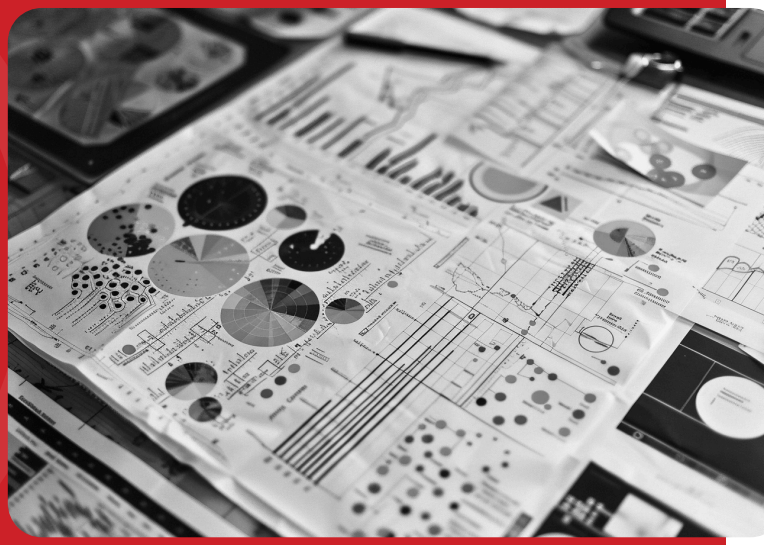
FACT SHEET 6

DATA COLLECTION

PRINCIPLE

Improving responses to sexual assault against older women requires accurate, inclusive, and age-disaggregated data. Without reliable data, older women remain invisible in policy, service design, prevention frameworks, and funding decisions.



CONSIDERATIONS

Major data limitations contribute to the ongoing silencing of older women:

- The ABS Personal Safety Survey **does not publish** sexual assault data **for women aged 55+**.
- Elder abuse prevalence studies show **<1% reporting of sexual abuse**, but this reflects major under-reporting—not low prevalence.
- Older women often **do not conceptualise their experiences as sexual assault** due to lifelong social conditioning, marital rape immunity laws, and generational norms around privacy, duty, and shame.
- Older women **frequently fear** abandonment, institutionalisation, or retaliation if they report.
- Sexual assault services **rarely collect data specific to women 55+,** limiting understanding of older women's service needs.
- Research **recruitment often excludes older women** by design (digital applications, online surveys, narrow age brackets).
- Police and justice systems **have limited experience recognising sexual assault in later life**; cases are often dismissed as "too complex" when cognitive impairment is present.
- **No national Independent Third Person (ITP) program exists** to support older women with cognitive impairment through justice processes.
- "Behavioural symptoms" in aged care—including fearfulness, withdrawal, agitation, refusal of care—**may be recorded without investigation** into sexual assault as a possible cause.

Additional barriers include:

- **Lack of information** accessible to older women about reporting options.
- **Limited education** for aged care, health, and sexual assault services about how to gather disclosures from older women.
- **Organisational defensiveness** leading to under-reporting in institutional settings.

IMPLICATIONS

Weak data collection perpetuates a cycle of invisibility:

- Low reporting is often **misinterpreted as low prevalence**.
- Older women **remain absent** from prevention frameworks and service models.
- Sexual assault services **underestimate the need for specialised support** for older women.
- Aged care providers may **fail to identify systemic risks or patterns of harm.**
- Policymakers **may not allocate appropriate funding or resources**.
- Research continues to **overlook older women's lived experiences**.

These gaps obscure the true scale of sexual assault of older women and limit the development of effective responses.

SUGGESTED STRATEGIES

- **Collect age-disaggregated data** using relevant age brackets (e.g., 55–64, 65–74, 75–84, 85+).
- **Build relationships** with older women's groups to support safe participation in research.
- **Ensure data systems can record** cognitive impairment, disability, and intersecting identities.
- **Train staff** to recognise and document behavioural indicators of trauma.
- **Partner with sexual assault services** and elder abuse specialists to improve data accuracy.
- **Review all organisational policies** and tools to ensure they explicitly include older women.
- **Advocate for national data reforms** to include sexual assault of older women in the ABS Personal Safety Survey and other datasets.