



The [un] Silencing of Older Women

A LIFE STAGES APPROACH FOR THE NATIONAL PLAN TO
END VIOLENCE AGAINST WOMEN AND THEIR CHILDREN.

Project partners



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More information

<https://www.emboldenfestival.com/embolden2024.html>

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Foreword, Aunty Dixie Link-Gordon

Older women have been the carers, the nurturers and the very foundation of this Country. When we get to a certain age, we can become parents and grandparents, and we know we have knowledge to pass on to the younger ones. But sometimes that isn't valued, and it gets neglected.

Older women get together to share stories and support with each other, and it's a powerful thing to do. But there are traumas throughout society – and the most heinous one is domestic, family and sexual violence.

There is a growing population of older women who are homeless. That's not okay. We don't get to a certain age of our life to be put out to pasture or end up in places that are totally unsafe.

This Country needs to do better. We need to ask, how can we do better? We need to bring forth the voices and stories that help us to see how we can do better. And we need to give older women the respect they are due in our society

I want to acknowledge Older Women's Network NSW and the work they do with older women. Whoever you are, you can come to their services and engage socially and get the support you need. I also ask Aboriginal women to check the local Aboriginal groups in your community to see what support they can give you.

Dixie

Aunty in Residence, Full Stop Australia
Breaking Silent Codes Network



<https://www.theguardian.com/australia-news/2016/nov/23/dixie-link-gordon-violence-is-woven-into-the-fabric-of-australia>

Background

Violence against women is in epidemic proportions in Australia. The National Plan to End Violence Against Women and Their Children¹ notes, one in three women have experienced physical violence, one in five have experienced sexual violence (since the age of 15), and a woman is killed by an intimate partner every 10 days.² Data also show that for women, family violence is a significant risk factor for disease, the leading driver of homelessness and the most prevalent type of homicide. The estimated economic cost to the nation is \$26 billion a year.³

The prevalence of violence against women is also apparent in a New South Wales study which found that nearly 1 in 10 men have faced legal action for domestic and family violence.⁴

Violence against women occurs across the lifespan. Old age (65+ years) is not a protective factor against family violence, rather older women may continue to experience family violence across their life span – and encounter new risk factors and perpetrators in their old age. For example, 1 in 4 Australian women (since the age of 15) has experienced violence perpetrated by an intimate partner.⁵ In contrast, elder abuse research shows perpetrators are predominately adult children, partners of adult children and grandchildren.^{6,7}

Perpetration by adult children and grandchildren raises unique barriers to prevention, early responses, support and recovery. Older women may put aside their own needs to protect the adult child they love – or be motivated to protect the adult child to ensure the wellbeing of their grandchildren.⁸

Global data show that 23% of women aged 60 years+ have experienced physical or intimate partner violence in their lifetime.⁹ Elder abuse is mostly perpetrated by family members and

victim/survivors are more likely to be women.¹⁰ It has been estimated that approximately 68 million older women (or 1 in 6), experience elder abuse world-wide.¹¹

The problem of violence against older women is escalating. In 2024 the Australian Prime Minister labelled the rise of homicides of women and children a national crisis.¹² In 2023, there were 28 women aged 55+ who were victims of family and domestic violence homicides and related offences, compared with 14 women in that age group a decade earlier.¹³

The Australian Government's commitment to ending gender based violence includes a National Plan to coordinate efforts across all levels of government. The 2022-2032 National Plan to End Violence Against Women and their Children¹⁴ explicitly references older women. This is the first time that any national plan to end violence against women has specifically included older women. The Plan takes a life stages approach, recognising that women have different needs at different points in their lives. It also notes violence experienced by older women occurs in non-family or domestic settings as well as in institutions.

The Federal Government's Rapid Review of Evidence Based Approaches to prevent gender-based violence¹⁵ calls for prioritising communities that experience marginalisation. This includes Aboriginal and Torres Strait Islander communities, and women who are refugee, migrant, living with disabilities, LGBTIQ+, **older**, and living in regional or remote communities.

We applaud the inclusion of older women in these important national documents. There is now an opportunity (and a need) to build on this foundation to clarify what a life stages approach means, and how older women will be prioritised. There is also a need to understand the silencing of older women as a context for a life stages approach.

1 <https://www.dss.gov.au/ending-violence>

2 [ibid](#)

3 <https://www.dss.gov.au/ending-violence>

4 <https://www.theguardian.com/society/2024/sep/17/nearly-one-in-10-nsw-men-have-faced-legal-action-for-domestic-and-family-violence-study-finds>

5 <https://ministers.pmc.gov.au/gallagher/2024/report-rapid-review-prevention-approaches-end-gender-based-violence>

6 <https://eapu.com.au/wp-content/uploads/2023/01/Elder-Abuse-Statistics-in-Queensland-Year-in-Review-2021%E2%80%932022.pdf>

7 <https://ageingdisabilitycommission.nsw.gov.au/documents/tools-and-resources/for-community/dashboard-data/ADC-data-2021-2022.pdf>

8 <https://eapu.com.au/wp-content/uploads/2023/01/Elder-Abuse-Statistics-in-Queensland-Year-in-Review-2021%E2%80%932022.pdf>

9 <https://iris.who.int/bitstream/handle/10665/376338/9789240090996-eng.pdf?sequence=1>

10 https://aifs.gov.au/sites/default/files/2022-08/22-01_prevalence-of-elder-abuse.pdf

11 <https://pubmed.ncbi.nlm.nih.gov/29333977/>

12 <https://www.pm.gov.au/media/no-more-national-rally-against-gender-based-violence-march>

13 <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release#data-downloads>

14 <https://www.dss.gov.au/ending-violence>

15 <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>

The silencing of older women

Most people know something of the history of gender inequality in Australia, and the important efforts to promote equality for women. However, an appreciation of this history rarely extends to an understanding of the impacts of gender inequality on the lives of older women who have lived much of their lives without equal rights, redress or support.



These inequalities were highlighted in interviews for the Older Women's Map, developed for the #ReadyToListen project. Older women interviewed for the Map reflected on the sexual rights of older women:

I reckon there are a lot of older women who have internalised that they don't have sexual rights and think that this is just the way it is. If someone has lived most of their life with marital rape, it goes in your head that this is how it is and even though the law has changed it would take something big to make that mind-set go away in the men and in the women as well.¹⁶
(Patricia)



We are conditioned to be compliant with our social and cultural expectations. So, it's up to me as a woman to make my marriage work in spite of the fact that I might be married to an absolute dickhead. Men never get the blame for breaking up a marriage. He can have the affair, but it's the wife's fault he has an affair. Maybe she wasn't giving him enough sex. Maybe she should have had a son. Maybe she should have cooked better. If you'd have been a good girl ... No matter how consciously or cognitively you push it back ... it pops up in those dark moments. ... I felt like a piece of meat.¹⁷
(Kirin)

¹⁶ The Cost, by Patricia. Older Women's MAP, forthcoming

¹⁷ The Phoenix, by Kirin. Older Women's MAP forthcoming

We need to understand the lived experience of gender inequality for older women as context for contemporary policy, strategies and services to prevent and respond to violence against older women. We also need to understand how ageism exacerbates these inequalities. At a minimum, we must ask:

- How do we combat ageism as a barrier to gender equality in communities, groups, families, services and policy?
- How do we empower older women?
- How do we let older women know that they have the right to be free from violence?
- How do we let older women know there are services to assist them?
- How do we ensure services are ready to support older women experiencing violence?
- How do we let older men know that cultural expectations and laws on sexual consent have changed?
- How do we promote cultural norms of respect for older women in families and communities?
- How do we hold perpetrators to account?
- How do we ensure all levels of government reflect the priority group status of older women in their funding and service delivery models?

The answers to these questions form the foundation of this resource - documenting a life stages approach to preventing violence against older women.

Violence against older women is referred to throughout this document as DFSV, or Domestic, Family and Sexual Violence. The acronym is used in the Rapid Review report,¹⁸ with the inclusion of sexual violence reflecting the serious nature of this form of family violence.¹⁹ The focus on women victim/survivors of DFSV reflects the function of this document as a companion to the National Plan to End Violence Against Women and their Children.

This document has been developed to help end the silencing of older women who are at risk of, or are experiencing DFSV. It was developed for the Embolden2024 National Festival on *The [un] Silencing of Older Women*.²⁰

The document was presented at Embolden in October 2024 and delegates were invited to provide feedback to strengthen the document. The final version was launched in December 2024, as part of 16 Days of Activism to End Violence Against Women and their Children.



How to use this resource

This resource brings older women and a life stages focus to the National Plan to End Violence Against Women and their Children. It links the experiences and needs of older women to key components of the Plan, including the focus areas for action, the theory of change, the outcomes framework and the first action plan. It begins by exploring risk factors and priority groups of older women. Approaches to change are then explored before outlining the focus areas for action, and the importance of measuring outcomes with and for older women.

¹⁸ <https://www.pmc.gov.au/office-women/womens-safety/rapid-review-prevention-approaches>

¹⁹ <https://www.anrows.org.au/publication/national-risk-assessment-principles-for-domestic-and-family-violence/read-quick-reference-guide/>

²⁰ <https://www.emboldenfestival.com/embolden2024.html>

Figure 1: Violence, abuse, inequalities and older women

REPORTED PREVALENCE OF VIOLENCE & ABUSE

GLOBAL

23% of older women have reported experiencing violence in their lifetime

68million older women have reported experiencing elder abuse

1 in 2 people are ageist with older women experiencing a particularly caustic form of ageism, entangled with sexism. Ageism can reduce health, wellbeing and life expectancy – accounting for \$1 in every \$7 spent on healthcare in USA alone

AUSTRALIAN

28 women aged 55+ were murdered in 2023 in DFV homicides, compared with 14 in 2013

40-50 sexual assaults are reported in residential aged care every week, most victim/survivors are older women.

365,000 older women reported experiencing elder abuse in 2023. Family perpetrators are mostly adult children (18%), intimate partners (10%), partners of children (7%), and grandchildren (4%)

CURRENT INEQUALITIES

400,000+ women 54+ are at risk of homelessness

7,300 older women are currently homeless

40% increase in homelessness among older women between 2011-2021

34% of single older women live in poverty with older women being the lowest income earning family group and 61% reliant on the old age pension

HISTORICAL INEQUALITIES

Older women have lived their lives with laws and policies that eroded their rights and wellbeing, including:

No tubal ligation (contraception) without husband's consent

Stolen Generation

Forgotten Australians

Forced adoption

Care Leavers

Ban on working after marriage

Limited property rights

No bank loan without a male guarantor

No passport without husband's authorisation

Marital Rape Immunity

No access to no-fault divorce

No child support

No superannuation

Risk factors and vulnerabilities

Older women face a series of unique risk factors to DFSV, some specific to old age, and others evolving with age. In this section we explore risk factors and vulnerabilities and outline the evidence related to priority groups of older women - to inform equitable and effective primary prevention, early intervention, responses, healing and recovery.

We begin by outlining the impacts of ageism and a lifetime of gender inequality; and how these two factors intersect to create unique inequalities for older women. As shown in Figure 2, we propose that as ageism increases with age – it brings with it increases in gender inequality and intersectional blindness. In this context, intersectional blindness refers to a failure to consider the ways older women's identities, relationships and social factors create intersecting forms of oppression.²¹ To be clear, the problem is not older women –

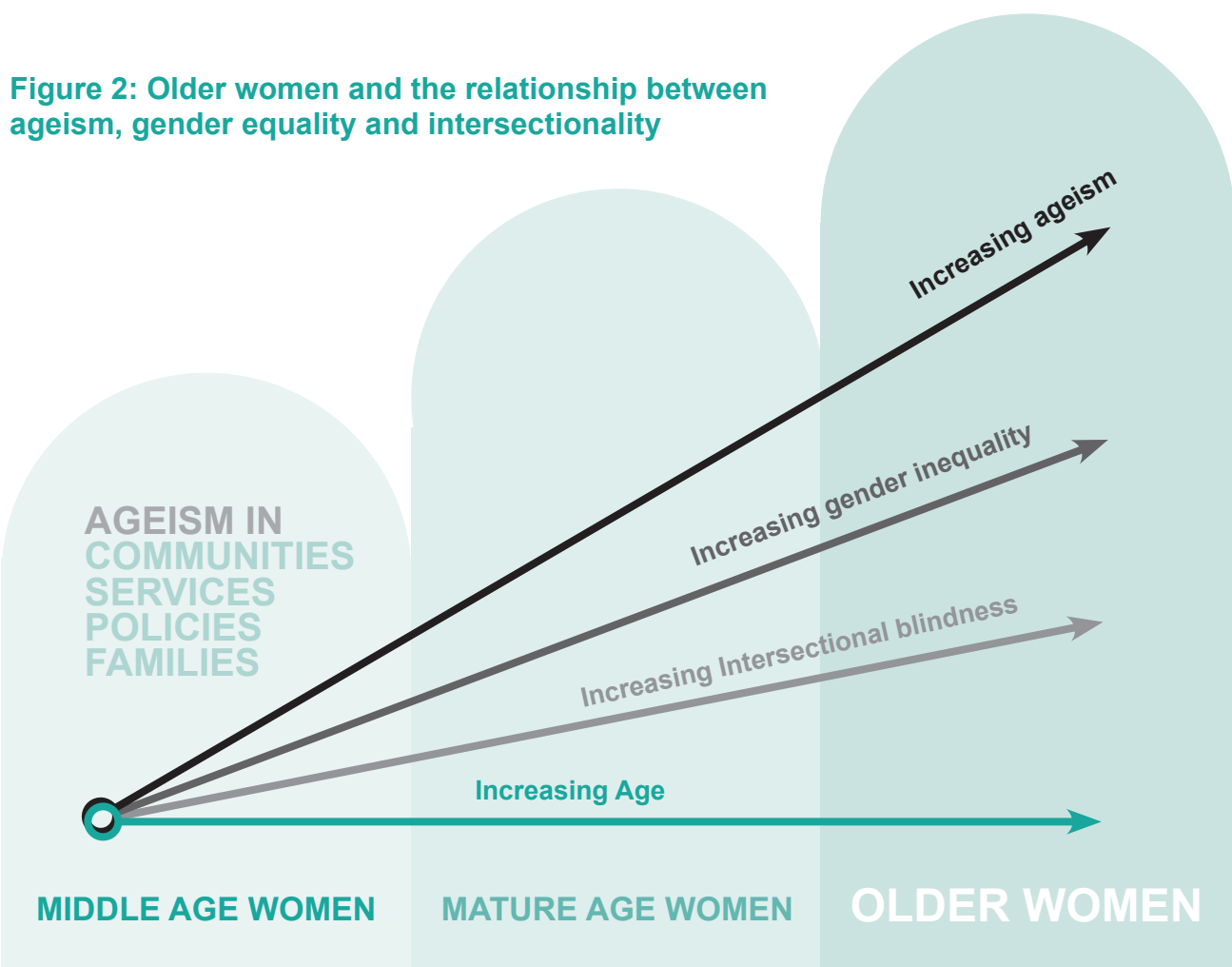
the problem is the failure to take intersectionality into account.²²

In other words, the ageism invisibilizes older women - exacerbating the inequalities they experience based on their gender and other intersectional characteristics.

We begin by exploring ageism and a lifetime of gender inequality and then consider the issues related to sexual assault of older women and then evidence related to at-risk groups and issues.

21 <https://unwomen.org.au/our-work/focus-area/intersectionality-explained/>

22 https://www.researchgate.net/publication/375904267_Intersectionality_A_Blind-spot_Missed_in_the_British_Equality_Framework



Ageism

Ageism has devastating impacts on older people - and the health care system, the workplace, the economy and our culture. Global research shows 1 in 2 people are ageist²³ and ageism accounts for \$1 in every \$7 spent on health care in USA alone.²⁴ Ageism is a significant risk factor for elder abuse and the main reason for elder abuse being a low global priority.²⁵ Ageism is a deeply embedded, frequently unseen, often underestimated and a generally recalcitrant form of prejudice and discrimination.

Older women experience a particularly caustic form of ageism, entangled with sexism and misogyny. For example, research for #TheBiscuitTin project²⁶ explored representations of older women in popular culture and found three key themes, with older women commonly represented as:

- **Grannies:** fussy, irritating, evil villains.²⁷
- **Cougars:** the mocking of older women's bodies and presenting older women as sexual predators of younger men.
- **Greedy old bags:** disagreeable, unpleasant, bad tempered, selfish.

The ageism experienced by older women is so deeply embedded as a cultural norm that it is often overlooked or assumed to be harmless. On the contrary, ageist/sexist attitudes towards older women disempower older women experiencing DFSV and exacerbate gender inequalities.

Ageism has been identified as a root cause of marginalisation and is exacerbated by other forms of oppression that are not recognised due to the ageist myth that older people are

a homogenous group. This includes a failure to recognise older women's experiences of racism, ableism, metro centrality, classism and queerphobia.²⁸

Ageism is also a barrier to the inclusion of older women in policies, strategies, research and services related to prevention, intervention, responses and recovery from DFSV.

A lifetime of gender inequality

Too often, older women who experience DFSV violence are silenced. The silencing is rooted in a life time of inequalities for older women, including

- limited property rights.²⁹
- a ban on working in the public service after they were married.³⁰
- inability to secure a bank loan without a male guarantor.³¹
- no passport without a husband's authorisation.³²
- no tubal ligation (form of contraception) without husband's consent.³³

Marital separation was complicated, because of these limitations on women and by laws that required a woman to prove that her husband's behaviour warranted divorce.³⁴ Women who separated may not have had access to child support,³⁵ and had little or no superannuation.³⁶

However, perhaps the most telling inequality relates to marital rape immunity laws; husbands were not required to obtain sexual consent from their wives.³⁷

23 <https://www.who.int/health-topics/ageism>

24 <https://academic.oup.com/gerontologist/article/60/1/174/5166947>

25 <https://iris.who.int/bitstream/handle/10665/356151/9789240052550-eng.pdf?sequence=1>

26 <https://www.celebrateageing.com/biscuittin.html>

27 <https://theconversation.com/from-cauldrons-to-cardigans-the-lurking-prejudices-behind-the-name-granny-238200>

28 https://www.celebrateageing.com/uploads/1/5/3/9/15399992/ca3979_copvm_report_onl.pdf

29 <http://www.austlii.edu.au/au/journals/AUJIGendLaw/2009/6.pdf>

30 <https://www.vwt.org.au/gender-equality-timeline-australia/>

31 <https://timeline.awava.org.au/archives/1286#:~:text=Following%20a%20campaign%20from%20women's,without%20requiring%20a%20male%20guarantor>

32 https://web.archive.org/web/20060614171552/http://www.passports.gov.au/Web/passport_history.aspx

33 <https://www.ogmagazine.org.au/18/3-18/importance-saying-no/>

34 <https://www.abc.net.au/news/2020-02-11/history-no-fault-divorce-and-family-law-in-australia/11931556>

35 <https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/history-of-the-child-support-scheme>

36 <https://www.wgea.gov.au/sites/default/files/documents/Women%27s%20economic%20security%20in%20retirement.pdf>

37 <https://law.unimelb.edu.au/data/assets/pdf/0004/1699006/3737.pdf>

The experience of living through these inequalities has shaped older women's perceptions of their rights and responsibilities. This can result in older women not recognising their experiences as DFSV, holding themselves responsible for making abusive relationships work, not reporting their experiences or not accessing support services.

The corrosive impacts of living a lifetime of gender inequality have been exacerbated by the longstanding omission of older women from DFSV policy, strategy, research, activism, advocacy, service provision and funding. The National Plan to End Violence Against Women and their Children has, for the first time, started to redress this critical issue.

Older women are less likely to be believed if they report sexual assault.³⁸ They are less likely to have their cases processed through the criminal justice system, due to ignorance and disbelief, insufficient evidence, victim inability or unwillingness to participate, or the prosecution's decision not to proceed.^{39,40} Barriers such as the lack of information, support, and finances can increase vulnerability and reduce the likelihood of disclosure⁴¹ and reduce access to legal justice.⁴²

Much of the gender equality we have today can be credited to feminists who are now older women. These older women may now find their right to gender equality once again diminished, this time related to their age.

Silencing and sexual assault

The report of the Rapid Review of Prevention Approaches identified the need for a specific focus on the prevention of sexual violence – as well as its co-occurrence with domestic and family violence.⁴³ This inclusion is critical for older women, given the silence and silencing around sexual assault of older women.^{44,45} In this section we outline key issues and gaps for older women living at home and in residential aged care.

Older women living in residential aged care may be sexually assaulted by other residents, staff, visitors, intruders or their family members visiting the institution, or while they are on a home visit.⁴⁶

The Royal Commission into Quality and Safety in Aged Care⁴⁷ estimated there are 50 sexual assaults in residential aged care in Australia each week and called this a disgrace and source of national shame. Data published in the Aged Care Sector Performance Reports show rates of reporting at 40-50 each week.⁴⁸ These incidents are referred to as 'unlawful (sexual contact and inappropriate sexual conduct)',⁴⁹ contributing to confusion about whether such incidents are sexual assault.⁵⁰

A process for reporting sexual assault in residential aged care was introduced in 2004, when the Department of Health launched a scheme for the compulsory reporting of incidents, including sexual assault.⁵¹ However, there were 'limited circumstances' for reporting, which meant that sexual assault was not reported if the perpetrator was another resident who was cognitively impaired.

38 <https://academic.oup.com/gerontologist/advance-article/doi/10.1093/geront/gnab144/6381181>

39 https://cnpea.ca/images/eldersexualassault_revised_literature_review_final_submitted_august_23_2018.pdf

40 <https://repository.law.umich.edu/cgi/viewcontent.cgi?article=1222&context=mjgl>

41 <https://www.taylorfrancis.com/chapters/edit/10.4324/9781315641751-8/sexual-assault-older-women-bianca-fileborn-catherine-barrett-karen-roberto>

42 https://www.ngocoa-ny.org/recent-documents-of-interest/a_76_157_ie-report-on-older.pdf

43 <https://www.pmc.gov.au/sites/default/files/resource/download/unlocking-prevention-potential.pdf>

44 https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_MAPGuidelines.pdf

45 <https://www.opalinstitute.org/uploads/1/5/3/9/15399992/researchreport.pdf>

46 https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_MAPGuidelines.pdf

47 <https://www.royalcommission.gov.au/aged-care>

48 <https://www.agedcarequality.gov.au/news-publications/reports/sector-performance>

49 <https://www.agedcarequality.gov.au/for-providers/serious-incident-response-scheme/reportable-incidents/support-tool-new/home-services-incident-selection/unlawful-sexual-contact-or-inappropriate-sexual-conduct>

50 https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_MAPGuidelines.pdf

51 <https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2020/September/Report-on-the-operation-of-the-Aged-Care-Act>

A critique of the compulsory reporting approach was that data was collected, but it was not clear that it was being utilised to inform strategies for prevention.⁵² This gap and the limited circumstances approach have arguably contributed a view that sexual assault of older women may not be harmful – or a criminal matter. For example, recent research identified that staff in residential aged care believed that in 58% of sexual assaults, there were no negative impacts on the victim/survivor.⁵³ This belief that sexual assault has no impact on an older woman is a myth.^{54,55}

The pace of reform shifted following The Aged Care Royal Commission. A Serious Incident Response Scheme (SIRS)⁵⁶ was launched in residential aged care in 2021, requiring that all sexual assaults are reported. To accompany the introduction of the SIRS, the Aged Care Quality and Safety Commission (ACQSC) released a fact sheet on sexual assault.⁵⁷ A further reform occurred in 2021 with the funding of the #ReadyToListen project to prevent sexual assault in residential aged care,⁵⁸ and in 2022 with a Code of Conduct for Aged Care Workers clarifying sexual misconduct.⁵⁹ Although data on sexual assault in residential aged care continues to be collected – there has been no publication of summary data on patterns that could inform tailored responses and active prevention approaches.

Sexual assault of older women also occurs in their own homes, in retirement villages and wherever older women live or are vulnerable. One factor contributing to sexual assault of older women is marital rape immunity laws. Over hundreds of years, marital rape immunity laws established a sexual power imbalance

in heterosexual relationships; husbands were not required to negotiate sexual consent with their wives and were immune from rape prosecution.⁶⁰ A cultural tone was set and women who challenged this dynamic were labelled vindictive.⁶¹

Marital rape immunity laws still exist in many countries,⁶² but were reformed in the 1980s in Australia.⁶³ However, the legacies of these laws continue to shape perceptions of sexual consent, sexual rights and responsibility, particularly for older women.⁶⁴

The myths that old age is a protective factor against sexual assault, that sexual assault is less harmful to older women and that talking about sexual assault only makes it worse – are all barriers to disclosure, prevention and recovery for older women.⁶⁵

The failure of multiple sectors to adequately confront the problem of the sexual assault of older women has enabled this form of violence to continue largely without prevention strategies. This failure allows harm to continue and contributes to the silencing of older women.



52 https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_MAPGuidelines.pdf

53 <https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs>

54 https://www.researchgate.net/publication/12451212_Sexual_Abuse_of_Nursing_Home_Residents

55 https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_DementiaMAP.pdf

56 <https://www.agedcarequality.gov.au/consumers/serious-incident-response-scheme#compulsory%20reporting>

57 <https://www.agedcarequality.gov.au/sites/default/files/media/sirs-unlawful-sexual-contact-or-inappropriate-sexual-conduct-fact-sheet-june-2021.pdf>

58 <https://opan.org.au/education/training-for-aged-care-professionals/ready-to-listen/>

59 <https://www.agedcarequality.gov.au/for-providers/code-of-conduct>

60 https://law.unimelb.edu.au/_data/assets/pdf_file/0004/1699006/37_3_7.pdf

61 <http://www.auswhn.org.au/blog/marital-rape/>

62 <https://academic.oup.com/book/26404/chapter-abstract/194774379?redirectedFrom=fulltext>

63 <https://www.alrc.gov.au/publication/family-violence-a-national-legal-response-alrc-report-114/24-sexual-assault-and-family-violence-2/history-of-activism-and-legal-change/>

64 <https://www.opalinstitute.org/rights.html>

65 https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_MAPGuidelines.pdf

Intersectionality

Sixteen intersectional groups or characteristics are summarised in the following section. We acknowledge this is not a comprehensive list, but hope this section generates further conversations about older women and intersectionality.

Aboriginal and Torres Strait Islander Women

Family violence amongst First Nation's people must be understood as an impact of the social disadvantage, oppression, dispossession and trauma brought about by colonisation.⁶⁶ The National Aboriginal and Torres Strait Islander Health Survey (2018–19) showed 67% of First Nations people aged 15+ who had experienced physical harm in the 12 months before the survey reported the perpetrator was a family member.⁶⁷

Aboriginal and Torres Strait Islander people aged 50+ make up 3.8% of the population, but account for 17% of hospitalisations for non-fatal assault, 11% of victims of family and domestic violence assault and 5% of victims of homicide.⁶⁸ They also make up 32% of the prison population.⁶⁹ It is therefore understandable that older Aboriginal and Torres Strait Islander women caring for family may be unwilling to access services due to the history of institutional violence, child removal and dispossession.⁷⁰

LGBTIQ+

There are higher rates of family violence in LGBTIQ+ communities, with one survey finding 60% had experienced violence by an intimate partner in their lifetime.⁷¹ Rates of sexual assault for Trans and Gender Diverse (TGD) people are

four times higher than the general community,⁷² and TGD people may have difficulty accessing response services due to transphobia.

Older LGBTIQ+ people experience family violence in unique ways, including restrictions to Queerness,⁷³ and may be unwilling to report sexual assault to services they fear are Queerphobic.⁷⁴ Some older TGD women are particularly vulnerable to Transphobic violence and Transphobia in services because their gender diversity is visible.⁷⁵

Migrant and refugee women

Older women from culturally and linguistically diverse (CALD) backgrounds experience vulnerability to family and sexual violence due to temporary and dependent visa status, language barriers, and/or lack of community support and networks; these factors are also a barrier to seeking help.⁷⁶ Access to services, entitlements and financial means are critical for migrant and refugee women who may be isolated in their communities with little support and fear of system intervention.⁷⁷

For older CALD people, culture has an impact on the way elder abuse is perceived,⁷⁸ and a diverse range of issues include isolation, language barriers,⁷⁹ visa restrictions⁸⁰ and the expectation of adult children bringing parents from overseas in return for childcare and/or financial support.⁸¹ They may experience barriers to services due to language or may originate from countries with different policy or legal contexts – for example, where marital rape immunity still exists.⁸² The terminology of elder abuse may also not be appropriate or relatable for members of some CALD communities.⁸³

66 <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/aboriginal-and-torres-strait-islander-people#assault>

67 <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/aboriginal-and-torres-strait-islander-people#assault>

68 <https://www.indigenousshp.gov.au/measures/2-10-community-safety>

69 <https://www.aihw.gov.au/reports/prisoners/the-health-and-wellbeing-of-first-nations-people-i/summary>

70 <https://www.ourwatch.org.au/resource/preventing-intimate-partner-violence-against-older-women/>

71 https://www.latrobe.edu.au/__data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf

72 https://www.kirby.unsw.edu.au/sites/default/files/documents/ATGD-Sexual-Health-Survey-Report_2018.pdf

73 <https://www.aag.asn.au/common/Uploaded%20files/AAG/2022/Archive/LGBTI%20Files/Disrespecting-LGBTI-identity-summary-report.pdf>

74 <https://aifs.gov.au/resources/practice-guides/sexual-violence-and-gay-lesbian-bisexual-trans-intersex-and-queer#footnote-001>

75 <https://alicesgarage.net/wp-content/uploads/The-Kinfolk-Report.pdf>

76 [https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/cald#:~:text=Almost%201%20in%204%20\(24,2021\).](https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/cald#:~:text=Almost%201%20in%204%20(24,2021).)

77 <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>

78 <https://eccv.org.au/wp-content/uploads/2022/06/Elder-Abuse-Literature-Review.pdf>

79 <https://www.advocare.org.au/wp-content/uploads/2021/07/Elder-Abuse-in-Culturally-and-Linguistically-Diverse-Communities-Developing-best-practice-updatedlogo.pdf>

80 ibid

81 <https://cotavic.org.au/wp-content/uploads/2024/01/Older-Victorians-from-migrant-and-refugee-backgrounds.pdf>

82 <https://academic.oup.com/book/26404/chapter-abstract/194774379?redirectedFrom=fulltext>

83 <https://eccv.org.au/wp-content/uploads/2022/06/Elder-Abuse-Literature-Review.pdf>

Research on the experiences of older CALD women is limited and there is a need to better understand cultural diversity and gender differences in the DFSV and elder abuse data.

Carers and being cared for

There are 758,000 older Australians who are unpaid carers - 67% of them are women,⁸⁴ who are twice as likely to report low wellbeing than the broader community.⁸⁵ Older women caring for a partner living with dementia may be a risk of sexual and other violence,⁸⁶ from a partner who has brain changes that can result in sexual disinhibition,⁸⁷ hypersexuality⁸⁸ and inability to negotiate sexual consent.⁸⁹ Barriers to seeking support for this type of family violence include spousal loyalty and a misconception that little can be done to stop the sexual violence.⁹⁰

Older women may also be vulnerable to violence and abuse from a person they are dependent upon for care. Factors associated with family abuse include dependance of the perpetrator on the victim, resentment of the older person and the caregiving role and lack of empathy and understanding toward the older person.⁹¹

Older women may be at heightened risk when the provision of care is financially motivated and perpetrators are struggling to meet their care needs; and while carer stress is not a primary cause of elder abuse, it can increase risk.⁹²

Alcohol and other drugs

Alcohol and other drug use is a factor in violence against women and their children,⁹³ with 60% of males who killed a female intimate partner engaged in problematic drug/alcohol use in the lead-up to, or at the time of, the homicide.⁹⁴ Elder abuse data also shows a correlation between sexual assault and alcohol use.⁹⁵

Older people who drink alcohol are more likely to be male and more likely than younger people to drink daily and exceed guidelines for alcohol consumption, with the proportion of older people doing so increasing with age.⁹⁶ Data from one elder abuse call centre found 14% of perpetrators had substance misuse issues.⁹⁷

Co-housing

Housing dependence involving an adult child and an older person is strongly associated with elder abuse.⁹⁸ The proportion of cases in which victim and perpetrator cohabit has increased by 74.2% over the past four years.⁹⁹

These perpetrators are reported to have a range of issues including mental health problems (almost one third) and financial problems (nearly one in five). The most common problems associated with financial abuse were financial problems experienced by the perpetrator. Mental health issues were the most commonly reported problems for physical and psychological abuse.

84 https://engage.dss.gov.au/wp-content/uploads/2024/08/English_DSS-Discussion-Paper-signed.pdf

85 <https://www.carersaustralia.com.au/wp-content/uploads/2024/02/2023-CWS-Report.pdf>

86 https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_DementiaMAP.pdf

87 <https://baycrest.echoontario.ca/wp-content/uploads/2019/01/7-Resource.pdf>

88 <https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/hypersexuality-in-dementia/E2CFB1E9F2791BBCEAE15F9580388BD19>

89 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3596201/>

90 https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_DementiaMAP.pdf

91 https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

92 <https://eapu.com.au/wp-content/uploads/2023/01/Elder-Abuse-Statistics-in-Queensland-Year-in-Review-2021%E2%80%932022.pdf>

93 <https://www.dss.gov.au/the-national-plan-to-end-violence-against-women-and-children/the-national-plan-to-end-violence-against-women-and-children-2022-2032>

94 <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>

95 https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

96 <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/older-people#alcohol>

97 <https://eapu.com.au/wp-content/uploads/2023/01/Elder-Abuse-Statistics-in-Queensland-Year-in-Review-2021%E2%80%932022.pdf>

98 https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

99 <https://eapu.com.au/wp-content/uploads/2023/01/Elder-Abuse-Statistics-in-Queensland-Year-in-Review-2021%E2%80%932022.pdf>

Dementia

There are over 400,000 people living with dementia in Australia, and 257,000+ are women.¹⁰⁰ People living with dementia experience social prejudice that can leave them feeling isolated and stigmatised.¹⁰¹ Too often, people living with dementia are viewed as less than human and there is a general failure to promote their human rights.¹⁰²

Women living with dementia are vulnerable to DFSV at home and in institutions.¹⁰³ Older women living with dementia are less likely to have their sexual assault cases substantiated and addressed than older women without dementia.¹⁰⁴ Failure to address the obstacles to justice for women living with dementia may be driven by the myth that sexual assault of women living with dementia is not harmful.¹⁰⁵

Disability

Half of all older Australians have a disability and 1.3 million need help with everyday activities.¹⁰⁶ Older people with a disability are twice as likely to experience elder abuse and three times more likely to experience neglect, predominately by adult children or intimate partner.¹⁰⁷ Women with disability are twice as likely to report sexual violence over their lifetime than women without disability.¹⁰⁸

Data from an elder abuse call centre identified victims were dependent on a perpetrator of abuse in 37% of cases; and perpetrators were dependent on victims in 23% of cases.¹⁰⁹

Unemployment

Financial dependence can trap women in abusive relationships.¹¹⁰ This risk factor can be increased for older women who experience financial hardship and are more likely to experience workplace discrimination¹¹¹ and to be excluded from the workplace as they age.¹¹²

It is important to acknowledge that limited income sources, such as inadequate pensions or superannuation savings, can make older women dependent on abusive family members or caregivers. Older women are also invisible in policies related to employment and abuse.¹¹³ They may not qualify for the same job-seeking or support programs designed for younger populations, creating gaps in resources.

Data from the Older Women's Network NSW's Pathways to Employment program¹¹⁴ has shown that abuse frequently results in trauma that affects older women's ability to seek employment, perform well at work, or maintain steady employment. The mental health impacts of DFSV may diminish older women's confidence and resilience in job seeking.

Financial hardship

Low socio-economic status is associated with a greater risk of elder abuse overall, and especially financial, sexual and psychological abuse.¹¹⁵

Older women are the lowest income earning family group, with 34% of single older women living in poverty,¹¹⁶ and 61% of older women relying on the Age Pension (compared with 55%

100 <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/population-health-impacts-of-dementia/prevalence-of-dementia>

101 <https://www.dementia.org.au/sites/default/files/documents/Dementia-Social-Stigma-Report-2017.pdf>

102 Kate Swaffer on Dementia and Human Rights at: https://media.accessiblecms.com.au/uploads/opan/2022/06/RTL_9DementiaMAPfinal.pdf

103 https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_DementiaMAP.pdf

104 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5028134/>

105 <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

106 [https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/2018#:~:text=The%20prevalence%20of%20disability%20increased,%25\)%20and%20females%20\(17.8%25\).](https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/2018#:~:text=The%20prevalence%20of%20disability%20increased,%25)%20and%20females%20(17.8%25).)

107 https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

108 <https://mspg.h.unimelb.edu.au/research-groups/centre-for-health-policy/disability-and-health-unit/the-nature-and-extent-of-disability-violence-in-australia>

109 <https://eapu.com.au/wp-content/uploads/2023/01/Elder-Abuse-Statistics-in-Queensland-Year-in-Review-2021%E2%80%9322.pdf>

110 <https://theconversation.com/our-research-shows-a-strong-link-between-unemployment-and-domestic-violence-what-does-this-mean-for-income-support-228409>

111 <https://humanrights.gov.au/about/news/speeches/safety-and-security-older-women>

112 <https://mckellinstitute.org.au/wp-content/uploads/2022/08/Women-in-work-A-story-of-exclusion.pdf>

113 <https://humanrights.gov.au/about/news/media-releases/ending-gender-based-violence-do-not-overlook-older-women-and-women-with-disability>

114 <https://ownnsw.org.au/project/pathways-to-employment-for-older-women/>

115 https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

116 https://melbourneinstitute.unimelb.edu.au/_data/assets/pdf_file/0010/2437426/HILDA-SR-med-res.pdf

of men).¹¹⁷ Sixty percent of older women leave paid work with no superannuation,¹¹⁸ women with super have 28% less than men,¹¹⁹ and 31% of retired women rely on their partner's income to meet their living costs (compared to 8% of retired men).¹²⁰

Poverty limits older women's financial resources, reducing their options to leave or report abusive relationships, particularly when their housing or healthcare access is dependent on family or caregivers.

Homelessness

Family violence is the leading cause of homelessness for women.¹²¹ The experience of homelessness has become increasingly widespread amongst older women, growing by almost 40% between 2011 and 2021 – exacerbated by lower lifetime earnings and savings.¹²² There are currently over 400,000 women aged 45+ at risk of homelessness,¹²³ and 7,300 older women currently experiencing homelessness,¹²⁴ (with 122,494 Australians currently experiencing homelessness).¹²⁵

Owning a home with debt or being in rented accommodation (including public housing) are associated with a higher likelihood of experiencing psychological abuse and neglect.¹²⁶ The fear of homelessness may trap older women in abusive relationships.¹²⁷

Institutional care

Older women living in residential aged care homes are vulnerable to family violence during visits by family members or during visits home. While resources and education have recently been implemented to respond to the 40-50 sexual assaults reported in residential aged care every week,¹²⁸ there is still a significant lack of information on prevention and effective responses to family violence.

Older women are also vulnerable to sexual assaults and other forms of abuse by other residents, staff and visitors to residential aged care homes.

Home care providers also have a pivotal role to play in the provision of information and support for older women experiencing DFSV at home.¹²⁹ However, there has been little action to date to build the knowledge and capability of service providers in this area.

Incarceration

There are well-established links between women's experiences of DFSV and imprisonment, with data showing between 70 – 90% of incarcerated women have experienced DFSV,¹³⁰ with the highest rates experienced by Aboriginal and Torres Strait Islander women.¹³¹

Women can be caught in cycles of imprisonment and violence; with violence increasing the risk and effects of imprisonment, and imprisonment increasing the risk and effects of violence.¹³²

117 <https://www.aihw.gov.au/reports/australias-welfare/income-support-older-australians>

118 <https://officeforwomen.sa.gov.au/womens-policy/womens-employment-and-economic-status/superannuation>

119 <https://officeforwomen.sa.gov.au/womens-policy/womens-employment-and-economic-status/superannuation>

120 <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/retirement-and-retirement-intentions-australia/latest-release>

121 <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>

122 <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/older-clients>

123 <https://www.older tenants.org.au/resource-themes/older-women>

124 <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/older-clients>

125 <https://homelessnessaustralia.org.au/wp-content/uploads/2023/07/Homelessness-fact-sheet-2023-1.pdf>

126 https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

127 https://www.researchgate.net/publication/378301348_Elder_Abuse_Statistics_In_Queensland_Year_in_Review_2022-23

128 https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_MAPGuidelines.pdf

129 <https://www.opalinstitute.org/uploads/1/5/3/9/15399992/finalreport.pdf>

130 <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv>

131 <https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133/11-aboriginal-and-torres-strait-islander-women/drivers-of-incarceration-for-aboriginal-and-torres-strait-islander-women/#:~:text=Prison%20population%20surveys%20have%20revealed,of%20family%20and%20other%20violence.>

132 <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2020/07/16102534/ANROWS-Imprisonment-DFV-Synthesis.1.pdf>

Women who have been the victim/survivors of DFSV are regularly misidentified as the primary abuser,¹³³ and this may be particularly so for older women who have had little access to legal aid.

The provision of accessible housing is critical to addressing both DFSV and imprisonment.¹³⁴ People entering prison are 66 times more likely to be homeless.¹³⁵ Housing instability increases vulnerability to DFSV and is also an indicator of the likelihood of returning to prison. Older women leaving prison need a safe place away from abusive relationships. Older women may also feel pressured to commit crime to survive or to avoid further abuse.

Isolation

One in five older Australians are socially isolated.¹³⁶ Contributing factors include family conflict, financial stress, disability, insecure housing, low self-esteem and caring responsibilities.¹³⁷ Older women who are separated or divorced are more likely to experience elder abuse.¹³⁸



Rural and Remote locations

There are higher rates of violence in rural and remote communities than the capital cities (21% versus 15% since the age of 15).¹³⁹ Older people living in rural and regional communities also have higher rates of social isolation and loneliness,¹⁴⁰ higher levels of disease and injury, and poorer health outcomes compared with people living in metropolitan areas.¹⁴¹ These factors increase older women's vulnerability to DFSV.¹⁴² Older women in rural and remote communities face additional challenges, such as rural conservatism, and limited services.¹⁴³

When even the most basic services are unavailable, older women in rural and remote communities do not have the opportunity to safely access medical services or report violence and abuse.

Separation from families

Older women who are from the Stolen Generation,¹⁴⁴ Care Leavers,¹⁴⁵ Forgotten Australians,¹⁴⁶ and those who experienced Forced Adoption¹⁴⁷ have lived through historical trauma and may have a distrust of institutions. Abuse in and by institutions may contribute to health and wellbeing inequalities and a reluctance to access DFSV services. The historical trauma experienced by older women who were separated from their families may be compounded by the lack of trauma informed services.

¹³³ <https://lsj.com.au/articles/women-in-prison/>

¹³⁴ <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2020/07/16102534/ANROWS-Imprisonment-DFV-Synthesis.1.pdf>

¹³⁵ *ibid*

¹³⁶ <https://www.ariaa.org.au/knowledge-implementation-hub/social-isolation>

¹³⁷ <https://aifs.gov.au/research/research-snapshots/social-isolation-factors-dynamics-and-effects-isolation-older-people>

¹³⁸ https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

¹³⁹ <https://aifs.gov.au/resources/policy-and-practice-papers/domestic-and-family-violence-regional-rural-and-remote>

¹⁴⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10225733/>

¹⁴¹ <https://www.aihw.gov.au/reports/older-people/older-australians/contents/population-groups-of-interest/regional-remote-communities>

¹⁴² <https://www.ruralhealth.org.au/partyline/article/are-you-ready-listen>

¹⁴³ <https://www.ruralhealth.org.au/partyline/article/are-you-ready-listen>

¹⁴⁴ <https://healingfoundation.org.au/who-are-the-stolen-generations/>

¹⁴⁵ <https://clan.org.au/>

¹⁴⁶ <https://forgottenastralians.org.au/about/forgotten-australians>

¹⁴⁷ https://www.dss.gov.au/sites/default/files/documents/10_2015/forced-adoption-good-practice-principles-resource-paper.pdf

Change theory – Social Ecological Model

The National Plan presents a Social Ecological Model as a theory of change to end violence against women and their children.¹⁴⁸ Social Ecological Models are widely valued in the context of understanding and preventing violence against women.¹⁴⁹ They can help to ensure prevention strategies target all causes and risk factors by working with all levels of society.

This section outlines a Social Ecological Model for Preventing Violence Against Older Women. A critical lens is taken to consider power, promote reflection and guide informed action.^{150, 151} As Figure 1 below shows, five levels of focus for preventing DFSV and improving responses for older women are presented. These levels are then explored in the following section.



Figure 3: Social Ecological Model for Preventing Violence Against Older Women

148 <https://www.dss.gov.au/ending-violence#toc>

149 https://cdn.who.int/media/docs/default-source/documents/social-determinants-of-health/who_2022_plv_strategy_2022-2026_finalfile.pdf?sfvrsn=c819ff54_3

150 <https://journals.sagepub.com/doi/abs/10.3102/0091732X18821132>

151 <https://www.taylorfrancis.com/books/mono/10.4324/9780203058848/curriculum-product-praxis-shirley-grundy-university-new-england-usa>

Individual level

The impacts of the history older women have lived through must be acknowledged. Many older women have lived most of their lives without the rights, services, language, awareness, campaigns and sense of equality we have today. Older women's knowledge, beliefs, attitudes and behaviours are shaped by the historical inequalities they have experienced. They are also shaped by an ageist world, and the pervasive societal message that older women are of less value because of their age – and because they are women. Approaches to change must consider the oppression and silencing of older women and seek opportunities to empower and [un]silence older women.

Change at the individual level must also include holding perpetrators to account, not only those who perpetrate violence or abuse, but also those who perpetrate the ageism and sexism that drives inequalities for older women. Key questions include:

- What impact does a lifetime of gender inequality have on older women's experiences of DFSV?
- Is it useful or harmful to assist older women experiencing DFSV to recognise their experience as DFSV?
- How can we support older women experiencing DFSV, and how do we support those who believe they cannot take action because they made a commitment in their wedding vows of "until death do us part"?
- What influence does internalised ageism have on older women's willingness to seek help when they experience DFSV?
- What do older women know about their right to be free from DFSV?
- What do older women know about the services that can support them?
- How can individual perpetrators be held to account?

Family level

Promoting respectful family relationships is particularly important for older women who may need family support to navigate health and support issues. For some older women, leaving a violent or abusive relationship means being faced with limited services and accommodation options, no income and the loss of valued contact with their children and grandchildren.

For older women who are without a partner, and/or who have never had children, the actions of other family members can have an important role in ensuring that they age in safety.

While healthy family relationships are an important component of ageing well at home - research shows family members are the most prevalent perpetrators of the abuse and violence against older women.¹⁵² This may include sexual assault and other forms of violence from a partner living with dementia, or abuse from adult children in crisis who have returned to the family home.

Inheritance impatience and sense of entitlement are other factors that can lead to shared housing between older women and other family members. Older women may be convinced by adult children to purchase a property or granny flat, so the family

can live together and care for her. While this may be done in respectful ways, with mutual benefits, there is often no formal ownership or security of tenure for the older woman – who may find herself homeless or forced into residential aged care.

Early intervention in the form of mediation or family group meetings can be invaluable. It is important that mediators specialise in elder abuse and are aware of imbalances in power, particularly for older women who have experienced oppression.

There is a need to provide older women with options for family mediation and support to navigate family complexities. Key questions include:

- What family/caregiver dynamics contribute to older women's vulnerability to violence and abuse?
- What work is needed to assist older women supporting adult children and grandchildren with mental health, drug and alcohol or cost of living issues?
- How could services support older women by working with adult children or grandchildren with complex needs who are living with the older woman?

Community level

Everyone deserves to be treated with respect. However, there is a pervasive community attitude of disrespect for older people, and older women in particular. Across societies, there is a need to identify and stop the ageist/sexist mocking and denigration of older women. We need to firstly raise awareness of this issue by making a link between the mocking and put-downs of older women and the abuse and violence they experience.

The mocking and denigration of older women indicate deeper societal attitudes that tolerate, normalise, and even enable the abuse of older women. Persistent put-downs and mocking enable a culture that trivialises the experiences and value of older women. When older women are seen as irrelevant, objects of derision, or burdensome, it becomes easier to justify neglect or abuse, especially in care settings or family contexts where they may already be vulnerable.

When society devalues older women through mockery, it reinforces stereotypes of them as incapable or “past their prime”. Such biases can influence caregivers, service providers, and even family members to overlook or downplay signs of abuse. The ageist stereotyping of older women can also enable violence and abuse by preventing others from understanding what older women are experiencing.

An example of this is the case of 72-year-old French woman Gisèle Pélicot, whose husband has been charged with drugging her to facilitate mass rape by more than 50 men over a 10 year period. Prior to understanding what was happening, Gisele sought treatment for unexplained health and gynaecological conditions. In reflecting on the failure of health practitioners to consider sexual assault as a cause of these issues, Gisele’s brother in law said, “you only find what you look for – and you only look for what you know”.¹⁵³

Ending the violence against older women requires a societal shift in the valuing of older women, and an end to the silencing of older women. Key questions include

- How do ageism and sexism intersect to marginalise and silence older women?
- How do societal norms that devalue and silence women as they age, lead to an increased vulnerability to violence and abuse?
- What economic inequalities do older women face and how does financial insecurity and dependence contribute to the vulnerability of older women to violence and abuse?
- What primary prevention campaigns are being utilised to educate society about the rights of older women and the prevention of violence and abuse?
- How do we raise awareness and shift societal attitudes to ensure that older women are respected, recognised and valued?

¹⁵³ <https://www.france24.com/en/france/20241009-pelicot-trial-french-court-hears-how-mass-rape-went-undetected-for-years>

Service level

Services to prevent violence against women must be inclusive of older women. This entails explicit inclusion, such as outreach to older women, referring to older women in descriptions of services, utilising images of older women to promote services, disaggregating data collection (recognising there are many generations of older women), educating services on older women's experiences and needs and including older women in service planning and strategy. Key questions include:

- What power imbalances exist in services that contribute to older women's vulnerability to violence and abuse?
- What reforms are required in the justice system to enable access to justice for older women?
- How do power imbalances in services contribute to older women's vulnerability to violence and abuse?
- What policies do services (GP, acute, subacute, rehab etc) have on preventing violence against the older women who access their services?
- What education is provided to service providers working with older women to ensure they understand the impacts of ageism on their services and the experiences and perceptions of older women?

Policy level

The experiences and needs of older women must be included in all relevant plans, particularly the action plans which accompany the National Plan to End Violence Against Women and their Children. Older women are now included as a priority group in the Rapid Review of evidence-based approaches to prevent gender-based violence. This inclusion must flow through to funded projects, services, policies and other initiatives.

Elder abuse responses must also be informed by a gender lens,¹⁵⁴ to broaden the focus from the relationship between the older woman and perpetrator, and to focus on systemic inequalities.¹⁵⁵ Australia's first discussion paper on a Gender Lens for Elder Abuse was developed alongside this life stages document for the Embolden event on the [un]Silencing of Older Women.¹⁵⁶

The inclusion of older women as a priority group in the Unlocking the Potential report,¹⁵⁷ needs to flow on to policy and planning and its impacts must also be measured to ensure it is effective and to promote accountability. Key questions include:

- How can we ensure older women are included beyond definitional statements?
- What changes need to be made to ensure that the older women, as a priority group, are comprehensively represented in policies, funding, and prevention and support strategies?
- How can funding programs include KPIs related to older women to ensure their inclusion?
- How can we better understand the intersecting forms of oppression older women experience and utilise this to inform policy, funding and services?
- What changes are required to housing policies to ensure older women at risk of violence are supported?
- How can the application of a Gender Lens for Elder Abuse be promoted?
- How can this life stages document be used to inform policies at the local, state and national level?

¹⁵⁴ <https://whe.org.au/why-we-need-to-keep-the-gender-focus-on-elder-abuse/>

¹⁵⁵ https://www.researchgate.net/publication/237400086_A_Feminist_Perspective_on_Gender_and_Elder_Abuse_A_Review_of_the_Literature

¹⁵⁶ <https://www.emboldenfestival.com/embolden2024.html>

¹⁵⁷ <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>

Focus areas for action

The National Plan to End Violence Against Women and Their Children¹⁵⁸ includes four priority or focus areas for action, namely prevention, early intervention, response, recovery and healing. The following section outlines key issues related to older women in each of these priority areas and then presents considerations and suggested strategies. It also draws on the recommendations from the Rapid Review of Prevention Based Approaches.¹⁵⁹

¹⁵⁸ <https://www.dss.gov.au/ending-violence>

¹⁵⁹ <https://www.pmc.gov.au/office-women/womens-safety/rapid-review-prevention-approaches>

In an ageist world,
if older women
are not explicitly
included in strategies
to end violence -
they will continue
to be silenced and
invisibilised

1. PREVENTION

Prevention activities aim to stop the violence against older women before it starts, or to address the underlying drivers of DFSV.

This includes changing the social conditions (ageism and gender inequality) that give rise to violence against older women and reforming the institutions and systems that excuse, justify or even promote such violence.

Comprehensive prevention of violence against older women takes a whole of society approach. It aims to influence laws, policies and the practices and behaviours of organisations, groups and individuals. Changing attitudes, norms and behaviours towards older women are critical to preventing DFSV. It acknowledges the importance of challenging the ageist/sexist views that condone disrespect, disregard, abuse and violence against older women.

CONSIDERATIONS

- The #OlderWomenCount program¹⁶⁰ is currently the only national program focused on changing attitudes, norms and behaviours driving the inequalities for older women.
- Ageism must be acknowledged as contributing to the abuse, silencing and oppression of older women.

SUGGESTED STRATEGIES

- Explicitly include older women in initiatives to promote gender equality and combat gender-based violence.
- Create safe and welcoming spaces across all services, for older women to report DFSV concerns.
- Use a gender lens in service planning and delivery on elder abuse.
- Strategies to combat ageism must address the unique forms of ageism experienced by older women.
- Strategies to promote gender equality in the workplace must include older women.
- Employment programs must target older women.
- Older women must be given access to family mediation services.
- Older women must be included in support for preventing homelessness.
- Men's behaviour change programs need to include older men and consider intergenerational risks.
- Dementia services need to provide information and support on DFSV.
- Advertising standards must protect older women from vilification and disrespect.
- Media companies must be held to account against standards of respectful coverage of older women.

¹⁶⁰ <https://www.celebrateageing.com/olderwomenscount.html>

RAPID REVIEW RECOMMENDATIONS

The following section adapts the application of the Rapid Review's recommendations to the context of DFSV prevention and older women.

Principles

The following principles underpin the application of the Rapid Review's recommendations to the experiences and needs of older women:

- Include Elders in the important work prioritising the experiences and needs of Aboriginal and Torres Strait Islander Elders.
- Ensure the voices of older women are heard in the development, implementation and evaluation of services, research, policies etc.
- Ensure ageism is included in intersectional approaches to prevention, to recognise ageism as a driver of DFSV for older women.
- Embed implementation science to bridge the gap between research and practice on prevention of violence against older women and prioritise funding of research on the experiences and needs of older women to build the evidence base.
- Collect more data to address gaps in our understanding of older women's experiences of DFSV. Ensure data are disaggregated (ie: avoids lumping together all women over 50 years) to enable the experiences and needs of different generations to be explored. Make the data public to further influence change.
- Continually inspect, understand and adapt to the emerging and changing role of technology as it relates to older women.

The prevention potential

The Commonwealth, State and Territory Governments need to expand current approaches to prevention to acknowledge the global evidence base and the gaps relating to older women that need to be filled. This should include:

- An independent review and expansion of the Change the Story approach, beyond primary

prevention, with a focus on accommodating the evolving global evidence base around the prevention of violence across early intervention, response and recovery; and to ensure the inclusion of older women.

- Ensuring the proposed Prevention Innovation Fund recognises older women as a priority group and aims to understand what primary prevention approaches work better for older women in an Australian context and at a community level.

Prevention through people

- The Commonwealth Government, State and Territories need to develop a national, coordinated and co-designed approach to engaging with men and boys, including older men, on healthy masculinities and violence prevention. This should include:
 - Adopting a strengths-based national definition and measurement methodology for ageing and healthy masculinities, including older men, to guide future campaigns and/or program implementation.
 - Developing or expanding DFSV informed program responses across sectors, focusing on healthy relationships and masculinities throughout men's life transitions, including separation/relationship breakdown, recent migration, recent unemployment, ageing^{161,162} and disability.¹⁶³
 - Developing a national response, attuned to the experiences of men and boys, responding to the rise of online misogyny directed to older women¹⁶⁴ and radicalisation through targeted investment in research to understand relevant risk factors and the extent of harm; collaboration with specialist frontline educators; and a focus on evidence based tech industry regulation.
 - Undertaking intergenerational projects with an educative component, to promote intergeneration respect for older women.

161 <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/deaths-by-suicide-in-australia/suicide-deaths-over-time>

162 <https://www1.racgp.org.au/newsgp/clinical/suicide-rates-reveal-the-silent-suffering-of-austr>

163 https://youtu.be/pEZFlaj-dTk?si=_YM-l4civ1cHUPf

164 <https://theconversation.com/from-cauldrons-to-cardigans-the-lurking-prejudices-behind-the-name-granny-238200>

- The Commonwealth to undertake further structural reforms to strengthen women's economic equality and include older women, in recognition of the interconnectedness between lack of economic security and vulnerability to DFSV. This should include:
 - Consideration of the financial inequalities for older women.
 - Strengthening workplace health and safety laws to complement the positive duty on employers to prevent workplace sexual harassment, sex discrimination and harassment, the ageist discrimination older women face in the workplace¹⁶⁵ and their exclusion from the workplace as they age.¹⁶⁶
 - Making Escaping Violence Payments¹⁶⁷ accessible to older women experiencing violence from adult children or grandchildren.
- Initiatives to expand the evidence base on how to build capability of family and friends to identify and respond to DFSV must include older women.

Prevention through response

- The needs analysis of unmet demand in crisis response, recovery and healing must explicitly include the experiences of older women.
- Specialist crisis accommodation must be accessible to and safe for older women.
- Linkages between DFSV and homelessness sectors must include older women and involve consultation with services for older people.
- Activation of the health system and workforce as a key prevention lever must include the services accessed by older women and those who perpetrate violence against them.
- Ensuring men's behaviour change programs include behaviour towards older women and are inclusive of older men.
- Ensuring the responses to better manage risk of homicide are inclusive of the matricide and homicide of older women.
- Risk assessment and management principles must be inclusive of older women.
- Expand the capability of the specialist DFSV workforce to respond to older women.
- The strategy for capability uplift across intersecting workforces must encompass services for older women.

Prevention through systems and industries

- The audit of how DFSV perpetrators weaponise government systems should include systems accessed by older women.
- The work with industries that are well positioned to prevent and reduce DFSV should ensure the inclusion of older women in the work with media and pornography, and should include regulation of video games representing 'grannies' as evil matriarchs.¹⁶⁸

Prevention through learning and data

- A clearinghouse should include information on older women and where gaps exist this must be understood as indication of the need for further funding and research, rather than an assumption that the absence of data equates to the absence of DFSV for older women.
- The practice of aggregating data on women over 50 must be recognised as ageist and the span of age categories should be consistent across the lifespan.
- Improving research and data collection on older women must be a priority.
- The deaths of older people should be examined to identify intimate partner violence, neglect and elder abuse. This could promote an understanding of the risk factors and lethality indicators and enable this information to be utilised to develop evidence informed risk assessment tools and training packages for services to specifically address the risk of homicide and prevent further deaths.

¹⁶⁵ <https://humanrights.gov.au/about/news/speeches/safety-and-security-older-women>

¹⁶⁶ <https://mckellinstitute.org.au/wp-content/uploads/2022/08/Women-in-work-A-story-of-exclusion.pdf>

¹⁶⁷ <https://www.unitingvictas.org.au/services/family-services/family-violence-services/escaping-violence-payment/>

¹⁶⁸ <https://theconversation.com/from-cauldrons-to-cardigans-the-lurking-prejudices-behind-the-name-granny-238200>

2. EARLY INTERVENTION

Early intervention (also known as secondary prevention) aims to support older women who are at high risk of DFSV, stop the violence from escalating, reduce the risk of harm and prevent the violence from reoccurring.

CONSIDERATIONS

- Secrecy is a significant issue for older women with 6 in 10 older people not seeking support for elder abuse.¹⁶⁹
- Older people experiencing abuse are least likely to seek support for neglect and sexual abuse than other forms of abuse.¹⁷⁰
- Barriers to seeking help include fear of the consequences such as retaliation, abandonment, institutionalisation or ostracization,¹⁷¹ as well as shame, embarrassment, self-blame and low self-esteem.¹⁷²
- Barriers also include older women's fears for their own safety and the safety of others, fear of not being believed, lack of financial resources, fear of homelessness, and stigma.
- Older women experiencing violence or abuse by adult children may fear losing the relationship with their child or grandchildren; and fear adverse consequences for their child or grandchildren.¹⁷³
- Fear of authority and distrust of institutions may be barriers to reporting by marginalised groups.
- Social isolation on the part of the victim/survivor, and a broad social network on the part of the perpetrator are associated with lower help seeking.¹⁷⁴
- Older women who are socially isolated may not have the confidence or support to seek early intervention.

- Escaping Violence Payments¹⁷⁵ are only available to older women experiencing intimate partner violence and are not accessible to older women experiencing violence from adult children or grandchildren.
- Women's refuges may not be physically accessible or safe for older women.
- Emergency, transitional and longer-term housing made available for women fleeing violence may not be suitable for older women, both in terms of accessibility within the building, and/or in geographical terms.
- Ageism must be recognised as a barrier to identifying early intervention strategies.

SUGGESTED STRATEGIES

- Educate the health, primary care and aged care sector about early warning signs of DFSV and how to open conversations with older women.
- Ensure aged care providers are accountable for the promoting the safety of older women in their services.
- Educate the DFSV sectors about the experiences and needs of older women.
- Promote communication and collaboration between aged care, elder abuse, family violence and sexual assault services.
- Promote outreach between family violence/sexual assault services and older women e.g. hosting events or groups for older women, providing older women with information about services.
- Service providers and family/community members should be given education/information on the importance of and how to give older women permission to speak about what they are experiencing and what they need.

¹⁶⁹ https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

¹⁷⁰ *ibid*

¹⁷¹ https://www.researchgate.net/publication/334391483_Help-Seeking_Behavior_in_Victims_of_Elder_Abuse_A_Systematic_Review

¹⁷² <https://journals.sagepub.com/doi/10.1177/1524838019860616>

¹⁷³ https://www.researchgate.net/publication/378301348_Elder_Abuse_Statistics_In_Queensland_Year_in_Review_2022-23

¹⁷⁴ <https://pubmed.ncbi.nlm.nih.gov/30329112/>

¹⁷⁵ <https://www.unitingvictas.org.au/services/family-services/family-violence-services/escaping-violence-payment/>

- Let older women know they are in the driver's seat,¹⁷⁶ or that discussing their experiences will not result in forced separation from family members (if this is true).
- Start by believing older women who report DFSV, particularly older women living with dementia. Some older women may not be able to communicate their experiences in narratives that have beginning, middle, end – because of their distress, shame and/or dementia.
- Identify support options for older women, for example residential respite for the older woman or the perpetrator (if appropriate), or increased day care/activities and in-home supports.
- Provide older women with opportunities to access activities and supports that reduce social isolation and empower older women.¹⁷⁷
- Hold perpetrators to account.

3. RESPONSE

A comprehensive and person-centred approach is essential for holding perpetrators to account, helping to keep older women safe and reducing the reoccurrence of DFSV violence.

Responses to address existing violence (also known as tertiary prevention) can include crisis counselling, financial services, housing or medical assistance, police and justice responses (e.g.: family law services). These services can help to prevent the reoccurrence of violence by holding perpetrators to account and supporting older women.

CONSIDERATIONS

- Older people experiencing abuse are least likely to seek support for neglect and sexual abuse and the reliance on criminal justice responses for sexual abuse is almost absent.¹⁷⁸
- Older women living with dementia too often have their stories discounted and are assumed to be unreliable historians.
- Older women may be unable to extricate themselves from their adult child or grandchild who is a perpetrator of violence and has complex needs.
- Older women may not know where to go for help.

STRATEGIES

- Education is required for police and the justice system to understand the experiences and needs of older women.
- Dementia education and policies are required for police and the justice system to ensure they understand how to work with older women living with dementia.
- Independent third person initiatives¹⁷⁹ must be offered to older women.
- A dual integrated response model may be useful to support adult children/grandchildren or other family members who are perpetrators of violence, to move out of their mother's/grandmother's/family member's home.
- Aged care service providers (in residential and home based services) need mandatory training on DFSV to ensure they can promote the safety of older women, including specific skills when working with older women living with dementia.

¹⁷⁶ <https://www.opalinstitute.org/shetoo.html>

¹⁷⁷ https://www.opalinstitute.org/uploads/1/5/3/9/15399992/someone_in_her_corner_educational_resourcefinal.pdf

¹⁷⁸ https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

¹⁷⁹ <https://www.publicadvocate.vic.gov.au/opa-volunteers/independent-third-persons>

4. RECOVERY & HEALING

Older women who are victim/survivors of violence experience a range of physical impacts as well as trauma-related mental health issues, financial hardship and social isolation. Recovery is an essential component of the holistic approach under the National Plan to End Violence Against Women and Their Children. It recognises that older women need additional supports to recover and heal.

Support for the recovery and healing of older women is perhaps the most neglected aspect of the violence responses. This can be attributed to the invisibility of older women, as well as the ageist belief that DFSV is less harmful to older women.

Recovery can help to reduce the risk of re-traumatisation and support older women to recover from the financial, social, psychological, emotional and physical impacts of violence. It must be acknowledged that older women recover and heal in different ways and some older women may have few options other than to continue living with a perpetrator of violence. This may require whole of family support to enable recovery.

CONSIDERATIONS

- Older women who are victim/survivors of DFSV constitute a very small proportion of women accessing family violence and sexual assault services.
- Few sexual assault victim/survivors in residential aged care are given information on sexual assault services,¹⁸⁰ this is unsurprising given research showing that staff believe that in 58% of incidents there was no harm to the victim/survivor.¹⁸¹
- Women with dementia may present behaviour cues of distress following sexual assault, rather than verbal disclosures.¹⁸²
- Victims/survivors with dementia experience trauma; the suggestion that victims/survivors

'won't be distressed or won't remember' is not an acceptable justification for sexual assault, nor for inaction to prevent sexual assault, nor for neglecting to offer recovery and healing support. Sexual assault is no less serious because the victim/survivor has dementia.¹⁸³

- Victim/survivors with dementia may be unable to speak about their experience but still have emotional memory of sexual assault.¹⁸⁴
- Given little attention has been paid to the healing and recovery needs of older women, research and development of tailored approaches is a priority.

STRATEGIES

- Provide information to primary care, health care and aged care service providers on the importance of sexual assault and family violence services to the healing and recovery of older women.
- Conduct research on best practice approaches to healing and recovery for older women and specifically also for victim/survivors living with dementia.
- Document safety planning approaches and templates for the healing and recovery of older women.
- Build relationships, communication, and knowledge sharing between family violence/sexual assault and aged care service providers.
- Conduct outreach to older women and ask them what supports will assist their recovery.
- Ensure that resources that promote women's recovery and healing are inclusive of older women.

¹⁸⁰ https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_SexualAssaultServices.pdf

¹⁸¹ <https://www.health.gov.au/resources/publications/prevalence-study-for-a-serious-incident-response-scheme-sirs?language=en>

¹⁸² <https://www.ojp.gov/pdffiles1/nij/grants/216550.pdf>

¹⁸³ *ibid*

¹⁸⁴ https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2023/11/RTL2023_DementiaMAP.pdf

Measurement and outcomes

The Activities Addendum to the National Plan¹⁸⁵ outlines 52 pages of activities that will enact the National Plan – but only mentions older women in two places (related to the Housing Australian Future Fund i.e.: p. 49 and 51). In our ageist world, the failure to explicitly include activities that will support older women, perpetuates the silence and silencing of older women.

Strategies to prevent violence against older women must be developed, funded, implemented and evaluated. Key performance indicators for funded organisations and groups could include measures of the inclusion of older women, as well as selected measures to capture the positive change achieved through tailored and evidence informed strategies that focus on the needs of older women as a priority group.

¹⁸⁵ <https://www.dss.gov.au/ending-violence#fapaa>

