

Violence against Older People: Tunisia

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Introducing the Report

This exploratory research seeks to shed light on the phenomenon of violence against older people in Tunisia and to understand the factors that lead to it, may they be personal or triggered by family, society or one's economic situation.

The issue of violence against older people is one of the social phenomena that remain unspoken in Arab societies, including Tunisia.

In order to conduct this research, both descriptive and practical approaches have been followed, thus taking into account various indicators related to older people including the demographic and health dimensions. It reviewed the role of every entity that deals with this segment of the population, whether governmental or non-governmental organizations and various legislation, programs and mechanisms that target older people.

The research includes administrative documents, reports, reference books and scientific studies related to the research topic, focusing on older people in Tunisia and the issue of violence against them more specifically. The research process was based on a multi-dimensional approach including the psychological, health, social, economic, and legislative aspects. It will also briefly discuss the various strategies, programs and services that target older people or the different groups that are prone to be subjected to violence and abuse. Quantitative data has also been collected for the purpose of this research, such as national statistics that give a comprehensive insight into this age group and their living conditions within the Tunisian society.

The second part of the study focuses on evaluation and corroboration through focus groups and individual interviews with a sample of older people, academics from the field and stakeholders from medical and paramedical specialists, psychologists and social workers to other categories of service providers. It also includes certain public organizations involved in the protection of older people, thus resulting in a number of suggestions and recommendations aiming to fight all forms of violence that can be perpetrated against this age category and contributing to their protection from abuse, no matter its nature.

— **First** —

The Theoretical Aspect of Violence against Older People in Tunisia

— **1** —

Conceptual Framework

Age and Older People

Linguistically: “Older person” refers to a senior citizen – whether male or female – while “older people” refers to the age group as a whole. These terms are used to describe people who are growing old¹.

Idiomatically: “Older people” and aging have multiple connotations including powerlessness, impairment, weakness and loss of independence.

Physiologically: “Older people” are also defined by the extent of their mental and physical abilities. As such, one becomes “older” when their declining health is accompanied with decreasing capabilities both physical and mental because of their age. However, these capabilities vary unevenly, making researchers and studies diverge when it comes to determining the chronological age at which one reaches this stage².

Demographically: Are considered as “older people” those “belonging to the age category starting sixty years of age, 65 in some cases. Often, the age marking this threshold is the legal age of retirement...”³.

Legally: The definition differs from one country to another. According to Tunisian legislation, an older person exceeds 60 years of age⁴.

1 Ibn Manzur, Lisan al Arab, p 222.

2 Ibid.

3 Arab Strategy for older people 2019-2029, the Arab League and the United Nations Population Fund, 2019, p. 9.

4 Law on the Protection of Older People, Official Printing Office of the Tunisian Republic, November 4, 1994: <http://www.legislation.tn/sites/default/files/journal-officiel/1994/1994A/Ja08794.pdf>

All of the above definitions agree on the fact that this stage of a person's life cycle begins at the age of sixty, which is usually the legal age of retirement in most Arab countries for those who work in the public sector and public functions. Therefore, the age of sixty is considered as a sort of symbolic threshold, generally associated to a transition from one life stage to another that differs in terms of lifestyle, activity and health. It also marks a leap from a network which consists of professional connections to one that mostly revolves around family, neighbors and friends.

The Concept of Violence⁵

Linguistically: "Violence: behavior involving force or abuse aiming to hurt or damage somebody or something, contrary to kindness⁶. Accordingly, violence carries a sense of cruelty and hardship.

Idiomatically: In his article "The primary observations on the desire for violence and bullying", Khalil Ahmad Khalil defines violence as "the act of psychological, verbal, material, or physical harm practiced individually or collectively. Such an act is systematically characterized by its psychological and social components. Its objectives are usually moral (tarnishing the reputation of someone for example) or physical (impacting the presence of others) and generally has us face a person who perpetrates violence..."⁷.

The abovementioned can thus define violence as the deliberate act perpetrated by individuals and groups with the aim of discrediting individuals or groups and damaging them physically and/or psychologically and/or morally.

To explain things more thoroughly, we will compare violence to its neighboring concepts of abuse or ill-treatment, defined as "any action carried out once or several times – or any lack of suitable act that occurs in any relationship supposedly based on trust that would cause harm or psychological frustration to an older person"⁸. Violence differs from abuse: while the intentional and authoritarian dimension is clearly present in the act of violence, abuse

5 Refer to Annex No. 2 to read the definition of violence according to the Law aiming to eliminate violence against women.

6 Dictionary on language and media, Dar el Mashreq, Beirut, p. 544.

7 Rawda Al-Ubaidi, Jalloul Shalabi, Hafez Al-Ubaidi, Violence-related Crimes among Youth - a scientific field study, Center for Legal and Judicial Studies, 2013, quoting Ahmed Khalil, "Primary observations on the desire for violence and bullying, Journal for Arab Studies, Volume 21, Issue 8, 1985, p. 66.

8 Definition by the United Nations: <https://www.un.org/ar/events/elderabuse/background.shtml>

can be unintended. In this vein, it should be noted that previous studies that have addressed the phenomenon of violence against older people often disregarded the taboo aspects of the phenomenon being studied.

For a better understanding of the concept of violence, there are different comparisons that can be made such as the one with gender-based violence which is defined as “any malicious act committed against a person based on their gender (social norms differentiating men and women) including acts that inflict physical, sexual or mental harm as well as the threat to carry out such acts in addition to constraints and any other forms of deprivation of freedom”⁹.

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Statistical and Social Framework of Violence against Older People

Figures and Statistics on Older People in Tunisia

The Tunisian society is witnessing a widening of its population pyramid due to the growing number of older people, which amount according to the 2014 figures to around 1,250,000 elderly or approximately 11.4% of the total population¹⁰. It is expected that the proportion of older people will reach up to 20% of the population in 2036, when it is expected that “one in every five people will be sixty or older, compared to one in eleven in 2004”¹¹. These demographic shifts have different reasons, among which the decline of fertility as a result of efforts to control reproduction, longer life expectancy at birth reaching 74.4 years according to the data collected by the 2014 Tunisia Census of Population and Housing. These numbers indicate that the number of women exceeded the number of men for this specific segment (51% females versus 49% males). The gradual feminization of the top of the pyramid

9 Guidelines for Inter-Agency Management of gender-based violence. 2017, p. 7: https://resourcecentre.savethechildren.net/node/15160/pdf/gbv_guidelines_arabic-version-low-res.pdf

10 Recensement général de la population et de l'habitat 2014, Jeunesse et vieillesse à travers le RGPH 201420154, Octobre 2017, p. 53

11 Social Dialogue on National Health Policies, Strategies and Plans, National Program for Health Policy, National Health Symposium, Tunis, June 27, 2019, p. 3.

has begun in 2008¹² and the percentages referred to are distributed among the age groups as shown in Table No. 1.

Table No.1

Distribution of Older People (60 years and above) according to age group and gender in 2014

Age group	Number of older people in thousands			%		
	Men	Women	Total	Men	Women	Total
60-64 years old	205.0	203.6	408.6	33.5%	32.1%	32.7%
65-69 years old	126.4	135.7	262.1	20.6%	21.3%	21.0%
70-74 years old	102.6	108.4	211.0	16.8%	17%	16.9%
75-79 years old	82.7	87.6	170.3	13.5%	13.7%	13.6%
80-84 years old	57.6	59.8	117.4	9.4%	9.4%	9.4%
85 years and above	37.9	42.3	80.2	6.2%	6.6%	6.4%
Total	612.2	637.4	1249.6	100%	100%	100%

Source: National Institute of Statistics and United Nations Population Fund, The Youth and Older People according to the 2014 Census of Population and Housing

According to the statistical data provided in the above table, we notice the gender disparity appears at the age of 65, as the proportion of women exceeds that of men and the difference settles on two points. However, the gender gap is expected to reach 7 points by 2044, given women are living longer than men on average¹³. It is thus clear that the Tunisian society will be facing deep demographic shifts such as a decreasing proportion of its youth coupled with an increase in the number of its older people¹⁴, which will lead to new challenges in the coming years.

Marital Status

Data indicates an increase in the proportion of older widows, who amount for 43% of older women. The number of older men who are not married is much lower and this is mainly due to women's reluctance to remarry. This

12 Women and Men in Tunisia - Indicators and Figures, Publications of the Center for Research, Studies, Documentation and Information on Women, 2016, p. 18.

13 La projection de la population 2014-2044 (2015). Fonds des Nations Unies pour la population.

14 Salah Al-Din Bin Faraj (2009), Trajectories for Modernizing Tunisian Families: Trends and Dimensions, Social Studies, Orbis Printing Tunisia, p. 184.

decision is inherent to a social and cultural heritage that singles out older women and deprives them of this right, on the grounds that after a certain age, a woman's body is "over and done with". In this vein, statistics show that the proportion of older married men reaches 90%, while the proportion of older women who are married reaches approximately 52.4%¹⁵. However, the ratio of female celibacy in the elderly age category is equivalent to that of men and is estimated at 2.5% of the total older population, as shown in the Table No. 2.

Table No. 2

Distribution of older people (60 years and above) according to their marital status in 2014

Marital Status	Number of older people		
	Men	Women	Total
Unmarried	14895	16971	31866
Married	555008	333390	888398
Divorced	5397	13210	18607
Widower	36951	273814	310765
Total	612251	637835	1249636

Source: Gender gaps according to the 2014 Census of population and housing

Needless to say that the marital status affects the care older people are provided and the decline of their overall health.

Safeguarding Older People

Despite the economic and social pressures faced by Tunisian families, they are still willing to provide for their seniors, which is evident given the habitual family care within the traditional solidarity networks that continue to play an important role in protecting older people, especially the more disadvantaged among them¹⁶ in addition to standardized care by the family program which has been approved by the State as part of its policy for older people welfare. As such, data shows that the overall proportion of older people who

¹⁵ National Institute of Statistics and UN Women, (2016), Gender Gaps according to the 2014 Census of Population and Housing, pp. 123-124.

¹⁶ Lassaad Labidi, L'habitat des personnes âgées pauvres en Tunisie : Cas des bénéficiaires du Programme des équipes mobiles, *Le sociographe*, 44, (2013). P. 6: www.cairn.info/revue-le-sociographe-2013-4-page-59.htm

are being taken care of by their family reaches approximately 23% of all senior citizens. Numbers also indicate that it is more common for older women to be provided for with 34.2% versus 12.3% for men. In this vein, statistics show that 29.7% of men who are provided for are above the age of 80. The number is 22.9% for women in that same age category¹⁷.

As for older people who are not provided for, data for 2014 sets the average around 76.5%, with older men living without anyone to provide for them reaching 87.5% while women living without providers amount to 65.7% of all older women, as shown in Table No. 3.

Table No.3
Distribution of older people (60 years and above) according to their family dependency in 2014

	Number of older people			%		
	Men	Women	Total	Men	Women	Total
Provided for by a relative	75242	218155	293397	12.3%	34.22%	23.48%
Not provided for	536838	418921	955759	87.68%	65.73%	76.48%
Non specified	163	315	478	0.02%	0.05%	0.04%
Total	612243	637391	1249634	100%	100%	100%

Source: Gender Gaps according to the 2014 Census of Population and Housing

The above data shows a disparity between older people of both genders. By virtue of their social and economic status, the majority of older men (most of whom are married and have a source of income) do not count on a relative to ensure their needs whereas most women do¹⁸.

Generally, families constitute the ideal environment for active solidarity: they take care of their members who are unable to provide for themselves because of disability or old age. However, marital status and economic situation of older people affect the increasing number of those who depend on a relative.

¹⁷ Previous reference, p. 127.

¹⁸ Previous reference, p. 128.

Economic Situation

Aging is usually accompanied by a decline in work opportunities, in addition to the legislative “veto” on older people who are allowed to work which is in direct contradiction with the United Nations Principles on Older Persons. The second article of the principle of independence states that “older persons should have the opportunity to work or to have access to other income-generating opportunities”¹⁹. However, studies show that older people poverty results from lower income and retirement pensions, thus affecting the quality of life and feeding the negative stereotypes linked to older people within their family and society, thus contributing to the social marginalization of this segment of the population²⁰.

With the scarcity of private savings and financial transfers made by their family remaining insufficient to ensure their personal and multiple needs, the main sources of income for older people are confined to retirement pensions and social aids provided by the State, as shown in Table No. 4 which details the different sources of income older people benefit from in Tunisia.

Table No.4

Detailing the different sources of income of older people (60 years and above) according to the 2014 census of Population and Housing.

Sources of Income	Number of older people			%		
	Men	Women	Total	Percentage of men	Percentage of women	Total
Retirement pension	432695	273721	706416	70.5%	43.0%	56.5%
Other income	24733	20074	44807	4.0%	3.0%	3.50%
Social aid	11510	16028	27538	1.8%	2.5%	2.20%
Other sources	3334	3282	6616	0.5%	0.5%	0.53%
No income/pension	139806	323957	463763	23.0%	51%	37.25 %
Non specified	162	320	482	0.02%	0.05%	0.03%
Total	612240	637382	1249622	100%	100%	100%

Source: Gender Gaps according to the 2014 Census of Population and Housing

19 General Assembly, forty-sixth session, United Nations Principles for Older Persons: <https://undocs.org/ar/A/RES/46/91>

20 Lassaad Labidi, Quand l'exclusion intervient avec la retraite : l'expérience tunisienne, <https://www.erudit.org/en/journals/ref/2005-v11-n1-ref1281/013060ar/>

Therefore, the ratio of older people who receive a pension/income is of approximately 62.75%. Primary sources of income can be divided into two categories: retirement pensions and financial and social assistance granted by the State as part of its program aiming to provide social security to older people who have no income or relatives able to provide for them. The data also indicates that 37.25% of older people benefit from no income what so ever. In light of the above, it is clear that a group of older people is living in a situation of economic insecurity and deprivation due to the scattered efforts of social protection schemes²¹ and lack of income which led to the emergence of two categories of poor in the ranks of older people: those with no income who are unable to obtain the minimum of money required to meet their basic needs and "the new poor" Whose income does not suffice to meet their financial needs. The numbers indicate that the right to an income is not guaranteed for most older people, which ultimately feeds a feeling of inferiority and exclusion.

Health Care Condition

Right to Comprehensive Health Care

Since January 14, 2011, Tunisia started working on the right for universal health coverage, considering it as a constitutional right with Chapter 38 of 2014's Constitution stipulating that "health is a right for all human beings. The State guarantees prevention and health care for every citizen and provides the necessary facilities to ensure the safety and quality of health services. The state guarantees free treatment for persons with limited income and the right to social coverage in accordance with the law's regulations"²². This means older people should have access to sustainable health care services and ways to prevent or delay illness in full respect of their dignity and independence.

In this regard, financial allocations are made to cover the expenses of the paid care services and to facilitate access to a set of basic health care services, especially in light of the increasing rates of chronic diseases and long-term treatments as well as the multiplicity of drug consumption, with more than 50% of the elderly with chronic diseases consuming three drugs or More. Moreover,

21 Economic Precarity: The Life of women laid off from work, Center for Research, Studies, Documentation, and Information on Women, Krydiv Publications (2016), p. 16.

22 The Constitution of the Tunisian Republic (2014), p. 16.

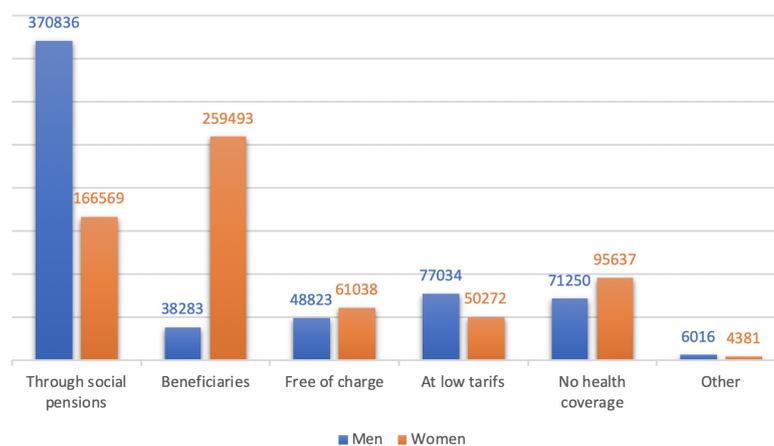
the most common diseases older people suffer from are related to the digestive, cardiovascular and urinary systems, in addition to blood pressure and diabetes. Such diseases lead to health complications that increase the risk of strokes or heart attacks, which has implications on the capabilities of older people and a direct impact on their independence.

However, in practice, there is no comprehensive health care system. Most health services provided to older people are therapeutic in nature, with the provision of certain preventive services such as vaccinations against winter influenza and the provision of medical lenses. This structural lacking of The health sector reflects one of the numerous aspects of the public health system crisis and its failure to provide quality health care²³.

This also shows that protection is based on unfair terms as coverage of different health services varies according to the system of protection. As such, beneficiaries are granted free treatment and low-tariff access to services from public health structures only, while those who benefit from social security have a choice between three systems that allow them to access service providers in the public health structures as well as in the private sector²⁴. Accordingly, there is a clear difference in health insurance schemes, as shown in Diagram No. 1.

Diagram No. 1

Distribution of older people (60 years and above) according to the type of health coverage they benefit from



Source: Gender Gaps according to the 2014 Census of Population and Housing

23 Social Dialogue on National Health Policies, Strategies and Plans, Program for National Health Policy, Previous reference, p. 2.

24 Ibid., p. 4.

In light of the data showcased by the diagram, we realize that 43% of older people benefit from a health insurance that grants them numerous possibilities for choosing their preferred structures between public and private institutions while 19% of older people only have access to public health care services free of charge or at low tariffs. It is worth noting that this segment represents those in need who lack alternative treatment opportunities. Also, the data indicates that more than 13% of older people lack access to health coverage.

Accordingly, we notice the unequal opportunities within this age group in obtaining good quality health services, with a percentage of older people remaining outside the spectrum of health coverage.

Older People and Disability

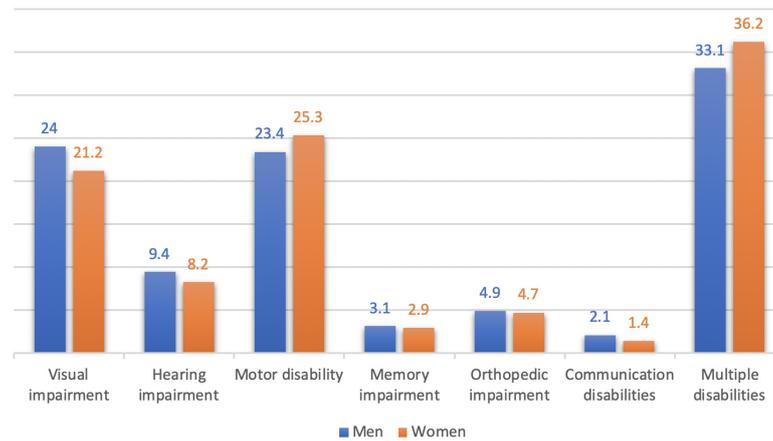
Disability increases the psychological and social precarity of older people and increases restrictions and physical obstacles as well as negative attitudes that contribute to their social marginalization. It turns them into a segment of the population that reels under the weight of bias and discrimination (age, disability, gender), in addition to considering them as a developmental burden because of the high rate of disability in their ranks. In this context, the data of the 2014 Census of Population and Housing indicates that aging is accompanied by an increase in the occurrence of chronic diseases and a gradual decline in an individual's overall physical and mental capabilities. According to the definition of disability by the Washington Group, the number of disabled people in 2014 was of approximately 134,000 people²⁵. The percentage of older people with disabilities reached 43.5% of the total number of persons with disabilities. These numbers also indicate that the percentage of disability among older people reaches 4.6% of all older people and that 34.8% of all older people with disabilities suffer from Multiple disabilities, followed by motor and visual impairments²⁶ as shown in Diagram No. 2.

²⁵ Ibid., p. 114.

²⁶ Ibid., p. 117.

Diagram No. 2

Distribution of disabled older people (60 years and above) according to the nature of their disability



Source: Gender Gaps according to the 2014 Census of Population and Housing

This influences policy development and the country's overall health given the weight of chronic diseases and disability²⁷. It also affects marital status (divorce, widowhood) and contributes to the deterioration of individuals' economic situation by increasing vulnerability and deepening the dependence of older people, thus turning them into a developmental burden.

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Legal and Legislative Framework

The Tunisian legislative system includes a set of legal texts of varying importance that focus on older people. They range from general texts that include occasional references to this age group and their rights to others whose main topic is the protection of their needs. The Personal Status Code (1956) tackles the duty to provide for relatives as well as the right of grandparents to visit their grandchildren, "if one of both parents dies, grandparents can exercise their right to visit and the legal guardian will insure this as part of the child's interest"²⁸ (66 bis). The criminal code sanctions Parent Assault and provides for punishing the aggressors (Section Two on Threats, Articles 218 and 219)²⁹.

²⁷ Social Dialogue on National Health Policies, Strategies and Plans, p. 3.

²⁸ The Tunisian Republic, Personal Status Code 2018, Publications of the official printing press of the Tunisian Republic, p. 16: <http://www.legislation.tn/recherche/codes-en-vigueur>

²⁹ The Tunisian Penal Code 2018, (Law No. 58 dated August 11, 2017 on eliminating violence against women, Publications of the Official Printing of the Tunisian Republic, p. 59: <http://www.legislation.tn/recherche/codes-en-vigueur>

The 1974 Law regulated the systems related to aging and disability while the Law for the Protection of Older People (1994) set the legal definition of older people and determined a set of principles that regulate the basic rights of older people in their family and society, as well as the general responsibilities of the various stakeholders that gravitate around this age group.

The texts related to older people also include a set of rules and regulations, among which the law arranging for families to provide for their older members who have lost their income (1996), the law on accommodation in care institutions for older people (1996) and the Minister of Social Affairs's decision related to the creation and running of institutions for the care of older people (2001) and the decision issued by the Minister of Women, Family, Children and Seniors to determine the amount of material assistance offered to families in need and the conditions for their use (2017).

In addition to the texts that explicitly refer to older people, the Tunisian legislation includes a set of legal texts related to the care and protection of vulnerable groups Or those who are subject to discrimination including the Act on the Advancement and Protection of Persons with Disabilities (2005), the Law on Combating Human Trafficking (2016), the Law on the Elimination of Violence against Women (2017) and the Law on the Elimination of All Forms of Racial Discrimination (2018) as well as the Basic Law Concerning the Creation of the Social Protection System(2019). We notice here the absence of any legal text dedicated to the phenomenon of violence against older people as a specific category.

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Government Structures Working for Older People

Efforts and tasks revolving around caring for older people, insuring the provision of health and social care services that target them and protecting them from social risks and all forms of exclusion and marginalization are distributed between three pivotal ministries, namely the Ministry of Health, the Ministry of Social Affairs and the Ministry for Women, Family, Children and Seniors with the collaboration of other Ministries according to their scope of action when required.

The Ministry of Health

The Ministry of Health aims to ensure health services for older people through medical institutions and to provide older people with quality health programs similar to the National Health Program for Older People updated in 1995. The latter aimed among other objectives to help older people achieve a healthy balance and increase longevity without hindering their quality of life. The program also provides health education services to insure older people lead a healthy life without health risks³⁰.

The ministry has also taken a number of measures targeting older people including increased support granted to geriatric medicine by adding specific courses to the curricula of faculties of Medicine, Dentistry and Pharmacy. This commitment is also made clear by the launching of graduate studies in geriatric medicine in three faculties of Medicine: that of Sfax, Tunis and Monastir. This step has been accompanied by two model units dedicated to geriatric medicine in two of the capital's leading hospitals (Al-Habib Thamer Hospital and La Rabta Hospital) and a consolidation of medical and paramedical trainings in geriatrics as well as giving older patients priority at all levels of treatment³¹.

These health programs for older people strive to be in line with the Madrid Action Plan on Aging 2002 and synchronized with Priority Direction II on advancing health and well-being into old age.

The Ministry of Social Affairs

The Ministry of Social Affairs plays a pivotal role in all matters related to the social aspects of the lives of senior citizens. This is especially true in the field of care and protection of the underprivileged older people and those with low income as well as the protection of the retired and their families through the Social Security institutions and preparation of national policies. In this context, the issuance of Basic Law No. 10 dated January 30, 2019 related to the creation of a Social Protection System³² which aims to empower the under-

30 Tunisian Republic, Ministry of Health, National Program for the health of Older People, p. 1.

31 Ibid.

32 Basic Law on the creation of the Social Protection System, January 30, 2019, p. 2.

privileged and low-income groups, who are defined as “individuals and families who suffer multi-dimensional deprivation that affects their income, health, education, housing, access to public services, and living conditions”³³. The Social Protection System thus offers a range of social services for underprivileged and low-income families, especially older people (providing income, free treatment for every older person and ensuring adequate housing).

The number of people registered to benefit from this program has reached about 600,000 out of approximately 900,000 people who are considered as part of the underprivileged and low-income groups³⁴. It is worth noting that older people amount to more than 50% of beneficiaries, with the Social Protection System granting them minimum income and health benefits in addition to facilitating their access to public services. It will also provide an “updated and active record of the demographic, social, health, economic, environmental, housing, and family related data for the underprivileged and low-income groups”³⁵. Moreover, it will aim to provide social assistance to those in need and handle expenditures.

The Ministry of Social Affairs also advocates for older persons to be considered as a vulnerable group requiring social care given their needs. Hereafter, we will summarize some of the programs and mechanisms targeting older persons in vulnerable situations, whether through social protection or by fighting poverty as well as through advancing development and the empowerment of persons with disabilities.

Through Social Protection

There is a diverse range of programs and mechanisms in this area, including the provision of situational accommodations in the social centers dedicated to care and orientation, provision of medical services, psychological and social

³³ Ibid.

³⁴ Underprivileged groups and low-income groups: Individuals or families who suffer multi-dimensional deprivation that affects income, health, education, housing, access to public services, and living conditions.

³⁵ Lotfi Al-Huthaili, Basic Law No. 10, dated 30 January 2019 concerning the creation of a social Security Protection System, Intervention in Arab Forum on “Social Protection: Concepts, Dimensions and Prospects”, organized by the Arab League in cooperation with the Tunisian Ministry of Social Affairs on December 3 and 4 2019 in Tunis.

accompaniment, as well as the social intervention mechanism which aims to support older people facing difficult social situations, especially the homeless. The social emergency team aims to reach out and establish direct contact with the program's targeted persons in public spaces and to provide them with urgently needed services in addition to transferring those who wish it to the relevant social or medical institutions when need be. We can also mention the role played by the Social Welfare Center "Al Aman" that welcomes older people who lack resources, among whom those who have entered a stage of psychological stability after the completion of their mental health treatment.

In Fighting Poverty, Advancing Development, and Empowering the Disabled

Social aids and programs as well as routinely and circumstantial money transfers made to older people in need target approximately 141,000 elderly of both genders (above 62 years of age). As such, they are granted free treatment through the National Program for Underprivileged families in accordance to 2019 data³⁶. This is done in addition to providing older people who need it with compensatory mechanisms aiming to integrate those who benefit from free or low-tariff treatment and in-kind circumstantial assistance when required by their situation.

Moreover, there are four centers that can cater to the needs of the disabled older people who are unable to rely on any relatives.

The Ministry of Women, Family, Children and Seniors

Since 2005, this Ministry has overseen all matters related to older people and is responsible for preparing developmental plans and projects aimed at improving the living conditions of older people in addition to monitoring and evaluating their implementation. It also undertakes the suggestion of draft laws and texts related to older people, monitoring their living conditions and preparing relevant proposals and programs in coordination with all parties involved, in addition to collecting, documenting and analyzing data and sta-

³⁶ Ministère des affaires sociales, Centre de recherches et d'études sociales, Etudes de faisabilité des garanties du socle national de protection sociale, Etude exécutive, May 2019, p. 19. http://www.cres.tn/uploads/tx_wdbiblio/resume-socle-final.pdf

tistics related to this segment of the population and carrying out research and studies in the field of aging³⁷. The programs and priorities of this ministry in relation to older people are divided into two parts, namely, social and pastoral programs and other programs that concern the post-retirement life of older people with the aim of integrating them into public life in partnership and coordination with other ministries and civil society institutions that are active in this domain.

The Ministry's programs have the overarching objective to secure a stable environment for older people within their natural environment, enable them to benefit from the basic aspects that make a decent and sustainable life, facilitate their inclusion in public life, and employ their expertise in the public sphere.

The Foster Family Program

This program matches older people with foster families according to their specific needs and has been ongoing since 1999. It aims to preserve the psychological and emotional equilibrium of older people, facilitate bonding across generations and protect them from the dangers of marginalization and social isolation. The Ministry provides the family who takes in an older person in need with \$200 per month in order to meet their basic needs³⁸.

The National Plan to Prepare for Retirement and Aging

This national plan offers support in order to prepare for the post-retirement stage of life, thus helping avoid the psychological trauma of this major shift. It also aims to motivate older people to stay active and share their experience and knowhow with the youth so that they benefit from them.

The National Register of Older Persons

In line with what has been referred to as the Madrid Action Plan on Aging and its highlighting of the need to promote the active participation of older people in public life, open the doors to a positive aging experience and invest in their knowhow in the public sphere, a National Registrar for Older Persons has been launched in 2003. It is a data bank compiling the talents of Tunisian older and retired people who expressed their desire to employ their expertise and intellectual or professional competence for the benefit of the country.

37 Decree No. 4064/2013, dated September 19 2013, Organizing the Ministry of Women and Family: <http://www.femmes.gov.tn>

38 Outlining the most important programs for older people: <http://www.femmes.gov.tn>

The Information, Education and Communication Plan

This plan draws its origin from the recommendations of the 2002 Madrid International Action Plan on Aging: “Eliminating all forms of neglect, abuse and violence against older people”. It also aims to break with a certain “social veto” that has enforced negative assumptions and practices against senior citizens through:

- » Spreading and consolidating a culture that respects the rights of older persons, prevents discrimination on the basis of age and protects them from social exclusion and marginalization;
- » Supporting social and intergenerational solidarity;
- » Promoting active and productive aging;
- » Fighting the negative stereotypes that target older people.

The ministry coordinates its actions and cooperates with a number of other ministries, notably the Ministry of Health and the Ministry of Social Affairs for all social and health related programs. This coordination is not limited to the central administrative level, but rather extends to the practical regional level. This includes coordination with the regional departments of social affairs concerning foster families and institutional care in addition to organizing a number of activities related to older persons, such as the revival of the International Day of Older Persons and awareness-raising campaigns around health targeting older people in partnership with the relevant health institutions.

— 5 —

Governmental Structures Working for Female Victims of Violence

In preparation for the issuance of Basic Law No. 58/2017 concerning the elimination of violence against women, protocols asserting official commitment to female victims of violence have been signed. Protocols represent part of the outputs of the national strategy on “eliminating all forms of violence against women throughout the various stages of life”. These include a number of general principles such as the behavioral and professional principles common to

the various front-line segments (Interior, Justice, Health, Social Affairs and Women). In this vein, partnership agreements were signed between these entities to provide services for female victims of violence.

In addition to providing Law No. 58 related to the elimination of violence against women with an executive aura, these protocols and agreements have resulted in a common commitment between different sectors to provide a range of services to female victims of violence and to divide areas of intervention by sector as follows:

In the Protection Area

Protection teams specialized in crimes against women and children have been created and they will handle all cases relative to crimes against women (15 years and above). They will gather personnel belonging to the police and security guards in addition to the creation of two central units for the guard and police. Their tasks will include the processing of Complaints from relevant teams across the country and adjusting the statistics relevant to these crimes which have been categorized by Law 58 into five crimes (material, moral, sexual, economic and political). These statistics are then transmitted to the Ministry of Women, Family, Children and Seniors (and to the National Observatory on Violence against Women once it is launched).

In the Judicial Area

It was stipulated that complaints regarding cases of violence against women should be submitted to the judiciary bodies, either directly through the victim's submission of a complaint to court and request to track the aggressor, or indirectly through notification of cases of violence from any party, (association, health institution or institution affiliated to government structures) with the public prosecutor automatically raising public action in this case. Victims are also provided with judicial guidance by welcoming them, listening to them and guiding them legally in addition to directing them when appropriate towards social and health institutions.

In the Health Area

Adequate health services are provided to female victims of violence such as psychological assistance by specialists working in public hospitals. They also undergo a series of medical tests aiming to determine the extent of physical harm they have suffered as a result of the violence they have been subjected to. This leads to the issuance of a relevant medical certificate and the possibility to redirect the victim to the specialized social institutions.

In the Social Area

It was agreed upon to provide social services and psychological accompaniment for female victims of violence. This support was to be provided in coordination between governmental structures (the Ministry of Social Affairs and the Ministry of Women, Family, Children and Seniors) in collaboration with civil society organizations. In urgent cases and in light of the decision of the Public Prosecution, female victims of violence are directed to one of the centers of social awareness and guidance in order to secure situational accommodation. The Ministry of Social Affairs manages these centers. The victim may also be directed to the "Al Aman" shelter center which was launched through an initiative of the Ministry for Women, Family, Children and Seniors. The management of the center is handled by the Association of Tunisian Women for Research on Development. They could also be directed to one of the shelters Run by civil society organizations.

6

Non-Governmental Structures Working for Older People

These structures include NGOs and institutions from the private sector that aim to care for older people. This associative fabric gathers a number of associations, especially those working in the social field³⁹. As part of a participatory approach, these associations seek to support the efforts of Govern-

³⁹ Ibid.

mental structures in the field of older people care. The most prominent of these associations include the Tunisian Union for Social Solidarity and the regional and local institutions for older people care as well as associations for the retired and associations that provide home care to the disabled.

The contributions of these associations lie in providing a range of services including domestic or institutional care as well as educational and recreational services provided in day clubs for seniors.

Home Care Services

These activities fall under the umbrella of proximity services, with the creation of mobile teams since 1992. They ensure the provision of health and social services for older people in the comfort of their own homes, provided by medical teams and semi-medical teams as well as social workers who periodically rotate at the senior's place of residence. Regional and local Associations taking care of older people oversee the management of these services, with 43 teams (23 regional and 20 local) that are currently taking care of about 5,000 older people with the support of the Ministry for Women, Family, Children and Seniors through annual grants⁴⁰.

Institutional Care

Institutional care is resorted to in exceptional cases and in the absence of any alternative solutions at the family level. There are 12 of these institutions (850 beds) and they have the capacity to provide social care services and health follow-up to about 630 older men and women. These services are handled by medical and paramedical teams of experts, social workers and agents of life and are supervised by regional associations for the care of older people in cooperation with the Tunisian Union for social solidarity. The Ministry for Women, Family, Children and Seniors grants annual funds to these institutions that include covering expenses related to rent, management, premises, and equipment fees⁴¹.

40 Ibid.

41 Ibid.

Day Clubs for Older People

These clubs were established in 2003 and aim to burst the isolation bubble of older people and give them the opportunity to do some social networking and entertain themselves all the while supporting families in their effort to secure daily services to their senior members during their periods of absence while at work or studying. These are spaces that provide educational and recreational services for older people. To encourage associations in launching such clubs, the Ministry of Women, Family, Children and Seniors funds these projects through both an initial grant and yearly operation grants⁴².

Private Institutions Caring for Older People

Private institutions play an important role in caring for older people since the State encourages investing in this sector by granting certain perks to private investors who wish to create institutions that are specialized in elderly care or companies aiming to provide services to this segment of the population with the aim to encourage investment. The number of institutions accommodating older people that have been created by the private sector is 19 institutions in addition to more than 12 social health companies providing services for older people at home.

Overall, programs targeting older people that are launched by the private sector seek to protect them from social risks all the while encouraging networking and synergy between the actors of official and non-governmental organizations. This is done to ensure that the diverse needs of this heterogeneous category are met all the while pushing for the relevant health and social policies since 2002 in order to insure greater harmony with the political Declaration and the Madrid International Action Plan on aging. It is worth noting that the latter represents a blueprint on which national policies and programs are built.

42 Ibid.

— Second —

Results of the Field Research on Violence against Older People in Tunisia

— 1 —

Research Methodology

In order to reach the research's objectives, a scientific methodology was adopted. It was primarily based on a comparative approach for data collection and analysis. In the first stage, the methodology was built on analysis, based on theories and scientific studies as well as official reports related to older persons and the phenomenon of violence, its forms and the relevant statistics made available.

In a second phase, the field work was carried out to collect data from a sample of older people, a sample of fieldworkers, a sample of competent experts, a sample of decision-makers, and a sample of civil society representatives that are active in the field of older people and vulnerable social groups in general.

The Fieldwork

The interviewed samples were chosen according to objective criteria that enabled us to collect useful data by resorting to focus groups and semi-structured interviews that were conducted individually and collectively in accordance with the approved scientific techniques: a "focus group guide" and a "semi-structured interview guide".

Focus Groups

Focus groups are often used during research and exploratory studies in humanities and social sciences. It is a search tool based on an interaction with a group of people aiming to discuss a pre-determined topic. Thanks to this tool, we were able to collect qualitative information regarding perceptions, opinions and representations and the experiences of the participants that

are relevant to the research. This was done by looking into their daily lives and the difficulties they face in society.

The focus groups also included a sample of the social group being studied, namely older people, as well as a sample of service providers working in various fields (the elderly sector, the social and health sector). This helped us unveil some forms of ill-treatment and abuse suffered by older people.

» **The Selection Criteria for the Sample Groups**

Due to the short time allocated to complete the research, especially in light of the length of administrative procedures for official licenses allowing to carry out the field work, the Tunisian research team had to limit the geographical field of study to the north of the country, where talks were held with focus groups in the major states of Greater Tunis (Tunis, Ariana, Ben Arous, Manouba) and in the governorate of Bizerte. This geographical selection was based on the National Institute of Statistics data, with the states of Greater Tunis being the most densely populated and offering access to all segments of the population⁴³.

» **Focus Groups for People over 60 Years of Age**

Before starting the conversation, the research team asked the participants to fill a form in order to collect their sociodemographic data. This data was used in the presentation of the participating sample, services they receive and difficulties in benefiting from said services.

Each focus group includes heterogeneous elements when it comes to gender, educational level, etc.

» **Data Collection Process**

The fieldwork was carried out from October 19 to December 22, 2019. Participants were contacted via the United Nations Population Fund's office in Tunisia. Meetings were scheduled, although

it was not always possible to abide by the set schedule for reasons that will be stated later. The research team locked meetings by confirming the appointments by e-mail or phone.

43 2014 Census of population and housing, Principal Indicators, p. 8: <http://www.social.gov.tn/fileadmin/user1/doc/statistique2014.pdf>

During the various meetings, participants were invited to sign a document ascertaining their voluntary consent to partake in the study and knowledge of its objectives in accordance with the principles of respect for human rights and the ethics of scientific research. In this vein, the research team:

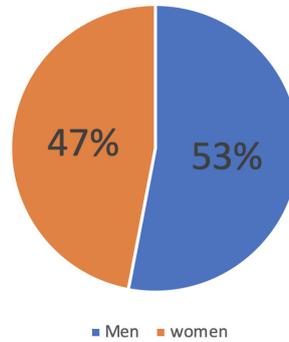
- 1) Briefed participants on the objectives of the study;
- 2) Got their approval;
- 3) Insured the non-disclosure of participants' identity and data confidentiality;

The focus groups targeted two categories: the older people group and the field intervention group. The aim was to create interactions on the research subject and collect qualitative data on participants' perceptions on violence against older people and their feelings and attitudes towards it, as shown in the following table:

Focus groups	Number of participants	State	Profile of the participants
Group 1	15	Ariana	Mainly composed of people involved in the Tunisian Association for qualified Retired and Older People
Group 2	5	Bin Arous	Includes 2 representatives of 2 local offices of the Tunisian Association of Retired Persons and Older People, 2 representatives of the Farha Association for the Blind in addition to the president of the Regional Association for Adult Education
Group 3	14	Tunis	Representatives from various local offices of the retired community (Rades, Tunis, Marsa, Borj Cedria...)

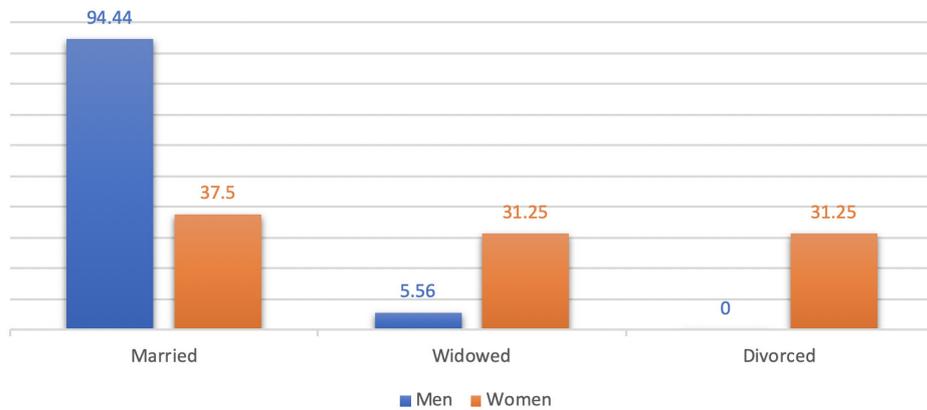
Following these focus groups, we can establish a definition of the study's sample group. The sample consists of 34 older people, 16 women (47%) thus a lower average of female representation (see Diagram No. 3)

Diagram No. 3
Distribution of participants in focus groups dedicated to older people



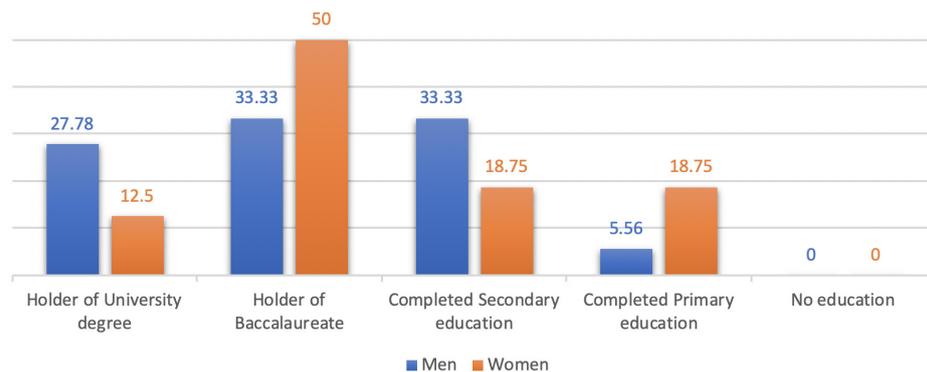
According to diagram No.4, it is clear that a high percentage (94.44%) of male participants are married. As for women, there is not much discrepancy between those of them who are married, widowed or divorced.

Diagram No. 4
Marital status



As for the educational level of the study sample, we note according to Diagram No. 5 that all participants are educated.

Diagram No. 5
Educational level



Focus Groups Dedicated to Service Providers

These focus groups targeted service providers representing most sectors directly or indirectly concerned with older people. In order to enrich the conversation, participants were selected according to an inclusive approach aiming to add effectiveness to the talks.

The focus groups were thus organized as follows:

Focus groups	Care institution	Profile of the participants
Group 1	The Late Idris Gammarth Care Center	6 representatives of various professions (life care team, nurse, psychologist, supervisor, natural medic expert)
Group 2	The Care Center for Older People in Manouba	4 participants (life care team and psychologist)

Semi-Structured Interviews

Individual interviews targeted decision makers, focalpoints, and actors in the field who are acquainted with the daily struggles faced by older people whether through their official capacity or through their field work in addition to those interested in the issue from an academic point of view. In order to facilitate data collection, the interview was recorded via audio after taking the participant's approval and the signing of an authorization guaranteeing their rights. In the event that the participant objected to the recording, the researchers resorted to a temporary transcription of the interview with the consequent loss of some details.

The method was based on a semi-structured interview guide that includes codified questions that have been amended through the introduction of slight changes in order to adapt them to the Tunisian societal, cultural and linguistic context.

Given the fact that violence against older people was never dealt with until now as being clearly independent from violence against other age groups, we had to choose sample of participants according to their degree of involvement in matters related to older persons, issues related to violence against women as well as social and economic vulnerability. In this vein, we contacted independent national entities, public institutions and civil society organizations being involved directly or indirectly in the situation of older people and/or related to violence against women.

List of Interviewed Experts

Field	Name and Surname	Position/Institution
Population and Sociology	Dr. Sofiane Bouhdiba	Professor in Demographic Studies, Faculty of Social Studies and Humanities of Tunis, the University of Tunis
Psychology	Dr. Dora Bin Alia	Lecturer in Social Psychology, Higher Institute of Humanities in Tunis, University of Tunis Al-Manar
Medicine	Dr. Munira Al Masmoudi	Expert from the World Health Organization

List of Official Authorities Interviewed

Sector/Structure	Name and Surname	Position/Institution
Ministry of Interior	Mrs. Nabiha Qadashi	Central Unit for Research on Violence against Women
Ministry of Justice	Mrs. Faten Al Sebae	Judge and Team Leader in the Center for Legal and Judicial Studies
Ministry of Women, Family, Children and Seniors	Mrs. Naziha Al Obaidi	Minister of Women, Family, Children and Seniors
	Mrs. Samira bin Hussein	Director for Women and Family
	Mrs. Iman Bilsheikh	Director for Older People
	Mrs. Hana Al Mohadbi	Specialized Psychologist, Head of relations with associations and organizations dealing with older people
	Mrs. Khulood Issa	Responsible for calls made to the toll-free number
	Mrs. Sundus Hadari	Responsible for calls made to the toll-free number
	Mrs. Hanan Benzarti	Head of Department, in charge of fighting Violence against Women, Program to consolidate equality between women and men
Ministry of Social Affairs	Mrs. Rajaa bin Ibrahim	Specialized social counselor and Director of Solidarity and Social Development in the public administration for social advancement
	Mrs. Samira Al Mannai	Specialized psychologist and Executive Social Manager of the public administration for social advancement,
	Mr. Loytji Al Ahmadi	Social expert and Head of the local unit for social advancement of the Regional Directorate for Social Affairs in Tunis
	Mr. Mounir Issa	Director of the Center for Social Guidance and Information in Tunisia
	Mr. Tawfiq Al Ayyari	Specialized psychologist, Head of the Guidance and Inclusion Department in the Center for Social Guidance and Information in Tunisia

Hospital Ministry of Health	Dr. Sundus Bakkar	Physician specialized in geriatric medicine, Geriatric Medicine Unit, Mahmoud Materi
	Dr. Qais Qazmir	Physician in charge of the National Older People Health Program in the Basic Health Care Administration
People's Assembly (Parliament 2014-2019)	Professor Bushra Hajj Hamida	MP and former president of the Commission on individual freedoms and equality
	Dr. Suhail Al Alwini	MP and former president of the Commission for Health and Social Affairs

List of Independent National Entities

National Entities	Name and Surname	Position/Institution
National Commission to Combat Human Trafficking	Mrs. Rawda Al Obaidi	Chair of the National Commission to Combat Human Trafficking
National Commission for the Prevention of Torture	Mrs. Saidat Mubarak	Chair of the Women, Childhood and Disabled Committee

List of Interviewed Civil Society Organizations

Organization/Association	Name and Surname	Position
Tunisian Union for Social Solidarity	Mr. Muhammad al Khweini	President of the Tunisian Union for Social Solidarity
	Mr. Saad bin Youssef	Head of the Elderly Department
	Mr. Ibrahim Al Wahaishi	Director of the Gammarth Elderly Care Center
	Mrs. Fathia Awadi	Director of the Manouba Elderly Care Center
Regional Association for the Care of Older People in Bizerte	Mr. Mohammed Al Hanashi	Secretary General of the Regional Association for the Care of the Elderly in Bizerte
	Mrs. Ahlam Al Jabbari	In charge of activations in the regional association for the care of older people in Bizerte

Difficulties Encountered During Fieldwork

Gaining access to participants from older people age group was not simple due to time constraints, forcing researchers to seek assistance from associations for retired people that are active in the Greater Tunis region to form groups belonging to this age category. It is clear that it would have been more beneficial to diversify the geographical origins of the participants according to their social and economic specificities. And although the associations include members from all social backgrounds, the majority of participants were retired.

Among the highlighted problems was the age range between participants which varied between 57 and 81 years (hence an average of 67.7 years). It goes without saying that the older a person gets, the more their mobility and cognitive abilities will decrease. The third problem was related to the selection criteria of the associations for older people participating in the focus groups, as it only included older people who still enjoy an independent lifestyle and live in their homes. It would have been more beneficial to diversify the groups by including people who reside in older people care institutions (affiliated to both the public and private sectors). But researchers found that the majority of older residents residing in these institutions suffer from serious physical and mental conditions, making their participation difficult.

In future studies, it would be more appropriate and useful to focus on individual interviews and/or questionnaires as this was the last difficulty related to the methodology used for data collection. During focus groups, the researchers noted that the participants tended to “polish” the reality of elderly life and deny the existence of violence against this segment of the population. The duration for the completion of the study was also a major constraint as the short time might have not guaranteed optimal conditions for the study's completion.

Some other difficulties can also be noted, such as:

- » Being unable to conduct focus groups with home care providers;
- » Replacing focus groups gathering NGO representatives with semi-structured interviews.

Screening and Analysis

The data collected during the focus groups was transcribed directly in order to stay faithful to what people have said and to insure optimal and easier usage of shared information during the analysis process. For individual interviews, the researchers resorted to transcriptions and used audio recording when available.

The data was analyzed using qualitative analysis related to the subject⁴⁴. This method aims to identify topics that constitute separate units branching out of the research subject. In order to achieve this objective, the text is divided into relevant ideas that are independent from one another.

Practically speaking, the researchers have read and re-read the recordings and transcriptions to highlight the paragraphs most relevant to set axes in order to facilitate the analytical process.

The data later underwent classification and sorting under the different themes relating to the questions asked by the research. The results were then presented based on the quantitative data collected given the demographic characteristics of older people and services they receive on one hand. On the other hand, a qualitative analysis of the data was carried out in an objective manner.

44 Bardin, L. (2013). *L'analyse de contenu*. Paris cedex 14, France : Presses Universitaires de France. Doi: 10.3917/puf.bard.2013.01.

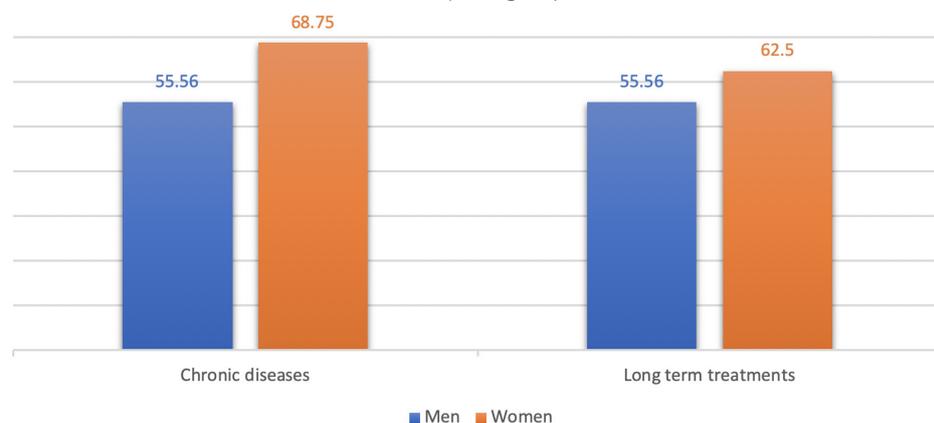
— 2 — Study Results

General Health and Family Contexts for Older Men and Women

Diseases that are Common to Older Men and Women and Diseases that are Specific to Older Women

Tunisia is witnessing major demographic shifts that are mainly reflected in an increasingly aging population and epidemiological changes. This is reflected in the decline of vector-borne and epidemic diseases which used to occupy the first place coupled with the spread of non-communicable diseases. Among the most common diseases older people, as reported by experts from the health sector during the study, we find diseases linked to the stomach and intestines which are due to the deterioration of older people's oral health (loss of teeth limiting their ability to chew), high blood pressure, diabetes, arthritis and neurological diseases (such as Alzheimer, dementia and Parkinson) as well as mental and psychological disorders (such as anxiety and depression), diseases linked to the urinary tract, cancer, and senses degradation (especially hearing and sight), eye diseases (cataract or retinal failure) and uneven ratio of lipids in the blood stream. Medical experts have stated during their interviews that the occurrence of these diseases for people aged 65 years and above is twice that of the category of people aged 15 years and above.

Diagram No. 6
Chronic diseases and long-term treatments, by gender, according to the focus groups



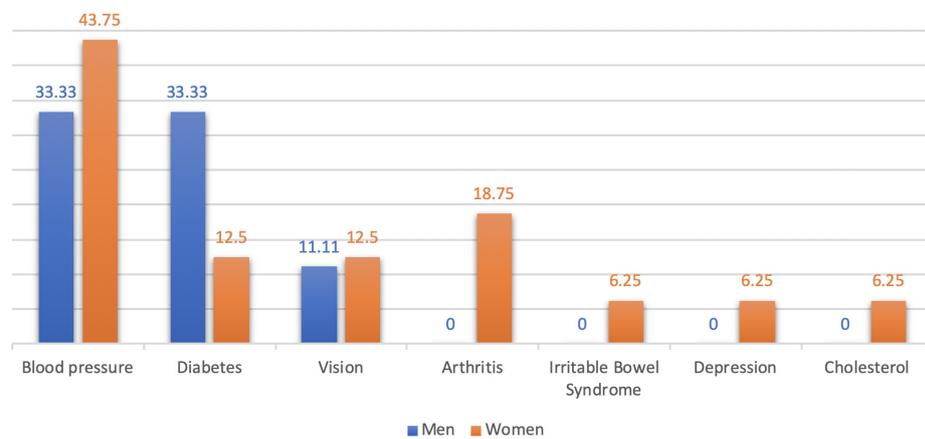
Source: Results of the focus groups

It is clear in Diagram No. 6 that the proportion of women who suffer from chronic diseases is higher than that of men; hence their need for long-term health care and numerous medical visits and check-ups. This is also true for long-term treatments. This discrepancy can be explained from a longevity point of view as women tend to live longer than men and also by the fact that women go through hormonal and physiological changes during the different stages of their lives which are often accompanied by health struggles. This may make women more susceptible to a number of chronic illnesses.

In addition to diseases that are common to older men and women, older women are more prone to develop certain health issues, notably osteoporosis, arthritis and breast cancer. These health issues often have psychological repercussions on older women, especially if a mastectomy surgery is required. This is mainly due to the negative connotation of such surgeries in society (especially coming from men) who look at women who undergo them as if they are inferior.

Diagram No. 7

Long-term diseases, by gender, based on the focus groups



Source: Results of the focus groups

As shown in Diagram No. 7, most prevailing health issues among the study sample include blood pressure and arthritis for women and blood pressure and diabetes for men. It is also clear that women who have participated in the study suffer from chronic diseases at a higher rate than men.

Given the fact that older people often suffer from multiple chronic diseases at once, and that these health issues are mostly related to their aging process,

they are forced to routinely visit doctors who specialize in different areas. This process is a very costly one, especially for underprivileged people or those who earn a low income.

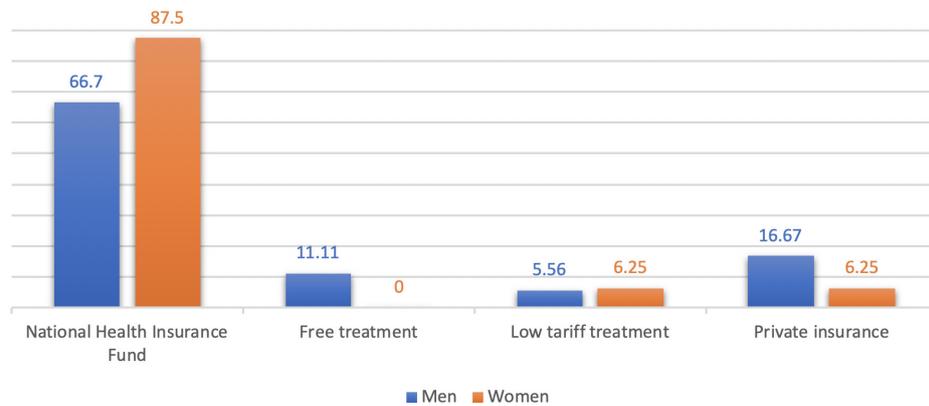
Based on the collected data related to the health status of older people, there is an urgent need to develop the field of health care for this segment of the population.

State of the Current Health System

Interviews conducted with representatives from the health sector on the care provided for older people teach us that the Ministry of Health launched in 1995 a health care program targeting this segment of the population. It is implemented under the supervision of primary health care administration, which works on the front line of health infrastructure. This is the only structure in the Ministry of Health that currently implements such a program. The Health care program for older people is considered as an intersectional one since certain of its components overlap with a number of other programs, such as the National Program for the fight against chronic diseases (hypertension and diabetes). This program aims to establish clinics specializing in the treatment of these two diseases, which are among the most prevalent diseases in the ranks of older people. The doctors working in these clinics have received in-depth trainings to treat these cases. The team also includes a nutritionist and a psychologist. Among the programs intersecting with the one dedicated to older people is the National Program for Vision that provides lenses to treat cataracts free of charge. It is worth noting that this disease is common among older people. We can also add to the list the prevention program for winter influenza, which works on providing vaccines that protect from this seasonal disease. Older people benefit a lot from this program as they are more susceptible to develop complications when contracting it.

Diagram No. 8

Type of coverage according to gender within the focus groups



Source: Results of the focus groups

Older people's access to health services and medicine depends on their social coverage. Older people are divided into four categories, namely: those registered in the National Health Insurance Fund who have access to health institutions and benefit from treatment services according to 3 systems (recovery of expenses, private treatment system and public treatment system). This category is the most prevalent within the sample interviewed for this study (Diagram No. 8). The second category gathers those who benefit from private health insurance. A third category is that of underprivileged people, who are provided treatments free of charge or at low tariffs in public health institutions. Finally, some people do not benefit from any health coverage. The last two groups suffer from unequal opportunities in accessing treatments that require high-cost drugs such as cancer medications, expensive surgeries or certain prosthetic equipment.

On one hand, overcrowded hospitals and the high pressure the medical and paramedical staff is subjected to because of the lack of human resources are the most important obstacles that stand in the way of quality health care for older people. On the other hand, learning to care for older people requires time, competencies, knowledge and technical skills in the field of geriatrics.

Moreover, it is harder for older people to gain access to health services due to their declining health (eyesight, hearing, mobility...) which adds an extra layer of difficulty to them reaching health services, despite the issuance of Decree 52/2008 by the Ministry of Health which focuses on welcoming older people and protecting them within public health institutions. The Decree calls for

granting senior citizens priority in health care institutions and facilitating their access to health services. As a result of overcrowded health care institutions and centers, which leads in turn to growing pressure on the medical and para-medical staff, older people suffer from lengthy waiting periods to get access to care and are often treated like younger patients seeking treatment.

Also, competencies in geriatric medicine are not readily available in health structures as only two of the capital's public health care institutions include this specialization: the Habib Thamer Hospital, which boasts its own geriatrics unit within the Department of Internal Medicine (with an option for long stays) and the Ariana Hospital which includes a day clinic supervised by two doctors specialized in geriatrics in addition to establishing a weekly clinic that deals with prevention (vaccines, early detection of diabetes and high blood pressure) and specialized units in geriatrics within the health structures.

However, the efforts exerted by the Ministry of Health in this field face obstacles resulting from the shortage in human resources and infrastructure. Therefore, older people are currently being treated in the same units as the general public. The number of general practitioners or specialists in internal medicine who have received in-depth trainings in geriatric medicine (for two years) has increased, as well as the implementation of a continuous training program. It is worth noting that certain associations play an important role in supporting the required training process. The Ministry of Health is currently working on establishing a technical committee aiming to strengthen health care for older people. This committee will play a consultancy role and would assist decision-makers in adjusting the ministry's orientations in this field.

Effects of the Health System on the Physical and Mental Health of Older People

» Shortage in Medicines

During the organized focus group discussions, the participating older people have highlighted a shortage and overall feeling of unequal access to medicines. Representatives of the health sector indicate that the quantities of drugs are limited in hospital pharmacies, which results in the necessity to set a limit on the quantities that each person could be given and ask patients to return to the pharmacy after a couple of weeks in order to complete the quantity that has been prescribed by their doctor. In this case, some of older

people resort to acquiring special drugs to treat chronic diseases from private pharmacies, which weighs on their finances, especially given that the process of expenses reimbursement from the National Health Insurance Fund is limited by a ceiling and takes a lot of time given the financial toll experienced by the Fund. Some also pointed out that this shortage is not limited to public pharmacies but also includes private pharmacies. This sometimes forces older people to buy generic drugs, making them feel anxious as they have grown accustomed to the original medication.

Participants also pointed out the Fund's adoption of the same ceiling to recover expenses regardless of the age of the patient, despite the fact that older people usually suffer from several diseases and often require permanent treatment.

» **Rapport between Health Care Providers and Older People**

As a whole, doctors and health care providers treat their older patients without taking into account the difficulties associated with their specific health needs, body composition, mental conditions and the extent of the physical and social support they benefit from.

As such, we note that generally speaking, service providers – except specialists in geriatric medicine – do not deal with older people in a patient and comforting manner or spend the right amount of time with them to talk about their illnesses, their evolution, how to take the required drugs and directing them within the health institutions⁴⁵.

Out of all marginalized groups, older people remain the most prone to ill-treatment within health institutions as they are treated rudely and without the needed attention.

» **Shortcomings in Dealing with Older People in Health Care Institutions**

Violence against older people within health care institutions is mainly due to a serious lack of training on the best practices required when dealing with older patients and caring for them in addition to a lack of follow-up and accountability for the perpetrators of violence against older people from the pastoral and medical staff.

45 Information obtained during the interviews

The heads of departments play a crucial role in preventing older patients' exposure to violence and ill-treatment. The more the head of the department monitors and follows up on his staff's conduct, the fewer cases of violence and abuse against older persons are found.

» **Absence of Reporting Mechanisms within the Health Sector**

Older people's exposure to violence is mainly due to patients being mostly unaware that the way their doctor is treating them can be qualified as violent. Although there is no specific protocol for reporting on cases of violence and ill-treatment inflicted on older people, the toll-free number 1899 has been established for older people to report any case of abuse they may be subjected to. Usually, cases of ill-treatment are brought forth by a social worker of the health institution or by contacting regional focalpoints for women, family, children and older people.

General Family and Social Contexts for Older People

» **Sub-Section 1: Place of Older People within the Family**

Patriarchal family	Participants noted that the elderly head of the family enjoys a privileged position within some families. This is especially true for fathers who receive special attention from their children. Participants also felt that parental authority over children within Tunisian families is still concentrated in the hands of fathers.
Family commitment	However, older people devote most of their time to taking care of their families, especially after retirement when they have far more time on their hands.

» **Sub-Section 2: Traditional Educational Practices**

Traditional educational practices	Some participants felt that children still accept their parents' orders, especially those coming from their mother, as she is considered to be more involved in the upbringing of their own children. Also, they do not try to negotiate educational instructions issued by parents, as they are convinced of their benefits.
Emerging/ updated pedagogical practices	Some children seek to set aside the educational standards inherited from their parents, which leads in their opinion to conflicts between the two generations (parents/children). With the modernization trend, children are discussing parenting practices and voicing their need for more communication within the family. Grandparents should adapt their positions regarding these new ways, which requires communication skills (listening and other).

» **Sub-Section 3: Rapport with Children and Grandchildren**

Support offered to offspring	The "protector" role of the parents appears to have evolved in response to the general need for children to be more independent and self-reliant. Most of the time, marital and professional statuses of their children affect the psyche of older people as they feel responsible for them, which leads them to become anxious. Some of their guilt is often caused by the feeling that they lack involvement when it comes to the needs of the family (their children in particular), while others maintain friendly ties with their children.
Grandparents participation in raising grandchildren	Two types of positions emanate from this situation: - Nagging about the restrictions felt by taking care of the grandchildren in the absence of parents (time, restrictions on freedom, etc.) - Happiness deriving from the love and affection they receive from their grandchildren and the feeling that they are still active and useful.

» **Sub-Section 4: Family Cohesion and Intergenerational Conflict**

Family cohesion	According to participants, roles are distributed so that members of the family, including grandparents, complement each other (home care, shopping, etc.). This shows that older people are able to support their children (whether they are single or married). Many noted that this cohesion is based on the role of the older mother, especially those who feel more emotionally involved towards their children. Participants also believe that such family bonds are based on cohesion and require the existence of mutual understanding, consultation, exchange and respect, tolerance and flexibility among its members, with parents exercising their authority in moderation. In case children live far away or abroad, older people tend to look for someone to live with them in order to alleviate their feeling of isolation, especially when their spouse is deceased.
Intergenerational conflict	Some participants mentioned two types of conflicts: 1) Family values and social norms (traditional/modern). 2) Children's behavior that the parents/grandparents consider inappropriate (clothes, music, relationships, etc.). However, some believe that the intergenerational conflict is imaginary one as long as values are respected and culture prevails. Also, the nature of intergenerational relationships varies from one family to another, depending on the social environment to which they belong

» Sub-Section 5: Relationships between Older Couples

Traditional marital relationships	Roles between spouses are still divided according to social heritage (different between husband and wife). The husband's role is usually limited to bringing supplies home and taking care of expenses. It is thus an economic role at its core. Older wives usually take care of the house and the relationship between father and children.
Strained marital relationships	Some participants explain that the source of this tension is the pressure that is put on the wife and older mother (by husband/ children). As previously mentioned, older mothers bear a lot of responsibilities (home, spouse and children) which tends to make them feel frustrated and tense. Older men often feel like their wife does not understand them, which leads to conflict between both spouses.
Feeling of competition (with children) from one of the spouses	Some older men expressed their feelings of jealousy towards their children/grandchildren especially when they feel that their wife is neglecting them for the sake of her children/grandchildren and shows less interest in taking care of them. Older women explain this behavior by touching on the fact that they often feel like their husband is no longer interested in them. Their children/grandchildren thus become the only means through which they "feel important". This situation often leads to a falling-out between both spouses.

» Sub-Section 6: Rapport Between Older Mothers and their Children

Difference in dealing with sons and daughters	Older mothers are kinder with their children than fathers. However, it is worth noting that this kindness is often tainted with discrimination as mothers tend to prefer sons over daughters.
Older mothers' biases	Older parents think that the older mother should set some limits for her children as they often make her carry their burdens and problems (marriage, work), thus exposing them to psychological pressure. It was also noted by most that older women are often biased and take sides with their son during conflict, which makes the rest of the family members feel that they are not being treated equally.

» Sub-Section 7: Rapport with the Son's Wife

Most times, older people feel that the wife of their son does not treat them with the same consideration as her own parents, which leads to tensions in their relationship and the way they interact with her.

It was noted that the son's wife is usually unwilling to take care of her husband's parents, especially when she works outside the house. This is the main reason for sending older people to elderly care institutions. As such, many mentioned situations where a son was urged by his wife to send his older mother by placing her in such institutions because she did not want to take care of her.

» Sub-Section 8: Older People Representations

How children perceive their older parents	Children often do not realize (consciously and/or unconsciously) that their parents have grown old and no longer have the capacities they used to. They are considered as unable to keep track with the changes and developments societies are witnessing and as continuing to behave according to the norms of inherited social practices.
How older people perceive themselves	Among older people, some feel that they are a burden on their children and community, which leads some of them to suffer from a kind of psychological vulnerability. Others feel like they are still in their prime and are still active members of their family given their experience. This is especially true for older people activists in civil society.
How society perceives older people	Older people indicated that society's attitude towards them comes in two forms, both of which are not agreeable for older people: Negative attitude: They are considered to have become dependent on others and no longer having an active role in society. This is consistent with what was mentioned by older people in their perception of themselves. Pitiful attitude: They suffer from several diseases that put them in a state of dependence.

» Sub-Section 9: Rapport with Neighbors and their Neighborhood

According to what has been shared during the focus group discussions, older people still enjoy a good position within their neighborhood, especially if they have been part of the local landscape for a long time. Older people who have participated in the study stated that they benefit from good treatment and help from neighbors. This practice is more widely spread in popular neighborhoods than it is in upscale residential areas. This reflects the existence of social rappsports stemming from a sense of solidarity with older people in certain social contexts. Some participants mentioned that they live in an area where different social and economic groups coexist and that older people's quality of life is affected by their rapport with their local community.

Economic Situation of Older People

Older people taking part in the focus group discussions have expressed their concern regarding the unemployment suffered by their children, especially in light of the difficult economic situation the country is going through since the revolution. One consequence of this is the delay in the age of marriage and children remaining in the family home, with the additional expenses and

burdens that this entails for older parents. Some of the respondents found that they were themselves forced to work so that they are able to cope with all the family's expenses and health needs, especially in light of the increasing rise in the cost of living. Given the material constraints they face, some children marry and still live with their parents. Sometimes, the latter help them financially so that they can rent a place of their own near the family home, which adds to their economic burden.

Public Spaces and Infrastructure

» Inadequate Infrastructure for Older People Mobility

In general, older respondents consider the infrastructure is not adapted to their specific needs. Certain multi-store public institutions lack elevators and older people sometimes have difficulty moving around due to the absence of sidewalks or café and shop owners using them as an extension of their premises. The situation is even worse for older people who suffer from limited mobility.

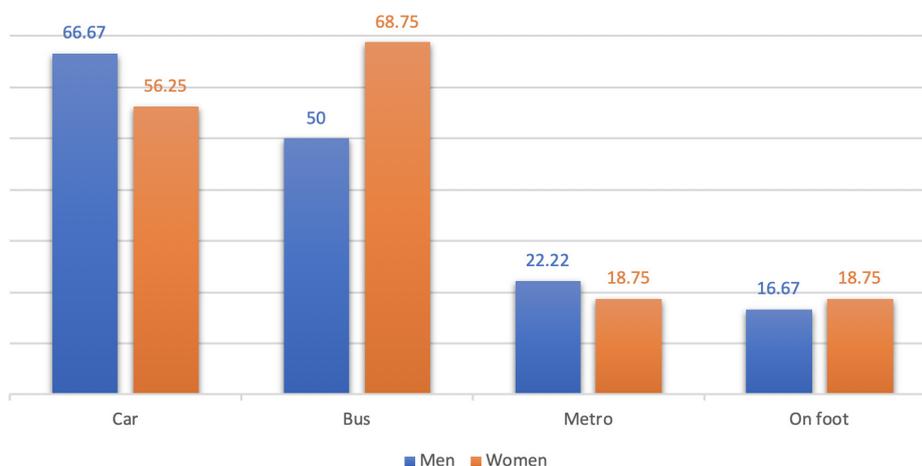
» Population Density and Lack of Open Spaces

Some participants noted that most neighborhoods with high population density are filled with houses that are still not completed and lack external recreational spaces (parks, public gardens...), which is reflected in the aesthetic of said neighborhoods and has a negative psychological impact on the older men and women who live there. As such, older men tend to compensate for this shortage by going to cafes and places of worship while older women spend their day between taking care of the house, shopping and exchanging visits with neighbors and relatives.

» Means of Transportation and Older People's Mobility Difficulties

Older people face great difficulties in moving around to cater to their daily needs. This is the case when they use public transport, known to be overcrowded, and even private means of transportation that are often expensive for some and difficult to access in major cities during peak hours.

Diagram No. 9
Distribution of the sample by gender and by means of transportation



Source: Focus group discussions with older people

As shown in Diagram No. 9, cars are the most widely used means of transportation by the research sample followed by the bus. No taxi rides, whether used individually or collectively, because of their relatively high cost. Metro lines are not used a lot because they are not spread across all neighborhoods, unlike bus lines.

What raises one's attention when reading this diagram is the fact that older people, regardless of their gender, tend to use private means of transportation (more than 50%) in order to avoid the hardship and ill-treatment they face when using public transportation services which do not take into account the specificity of this age category's needs, especially during peak hours (special seats for older persons on the bus, poorly designed runways to get on board...). As such, public means of transportation contribute to the vulnerable situation of older people, especially the underprivileged among them and those who live on a low income as they find it hard to move around via taxis due to the high cost of such services. This sometimes forces them to let go of their needs to avoid the discomfort of using public transport. In this context, some participants highlighted the lack of respect for older people in public transport and the need to grant special cards for older people that allow them to benefit from transportation services at discounted rates.

» Limited Number of Associations Working on Older People's Social Life

Most of the study's participants are active in associations working for older people. They highlighted the financial and administrative difficulties they face, namely the fact that they do not receive any special compensation for their active role in said associations. They also explained that the financial assistance granted by the State remains insufficient and does not cover the expenses of services provided by these associations. All the participants highlighted the importance of these initiatives in improving quality of life for older people and helping them out of isolation by involving them in multiple social activities. However, the study's participants expressed their desire to contribute on a voluntary basis to the development of activities organized by said associations so that they do not stay limited to entertainment (trips, meetings...) and start including educational, social and awareness-raising activities, such as defense of older people's rights.

Violence against Older People and Violence Specifically Targeting Older Women

Most older people are reluctant to file a complaint in the event they are exposed to violence or ill-treatment, whether at home or in health institutions. Even when an older person does speak out after being subjected to violence, they usually back down.

In the next section of this report, we review the results that have been reached through focus groups and discussions on violence against older people in general, and violence against older women more specifically.

Factors Feeding Violence

There are different factors feeding the phenomenon of violence against older people, including the vulnerability stemming from an older person's psychological, social or economic situation.

Factors for older people vulnerability	
First factor: Psychological vulnerability	<p>This situation is due to numerous factors</p> <ul style="list-style-type: none"> - Although many older people maintain good abilities, especially from a mental standpoint, their physical abilities decline. Significant deterioration of an older person's health may lead in some cases to their inability to perform a number of functions such as walking alone or carrying out their daily tasks in an autonomous manner, which affects their mental health. - A decline in mental and cognitive abilities resulting from certain neurological diseases (such as Alzheimer's), with older people suffering from forgetfulness, frequent chatter, retelling stories many times and often being unable to seek help from others or to defend themselves. - Often times, certain disorders make older people prone to violent reactions directed at the people who take care of them, whoever they are. - Most older people feel lonely and isolated, suffer from hypersensitivity and go through periods of frustration.
Second factor: Social vulnerability	<p>This situation is due to numerous factors</p> <ul style="list-style-type: none"> - Loss of their children's support, because family structures have gone from an extended to a nuclear family model in addition to the modernization of values and exodus or migration of young people in order to find work. - Lack of social interaction with others which creates a sense of uselessness - Not enjoying privileges during daily transactions in their local community (transportation, hospitals, etc.).
Third factor: Economic vulnerability	<p>This situation is due to numerous factors</p> <ul style="list-style-type: none"> - Loss of adequate housing or housing conditions that grant older people independence and alleviate the feeling that they are becoming a heavy burden on their children. - Not enjoying a retirement pension or proper income that helps them avoid financial or material assistance. - suffering from a disability (mental/physical) requiring large medical expenses that are sometimes not covered by the National Health Insurance Fund, which leads families to seek other ways to buy the needed drugs at an expensive rate.

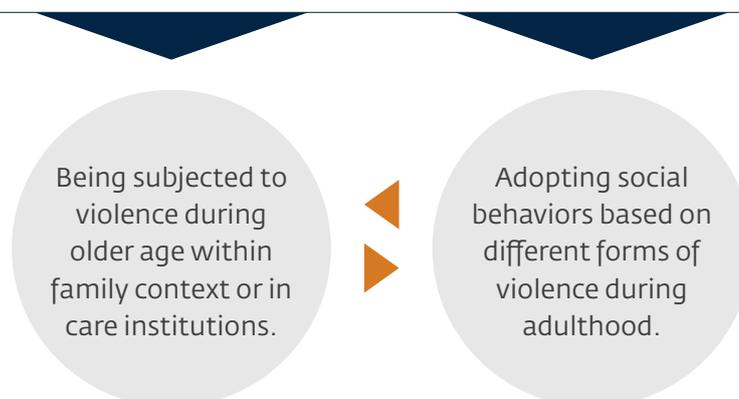
Cycle of Violence against Older People

In addition to the above-mentioned factors that increase older people's vulnerability, some of older people who have experienced violence over the course of their life find themselves locked in the cycle of violence. They thus tend to replicate this cycle in their family and social environment. This shows that older people, especially those living in institutions, are subjected to violence in varying forms, in frequency and severity. The following diagram shows the different stages of this cycle.

Diagram No.**10 The cycle of violence**

Source: Focus group discussions for older people and health care service providers.

During childhood or adolescence, upbringing within a family marked by verbal or physical violence. Being subjected to neglect/abandonment, ill-treatment, abuse or sexual assault.

**Factors of Violence in Care Institutions**

According to the focus groups organized with health service providers in care institutions and the semi-structured interviews, factors leading to violence can be divided between institutional factors and factors that are specific to individuals working as health care service providers.

Factors of violence in care institutions	
Institutional factors: Lack in recruitment and professional competencies	Some older people lack autonomy and are unable to provide for themselves (degree of dependency) and intensity of workload is coupled with lack of staff. These factors can lead to service providers feeling stressed due to work intensity and lack of human resources. This pressure generates tension in the relationship between the older person and service provider, sometimes leading to insults. It can also lead to the service provider answering in a brusque manner if they feel that the older person is addressing them in a provocative way. Other times, the service provider ignores or does not pay attention to the requests of a resident.
Specific factors: family and housing situation of the service provider	Social and economic conditions of service providers (age, education level, gender, marital status...) It should also be noted that many of the people in these institutions work in difficult circumstances due to the fact that they work far from their families. This situation leads to tension between staff members regarding the distribution of days off, which affects the quality of services.

Dealing with older people in care institutions is similar to dealing with them within a small-scale community. It includes the same issues and problems, psychological and social vulnerability of older people whereby their reactions are dictated by their standard of living, social environment and family, which sometimes makes it hard for them to adhere to the rules of co-existence within the care institutions.

One of the most important forms of violence targeting older people is probably “physical neglect”, especially when the older people is disabled and unable to move and lacks the family support to watch over the care being provided and their physical hygiene. This leads to a deepening sense of helplessness and humiliation, which sometimes leads to the older person’s desire to end their life. They stop eating lose their appetite, thus gradually entering a stage of slow death.

Categories of Older People who are Exposed to Violence

- » Marginalized older people who do not benefit from health coverage and do not receive an elderly pension or financial aids provided to underprivileged families for several reasons among which: the lack of professional stability in previous years (for retirement) and the inability of social funds and Social assistance programs to provide for this group.
- » Older widowed or divorced women who do not have the means to provide for themselves, especially in rural areas.
- » Older illiterate people who come from rural areas and are exposed to various forms of exploitation due to their ignorance of their rights including: political exploitation (electoral campaigns) and economic exploitation (in-kind assistance provided by some associations with suspicious motives).
- » Older people who are serving a criminal sentence for a long period of time, especially women convicted for a crime deemed unacceptable by society. They are usually exposed to social stigmatization, which leads to their family abandoning them or not visiting often. Add to this the poverty factor that leads to many children visiting their parents or grandparents less frequently, especially when the detention center is far from the family’s place of residence.
- » Older people with no family support, who constitute the majority of residents in care institutions either because they didn’t marry or because they do not have children and sometimes due to other specific reasons.

- » Seniors residing in care institutions for older people who are subjected to multiple forms of violence by other residents and/or by the health care providers as previously mentioned.

Places where Older People are Exposed to Violence

Conducted focus groups and interviews show that violence against older people is not linked to a specific space. It is present in many places that can be divided into two categories: private setting (family environment and surrounding environment), public setting (streets, market) and public institutions (hospitals, post offices, means of transportation) as well as care institutions.

Perpetrators of Violence against Older People

People who participated in the field research had diverging opinions when identifying those who commit abuse against older people. While older people participating in the focus groups noted that violence is perpetrated by younger people (in public places first then in administrative and health institutions to a lesser degree), representatives from the Ministries of Justice and Interior stated that the main perpetrator of violence against older people is often part of the nuclear family (children or spouse) or part of the extended family if the older people is unmarried or divorced. As for service providers working in health care institutions, they highlighted the cases of violence that occur between residents.

Forms of Violence against Older People

The conducted focus group discussions and semi-structured interviews show that violence against older people can take 4 different forms, which are detailed in the following table:

Forms of violence against older people*	
Psychological and moral violence	<p>This form of violence manifests in:</p> <ul style="list-style-type: none"> - Psychological pressure induced by exclusion, marginalization and deprivation of rights (such as access to health services, social welfare, etc.) with older people becoming victims of the prevailing system. - The violence older women are subjected to by their spouse, which is kept secret for a long period of time in order to preserve the family and that generates psychological disorders (depression, anxiety). - The violence perpetrated by children: Most older people remain silent for fear of guilt in the event penal provisions are issued against them, which leads many elder women to back down after pressing charges. - Refusing to take the older person to medical check-ups or treatment sessions, go shopping, visit relatives or carry out needed tasks. - Complaint against care givers. <p>It is worth noting that older people who live in a fragile economic situation are more likely to be neglected, abandoned and abused morally and psychologically by their family and environment.</p>
Physical violence	<ul style="list-style-type: none"> - Cases of physical violence are particularly present in care institutions for older people and take two forms: <ol style="list-style-type: none"> 1) Between residents living in the same institution due to differences or conflicts. 2) Between the older people and service providers when a conflict turns violent from one side or another. - Certain spouses or children can carry out this type of violence but it is usually kept secret due to the feelings of guilt or shame it causes the victim.
Sexual violence	<ul style="list-style-type: none"> - Sexual assault or harassment, especially within the family (marital relationship) - Establishing illusory relationships for the purpose of financially exploiting women. - Sexual abuse of older people who suffer from psychological disorders.
Economic violence	<p>This form of violence manifests in:</p> <p>Many older people talked about their concerns regarding the tax deductions that have been carried out on their pensions without informing them, as they are sometimes aware of charges being taken without their prior notice.</p> <p>It is worth noting that most older people feel subjected to this type of violence because they are not familiar with their rights and obligations regarding their pensions.</p> <ul style="list-style-type: none"> - Discrimination faced by widows from their family because of inheritance. - Economic exploitation faced by divorced women and carried out by members of their family. - Properties owned by older people that might lead to material violence by individuals wishing to acquire them.

* Kindly refer to the annexes for the definition of various forms of violence in accordance with Law 58 on the Elimination of Violence against Women.

Reasons Behind Silence

It was reported during focus groups that most victims of violence are finding it very difficult to talk about the practices and abusive behaviors they are being subjected to by their spouse, children or care providers. This silence is due to several factors:

- » Social: either because they feel ashamed or fear the reaction/retribution of their aggressor which will make things worse.
- » Personal: feeling guilty and not wanting to expose their aggressor to sanctions and legal prosecution, especially because the aggressor is generally related to the victim. The older victims of violence are, the more they become prone to isolation, silence and depression; this sometimes leads them to stay in bed until the end of their life.

Gender-Based Violence against Older Women

The older a woman becomes, the more violence against her intensifies. This increases older women's need for protection due to several physiological and health reasons as well as because of a lack of social protection and supportive environment, which is still far-fetched in the Tunisian society. Older women are directly concerned by Law 58, as the text clearly includes older people in its definition and stipulates harsher sanctions that increase the older a victim is.

» Everyday Violence and (Unconscious) Silence

Domestic violence directed against older women takes the form of acts and practices that harm them both psychologically and physically. This can be done by neglecting them, not taking care of them or providing them with the needed support. This may be due to the fact that this segment of the population lives in a position of partial and sometimes total dependence on the rest of the family members or relatives. It has been reported in certain studies on social representations regarding given behaviors – which may be considered as a form of violence – that they are in fact often considered as “acceptable” by the victim because they are widely spread in society. For example, some older women are subjected to a certain kind of verbal violence by their husbands or sons, but they do not feel this would qualify as a violent behavior because they grew up in an environment where men have been granted the right to overpower women under the pretext of protecting them⁴⁶.

46 Dorra Ben Alaya, “La légitimation de la violence selon le genre et le contexte en Tunisie”, *Déviance et Société* 2016/2 (Vol. 40), p. 187-200.

» Everyday Violence and (Conscious) Reporting

In general, women do not speak of the violence they are being subjected to by their spouse in order to preserve the family. After they reach a certain age and make sure their children are safe, they report the abuse they have lived and do press charges against their aggressor. It is worth noting that most older women who are subjected to violence at the hands of their children remain silent for fear their complaint would lead to their aggressor's imprisonment. It can be argued that victims are more patient with their children than they are with their husbands. They thus merely ask from authorities to intimidate and put sufficient pressure on their children when they abuse them instead of taking the legal actions stipulated in Law 58, which states that the prosecution should carry on even if the victim drops charges.

— Third —

Governmental and Non-Governmental Initiatives

1. Coordinated Action to Combat Violence against Women in Regional Delegations for Women and Family Affairs (December 2019)

Gathering representatives of the front-line sectors (Health, Social Affairs, Women, Justice and Interior) and members of civil society. Their functions are to support the coordination and follow up commitment to female victims of violence in addition to collecting data and statistics in order to create a database aiming to address the phenomenon of violence against women.

2. National Strategy for Older People 2021-2025

Aiming among other objectives to improve older people's quality of life, secure an active and safe aging process, support in raising awareness on older people's rights. The strategy will also be in line with the Sustainable Development Goals for 2030 and the Arab Strategy for Older People 2019-2029.

3. Project for a Magazine Targeting Older People

Falling within the efforts to develop the legislative system for older people and review Law 114/1994 dated October 31, 1994. This law was relative to the protection of older people, taking into account the economic, social, demographic and geographical developments and transformations taking place in the Tunisian society.

The Ministry for Women, Family, Children and Seniors has worked on a project for a magazine targeting older people over the span of three years since 2017 in the framework of a national committee gathering both governmental and non-governmental structures (Ministries of Health, Social Affairs, Justice, Culture, and Sports as well as civil society organizations).

The project has a general section and a specialized section dedicated to social safety and health services. It also includes a special section on protection from discrimination and violence against older persons and offers specific

mechanisms among which the introduction of a representative aiming to protect older people (similar to what is done for child protection). This person is in charge of taking urgent measures to help older people in threatening situations or who are being subjected to violence.

The idea behind the development of such initiatives is due to the growing threat of cases of older people being exposed to abuse, although there is no exact statistics regarding notices on cases of violence against older people. The magazine also includes a section on the criminalization and deterring of all behaviors that constitute acts of violence against older people.

4. Basic Law to Create a National Social Protection Floor

Social Protection Floors are defined as a set of security guarantees that insure essential health coverage and basic income security. Its fourth guarantee includes older people as it stipulates the provision of “basic income security for older people, at least at the minimum level determined nationally”.

The aim of the proposed draft law is for the Social Protection System to expand and include the protection of groups that do not benefit from health and social coverage in order to give them the opportunity to receive in-kind and financial benefits, while ensuring the sustainability of these benefits throughout one’s life. This is in line with the international recommendation No. 202 of the International Labor Organization for the year 2012 “On national Social Protection Floors”.

5. Creating a Regional Network for Older People in Southern Tunisia (2018)

Uniting the efforts and establishing a collective action among the associations working in the field of the elderly. Among its goals was the objective to enhance the performance of organizations and to spread committees within the network in order to support the state’s efforts in addressing the phenomenon of older people beggary.

6. Focusing on the Human Rights Model for Advocacy and Implementation of Policies Related to Aging

Focusing on combating all forms of abuse and violence against older people. Regional forums have been organized to raise awareness on the rights of

older people and training courses targeting service providers working in government structures, care institutions and relevant organizations. Among their most important axes:

- » Mistreatment of older people as a silent phenomenon
- » Threats on older people: between silence and reporting
- » "Media and older people: a change in stereotypical depictions"
- » Social safety and older people

Celebrating World Day for "awareness on Elder Abuse" under the slogan "Live with them ... and enjoy their love," which addressed the theme of "nurturing respect for older people: a shared responsibility". This initiative was characterized by the participation of students involved in the citizenship clubs of prep schools who prepared the logo and theme that was adopted as the national emblem.

Accordingly, and in light of the growing national awareness on the need to protect older people as a segment of the population that is less able to fight against the social risks it faces, it is now necessary to promote their rights and seek to increase advocacy and support in order to enable them to enjoy their rights and protect them from all forms of ill-treatment.

— Fourth — Suggestions and Recommendations

Governmental institutions

- Invite the various relevant ministries to disaggregate their data by age groups with special attention to the older age group when working on statistics to ensure the availability of indicators on violence against this segment of the population.
- Implement an education and awareness-raising campaign targeting older people who are exposed to violence carried out by the various actors and professionals involved in Law 58/2017 on the elimination of violence against women, with the aim to prevent and treat such cases.

The Ministry of Health

Improve the quality of health services for older people	<ul style="list-style-type: none"> - Establish special units in each hospital dedicated to lending a helping hand to older people with the aim to improve their access to health services. - Develop geriatrics departments. - Work on the generalization of geriatric medicine to all medical schools, as is the case in European countries. - Develop the data collection process related to health care for older people in order to obtain indicators that assist in evaluation and follow-up processes. - Update the code of ethics when dealing with older patients and circulate it to all health care service providers. - Prioritize health care for older people in various public institutions.
Human resources	<ul style="list-style-type: none"> - Support efforts in training the medical and paramedical staffs working in basic health institutions in the field of geriatric medicine. - Adopt a gender-based approach when assessing the health status of older people given the fact older women are prone to more health and psychological difficulties and need more care. - Strengthen the health care providers' competency in communicating and building rapport with older patients. - Improve assignment criteria for paramedical staff in terms of qualifications and psychological preparation to deal with older patients and accept their specificities. - Organize recruitment procedures according to a technical psychological test in order to ensure a proper selection.

Home care services	<ul style="list-style-type: none"> - Strengthen the capacities of "health care providers at home" and establish training structures in addition to the institutionalization of this specialty. - Support associations that are active in the field of home care for older people. - Support the creation of organizations specialized in home care. - Provide sufficient number of "health care assistants at home". - Accelerate the issuance of the Basic Law for life care.
Psychological health	<ul style="list-style-type: none"> - Pay more attention to the mental health of older people, given the strong relationship between this aspect of health and the abuse that older people may be exposed to, by activating the national mental health program for older people. - Work to establish a culture of care for older people suffering from mental and psychiatric conditions. - Intensify awareness programs and develop a communications plan to raise awareness on health needs that are specific to older people, whether for health care providers or the general public. - Develop a program on elderly care and seek new and innovative ways to reach people through modern technologies such as social media and mobile phones and convince mobile phone service providers to engage in such programs by granting free messages related to said programs.
Notifications	<ul style="list-style-type: none"> - Educate those working in the health sector to pay attention to all the indicators that prove an older person is exposed to violence; whether the quality of health coverage, physical traces such as bruises, or an older person stating that they have been subjected to psychological and verbal violence, and teaching them how to deal with these various aspects of violence in a serious manner and report them, which helps reducing this silenced phenomenon. - Establish a protocol to investigate, identify and report cases of violence against older people.
The Ministry of Social Affairs	
Social protection	<ul style="list-style-type: none"> - Adopt a comprehensive social protection system for all older people regardless of their social and financial status.
Home care services	<ul style="list-style-type: none"> - Provide assistance to families when one of their older members suffers from heavy neurological diseases such as Alzheimer's, given the amount of care required by this category of patients. - Include life care services in the list of services covered by health insurance systems. - Regulate home care services.
National Program for Underprivileged Families	<ul style="list-style-type: none"> - Review the value of the financial grant received by older people in the framework of the National Program for Underprivileged Families by taking into account their specific needs (the degree of autonomy and economic situation)
Legislation	<ul style="list-style-type: none"> - Accelerate The issuance of the basic law on the development of a National Social Protection Floor.

The Ministry of Women, Family, Children and Seniors	
Home care services	<ul style="list-style-type: none"> - Evaluate policies when maintaining older people in their family currently adopted by the State and take into account the psychological needs of the older person and the economic status of their families. - Strengthen the capacities of mobile teams to improve access of older people with disabilities to health care, especially outside big cities and in rural areas. - Establish a sustainable partnership with NGOs and involve the private sector in home care for older people.
Notification	<ul style="list-style-type: none"> - Establish a monitoring and reporting mechanism for threatening situations or situations in which older people are subjected to violence. This mechanism will also help detecting hidden cases, while adopting the term "presumed victim"* instead of the term "victim". - Encourage reporting of cases of violence against older persons. - Launch a toll-free number that older people can call when subjected to violence.
Care institutions for older people	<ul style="list-style-type: none"> - Examine care institutions for older people through mandatory and continuous monitoring. - Support targeted and continuous formations for employees of care institutions for older people. - Provide equipment that is specific to the needs of older residents in care institutions. - Provide psychological accompaniment for older people who join a care institution and help them adapt to their new environment. - Support the implementation of a "life project for every resident" living in any care institution. - Accelerate the issuance of regulations for healthcare institutions according to international standards. - Empower institutions caring for older people and insure sustainable services (adequate financial support and specialized structure).
Legislation	<ul style="list-style-type: none"> - Accelerate the issuance of the magazine for older people. - Accelerate the creation of a job position dedicated to the protection of older people in order to identify cases of violence against older people and insure legal action.
Ministries of Justice and Interior	
Prisons and Reforms	<ul style="list-style-type: none"> - Dedicate special detention cells to older prisoners, like what is being done for children, homosexuals, patients and other cases. Older prisoners often live in very harsh conditions, especially if they suffer from health-related difficulties such as mobility issues.
Statistics and studies	<ul style="list-style-type: none"> - Disaggregate data according to age and type of violence committed during data collection following the legal system adopted in Tunisia in order to ensure the collection of accurate data on older people and the types of violence they are exposed to.

* Detection and identification mechanism.

Legislation	<ul style="list-style-type: none"> - Implement stricter criminalization of political violence (influencing the elderly's will regarding candidacy, election, or even creating associations). It is worth noting that Article 18 of the Basic Law 58 does not include increased sanctions for the perpetrator of political violence. - Ensure that the different terms referring to a "victim" are differentiated in legal texts concerning older persons - Set a mechanism to keep an eye on the elderly segment of "presumed victims of violence" and monitor the authorities that identify them* in order to facilitate interventions. - Focus on protecting older people who are in a vulnerable situation, whether in relation to violence or crimes. - Review laws through a human rights lens, taking into account some of the specificities of vulnerable groups including older people.
Configuration	<ul style="list-style-type: none"> - Provide judges and employees of the Ministry of Interior with trainings on violence against women, especially older people.
In media (public and private)	
	<ul style="list-style-type: none"> - Call for the creation of a code of conduct that requires media outlets to pursue objective methods and respect professional ethics when dealing with issues related to older people.
Legislation	<ul style="list-style-type: none"> - Implement the provisions of Law 58/2017's Article 11 by: <ul style="list-style-type: none"> • Urging public and private media outlets to carry out their educational role. • Training media professionals to respect ethics, human rights and equality when dealing with cases of violence against women. • Preventing the publicity and broadcasting of media material that contains stereotypes, scenes, sayings or actions that represent women in an unfavorable light or promote/belittle violence against women in all media outlets.
The High Independent Authority of the Audiovisual Commission	<ul style="list-style-type: none"> - Create a working group by the High Independent Authority of the Audiovisual Commission (HAICA) to work on discrimination against older people and violence against women and to create teams to monitor abuses, violations, and prejudice against older people on radio and television channels. - Intensify HAICA's control over the content of some radio and television programs and series that depict older people in a folkloric, naive or dim image and an overall demeanor of weakness and impotence which encourages the practice of violence against older people. Such excesses need to be addressed with the necessary measures and penalties.
Awareness-raising	<ul style="list-style-type: none"> - Call on local media channels to support and advocate for the rights of older people. - Increase the number of media platforms that talk about the rights of older persons. - Dedicate programs to the mental and physical health of older people.

* Ibid.

Non-Governmental institutions	
Civil society and organizations	
Accompaniment of law enforcement	- Develop mechanisms to monitor the application of laws enacted by the State for the benefit of older people and their violations.
Mobile teams	- Create mobile teams that provide home care services for older people lacking autonomy by employing the capacities of the economic and social solidarity backgrounds.
Awareness-raising	<ul style="list-style-type: none"> - Intensify awareness programs and develop a communications plan to raise awareness on the specific health needs of older people, both among the health care providers and the general public. - Prioritize a preventive approach in awareness-raising so that older victims of violence become aware of the rights they are guaranteed by the law. - Organize door-to-door awareness-raising. - Carry out large-scale awareness campaigns (advertising spots, direct contact at home) to help older women overcome the psychological barrier which makes them consider violence normal.

After conducting this study, both researchers conclude that there is a real need to carry out a comprehensive research on violence against older people at the national level. This is all the more necessary given the lack of objective and scientific research related to this phenomenon, with the exception of Mr. Labidi's research⁴⁷ which was conducted in 2013 and was published in 2016. This research was based on data collection from two sources: cases and incidents involving violence against older people which have been reported in the newspapers and cases addressed to the local units of offices for social advancement established by the Ministry of Social Affairs in the city of Tunis.

This national study should take into consideration two aspects. The first one should be the distribution of older people into several age groups in order to provide information that helps direct strategies aiming to combat this phenomenon and reduce it. The second one would be to expand the study so that it seeks to identify the key specificities of those who perpetrate violence against older people, which would help better understand the causes of this violence.

This can be done by examining cases of violence against older people that have been brought before the courts in order to study them more thoroughly and understand how to address them.

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Conclusion

Violence against older people takes more or less the same forms as violence against women and children. A shift in the types of violence present in Tunisian society is also perceptible: from an invisible, unspoken type of violence to new forms that victims were not previously subjected to, such as sexual abuse. Despite the legal journey the fight against violence targeting this segment of the population has embarked on, this category remains that of the “forgotten victims”, especially in comparison with the strong interest granted to the Protection of other categories rights, such as women and children. The silence surrounding this phenomenon has led to an aggravation of the situation and has excluded older people from the community’s circle of interest. However, given this segment’s growing number and influence, it has become imperative to address the phenomenon of violence against older people in an open manner in order to spark a conversation at the national and international levels.

The results of this exploratory research on violence against older people in Tunisia show that this phenomenon, for which statistics and numbers are still not sufficient to allow a quantitative evaluation, does exist and is perhaps spreading as a result of the Social and behavioral transformations witnessed by the Tunisian society. It also can not be separated from the spread of violence in general in Tunisia, especially after January 2011 and the subsequent epidemic of lawlessness and loosening of the system of values that held older people in high esteem and appreciated their role within the family and society.

The study sought to identify the challenges faced by the efforts to curb this phenomenon and to prevent it from escalating, among which: the need for screening and early detection of situations that feed violence against older people, which helps avoid a lack of awareness whether at the household level or amongst health care providers; the absence of mechanisms and programs aiming to fight this phenomenon despite the creation of programs for older people and the issuance of the law on the elimination of violence against women which includes older women; and finally, the silence of older people themselves when they are subjected to violence for fear of the repercussions of their disclosure or due to their ignorance of their rights, especially the right to live safely and far from any form of abuse.

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Annexes

Annex No. 1

Introducing the associations taking part in the study:

Regional Association for the Care of Older People in Bizerte: Organization with a social dimension founded in 1977 with the aim to provide for underprivileged older people who lack family support within care center. It also provides social and health care services to older people who live with their families as part of its mobile team program.

Tunisian Association for the Skills of Retirees and Older People in the State of Ariana: an association with a social dimension established in 2013 that aims to spread the expertise and knowhow of retirees and older people amongst the youth and help them succeed in their endeavors. It also provides them with social, health care and psychological awareness to the retired and older people.

The Regional Office of the Farhat Association for the Blind in Ben Arous: an association with a social dimension founded in 2011 catering to the basic needs of blind older people by providing them with social, health care and recreational services.

The Tunisian Association of Retired Persons: an association with a social dimension founded in 1981 which aims to care for retired people and defend their material and moral interests.

The Tunisian Union for Social Solidarity: a national organization with a social dimension that was founded in 1958 and aims to support the values of social solidarity, help vulnerable groups with specific periodic visits.

Introducing the independent national entities:

The National Commission for the Prevention of Torture: a public and independent Tunisian organization established in 2016. It oversees detention centers and shelters including elderly care institution and conducts routine and surprise visits to monitor living conditions, practices of ill-treatment and torture in addition to presenting them to the relevant administrative or judicial authorities when need be.

The National Commission to Combat Human Trafficking: a public and independent Tunisian organization founded in 2017. It gathers representatives from governmental structures and non-governmental organizations. It handles many functions among which the protection of victims of human trafficking and the coordination between the main actors and periodic awareness-raising campaigns aiming to spread public awareness on the seriousness of this phenomenon in Tunisia. The commission also developed a national strategy to prevent and combat human trafficking.

Annex No. 2

Violence according to the Basic Law 58/2017 dated August 11, 2017 on the elimination of violence against women.

Article 3 – This article contains the following definitions for violence:

- **Violence against women** (regardless of age): Any physical, moral, sexual or economic assault against women that is based on discrimination due to gender which causes physical, psychological, sexual or economic harm to women. It also includes the threat of such abuse, pressure or deprivation of rights and freedoms, whether in public or private.
- **Physical violence:** any harmful act that affects the inviolability or physical safety of a woman or her life such as beating, kicking, wounding, mutilating, burning and amputation of parts of the body in addition to detention, torture and murder.
- **Moral violence:** any verbal attack or abuse, coercion, threats, neglect, deprivation of rights and freedoms, humiliation, ridicule and contempt in addition to acts or statements that undermine the human dignity of women or that are intended to scare or control her.
- **Sexual violence:** any act or statement whose perpetrator aims to subjugate the woman to his or her sexual desires using coercion, deceit, pressure, and other means of weakening and dispossession, regardless of the perpetrator's relationship with the victim.
- **Political violence:** every act or practice whose perpetrator intends to hinder or deny woman the exercise of any political, partisan, or associative activity or any right or freedom of fundamental rights and freedoms on the basis of gender discrimination.
- **Economic violence:** any act or omission that would exploit a woman or deprive her of economic resources, whatever their source, such as depriving them of money, wages or incomes, controlling wages or incomes, and attending or forcing them to work.
- **Discrimination against women:** any distinction, exclusion, or restriction that has the effect or purpose of undermining the recognition of women's human rights and freedoms and the basis of full and effective equality in the civil, political, economic, social and cultural fields, or nullifies women's recognition of these rights or their enjoyment and exercise of them regardless of color, race, religion, thought, age, nationality, economic and social conditions, civil or health status, language, or disability. Discrimination does not include positive actions and measures aimed at accelerating gender equality."⁴⁸

⁴⁸ Guide of the social pledge for women and children victims of violence «training course for specialists of the Ministry of Social Affairs on the pledge for women and children victims of violence, March 2018.

Annex No. 3

1. Focus groups with older people (over 60 years of age):

- Where do you live and with who?
- How would you describe the atmosphere of your place of residence?
- How would you describe your relationship with your family (partner, children, grandchildren, siblings, etc.)? How would you describe the behavior of your family members towards you and do you have friends?
- How do you spend your days?
- What are your life experiences outside the house: If you go out on your own and need help, for example, do you find someone to offer help?
- What is your relation to the region in which you live (or neighborhood)? Is it suitable for older people?
- What is your financial situation? Is there a person (other than State institutions) that provides for you? If so, who is this person? Does this (dependency) spending have any effect on you?
- Do you suffer from any health problems or chronic diseases? If so, which ones?
- Do you take medicines monthly (periodically)? If so, how is the cost covered? (Social security, private insurance, other)?
- Do you benefit from social coverage? Do you have any private insurance? Who pays for your private insurance?
- When you face a health issue, how do you go to the health care institution? Is there someone who can help you with transportation, organizing the visit, etc.?
- How do health care providers work with you? Do they consult you about your preferences and ask you about your needs? In other words, do you feel safe when you go see them? Do you feel like you are being treated with care and dignity?
- In general, how would you evaluate the treatment of older people in your community?
- What types of violence do older people experience in your surrounding?
- In your opinion, who are the groups of older people who are most vulnerable to neglect?
- What services do older people benefit from? Is it sufficient? Are you satisfied? Please include sexual and reproductive health services in the answer.
- What services do older people in your community need? Are some not currently being provided?
- Are staff members in various service centers able to meet your needs and do they have the necessary means to do their job?

The following questions may be sensitive or difficult to answer. There should be a possibility to give participants the option to request an individual interview to answer these questions:

- Have you ever been exposed to any form of physical violence or psychological harm? If so, would you mind telling us the identity of your abuser?
- Have you ever been subjected to disrespectful treatment by caregivers, doctors or nurses? This includes ignoring your requests, speaking to you in an abusive manner, etc.?
- What are your fears?
- What are your priorities, needs and desires?

2. Focus group with service providers:

- What are the common aspects of vulnerability that are shared between older men and women?
- Can you evaluate Violence against Older Persons according to gender?
- What are the forms of violence suffered by older people?
- Who are the perpetrators of the violence that targets them? (Individuals, family members, doctors, care givers, etc.)
- What do you think are the causes of violence against older people?
- What is the impact of this violence on older men and women? Is it different and does it have a greater impact on women? Why and how?
- What challenges do you face when working with older people?
- What can be done to prevent, mitigate and respond to violence that targets older persons at the individual, community and national levels? What are the measures that need to be taken?

3. Focus groups with NGO representatives

- Why have you decided to work with older people?
- What is the nature of your work?
- Do you cover through your work the lack or limitations of the State's intervention and its interest in these matters?
- How do you establish your relationship with the relevant state institutions and do you cooperate with them?
- What challenges do you face?

- What are the most common limitations suffered by older men and women?
- What are the forms of violence they are subjected to?
- What are the causes (justifications) of violence against older people?
- What effect does this violence have on older men and women? Does it have a different or bigger impact on women? Why and how?
- Who are the perpetrators of violence against older people?

4. Semi-structured interviews with experts:

Psychologists

- Can you describe the overall psychological situation of older people? Are there any differences based on gender?
- What is the psychological explanation behind someone committing violence against an older person?
- What effect does this violence have on older men and women? Does it have a different or bigger impact on women? Why and how?
- What can be done to reduce (or eliminate) Violence against older people?

Doctors

- What are the most common health problems older people face?
- How does the health system (for older people) work?
- What professional ethics does a doctor have to adhere to when dealing with older patients?
- What can be done to improve the health care system for older people?
- Is there an established protocol to determine if an older patient is subjected to any form of violence or ill-treatment?

Police (internal security)

- Do you have a record for the number of complaints from people who are over 60 years old that are specific to cases of physical violence (including sexual violence)?
- Do you have a Specific way of dealing with complaints filed by older people in cases of neglect? What are the means available to help homeless older people encountered by police officers?

- If you do not keep a record of the number of complaints filed by older people, could you please provide us with any information on the amount of complaints related to violence against older people that you receive?
- From your experience, do older people file a complaint against a member of their family who is being violent towards them?
- From your experience, do older people file a complaint against a doctor, health professional or service provider who subjects them to violence?

Representatives of the Ministry of Justice (judges, lawyers, etc.)

- What are the laws, policies and practices for violence against older persons in the country?
- Do you keep a record of the number of complaints filed by older persons against their abuser?
- What about the complaints filed by their families?
- From your experience, what are the main challenges that prevent legal action from being taken against those who subject older persons to violence?
- What is the State's plan (Ministry of Justice) to combat violence against older people?

Semi-structured interviews with decision makers (MPs, the Minister of Social Affairs, the Minister of Health or the Deputy Minister, etc.)

- Is there any coordination between the Ministry of Health and the Ministry of Women regarding the health care system for older people?
- Can you provide us with an overview or summary of:
 - Strategies for older people's health care system
 - Laws related to older people's health care system
 - Policies and practices for older people's health care system
- Can you give us a glimpse of:
 - Strategies related to violence against older people
 - Laws targeting violence against older people
 - Policies and practices related to violence against older people
- Is there any coordination between the Ministry of Social Affairs and the Ministry of Women regarding the issue of violence against older people?
- What actions are needed to include older persons in gender-based violence strategies?

- What actions or policies does the government implement to ensure older persons benefit from health care services and how does it combat the violence they are subjected to?
- What actions have been implemented from the set plan (if any) so far?
- How big is the gap between policies, announced projects and reality?
- What are the reasons behind this?
- What needs to be done to reduce violence against older people?

Annex No. 4

Consent form for participants

This study, conducted by the United Nations Population Fund and the Arab Women Organization, seeks to draw attention to the problems related to violence against older people, especially older women. This research and investigative work have been entrusted to Khaled Al Matussi (sociology) and Yasmin Al Hentati (psychology).

Privacy and data management

To ensure the confidentiality of the information and data that will be provided by the participants, the following measures will be taken:

- The names of the participants will not appear in any report resulting from the study;
- The documents will be encrypted, which will completely eliminate any possibility to identify any of the participants;
- The results of the participants, on which the study will be based, will not be published;
- The study team members are the only ones allowed to consult individual data (pre-encrypted).

I, the undersigned, bear witness that I have received **both orally and in writing** all the information necessary to understand the objectives of this study, its process of completion, expected benefits and limitations. I was able to ask all questions necessary to understand this information and I received clear and accurate answers. In light of these various elements, **I agree in full consciousness and freedom to participate in this study**, knowing that I can suspend my participation at any time without having to provide any justification or bear any consequences for it. My consent does not absolve the researchers referred to from their responsibilities, and I reserve all rights guaranteed to me by law.

Annex No. 5

Consent form for audio recording

The purpose of the audio recording that will be carried out in the framework of this study is to facilitate the extraction and analysis of data. The recording will remain exclusive property of the study's researchers Khaled Al Matussi (sociology) and Yasmin Al Hentati (psychology). They will both refrain from any exploitation of this material in a manner that is not permitted by law or in a way that would offend your dignity, reputation, life or any exploitation that would cause you damage according to laws and regulations. Noting that these recordings will be destroyed after one year.

I, the undersigned (name and surname)

certify that I enjoy all of my personal rights. I also certify that I have read the above information and agree to the audio recording of my interview as described above.

Annex No. 6

Info card

- Date of birth: .../.../19.. Age: ... years
- Gender: Male Female
- Marital status: Single Married Divorced Widowed
- Number of children: ... Sons ... Daughters
- Professional status: Retired Active Unemployed
- Type of professional activity:
- Education level: No education Primary education level
 Secondary education level Holder of a Baccalaureat
 Holder of a university degree
- Original place of residence:
- Current place of residence: Personal home Child's home
 Homeless shelter At a relative's With a foster family
 Public elderly care institution Private elderly care institution
- Address:

Transportation

- What means of transportation do you use for daily commute?
 Metro Bus car Private taxi Collective taxi On foot
- What means of transportation do you use to go to the doctor?
 Metro Bus car Private taxi Collective taxi On foot
- Economic situation: Retirement pension Savings Family financial assistance Other source Social assistance for underprivileged families No income
- Coverage of financial expenses: Personal By a family member By a sponsor

Health situation:

- Do you suffer from chronic diseases? Please specify

- Do you undergo long-term treatments?

- Do you benefit from health coverage? Yes No
- Type of coverage: The National Health Insurance Fund
 Private insurance Free Treatment Treatment at low tariff
 Beneficiary Without health coverage
- Estimation of the distance between your place of residence and the nearest local clinic or hospital: 0-2 km 5-3 km 6 km or more
- Have you been subjected to physical violence or psychological abuse at least once? Yes No
 If yes, can you tell us the identity of the person behind this act? Was it one of your children? A relative? A neighbor?...
- Have you been subjected to disrespectful treatment (neglect or talking to you inappropriately) by health care providers, doctors, and nurses? Yes No