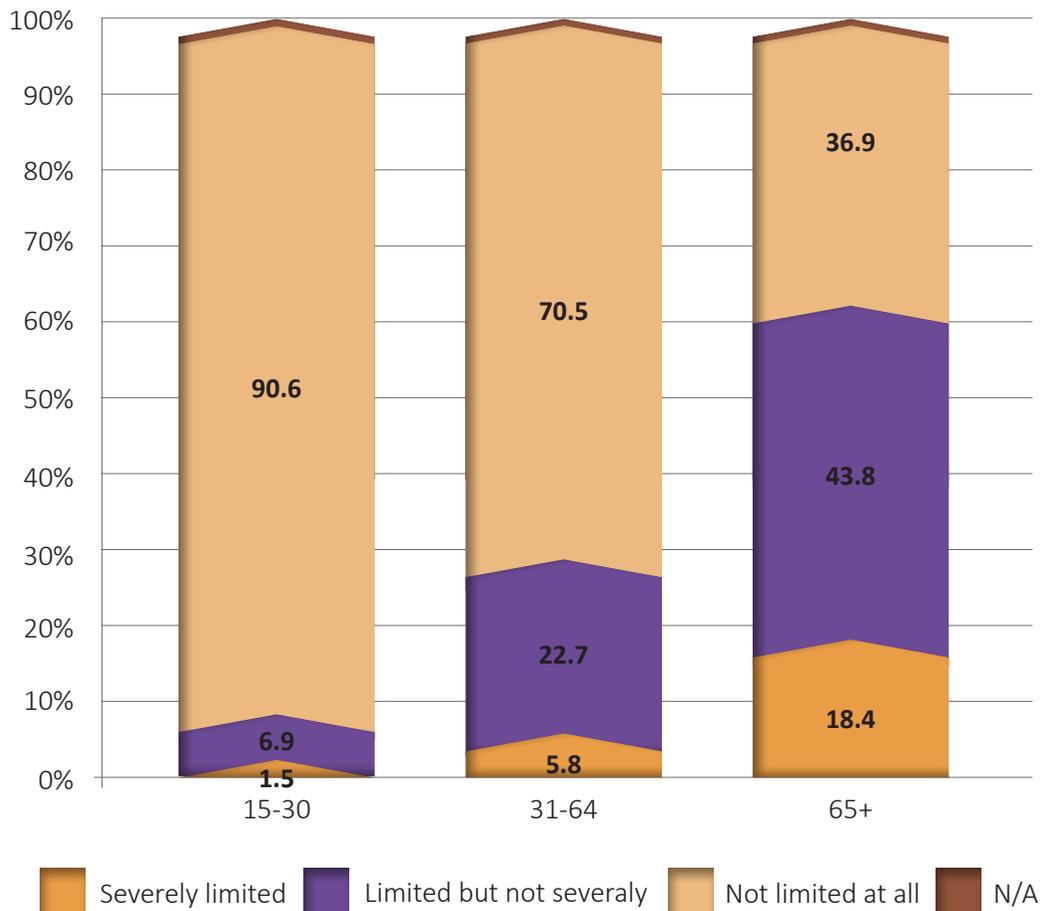
6.4 DISABILITY

Many international VAW prevalence studies found that women who are disabled face increased risks of gender-based violence. One study by OSCE focused exclusively on women with disabilities⁸⁷. The findings show that women with disabilities were systematically exposed to higher risk of violence across the region than women living without disability.

Although the OSCE-led survey discussed in this report was not specifically designed to measure prevalence of gender-based violence among women with disabilities, it includes questions that can serve as proxy indicators for disability. One question asked, 'For at least the past six months, to what extent have you been limited because of a health problem in activities people usually do'. Women who answered 'Severely limited' were highly likely to be identified as women with disabilities. This is also likely to identify women who answered 'Limited but not severely' as disabled. Data show the increase of the proportion of women with disabilities associated with older age (Figure 20).

⁸⁷ UNFPA (2020) *Violence against Women Living With Disabilities in South-East and Eastern Europe*, https://eeca.unfpa.org/sites/default/files/pub-pdf/vaw_living_with_disabilities_in_se_and_eastern_europe.pdf

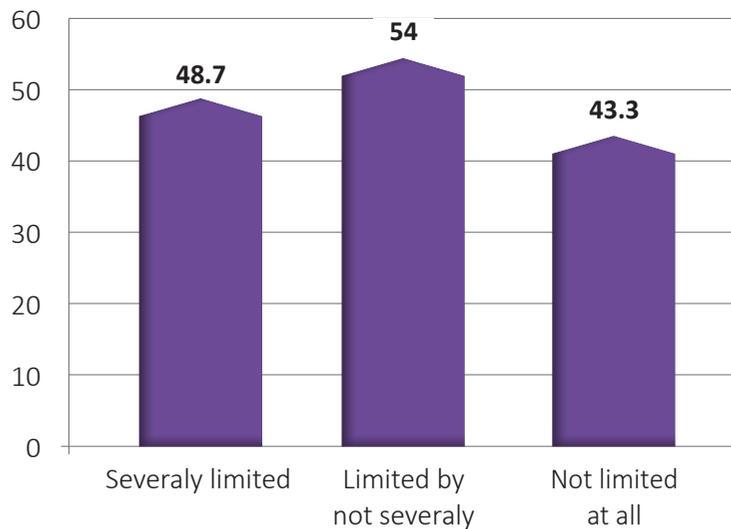
Figure 20: Women by age and disability status, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

The prevalence rate of both partner and non-partner violence is significantly higher among women with disabilities than women without disabilities for women younger than 65. However, for older women, disability is linked with higher prevalence of intimate partner violence (of both current and previous partners), but not with non-partner violence. This is not surprising, given the much lower prevalence of non-partner violence among older women, when compared with younger women. According to survey data, older women who are severely or somewhat limited in daily activities are exposed to higher risks of intimate partner violence (current or previous) since age of 15 (Figure 21).

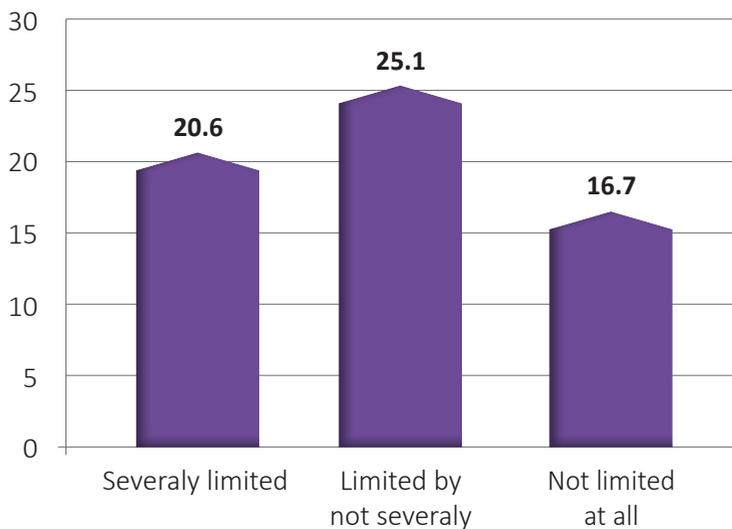
Figure 21: Prevalence rates of intimate partner violence since age 15, among women 65-74 with different disability status, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Older women who identified as being severely or somewhat limited in daily activities were also significantly more likely than women who reported no limitations to disclose experiencing current partner violence during the 12 months preceding the survey (Figure 22).

Figure 22: Prevalence rates of current partner violence during last 12 months, among women 65-74 with different disability status, %

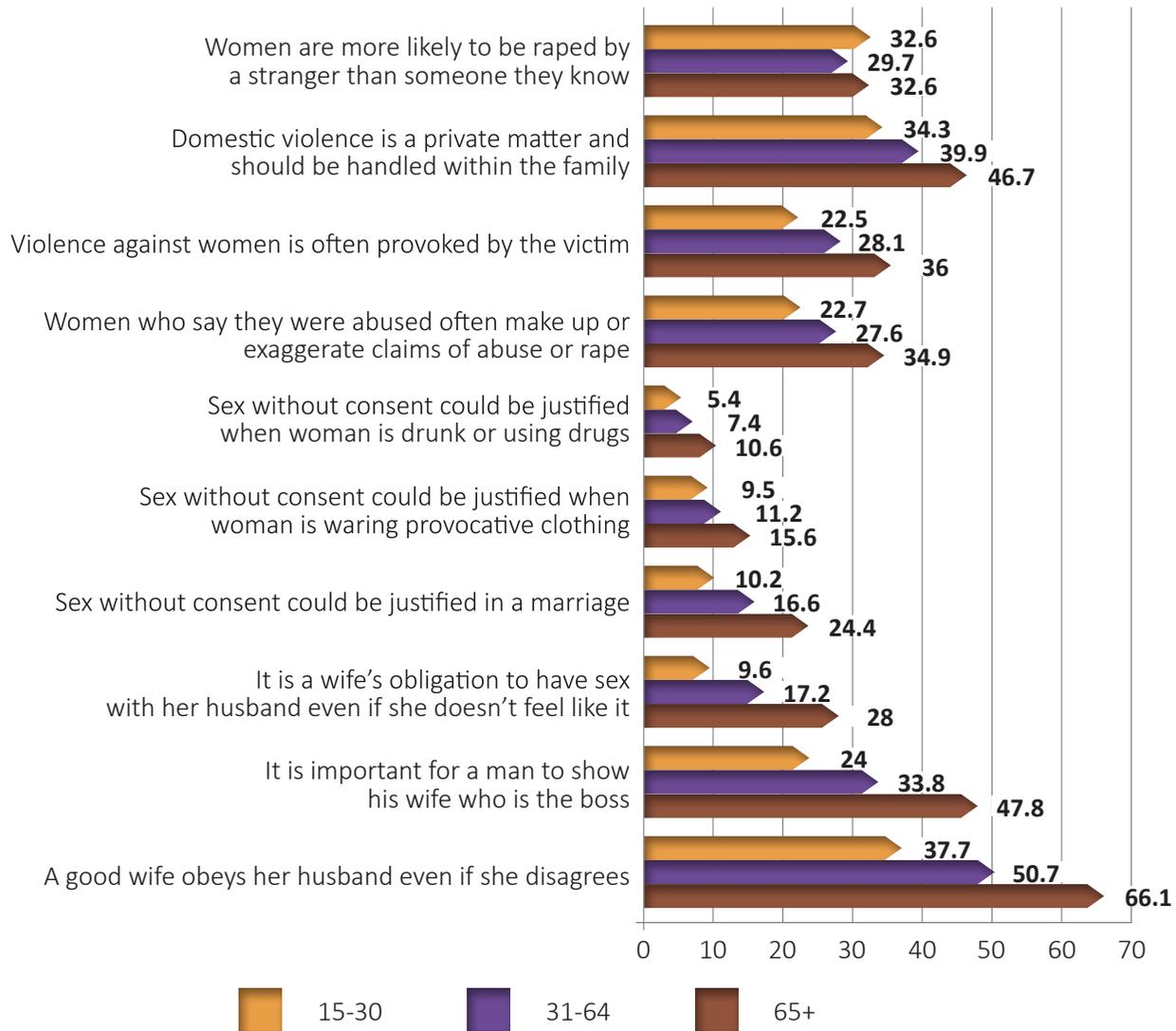


Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

6.5 PATRIARCHAL ATTITUDES

Gender related norms and values expressed through various attitudes show significant links with risks of partner and/or non-partner violence. The OSCE-led survey explored women's views on different aspects of gender relations and gender-based violence. A higher proportion of older women respondents agreed with statements about patriarchal attitudes that promote different roles for men and women and unbalanced power relations in which men have more power in relationships compared with younger women (Figure 23). Similarly, a higher proportion of older women compared with younger women agreed with statements that justify violence against women under certain conditions.

Figure 23: Share of women who agree with different statements by age, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Some statements (but not all) show a significant relationship with prevalence of violence. Data in the following table show higher prevalence rates of intimate partner violence among women who totally agree or tend to agree with proposed statements (Table 3).

Table 3: Percentage of women who experienced intimate partner violence among women who agree or disagree with statement

STATEMENTS	% of women with experience of intimate partner violence among women who			
	Totally agree	Tend to agree	Tend to disagree	Totally disagree
It is important for a man to show his wife/partner who is the boss	54.2	51.4	50.3	41.4
It is the wife's obligation to have sex with her husband even if she doesn't feel like it	59.0	56.4	50.0	43.2
Sex without the consent could be justified in a marriage or among partners who live together	56.9	62.1	49.38	43.0
Sex without the consent could be justified when women are wearing revealing, provocative or sexy clothing	66.3	59.2	51.1	44.7
Sex without the consent could be justified when woman is drunk or using drugs	70.5	56.0	47.5	46.3
Domestic violence is a private matter and should be handled within the family	50.0	53.7	52.1	42.1
Women are more likely to be raped by a stranger than someone they know	49.4	52.7	50.2	39.9

Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

7.

Consequences of violence

KEY FINDINGS

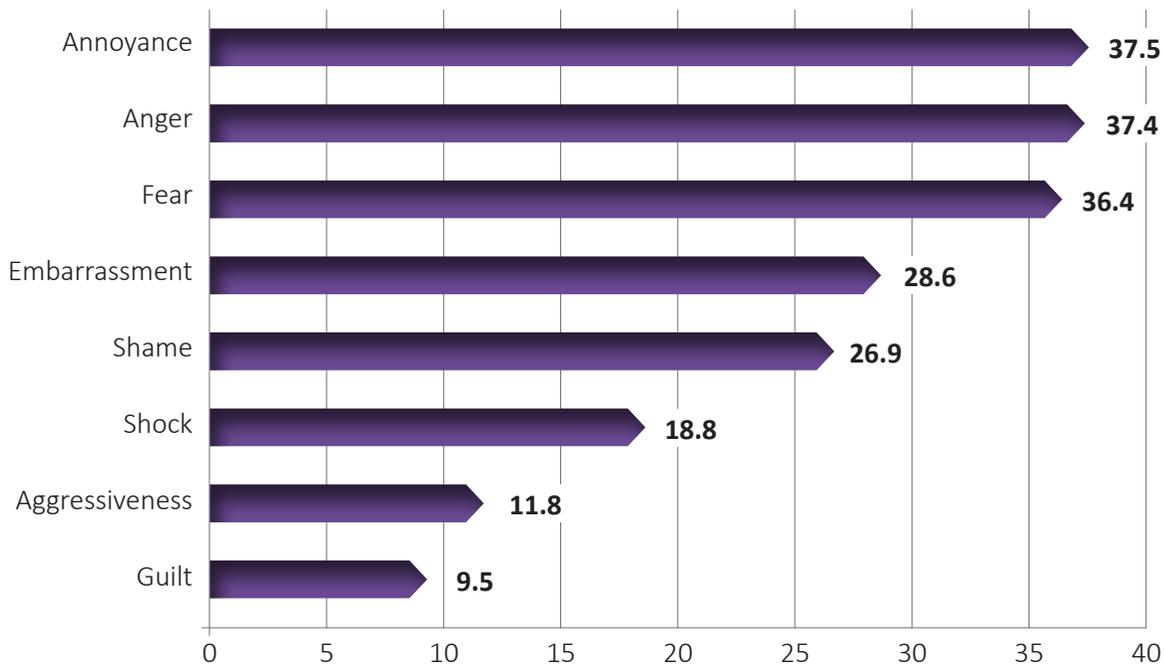
- The consequences of partner and non-partner violence are profound and often long lasting.
- The most common emotional reactions to the most severe incident of partner violence identified by respondents include annoyance, anger, fear and embarrassment and shame, while psychological consequences include anxiety, difficulties with sleeping and feeling vulnerable. The most frequent physical consequences were bruises and scratches, but some women suffered more severe injuries.
- A higher proportion of women reported emotional reactions to the most serious reported incidents of non-partner violence, while the psychological consequences and type of most common injuries from non-partner violence were like reported consequences of partner violence.
- Data indicate worse health status among women who experienced any form of violence during their lifetime compared to women who did not experience any form of violence.

Women experiencing violence also disclosed longstanding consequences. The survey found that women experienced emotional reactions after the most serious incident of partner and non-partner violence, as well as physical and psychological consequences. Psychological consequences are defined as longer term than immediate emotional reactions.

7.1 CONSEQUENCES OF CURRENT PARTNER VIOLENCE

Women expressed a range of emotional reactions to the most serious incidents of violence perpetrated by current partners. The most frequent reactions are annoyance, anger, and fear, followed by embarrassment, shame and shock, and then aggression and even feelings of guilt among some women (Figure 24). When compared to the emotional reactions of younger women, older women's reactions are similar except for two reactions. Older women are less likely than younger women to report feeling anger (37.2% vs. 52.6%

Figure 24: Emotional reaction after the most serious incident of partner violence, women 65-74, %

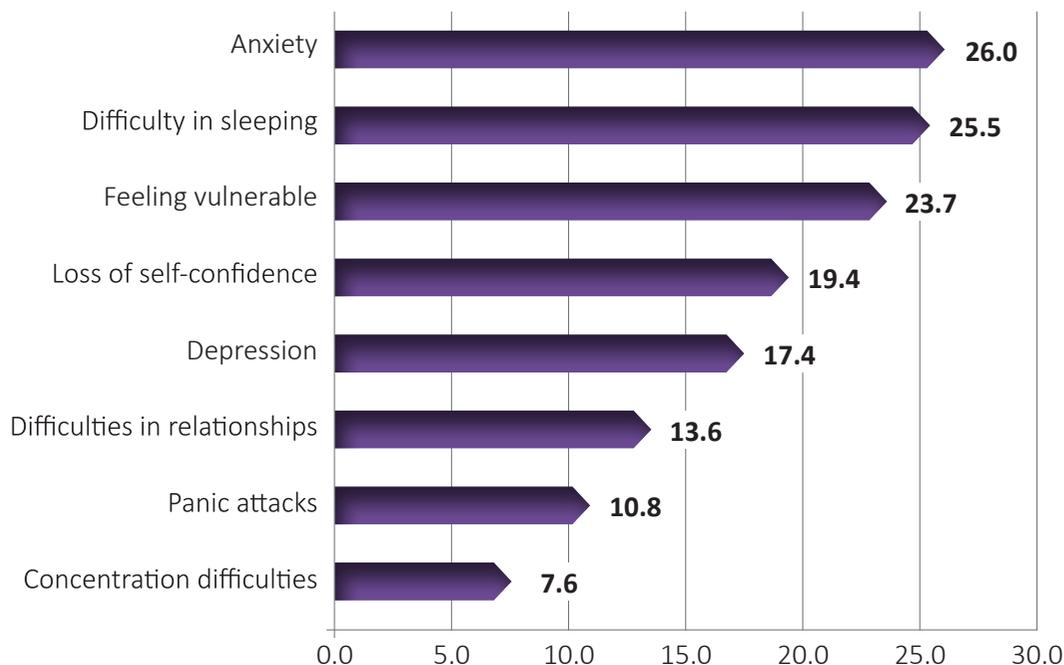


Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

among middle aged women, and 44.9% among young women) and aggression (11% vs. 19.8% among middle-aged women and 29.9% among young women).

Women identified longer term psychological consequences of intimate partner violence as anxiety, difficulties with sleeping, feeling vulnerable, and loss of self-confidence (Figure 25). There are no significant differences between older women and those who are under 65 years of age.

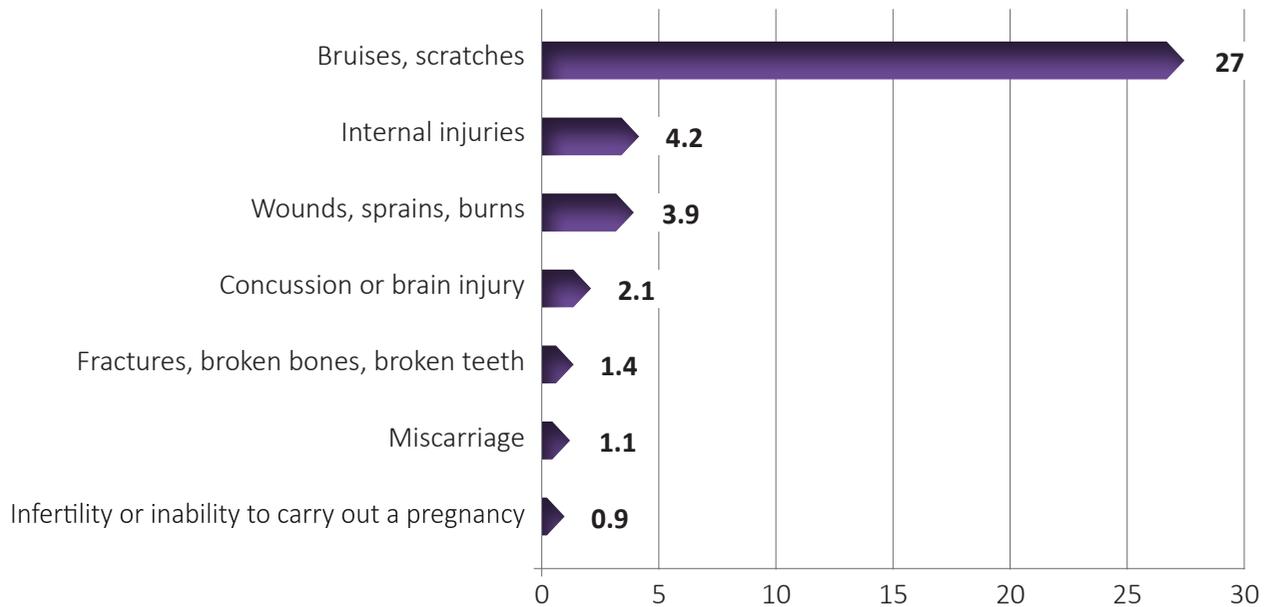
Figure 25: Psychological consequences of the most serious incident of partner violence, women 65-74, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Most older women (64.8%) participating in the study did not suffer any physical consequences from the most severe incidents of current partner violence. Among those who suffered physical consequences, bruises and scratches were most often cited. However, some older women experienced more severe injuries such as wounds, sprains, burns, brain injuries, fractures, and miscarriages during their lifetime (Figure 26).

Figure 26: Physical consequences after the most serious incident of partner violence, women 65-74, %

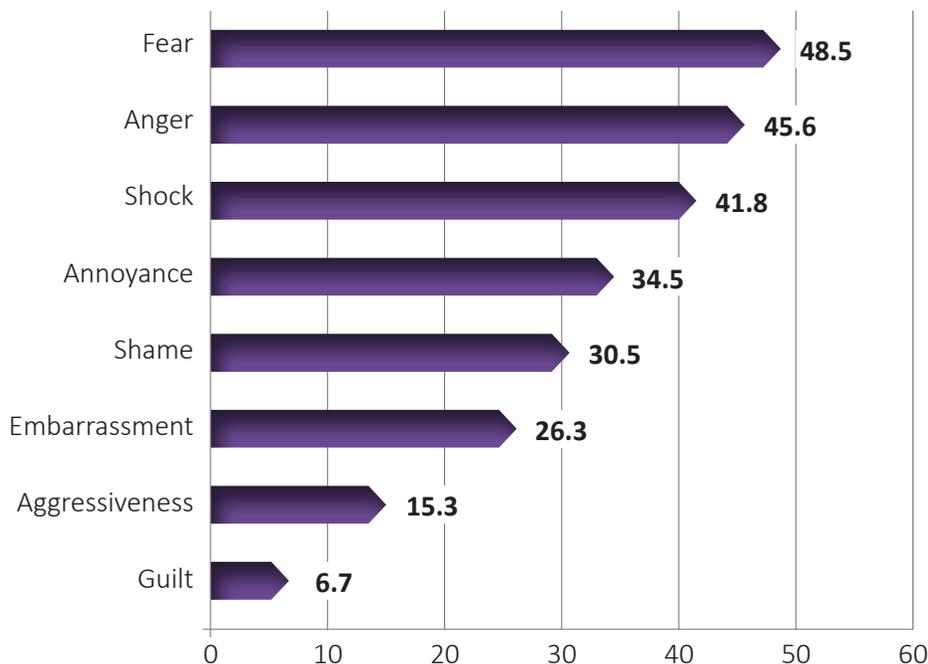


Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

7.2 CONSEQUENCES OF NON-PARTNER VIOLENCE

A higher proportion of older women reported strong emotional reactions after their most severe incidents of non-partner violence compared to younger women. Almost half of older women felt fear, anger, shock, annoyance, shame, embarrassment, and to a lesser extent aggression and even guilt (Figure 27). However, there were no statistically significant differences in the emotional reactions of older women compared with those who were younger than 65.

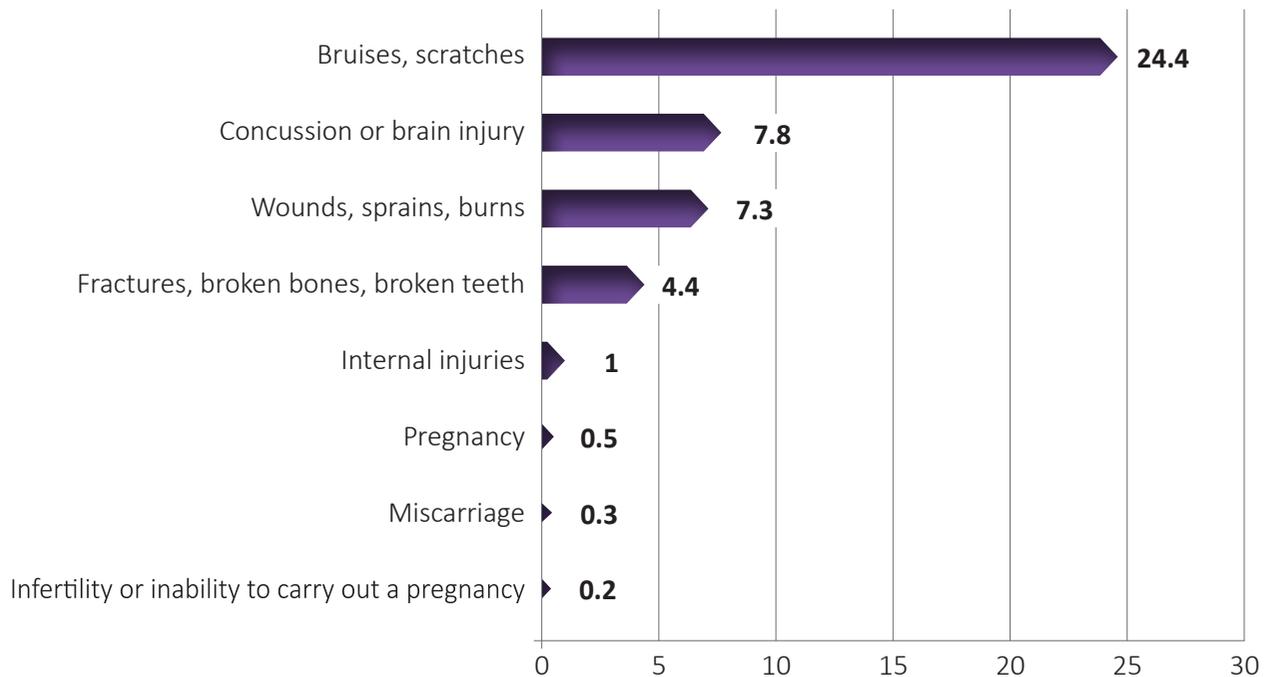
Figure 27: Emotional reaction after the most serious incident of non-partner violence, women 65-74, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Psychological consequences are like those experienced with current partner violence. Anxiety is the most frequent reported consequence (29.3%), followed by depression (23.8%), difficulties in sleeping (23.3%), panic attacks (19.7%), feelings of vulnerability (18.3%), loss of self-confidence (13.1%), concentration difficulties (11.8%), and problems with establishing relationships (9.2%). More than half of women respondents (52%) who experienced non-partner physical or sexual violence did not suffer from any physical injuries. Among those with physical injuries, they described them as bruises and scratches. However, some women suffered more severe injuries, including those ending with unwanted pregnancies or miscarriages (Figure 28).

Figure 28: Physical consequences after the most serious incident of non-partner violence, women 65-74, %

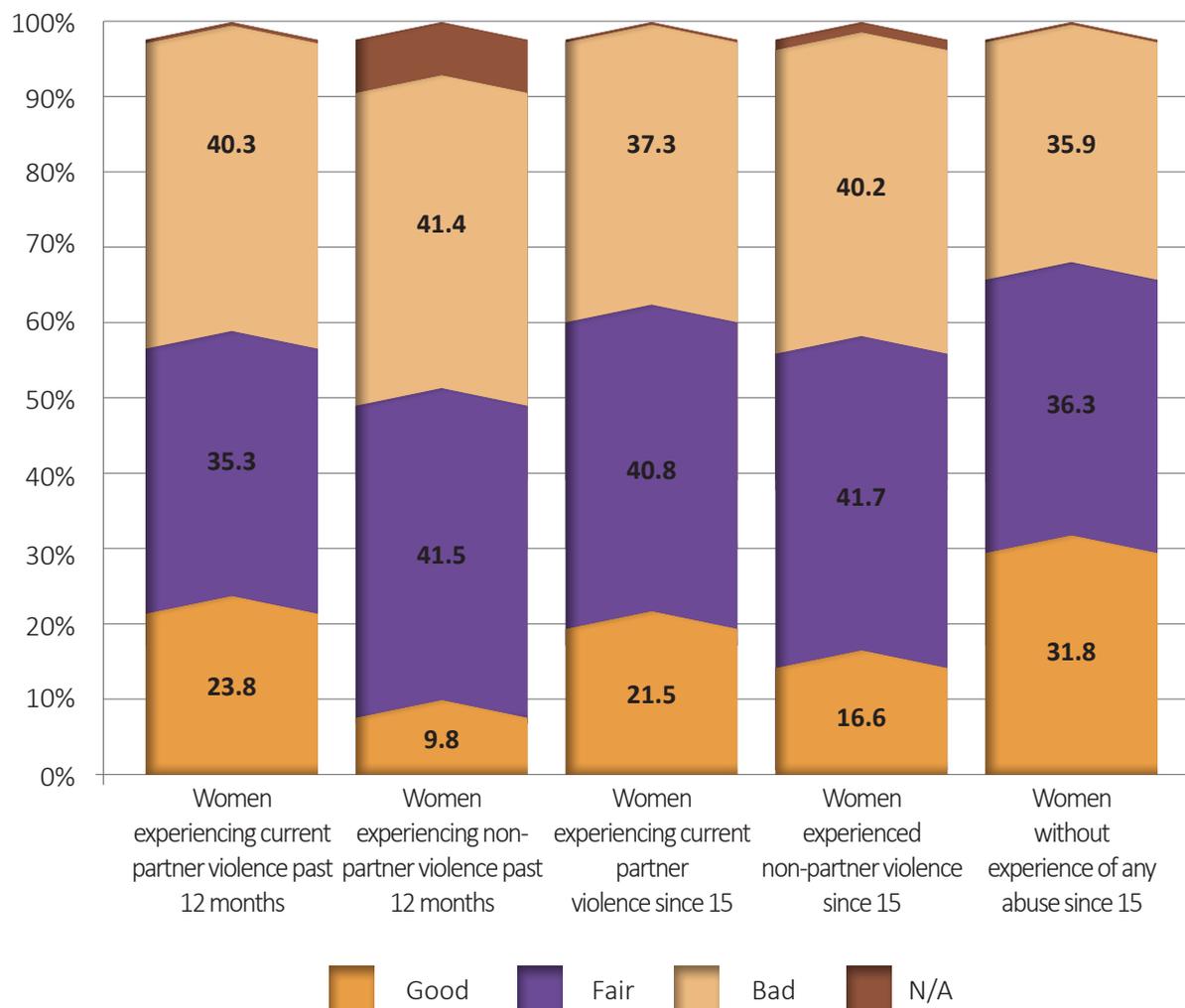


Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

7.3 LIFETIME VERSUS RECENT EXPERIENCES OF VIOLENCE

All experiences of violence, whether experienced at one point of time or accumulated during the life course, influence the current wellbeing of women. However, the strongest impact on their wellbeing was the current violence they experienced whether committed by partners or other people. Women who experienced recent partner or non-partner violence were more likely to rate their health as poor compared to women who experienced violence in the past. Women who said they never experienced violence were most likely to rate their health as good (Figure 29).

Figure 29: Women 65-74 by health status and experience of violence, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

8.

Reporting violence

KEY FINDINGS

- Women rarely report their most severe experiences of violence to the police or other institutions and organizations.
- They are somewhat more likely to report the most severe incidents of non-partner violence than partner violence.
- The main reasons they gave for not reporting violence included the belief that it should stay in the family and not be shared with outsiders, women should deal with it alone, and incidents were too minor to report.
- In both partner and non-partner violence, women were more likely to approach medical facilities for assistance than the police or any other support services.

The coping strategies of women who experienced partner and non-partner violence do not demonstrate systematic action to resolve or leave situations of violence. Consequently, women are left without exit strategies, creating pressure to accept violent situations at their peril.

Women across the region and of all ages rarely reported violence to the police or other institutions or organizations. Older women are the least likely to report their most serious incidents of violence, although they are slightly more likely to report incidents of non-partner or previous partner violence than violence perpetrated by current partners.

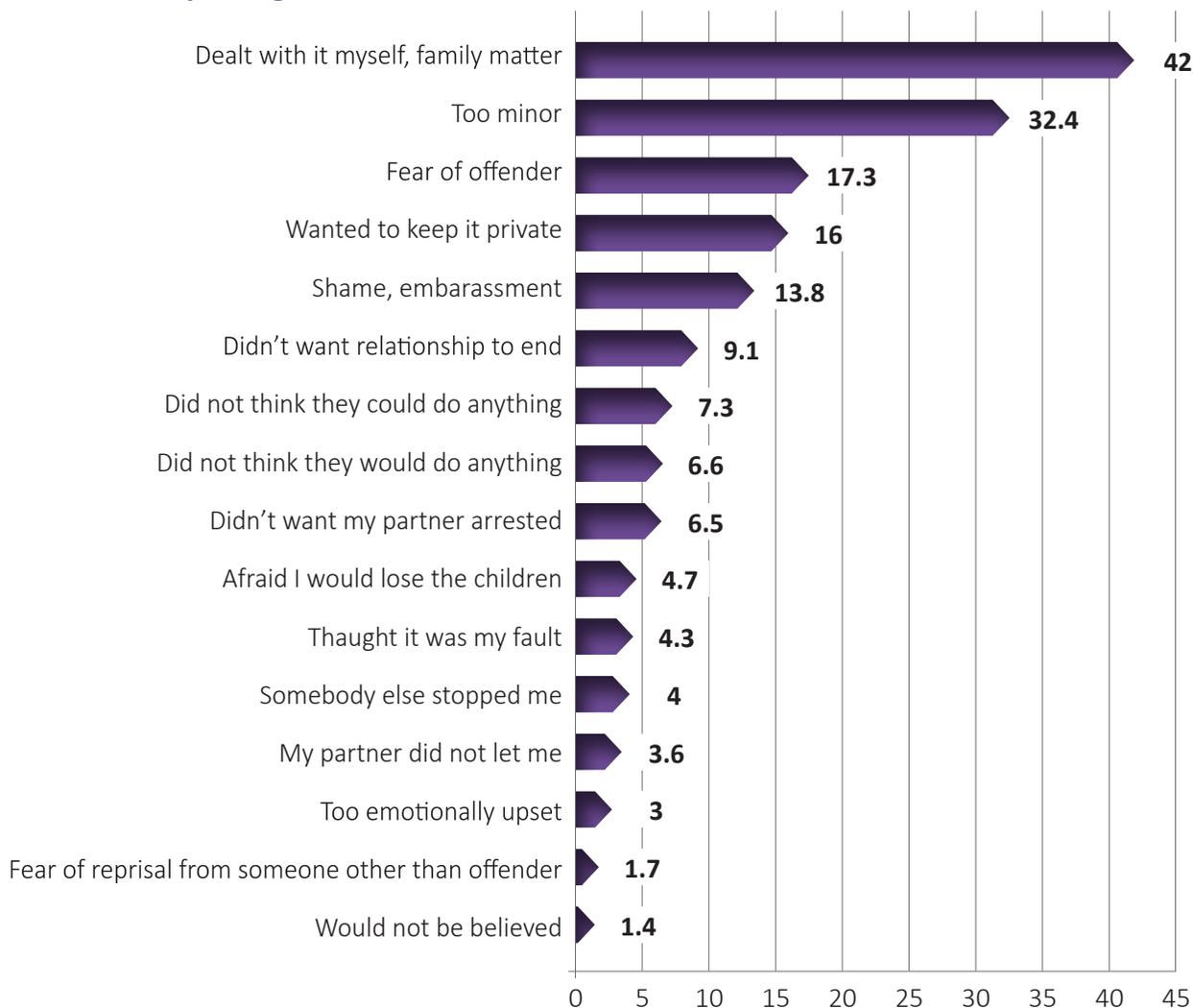
8.1 REPORTING CURRENT PARTNER VIOLENCE

Only 4.1% of young women, 6.7% of middle-aged women and 4.1% of older women ever reported the most serious incident of current partner violence to the police. Only five women in the study sample aged 65-74 reported their most serious incidents of current partner violence to the police.

No older woman in the study sample reported their most serious incidents of partner violence to the police in Albania, Kosovo* or Serbia. Only one woman in each of the six other countries included in the survey reported their most serious incidents of partner violence to the police. Due to the small number of older women aged 65-74 years in the sample, it is not possible to disaggregate the reasons for not reporting to the police by country. At

the regional level, however, data show that the most frequent reason was the belief that this was a family matter and women should deal with it alone (Figure 30). The second most frequent reason was the belief that the incident was too minor, followed by fear of retribution from the offender, a stated desire to keep the matter private, shame, and embarrassment.

Figure 30: Women 65-74 who disclosed in the survey the most severe incident of current partner violence, and who did not report it to police by the reasons for not reporting it, %

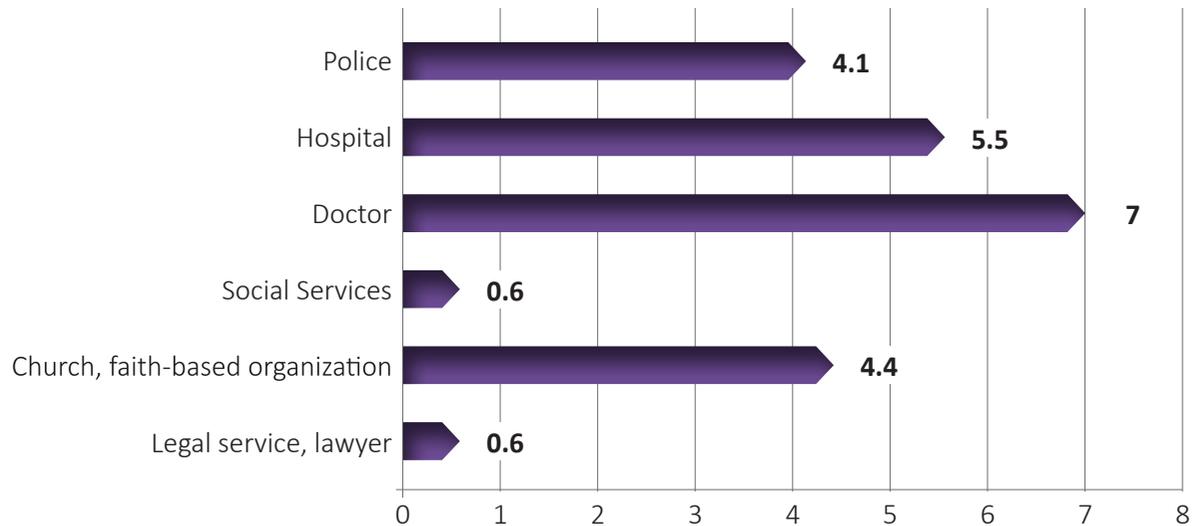


Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Due to the small number of responses (only 6 subjects responded to the question), it is not possible to analyse the satisfaction with police responses when the incident was reported to the police.

The number of subjects who reported their incidents to other institutions and organizations was also small, although more women responded that they asked for help from a hospital or a doctor than from the police. They also reported seeking help from a church or other faith-based organization. Very few respondents reported seeking help from social or legal services (Figure 31).

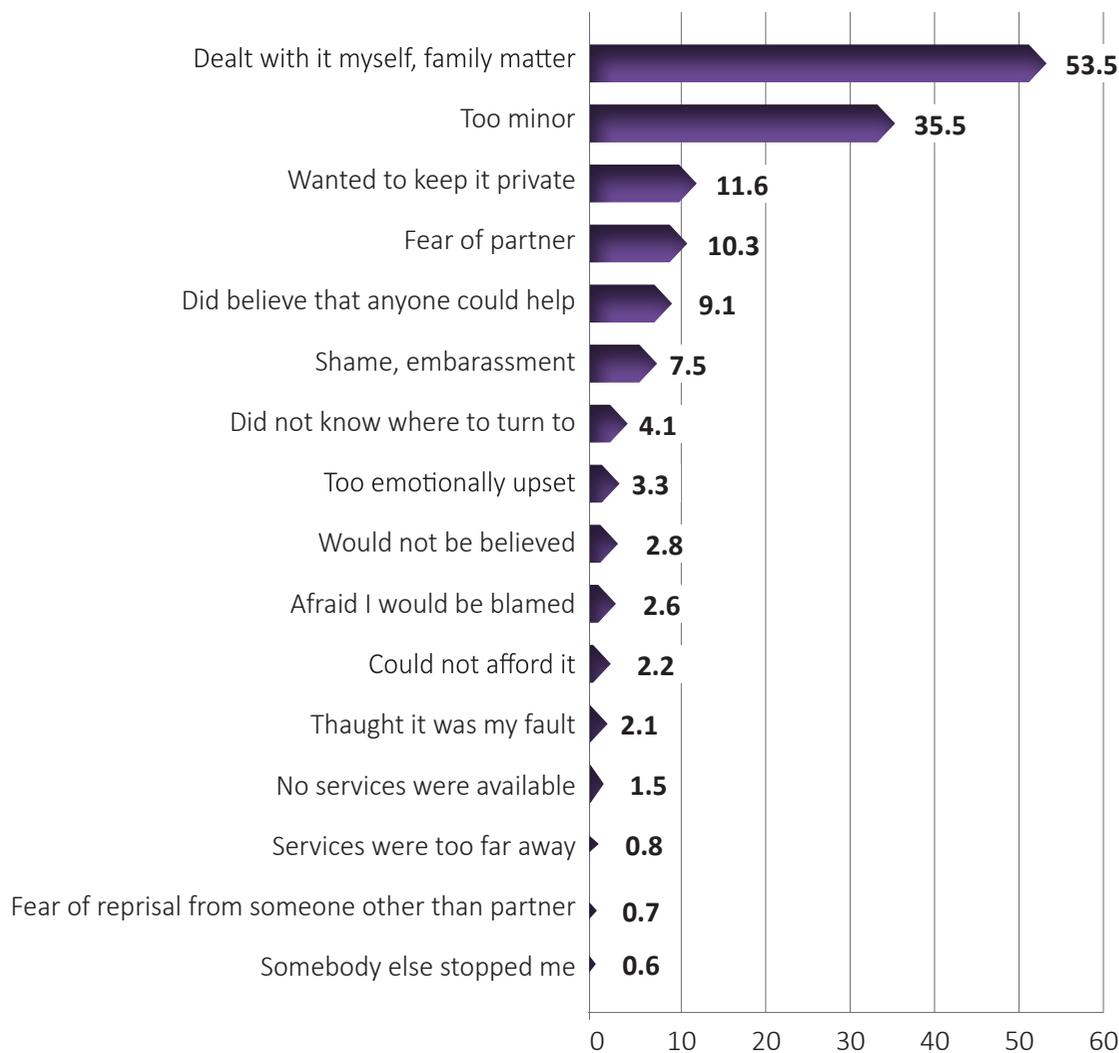
Figure 31: Share of women 65-74 who experienced current partner violence and reported seeking help from different institutions and organization, (N=121 women), %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

The reasons given for not reporting to other institutions and organizations are like the reasons for not reporting to police. More than half the women respondents believed intimate partner violence is the responsibility of the family to address, or it was too minor an incident for which to seek help (Figure 32).

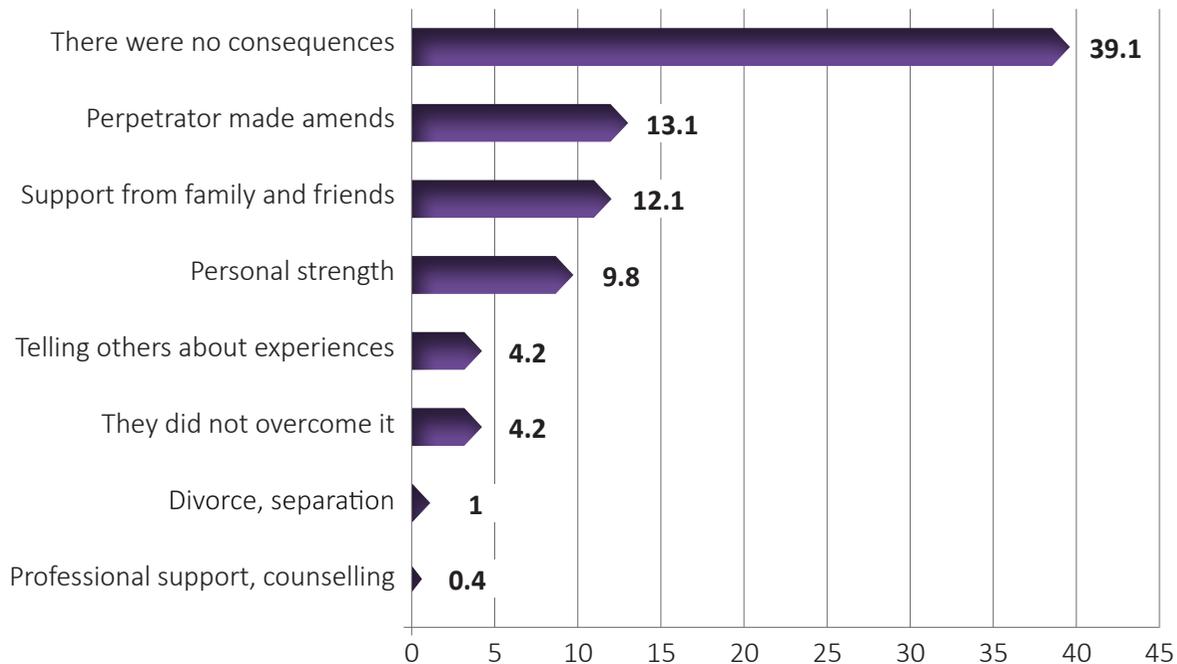
Figure 32: Reasons for not reporting to any of these organizations, women 65-74, %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

How did women respondents address the violence if they do not seek support from the police or other institutions or organizations that provide assistance to victims of violence? The survey data indicate that in 39% of incidents there were no consequences or resolution; in 13% of cases the perpetrator made amends and promised that will not happen again; in 12% of cases family or friends provided support, and 10% of respondents indicated that personal strength helped them overcome the violence (Figure 33).

Figure 33: Women 65-74 who experienced partner violence and did not report it, by the resolution of the most serious incident of partner violence, %

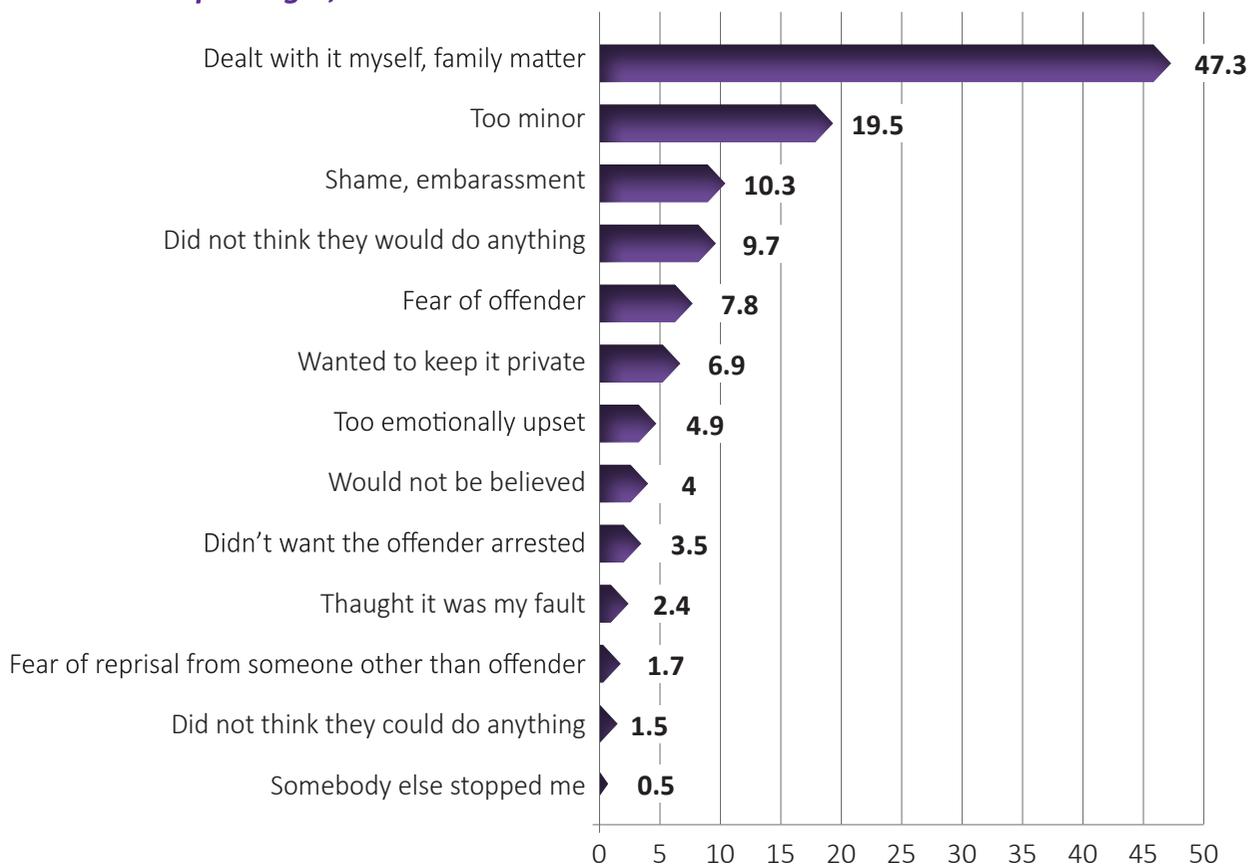


Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

8.2 REPORTING NON-PARTNER VIOLENCE

Compared to current partner violence, a larger proportion of women sought help when the most serious incident was of non-partner violence. Among women 65-74 years old, 14.4% reported the incident to the police, 3.5% had incidents reported to police by someone else, and 2.7% stated that the police became aware of the incident without anyone reporting it. However, most women respondents (77.9%) did not re-

Figure 34: Women 65-74 who disclosed in the survey the most severe incident of non-partner violence, and who did not report it to police by the reasons for not reporting it, %

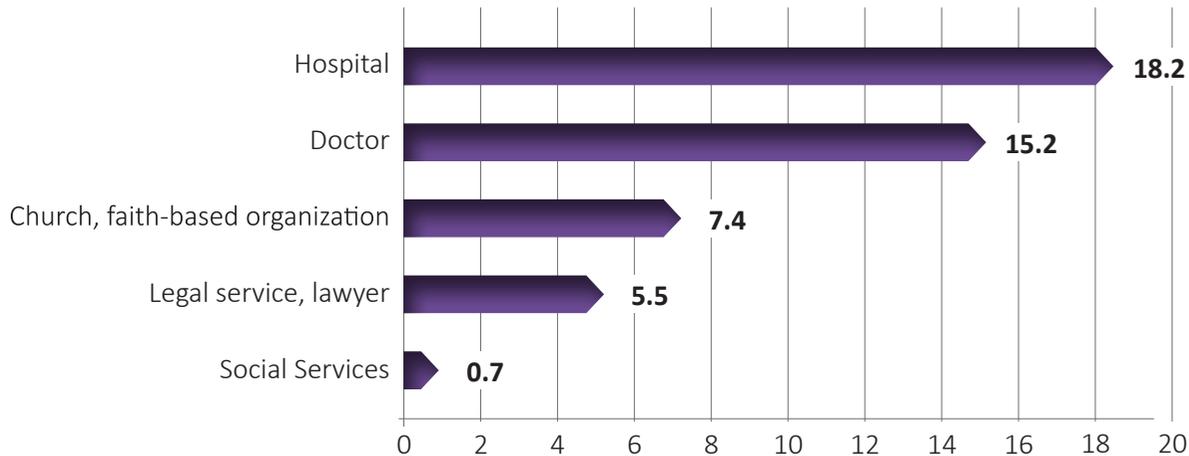


Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

port their most serious incident of non-partner violence. Again, the small number of women who reported answered the question on satisfaction with the police response (22) does not allow for a complete analysis. The reasons for not reporting to police are like reasons for not reporting intimate partner violence: the incident was kept in the family, or it was considered too minor to report. Other reasons given were victims' shame and embarrassment (Figure 34).

More women who experienced non-partner physical or sexual violence reported contacting other support services than women who experienced intimate partner abuse (Figure 35). They reported contacting hospitals or doctors and to smaller extent faith-based organizations and legal service. Only one woman respondent reported contacting social services.

Figure 35: Share of women 65-74 who experienced non-partner violence and reported to different institutions and organizations asking for support, (N=155), %



Source: OSCE-led survey on wellbeing and safety of women in SEE and EE, 2018

Reasons given for not reporting non-partner violence were like those for not reporting intimate partner violence. Usually, women respondents reported believing this was a matter that should stay in the family (56.3%). Other reasons given were victims' belief the incident was too minor (15.6%), desire to keep it private (14.4%), belief that no one could help (10.7%), fear of the offender (8%), shame and/or embarrassment (6.4%), lack of knowledge about where to seek help (4.2%), and belief it was victim's fault (3.1%).

Recommendations

Data Collection

- No cut off for age data in data collection for VAW prevalence studies.
- More research on violence against older women, in order to get information on older women's experiences with neglect and financial exploitation, as well as their perpetrators, such as adult children, grandchildren, and formal and informal caregivers. Additional research is needed to better understand how the aging process affects existing power relations, primarily within the family but also in society in general. It can also help to identify vulnerable groups among older women, taking into account intersectionality – such as rural women, women diagnosed with dementia, and older women of differing education levels, ethnicities, health statuses, sexual orientation and other variables.
- Prevalence studies on gender-based violence in the general female population need to include all women regardless of age, and include survey questions about specific forms of abuse that affect older women in particular for example, neglect and financial exploitation, which would enable understanding of gender-based violence over the life course.
- Official statistical surveys, such as FRA (European Union Agency for Fundamental Rights) and corresponding surveys in non-European Union member states should mandate inclusion of specific indicators for older women 65 years and older without age limitations.
- Data collected within different protection systems, such as social protection, healthcare, and law enforcement, must be age-disaggregated into five-year cohorts as well as gender categories, with special attention paid to women over 6,5 and must be made publicly available

Regulation

- Ensure existing regulations on partner and non-partner violence include older women as an at-risk group.
- Violent and abusive acts against older women should be identified as hate crimes against a vulnerable population during trials.
- In light of the COVID-19 pandemic, public policy should recognize the needs of older women during disasters, crises, and emergencies and ensure an adequate response post-crisis. Older women should be included in emergency planning sessions.

Services

- Ensure access to information on prevention and protection services for older women victims of violence that is culturally and age appropriate. Availability of information requires use of multiple communication channels.
- Ensure availability of free legal aid service and help line telephone numbers and programs for older women.
- Safe houses should be adapted to the needs of older women.
- Mental health and psychosocial support services must be trauma-focused to provide adequate support for older women victims/survivors of violence. Staff training for these services should be mandatory.
- Long-term care and acute care service providers should screen for risks of violence and inform older women clients about available support services or make referrals to appropriate protective services. Adequate and ongoing training should be required of all professionals who serve older women clients/patients.
- Provide support services to informal caregivers in order to reduce stress and burden of care, and the risk of violence.

Education

- Training to identify signs of abuse, neglect and violence against older women should be part of the curriculum at colleges that prepare staff to work in institutions and services that deal with the prevention and reduction of the consequences of abuse (including health and social care institutions, as well as public prosecutor, police and court staff.
- Professionals working in such institutions and services should have continuous training on the prevention of violence against older women. This should include both knowledge of administrative and legal frameworks as well as communication and psychosocial support skills for working with survivors of violence. Service interventions should include a trauma-focused approach.
- Such training should include an intersectional approach, focusing on older women living in poverty, and who are functionally dependent or suffering from dementia; Roma women; women living with alcohol or substance abuser and other at risk groups in order to provide sensitive and effective assessments and service interventions.
- At the local level, regularly organize joint trainings and informational sessions for professionals who encounter violence – professionals in the field of health, social protection, police, the courts and prosecutors, representatives of licensed Non- Governmental- Organizations (NGOs) – to not only learn about each other’s work, but also to discuss common approach to cases of violence, exchange information, and create an interdisciplinary team approach in the local community.
- Provide continuing education for older women on how to recognize violence, report it and seek help when they or others they know experience it.

Changing social norms through advocacy

- Promote a positive image of older women and their contributions to their families, communities and society.
- Develop a strategic plan to Fight against gendered ageism and harmful stereotypes of older women
- Work with the media to promote positive images of older women. Call out media sources that perpetrate harmful stereotypes.
- Invest in preventive measures against violence beginning in childhood, because violence against older women is often part of a continuum of violence that begins in childhood and continues throughout the life cycle.
- Promote and encourage intergenerational solidarity in family relations in both directions – as support and understanding of the specific needs of both older and younger people. This promotes a society for all ages based on respect, understanding and equal rights and opportunities.
- As part of the implementation of strategies for achieving the Sustainable Development Goals, each state should recognize older women as a social group that should be included as part of “no one left behind”.
- Promote a UN Convention, a legally binding international instrument, on the rights of older persons. This instrument, if ratified by a sufficient number of UN member states, can provide a platform for protection of human rights for older people, including the right to live lives of dignity, free of violence.



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Dr Marija Babovic is full professor at the Department for Sociology of the Faculty of Philosophy – University of Belgrade. She has been lecturing Economic Sociology, Sociology of Work, Contemporary Economic Migration and Sustainable Development. Her main area of research is socio-economic development with particular focus on social inclusion, mobility, inequality, including gender inequalities. She has over 20 years of experience in research on social changes, gender equality and social inclusion of diverse vulnerable groups, such as Roma, forced migrants, unemployed, people under risk of poverty, population living in rural areas. She has cooperated with international organizations, such as UN Women, UNICEF, UNDP, UNFPA, UN Trust Fund, OSCE in Serbia and wider region of South-East Europe. She is representative of European Anti Poverty Network – Serbia in the European Anti-Poverty Network – Europe. She has published large number of monographs, articles in monographs, and journal papers, and has participated in numerous national and international scientific and civil society conferences.



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