FACT SHEET 7

HEALING & RECOVERY

PRINCIPLE

Healing and recovery for older women who are victim-survivors of sexual assault requires trauma-informed, age-aware, and rights-based approaches that recognise the lifelong impacts of inequality and the unique barriers older women face. Recovery is not optional - it is essential to safety, dignity, and wellbeing.

CONSIDERATIONS

Older women experience a range of physical, psychological, social, and economic impacts following sexual assault. These impacts can be intensified by ageism, isolation, disability, cognitive changes, health conditions, or long-term trauma histories.

Key considerations include:

- **Post-traumatic stress disorder (PTSD)** is common after sexual assault; older women may be especially vulnerable due to cumulative disadvantage and reduced social supports.
- Trauma in older women is **frequently misdiagnosed** as depression, dementia, agitation, anxiety, or "age-related decline."
- Many older women have lived through eras where **violence was normalised,** minimised, or legally sanctioned.
- Older women **may remain in unsafe environments** because of financial dependence, disability, lack of housing alternatives, or family pressure.
- Shame and internalised ageism **undermine help-seeking and disclosure**.
- **Recovery may look different** for older women—for some, safety planning within existing relationships or institutions may be the only viable option.
- **Trauma can worsen chronic conditions** (e.g., cardiovascular disease, pain, insomnia, cognitive symptoms).
- Older women **may have reduced access to therapeutic supports** due to geographic, digital, financial, or mobility barriers.

Ageist myths delay or derail recovery, including:

- "Older women don't experience trauma the same way."
- "She won't remember what happened."
- "At her age, therapy won't help."

These beliefs cause harm and must be actively challenged.

IMPLICATIONS

Without appropriate healing supports:

- **Symptoms may escalate,** resulting in long-term mental and physical health deterioration.
- Victim-survivors may experience **hopelessness, shame,** or **suicidal ideation**.
- Misdiagnosis may lead to **inappropriate medication or interventions**.
- **Trauma may be dismissed** as cognitive or behavioural decline.
- **Re-traumatisation may occur** if services minimise or ignore disclosures.

Trauma-informed practice is essential and includes:

- **Ensuring older women are heard, believed, and validated.**
- **Avoiding minimising language** ("It wasn't that bad"; "He didn't mean it").
- **Supporting control, choice, and agency**.
- **Recognising trauma impacts** on communication, memory, or behaviour.
- **Understanding intersectional factors** influencing safety and healing.

SUGGESTED STRATEGIES

- **Provide staff with training** on trauma, ageing, and dementia-inclusive practice.
- Ensure service environments are **calm, respectful, and accessible**.
- **Offer multiple pathways for disclosure**, including non-verbal communication.
- **Build safety planning** into all recovery approaches.
- **Document trauma indicators** carefully and avoid assumptions based on age or cognition.
- **Strengthen referral pathways** to sexual assault services, mental health supports, elder abuse services, and advocacy organisations.
- **Engage older women** in co-design of healing resources and support models.
- **Promote dignity, respect, and autonomy** throughout all interactions.