OCTOBER 7
JUSTICE WITHOUT
BORDERS LTD.

ATT. YAEL VIAS GVIRSMAN

Policy Brief

Invisible at the Intersection: Older Women, Armed Conflict and the Need for Intersectional Protection

Lessons from the October 7 Atrocity

Submitted by: October 7 Justice Without Borders LTD.

Date: 01 June 2026

Contact: Yael@October7Justice.org

Website: October7justice.org

EXECUTIVE SUMMARY

This policy brief highlights critical gaps in the protection of older women in situations of armed conflict, with reference to the 7 October 2023 attacks as an illustrative case study. It identifies systemic failures in legal frameworks, humanitarian response, and data collection that render older women largely invisible in prevention, protection, and accountability systems, particularly in contexts involving non-State armed groups (NSAGs). The analysis underscores the intersection of age, gender, disability, caregiving roles, and social isolation as compounding risk factors that are insufficiently reflected in international law and policy.

The findings are intended to inform future international norm development concerning the protection of older women during armed conflict and humanitarian emergencies.

KEY FINDINGS

Structural invisibility of older women in protection frameworks

Older women are not consistently recognised as a distinct category in international legal and policy frameworks on violence against women or older persons. Existing instruments address women, older persons, or persons with disabilities separately, but rarely capture their intersection. This results in a protection gap that obscures the specific risks older women face in armed conflict, particularly during sudden attacks and mass violence.

Acute vulnerability in armed conflict and NSAG-perpetrated violence

The October 7 attacks demonstrate that older women face heightened exposure to lethal violence, abduction, and captivity due to reduced mobility, chronic health conditions, dependency on medication, and social isolation. In contexts of rapid armed incursions, these factors significantly reduced survival capacity, particularly where NSAGs targeted civilian populations and infrastructure.

Systemic invisibility in data, CRSV documentation, and accountability

Older women remain underrepresented in data systems and analytical frameworks on violence, including conflict-related sexual violence (CRSV), abduction, and captivity. Existing datasets disproportionately focus on women of reproductive age, resulting in structural under-recognition of older women as victims. This evidentiary gap limits both accountability and the development of targeted protection measures.

About October 7 Justice Without Borders

October 7 Justice Without Borders (O7J) is an independent, Israel-based public-interest law organisation advancing justice, accountability, and the rights of victims of terrorism, war crimes, crimes against humanity, and other serious violations of international law. Established in the aftermath of the 7 October 2023 attacks to address a critical accountability gap, O7J represents more than 462 victims from 18 attack sites, including 44 women aged 60 and above (as of May 2026).

Through pro bono strategic litigation, legal advocacy, and engagement with domestic and international accountability mechanisms, O7J supports survivors, bereaved families, released hostages, and hostage families in pursuing their internationally recognised rights to truth, justice, reparations, and guarantees of non-repetition, consistent with the Joinet Principles.

O7J is independent, non-political, and receives no government funding. The analysis presented in this policy brief draws on the organisation's legal representation of victims and its documentation of patterns of harm arising from the 7 October attacks.

I. Introduction

Older women remain largely invisible within international legal, humanitarian, and accountability frameworks addressing violence in situations of armed conflict and humanitarian emergencies. While international law recognises protections for women, older persons, and persons with disabilities, it rarely addresses the intersecting realities experienced by older women, whose exposure to violence is often shaped simultaneously by age, gender, disability, chronic illness, reduced mobility, caregiving responsibilities, social isolation, digital exclusion, and dependency on continuous medical care.

This policy brief examines these intersectional patterns of vulnerability through the documented experiences of older women affected by the 7 October 2023 attacks carried out by Hamas's Al-Qassam Brigades and other Palestinian armed groups, including Palestinian Islamic Jihad, the Al-Quds Brigades, the National Resistance Brigades, and the Abu Ali Mustafa Brigades[1]. During these attacks, numerous violations of international humanitarian law, international human rights law, and international criminal law were documented. The October 7 attacks provide an important case study demonstrating how existing protection frameworks insufficiently account for the specific risks faced by older women, particularly in situations involving non-State armed groups (NSAGs), where civilians are deliberately targeted and protection systems rapidly collapse.

As a public-interest law organisation representing victims of terrorism, war crimes, crimes against humanity, and other serious violations of international law committed by non-State armed groups—including 44 older women—October 7 Justice Without Borders is uniquely positioned to document and analyse these patterns of harm. The evidence presented demonstrates that older women experienced violence not simply because they were civilians, but because multiple intersecting characteristics combined to increase their exposure to lethal violence, abduction, conflict-related sexual violence, medical neglect, psychological harm, and barriers to survival, protection, and access to justice.

Using October 7 as an illustrative case study, this policy brief identifies persistent legal, policy, humanitarian, and evidentiary gaps in the protection of older women during armed conflict. It argues that older women should be recognised as a distinct intersectional category within international protection frameworks and proposes practical recommendations to strengthen age-, gender-, and disability-responsive approaches to prevention, humanitarian response, accountability, and recovery in current and future conflicts.

[1] UN Human Rights Council, *Detailed findings on attacks carried out on and after 7 October 2023 in Israel* (Report of the Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel) UN Doc A/HRC/56/CRP.3 (10 June 2024).

II. Existing Legal Frameworks and the Remaining Protection Gap

Over the past two decades, international and regional human rights frameworks have increasingly recognised the rights of older persons and the need to address discrimination experienced across the life course. Although there is currently no binding international convention dedicated to the rights of older persons, a substantial body of international human rights law provides important protections relevant to older women.

The International Covenant on Civil and Political Rights (ICCPR)[2] and the International Covenant on Economic, Social and Cultural Rights (ICESCR)[3] guarantee fundamental rights including the rights to life, dignity, health, privacy, food, non-discrimination, and freedom from torture and other cruel, inhuman or degrading treatment. The Convention on the Rights of Persons with Disabilities (CRPD)[4] further requires States to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict and humanitarian emergencies. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)[5] similarly obliges States to eliminate discrimination and gender-based violence throughout women's lives, including in older age.

Beyond binding treaties, important normative guidance has further advanced recognition of older women's rights. The CEDAW Committee's General Recommendation No. 27 [6] acknowledges the multiple and intersecting forms of discrimination experienced by older women, including heightened exposure to violence, neglect, dependency, and social isolation. Likewise, United Nations General Assembly Resolution 79/147 [7] recognises the disproportionate impact of armed conflict and humanitarian emergencies on older women and calls for age- and sex-disaggregated data, targeted protection measures, and gender-responsive humanitarian action.

[2] International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171 arts 2(1), 6, 7 and 26.
[3] International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3 arts 2(2), 9, 11, 12.
[4] Convention on the Rights of Persons with Disabilities (adopted 13 December 2006, entered into force 3 May 2008) 2515 UNTS 3 art 11.
[5] Convention on the Elimination of All Forms of Discrimination against Women (adopted 18 December 1979, entered into force 3 September 1981) 1249 UNTS 13 arts 1, 2, 3; CEDAW Committee, *General Recommendation No 35 on gender-based violence against women* (2017) UN Doc CEDAW/C/GC/35.
[6] CEDAW Committee, *General Recommendation No 27 on older women and protection of their human rights* (2010) UN Doc CEDAW/C/GC/27.
[7] UN General Assembly, *Follow-up to the International Year of Older Persons: Second World Assembly on Ageing* UNGA Res 79/147 (19 December 2024) UN Doc A/RES/79/147.

The Madrid International Plan of Action on Ageing[8] similarly recognises that older persons—and particularly older women—face heightened risks during armed conflict, displacement, and humanitarian crises. It calls for their inclusion in emergency preparedness, humanitarian response, recovery planning, and protection from physical, psychological, sexual, and economic violence.

Regional instruments demonstrate that more tailored approaches are both feasible and normatively established. The Inter-American Convention on Protecting the Human Rights of Older Persons[9] is the first binding international treaty dedicated specifically to older persons, while the African Union Protocol on the Rights of Older Persons in Africa[10] and the Maputo Protocol [11] provide explicit protections for older women, including safeguards against discrimination, violence, and violations affecting their dignity, autonomy, property, and inheritance rights.

The Remaining Protection Gap

Despite these significant normative developments, existing international frameworks continue to address women, older persons, persons with disabilities, and civilians affected by armed conflict largely through separate legal and policy regimes. While each provides important protections, they rarely consider how age, gender, disability, chronic illness, reduced mobility, caregiving responsibilities, social isolation, digital exclusion, and medical dependency interact to shape the experiences of older women during armed conflict and humanitarian emergencies.

As a result, older women frequently fall between existing protection frameworks. Their specific patterns of victimisation remain insufficiently recognised within prevention strategies, emergency preparedness, humanitarian response, conflict-related sexual violence frameworks, accountability mechanisms, and post-conflict recovery programmes. Existing legal standards therefore provide broad protection but limited operational guidance for addressing the distinct realities faced by older women during rapidly unfolding crises.

This protection gap is also reflected in research and data collection. Most international studies on violence against women continue to focus primarily on women of reproductive age,

[8] UN General Assembly, *Report of the Second World Assembly on Ageing: Madrid International Plan of Action on Ageing, 2002* UN Doc A/CONF.197/9 (8–12 April 2002) art 9, Issue 8 paras 54–55(a).
[9] Organization of American States, *Inter-American Convention on Protecting the Human Rights of Older Persons* (adopted 15 June 2015, entered into force 11 January 2017).
[10] African Union, *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa* (adopted 31 January 2016)
[11] African Union, *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa* (adopted 11 July 2003, entered into force 25 November 2005) (Maputo Protocol) arts 2, 3, 4, 22.

particularly in relation to intimate partner violence and sexual violence[12]. Consequently, the experiences of older women—including conflict-related killings, abduction, captivity, conflict-related sexual violence, psychological harm, medical neglect, and barriers to accessing assistance—remain significantly under-documented and under-analysed. Without systematic age- and sex-disaggregated data, these patterns remain largely invisible within policy development and accountability processes.

Armed Conflict as a Multiplier of Intersectional Vulnerability

Armed conflict exposes and intensifies these existing protection gaps. Older persons are frequently among the least able to flee rapidly, access emergency information, or obtain humanitarian assistance due to reduced mobility, disability, chronic health conditions, or reliance on continuous medical treatment. Older women often face additional risks arising from caregiving responsibilities, widowhood, economic insecurity, and social isolation, further limiting their ability to access protection before, during, and after attacks.

These vulnerabilities have been documented across multiple conflict settings. Amnesty International has reported [13] that older Rohingya men and women in Myanmar were disproportionately killed during military operations because many were unable to flee. Similar patterns have been documented in Bangladesh and north-east Nigeria, where older persons experienced higher mortality rates and significant barriers to accessing humanitarian assistance, healthcare, and food. These examples demonstrate that the heightened vulnerability of older women is not unique to any single conflict but reflects broader structural shortcomings in humanitarian protection and accountability frameworks.

The documented experiences of older women during the 7 October 2023 attacks provide a particularly well-evidenced case study of these global protection gaps. The attacks demonstrate how intersecting characteristics—including age, gender, disability, chronic illness, reduced mobility, dependency on medication, caregiving responsibilities, and social isolation—combined to shape distinct patterns of exposure to killing, abduction, captivity, conflict-related sexual violence, psychological harm, and barriers to survival. Rather than representing an exceptional phenomenon, the October 7 attacks illustrate how existing international protection frameworks remain insufficiently equipped to identify and respond to the specific realities faced by older women when civilian populations are deliberately targeted by non-State armed groups.

[12] Sarah R Meyer, Molly E Lasater and Claudia García-Moreno, 'Violence against older women: A systematic review of qualitative literature' (2020) 15(9) *PLoS One* e0239560 https://doi.org/10.1371/journal.pone.0239560 accessed 31 May 2026

[13] Amnesty International, *Why We Need a UN Convention on the Rights of Older Persons* (Index No ACT 30/8189/2024, 1 July 2024) https://www.amnesty.org/en/documents/act30/8189/2024/en/ accessed 31 May 2026.

III. Intersecting Vulnerabilities Shaping Violence Against Older Women in Armed Conflict: Evidence from the October 7, 2023 Attacks

On 7 October 2023, members of the armed wing of Hamas, the Izz ad-Din al-Qassam Brigades, together with other Palestinian non-state armed groups (NSAGs) and accompanied in some cases by civilians, carried out a large-scale, coordinated attack against Israeli territory. The attack involved at least 1,000 perpetrators and combined incursions by land, sea and air with the simultaneous launch of rockets and mortars targeting civilian areas in southern and central Israel[14]. Armed groups, including Hamas, Palestinian Islamic Jihad, the Al-Aqsa Martyrs' Brigades, the Palestinian Mujahideen Movement and the Popular Resistance Committees, deliberately targeted civilian communities, civilian infrastructure and public spaces.

The attacks were characterized by widespread and systematic acts of violence against civilians, including murder, torture, sexual and gender-based violence, hostage-taking, and degrading and inhumane treatment. Civilians were targeted in their homes, in shelters, and while attempting to flee. According to findings referenced by Amnesty International, patterns of violence included killings inside homes and safe rooms, the burning of houses, shootings of civilians in vehicles and open areas, and the hunting down of individuals hiding in shelters or public facilities. In some instances, civilians were used as human shields. Civilians were also abducted and forcibly taken into Gaza, while some attacks were filmed and disseminated as part of propaganda and psychological warfare.

According to official figures cited in the OHCHR report, more than 1,200 individuals were killed during the attacks, including at least 809 civilians. Among them were at least 280 women, 40 children, approximately 180 persons over the age of 60, and at least 25 persons aged 80 and above. In addition, nearly 15,000 individuals were injured. At least 252 people were abducted and taken hostage into Gaza, including women, children, and older persons; over 20 per cent of the hostages were aged 65 or older, with some in their 80s, and several older hostages were later killed in captivity[15].

[14]United Nations Human Rights Council Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel, *Detailed Findings on Attacks Carried Out on and after 7 October 2023 in Israel* UN Doc A/HRC/56/CRP.3 (2024).
[15] UN Human Rights Council, *Detailed Findings on Attacks Carried Out on and after 7 October 2023 in Israel* UN Doc A/HRC/56/CRP.3 (2024)

Within this broader context, older persons—and older women in particular—were disproportionately affected. Evidence indicates that a significant proportion of older victims were killed in their homes during the initial stages of the attacks, reflecting both their reduced mobility and limited ability to access protective infrastructure or flee rapidly. The United Nations Independent International Commission of Inquiry found that older persons constituted a large share of victims in several heavily affected kibbutzim. In Kibbutz Nir Oz, 17 of the 46 civilians killed were over the age of 65, while 21 of the 72 abducted hostages—approximately one third—were also over 65. In Kibbutz Be'eri, 45 of the 105 people killed were over the age of 65, again representing a substantial proportion of victims[16].

These patterns reflect both direct targeting and structural exposure. Many of the affected communities, particularly kibbutzim, had a high proportion of older residents, including founding members who remained in place. However, beyond demographic factors, the methods of attack—house-to-house raids, attacks on individuals in shelters, and shootings of civilians attempting to escape—interacted with age-related vulnerabilities. Older women, due to reduced mobility, health conditions, dependency, and social isolation, were less able to flee, hide, or physically resist, increasing their exposure to lethal violence.

The manifestations of violence against older women in this context were therefore multi-layered. They included lethal attacks in domestic settings, reflecting both physical vulnerability and confinement within private spaces; killings in public or transit settings, including while seeking shelter; and abduction followed by prolonged captivity, often under conditions incompatible with pre-existing health needs. These acts combined immediate physical violence with longer-term psychological harm, affecting both victims and their families. The widespread use of indiscriminate rocket fire further exposed civilian populations, including older women, to harm, underscoring the collapse of effective civilian protection mechanisms during the attacks.

The following sections examine how the violence experienced by older women during the 7 October 2023 attacks reflects a series of intersecting and mutually reinforcing vulnerabilities that shape exposure to harm in situations of armed conflict involving non-State armed groups. Using the October 7 attacks as an illustrative case study, the analysis moves beyond a general description of harm to disaggregate the specific factors that increased risk and severity of violence for older women. **These include (i) health conditions and disability, (ii) psychosocial and mental health impacts, (iii) caregiving roles and social isolation, (iv) context-related sexual violence; as well as (v) hostage-taking and conditions of captivity and other forms of targeted abuse.**

[16] UN Human Rights Council, *Detailed Findings on Attacks Carried Out on and after 7 October 2023 in Israel* UN Doc A/HRC/56/CRP.3 (2024)

(i) Health Conditions and Disability as Compounding Vulnerabilities in Situations of Armed Conflict

A central intersectional vulnerability shaping the exposure of older women to violence in the context of the 7 October 2023 attacks relates to health conditions and disability. Older women are more likely to live with chronic illnesses, multi-morbidity, reduced mobility, and reliance on continuous medical treatment. In situations of armed conflict—particularly where non-State armed groups deliberately target civilians—these conditions significantly reduce the ability to flee, access shelter, or respond to rapidly escalating threats. In the October 7 attacks, where survival often depended on immediate physical mobility and rapid access to protected spaces, these age-related health limitations became a decisive factor increasing exposure to lethal harm.

These vulnerabilities were further intensified in situations of abduction and captivity, where the interruption of medical care had immediate and potentially life-threatening consequences. Clinical evidence provided by Clarfield and Levine (2024)[17] illustrates the severity of this harm. Yocheved Lifshitz (age 85), abducted from Kibbutz Nir Oz, had multiple pre-existing chronic conditions, including diabetes, renal failure, cardiac arrhythmia requiring a pacemaker, and pulmonary hypertension. Her treatment required a complex regimen of approximately 17 medications. During her captivity in Gaza, although she reportedly received some medication, she was not provided with the full required course or appropriate dosages. Medical researchers noted that prolonged deprivation of such treatment would likely have resulted in fatal outcomes.

Similarly, Elma Avraham (age 85), abducted from Kibbutz Nahal Oz, had pre-existing conditions including hypothyroidism, ischemic heart disease, and a history of cardiac intervention. She was deprived of necessary medication during 51 days of captivity and was released in critical condition, presenting with myxedema coma—a severe, life-threatening manifestation of untreated hypothyroidism—characterised by a body temperature of 28.6°C, a pulse of 40 beats per minute, atrial fibrillation, and blood pressure of 68/40 mmHg. This represents an extreme and rare clinical state, underscoring the acute consequences of medical neglect in captivity. Her survival depended on immediate intensive care treatment upon release.

These cases are not isolated but reflect a broader structural pattern. Medical literature indicates that older persons, particularly those over 80, often experience reduced physiological reserve, meaning that even short interruptions in care can lead to rapid

[17] A Mark Clarfield and Hagai Levine, 'Kidnapped But Not Kids: A Case Series of Three Octogenarian Hostages Held in Captivity by Hamas' (2024) 15(4) *Rambam Maimonides Medical Journal* e0020 https://doi.org/10.5041/RMMJ.10534 accessed 31 May 2026.

deterioration or death. Yet, as noted by Clarfield and Levine, there is a striking lack of research addressing the specific health impacts of abduction and prolonged captivity on older persons, despite their significant representation among victims. This evidentiary gap reflects a broader normative blind spot in both humanitarian and human rights frameworks.

Disability

A closely connected critical dimension of vulnerability—clearly observed during the 7 October 2023 attacks—concerns disability and functional limitations, which, when combined with age and gender, significantly increased exposure to violence. Evidence from the report *"Israelis with Disabilities During the Israel-Hamas War: Facts and Figures"* (Myers-JDC-Brookdale Institute) [18] demonstrates that these risks were not theoretical but experienced in real time. In communities in the Gaza Envelope, civilians often had only seconds—sometimes as little as 15 seconds—to reach protected spaces following rocket sirens. Within such extreme time constraints, older persons and individuals with physical disabilities or reduced mobility were frequently unable to access shelters, directly heightening their exposure to rocket fire and armed attacks.

The report further documents that many persons with disabilities faced structural barriers to accessing shelters, including stairs, distance, and non-adapted infrastructure. As a result, some remained in their homes during active attacks—not by choice, but due to inaccessibility. Sensory disabilities compounded these risks: individuals with hearing impairments could miss emergency sirens, while those with visual impairments faced delays navigating to shelters under time pressure. In the context of the 7 October attacks—where homes became primary sites of violence, including shootings, arson, and abductions—this inability to access timely protection had immediate and often fatal consequences.

The attack in Sderot provides a stark illustration of how reduced mobility and limited access to protection directly translated into fatal outcomes. On the morning of 7 October, a group of elderly civilians—most of them retirees—were traveling together when their minibus stopped due to a flat tire near a bus stop. As rocket sirens began, they attempted to access a nearby public shelter, which was locked. According to verified evidence documented by the Commission of Inquiry[19], the group remained exposed in an open area and were subsequently shot at close range by Hamas-associated militants arriving in vehicles. Thirteen civilians were killed, including at least eight persons over the age of 65.

[18] Lital Barlev, Nurit Guedj, Mariela Yabo, Rotem Nagar Eidelman and Hila Rimon-Greenspan, *Israelis with Disabilities During the Israel-Hamas War: Facts and Figures* (Myers-JDC-Brookdale Institute 2023) https://brookdale.jdc.org.il/en/publication/people-with-disabilities-in-israel-during-the-2023-israel-hamas-war-facts-and-figures/ accessed 31 May 2026.
[19] UN HRC Commission of Inquiry, *Detailed findings on 7 October 2023 attacks* (2024).

An eyewitness who attempted to assist them described how he was able to flee the scene after returning fire, underscoring a critical distinction: those with the physical capacity to move quickly could escape, while the older victims—lacking such mobility—were unable to do so. This incident demonstrates how older civilians, clearly identifiable and unarmed, became easy targets when trapped without accessible protection.

Similarly, in multiple kibbutzim, including Be'eri, attackers systematically moved from house to house, attempting to breach safe rooms by forcing doors open, setting homes on fire, or shooting through entrances. Survivor accounts collected by Amnesty International[20] describe prolonged, repeated attempts by armed assailants to break into safe rooms, with occupants forced to physically hold door handles shut for hours to prevent entry. One detailed testimony from Be'eri illustrates this pattern: a father and his two sons held the handle of a safe room door for approximately six to seven hours while militants attempted to force entry, unaware that many safe room doors could not be locked from the inside[21]. Other survivor testimonies describe homes being set on fire during the attacks, and they escaped only by jumping from windows as flames spread. These forms of escape, however, were largely not viable for older persons with reduced mobility or physical strength.

These findings illustrate that disability operate as structural risk factors in armed conflict, particularly when intersecting with age and gender. Older women with disabilities were not only less able to flee or access protection, but were also more likely to remain in high-risk environments without assistance or access to life-saving information. This case study demonstrates the urgent need for accessible, inclusive, and age-responsive protection measures that address these compounded vulnerabilities in practice.

(ii) Mental health of older people and use as weapons of psychological warfare

Documented evidence further indicates that digital platforms were used as instruments of psychological warfare before, during, and after the attacks, including Facebook/Meta, Instagram, TikTok, X (formerly Twitter), and Telegram[22]. Content was systematically disseminated showing the abduction, humiliation, and killing of civilians, including older persons, with the apparent intent of amplifying fear and extending psychological harm beyond the immediate victims to families and entire communities. In one widely reported

[20] Amnesty International, *Israel/Occupied Palestinian Territory: Targeting Civilians: Murder, Hostage-Taking and Other Violations by Palestinian Armed Groups in Israel and Gaza* (Amnesty International 2025) https://www.amnesty.org/ accessed 31 May 2026.
[21] Ibid
[22] CNN, 'Hamas used victim's phone to post murder on Facebook' *The Lead with Jake Tapper* (CNN, 2023) https://www.cnn.com accessed 31 May 2026. ; ToI Staff, 'Hamas launched unique terror tactic: Livestreaming horrors on victims' social media' *The Times of Israel* (18 October 2023) https://www.timesofisrael.com accessed 31 May 2026.

case, 74-year-old civilian Bracha Levinson [23] was murdered, with footage of the attack circulated online, including through social media channels associated with the perpetrators, compounding the harm to her family and community.

Older persons were also directly affected through hostage-related propaganda, including videos depicting elderly abductees subjected to physical and psychological abuse, starvation, and degrading treatment[24]. These materials were disseminated on platforms such as TikTok and Telegram, transforming digital spaces into vectors of ongoing torture and intimidation directed at families and the broader civilian population. In parallel, personal social media accounts of older individuals were accessed or exploited to circulate violent content, further violating their privacy and dignity.

Additional incidents underscore the role of media dissemination in amplifying harm. The abduction of 85-year-old Yaffa Adar[25] from Kibbutz Nir Oz was photographed and circulated in real time, including through international news agencies, Associated Press (AP) and Reuters, under conditions of extreme vulnerability and without consent, raising serious concerns regarding dignity and psychological harm to victims and families. In another documented case, journalist Muthana al-Najjar accompanied armed groups during the attack on Kibbutz Nir Oz and published images of atrocities, including sharing a picture of two gunmen stepping triumphantly on the body of a murdered civilian.[26]

Taken together, these incidents reveal systemic failures in platform governance and corporate responsibility, particularly regarding the protection of older persons from digital forms of violence, exploitation, and psychological harm. Violent and degrading content was widely circulated with insufficient moderation or timely removal, while accounts and channels used to disseminate such material often remained active. The absence of effective rapid-response mechanisms and trauma-informed safeguards enabled the transformation of digital platforms into tools of psychological warfare, disproportionately affecting older persons and amplifying harm to victims' families and communities.

The Commission of Inquiry [27] observes that the October 7 attacks had a cascading and ongoing impact on the mental and physical health of older survivors, particularly in

[23] ToI Staff, 'Bracha Levinson, 74: Devoted grandmother who was "full of life"' *The Times of Israel* (8 November 2023) https://www.timesofisrael.com accessed 31 May 2026.
[24] Amnesty International, *Israel/Occupied Palestinian Territory: Targeting Civilians: Murder, Hostage-Taking and Other Violations by Palestinian Armed Groups in Israel and Gaza* (Amnesty International 2025) https://www.amnesty.org/ accessed 31 May 2026.
[25] *The Times of Israel*, 'Taken captive: Yaffa Adar, 85: "The glue of our family"' (17 October 2023) https://www.timesofisrael.com/taken-captive-yaffa-adar-85-the-glue-of-our-family/ accessed 31 May 2026.
[26] HonestReporting Staff, 'Media Give Platform to Gaza Journalists Who Infiltrated Israel or Praised Hamas Massacre' (16 November 2023) https://www.honestreporting.com accessed 31 May 2026.
[27] Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel, *Detailed Findings on Attacks Carried Out on and after 7 October 2023 in Israel*, UN Human Rights Council, UN Doc. **A/HRC/56/CRP.3** (10 June 2024)

communities directly targeted in southern Israel. In the aftermath of the attacks, families from kibbutzim, including Nir Oz, Nirim, Nir Yitzhak, and Magen, reported the rapid deterioration and, in some cases, the death of elderly relatives who were unable to cope with the destruction of their communities, forced displacement, the loss of close friends and family members, and the sustained psychological trauma resulting from the attacks.

Testimony from released hostage, the 86-year-old Yaffa Adar, shared in an interview that: "*When I returned to Israel I was hospitalized for four days, then I moved to the assisted-living facility where I am today. I haven't gone back home to Kibbutz Nir Oz. It won't be habitable again for a few years. At 86 years old, I have to start over. The absence of home, the need to start anew, the longing — it's all very present*." [28] These accounts highlight the severe vulnerability of older persons to trauma-induced health decline in contexts of mass atrocity and displacement.

(iii) Caregiving Responsibilities, Social Isolation, and Dependency During Armed Conflict

Older women are often not only victims themselves, but also caregivers responsible for grandchildren, spouses, or relatives with disabilities or illnesses. In situations of sudden armed attack, this caregiving role can directly affect survival possibilities: rather than fleeing immediately, many older women remain behind to protect dependents, shelter with family members, or assist those unable to escape. This increases exposure to violence, abduction, and death. International frameworks on older women and conflict rarely address this caregiving dimension, despite its clear relevance to patterns of harm.

The October 7 attacks provide several examples. In Kibbutz Nir Oz, 80-year-old Carmela Dan was killed together with her 12-year-old autistic granddaughter Noya Dan, who had been staying overnight at her grandmother's home. [29] Family members described the close caregiving relationship between them, noting that spending weekends together was routine. Their deaths illustrate how older women's domestic and caregiving roles may place them directly in harm's way during attacks on civilian homes.

Similarly, Amnesty International's report[30] documented cases in which multi-generational families sheltering together in safe rooms were abducted collectively. In one case from Nir Oz,

[28] Yaffa Adar, 'I'm a Great Grandmother, and a Former Hostage of Hamas. Bring the Rest Home' *The New York Times* (7 October 2024) https://www.nytimes.com/2024/10/07/opinion/my-heart-remains-captive-in-gaza.html accessed 31 May 2026.
[29] Kan 7.10.360, 'Girl and grandmother who were murdered found hugging: Carmela and Noya Dan' (n.d.) https://www.710360.kan.org.il/en/nir-oz/carmelanoyadan accessed 31 May 2026.
[30] Amnesty International, *Targeting Civilians Report* (2025)

a 68-year-old grandmother, Efrat Katz, was hiding with her daughter and two young granddaughters when militants entered the home. The family was abducted toward Gaza; the grandmother was killed during the transfer after an exchange of fire [31]. The incident demonstrates how older women caring for or sheltering alongside children may face compounded risks during hostage-taking and attacks on civilians.

The attacks also exposed the heightened vulnerability of older women living alone, particularly in kibbutzim in the Gaza Envelope, where militants moved house by house during the early hours of 7 October, leaving little time for escape or assistance. In several documented cases, isolation within the home, combined with age-related limitations, became a decisive factor once attackers entered residential areas. For example, 84-year-old Elma Avraham was alone in Kibbutz Nahal Oz when the rocket sirens began and she took shelter in her safe room, but was unable to fully secure the door herself; armed militants later broke in, injured her, and abducted her to Gaza, with reports showing her being forcibly taken while injured[32]. Similarly, 86-year-old Yaffa Adar, who was also living alone, described how armed men entered her home on a Saturday morning, stating: "When the terrorists arrived at my house, it was Saturday morning. I was in my pajamas. I lived alone. They came into my home with guns pointed at me; I couldn't escape." These cases illustrate how older women living alone were particularly exposed to immediate capture once residential areas were breached, with isolation and limited mobility significantly reducing their chances of survival or protection. [33]

There are also indications that older women living alone experienced heightened psychological vulnerability after the attacks. The destruction of long-standing communities, forced displacement, loss of spouses or relatives, and social isolation reportedly contributed to severe trauma and deterioration in health among surviving elderly residents. This reflects how age, caregiving status, widowhood, disability, and social isolation can intersect to shape older women's experiences of violence during armed conflict.

[31] *The Times of Israel*, 'Ex-captive Doron Katz-Asher recalls watching her mother die in her arms on Oct. 7' (24 May 2025) https://www.timesofisrael.com/ex-captive-doron-katz-asher-recalls-watching-her-mother-die-in-her-arms-on-oct-7/ accessed 31 May 2026.
[32] Kan 7.10.360 Digital Memorial Project, 'Nahal Oz: Elma Avraham' (n.d.) https://www.710360.kan.org.il/en/nahal-oz/abraham accessed 31 May 2026.
[33] Yaffa Adar, 'I'm a Great Grandmother, and a Former Hostage of Hamas. Bring the Rest Home' *The New York Times* (7 October 2024) https://www.nytimes.com/2024/10/07/opinion/my-heart-remains-captive-in-gaza.html accessed 31 May 2026.

(iv) Conflict-Related Sexual Violence and Underreporting of Older Women

The attacks of 7 October 2023, documented by various organisations including Association of Rape Crisis Centers in Israel[34], The Dinah Project[35], The Civil Commission on October 7 Crimes Against Women and Children[36], and Amnesty International[37], among many, included widespread and systematic acts of sexual violence against Israeli civilians, carried out across multiple locations, including the Nova music festival site, private homes in kibbutzim in the Gaza envelope, and military bases.

Available testimonies, forensic documentation, and intelligence assessments indicate recurring patterns of sexual violence across attack zones. These include rape, gang rape, and sexual assault carried out at gunpoint, in some cases against injured women who were unable to resist. Multiple accounts describe victims being assaulted in front of partners, family members, or friends, in acts intended to maximise humiliation and psychological harm. In numerous cases, victims were subsequently killed during or after the assaults. Bodies of victims were reportedly found bound, partially or fully naked, and in some cases with signs of genital mutilation. Sexual violence also extended to hostages taken into Gaza, with survivors reporting forced nudity, sexual harassment, threats of forced marriage, and other forms of sexualised abuse during captivity.

While sexual violence is often associated in public discourse with younger women, evidence from October 7 demonstrates that it was not limited by age. The Association of Rape Crisis Centres in Israel reported that sexual violence was inflicted across age groups, including children and older women, reflecting the use of sexual violence as a weapon of terror rather than a targeted act confined to reproductive-age victims. This is particularly significant for the present submission, as it challenges prevailing evidentiary gaps in international frameworks, which rarely account for older women as direct victims of sexual violence in conflict settings.

This case study demonstrates, sexual violence in conflict also produces distinct evidentiary and procedural challenges: most victims were either killed during the attacks or remain unable to testify due to trauma, creating structural barriers to documentation and accountability that require context-sensitive legal approaches. Further, there remains extremely limited documentation and analysis of older women as a distinct category of

[34] Association of Rape Crisis Centers in Israel, *Silent Cry – Sexual Violence Crimes on October 7* (February 2024) https://www.7000.org.il/ accessed 31 May 2026.
[35] The Dinah Project, *A Quest for Justice: October 7 and Beyond* (2025)
[36] Civil Commission on October 7 Crimes Against Women and Children, *Silenced No More: Sexual Terror Unveiled* (2026) https://www.civilc.org/silenced-no-more accessed 31 May 2026.

[37] Amnesty International, *Targeting Civilians Report* (2025)

victims of conflict-related sexual violence (CRSV), as in the case of October 7 atrocity, reflecting a broader failure to recognise and investigate their experiences within existing legal and policy frameworks.

Importantly, the October 7 attacks by Hamas and associated NSAGs also reveal a critical blind spot in existing frameworks on violence against older women. While global policy discourse often focuses on sexual violence against younger women, the events demonstrate that older women were also exposed to such crimes, alongside extreme physical vulnerability, dependency, and reduced capacity to resist or survive.

(v) Hostage-taking and captivity as a distinct form of violence against older women

The October 7 attacks involved the large-scale abduction of civilians from homes, safe rooms, and public spaces, followed by transfer into Gaza and prolonged detention under conditions that, according to multiple independent sources, included physical abuse, deprivation of basic needs, and in some cases torture or other ill-treatment.

Amnesty International has documented that released hostages reported beatings, confinement in underground tunnels, starvation, denial of medical care, and psychological abuse. In some cases, hostages described being chained for extended periods and held in cramped, dark underground conditions with limited access to food, water, or sanitation. At least 18 released hostages publicly reported mistreatment amounting to torture or other ill-treatment, including prolonged hunger, physical violence, and threats, while medical professionals treating returnees assessed that many bore signs consistent with severe physical and psychological trauma.

These conditions were not incidental but formed part of a broader pattern of captivity practices affecting civilians abducted on October 7. Testimonies further indicate that hostages were moved between locations, including private apartments and underground tunnel systems, often with little information about their fate or location. Families were frequently left without communication, amounting in practice to enforced disappearance during the period of captivity.

Within this broader pattern, older women were not spared. On the contrary, the evidence demonstrates that they were abducted in significant numbers and faced heightened vulnerability both at the point of abduction and during captivity due to age-related health conditions and dependency on essential medical treatment. Over one-fifth of the hostages

were aged 65 or older[38]. Verified documentation confirms that at least nine individuals over the age of 80 were taken hostage. Among them were Yocheved Lifshitz (85), Yaffa Adar (85), Alma Avraham (84), and Ditza Heiman (84), all of whom were alone and forcibly removed from their homes or safe rooms in kibbutzim such as Nir Oz and Nahal Oz during armed incursions.

Visual and testimonial evidence verified by Amnesty International shows elderly women being physically transferred under armed control, including being placed onto motorcycles or into carts and vehicles during the attacks. In one case, Yaffa Adar was filmed being transported into Gaza in a golf cart surrounded by armed fighters, after being taken from her home in Nir Oz. In another, Alma Avraham, aged 84, was abducted from Kibbutz Nahal Oz and later released in a critical medical condition requiring emergency treatment and prolonged hospitalisation. The outcomes further underscore the lethal consequences of captivity for older women. Ofra Keidar, Judith Weinstein-Haggai, and other older female hostages were killed while in captivity. These deaths indicate that captivity operated not only as deprivation of liberty but as a continuation of life-threatening violence.

Taken together, the evidence shows that hostage-taking on October 7 was characterised by systematic abduction of civilians followed by detention in conditions involving deprivation, violence, and psychological abuse. **Older women were not peripheral to this pattern; they were directly affected and disproportionately exposed to its most severe consequences. Their age-related medical needs, reduced mobility, and dependence on continuous care significantly increased both the likelihood of harm during abduction and the risk of death or severe deterioration in captivity.**

This case therefore establishes that hostage-taking and enforced disappearance must be recognised as a distinct category of violence against older women in armed conflict—one that extends beyond loss of liberty to include acute medical neglect, psychological harm, and heightened mortality risk. Any adequate legal or policy framework addressing violence against older persons must explicitly account for these dynamics, rather than treating abduction as separate from its predictable and often fatal consequences for ageing and medically vulnerable populations.

[38] UN HRC Commission of Inquiry, *Detailed findings on 7 October 2023 attacks* (2024).

IV. Gaps, Barriers, and Recommendations for Strengthening Protection Against Violence Toward Older Women During Armed Conflict

The October 7 attacks expose structural deficiencies in existing international legal, humanitarian, and policy frameworks for preventing, documenting, and responding to violence against older women in armed conflict.

1. Normative and Operational Gap

The evidence presented in this submission demonstrates that older women experienced violence differently from both younger women and older men. Accordingly, the principal normative gap is not the absence of legal protection for older women, but the absence of an integrated framework capable of recognising and operationalising the compounded and intersecting vulnerabilities that shape their experiences during armed conflict.

Existing international legal frameworks provide important, but fragmented, protections relevant to older women affected by conflict. International humanitarian law recognises that older persons, alongside persons with disabilities and the infirm, are entitled to special respect and protection in situations of armed conflict, including through provisions relating to evacuation, treatment of persons deprived of liberty, and protection of persons in vulnerable circumstances. International human rights law prohibits discrimination on the basis of age, sex, and disability; CEDAW establishes obligations concerning discrimination against women throughout the life course; and the CRPD provides specific protections for persons with disabilities, including in situations of risk and humanitarian emergencies. However, these protections have largely developed through separate legal and institutional frameworks addressing age, gender, disability, civilian protection, and humanitarian response independently. As a result, existing standards provide limited guidance on how these factors interact and compound one another to shape the specific risks, protection needs, and experiences of older women during armed conflict.

2. Barriers to Timely Protection and Assistance

The October 7 attacks exposed significant barriers preventing older women from accessing protection and assistance during rapidly unfolding emergencies.

In many affected communities, survival depended upon reaching protected spaces within seconds, securing safe rooms, responding rapidly to emergency alerts, and physically escaping attackers. Such assumptions may not adequately reflect the realities faced by many older women, particularly those living alone, caring for relatives, experiencing disability, or relying upon mobility aids, medical devices, or continuous treatment.

The attacks therefore reveal a broader gap in emergency preparedness and civilian protection frameworks: the absence of age-, disability-, and caregiving-responsive planning. Existing systems often fail to identify older women as a population requiring targeted protection before, during, and after emergencies.

The evidence further suggests that digitalisation of emergency communications may create additional barriers for some older women who face limitations in digital literacy, access to technology, or familiarity with rapidly evolving communication platforms. These factors may affect access to timely information, reporting mechanisms, and emergency assistance during crises.

3. Hostage-Taking, Captivity, and Medical Dependency

The experiences of older women abducted on October 7 reveal an additional gap in existing legal and policy frameworks addressing hostage-taking and captivity.

Although hostage-taking is prohibited under Common Article 3 of the Geneva Conventions, Additional Protocol II, customary international humanitarian law, and the Rome Statute, existing frameworks rarely assess how captivity affects older women differently. The evidence reviewed in this submission demonstrates that deprivation of medication, interruption of chronic treatment, restricted mobility, inadequate nutrition, and prolonged psychological stress may produce accelerated deterioration and heightened mortality risks for older persons.

The documented experiences of older hostages suggest that medical dependency should be recognised as a significant factor in assessing the severity of harm experienced during captivity. Existing legal frameworks generally treat hostage-taking primarily as deprivation of liberty, while insufficient attention has been given to the foreseeable and potentially fatal consequences of captivity for ageing populations dependent upon continuous care.

4. Barriers to Reporting, Documentation, Justice, and Accountability

The October 7 attacks also reveal significant barriers affecting the reporting, documentation, investigation, and prosecution of violence against older women.

Many victims were killed and therefore unable to testify. Others experienced severe trauma, displacement, captivity, or ongoing fear for family members. Some survivors were reluctant to repeatedly recount traumatic experiences, while others faced practical barriers associated with age, health conditions, disability, or social isolation. These challenges were particularly pronounced in relation to sexual violence and hostage-related abuses.

The challenges documented by independent investigators also illustrate broader obstacles commonly encountered in mass atrocity investigations, including limited access to victims and witnesses, difficulties obtaining forensic evidence, restricted access to official information, and barriers to documenting crimes committed in captivity or under conditions of ongoing conflict.

Together, these factors contribute to a significant accountability gap whereby violence against older women risks being underreported, under-documented, under-investigated, and under-prosecuted.

5. Data and Visibility Gaps

Relatedly, the October 7 attacks further highlight the persistent invisibility of older women within data collection, monitoring, and accountability systems.

Most available datasets concerning violence against women remain focused on women of reproductive age or are disaggregated only by sex. As a result, violence affecting older women frequently remains statistically invisible. This invisibility extends to conflict-related killings, hostage-taking, displacement, conflict-related sexual violence, medical neglect, and long-term psychological harm.

6. Long-Term Psychological Harm, Humanitarian Response, and Recovery

The October 7 attacks demonstrate that violence against older women extends beyond the immediate acts of killing, injury, abduction, and displacement. Many older women experienced severe psychological harm arising from exposure to violence, loss of family members, destruction of long-established communities, separation from loved ones, prolonged uncertainty regarding missing relatives, and disruption of essential healthcare and support networks.

Existing international legal frameworks recognise aspects of psychological harm. IHL prohibits torture, cruel treatment, and outrages upon personal dignity, and recognises that persons experiencing trauma may require protection and medical care. International human rights law further protects dignity, mental integrity, and non-discrimination. However, existing

protection and humanitarian frameworks provide limited guidance on how age, gender, disability, dependency, and social isolation interact to shape the long-term consequences of conflict-related violence.

For older women, recovery may involve distinct challenges, including rebuilding lives after displacement, restoring access to continuous medical care, re-establishing social support networks, and coping with trauma and bereavement at an advanced age. Humanitarian and post-conflict recovery responses that focus primarily on immediate physical survival risk overlooking these longer-term needs.

The experiences of older women affected by October 7 therefore highlight the need for age- and gender-responsive approaches to humanitarian assistance, trauma support, documentation, reparations, and recovery planning, ensuring that older women are recognised not only as victims of violence but as rights-holders with specific protection and recovery needs.

V. RECOMMENDATIONS

- **RECOMMENDATION 1:** States should integrate age-, gender-, disability-, and caregiving-responsive approaches into emergency preparedness, civilian protection, evacuation planning, shelter design, humanitarian response systems, and recovery programmes, consistent with the ICCPR, ICESCR, CEDAW, CRPD Article 11, and the Madrid International Plan of Action on Ageing.

- **RECOMMENDATION 2:** States should ensure that emergency communication, reporting, and assistance mechanisms remain accessible to older women, including those experiencing disability, social isolation, limited digital literacy, or dependency on care.

- **RECOMMENDATION 3:** International legal and policy frameworks should recognise hostage-taking, enforced disappearance, and captivity of older women as distinct forms of violence that may involve heightened risks arising from medical dependency, disability, chronic illness, and age-related vulnerability, consistent with Common Article 3 of the Geneva Conventions, Additional Protocol II, customary international humanitarian law, and the Rome Statute.

- **RECOMMENDATION 4:** States and international investigative bodies should develop age-sensitive methodologies for documenting conflict-related violence against older

women, including killings, abductions, sexual violence, torture, medical neglect, and enforced disappearance.

- **RECOMMENDATION 5:** States should ensure that older women are meaningfully represented and consulted in the design, implementation, monitoring, and evaluation of policies relating to violence prevention, emergency preparedness, humanitarian response, recovery, and accountability.
- **RECOMMENDATION 6:** Future legal and policy frameworks on violence against older women should explicitly recognise technology-facilitated violence as a potential means of perpetrating, amplifying, documenting, and prolonging violence, consistent with international human rights standards and the UN Guiding Principles on Business and Human Rights.

- **RECOMMENDATION 7:** Any future international instrument on the rights of older persons should explicitly address violence against older women in situations of armed conflict, including age-specific protection obligations, hostage-taking, enforced disappearance, medical dependency, caregiving responsibilities, digital violence, displacement, access to justice, reparations, and age-disaggregated accountability mechanisms.

The October 7 attacks demonstrate that age and gender do not operate as separate vulnerabilities in armed conflict. Protection frameworks that fail to address their interaction risk systematically excluding one of the populations most exposed to preventable harm.

These findings highlight the urgent need to move beyond fragmented protections toward an integrated, intersectional approach that operationalises the protection of older women in situations of armed conflict. This includes ensuring age- and gender-responsive emergency systems, improved documentation and disaggregation of data, and strengthened accountability mechanisms capable of addressing violations committed by both State and non-State actors.

October 7 Justice Without Borders welcomes the opportunity to contribute to this mandate and remains available to provide further evidence or case material in support of its work.

Att. Yael Vias Gvirsman, Founder and Lead Counsel, October Justice Without Borders

Yu Lin Chou, Law, Policy, and Communication Fellow, October 7 Justice Without Borders