HEAR OUR VOICES:
FACT SHEETS ON SEXUAL ASSAULT AND OLDER WOMEN

HEAR OUR VOICES

OLDER WOMEN'S NETWORK NEW SOUTH WALES OWN

We acknowledge the Traditional Custodians of the land and water where we live, and pay our respects to elders past and present; and extend our respect to all First Nations peoples.

We recognise their continued connection to the land and waters of this place, and acknowledge that sovereignty was never ceded.

Always was. Always will be.

We support the Uluru Statement from the Heart, the call for a First Nations Voice enshrined in the Australian Constitution and a Makarrata Commission to oversee agreement-making and truth-telling.

Older women's experiences of sexual violence are often overlooked due to ageism, entrenched myths, and systems that were never designed with older women in mind. These fact sheets respond directly to that gap. Developed through lived experience, research, and frontline practice, the fact sheets provide practical, age-informed guidance for services supporting older victim-survivors, including women living with dementia, women in residential aged care, and women facing intersecting forms of disadvantage.

Covering history, ageism, visibility, outreach, healing, justice, and service responses, the fact sheets challenge harmful assumptions and offer concrete strategies to strengthen safety, dignity, recovery, and access to justice — ensuring older women are seen, believed, and supported.

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INTRODUCTION

Older women in Australia face high but largely invisible rates of sexual assault. For decades, national frameworks, data collection systems, and service responses failed to acknowledge that sexual violence occurs in later life, and especially within intimate partner relationships, family dynamics, and institutional settings. The National Plan to End Violence Against Women and Children (2022–2032) recognises older women for the first time as a priority population and calls for a lifespan approach.

Yet critical gaps remain. The ABS Personal Safety Survey (PSS) does not publish age-disaggregated sexual assault data for women aged 55 and over. Aged care data significantly underreports sexual assault, despite evidence from the Aged Care Royal Commission that an estimated 40–50 sexual assaults occur in residential aged care every week. Older women consistently report not being believed, not knowing where to seek help, or assuming services are "not for them."

Hear Our Voices responds to this silence. Through body mapping workshops, sector consultations, and co-designed resources, the project documents older women's lived experiences and provides service providers with practical tools to support, include, and believe older women. This integrated edition brings together the fact sheets, expanded evidence, and the full facilitator guide into a single training resource.

THE SILENCING OF OLDER WOMEN

For decades, the sexual assault of older women has been rendered invisible through systemic failures in data collection, public policy, media representation, and service design. Older women have lived through eras in which sexual violence—particularly within marriage—was not recognised as a crime. Marital rape immunity laws in Australia were only removed between 1981 and 1992, shaping a cultural belief among many older women that sexual coercion within relationships is "normal" or "private."

This history intersects with powerful forces of ageism and internalised stigma. Many older women describe feeling they will not be believed, will be dismissed as confused, or will be blamed for family breakdown. Ageism positions older women as asexual, less credible, and less valuable, creating a context in which disclosures are softened, minimised, or never made. Service providers frequently report uncertainty about how to ask older women about sexual assault, leading to missed opportunities for safety and support.

National inquiries confirm this pattern. The Aged Care Royal Commission found widespread silence around sexual assault in aged care, with services often failing to recognise or respond to disclosures. The National Plan's Rapid Review (2025) highlighted the complete absence of older women from Australia's primary prevention frameworks.

Together these findings demonstrate that silencing is not an individual problem, it is a structural one.

HEAR OUR VOICES PROJECT

The Hear Our Voices project is a NSW-wide initiative led by the Older Women's Network NSW in partnership with Celebrate Ageing Ltd, funded by the NSW Department of Communities and Justice. The project responds directly to the absence of older women in sexual assault policy, research, and service delivery.

The project involved Body Mapping workshops with older women across metropolitan, regional, and rural NSW. These workshops created safe spaces for participants to share experiences of inequality, trauma, safety, ageing, embodiment, and resilience. Their insights informed the development of this training package and associated tools.

The project also included sector consultations with sexual assault services, aged care providers, police, legal services, community organisations, and elder advocacy bodies. Across the sector, workers consistently reported uncertainty about how to identify sexual assault of older women, how to respond to disclosures, and how to navigate complexities such as dementia, family loyalty, dependence, and institutional settings.

The Hear Our Voices project builds on the national #ReadyToListen initiative, which identified systemic failures in recognising, reporting, and responding to sexual assault in residential aged care. Hear Our Voices extends this work beyond aged care to include older women living at home, with family, in social housing, in retirement villages, or in supported accommodation. It establishes a clear framework for service providers to understand the specific drivers, barriers, contexts, and consequences of sexual assault in later life.

ABOUT THIS RESOURCE

This resource has been developed for service providers working with older women who are victim-survivors of sexual assault. It aims to strengthen understanding of older women's experiences, the drivers of sexual violence in later life, and the systemic barriers that prevent access to justice, safety, and recovery.

The content integrates:

- Body Mapping findings from workshops with older women across NSW
- Evidence from the Aged Care Royal Commission
- National and international research on sexual violence, ageing, disability, and gender inequality
- Insights from sexual assault, family violence, aged care, legal and health sector consultations
- Lessons from the #ReadyToListen project, which identified the need for aged care and sexual assault services to collaborate more effectively

The resource includes nine detailed fact sheets, practical strategies, an audit and planning tool, a list of key services, and a comprehensive facilitator's guide to support training and workforce development. It is designed to be used by sexual assault workers, aged care providers, health professionals, community organisations, researchers, and policy makers who seek to improve responses to and prevention of sexual assault against older women.

FACT SHEET 1

HISTORIC GENDER INEQUALITIES

PRINCIPLE

Historic gender inequalities shape contemporary experiences of sexual assault for older women. Understanding these inequalities is essential for improving recognition, reporting, and service responses.

CONSIDERATIONS

Older women have lived through eras in which their legal, economic, and social rights were significantly restricted.

Examples include:

- Marriage bars that **forced women to resign** from public service roles upon marrying.
- **Inability to secure bank loans, mortgages, or credit** without a male guarantor until the 1970s.
- Legal requirements for a **husband's consent for contraception, passports, and medical procedures** such as tubal ligation.
- **Divorce laws** requiring women to prove wrongdoing by their husbands, often trapping them in violent relationships.
- **Exclusion from superannuation systems**, resulting in lifelong financial inequality.

Institutional harm also affected many older women, including those from the Stolen Generations, Care Leavers, Forgotten Australians, and women affected by Forced Adoption policies.

For hundreds of years, marital rape immunity **laws normalised sexual violence within marriage.** Australia repealed these laws between 1981 and 1992, shaping a cultural context in which many older women still do not conceptualise sexual coercion within relationships as sexual assault.

IMPLICATIONS

These historical inequalities **continue to influence**:

- Older women's **perceptions of sexual rights** and bodily autonomy.
- **Reluctance to report sexual assault** due to shame, fear, and internalised beliefs about duty or marital obligation.
- **Financial dependency**, which may prevent women from leaving abusive relationships.
- **A cultural silence** in which older women believe they will not be believed or taken seriously.

Understanding this history is essential for interpreting contemporary disclosures, reluctance to report, and barriers to support.

SUGGESTED STRATEGIES

- **Provide staff training** on historic gender inequalities and their present-day effects.
- **Engage local older women** to share lived experiences in safe, supported settings.
- **Encourage reflective practice** among staff to identify how historical inequities may influence current service responses.

FACT SHEET 2

AGEISM

PRINCIPLE

Older women experience a unique and harmful intersection of ageism and sexism that undermines visibility, safety, and access to justice.

CONSIDERATIONS

Ageism is one of the most pervasive and socially accepted forms of discrimination. The World Health Organization estimates that half of the global population holds ageist beliefs. For older women, ageism intensifies when combined with sexism, producing unique forms of silencing and harm.

Key forms of ageism affecting older women include:

- Public and media **portrayals that mock, stereotype, or erase older women.**
- **Internalised ageism** that leads to shame, diminished confidence, and reduced help-seeking.
- **Workplace discrimination** that marginalises older women and reinforces economic insecurity.
- Health and aged-care practices that **minimise concerns** or attribute trauma responses to "ageing" or "confusion."
- **Cultural stereotypes** positioning older women as asexual, which contribute to disbelief when they report sexual assault.
- **Intersectional erasure** of older women from policies and strategies addressing sexual violence, domestic violence, or gender equality.

The Biscuit Tin program—Australia's only primary prevention initiative focused on older women—shows that older women are typically portrayed as:

- **"Grannies":** fussy, frail, or comical
- **"Cougars":** mocked for sexuality or appearance
- **"Greedy old bags":** selfish or burdensome

These portrayals normalise disrespect and contribute to a wider culture in which violence against older women is minimised or ignored.

IMPLICATIONS

Ageism:

- Contributes directly to the **under-reporting** and **under-recognition** of sexual assault of older women.
- **Silences older women** by making them feel shame, disbelief, or fear that they will be dismissed.
- **Undermines service responses**, as workers may not recognise signs of sexual assault in older women.
- **Prevents the development** of age-inclusive policies, data collection methods, and prevention frameworks.
- **Limits pathways** to justice, support, and recovery.

SUGGESTED STRATEGIES

- **Provide workforce training** on ageism and its impact on older women's safety.
- Ensure policies, programs, and communications **adopt a Life Stages approach**.
- Review organisational language, imagery, and service design to **ensure inclusion of older women**.
- **Engage older women** in co-design, consultation, and decision-making.

FACT SHEET 3

CONTEMPORARY INEQUALITIES

PRINCIPLE

Contemporary inequalities experienced by older women are a direct legacy of historical gender discrimination combined with ongoing ageism and sexism. These inequalities increase vulnerability to sexual assault, reduce access to safety and justice, and shape the ways older women understand and respond to violence.

CONSIDERATIONS

Older women experience disproportionate levels of poverty, housing insecurity, social isolation, and health inequities. These conditions intersect with gender and age to heighten risk.

Key contemporary inequalities include:

- Older women are the **lowest-income household group** in Australia.
- **Thirty-four percent** of single older women live in poverty.
- **Sixty percent** of older women have no superannuation upon retirement, and those who do have around 28% less than men.
- Many older women **rely solely on the Age Pension** and are **financially dependent** on partners or family members.
- The number of older women experiencing **homelessness** has **increased by more than 40%** in the past decade.
- Women aged 55+ are the **fastest-growing cohort seeking help** from Specialist Homelessness Services.
- Older women **provide extensive unpaid care**: of 758,000 older unpaid carers in Australia, **67% are women**.
- Unpaid care is associated with **reduced wellbeing, limited financial independence,** and **heightened risk of abuse**.

Violence data also reveals:

- Global estimates suggest **one in six older women have experienced elder abuse**, including sexual assault.
- In Australia, **365,000** older women reported **experiencing elder abuse** in a single year.
- **Family and domestic violence homicides** among women aged 55+ have **doubled over the past decade**.

These inequalities vary across intersections of race, disability, socioeconomic status, sexuality, language, and geography. Older women from marginalised groups face multiple, compounding barriers.

IMPLICATIONS

Contemporary inequalities shape:

- Whether older women **recognise experiences as sexual assault**.
- **Willingness to report**, especially where financial dependence or housing insecurity is present.
- **Fear** of abandonment, institutionalisation, or family retaliation.
- **Barriers** to accessing legal, health, or support services.
- **Increased vulnerability** to perpetrators who exploit dependency or isolation.

Understanding these inequalities is critical to improving prevention, recognition, and response.

SUGGESTED STRATEGIES

- **Identify inequities** affecting older women in your local context.
- **Strengthen outreach** and access pathways for women experiencing financial, housing, or caregiving pressures.
- Ensure services **recognise intersectional differences** among older women.
- **Integrate** financial, housing, and safety **supports** into response models.

FACT SHEET 4

LIVING WITH DEMENTIA

PRINCIPLE

Older women living with dementia—and older women caring for partners with dementia—face significantly elevated risks of sexual assault. These risks arise not only from cognitive changes but from deeply embedded ageist and ableist beliefs that minimise harm, silence disclosures, and reduce access to justice.

CONSIDERATIONS

Key factors increasing vulnerability include:

- **Dementia can involve changes** such as disinhibition, impaired judgement, difficulties with communication, and delays in processing danger.
- Older women **may be dependent** on partners or carers who **may also be perpetrators**.
- Women often feel loyalty to partners with dementia and may **minimise or excuse harmful behaviour**.
- **Diagnostic overshadowing** occurs when trauma symptoms are mislabelled as "agitation" or "progression of dementia."
- Many older women **believe that nothing can be done**, or that services will not take them seriously.
- In residential **aged care**, women with dementia **represent the majority** of victim-survivors of sexual assault.
- **Perpetrators may target women with cognitive impairment** because they believe the woman will not be believed.

Myths that contribute to harm include:

- "People with dementia don't remember, so the impact is less."
- "Older women are asexual; sexual assault is unlikely."
- "Dementia causes consent confusion, so it's not really assault."

These myths are false and dangerous. Trauma is trauma—regardless of memory, cognition, or age.

IMPLICATIONS

Dementia should never reduce the seriousness of sexual assault or the credibility of a disclosure. It should increase vigilance.

Implications for services include:

- Older women with dementia are **less likely to have their reports investigated** or substantiated.
- **Behavioural cues**—fearfulness, withdrawal, sudden agitation—may be the only indicators of harm.
- **Failure to recognise these cues** can result in repeated assault.
- Women who **cannot articulate experiences** still feel pain, distress, fear, and trauma.
- Courts, police, and services may assume cognitive impairment makes a case "too hard," contributing to **systemic injustice**.

SUGGESTED STRATEGIES

- **Provide workforce training** on dementia, sexual rights, and trauma responses.
- **Engage people living with dementia** and dementia advocates in service education.
- **Document behavioural changes** promptly and consider sexual assault as a potential cause.
- **Ensure services challenge myths** about dementia and harm.
- **Develop Safety Plans** that account for cognitive impairment, communication needs, staffing patterns, and environmental risks.
- **Build relationships** with dementia specialists, geriatric care teams, and sexual assault services for consultation.

FACT SHEET 5

SEXUAL ASSAULT IN RESIDENTIAL AGED CARE

PRINCIPLE

Older women living in residential aged care experience some of the highest rates of sexual assault in Australia. Most victim-survivors are older women with cognitive impairment. These assaults are consistently under-recognised, under-reported, and poorly responded to due to entrenched ageism, inadequate training, system failures, and a profound lack of accountability.

CONSIDERATIONS

Sexual assault in residential aged care includes unlawful sexual contact, inappropriate sexual behaviour, coercion, and predatory behaviour by other residents, staff, visitors, family members, or external intruders.

Key issues include:

- The Royal Commission into Aged Care Quality and Safety estimated at least 50 sexual assaults occur each week in Australian aged care, with current ACQSC data still showing 40–50 reports weekly.
- Previous reporting exemptions for assaults by residents with cognitive impairment minimised the seriousness of harm, a problem compounded by language such as "inappropriate touching" and persistent ageist and ableist beliefs that residents with dementia are not harmed.
- Many aged care staff have received no formal training on sexuality, sexual rights, trauma, or responding to sexual assault. High staff turnover, reliance on agency workers, and chronic understaffing further undermine safety, while trauma-related behavioural changes are often misattributed to cognitive decline, delaying recognition and response.

National reforms include:

- Introduction of the Serious Incident Response Scheme (SIRS) requiring mandatory reporting of all sexual assaults within 24 hours.
- The Aged Care Code of Conduct (2022), requiring prevention and response to sexual misconduct.
- Development of the Ready to Listen project and MAP tool to support aged care providers to identify, prevent, and respond to sexual assault.
- ACQSC's Open Disclosure Framework outlining the need for transparent communication after incidents.

Despite these reforms, key ambiguities remain:

- What qualifies as "reasonable grounds" for police reporting
- When sexual assault is treated as clinical rather than criminal
- Inconsistent police responses and specialist pathways
- Limited access to victim-survivor advocacy

IMPLICATIONS

Current conditions create serious risks:

- Missed warning signs can lead to repeated assaults.
- Incidents may be minimised to protect organisational reputation.
- Staff cognitive dissonance can result in denial or inaction.
- Families may be excluded due to poor open-disclosure practices.
- Unrecognised trauma can cause escalating distress in people with dementia.

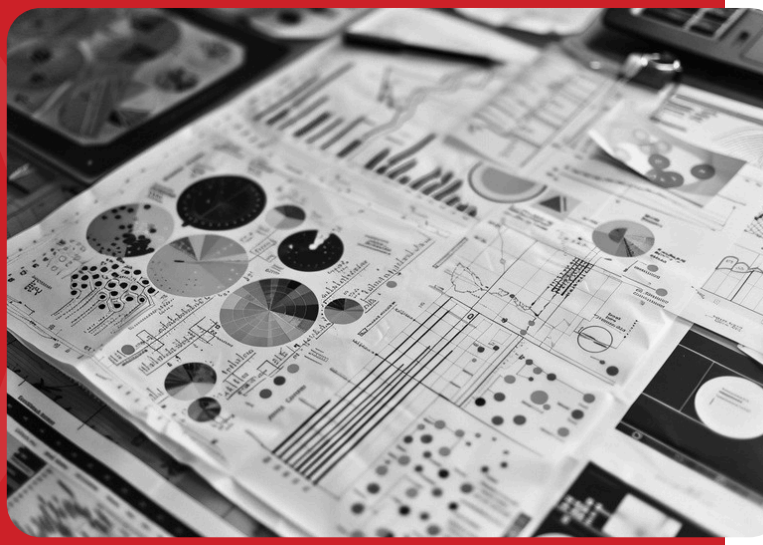
Aged care must be recognised as a high-risk setting requiring proactive sexual safety measures.

SUGGESTED STRATEGIES

- **Use the *Ready to Listen* MAP** to assess risk, create a plan, and implement organisational change.
- **Build relationships** with local sexual assault services for training and secondary consultation.
- **Provide mandatory training** for all staff (including agency workers) on sexual assault, trauma, and sexual rights of older people.
- **Implement Safety Plans** for victim-survivors, outlining consistent responses across all shifts.
- **Review environmental risks:** shared rooms, blind spots, inadequate night staffing.
- **Adopt strong open disclosure practices** and support families with clear communication.
- **Refer victim-survivors** to the Older Person's Advocacy Network (OPAN) for independent advocacy.
- **Ensure immediate reporting to police** where required, and support victim-survivors through the justice process.

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.

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.

FACT SHEET 8

OUTREACH

PRINCIPLE

Outreach is essential for ensuring older women understand their rights, recognise sexual assault, and know how to access support. Effective outreach extends beyond information-sharing—it builds trust, relationships, visibility, and safety pathways for women who have historically been excluded from sexual assault responses.

CONSIDERATIONS

Older women frequently report that they:

- **Do not know sexual assault services are available** to them.
- Believe services are **"for younger women."**
- Fear they will **not be believed** or **taken seriously**.
- **Do not recognise some experiences**—especially within relationships or care settings—as sexual assault.
- **Lack digital access or confidence** to reach services online.
- Have mobility, transport, cultural, or language **barriers**.

Barriers for services include:

- **Limited age-inclusive messaging** or imagery in advertising.
- Outreach methods that r**ely heavily on digital access**.
- **Workforce discomfort** with raising sexual assault with older women.
- **Lack of partnerships** with older women's groups, aged care, community health, or seniors organisations.
- A tendency to w**ait for disclosures** rather than actively creating opportunities for safe conversations.

Effective outreach requires:

- Presence in the places **older women already go**.
- Messaging that **explicitly names older women**.
- Repetition, visibility, trust-building, and culturally appropriate **engagement**.

IMPLICATIONS

Without proactive outreach:

- Older women **remain unaware** of their rights and available services.
- Sexual assault among older women **remains hidden and unaddressed**.
- **Services receive few referrals,** reinforcing the false belief that sexual assault of older women is rare.
- **Research fails** to capture older women's experiences.
- **Prevention efforts do not reach communities** most affected by inequality, isolation, or violence.

Outreach is not a "nice to have"—it is fundamental to improving safety, access, and justice.

SUGGESTED STRATEGIES

- **Host events specifically for older women** on rights, safety, and healthy relationships.
- **Partner with older women's groups**, neighbourhood centres, seniors centres, migrant women's organisations, and aged care providers.
- **Attend community events** where older women are present (Seniors Festival, cultural celebrations, local markets).
- **Provide printed materials**, large-print resources, and multilingual options.
- **Make all imagery and language age-inclusive**—explicitly show and refer to older women.
- **Offer outreach sessions** in environments where older women feel comfortable and familiar.
- **Work with older women** to co-design outreach strategies and messaging.
- Ensure outreach includes **information on confidentiality, rights**, and **what to expect when accessing services**.

FACT SHEET 9

INCLUSIVE SERVICES

PRINCIPLE

Inclusive services recognise older women as a distinct and diverse group with specific rights, needs, and experiences. Inclusion must be intentional, systemic, and embedded across all aspects of service planning, delivery, evaluation, and organisational culture.

CONSIDERATIONS

Older women often encounter services that are not designed with them in mind. Barriers may include inaccessible communication, untrained staff, ageist attitudes, and policies that fail to acknowledge sexual assault in later life.

Indicators of inclusive services include:

- **Staff education** on historic gender inequality, trauma, sexual rights, ageism, dementia, and contemporary inequalities affecting older women.
- **Older women engaged** in planning, evaluation, and continuous improvement processes.
- **Workplaces that value older women** as employees, volunteers, leaders, and contributors.
- **Representation of older women** in imagery, language, promotional materials, and service documents.
- **Age-disaggregated data collection** built into assessments, intake forms, incident reporting systems, and evaluation tools.
- **Events and activities** that explicitly include older women (e.g., IWD, 16 Days of Activism, community celebrations).
- **A Statement of Inclusion** that clearly outlines the service's commitment to older women's rights and safety.
- Processes to **identify and address risks** to older women's sexual safety in all settings.
- **Strong advocacy for older women**, both internally and externally, including challenging stereotypes and promoting rights.

Inclusion is not achieved through a single action—it requires sustained organisational commitment.

IMPLICATIONS

When services are not inclusive:

- Older women assume sexual assault services are "**not for them.**"
- **Disclosures are missed** because staff do not ask the right questions or recognise trauma indicators.
- **Policies and systems fail** to account for the realities of ageing, disability, or long-term disadvantage.
- **Older women feel unwelcome**, invisible, or unsafe.
- **Organisations underestimate** the prevalence of sexual assault among older women.

When services are inclusive:

- **Older women feel respected,** safe, and believed.
- **Staff have the confidence and capability** to recognise and respond to sexual assault.
- **Organisational culture becomes more equitable**, trauma-informed, and rights-based.
- Partnerships with older women's organisations **strengthen prevention and response frameworks.**
- Diverse groups of older women—including LGBTQ+ women, CALD women, Aboriginal and Torres Strait Islander women, rural women, and women with disability—**gain better access to safety and justice.**

SUGGESTED STRATEGIES

- Use the Inclusion of Older Women Audit and Planning Tool to assess current practice.
- Co-design improvements with older women from diverse backgrounds.
- Mandate staff training on sexual assault of older women.
- Review language and imagery to ensure visibility and respect.
- Assess policies for age inclusivity and sexual safety.
- Ensure accessibility across communications, spaces, digital tools, and supports.
- Embed a culture of respect, agency, and belonging at every service touchpoint.

INCLUSION OF OLDER WOMEN: AUDIT & PLANNING TOOL

No.	Indicators	Details of achievements and action to improve
1	Education is provided to ensure staff understand the experiences and needs of older women, including: • Historical gender inequalities • Contemporary inequalities • Living with dementia • Data collection • Healing and recovery	Unmet / Partly Met / Met (circle one) List evidence of achievements and describe the action you will take to better meet this indicator :
2	The service engages older women to plan for, implement and evaluate improvements to the service	Unmet / Partly Met / Met (circle one) List evidence of achievements and describe the action you will take to better meet this indicator :
3	The service provides a safe and inclusive workplace for older women	Unmet / Partly Met / Met (circle one) List evidence of achievements and describe the action you will take to better meet this indicator :
4	The service recognises and supports local events for older women and includes older women in activities and events.	Unmet / Partly Met / Met (circle one) List evidence of achievements and describe the action you will take to better meet this indicator :
5	Assessment, documentation and data collection tools and processes are inclusive of older women.	Unmet / Partly Met / Met (circle one) List evidence of achievements and describe the action you will take to better meet this indicator :
6	Language and images used in service materials and on websites includes older women	Unmet / Partly Met / Met (circle one) List evidence of achievements and describe the action you will take to better meet this indicator :

No.	Indicators	Details of achievements and action to improve
7	The service has a statement of inclusion of older women that is publicly visible	Unmet / Partly Met / Met (circle one) List evidence of achievements and describe the action you will take to better meet this indicator :
8	Potential risks to the sexual safety of older women are identified and inform plans to promote their safety	Unmet / Partly Met / Met (circle one) List evidence of achievements and describe the action you will take to better meet this indicator :
9	The service advocates for the rights of older women to be free from sexual violence and coercion service users and taking steps to prevent reoccurrence	Unmet / Partly Met / Met (circle one) List evidence of achievements and describe the action you will take to better meet this indicator :
10	The service displays a message of welcome to older women service users	Unmet / Partly Met / Met (circle one) List evidence of achievements and describe the action you will take to better meet this indicator :

Describe any other achievements or plans:

IMPORTANT LINKS

All links are verified and publicly accessible. Services or resources may update over time; users are encouraged to check for the most current versions.

Key National and Statewide Services

1800RESPECT

National 24/7 sexual assault, domestic and family violence counselling, information, and support.

Phone: 1800 737 732
Website: www.1800respect.org.au

Full Stop Australia (1800 FULL STOP)

National specialist sexual, domestic and family violence service offering counselling and support.

Phone: 1800 385 578
Website: fullstop.org.au

Older Persons Advocacy Network (OPAN)

Free, confidential advocacy for older people across Australia, including those in aged care who have experienced or are at risk of sexual assault.

Phone: 1800 700 600
Website: opan.org.au

Aged Care Quality and Safety Commission (ACQSC)

For reporting sexual assault, making complaints, and accessing information about the Serious Incident Response Scheme (SIRS).

Phone: 1800 951 822
Website: www.agedcarequality.gov.au

Ready to Listen Project Resources

Developed by OPAN, Celebrate Ageing Ltd, and the Older Women's Network NSW.

Ready to Listen MAP

A framework outlining 10 actions aged care services can take to prevent and respond to sexual assault.

Website: opan.org.au/support/support-for-professionals/ready-to-listen/

You can find many resources including these listed below:

- **Safety Plan Template:** A resource for aged care, sexual assault, and health services to create trauma-informed safety plans with older women.
- **Dementia MAP:** A tool to support services responding to sexual assault involving people living with dementia.
- **Open Disclosure Following Sexual Assault:** Guidance for aged care services on communicating with residents and families after incidents.

Sexual Assault, Ageing and Dementia

Australian Association of Gerontology (AAG)
Resources on ageing, cognitive impairment, rights and protection.
Website: www.aag.asn.au

Dementia Australia
Information on behaviour changes, trauma, communication and rights for people living with dementia.
Website: www.dementia.org.au

Older Women's Organisations

Older Women's Network NSW
Advocacy, programs, resources, and workshops for older women across NSW.
Website: ownnsw.org.au

National Older Women's Housing & Homelessness Working Group
Research and advocacy on homelessness and housing insecurity among older women.
Website: **www.oldertenants.org.au/research-library/about-the-library**

Videos and Educational Tools

Margarita's Story
The only publicly shared story of an older woman in Australia discussing her experience of sexual assault.
Website:
www.opalinstitute.org/margarita.html

Body Mapping Project Materials
Visual and narrative resources co-created with older women participating in Hear Our Voices.
Website: **voices.ownnsw.org.au/resources/**

Domestic and Family Violence Services Relevant to Older Women

NSW Ageing and Disability Abuse Helpline
Phone: 1800 628 221

NSW Domestic Violence Line
Phone: 1800 65 64 63

Ask Izzy (national)
Directory of nearby support services across Australia.
Website: askizzy.org.au

Research, Policy and Training Resources

National Plan to End Violence Against Women and Children 2022–2032
Website: **www.dss.gov.au/national-plan-end-violence-against-women-and-children**

Rapid Review of Prevention Approaches (2025)
Website: **www.pmc.gov.au/resources/rapid-review-prevention-approaches-australian-government-implementation-update-30-october-2025**

Royal Commission into Aged Care Quality and Safety Final Report
Website:
www.aph.gov.au/About_Parliament/Parliamentary_departments/Parliamentary_Library/Research/Quick_Guides/2020-21/AgedCareQuality

ANROWS
Research on gender-based violence and ageing.
Website: www.anrows.org.au

AIHW
Data on elder abuse, homelessness, ageing, and carers.
Website: www.aihw.gov.au

ABS Personal Safety Survey
National data on violence prevalence.
Website: www.abs.gov.au

FACILITATOR'S GUIDE

This Facilitator's Guide supports trainers, educators, and practitioners to deliver the Hear Our Voices training package. It provides a trauma-informed, age-aware, rights-based framework for engaging workers across sexual assault, domestic and family violence, aged care, health, community services, disability, and advocacy sectors.

The guide assists facilitators to:

- Build participant understanding of sexual assault of older women
- Strengthen workforce skills in recognition, response, and prevention
- Challenge ageism and improve inclusion
- Integrate the nine Fact Sheets into practice
- Deliver training safely, confidently, and effectively

Preparing to Facilitate

Facilitators should ensure the learning environment is safe, respectful, and supportive.

Key preparation steps:

- Review all nine Fact Sheets prior to training.
- Ensure familiarity with trauma-informed and age-aware practice.
- Prepare printed copies of Fact Sheets and worksheets if needed.
- Ensure the room is accessible (seating, lighting, toilets, sound).
- Provide quiet spaces for participants who may need a break.
- Establish processes for managing disclosures safely.
- Provide content warnings at the start and throughout the session.
- Ensure cultural safety for Aboriginal women, CALD women, LGBTQ+ older women, and women with disability.

Creating a Safe Learning Environment

Training on sexual assault and ageing can raise strong emotions for participants. A safe, respectful environment enables learning and minimises harm.

To create safety, facilitators should:

- Begin with a clear content warning and explain the nature of the material.
- Establish group agreements (confidentiality, respect, "I" statements, right to pass).
- Encourage participants to check in with themselves throughout the session.
- Provide access to quiet spaces, breaks, and emotional support if needed.
- Normalise emotional responses without pressuring participants to share personal experiences.
- Ensure cultural safety for Aboriginal and Torres Strait Islander women, CALD women, LGBTQ+ older women, and women with disability.
- Model grounding techniques and encourage self-care before and after the session.

Managing Disclosures

Participants may disclose personal or professional experiences of trauma during training. Facilitators must respond with sensitivity and clear boundaries.

Facilitators should:

- Acknowledge the disclosure with warmth and respect.
- Avoid asking for details or probing questions.
- Normalise the person's feelings and thank them for sharing.
- Offer a break or quiet space if needed.
- Provide information about support services (1800RESPECT, Full Stop Australia, OPAN).
- Ensure the person is safe to continue or leave the session.

Facilitators must not:

- Attempt to conduct a counselling session in the training space.
- Promise confidentiality if risk of harm is identified.
- Disclose the participant's information to others unless required for safety.

Session Structure Options

This training can be delivered in multiple formats depending on the needs of your organisation. Each structure includes recommended pacing without minute-by-minute rigidity.

3-Hour Session

- Welcome, Acknowledgment, Content Warning (10 minutes)
- Overview of Hear Our Voices + Key Concepts (20 minutes)
- Fact Sheets 1–3: Inequalities & Ageism (30 minutes)
- Activity 1: Mapping Inequalities (20 minutes)
- Fact Sheets 4–6: Dementia, Aged Care, Data (30 minutes)
- Break (10 minutes)
- Activity 2: Recognising Indicators of Harm (20 minutes)
- Fact Sheets 7–9: Recovery, Outreach, Inclusion (25 minutes)
- Case Study Discussion (20 minutes)
- Closing Reflection & Support Pathways (10 minutes)

Half-Day Training (4 Hours)

- Same content as 3-hour session with expanded discussion and activity time.

Full-Day Training (6–7 Hours)

- All Fact Sheets covered in depth with:
- Extended discussion
- Additional case studies
- Three practical activities
- Dedicated planning time using the Audit & Planning Tool

Facilitator Scripts

Welcome Script

"Welcome, and thank you for being here. Today's session focuses on the experiences of older women who have survived sexual assault. This is a sensitive and important topic, and your presence reflects a commitment to improving safety, dignity, and justice for older women."

Acknowledgment of Country

[Insert local Acknowledgment.]

Content Warning

"This session discusses sexual assault, ageism, trauma, and institutional responses. You may leave, pause, or take a break at any time."

Transition Script

"Let's move now from understanding inequalities to considering how these play out in practice."

Closing Script

"Thank you for your care and engagement today. Please take time to ground yourself before leaving. Support details are available if needed."

Case Studies

Case Study 1: Cognitive Impairment and Missed Indicators

Mary, 82, lives in residential aged care and has moderate dementia. Staff notice she becomes agitated when a particular male resident enters the lounge room. Her sleep deteriorates, and she begins refusing showers. These changes are documented as "progression of dementia." One afternoon, a staff member walks in to find the male resident standing too close to Mary. Only then is sexual assault considered.

Case Study 2: DFV in Later Life

Aisha, 70, migrated to Australia decades ago and has been financially dependent on her husband. He becomes increasingly controlling, refusing her access to money and preventing her from seeing friends. When she attempts to leave, he coerces her into unwanted sexual acts. She does not contact services because she believes she will not be taken seriously at her age.

Case Study 3: Family Member as Perpetrator

Lily, 76, relies on her adult son for transport and shopping. He begins entering her room without permission and touching her while she sleeps. Lily feels ashamed and fears she will be placed in aged care if she reports him. A neighbour's gentle inquiry eventually leads to a disclosure.

Case Study 4: Institutional Response Failure

Roberta, 79, reports that a staff member touched her genitals during night care. The provider dismisses the allegation as confusion due to dementia. Only after her daughter insists on escalation is the incident reported to SIRS and the police.

Activities & Exercises

Activity 1: Mapping Inequalities

Purpose: To help participants understand how lifelong inequality shapes older women's experiences of violence.

Time Required: 20 minutes

Materials: Whiteboard or butchers paper, markers

Steps:

1. Divide participants into small groups.
2. Ask each group to list historic inequalities older women have lived through (employment, finance, health, legal rights).
3. Ask them to map how these inequalities affect safety, help-seeking, and disclosure today.
4. Groups report back.
5. Facilitator highlights links to Fact Sheets 1–3.

Debrief Questions:

- What surprised you?
- How do these inequalities show up in your service today?

Activity 2: Recognising Indicators of Harm

Purpose: To build workforce confidence identifying signs of sexual assault in older women.

Time Required: 20 minutes

Materials: Case study scenarios

Steps:

1. Present participants with early warning signs (behavioural, emotional, physical, relational).
2. Distribute case studies and ask participants to identify indicators of harm.
3. Ask participants what assumptions might prevent staff from recognising sexual assault.
4. Groups report back.
5. Facilitator links indicators to Fact Sheets 4–7.

Debrief Questions:

- Which indicators are commonly missed?
- What systems reinforce misdiagnosis?

Activities & Exercises

Activity 3: Ageism Unpacked

Purpose: To challenge ageist attitudes and improve inclusive practice.

Time Required: 15–20 minutes

Materials: None

Steps:

1. Ask participants to reflect on common stereotypes of older women.
2. Write responses on a board (e.g., frail, confused, asexual).
3. Ask how each stereotype can contribute to harm or invisibility.
4. Discuss how to counteract ageism within services.
5. Link to Fact Sheet 2 and outreach strategies.

Debrief Questions:

- How does ageism appear in your organisation?
- What can be changed immediately?

Activity 4: Using the Inclusion Audit Tool

Purpose: To guide organisations toward substantive improvements in inclusion.

Time Required: 30 minutes

Materials: Inclusion Audit Table

Steps:

1. Provide each group with the Audit Tool.
2. Ask them to assess their service honestly using at least five indicators.
3. Groups identify areas "Unmet / Partly Met / Met."
4. Each group selects one priority action and drafts next steps.
5. Facilitator links results to Fact Sheet 9.

Debrief Questions:

- Which indicators were hardest to meet?
- What long-term improvements are needed?

Optional Reflective Activity: Body-Mapping Lite

Purpose: To promote empathy and deeper understanding without requiring personal disclosure.

Time Required: 10–15 minutes

Materials: Paper & coloured pencils

Steps:

1. Provide each participant with an outline of a human figure.
2. Ask them to mark areas where older women might carry stress, fear, or resilience.
3. Invite volunteers to share insights (optional).
4. Link reflections to trauma-informed practice.

Slide Outline

Purpose of This Slide Outline

This outline provides facilitators with a structured sequence for building a slide deck to accompany Hear Our Voices training.

Slide 1 – Title Slide

Title: Hear Our Voices: Understanding Sexual Assault of Older Women

Logos: Organisation + Partners (optional)

Visual: Photograph or illustration representing older women (ensure diversity and dignity)

Slide 2 – Acknowledgment of Country

Include facilitator's local wording

Visual: Respectful image or artwork (with permission)

Slide 3 – Content Warning

Brief note that session contains discussions of violence, trauma, ageing

Visual: Calming background

Slide 4 – Why Older Women?

Key message: Older women are under-recognised in violence prevention and response

Include 2–3 statistics (no more)

Visual: Silhouette or age-diverse women illustration

Slide 5 – The Silence Around Older Women

Themes: Invisibility, ageism, lack of data, normalisation of harm

Visual: Muted colours / symbolic artwork from Body Mapping (if available)

Slide 6 – Overview of Hear Our Voices

Purpose of the project

Methods: Body Mapping, sector consultations, fact sheets

Visual: Icons for each method

Slide 7 – Historic Gender Inequalities

Key message: Older women lived through eras of legal, financial, and social discrimination

Include 3 examples

Visual: Timeline graphic

Slide 8 – Ageism

Key stereotypes and impacts

Visual: debunking myths chart

Slide Outline cont.

Slide 9 – Contemporary Inequalities

Poverty, homelessness, unpaid care, health inequities

Visual: simple infographic

Slide 10 – Living With Dementia

Key risks, myths, and impacts

Visual: Dementia-friendly communication icons

Slide 11 – Sexual Assault in Residential Aged Care

Key message: High risk environment; under-recognised harm

Optional: 50 assaults per week (RCAC finding)

Visual: Safe environment checklist

Slide 12 – Data Collection Failures

Why older women are invisible in national statistics

Visual: Comparison of data gaps

Slide 13 – Healing & Recovery

Key trauma-informed concepts

Visual: Grounding techniques or wellness icons

Slide 14 – Outreach

Barriers older women face

Visual: Community outreach symbols

Slide 15 – Inclusive Services

Summary of what inclusive practice looks like

Visual: Inclusion audit icons

Slide 16 – Case Studies (Activity)

Introduce a scenario

Provide discussion questions

Visual: Simple silhouette graphic

Slide 17 – Activity Instructions

Steps for Mapping Inequalities or Recognising Indicators

Visual: Numbered icons

Slide 18 – Using the Inclusion Audit Tool

Brief overview + purpose

Visual: Table icon or checklist

Slide 19 – Safety & Support Pathways

Key supports: 1800RESPECT, Full Stop Australia, OPAN

Visual: Helpline icons

Slide 20 – Closing Reflection

Prompt participants to reflect: “What will I do differently after today?”

Visual: Soft, reflective imagery

Pre-Training Reflection

Purpose
This tool helps participants reflect on their knowledge, confidence, and assumptions before training begins. Please complete individually.

Questions

1. What comes to mind when you think about sexual assault of older women?
2. How confident do you feel recognising indicators of harm in older women?
3. How confident do you feel responding safely and appropriately?
4. What barriers do you believe older women face in accessing support?
5. What do you hope to learn today?
6. Is there anything you are worried about or want the facilitator to know?

Post-Training Evaluation

Purpose
This evaluation measures learning outcomes and supports continuous improvement.

Questions

1. What are the three most important things you learned today?
2. How has your confidence changed in recognising indicators of harm in older women?
3. How confident do you feel responding to disclosures after this training?
4. What tools or resources did you find most helpful?
5. What improvements would you like to see in the training?
6. What actions will you take in your role as a result of today's session?

Facilitator Self-Assessment Checklist

Purpose
This checklist supports facilitators in preparing, delivering, and reviewing Hear Our Voices training.

Before the session, I have:

- ☐ Reviewed all Fact Sheets and key concepts
- ☐ Prepared a safe, accessible, inclusive learning environment
- ☐ Planned content warnings and safety procedures
- ☐ Ensured cultural safety for Aboriginal, CALD, LGBTQ+ older women and women with disability
- ☐ Prepared outreach, referral, and crisis service information
- ☐ Ensured all materials are printed or displayed accessibly

During the session, I:

- ☐ Delivered content warnings sensitively
- ☐ Maintained a respectful, inclusive space
- ☐ Responded to disclosures safely and appropriately
- ☐ Monitored participant wellbeing

After the session, I:

- ☐ Provided information about support pathways
- ☐ Debriefed with co-facilitators if needed
- ☐ Reflected on strengths and areas for improvement
- ☐ Recorded any issues requiring follow-up

Facilitator Self-Assessment Checklist

Material	Notes / Requirements
Slide deck	☐ Ensure slides are accessible, inclusive, and contain content warnings.
Printed Fact Sheets	☐ Provide copies of all nine Fact Sheets; offer large-print versions.
Audit & Planning Tool	☐ Print table version for group work.
Case Studies	☐ Have printed copies for each group; ensure anonymisation.
Activity Worksheets	☐ Copies for Mapping Inequalities, Indicators of Harm, etc.
Support Services List	☐ Include 1800RESPECT, Full Stop Australia, OPAN, local supports.
Crisis Plan	☐ Have internal procedures ready for managing participant distress.
Accessibility Materials	☐ Large print handouts, microphone, seating options, quiet space.
Cultural Safety Resources	☐ Local Aboriginal services, CALD/language supports.
Room Setup	☐ Tables for group work, whiteboard, markers, good lighting, ventilation.
Technology	☐ Projector, speakers, laptop, chargers.
Grounding Materials	☐ Optional: sensory objects, water, tissues, comfort items for breaks.

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4. Australian Bureau of Statistics (ABS). *Personal Safety Survey.* Latest release.
5. Office of the eSafety Commissioner. *eSafety for Older Australians.* Government of Australia.
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7. ANROWS (Australia's National Research Organisation for Women's Safety). Various publications on sexual violence, domestic violence, ageing, and inequality.
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11. 1800RESPECT. *National Support Service Guidelines and Training Materials.*
12. AAG (Australian Association of Gerontology). Resources on ageing, dementia, and rights of older people.
13. Dementia Australia. *Understanding Dementia* and *Behavioural and Psychological Symptoms* guidelines.
14. AIHW. *Older People in Hospital and Residential Care.* 2022–2024.
15. Various media reports, peer-reviewed studies, and government publications cited appropriately throughout the resource.