



OLDER WOMEN'S NETWORK NSW

Older women have been named, but not planned for

Submission on the Second Action Plan under the National Plan to End
Violence against Women and Children 2022–2032

21 July 2026

The test of a life-course plan is not whether it uses the words “life course”. The test is whether it sees women at every stage of life, including at 70, 80 and 90; living with disability or dementia; dependent on a partner, adult child or carer; living alone, in insecure housing, or in residential aged care.

Prepared by the Older Women's Network NSW (OWN NSW), the peak body for local Older Women's Network groups in New South Wales. OWN NSW has advocated for the rights, dignity and wellbeing of older women since 1987.¹

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Acknowledgement of Country

OWN NSW acknowledges the Traditional Custodians of the lands on which we live and work and pays respect to Elders past and present. We recognise the strength, leadership and knowledge of Aboriginal and Torres Strait Islander women, including older women and Elders. We also recognise that violence against Aboriginal and Torres Strait Islander women must be understood in the context of colonisation, racism, dispossession and the continuing failure of institutions to provide safety and justice.

About OWN NSW

OWN NSW is a member-led feminist organisation run by and for older women. Since 1987 we have worked to ensure that older women have a legitimate voice in the decisions that affect their lives. We are not a research body writing about older women from a distance. We run services and programs that put us alongside older women every week: **Homes for Older Women**, which supports older women who are homeless or at risk of homelessness and has housed more than 80 women in the Blue Mountains since May 2024; **Employment Pathways**, which supports women rebuilding work and income in their 50s, 60s and beyond; Wellness Centres; and a statewide network of local OWN groups.¹

This submission also draws on **Hear Our Voices**, our NSW Government-funded project on sexual assault in later life, which has worked with older women, specialist practitioners and frontline services. Across six workshops, more than 60 older women shared experiences of violence, abuse and sexual assault. For many, it was the first time they had ever spoken about what happened to them.² The resulting resources examine ageism, historic and contemporary gender inequality, dementia, sexual assault in residential aged care, data failure, outreach, and recovery and healing.³

What we say in this submission is not derived only from the literature. It is what our members and the women in our services have shared with us, checked against the evidence and research.

Executive statement

The National Plan to End Violence against Women and Children 2022–2032 went further than its predecessors. It not only named older women; it described the violence of later life - sexual violence, economic abuse, physical violence, violence in institutions, violence by intimate partners, family members and carers. Its Theory of Change identified older women as a population requiring attention. The First Action Plan carried some of this through: it refers to ageism, to violence in aged care, to the barriers older women face in reporting sexual assault, to over- and under-medication, to economic abuse, and to the particular effect of the housing crisis on older women.⁴ However, it is worth noting that this is largely at the level of recognition rather than a developed program of action for older women.

The consultation paper for the Second Action Plan successfully makes older women disappear. We searched the full text of the 54-page paper. The words “older women” do not appear anywhere in it. Neither do “elder abuse”, “ageism”, “aged care” or “adult children”. The paper adopts a life-course frame but does not carry it past midlife. It names several priority populations and leaves older women off the list. It creates a dedicated priority for children and young people. Rightly so because age changes the form violence takes, the setting in which it occurs, the relationship to the perpetrator and the response required. However, it does not apply the same logic at the other end of life.⁵

We have watched this happen before. **Age remains the absent axis of intersectionality: the dimension of disadvantage that frameworks acknowledge in principle and drop at the point of delivery.**

Older women have moved from near-invisibility, to recognition in the parent National Plan, to disappearance at the very point where recognition must be converted into action. That is policy slippage, and the Second Action Plan must correct it.

This submission sets out what correction must be put in place:

- (i) a distinct stream of work on violence against older women and violence in later life;
- (ii) a working bridge between the domestic, family and sexual violence system and the elder abuse, aged care, health, disability, housing, employment, legal and financial systems;
- (iii) funded participation by older women in design and oversight;
- (iv) an income support base that makes leaving violence financially possible;
- (v) dedicated recovery and healing for women who disclose violence at any point in their lives;
- (vi) permanent, affordable housing;
- (vii) a national employment pathway that restores financial independence;
- (viii) real accountability for sexual violence in residential aged care;
- (ix) police and court responses that treat sexual violence against older women as the crime it is; and
- (x) targets, data requirements, workforce standards and service pathways that can actually be measured.

What correction does not mean is shifting older women into a gender-neutral elder abuse silo, or mentioning them once in an intersectionality paragraph and calling the work done.

Where to start

The Department has asked for help with prioritisation. If the Second Action Plan can do only three things for older women, they should be these.

- First, a dedicated national action for older women with named leads, funding and milestones
- Second, the joint implementation protocol with the National Plan to End the Abuse and Mistreatment of Older People. The window to build it is now, while implementation begins on the National Plan to End the Abuse and Mistreatment of Older People 2026–2036 (Recommendation 2).
- Third, the data and target commitment because nothing else can be held accountable without it. Everything else in this submission strengthens these asks.

What government could adopt now

Three of the asks draw on existing, practice-informed resources built with older women. The Second Action Plan can adopt them without funding their core development again, although national implementation will require funding.

- **Ready to Listen.** Australia's first national model for preventing and responding to sexual assault in residential aged care, developed by the Older Persons Advocacy Network with Celebrate Ageing and OWN NSW, and funded by the Australian Government. The Plan should commit to national rollout of provider capability building on this model (Recommendation 10).
- **Hear Our Voices.** Practitioner and community resources on sexual assault in later life, built with older victim-survivors. The Plan should adopt these as the national resource base for later-life sexual violence practice and public information (Recommendations 5, 7 and 12).

- **The Gender Lens for Elder Abuse.** The instrument that applies gender analysis to elder abuse policy, program design and practice. The Plan should adopt it as the standard applied at the interface between the two national plans (Recommendations 2 and 6).

Adopting these does not substitute for the structural reforms set out in this submission, and should not be offered as though it does. What it would demonstrate, within the first year of the Plan, is that the Government intends to deliver them.

1. The central issue: recognition without implementation

The 2022–2032 National Plan was a genuine advance. It adopted a life-stage account of violence and recognised that older women may experience intimate partner violence, sexual violence, financial and economic abuse, violence by adult children and carers, and abuse in institutional settings. It acknowledged that a lifetime of unpaid care can leave them with less income, less superannuation, less control over finances and fewer choices when violence occurs.⁶

But recognition has not been converted into an implementation system. Older women appear in the Theory of Change and the Outcomes Framework as a priority population. But they appear in none of the six initial national targets. The Outcomes Framework promises further targets for specific cohorts, and then lists the cohorts as children, women and children in remote Indigenous communities, women and children with disability, culturally and linguistically diverse communities, LGBTIQ+ people. Older women are not on the list.⁷

The First Action Plan contains useful references, but they are scattered, and fewer than the promise suggests. The words "older women" appear five times in the entire document. Three are a single line in a list of cohorts: tailored prevention, disaggregated data, and barriers to reporting sexual assault. A fourth is a clause noting that the housing crisis increases vulnerability to violence, particularly for young women and older women. The fifth is the only passage that addresses older women directly. It runs to two sentences, under the workforce action, and says that older women can be vulnerable to sexual violence, economic abuse and over- and under-medication, and that mainstream workforces need the skills to recognise it. Ageism appears once, as one item in a list of intersecting forms of discrimination. No action in the Plan is about older women. There is no lead agency, no national implementation mechanism, no budget line, no outcome measure and no reporting obligation.⁸ This is the oldest weakness of national plans: **a population can be recognised in principle while remaining nobody's responsibility in practice.**

The risks of weak implementation and accountability are not hypothetical. In 2019, the Australian National Audit Office examined the predecessor framework (the *National Plan to Reduce Violence against Women and their Children 2010–2022*) including its Third Action Plan 2016–2019. It found that implementation had been undermined by inadequate planning and performance measurement. The Department could not demonstrate that actions had been prioritised on the basis of evidence or that, taken together, they were contributing to the Plan's outcomes. The Third Action Plan was never supported by a completed national implementation plan, leaving responsibilities, commitments and delivery timeframes unclear. Most concerning, the Department reported progress as "met" when allocated funding had been spent, not when outcomes had been achieved.⁹ The forthcoming Second Action Plan under the current National Plan must not repeat these failures. It needs clear responsibilities, timeframes, resourcing and measures of success, together with public reporting that shows not merely what governments have funded or delivered, but whether women's lives have become safer.

Those findings should inform the Second Action Plan. Just mentioning older women will not be enough. **A credible plan requires named responsibility, funded activity, timelines, measures, reporting and evaluation or older women will once again be acknowledged in the framework and missed in delivery.**

2. How national policy has seen, and failed to see, older women

Australia's policy history on this question is not neglect followed by enlightenment. It is partial recognition, attempted mainstreaming, weak implementation and, now, the risk of retreat. The trajectory matters because it shows exactly what the Second Action Plan must not repeat.

Policy stage	What changed	What remained unresolved
2009–2011: Time for Action and the first National Plan	Established the case for a coordinated national response to domestic, family and sexual violence. The 2010–2022 National Plan identified priority populations, including older women.	Older women were inside the national frame, but without a later-life theory of violence, a dedicated action stream or measurable outcomes.
2013–2016: Second Action Plan	Expanded the national evidence architecture and supported research and prevention frameworks. Older women remained among identified priority populations.	Recognition sat largely in “diversity” and evidence-building rather than in dedicated implementation. Violence in later life stayed fragmented across domestic violence and elder abuse systems.
2016–2019: Third Action Plan	Again named older women among priority populations and supported prevention strategies for diverse communities.	The ANAO later found no completed implementation plan and insufficient performance measurement. Priority status created no transparent accountability.
2019–2022: Fourth Action Plan	Consultation identified older women as an area of concern, while the Plan concentrated national effort on broad system priorities.	Older women were mainstreamed rather than given a distinct stream of work. Still no national older-women target or service pathway.
2022–2032: current National Plan	A clear conceptual advance: older women are named; violence is described across life stages; later-life forms, perpetrators and settings are recognised.	The parent Plan sets direction but leaves delivery to Action Plans. Recognition can evaporate unless the implementation documents retain it.
2023–2027: First Action Plan and Outcomes Framework	Includes older women in prevention, data, workforce, sexual violence, justice and housing discussion. The Outcomes Framework lists older women as a priority group.	No dedicated action, lead, budget or target. The six initial national targets do not measure progress for older women.
2026: consultation paper for the Second Action Plan	Adopts a whole-of-society and life-course frame and proposes five priorities.	Older women, ageism, elder abuse, aged care and adult-child abuse are not named. The agenda is less specific about older women than the documents it is meant to implement.

Endnote 10

From priority population to implementation subject

We can see that the language has improved over time. Older women were first folded into a broad list of “diverse women”. The current National Plan goes further: it identifies forms of violence and settings that belong to later life. That matters, because age is not simply another demographic box. Age can change dependency, health, mobility, communication, housing, financial control, the identity of the perpetrator, the meaning of “home”, and the systems through which help must be sought.

What the national architecture has not done is take the next step and treat older women as implementation subjects. A person becomes an implementation subject when a plan says what must change for her, who must deliver it, how much will be invested, which data will show progress, and who answers if progress does not occur. The Second Action Plan must make that transition.

3. The consultation paper is a regression at the point of agenda setting

The consultation paper presents itself as the evidence base for deciding where national effort will be concentrated over the next five years. That is what makes its omissions consequential: what is invisible in the consultation frame is unlikely to become a funded action, a measure or a governance priority.

The paper acknowledges that national surveys under-represent some groups, and identifies institutional living, disability, migration, housing insecurity and remote location as sources of that under-representation. It calls for a life-course approach. Both propositions are sound. But the paper never follows them through to older women who sit at the intersection of every one of those issues. Disability and cognitive impairment rise with age. Women form the majority of people in residential aged care. Many older women live alone. Housing insecurity, financial dependence and social isolation narrow the practical possibility of leaving violence.¹¹

The omission is starkest beside the paper’s treatment of children and young people, who receive a dedicated priority. OWN NSW strongly supports that priority. Children and young people are victim-survivors in their own right and need age- and developmentally appropriate responses. But the principle does not belong only to the beginning of life. Later life also changes risk, dependency, settings, perpetrator relationships, service access and recovery. **A plan cannot call itself life-course if it is age-specific at one end of life and age-blind at the other.**

The paper also distinguishes family and domestic violence from sexual violence, because prevalence, prevention and service responses differ. The same analytical discipline is needed for older women. Sexual assault in residential aged care is not answered by a generic domestic violence pathway. Abuse by an adult son does not fit a service model built around a woman fleeing a current partner with dependent children. Coercive control exercised through medication, transport, digital banking, substitute decision-making or threats of institutionalisation will not be recognised by services that have never been trained to see it. We do not offer these as hypotheticals. They are the situations our services encounter every week, and they are documented features of violence in later life.¹²

A life-course label is not a life-course analysis.

4. What the evidence says about violence in later life

The available prevalence figure is important, and incomplete

The National Elder Abuse Prevalence Study estimated that about one in six older people living in the community had experienced elder abuse in the previous 12 months. Women reported a higher overall rate than men (15.9 per cent against 13.6 per cent) and higher rates of psychological abuse and neglect. The study is a major national milestone, but its coverage has limits that matter. It surveyed community-dwelling older people who could take part in telephone interviews. It did not include people living in residential aged care, and it could not capture many people with cognitive impairment. Those are not marginal exclusions: they remove from the national estimate the groups with the greatest dependency and the most documented risk.¹³

The national figure is not a complete map. It cannot be treated as an estimate for people in residential aged care or those unable to complete a telephone interview.

The perpetrator is not always a current partner

Violence against older women is gendered, but it is not confined to one relationship type. In the national elder abuse study, family members accounted for more than half of perpetrators. Adult children were prominent in psychological, financial and physical abuse. Men were the majority of perpetrators overall. Sexual abuse showed a different pattern again: friends, acquaintances and neighbours were among the most commonly reported perpetrators.¹⁴

The policy consequence is plain: domestic and family violence systems must be able to respond to adult-child violence, and elder abuse systems must be able to recognise gendered power, coercive control and sexual violence. Neither can safely assume the other will deal with it.

Older women are also killed by family violence

The invisibility continues even when the violence is fatal. A Guardian analysis of government data found that 28 women over 55 were allegedly killed in family violence-related homicides in 2023, and nearly 200 were killed in the decade to 2023. These deaths involve not only partners, but also children and other family members.

More recent research from the Australian Institute of Criminology confirms the importance of adult-child violence. Its 35-year study of parricide identified 212 mothers killed by their children. Of the primary offenders who killed a mother, 144 were sons and 39 were daughters. The study found that, for adult women, the risk of being killed by a child was second only to the risk of intimate partner homicide.

These deaths expose the same policy gap as non-fatal violence. If a woman killed by her son is recorded only under the gender-neutral category of parricide or family homicide, her death disappears from the national account of violence against women. Homicide data must therefore be reported by the woman's age, sex and relationship to the alleged offender, including intimate partners, adult sons, adult daughters and other family members.

Older women encounter violence in more than one system

An older woman may seek help through a general practitioner, a hospital, a home-care provider, an aged-care facility, a bank, a housing service, Centrelink, a police station, a community legal centre, a sexual assault service, a domestic violence service or an elder abuse helpline. She may not describe what is happening to her as domestic violence or sexual assault. She may depend on the perpetrator for care, transport, housing, communication, medication or money. The perpetrator may be the person who answers her telephone, drives her to appointments and speaks on her behalf.

The consultations for this Action Plan are already hearing the same thing: people reach the system through different front doors (health, housing, legal, aged care) and women are disclosing lifelong violence for the first time in residential aged care. For older women, the front door is almost never a

domestic violence service. A plan that builds capability only behind the specialist door will keep missing them.

Help-seeking data show the depth of the problem. Only about 36 per cent of people who experienced elder abuse sought help, help-seeking was lower again for sexual abuse, and very few contacted a helpline.¹⁵ Informal support is critical, and so is the capacity of mainstream services to identify abuse without taking control away from the woman.

Our own services confirm the pattern. The women who come to **Homes for Older Women** rarely present as victim-survivors of domestic violence. They present as homeless, or about to become homeless. The violence emerges later, as trust builds: a property settlement signed under duress, an adult son who moved in and took over the finances, a partner she felt safer to leave with nothing than to fight. By the time these women reach us, most have already passed through several systems (eg health, housing, Centrelink, sometimes police) but they may not directly name what was happening.

Sexual violence does not end at 65

Drawing on the 2021–22 ABS Personal Safety Survey, the Australian Institute of Health and Welfare reports that an estimated 69,600 women aged 65 and over experienced sexual harassment in the previous 12 months. Other estimates of recent violence against older women are smaller but less precise: an estimated 17,300 women aged 55 and over experienced sexual violence in the previous two years, while 15,300 women aged 65 and over experienced stalking in the previous 12 months. Police data provide a different and necessarily narrower picture: in 2024, police recorded approximately 540 female victims of sexual assault who were aged 65 and over at the time of reporting. Separate evidence from residential aged care reinforces why police and population survey data cannot be treated as a complete measure. The Royal Commission into Aged Care Quality and Safety drew attention to sexual assault and its under-reporting in residential care, while the subsequent Serious Incident Response Scheme has brought hundreds of reports of actual, alleged or suspected unlawful sexual contact or inappropriate sexual conduct into regulatory view each quarter.¹⁶

Older women also carry violence from much earlier in their lives. Research using the Australian Longitudinal Study on Women's Health found that 26 per cent of women aged 68 to 73 reported lifetime sexual violence.¹⁷ For some women, sexual violence by a partner has continued from early in the marriage into later life, including into the years when one becomes the other's carer. Many older women married in the decades before rape in marriage was a crime in Australia, and were taught that consent was not theirs to withhold. In our **Hear Our Voices** workshops, women in their 70s and 80s spoke about sexual assault for the first time in their lives, some describing violence from sixty years ago, and some describing violence from the previous year. What made disclosure possible was not a helpline number or an intake form. It was time, the company of peers, and facilitators who understood them that made a difference. **A recovery and healing agenda that concentrates only on recent incidents will miss women who have lived for decades with trauma that was never named, believed or treated.**

Reporting is not accountability: sexual violence in residential aged care

The Royal Commission into Aged Care Quality and Safety estimated that incidents of unlawful sexual contact in residential aged care in 2018–19 could be as high as 2,520, almost 50 every week, and described this as a disgrace and a source of national shame. Yet none of its 148 recommendations specifically addressed the prevention of sexual violence.¹⁸ OWN NSW petitioned the Royal Commission, with more than 11,000 signatures, to confront sexual assault in its final report. **Five years on, the women assaulted in residential care remain the clearest example of violence that every framework acknowledges but which none owns.**

The regulatory response has been to mandate reporting. Under the Serious Incident Response Scheme, providers must notify the regulator of unlawful sexual contact as a Priority 1 incident. Reporting is necessary, but reporting is not accountability. In KPMG's study of 1,259 resident-on-

resident Type 1 incidents reported by participating services, providers recorded reporting to police in only three cases. Among 31 incidents categorised as rape, sexual assault or non-consensual genital touching, 58.1 per cent were recorded as having 'no impact'.¹⁹

Sexual assault in residential aged care is reported through an aged-care regulatory framework and, where the conduct is suspected to be criminal, must also be reported to police. But notification is not the same as a survivor-centred sexual violence response. It does not by itself guarantee independent advocacy, access to a specialist sexual assault service, forensic and health care, communication support, counselling, evidence preservation or transparent information about the outcome. The policy gap is not the absence of notification. It is the failure to connect the aged-care response to the gender-based violence system and hold both systems accountable.

No provider-level data on sexual violence notifications and their outcomes is published in a form the public, or prospective residents and their families, can use. The residents affected, many of them women including those living with dementia, are routinely disbelieved, their disclosures dismissed as confusion, which protects the perpetrator and guarantees repetition.

We know providers can do better. **Ready to Listen**, Australia's first national project on preventing and responding to sexual assault in residential aged care, developed by Celebrate Ageing and OWN NSW, encourages provider leadership, procedures and cultures that believe residents and act.²⁰ What is missing is not a model. It is any real consequence for the providers who do not use one.

Police and courts: the response that decides what happens next

When an older woman reports sexual assault, what happens next depends on whether the people she tells believe her. Too often they do not. Older women's disclosures have been explained away as confusion, or delirium. They are told they have a urinary tract infection, or the memory of something from childhood. Some have been told they are fantasising. Research documenting the experiences of older women who have reported sexual assault records exactly these responses,²¹ and we have heard the same accounts through **Ready to Listen** and **Hear Our Voices**.

These are not the failures of a few individual officers. National research shows that Australians assess women's reports of sexual assault from a starting position of mistrust, and that rape myths shape how police, prosecutors and jurors judge credibility.²² Ageism adds a second layer which buttress the assumption that an older woman is not a credible witness, and that she is not a plausible victim. Ageism also adds a further stereotype to the rape myth: that she is too old to be considered sexually desirable. For a woman living with dementia, these beliefs can mean her report is closed before any investigation begins, as if capacity and truthfulness were the same thing. Perpetrators understand this. **Ready to Listen** found that perpetrators deliberately target women who cannot communicate what happened or will not be believed.²⁰ Every report that is dismissed confirms their judgement. The result is already in this submission: of 1,259 aged care incidents assessed as most serious, three reached police.

Victoria now requires ground-rules hearings whenever a sexual-offence complainant is a witness. Elsewhere, access to intermediaries and pre-recorded evidence varies and is generally not designed systematically around the needs of older complainants. The Australian Law Reform Commission has handed governments a national reform framework for justice responses to sexual violence. Nothing in it will reach older women unless implementation is required to include them.²³

Economic insecurity is both a risk and a constraint

Many older women reach later life after decades of lower pay, interrupted employment, unpaid care and unequal superannuation. The National Plan itself acknowledges that unpaid caring roles can limit older women's control over finances and decision-making.²⁴ When violence occurs, economic insecurity determines whether a woman can leave, keep her home, obtain legal advice, replace essential documents, travel to services, pay for care, or survive the financial consequences of separation.

Our **Employment Pathways** program works with women confronting exactly these challenges. Women seeking paid work in their 50s, 60s and 70s after redundancy, divorce, widowhood or decades of caring are met with age discrimination at every stage of recruitment. In the Australian HR Institute's 2025 survey, only 56 per cent of HR professionals said they were open "to a large extent" to recruiting people aged 50 to 64, and only 28 per cent said the same of people aged 65 and over.²⁵ That exclusion compounds everything else: the less a woman can earn, the longer she remains financially tied to a person who harms her. **Economic security in later life is violence prevention, not a separate portfolio.**

Housing follows the same logic. The First Action Plan recognises that the housing crisis increases vulnerability to gender-based violence, particularly for young women and older women.²⁶ **Homes for Older Women** exists because we kept meeting women who stayed in unsafe homes, with violent partners, with abusive adult children, who all had nowhere affordable to go. **A Second Action Plan that does not connect violence policy to long-term housing and economic security will keep offering safety in theory while withholding the means of reaching it.**

The payment system cannot fund safety

For most single older women, the Age Pension is not a supplement to other income. It is THE ONLY income. When the pension is the entire budget, leaving a violent home is not a decision, it is a calculation that does not work. Two-thirds of retirees who rent privately live in poverty, including more than three in four single women living alone. A single pensioner relying solely on income support can afford to rent about 4 per cent of one-bedroom homes in Sydney after covering basic living costs.²⁷ Women aged 55 to 66, stranded on JobSeeker before they reach pension age, are poorer again.

There is no ongoing safety supplement within the social security system for women escaping violence. The Leaving Violence Program provides one-off assistance of up to \$5,000.²⁸ That payment matters, but it is built for a fresh start. It does not address the permanent income shortfall for older women who have no (or hardly any) working years left to 'begin again'. A woman whose savings, superannuation or home is taken by a partner or an adult child in her 60s or 70s cannot earn her way back. **Financial abuse in later life carries a default sentence: poverty for the rest of her life.**

We should note that eligibility for the Leaving Violence Program is restricted to people experiencing violence from a current or former intimate partner and is tied to leaving, or planning to leave, that relationship and changing their living arrangements. It therefore excludes older women experiencing violence from adult children, other relatives or non-partner carers – relationships that are central to many older women's experiences of violence and abuse. Centrelink's Crisis Payment for family and domestic violence is broader and may assist some older women experiencing violence from an adult child or another family member, but it is no substitute for equivalent leaving-violence support. A claimant must be receiving, or eligible for, an income-support payment or ABSTUDY; be in severe financial hardship; meet prescribed requirements concerning a change in living arrangements; and contact Centrelink within seven days of that change. The payment is limited to one week at the maximum basic rate of the person's income-support payment, without supplements. In effect, substantial Commonwealth leaving-violence assistance remains available for intimate-partner violence but not for the adult-child and carer violence experienced by many older women.

Poverty is not background context for this Action Plan. It is a vulnerability indicator in its own right, a barrier to every form of help the Plan promises for counselling, legal advice, safe housing, transport to services; and one of the strongest predictors of whether a woman returns to the person who harms her. What protects women is money. A plan that will not say so is not being honest about what safety costs.

Technology-facilitated abuse has a later-life form

Technology-facilitated abuse is rightly emerging as a national priority. It has a later-life form that current responses do not describe. The perpetrator of an older woman's abuse is often also her "tech support": the person who set up her phone, holds her passwords, manages her MyGov, My Aged Care and online banking access, and installed the devices in her home. Control does not need spyware when the perpetrator legitimately administers every account. Digital exclusion completes the trap: as services move online-only, the woman who cannot bank, claim payments or book health care without the perpetrator's help becomes more dependent with every system upgrade. Responses built around a younger woman's own devices and accounts do not answer this. Any national work on technology-facilitated abuse must include older women in design and testing, and every digital-only service channel should be assessed as a potential point of perpetrator control.

Ageism changes what services see and believe

Ageism is not just an attitude that older people matter less. It shapes whether services recognise sexuality, believe disclosure, investigate injuries, interpret confusion, understand coercion - or assume that distress, withdrawal, bruising, malnutrition, depression and medication changes are simply what ageing looks like. The First Action Plan acknowledges ageism and identifies over- and under-medication as possible abuse of older women.²⁹ The consultation paper mentions neither.

Ageism also interacts with sexism. Older women are treated as asexual, and therefore not at risk of sexual violence; or as dependent, and therefore incapable of deciding what should happen next. A service can fail an older woman by disbelieving her. It can also fail her by believing her and then removing her agency in the name of protection. Women in our network describe both failures. **Age-aware practice has to be safety-focused and rights-based at the same time.**

5. Three policy errors the Second Action Plan must avoid

Age-neutral universalism

The first error is assuming that a response designed for "all women" will reach older women.

Universal systems are necessary; they are not automatically equitable. A telephone service does not help a woman whose calls are monitored. An online referral does not help a woman experiencing digital exclusion or technology-facilitated control. A refuge pathway designed around women with dependent children may not fit a woman who needs personal care, mobility support or proximity to medical treatment. A safety plan that assumes the perpetrator can simply be excluded from the home fails where he is also the woman's carer, co-tenant, adult child or substitute decision-maker.

The answer is not a separate service for every characteristic. **It is a universal system with specialist capability, age-aware entry points, outreach and warm referral pathways - designed, funded and held accountable. None of that will happen because a plan uses the word "intersectional".**

The gender-neutral elder abuse silo

The second error is to treat all violence against older women as elder abuse and move it outside the violence-against-women framework. We have long called this relabelling: when a woman ages, the violence she experiences stops being counted, funded and understood as gendered violence and is re-described as a degendered problem of ageing. Elder abuse is an essential concept and service field - it captures abuse within relationships of trust, and it includes older men. But used as the only frame, it obscures gendered patterns. It recasts intimate partner violence as a feature of old age, describes adult-son violence without examining gender and power, and treats sexual assault as a safeguarding incident rather than a crime and a form of gender-based violence.

The reverse error is just as dangerous – ie domestic and sexual violence systems that cannot recognise adult-child abuse, carer dependency, cognitive impairment, institutional settings, or the operation of guardianship, powers of attorney and aged-care law. The task is not to choose between frameworks. It is to build a working bridge between them.

The new National Plan to End the Abuse and Mistreatment of Older People 2026–2036 acknowledges the intersection. It states that the violence-against-women National Plan has an important role for older women, recognises elder abuse - including coercive control and sexual violence - as family and domestic violence, and calls for coordination and collaboration between the two plans.³⁰ The Second Action Plan must turn that acknowledgement into a joint implementation protocol.

Naming without delivery

The third error is to restore the words “older women” and change nothing else. Australia has named older women in national policy before; the ANAO’s findings show what naming without delivery produces.⁹ Action Plans need implementation plans, outcome measures, transparent reporting and evaluation. **The Second Action Plan will be judged not by how many populations it lists, but by whether each priority carries a deliverable pathway for the populations whose experiences differ from the assumed norm.**

6. International design features Australia should adopt

No country has solved violence against older women, and we do not present these examples as proof of better outcomes. Their value lies in design choices which we should examine and adapt.

England: statutory guidance that names later-life dynamics

The statutory guidance accompanying the *Domestic Abuse Act 2021* contains a dedicated section on older people. The guidance applies principally to England and, in Wales, to matters reserved to the UK Government, including policing and criminal, civil and family justice. It recognises that abuse of an older person may be perpetrated by an intimate partner or a family member, including an adult child, and may involve controlling or coercive behaviour, economic, emotional, psychological, sexual or physical abuse, or neglect. It identifies the particular barriers faced by older people who depend on the perpetrator for care or money. It also cautions services against assuming that injuries or mental health concerns arise from age, illness or care needs without making appropriate enquiries about domestic abuse, and stresses the importance of access to appropriate and specialist support.³¹

Guidance alone will not transform practice. It can, however, establish a nationally consistent understanding of later-life violence and tell police, health and social-care services, local government and service commissioners what competent recognition and response require. Australia’s Second Action Plan should perform this function through national practice standards, workforce capability requirements and clear referral expectations.

Registration of powers of attorney is also well established across the United Kingdom, although the legal models differ. Under the current system in England and Wales, a lasting power of attorney must be registered with the Office of the Public Guardian before an attorney can act under it. In Scotland, continuing and welfare powers of attorney must be registered with the Public Guardian before the attorney has authority to act, although the instrument may provide that particular powers commence only on a specified date or event, such as loss of capacity. Northern Ireland retains an enduring-power regime for property and financial affairs. Unless the instrument provides otherwise, the attorney may act while the donor retains capacity, but must apply to the High Court’s Office of Care and Protection to register the power when the attorney has reason to believe that the donor is becoming mentally incapable of managing their affairs.

Australia, by contrast, maintains eight inconsistent regimes and no national register despite a period of nine years having passed after the Australian Law Reform Commission recommended one, and after the Attorney-General's Department consulted on a mandatory national register of financial enduring powers of attorney without establishing it.³²

United Kingdom and United States: making financial institutions part of the safety system

Under the United Kingdom's Banking Protocol, trained staff in bank, building-society and Post Office branches can alert police and request an immediate response when they believe that a customer is falling victim to fraud. By the end of 2022, the scheme had prevented a cumulative £258.2 million in fraud and contributed to 1,202 arrests. The Protocol primarily addresses scams and fraud; it is not a general response to domestic or financial abuse. UK Finance's separate Financial Abuse Code (a signatory-based industry code) provides principle-level guidance to participating firms on supporting customers experiencing domestic, financial or economic abuse, including abuse within familial and carer relationships.

In the United States, FINRA Rule 2165 provides member broker-dealers with a limited safe harbour under specified FINRA rules when they temporarily hold a disbursement of funds or securities, or a transaction in securities, because they reasonably suspect the financial exploitation of a "specified adult". That term covers people aged 65 and over, as well as adults whom the firm reasonably believes have an impairment that prevents them from protecting their interests. Rule 4512 requires firms to make reasonable efforts to obtain a trusted contact for non-institutional accounts, although a customer cannot be required to provide one.³³

The design lesson is that financial institutions may encounter warning signs before a specialist service does. Frontline staff need training, recognised warning signs and clear escalation pathways. Institutions need appropriately limited powers which are exercised by authorised decision-makers to delay a suspicious transaction where necessary, together with legal protection when acting reasonably and safeguards against unnecessary or paternalistic intervention.

Australia has begun this work through banking-industry guidance and the 2025 Banking Code of Practice. The National Plan to End the Abuse and Mistreatment of Older People 2026–2036 also provides an important broader framework, although its first five-year Action Plan is still being developed. These measures do not yet amount to an operational, nationally consistent cross-sector protocol linking banks and other financial-service providers with police, domestic and family violence services and specialist elder-abuse services. The Second Action Plan should establish such a protocol, coordinated with the older-people National Plan, while protecting the older woman's privacy, agency and control over what happens next.

Aotearoa New Zealand: population-specific engagement carried into monitoring

Aotearoa New Zealand's 25-year National Strategy to Eliminate Family Violence and Sexual Violence, *Te Aorerekura*, offers a stronger model because it did not treat older people as an afterthought. In developing *Te Aorerekura*, they produced a dedicated analysis paper on older people and kaumātua (Maori elders), prepared with the Office for Seniors and grounded in direct engagement with older people and communities. The paper examined the specific factors that can place older people at risk or prevent them from seeking help. These included ageism and invisibility, under-reporting, financial dependency, social isolation, housing and transport difficulties, fragmented systems and gaps in appropriate services.³⁴

Importantly, this attention continued after the strategy was published. Older people and kaumātua remain identified in workforce development and in the 2026 monitoring report, which disaggregates outcomes data for this population where possible.³⁵ The lesson for Australia is that consultation must be carried through into implementation and accountability. The Second Action Plan should include dedicated engagement with older women, a published analysis of their experiences, clearly

identified implementation partners, workforce capability requirements and disaggregated monitoring of outcomes.

Canada: applying gender analysis to abuse in older age

A report prepared for the Public Health Agency of Canada applied gender-based analysis directly to elder-abuse research, policy, programs and practice. It asked whether diverse groups of older women and men were represented, whether they had equal access to policies and programs, and whether they shared equally in the intended benefits. It also examined how sex and gender interact with age, Indigeneity, culture and race, disability, socioeconomic status and immigrant or refugee experience to shape the risk and experience of abuse and the effectiveness of responses.³⁶

A subsequent federal consultation on defining senior abuse reinforced the importance of this approach. Participants working with older women stressed that abuse in older age is not gender neutral. They argued that a federal definition should explicitly name violence against older women and femicide, recognise intimate partners and former partners as perpetrators, and apply an intersectional framework to prevention and response.³⁷

Australia already has the building blocks. In a project led by Celebrate Ageing, OWN NSW worked on a **Gender Lens for Elder Abuse**, which sets out the questions for applying gender analysis to elder abuse policy and practice.³⁸ The Second Action Plan should require gender-and-age impact analysis in relevant programs and evaluations, rather than leaving that work to individual community organisations.

7. What the Second Action Plan must do

Recommendation 1 - Create a dedicated national action on older women and violence in later life

The Action Plan should include a distinct action entitled “Older women and violence in later life”. It should run across prevention, early intervention, response, and recovery and healing, and be jointly owned by the domestic, family and sexual violence, elder abuse and aged-care policy systems. A dedicated action is warranted because the forms of violence, perpetrator relationships, settings, barriers and service systems all differ in later life. The action should cover intimate partner violence, adult-child and other family violence, sexual violence, economic and financial abuse, technology-facilitated abuse, coercive control, neglect, medication misuse and violence in institutional and care settings.

None of this segregates older women from the rest of the National Plan. It makes later life visible enough to be implemented. The action should be reflected in every relevant jurisdictional activity addendum, with named leads, agreed milestones and funding.

Recommendation 2 - Define the interface between gender-based violence and elder abuse

The Plan should state clearly that violence against older women may fall within domestic and family violence, sexual violence, elder abuse, disability abuse, institutional abuse - or more than one of these at once - and should define the responsibilities of each system under a no-wrong-door approach. An older woman should not be shunted between services because her perpetrator is an adult son rather than a partner, because she lives in aged care, or because the conduct has been written up as “financial mismanagement” rather than coercive control.

Defining the interface requires an allocation rule, not only a shared vocabulary. Which system responds should be decided by what an older woman needs and who is best placed to act, not by which agency holds the file. But the choice of responding system must not change how the

violence is classified. A case managed under an elder abuse, aged care or guardianship response must still be counted, funded, analysed and reported as violence against women wherever the facts support it. Nothing should fall out of the National Plan's account of gendered violence because another system was better placed to respond to it. This is the point at which relabelling occurs, and it occurs administratively rather than deliberately. The Gender Lens for Elder Abuse provides a ready instrument for applying that test, and the joint protocol should require its use.

The Australian Government should publish a joint implementation and referral protocol linking this Action Plan with the National Plan to End the Abuse and Mistreatment of Older People 2026–2036. The protocol should address consent, capacity and supported decision-making; privacy and information sharing; risk assessment; police and justice pathways; aged-care incident reporting; access to sexual assault and domestic violence services; and escalation where the alleged perpetrator is a carer, attorney, guardian, family member, worker or co-resident.

The timing will not be better than it is now. The Second Action Plan is being developed as implementation begins on the National Plan to End the Abuse and Mistreatment of Older People 2026–2036, creating a timely opportunity to agree a joint implementation and referral protocol.

What no wrong door means (at a minimum)

If the Plan says 'no wrong door' and leaves it as a concept, services will read it as a list of numbers to hand out. That is what older women get now. An older woman's situation will often involve domestic and family violence, sexual violence, elder abuse, aged care, health, legal and financial systems at once, and she will not arrive at whichever one fits her best. The obligations therefore have to attach to whatever service she reaches. At the very minimum:

- The first service keeps the case. Responsibility stays with the service she contacts until another one has accepted it. Passing on a phone number is not a handover.
- Screening and risk assessment in common. Domestic and family violence, sexual assault, elder abuse, aged care and health should be working from the same questions, and those questions have to cover what happens in later life: violence by an adult child, dependence on a carer, control of money and medication, powers of attorney and guardianship, cognitive impairment, and abuse in residential settings.
- Someone whose name she knows - One practitioner and one agency accountable for her case, written down and told to her.
- She should not have to keep telling her story. Information sharing with her consent, between the systems the protocol covers. Older women commonly stop at the third or fourth telling, not because they have changed their minds, but because they have worked out that nothing is going to come of it.
- Cognitive impairment is not a reason to move her out of the pathway. Supported decision-making must be built in from the start, and a responsibility for a disclosure that carries no less weight because the woman making it has dementia.
- Contact made, and confirmed. The referring service makes contact on her behalf and with her consent, and the receiving service confirms it has picked the case up.
- Someone checks back. Contact at a set interval after the handover, so that a case cannot be closed simply because a referral was made.
- A route for when the person using violence is part of the system. He may be her attorney, guardian, carer, care worker, provider or fellow resident. If he is, the ordinary contact and consent processes run straight through him: he answers the phone, he drives her to appointments, he opens the mail, he holds the card. The protocol needs a way around that, worked out in advance rather than improvised at the time.

These belong in the joint implementation and referral protocol, where they can be costed and audited. Left as a principle, no wrong door is something every system can say it is already doing.

Recommendation 3 - Put older women in the governance of the Plan

The commitment to lived expertise must include older women with different experiences of ageing and violence - sustained, paid participation, not one-off consultation. The National Plan's governance arrangements should include an older-women advisory mechanism or reserved expertise within the national advisory council, and it must include First Nations older women and Elders, migrant and refugee older women, lesbian, bisexual, trans and gender-diverse older people, women with disability, women living with dementia or cognitive impairment where participation can be supported, women in rural and remote areas, and women who have experienced homelessness, institutional care and imprisonment.

Peak and specialist organisations need funding to bring those voices into policy safely and ethically. We know what genuine participation costs because we do this work: recruitment, accessibility, interpreters, transport, trauma-informed facilitation, and debriefing and follow-up when a woman has just disclosed for the first time in fifty years. Government cannot mandate lived-experience participation while expecting community organisations to absorb those costs.

Recommendation 4 - Build a data system that does not lose women as they age

The national data commitment must move beyond broad age bands and beyond surveys that exclude the settings older women live in. We need to distinguish between what can be reported now and what must be built to make this data commitment actionable.

Core set: report now. These variables already exist, or can be derived, in collections now operating. They require a reporting instruction rather than a research program:

- age in bands that remain meaningful in later life - at a minimum 50–59, 60–69, 70–79, 80–89 and 90 and over, noting that Aboriginal and Torres Strait Islander services commonly use 50 as the threshold for older people;
- sex and gender;
- relationship of the person using violence to the woman - intimate partner, former intimate partner, adult child, other family member, carer, paid worker, co-resident, other;
- type of violence, with financial abuse and sexual violence recorded distinctly rather than absorbed into composite categories;
- setting - private home, home of a family member, retirement village, supported accommodation, residential aged care, hospital;
- service contact and outcome - referral made, referral accepted, service received, service declined or unable to be provided.
- where the violence is fatal, the homicide classification and the relationship of the alleged offender to the older woman, including intimate partner, adult son, adult daughter and other family member;

Development set: fund and build. These require new or redesigned collection and should be funded as part of the Plan, not deferred to a future research agenda:

- disability, cognitive impairment and communication support needs;
- Aboriginal and Torres Strait Islander status, cultural and language background;
- housing and tenure;

- presence of substitute decision-making arrangements - enduring power of attorney, guardianship, financial administration;
- repeat victimisation, duration and severity;
- help-seeking history, including lifetime violence disclosed for the first time in later life;
- victim-survivor reported safety, agency and wellbeing.

These variables need to be written into particular collections. Left as a general commitment it will sit in the Plan and nothing will change. The collections that matter are the ABS Personal Safety Survey and whatever succeeds it, police records of family violence and sexual offences, the Serious Incident Response Scheme, the Specialist Homelessness Services Collection, elder abuse helpline and service data, the Australian Institute of Criminology's National Homicide Monitoring Program, and coronial data. The Plan should also say who is responsible for the work (eg the ABS and the AIHW jointly) and when the first age-disaggregated report is due. Two years from commencement should be achievable for the core set, because nothing in it requires new collection. A commitment with nobody's name against it and no date will not achieve anything. This work should be incorporated into the five-year roadmap for the AIHW Family Domestic and Sexual Violence Integrated Data System, including a later-life flag and the staged addition of aged-care, SIRS and elder-abuse service data.

The Second Action Plan should fund methods capable of reaching people excluded by telephone and household surveys: women in residential aged care, hospitals, supported accommodation and closed or segregated settings; women with cognitive or communication disability; and women whose contact with the outside world is controlled. Administrative data must be linked carefully across police, health, sexual assault, domestic violence, aged care, elder abuse, housing, legal and coronial systems, with strong privacy protections and community governance.

A specific national target should measure improvement in identification, access to support and safety outcomes for older women, and it should not wait for perfect prevalence data. Process and service measures can begin now: age-disaggregated referrals, time to specialist response, access to safe housing, legal and financial remedies, supported decision-making, and victim-survivor reported safety and agency.

Fatal violence should be reported separately by age and alleged offender relationship, so that older women killed by partners, sons and other family members are visible in both the violence-against-women and elder-abuse frameworks.

Recommendation 5 - Establish specialist later-life pathways within universal services

Older women need access to specialist domestic and sexual violence expertise without being required to fit a younger-woman service model. The Action Plan should fund designated later-life practitioners, outreach and secondary consultation within domestic violence, sexual assault and elder abuse services, alongside health-justice and social-work partnerships in hospitals, community health, geriatric services and aged care, and warm referral pathways from banks, housing providers, Centrelink, disability services and community organisations. The consultations' own insight - that people reach this system through different front doors - matters most here: specialist capability must sit inside the doors older women actually walk through, not only behind the one they never open.

Service access must not depend on an older woman being able to leave home, use digital technology, communicate without assistance or describe her experience in the language of violence. Outreach is core infrastructure, not an optional add-on. Our Wellness Centres in Newtown and Bankstown show why: disclosure almost never happens at intake. It happens months in - after the exercise class, over a cup of tea, to a peer or a worker the woman has come to trust. Services

must be able to meet women in safe community locations, health settings, their homes or residential facilities, while managing the risk that the perpetrator controls access.

Recommendation 6 - Make age-aware, rights-based practice a workforce standard

The Action Plan should require nationally consistent workforce capability across specialist and mainstream services. Training must cover the intersection of ageism and sexism; intimate partner violence that continues or begins in later life; adult-child and carer coercive control; sexual violence; financial and economic abuse; technology-facilitated control; neglect and medication misuse; signs that may be misattributed to ageing; dementia, communication and cognitive disability; consent, capacity and supported decision-making; and the difference between safety intervention and paternalistic control.

Training on its own is not enough. Capability standards should be embedded in accreditation, commissioning, supervision, clinical governance and quality assurance. Aged-care and health workers need access to specialist advice. Domestic and sexual violence workers need aged-care, disability and later-life expertise. Police, lawyers, financial institutions, guardianship and trustee bodies need practical protocols for identifying coercion and preserving an older woman's evidence, property, home and decision-making rights.

Recommendation 7 - Fund recovery and healing for older women, including those disclosing historic violence

Recovery and healing is one of the National Plan's four domains. The consultation paper asks one general question about victim-survivors' safety, wellbeing, healing and recovery, and proposes a clearer pathway for children and young people. It does not identify what recovery requires in later life. Older women may disclose sexual or domestic violence decades after it occurred, or while they remain dependent on the person responsible for care, housing, transport or money. **Eligibility for support must not depend on a recent incident, a police report, a current court matter or an ability to recount trauma repeatedly.**⁵

The Australian Government should fund long-term, age-aware recovery options developed with older women. These should include specialist counselling and trauma treatment, peer and group-based programs, health and aged-care responses, legal and financial help, culturally safe healing, and support for women living with disability, dementia or cognitive impairment. Programs need time to build trust and must allow women to enter, leave and return as their circumstances change. Recovery should be measured through safety, health, agency, connection and material stability, not simply completion of a fixed number of sessions.

Recommendation 8 - Housing, income and control of money as safety infrastructure

a) **HOUSING:** The Second Action Plan should include dedicated measures for safe, long-term housing for older women escaping violence, including women who need accessible housing, care support or proximity to health services and community. Crisis accommodation is sometimes necessary, but it is not a housing outcome. Governments should expand social and community housing, secure dwellings appropriate to older women, and fund long-term rental options that cost no more than 30 per cent of a woman's income. National reporting should show how many older victim-survivors obtain and sustain safe, permanent housing, how long they wait, and what proportion of income they pay in rent.

Homes for Older Women demonstrates both the need and a working model: since May 2024 the program has housed more than 80 older women in the Blue Mountains, and we are now extending it to the Southern Highlands. What those women's stories make plain is that crisis accommodation is not a response if a woman exits into homelessness, unaffordable rent or a facility she did not choose. Staying safely at home must remain an option - but only where the woman wants it and the legal, security, care and financial arrangements make it genuinely safe.

b) **INCOME SUPPORT:** Income support belongs in the same recommendation, because for most older women the payment system is the safety system. The Second Action Plan should:

- (i) name poverty and economic insecurity as a core risk and vulnerability indicator across the Plan;
- (ii) commission a whole-of-government review of payment adequacy for women escaping violence in later life, including the Age Pension and Commonwealth Rent Assistance for single older women who rent, and JobSeeker for women aged 55 to 66;
- (iii) establish an ongoing safety supplement within the social security system, rather than relying on one-off crisis payments designed for a fresh start that later life does not offer;
- (iv) exempt women escaping violence from punitive income support conditionality; and
- (v) ensure that a woman can lodge an intent to claim, with supporting documents, before she leaves - not only after she has already fled with whatever she could carry.

The review of payment adequacy must end in a changed rate, not another report. The Age Pension should be tested against the real cost of a single older woman renting on her own, because for a woman made homeless by violence the pension is not a supplement to anything: it is the whole budget. This submission has already set out how little that budget can rent.

c) **LEGAL & FINANCIAL CONTROL:** Financial exploitation of older women is dealt with in this country as a legal problem, or a consumer one. It is also a safety problem. When another person controls an older woman's money, they control whether she can leave, buy food, pay the rent, instruct a lawyer, get herself to a service or keep her phone connected. A system that treats the matter as a dispute about assets can resolve the assets and still leave her in the house with the person who took them.

Legal and financial responses should address property, tenancy, debts, banking access, superannuation, wills, powers of attorney, guardianship, family agreements and recovery of misappropriated assets, and the system must be able to act quickly where coercion threatens a woman's home or life savings. It must also recognise that an older woman may remain connected to an abusive adult child, and may want the violence to stop without wanting the relationship to end. Safety and accountability responses need more options than abandonment or criminalisation alone - while never shifting responsibility away from the person using violence.

Risk assessment should reflect this. The tools used by police, domestic and family violence services, health, aged care and financial institutions should include the financial indicators that show up in later life: a sudden change to an enduring power of attorney or a will; another person controlling the pension, the accounts or the cards; a family agreement to transfer the house in exchange for care; new credit or debt in her name; a woman who no longer has access to her own account; an adult child or attorney who does the talking at the counter. None of these is proof on its own. Together they are the pattern, and at present very little in the system is looking for it.

Coerced debt needs remedies that work for older women. Hardship relief, waiver, correction of credit reporting and recovery of misappropriated assets should not depend on an older woman first proving the abuse in a tribunal or a court. That takes longer than the period in which the money could still have been recovered, and she has to fund it out of the income the abuse has already reduced. A woman of eighty carrying debt taken out in her name by her son is not well served by a remedy that arrives in three years.

Governments should finish what has been recommended, consulted on and left undone: nationally consistent enduring power of attorney laws and a mandatory national register of financial enduring powers of attorney, searchable by banks, aged care providers, tribunals and other authorised

users. The register must be designed with a gender-and-age lens so that it is usable by a woman whose paperwork, transport and telephone are controlled by her attorney, with a clear pathway to flag concerns and revoke. And it must be understood for what it is, that is a register verifying that an instrument exists and is current. It does not detect misuse by a validly appointed attorney, which is one way financial abuse by adult children can occur. Registration is not accountability; it is the infrastructure on which accountability can be built.

(d) **BANKS & FINANCIAL INSTITUTIONS:** Banks and financial institutions must be brought inside the safety system on these models: trained frontline staff, a statutory safe harbour to pause suspicious transactions, trusted-contact arrangements a perpetrator cannot capture, rapid police-response protocols, and support for victim-survivors carrying coerced debt. The Second Action Plan should task Treasury, ASIC and the Australian Banking Association with delivering this jointly with the domestic violence and elder abuse sectors. Progress should be reported under this Plan, not only under the Banking Code of Practice, so that what banks do about financial abuse is visible alongside every other safety measure rather than inside an industry compliance cycle.

Recommendation 9 - Fund a national employment pathway for women over 50 leaving violence

Australia has no national employment pathway designed for women over 50 who are rebuilding their lives after domestic, family or sexual violence. General employment services do not provide the combination of age-aware, trauma-informed and gender-responsive support these women require. OWN NSW currently provides that specialist pathway in NSW and the ACT through **Employment Pathways**, but the need is national.

The Australian Government should fund the adaptation and national rollout of the **Employment Pathways** model led by OWN, working with specialist women's and domestic violence organisations in each jurisdiction. The model offers individual support, digital and job-search skills, help to explain gaps in employment, employer engagement, links to training, and continuing assistance once work begins. Participation must be voluntary and must never become a condition of income support. Outcomes should include secure and suitable employment, increased income, sustained workforce participation and improved housing and financial independence - not simply the number of referrals or applications made.

Recommendation 10 - Hold aged care providers accountable for sexual violence in residential care

The Second Action Plan should name sexual violence in residential aged care as gender-based violence within the scope of the National Plan - not solely a compliance matter for the aged care regulator. The Royal Commission's estimate of up to 50 alleged incidents of unlawful sexual contact each week is not merely a quality-of-care issue. It identifies a major and persistently under-addressed setting of sexual violence against older women. The National Plan cannot leave the response solely within an aged-care incident-management system.

The Plan should commit to:

- (i) public, provider-level reporting of unlawful sexual contact notifications and their outcomes, so that patterns are visible to regulators, the public, and families choosing care;
- (ii) an immediate offer of access to an independent sexual assault service or advocate, external to the provider, with health and forensic care, communication support, counselling, safety planning, evidence preservation and supported decision-making. This should not be controlled by the provider;

- (iii) real regulatory consequences - including conditions on registration - for providers with recurring incidents and inadequate prevention, so that the cost of failing residents is borne by the provider rather than the victim;
- (iv) an explicit standard that the disclosures of residents with cognitive impairment are treated as credible grounds for protective action, not dismissed as confusion; and
- (v) national rollout of provider capability building on the **Ready to Listen** model, which has already shown that providers can build the leadership, procedures and culture to respond.²⁰

The measure of success is not the number of notifications lodged. It is whether assaults are prevented, whether victims are believed and supported, and whether providers answer for what happens in their care.

One mechanism would make this meaningful. Notifications of unlawful sexual contact under the Serious Incident Response Scheme should report into the National Plan's Outcomes Framework and annual reporting, disaggregated by sex and age, alongside every other national measure of sexual violence. The Second Action Plan should name the Department of Health, Disability and Ageing and the Aged Care Quality and Safety Commission as delivery partners, with actions of their own under this Plan. At present they sit outside it, and their numbers sit with them. Where an abuse is reported shapes how it gets read. If kept inside a regulator's compliance system, it becomes a question about whether providers notified within the timeframe. **We have to record the same figure in the National Plan's reporting so the question becomes why so many women are being sexually assaulted in places the government licenses and pays for.**

Recommendation 11 - Fix police and court responses to sexual violence against older women

The Second Action Plan should commit all governments to: police training on sexual violence against older women, co-designed with older victim-survivors, that directly confronts the dismissal of disclosures as confusion, illness or fantasy; investigation protocols under which a question about a complainant's capacity triggers communication support, not case closure; prosecutorial guidance that treats cognitive impairment as a question of how evidence is taken, never of whether a woman is believed; extension of ground rules hearings, intermediary schemes and pre-recorded evidence to older complainants in every jurisdiction; and published data on what happens to sexual assault reports by age of complainant, so that the justice system's performance for older women can be seen and measured. Implementation of the Australian Law Reform Commission's justice reforms must include older women explicitly, and must be reported against.

Recommendation 12 - Put ageism into prevention, not just workforce training

Primary prevention has rightly concentrated on gender inequality, rigid gender roles and violence-supportive attitudes. It must also confront the social devaluation of older women. Prevention campaigns should show older women as people with sexuality, relationships, authority, rights and agency - not only as vulnerable recipients of care. Public education should name intimate partner violence in later life, adult-child abuse, sexual assault, financial control and abuse in care settings, and should tell older women and those around them where help can be found.

Public education about coercive control is currently written in the vocabulary of young adult relationships. An older woman who is controlled through medication, transport, banking access or the threat of a nursing home will not recognise herself in "love bombing". Prevention needs a later-life narrative, not a translated one.

Prevention must also reach the settings in which older women actually live and participate: families, aged care, health services, retirement communities, faith communities, banks, housing, clubs and online spaces. **Respectful relationships education for young people remains essential, but a national prevention strategy cannot end when people leave school.**

Recommendation 13 - Make implementation visible and independently accountable

Every older-women commitment should identify a lead government, delivery partners, funding source, commencement date, milestone and outcome measure. Annual public reporting should distinguish activities from outcomes and show progress by jurisdiction. The Domestic, Family and Sexual Violence Commission should report specifically on implementation for older women and on the interface with the older-people plan. **The Commission's monitoring and reporting framework must also specifically measure sexual violence - including sexual violence against older women and in residential aged care - so that the least visible violence does not remain the least counted.** Independent evaluation should test whether older women can identify and access help, whether services recognise different perpetrator relationships and settings, whether women retain agency, and whether safety, housing, health, justice and recovery outcomes improve.

The ANAO's warning must be taken seriously: expenditure and completed activities are not change. The Second Action Plan should not report that older women have been "addressed" because a resource was published or a training session delivered. It must show what changed for women.

8. Applying an older-women lens to the five proposed priorities

Victim-survivors

The proposed victim-survivor priority should explicitly name older women and state that a whole-of-life approach includes violence that continues, begins, is disclosed or has lasting effects in later life. It should recognise a wider range of perpetrators and settings, and require recovery and healing responses for historic as well as recent violence. "Person-centred" must include supported decision-making and the protection of agency where disability, dementia or dependency is present.

Prevention and early intervention

Prevention should address ageism as a condition that allows violence to be minimised or hidden. Early intervention should extend into health, aged care, banking, housing, Centrelink, legal and community settings, and should equip family members, friends and community workers to recognise warning signs and respond without blaming, without confronting the perpetrator unsafely, and without taking control away from the older woman.

Children and young people in their own right

OWN NSW supports this priority, and asks that its underlying principle be applied consistently: age and developmental stage change experience and response. **Children and young people should not lose support because older women are also recognised; nor should older women disappear because children need dedicated attention.** A national plan capable of holding both is stronger for it, not diluted.

People who use violence

Perpetrator work must include older partners, adult sons and daughters, other relatives, carers, workers and co-residents. Risk assessment and intervention models should not assume a current or former male intimate partner as the only relevant perpetrator, even while holding a clear gender analysis. Accountability options must be able to respond to financial control, misuse of legal authority, neglect and coercion linked to care, housing or medication, as well as to physical and sexual violence.

System integration and workforce

This is where the omission of older women does the most damage - and where the greatest opportunity lies. The Second Action Plan should require formal integration between domestic, family and sexual violence, elder abuse, aged care, health, disability, housing, legal, financial, police and guardianship systems, with common referral standards, age-aware workforce competencies and shared reporting. Without this, “system integration” will integrate the systems already inside the violence sector, and leave outside the systems older women are most likely to walk into.

Conclusion

Australia does not need persuading that violence occurs in later life. Its own National Plan says so. Its First Action Plan identifies the forms, barriers and settings. Its new national plan on the abuse and mistreatment of older people calls for coordination. And the evidence - national studies, royal commissions, and the testimony of the women in our services and workshops - shows that older women experience intimate partner violence, adult-child and carer abuse, sexual violence, economic abuse and violence in institutions, and that most never reach formal support.

The question is whether the Second Action Plan will act on what Australia already knows.

Older women should not have to disappear into the language of “all women”, and they should not be relabelled into a gender-neutral elder abuse framework that cannot explain the violence they experience. They need both systems to see them, and to work together. They need data that counts them, services that can reach them, workers who recognise the violence, an income that makes leaving possible, housing and legal options that make safety real, recovery and healing that is not conditional on a recent incident, **Employment Pathways** that restore financial independence, providers who answer for what happens in their care, police and courts that believe them, and governance that includes their voices.

The Department has committed to a validation phase in which draft elements of the Plan will be tested with subject matter experts before finalisation. OWN NSW asks to be part of that process. We bring the evidence of Hear Our Voices, the practice knowledge of Homes for Older Women, **Employment Pathways** and our Wellness Centres, and the voices of the women this Plan has so far failed to see.

The parent National Plan named older women. The Second Action Plan must now plan for them.

Endnotes

1. Older Women's Network NSW, “Our History,” and “About Us,” accessed July 2026, <https://ownnsw.org.au/about-us/our-history/> and <https://voices.ownnsw.org.au/about-us/>. OWN NSW was established as an organisation in 1987 following earlier organising work.
2. Older Women's Network NSW, “Shared Stories in a Safe Space,” Hear Our Voices, accessed July 2026, <https://voices.ownnsw.org.au/stories/>.
3. Older Women's Network NSW, Hear Our Voices resources, accessed July 2026, <https://voices.ownnsw.org.au/resources/>.

4. Australian Government, National Plan to End Violence against Women and Children 2022–2032: Executive Summary (2022), 15–17, 20–21; Australian Government, Theory of Change 2022–2032 (2023), 5; Australian Government, First Action Plan 2023–2027 (2023), 22, 26, 30, 43, 58.
5. Australia's National Research Organisation for Women's Safety (ANROWS), Evidence to Action: Informing Direction for the Second Action Plan (May 2026), 10–12, 43–51. OWN NSW conducted a full-text search of the 54-page consultation paper. The terms "older women", "elder abuse", "ageism", "aged care" and "adult children" do not appear.
6. Australian Government, National Plan: Executive Summary, 15–17. The later-life list includes sexual violence, economic abuse, physical violence, violence in institutions, and violence perpetrated by intimate partners, family members and carers.
7. Australian Government, Outcomes Framework 2023–2032 (2023), 5, 8. Older women appear in the priority-groups layer of the framework but are not among the six initial national targets or the cohorts expressly named in the discussion of future target development.
8. Australian Government, First Action Plan 2023–2027, 26, 28, 30, 38, 47.
9. Australian National Audit Office, Coordination and Targeting of Domestic Violence Funding and Actions, Auditor-General Report No. 45 of 2018–19 (Canberra: ANAO, 2019), especially paras 10–17, 3.48–3.65 and recommendations 1–4, <https://www.anao.gov.au/work/performance-audit/coordination-and-targeting-domestic-violence-funding-and-actions>.
10. The table synthesises: Council of Australian Governments, National Plan to Reduce Violence against Women and their Children 2010–2022 (2011); Australian Government, Second Action Plan 2013–2016: Moving Ahead (2014); Australian Government, Third Action Plan 2016–2019 (2016); Australian Government, Fourth Action Plan 2019–2022 (2019); Australian Government, National Plan to End Violence against Women and Children 2022–2032 and associated implementation documents; ANAO, Coordination and Targeting; and ANROWS, Evidence to Action.
11. Australian Bureau of Statistics, Disability, Ageing and Carers, Australia: Summary of Findings, 2022; Australian Institute of Health and Welfare (AIHW), "Family, Domestic and Sexual Violence: Older People," updated 24 February 2026. ABS reported that women aged 65 and over living in households were nearly twice as likely as older men to live alone, and women comprised almost two-thirds of people in cared accommodation.
12. Australian Government, First Action Plan 2023–2027, 30–38; AIHW, "Older People"; Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect (2021); Older Women's Network NSW, Hear Our Voices resources.
13. Qu et al., National Elder Abuse Prevalence Study: Final Report (Melbourne: Australian Institute of Family Studies, 2021); AIHW, "Older People." The study estimated 14.8 per cent overall, commonly described as about one in six. Women reported 15.9 per cent and men 13.6 per cent. The sampling limitations described in the report are central to interpretation.
14. AIHW, "Older People," drawing on the National Elder Abuse Prevalence Study. Family members accounted for about 53 per cent of perpetrators; the perpetrator profile differed by abuse type. The study reported that 55 per cent of perpetrators were male.
15. Qu et al., National Elder Abuse Prevalence Study; AIHW, "Older People." About 36 per cent of people experiencing abuse sought help; reported help-seeking for sexual abuse was lower, and only a small proportion contacted a helpline.
16. AIHW, "Older People," using ABS Personal Safety Survey and Recorded Crime data. Estimates of 17,300 women aged 55 and over experiencing sexual violence in the previous two years and 15,300 women aged 65 and over experiencing stalking in the previous 12 months have high relative standard errors and should be interpreted cautiously. Police-recorded sexual assault data are not prevalence estimates.
17. ANROWS, A Life Course Approach to Determining the Prevalence and Impact of Sexual Violence in Australia (2022), reporting Australian Longitudinal Study on Women's Health data for women aged 68–73.
18. Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, Volume 2 (2021), 150. The Royal Commission estimated the number of alleged incidents of unlawful sexual contact in residential aged care in 2018–19 could be as high as 2,520, or almost 50 per week, describing this as a disgrace and a source of national shame. None of the Final Report's 148 recommendations specifically addressed the prevention of sexual violence.
19. KPMG, Prevalence Study for a Serious Incident Response Scheme (report for the Australian Department of Health, 2019). In a 2019 KPMG study of 1,259 resident-on-resident "Type 1" incidents reported by participating services, providers recorded reporting to police as an action in only three cases. Among 31 incidents categorised as rape, sexual assault or touching a resident's genital area without consent, providers recorded 58.1 per cent as having "no impact".
20. The #ReadyToListen project, delivered by the Older Persons Advocacy Network in partnership with Celebrate Ageing Ltd and the Older Women's Network NSW, funded by the Australian Department of Health, <https://opan.org.au/readytolisten/>. OWN NSW's petition calling on the Royal Commission to address sexual assault in its final report attracted more than 11,000 signatures.
21. Catherine Barrett, "An Uncomfortable Truth: The Sexual Assault of Older Women", Compass (2020), <https://www.compass.info/featured-topics/sexual-abuse-of-older-women/uncomfortable-truth-sexual-assault-older-women-dr-catherine-barrett/>. Dr Barrett's #InHerShoes project documents the experiences of older women who have reported sexual assault; the research cited there finds that, without training, responders too often dismiss older women's reports as the recall of a childhood assault, a urinary tract infection, dementia or delirium.
22. Australia's National Research Organisation for Women's Safety, "Chuck her on a lie detector": Investigating Australians' mistrust in women's reports of sexual assault, <https://www.anrows.org.au/publication/chuck-her-on-a-lie-detector-investigating-australians-mistrust-in-womens-reports-of-sexual-assault/>; ANROWS, submission to the Australian Law Reform Commission inquiry into justice responses to sexual violence (2024), <https://www.alrc.gov.au/wp-content/uploads/2024/07/149.-ANROWS.pdf>.
23. Victorian Law Reform Commission, Improving the Justice System Response to Sexual Offences (2021), including recommendation 84 on ground rules hearings, implemented through amendments to the Criminal Procedure Act 2009 (Vic); Australian Law Reform Commission, Safe, Informed, Supported: Reforming Justice Responses to Sexual Violence (Report 143, 2025).
24. Australian Government, National Plan: Executive Summary, 15–17; Our Watch, Preventing Intimate Partner Violence Against Older Women (2022).
25. Australian HR Institute, Older and Younger Workers Report 2025 (Melbourne: AHRI, 2025).
26. Australian Government, First Action Plan 2023–2027, 47.
27. Brendan Coates and Joey Moloney, Renting in Retirement: Why Rent Assistance Needs to Rise (Grattan Institute, 2025). The report found that two-thirds of retirees who rent privately live in poverty, including more than three in four single women living alone, and that a single pensioner relying solely on income support could afford to rent 4 per cent of one-bedroom homes in Sydney after covering non-housing essentials of at least \$379 per week.

28. Department of Social Services, Leaving Violence Program (permanent national program from 1 July 2025), providing eligible victim-survivors with one-off financial support of up to \$5,000 together with safety planning and referral services.
29. Australian Government, First Action Plan 2023–2027, 30.
30. Australian Government, National Plan to End the Abuse and Mistreatment of Older People 2026–2036 (2026), 20–22, <https://www.ag.gov.au/rights-and-protections/publications/national-plan-end-abuse-and-mistreatment-older-people-2026-2036>.
31. UK Home Office, Domestic Abuse Act 2021: Statutory Guidance (London, 2022), section on age and older people, https://assets.publishing.service.gov.uk/media/62c6df068fa8f54e855dfe31/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf.
32. Australian Law Reform Commission, *Elder Abuse-A National Legal Response* (ALRC Report 131, 2017), ch 5, especially recommendation 5–3; Australian Government Attorney-General's Department, *National Register of Enduring Powers of Attorney-Public Consultation Paper* (19 April 2021); Australian Government Attorney-General's Department, *Achieving Greater Consistency in Laws for Financial Enduring Powers of Attorney* (consultation, 2023); Australian Human Rights Commission, *Empowering Futures: A National Survey on the Understanding and Use of Financial Enduring Powers of Attorney* (September 2024).
33. UK Finance, "Over £55 Million of Fraud Prevented in 2022 by Rapid Response Scheme" (2023), and *Financial Abuse Code* (2025); Financial Industry Regulatory Authority, "Frequently Asked Questions Regarding FINRA Rules Relating to Financial Exploitation of Senior Investors," addressing FINRA Rules 2165 and 4512.
<https://www.ukfinance.org.uk/news-and-insight/press-release/over-ps55-million-fraud-prevented-in-2022-rapid-response-scheme>
<https://www.ukfinance.org.uk/policy-and-guidance/reports/financial-abuse-code>
<https://www.finra.org/rules-guidance/guidance/faqs/frequently-asked-questions-regarding-finra-rules-relating-financial-exploitation-seniors>
34. Joint Venture, *Analysis-Older People and Kaumātua*. <https://preventfsv.govt.nz/assets/National-strategy/Cohort-papers/Older-people-and-Kaumtua-Analysis-Paper.pdf>
35. The Centre for Family Violence and Sexual Violence Prevention, *Te Aorerekura Outcomes and Measurement Framework: Second Monitoring Report of the Executive Board for the Elimination of Family Violence and Sexual Violence* (Wellington: New Zealand Government, May 2026); The Centre for Family Violence and Sexual Violence Prevention, *Sexual Violence Workforce Capability Frameworks* (2026).
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38. The [un]Silencing of Older Women: A Gender Lens for Elder Abuse (2024), <https://ownnsw.org.au/wp-content/uploads/2025/04/Gender-Lens-For-Elder-Abuse-The-Unsilencing-of-Older-Women.pdf>.

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Older women have been named, but not planned for

Policy recommendations map of OWN NSW submission on the Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032

(21 July 2026)

Recommendation	Implementing body	Notes for consideration / where to find the rationale
Part A - The thirteen formal recommendations (Section 7 of the submission)		
Recommendation 1 Create a dedicated national action on “Older women and violence in later life” A distinct action spanning prevention, early intervention, response, and recovery and healing, covering IPV, adult-child and family violence, sexual violence, economic and financial abuse, technology-facilitated abuse, coercive control, neglect, medication misuse and institutional/care-setting violence. Reflected in every jurisdictional activity addendum with named leads, milestones and funding.	Commonwealth Department of Social Services (DSS) as National Plan custodian, jointly owned with elder abuse (Attorney-General’s Department) and aged care (Department of Health, Disability and Ageing) policy systems. All state and territory governments via jurisdictional activity addenda.	Rationale: Section 1 (recognition without implementation), Section 2 (policy history table), Section 3 (the consultation paper regression), and the Executive statement. Priority: Named in the Executive statement (“Where to start”) as one of the top three asks if the Plan can only do three things.
Recommendation 2 Define the interface between gender-based violence and elder abuse systems State that an older woman’s experience may fall within more than one framework. Separate allocation from classification: the responding system should be determined by what the woman needs and who is best placed to act, but the violence must still be counted, funded, analysed and reported as violence against women wherever the facts support it.	DSS, the Attorney-General’s Department and the Department of Health, Disability and Ageing as joint Commonwealth owners. State and territory DFV, sexual violence, elder abuse, aged care, health, justice, police, legal, financial and guardianship systems as protocol parties.	Rationale: Section 5, “The gender-neutral elder abuse silo”, and Section 7, Recommendation 2, particularly the allocation rule and “What no wrong door means”. The protocol must prevent both administrative relabelling and simple referral without accepted responsibility. Priority: second of the three central asks.

Recommendation	Implementing body	Notes for consideration / where to find the rationale
Publish a joint implementation and referral protocol linking the two National Plans. At a minimum, it should require the first service to retain responsibility until another service accepts the case; common later-life screening and risk assessment; one named practitioner and accountable agency; consent-based information sharing; supported decision-making; confirmed handover and follow-up; and a protected route where the alleged perpetrator controls the woman's telephone, transport, money, care or legal authority. Apply the Gender Lens for Elder Abuse at the interface.		
Recommendation 3 Put older women in the governance of the Plan An older-women advisory mechanism or reserved expertise within the national advisory council; sustained, paid lived-experience participation (not one-off consultation) inclusive of First Nations, migrant/refugee, LGBTIQ+, disability, dementia, rural/remote, homelessness and imprisonment experience; funding for peaks and specialist organisations to bring voices in safely.	DSS / National Plan governance architecture (national advisory council) Funding decisions: Australian Government budget process, with peaks and specialist organisations as funded delivery partners	Rationale: Section 7 (Rec 3 text) - the costing argument (recruitment, accessibility, interpreters, trauma-informed facilitation, debriefing) draws directly on OWN NSW's own Hear Our Voices practice described in "About OWN NSW" and Section 4. Government cannot mandate lived-experience participation while expecting community organisations to absorb the cost. Pairs naturally with the conclusion's validation-phase request (see Part C).
Recommendation 4 Build a data system that does not lose women as they age Core set: report now: age in bands of 50–59, 60–69, 70–79, 80–89 and 90+; sex and gender; relationship to the person using violence; type of violence, including separate financial and sexual violence categories; setting; and service outcome, including whether a referral was accepted and a service received; fatal outcomes and alleged offender relationship Development set: fund and build: disability, cognitive impairment and communication needs; Aboriginal and	DSS as National Plan and Outcomes Framework owner. ABS and AIHW as joint data leads, including the FDSV Integrated Data System. The Aged Care Quality and Safety Commission and state and territory police, health, justice, housing and service-data custodians.	Rationale: Section 4 on excluded populations and Section 7, Recommendation 4. The revised recommendation distinguishes what existing systems can report now from what needs new collection and funding. Priority: third of the three central asks. Reporting the core set is the immediate component.

Recommendation	Implementing body	Notes for consideration / where to find the rationale
Torres Strait Islander status and cultural and language background; housing and tenure; substitute decision-making arrangements; repeat victimisation, duration and severity; help-seeking history; and victim-survivor reported safety, agency and wellbeing. Write these variables into identified national collections, develop a later-life flag through the AIHW FDSV Integrated Data System, require the first age-disaggregated report within two years, and establish a national older-women target without waiting for perfect prevalence data.		
Recommendation 5 Establish specialist later-life pathways within universal services Designated later-life practitioners, outreach and secondary consultation within DFV, sexual assault and elder abuse services; health-justice partnerships in hospitals, geriatric services and aged care; warm referrals from banks, housing, Centrelink and community organisations; access not conditional on leaving home, digital capability or naming the experience as violence. The designated later-life practitioner should be the named coordinator who receives warm handovers, confirms that services have accepted their roles and checks that the woman has not fallen out of the pathway.	State and territory governments as primary service commissioners DSS via National Partnership funding streams Mainstream institutions (health services, banks, Services Australia, housing providers) as referral-pathway partners	Rationale: Section 4 (“older women encounter violence in more than one system” - the front door is almost never a DFV service; only ~36% help-seeking, endnote 15) and Section 5 (“age-neutral universalism”). OWN NSW’s existing Hear Our Voices resources provide a strong foundation for this work. National adoption should be supported through a funded partnership covering adaptation, accessibility, training support, dissemination, maintenance and evaluation.
Recommendation 6 Make age-aware, rights-based practice a workforce standard Nationally consistent capability requirements across specialist and mainstream workforces - covering ageism×sexism, later-life IPV, adult-child/carer coercive control, misattribution of abuse signs to ageing, dementia	All governments via workforce strategies under the National Plan Accreditation, commissioning and professional standards bodies (health, aged care, community services)	Rationale: Section 4 (“ageism changes what services see and believe”) and the England and Wales example in Section 6 (statutory guidance naming later-life dynamics - endnote 31). The key design point is “training on its own is not enough” as capability must sit in accreditation and commissioning so it survives staff turnover. The dual-failure framing (disbelieving

Recommendation	Implementing body	Notes for consideration / where to find the rationale
and supported decision-making, and the line between safety intervention and paternalistic control - embedded in accreditation, commissioning, supervision and clinical governance, not just training. DSS / workforce strategy to recommend Hear Our Voices (OWN NSW; free; voices.ownnsw.org.au) as a national frontline training resource, alongside embedding Ready to Listen in residential aged care.	Police, legal, financial and guardianship/trustee institutions for sector protocols	her vs believing her then removing her agency) is distinctive to this submission. Hear Our Voices is a freely available existing resource that provides a strong foundation for this workforce standard. It already covers ageism, dementia, sexual assault in later life and aged care, outreach, and recovery and healing, and is built for the whole workforce older women actually interact with - health workers, aged-care workers, and everyone who works with older people. This mirrors how Rec 10 treats Ready to Listen: adopt the asset OWN has already built - with the core development work already completed, but with funded implementation still required.
Recommendation 7 Fund recovery and healing for older women, including historic disclosure Long-term, age-aware recovery options co-developed with older women: specialist counselling and trauma treatment, peer and group programs, health and aged-care responses, legal and financial help, culturally safe healing, and support for women with disability, dementia or cognitive impairment. Eligibility must not require a recent incident, police report, current court matter or repeated retelling. Entry, exit and return as circumstances change; outcomes measured in safety, health, agency, connection and material stability.	Australian Government (DSS) with state/territory health and community services Department of Health, Disability and Ageing for health and aged-care-linked responses	Rationale: Section 4 (“sexual violence does not end at 65” - 26% lifetime sexual violence among women 68–73, endnote 17; women disclosing for the first time in their 70s and 80s in Hear Our Voices workshops; women married before marital rape was criminalised).
Recommendation 8: Housing, income and control of money as safety infrastructure Recommendation 8(a) Housing as safety infrastructure Dedicated measures for safe, long-term housing for older women escaping violence, including accessible housing and care-proximate options; expansion of social and community housing; long-term rentals capped at 30% of	Commonwealth and state housing ministers / Housing Australia and state housing agencies (link to National Housing and Homelessness Plan) DSS for National Plan reporting	Rationale: Section 4 (“economic insecurity is both a risk and a constraint”; First Action Plan’s own recognition of the housing crisis, endnote 26) and Rec 8 text. Evidence from practice: HOW is cited as both need and working model - 80+ women housed in the Blue Mountains since May 2024, now extending to the Southern Highlands.

Recommendation	Implementing body	Notes for consideration / where to find the rationale
income; national reporting on how many older victim-survivors obtain and sustain permanent housing, wait times and rent burden. Crisis accommodation is not a housing outcome; staying safely at home must remain an option where the woman chooses it.		
Recommendation 8(b) Income support as the safety system Name poverty as a core risk/vulnerability indicator across the Plan; whole-of-government review of payment adequacy for women escaping violence in later life (Age Pension, Commonwealth Rent Assistance, JobSeeker for women 55–66) that ends in a changed rate, not another report; an ongoing safety supplement within social security rather than one-off crisis payments; conditionality exemptions; and intent-to-claim lodgement before a woman leaves.	DSS (payment policy) and Services Australia (administration) Treasury / Cabinet budget process for rate changes Whole-of-government review as specified in the recommendation	Rationale: Section 4 (“the payment system cannot fund safety”) - two-thirds of renting retirees in poverty, over three in four single women alone (endnote 27); the Leaving Violence Program critique, including its intimate-partner eligibility restriction and the limitations of one-off assistance for women facing permanent income loss.
Recommendation 8(c) Legal and financial control as a safety response Treat financial exploitation as a safety issue, not solely a legal, asset or consumer dispute. Risk-assessment tools used by police, DFV, health, aged-care and financial services should identify later-life indicators: sudden changes to an enduring power of attorney or will; control of pensions, accounts or cards; house-for-care agreements; new credit or debt; loss of access to an account; and an adult child or attorney speaking for the woman. Provide rapid remedies for property, tenancy, banking, debt, superannuation, family agreements and misappropriated assets. Hardship relief, waiver, correction of credit reporting and recovery of assets should not depend on the woman first proving the abuse in court.	Standing Council of Attorneys-General and Attorney-General’s Department for EPOA harmonisation and the national register. State and territory justice, guardianship and trustee bodies; legal-assistance services; DFV, health and aged-care systems; and financial institutions for safety screening and remedies.	Rationale: Recommendation 8(c), which expressly reframes control of money as control over a woman’s ability to leave, obtain food, retain housing, instruct a lawyer and access services. The register verifies the existence and currency of an instrument; it cannot by itself detect misuse by a validly appointed attorney. Coerced-debt remedies must operate quickly and should not require a prior criminal, tribunal or court finding.

Recommendation	Implementing body	Notes for consideration / where to find the rationale
Finalise nationally consistent financial EPOA laws and establish a mandatory national register, with accessible flagging and revocation pathways. Registration must be treated as infrastructure, not proof that a valid attorney is acting properly.		
Recommendation 8(d) Bring banks and financial institutions inside the safety system through trained frontline staff, recognised later-life risk indicators, a statutory safe harbour to pause suspicious transactions, trusted-contact arrangements a perpetrator cannot capture, rapid police-response protocols and effective support for coerced debt. Treasury, ASIC and the Australian Banking Association should deliver this jointly with the DFV and elder-abuse sectors. Progress must be reported under the Second Action Plan, not only through industry compliance reporting.	Treasury and ASIC (regulatory architecture) Australian Banking Association and member banks (industry codes and training) State/territory police (rapid-response protocol) DSS for reporting under the Second Action Plan.	Rationale: Recommendation 8(c) and the UK and US financial-safety examples in Section 6. The critical change is not simply bank training. Financial institutions must have clear powers, safeguards and referral pathways, while preserving the older woman's privacy, agency and control.
Recommendation 9 Fund a national employment pathway for women over 50 leaving violence National adaptation and rollout of the Employment Pathways model with specialist women's/DFV organisations in each jurisdiction: individual support, digital and job-search skills, employment-gap support, employer engagement, training links and in-work assistance. Voluntary - never a condition of income support. Outcomes measured in secure employment, income, sustained participation and housing/financial independence, not referral counts.	Australian Government - Department of Employment and Workplace Relations with DSS Specialist women's and DFV organisations as delivery partners in each jurisdiction guided by OWN.	Rationale: Section 4 ("economic insecurity" - AHRI 2025 survey: only 56% of HR professionals open to recruiting 50–64s and 28% for 65+, endnote 25; "the less a woman can earn, the longer she remains financially tied to a person who harms her"). Evidence from practice: OWN NSW already delivers this in NSW/ACT - the ask is a national scale-up of an existing OWN program.
Recommendation 10 Hold aged-care providers accountable for sexual violence in residential care	Department of Health, Disability and Ageing and Aged Care Quality	Rationale: Ready to Listen provides an existing practice foundation. National implementation can commence immediately; embedding mandatory requirements through

Recommendation	Implementing body	Notes for consideration / where to find the rationale
Name sexual violence in residential aged care as gender-based violence within the National Plan. Acknowledge existing SIRS and police-reporting obligations, while recognising that notification is not the same as an independent, survivor-centred sexual violence response. Commit to: provider-level reporting of unlawful sexual contact notifications and outcomes; an immediate offer of access to an independent sexual assault service or advocate external to the provider; health and forensic care, communication support, counselling, evidence preservation and supported decision-making; regulatory consequences for recurring failures; a standard that disclosures by residents with cognitive impairment are credible grounds for action; national implementation of Ready to Listen; and inclusion of SIRS data in the National Plan's Outcomes Framework, disaggregated by sex and age.	and Safety Commission for aged-care regulation and SIRS data. DSS for National Plan scope, Outcomes Framework and reporting. State and territory sexual assault services, health systems and police as response partners. Independent advocacy and sexual assault services as survivor-response partners. Aged Care Quality and Safety Commission - to make training on sexual abuse mandatory using free training material - Ready to Listen – auspiced in OPAN website.	standards, accreditation or commissioning is the later structural step reflected in the implementation ladder. Current SIRS and police reporting duties are necessary but do not guarantee independent advocacy, specialist sexual assault support, forensic and health care or transparent outcomes. The key reform is to make the same incidents visible and accountable within both the aged-care and gender-based violence systems.
Recommendation 11 Fix police and court responses to sexual violence against older women All governments to commit to: co-designed police training confronting dismissal of disclosures as confusion, illness or fantasy; investigation protocols where a capacity question triggers communication support, not case closure; prosecutorial guidance treating cognitive impairment as a question of how evidence is taken, never whether a woman is believed; extension of ground rules hearings, intermediaries and pre-recorded evidence to older complainants in every jurisdiction; published data on report outcomes by complainant age; ALRC justice reforms implemented so as to explicitly include older women, and reported against.	State and territory police services, DPPs and courts Attorney-General's Department and standing councils of attorneys-general (ALRC implementation) National Cabinet / ministerial councils for cross-jurisdiction commitment	Rationale: Section 4 ("police and courts: the response that decides what happens next") - disclosures dismissed as UTIs, delirium or childhood memories (endnote 21); rape myths plus ageism as a double credibility discount (endnote 22); perpetrators deliberately target women who will not be believed (Ready to Listen, endnote 20); Victorian ground rules hearings as existing precedent (endnote 23).

Recommendation	Implementing body	Notes for consideration / where to find the rationale
Recommendation 12 Put ageism into prevention, not just workforce training Primary prevention that confronts the social devaluation of older women; campaigns depicting older women with sexuality, authority, rights and agency; public education naming later-life IPV, adult-child abuse, sexual assault, financial control and abuse in care settings; a later-life coercive control narrative (not “love bombing” translated); prevention reaching families, aged care, health, retirement communities, faith communities, banks, housing, clubs and online spaces.	Our Watch and national prevention architecture funded under the Plan DSS and state/territory prevention programs Settings-based partners (aged care, health, banks, faith and community organisations)	Rationale: Section 4 (“ageism changes what services see and believe”; the asexual/dependent double stereotype) and Section 3 (the consultation paper omits ageism entirely, endnote 5).
Recommendation 13 Make implementation visible and independently accountable Every older-women commitment should identify a lead government, delivery partners, funding source, commencement date, milestone and outcome measure. Annual reporting should distinguish activities from outcomes and report specifically on older women, the interface with the older-people National Plan, sexual violence in residential aged care and the inclusion of SIRS data within the National Plan’s Outcomes Framework. Independent evaluation should test access, recognition, agency, closed-loop handovers and safety, housing, health, financial, justice and recovery outcomes.	Domestic, Family and Sexual Violence Commission (monitoring and reporting) DSS (implementation planning and public reporting) Independent evaluators; ANAO as the accountability backstop Aged Care Quality and Safety Commission	Rationale: Section 1 and Section 5 (“naming without delivery”) - the 2019 ANAO audit found no completed Third Action Plan implementation plan and activity counted as achievement (endnote 9). Cross-system actions must be reported through both national frameworks so that neither system can treat referral to the other as a completed outcome.
Part B - Additional Recommendations		
Ask 1 Victim-survivors priority must explicitly name older women	DSS (drafting of the Second Action Plan priority text)	Rationale: Section 8 (“Victim-survivors”), building on Sections 3 and 4. Effectively the drafting-level expression of Recs 1 and 7.

Recommendation	Implementing body	Notes for consideration / where to find the rationale
State that whole-of-life includes violence that continues, begins, is disclosed or has lasting effects in later life; recognise wider perpetrator/setting range; require recovery responses for historic violence; define “person-centred” to include supported decision-making and protection of agency.		
Ask 2 Prevention and early intervention must extend beyond the violence sector Address ageism as a condition that lets violence be minimised or hidden; extend early intervention into health, aged care, banking, housing, Centrelink, legal and community settings; equip family, friends and community workers to respond without blaming, without unsafe confrontation, and without taking control from the woman.	DSS and state/territory prevention and early intervention programs; mainstream setting institutions	Rationale: Section 8 (“Prevention and early intervention”), Section 4 (front-doors evidence) and Section 5 (age-neutral universalism).
Ask 3 Support the children and young people priority - and apply its principle consistently OWN NSW explicitly supports the dedicated children and young people priority, and asks that its underlying principle - age and developmental stage change experience and response - be applied at both ends of life. Neither cohort should displace the other.	DSS (priority architecture of the Plan)	Rationale: Section 3 (the symmetry argument: “a plan cannot call itself life-course if it is age-specific at one end of life and age-blind at the other”) and Section 8.
Ask 4 Perpetrator responses must cover later-life perpetrator types Include older partners, adult sons and daughters, other relatives, carers, workers and co-residents; risk assessment must not assume a current/former male intimate partner as the only relevant perpetrator while holding a clear gender analysis; accountability options must	State/territory perpetrator intervention systems and their commissioners; national perpetrator research and standards bodies	Rationale: Section 4 (perpetrator evidence - family members ~53% of perpetrators, adult children prominent, endnote 14) and Section 8 (“People who use violence”).

Recommendation	Implementing body	Notes for consideration / where to find the rationale
respond to financial control, misuse of legal authority, neglect and care/housing/medication-linked coercion.		
Ask 5 System integration must include the systems older women actually enter Formal integration across DFV and sexual violence, elder abuse, aged care, health, disability, housing, legal, financial, police and guardianship systems. Apply the operational no-wrong-door standard: common later-life screening, one named coordinator, the first service retaining responsibility until handover is accepted, consent-based information sharing, supported decision-making, confirmed referral, follow-up and shared reporting.	All governments; DSS as integration framework owner; the ten named sectors as parties	Rationale: Section 8 (“System integration and workforce” - identified as where the omission does the most damage and where the greatest opportunity lies). The operational counterpart of Rec 2. This is the system-wide application of Recommendation 2’s allocation rule and closed-loop handover standard.
Ask 6 Include older women in the design and testing of all technology-facilitated abuse work Any national TFA work must include older women in design and testing, and every digital-only service channel should be assessed as a potential point of perpetrator control (the perpetrator as “tech support” who legitimately administers MyGov, My Aged Care and banking access).	eSafety Commissioner and DSS TFA workstreams Agencies operating digital-only channels (Services Australia, My Aged Care, banks)	Rationale: Section 4 (“technology-facilitated abuse has a later-life form”).
Ask 7 Require gender-and-age impact analysis in relevant programs and evaluations Apply the Gender Lens for Elder Abuse as the standard at the interface between the two National Plans and in relevant policy design, commissioning, workforce development, data, monitoring and evaluation.	DSS and evaluation commissioners across the Plan; program-owning agencies	Rationale: Section 6 (Canada example, endnotes 36–38). Low-cost, high-leverage ask.

Recommendation	Implementing body	Notes for consideration / where to find the rationale
Ask 8 Adopt the Aotearoa NZ continuity chain for older people Dedicated engagement → published population analysis → named implementation relationships → workforce capability → disaggregated monitoring, as done for older people and kaumātua under Te Aorerekura.	DSS (engagement and analysis phases); DFSV Commission (monitoring end of the chain)	Rationale: Section 6 and Recommendation 2. The tool already exists and can be adopted immediately, but proper application still requires governance, workforce capability and evaluation.
Ask 9 Include OWN NSW in the Department's validation phase OWN NSW asks to be part of the validation phase in which draft Plan elements are tested with subject matter experts before finalisation, bringing Hear Our Voices evidence, HOW, Employment Pathways and Wellness Centre practice knowledge.	Department of Social Services (Second Action Plan drafting team)	Rationale: Conclusion.

From quick wins to the hardest asks

Implementation ladder for the OWN NSW submission on the Second Action Plan - sequenced easiest to hardest, with impact scored independently

Effort and impact are separate judgements. Some actions can commence quickly because the core resource, data or administrative mechanism already exists; this does not mean implementation is cost-free. Effort reflects funding, legislation, system redesign and the number of parties that must agree. Impact reflects how much the action could change safety and outcomes for older women.

Recommendations 4, 6 and 10 are split because each contains an immediately achievable first step and a harder structural reform: report the core dataset now while building the development set; adopt existing workforce resources while embedding capability in standards; and implement Ready to Listen while building the independent response and provider-accountability framework.

A strategic thread: the cheapest high-impact asks - rows 1, 2 and 4 - are all assets which were developed by Celebrate Ageing with OWN NSW (Ready to Listen, Hear Our Voices, the Gender Lens) the Department can adopt at zero development cost.

OWN NSW's proven programs - the evidence behind the asks

These are not proposals. They are existing programs and resources developed through practice with older women. Several are the low-cost, high-impact quick wins at the top of the ladder below.

Ready to Listen	Australia's first national project on preventing and responding to sexual assault in residential aged care, co-developed by Dr Catherine Barrett with OWN NSW, and auspiced through OPAN's website. National adoption and implementation, however, require funded partnership for adaptation, accessibility, training support, dissemination, maintenance and evaluation.
Hear Our Voices	A NSW Government-funded body of work on sexual assault in later life, built with more than 60 older women across six workshops. It is free frontline resources - covering ageism, dementia, sexual assault in aged care, outreach and recovery - and ready for every worker who meets older women, at zero development cost (row 2).
Homes for Older Women (HOW)	A working housing model, not a pilot: 83 older women housed in the Blue Mountains since May 2024, now extending to the Southern Highlands. It is the proof that safe, long-term housing for older women escaping violence can be delivered - the evidence underpinning Rec 8(a).
Employment Pathways	A specialist, age-aware, trauma-informed employment program already running in NSW and the ACT for women rebuilding income in their 50s, 60s and 70s. Because economic dependence is what keeps women tied to those who harm them, restoring income is high-impact safety work - and Rec 9 is a national scale-up of a model that already works.
Gender Lens for Elder Abuse	A published analytical tool for applying gender-and-age analysis to elder abuse policy and practice. Requiring its use (row 4) embeds OWN's existing work into government process at almost no cost.

#	Recommendation	Implementation Complexity	Impact	Why it sits here
Tier 1 - Actions that can commence within the first year: the core asset or data already exists, or the action is a drafting or administrative decision. Some implementation funding may be required, but none requires the underlying resource to be developed again.				
1	Rec 10(a) - Endorse and fund national implementation of Ready to Listen Adopt Ready to Listen in national aged-care workforce guidance and fund national implementation, accessibility, adaptation, provider support, dissemination, maintenance and evaluation.	Low	High	The model and core resources already exist, so government can commence national implementation immediately. Making training mandatory through regulation, accreditation or commissioning is a separate structural step addressed with the workforce and provider-accountability reforms.
2	Rec 6(a) — Adopt and fund Hear Our Voices as a national frontline resource Recommend/adopt these as the go-to frontline resources for health workers, aged care workers and everyone who works with older people.	Low	High	Hear Our Voices already exists free at voices.ownnsw.org.au which covers ageism, dementia, sexual assault in later life, outreach and recovery. National adoption can begin quickly, but accessibility, adaptation, dissemination, training support, maintenance and evaluation require funding.
3	Rec 4(a) — Publish the core later-life dataset Report age bands, sex and gender, perpetrator relationship, type of violence, setting and service contact/outcome using data already collected or capable of being derived.	Low	High	The body of the submission identifies these as the “report now” variables. This requires reporting specifications, coordination and limited data work, not a new prevalence study. The first core-set report should be published within two years, while the development set is built.
4	Ask 7 — Apply the Gender Lens for Elder Abuse at the interface between both Plans Apply the existing Gender Lens in policy design, commissioning, monitoring and evaluation.	Low	Medium-High	The tool already exists. The ask is only that government use it. Low-cost, high-leverage. The third available asset the Department can adopt without funding the core resources again, although national implementation requires funded partnership, adaptation, accessibility, dissemination, maintenance and evaluation.
5	Ask 1 - Explicitly name older women in the victim-survivor priority text A drafting change to the Plan’s own words.	Low	Medium	This is a relatively negligible cost drafting change, but its value depends on the funded measures that follow. The impact depends on the funded asks that follow it.

#	Recommendation	Implementation Complexity	Impact	Why it sits here
6	Ask 9 - Include OWN NSW in the validation phase A single decision by the Department to seat OWN's evidence in the draft-testing stage.	Low	Medium	One decision, no cost. Gets Hear Our Voices, HOW and Employment Pathways evidence into the draft so strategic leverage rather than direct system-wide impact.
7	Ask 3 - Back the children/young people priority and apply its principle at both ends of life Positioning: support the dedicated children's priority and ask that its age-and-stage logic apply to later life too.	Low	Low	Drafting and positioning only. It protects the submission's framing and signals alliance, but delivers little new change on the ground by itself.
Tier 2 - Moderate: needs some funding, programming or governance change, but works within existing architecture and requires few or no legislative changes.				
8	Ask 6 - Require older women in the design and testing of all tech-facilitated-abuse work An inclusion requirement attached to TFA workstreams already funded and moving.	Low–moderate	Medium	This adds an older-women lens to work already under way. Meaningful inclusion requires funded participation, accessible engagement and time to test the design with older women.
9	Rec 13 - Attach a lead, funding, milestone and outcome to every older-women commitment Attach a lead, funding source, commencement date, milestone and outcome to every older-women commitment. Require the DFSV Commission to report specifically on older women, the interface between the two Plans, closed-loop handovers and sexual violence in residential aged care.	Moderate	High	Uses existing accountability bodies, but requires coordinated reporting across DSS, the older-people National Plan, Health and the Aged Care Quality and Safety Commission. It is the enforcement mechanism for the substantive recommendations.
10	Rec 3 - Reserved older-women expertise in Plan governance, with funded paid participation An advisory mechanism within the national council, plus funding for genuine lived-experience participation.	Moderate	Medium	Fits inside the existing council architecture. The only real cost is funding participation properly ie recruitment, interpreters, trauma-informed facilitation, debriefing.

#	Recommendation	Implementation Complexity	Impact	Why it sits here
11	Ask 8 - Adopt the Aotearoa NZ continuity chain Engagement → published analysis → named implementation → workforce capability → disaggregated monitoring.	Moderate	Medium	A process design, not a new service system. Its value is continuity plus recognition that survives from consultation through to monitoring, which is exactly where Australian plans have dropped older women before.
12	Rec 12 - Put ageism into primary prevention; build a later-life coercive-control narrative Prevention that names later-life IPV, adult-child abuse and abuse in care - not “love bombing” translated.	Moderate	Medium	Uses the existing Our Watch prevention architecture. Impact is real but long-horizon and diffuse, which is why it isn’t a top-tier quick win despite low legislative friction.
13	Ask 2 - Extend early intervention beyond the violence sector Into health, aged care, banking, housing, Centrelink, legal and community settings.	Moderate	Medium	Partly drafting, partly capability-building into settings that already exist. The reach is the point; the effort is coordination rather than new infrastructure.
14	Ask 4 - Make perpetrator responses cover adult children, carers and co-residents Risk assessment and intervention models that don’t assume a current or former male partner.	Moderate	Medium	A redesign of existing perpetrator programs rather than a new system. Connects to OWN’s advocacy on the limits of men’s behaviour change programs.
15	Rec 6(b) — Embed age-aware capability and Ready to Listen in accreditation, commissioning and clinical governance Embed later-life capability requirements, and, for aged care, the Ready to Listen framework, within standards, accreditation, commissioning, supervision and quality assurance.	Moderate–high	High	Existing Hear Our Voices and Ready to Listen materials can inform the work. Durable implementation requires funded adaptation and embedding in standards, accreditation, commissioning, supervision and quality assurance.
Tier 3 - Hard: new funded programs, method development, or cross-jurisdictional coordination. Real money and real negotiation.				
16	Rec 9 - Fund a national over-50 employment pathway for women leaving violence	Moderate–high	High	Economic dependence is the binding constraint on safety. The less a woman can earn, the longer she stays tied to a person who harms

#	Recommendation	Implementation Complexity	Impact	Why it sits here
	National adaptation and rollout of OWN's Employment Pathways model.			her. Restoring income restores the practical possibility of leaving. A working model already exists in NSW/ACT, so this is a scale-up, not a build; it needs new national funding and jurisdictional delivery partners.
17	Rec 10(b) — Build the independent survivor-response and aged-care accountability framework Independent external sexual assault response; SIRS data incorporated into the National Plan Outcomes Framework; provider-level reporting; regulatory consequences for recurring failures; and a credibility standard for residents with cognitive impairment.	High	High	This requires coordination across aged-care regulation, DSS, sexual assault services, health and police. It is harder than adopting Ready to Listen, but it turns notification into an independent response and makes aged-care sexual violence visible within the gender-based violence system.
18	Rec 7 - Fund long-term, age-aware recovery and healing, including historic disclosure Specialist counselling, peer programs, flexible eligibility not tied to a recent incident or police report.	High	High	New funded, co-designed programs with genuinely different eligibility rules. New money and new design so no existing model to scale.
19	Rec 5 - Fund designated later-life practitioners, outreach and warm referrals inside universal services Specialist capability sitting behind the doors older women actually walk through.	High	High	New funded roles across multiple services plus mainstream-institution partnerships (banks, housing, Centrelink). A substantial service-system build.
20	Rec 4(b) — Build the development dataset, later-life flag and national target Reach women in residential aged care and closed settings; collect disability, cognitive impairment, communication, substitute decision-making, repeat victimisation and victim-reported outcomes; link	High	High	Unlike the reporting change in row 3, this needs method development, funding and privacy governance to reach the very women the surveys exclude. The harder half of the top-three data-and-target ask (the quick-win half is row 3)

#	Recommendation	Implementation Complexity	Impact	Why it sits here
	administrative data; develop an AIHW FDSV IDS later-life flag; and establish a national target.			
21	Rec 11 - Fix police and court responses to sexual violence against older women Training, investigation protocols, ground-rules hearings, pre-recorded evidence, published outcome data by age.	High	High	Requires every police service, DPP and court, plus AGD/ALRC implementation. Cross-jurisdictional coordination is the barrier, not the concept.
22	Ask 5 - Formally integrate the ten systems older women actually enter DFV and sexual violence, elder abuse, aged care, health, disability, housing, legal, financial, police and guardianship systems.	High	High	The operational counterpart of Recommendation 2. It applies the common screening, named coordinator, retained responsibility, accepted handover, supported decision-making, check-back and shared-reporting requirements across all relevant systems.
23	Rec 1 - Create the dedicated national action on older women and violence in later life A distinct action stream with named leads, funding and milestones across every jurisdiction.	High	High	The flagship, and priced accordingly. This is a whole new action reflected in every jurisdictional addendum. High effort, but everything else hangs off it. (Top-three ask.)
24	Rec 2 - Define the GBV/elder-abuse interface and publish a joint implementation protocol Establish the allocation rule and publish the joint protocol: the system best placed to meet the woman's needs leads the response, while the violence remains classified, counted and reported appropriately. Require the first service to retain responsibility until an accepted handover, one named practitioner, common screening, supported decision-making, confirmed referral and follow-up.	High	High	Two national plans and multiple systems must agree on operational responsibility, data classification and accountability. The protocol is complex, but preparatory work can begin immediately while both implementation frameworks are being developed.

#	Recommendation	Implementation Complexity	Impact	Why it sits here
25	Rec 8(d) — Bring financial institutions and coerced-debt responses inside the safety system Statutory safe harbour for suspicious transactions; protected trusted contacts; later-life financial risk indicators; rapid police response; hardship, waiver and credit-correction pathways for coerced debt; and reporting under the Second Action Plan.	High	High	Proven overseas (UK Banking Protocol; US FINRA rules) but here it needs legislation/regulation, industry codes and a police protocol together. This is a multi-party build.
Tier 4 - Hardest: structural legislative reform across jurisdictions, or open-ended recurring spending. Essential, but the longest road.				
26	Rec 8(a) - Treat housing as safety infrastructure Expand social and community housing; long-term rentals capped at 30% of income; national reporting on outcomes.	High	Very High	A major capital commitment inside a contested national housing system. HOW proves the model (80+ women housed since May 2024), but scale is the obstacle.
27	Rec 8(c) - Nationally consistent EPOA laws plus a mandatory national register Harmonise financial enduring power of attorney law and build a searchable national register. The register must sit alongside financial-safety screening and rapid remedies because it cannot detect misuse by a validly appointed attorney.	Very high	Medium	Eight-jurisdiction legislative harmonisation, recommended by the ALRC in 2017 and not yet implemented despite subsequent Commonwealth and intergovernmental work. (A register verifies existence; it doesn't by itself detect misuse by a validly appointed attorney.)
28	Rec 8(b) - Establish an ongoing safety supplement in social security Review Age Pension, Commonwealth Rent Assistance and JobSeeker adequacy for women escaping violence in later life; end in a changed rate.	Very high	High	An open-ended recurring fiscal commitment requiring Treasury and Cabinet. The single hardest ask, and the one a costing-minded reader targets first. But "what protects women is money."