STAND UP SPEAK OUT
27-29 JULY 2026

2026 AUSTRALIAN ELDER ABUSE CONFERENCE

System Elder Abuse in Humanitarian

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EAAA Elder Abuse Action Australia

caxton COMMUNITY LEGAL CENTRE

ADAAustralia Your Aged and Disability Advocates

Acknowledgement of Country

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Yugambeh Country – Gold Coast, Queensland

The Migrant and Refugee Settlement Services acknowledges the Yugambeh people, the Traditional Custodians of the land on which we gather here on the Gold Coast, and pays respect to their Elders past, present and emerging.

We recognise the deep and continuing connection of Aboriginal and Torres Strait Islander peoples to land, waters and community, and extend that respect to all First Nations peoples with us today.

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Systemic elder abuse in humanitarian contexts

STAND UP SPEAK OUT
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Introduction to topic and content

- Definition of Systemic Elder Abuse
- Four different humanitarian contexts
- Action is needed to address this issue

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HUMANITARIAN BRIEFING · 2026

Systemic Elder Abuse in Humanitarian Contexts

Palestine · Iran · Ukraine · Venezuela

An evidence review of structural neglect and exclusion of older people across crisis settings.

EXECUTIVE SUMMARY

Executive Overview

A widespread crisis

Systemic elder abuse is pervasive across humanitarian emergencies yet rarely named.

Excluded from aid

Older people are routinely left out of protection and relief systems.

Four focus regions

Palestine, Iran, Ukraine and Venezuela illustrate a shared global pattern.

Action is needed

Change is required across both policy and frontline operations.

Sources: *OHCHR (2024); UNHCR (2026); HelpAge International (2025).*

DEFINITION

What Is Systemic Elder Abuse?

THE CORE IDEA

Harm and neglect of older people that is built into how humanitarian systems are designed — not just isolated, individual acts.

Institutional neglect

Structural harm embedded in how services operate.

Age-based exclusion

Older people screened out of assistance and protection.

Built into the system

Embedded in humanitarian design, not incidental.

Invisible in data

Hidden by the absence of age-disaggregated reporting.

Sources: *OHCHR (2024; A/80/203, 2025); UNHCR (2026).*

DRIVERS OF RISK

Why Crises Heighten the Risk

Social systems break down
Networks that protected older people collapse.

Families are separated
Displacement scatters caregivers and relatives.

Services are overstretched
Health and relief systems cannot keep pace.

Triage favours the young
Aid prioritises those seen as 'economically active'.

Sources: *Human Rights Watch (2022); IASC / WHO–HelpAge.*

FOCUS REGION

Palestine

416

older people surveyed across four Gaza governorates in HelpAge's 2026 study.

Palestine: The Context

Prolonged conflict and blockade
Years of siege conditions restrict every essential.

Severely restricted mobility
Frail older persons cannot move to safety or services.

Healthcare under strain
The medical system is overwhelmed and depleted.

Dependency on aid
Survival hinges on distribution systems that exclude them.

Sources: *UNRWA Protection Brief (2025); HelpAge International (2026).*

PALESTINE · RISKS

Where Older People Fall Through

Excluded from aid queues

Crowds and chaos push frail elders out of distribution lines.

No chronic disease care

Medicines for long-term conditions become impossible to find.

Trauma and isolation

Repeated displacement deepens psychological harm.

Overburdened caregivers

Families cannot sustain the care older relatives need.

Sources: *HelpAge International (2026); Amnesty International (2026); UNRWA (2025).*

FOCUS REGION

Iran

14%

of Iran's population is now aged 60+, and ageing faster than the global average.

Iran: The Context

Sanctions strain health
Restrictions choke the supply of medicines and care.

High disaster exposure
Earthquakes and floods repeatedly hit older people hardest.

Economic instability
Inflation erodes savings, pensions and security.

Urban–rural disparities
Services thin out sharply beyond the cities.

Sources: *UN ESCAP (2025); WHO / Welfare Org. of Iran via Tehran Times (2026).*

IRAN · RISKS

Compounding Inequities

Medication & care gaps

Sanctions choke access to essential treatment.

Financial exploitation

Economic crisis exposes older people to abuse.

Neglect in weak services

Under-resourced systems overlook older needs.

Rural isolation

Distance and disparity cut off rural elders.

Sources: *Economic sanctions & health review, Iran; OHCHR (2024).*

FOCUS REGION

Ukraine

8.9M

people in Ukraine — 24% of the population — are over 60.

Ukraine: The Context

Conflict and displacement
War uproots millions, older people among the last to leave.

One of the oldest populations
A high share of those affected are elderly.

Damaged infrastructure
Power, heat and water systems are repeatedly hit.

Winterisation risks
Cold seasons threaten the frail and isolated.

Sources: *HelpAge International (2023); Amnesty International (2022).*

UKRAINE · RISKS

Abandonment on the Front Line

44%

of people over 70 in Ukraine live alone — heightening every risk of neglect.

Isolation at the front

Older people stay behind in dangerous frontline zones.

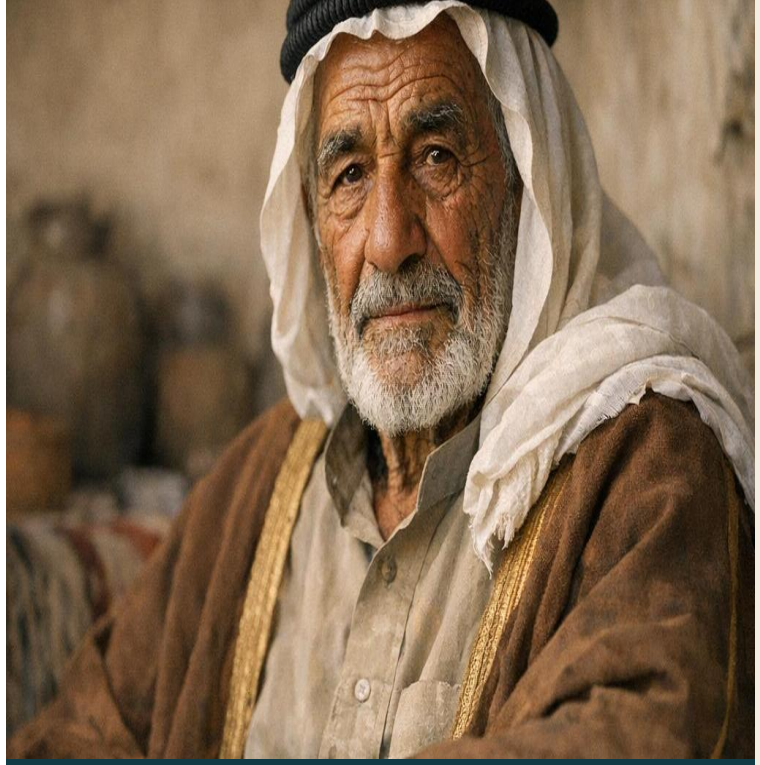
Barriers to evacuation

Frailty and access block safe escape.

Interrupted pensions

Lost income and services strip away support.

Sources: *Amnesty International (2022); HelpAge International (2023).*



REGIONAL BACKDROP

MENA

71.5M

older people projected across the Arab region by 2050 — up from 4.5 million in 1970.

MENA: The Context

Fastest-ageing region

The Arab world is ageing in 36 years what took Europe 150.

A surging older population

Those aged 60+ will reach 10.3% of the region by 2050.

Thin pension coverage

Only 38% of older people receive a pension, versus 78% globally.

Gaps in health cover

Up to 70% of older people lack health insurance in some countries.

Sources: *UN ESCWA, Population & Development Report No. 9 (2022); Sibai et al. (2018).*

FOCUS REGION

Lebanon

>11%

of Lebanon's population is aged 65+ — the highest share in the Arab region.

Lebanon: The Context

Oldest in the region
Older adults already exceed 11% of the population — a regional first.

A rapid shift ahead
By 2040, more older people than children; 23% aged 60+ by 2050.

A compounding poly-crisis
Economic collapse, the Beirut blast, COVID-19 and war strike at once.

Care systems strained
Reliance on primary health centres rose 125% from 2019 to 2021.

Sources: *Ministry of Social Affairs, Lebanon (2021); Nassif & Dakkak (2023).*

LEBANON · RISKS

Left Behind in a Poly-Crisis

No social protection

Around 80% of older adults lack cover and cannot afford private care.

Fragmented, disease-focused care

Weak referral systems and little preventive or geriatric care.

Indignity and isolation

Older people report humiliation, neglect and social isolation.

Barriers to access

Long waits, overcrowded clinics and financial hardship deter care.

Sources: *Dableh et al. (2025); UN ESCWA (2022).*

COMMON THREADS

Cross-Cutting Risk Factors

01

Mobility limitations

Frailty restricts movement to safety and services.

02

Chronic conditions

Ongoing illness needs care that disappears in crisis.

03

Digital exclusion

Aid that goes online leaves older people behind.

04

Dependency on others

Reliance on carers becomes risk when systems fail.

Sources: *IASC / WHO–HelpAge; UNHCR (2026).*

CONSEQUENCES

The Human Impact

01	**Increased mortality**	Older people die at disproportionate rates in crises.
02	**Loss of dignity & autonomy**	Independence and self-determination erode.
03	**Worsening chronic illness**	Untreated conditions accelerate decline.
04	**Mental health decline**	Isolation and trauma compound the suffering.

Sources: *The Lancet Healthy Longevity (2025); HelpAge International (2026).*

ROOT CAUSES

Where the System Fails

0.1%

of humanitarian project titles even mention older people — a measure of their invisibility.

No age-disaggregated data

Older people go uncounted, so they go unserved.

Inaccessible program design

Services are built without older users in mind.

Weak inclusion policies

Commitments exist on paper, not in practice.

Limited accountability

Few mechanisms track whether elders are reached.

Sources: *HelpAge International (2025); UN Statistics Division (2024).*

WHAT WORKS

Best-Practice Responses

Age-inclusive targeting

Build older people into who aid is meant to reach.

Mobile service delivery

Bring care to those who cannot travel to it.

Accessible infrastructure

Design spaces and queues frail elders can use.

Community outreach

Find the isolated through trusted local networks.

Sources: *IASC / WHO–HelpAge; The Lancet Healthy Longevity (2025).*

Venezuelan Earthquake – the Context

- **Higher risk of death or injury**
  .
- **Health impacts and disruption to care**
  .
- **Barriers to accessing assistance**
- **Increased protection risks**

  Intersecting inequalities
  .

THE WAY FORWARD

Strategic Recommendations

01

Embed age inclusion

Make it standard in the design of every program.

02

Fund elder initiatives

Resource dedicated responses, not afterthoughts.

03

Strengthen data

Count older people — by age, sex and need.

04

Partner locally

Work through community and older-people's groups.

Sources: *OHCHR A/80/203 (2025); HelpAge International (2025); UNHCR (2026).*

A RESPONSE IN PRACTICE

AUB HeLM: Healthy Longevity Mission

01

Research & innovation

Generate regional evidence and co-design pilots for healthy longevity.

02

Professional training

Close geriatric skills gaps and build a workforce for ageing.

03

Advocacy & community

Champion older adults' rights and combat ageism region-wide.

04

Global partnership

Work with HelpAge International, WHO and ESCWA to scale impact.

Sources: *AUB Faculty of Health Sciences, HeLM (2025); WHO (2025).*

CONCLUSION

Systemic elder abuse is preventable — but only with structural reform.

- Preventable, not inevitable
- Requires structural reform
- Inclusion improves outcomes for all
- The need is urgent

Include older people — or fail the whole community.

Sources: *UNHCR (2026); OHCHR (2024).*

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