Intersectionality in Elder Abuse Reference Guide Part 2

COTA VICTORIA

Seniors Rights VICTORIA

Contents

1 Acknowledgements

We acknowledge the Traditional Owners and Custodians of the lands on which we work and pay our respects to Indigenous Elders past, present and emerging. Sovereignty has never been ceded. It always was and always will be, Aboriginal land.

This document was produced by the Council on the Ageing (COTA) Victoria with the support of the Victorian Government.

The *Intersectionality Reference Guide in Elder Abuse* series was developed by COTA Victoria and SRV, with the valuable experience and expertise of several consulted organisations. They include:

- Office of the Public Advocate (OPA)
- Victorian Council of Social Services (VCOSS)
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Ageing with Grace (AwG)
- Housing for the Aged Action Group (HAAG)
- Carers Victoria
- Safe and Equal (S+E)
- Ethnic Communities Council of Victoria (ECCV)
- Switchboard

COTA VICTORIA

Seniors Rights VICTORIA

Promoting opportunities. Protecting rights. For older Victorians.

2 About us

COTA Victoria is the leading not-for-profit organisation representing the interests and rights of people aged over 50 in Victoria. Celebrating 75 years of service in 2026, we have led government, corporate and community thinking about the positive aspects of ageing in the state.

Today, our focus is on promoting opportunities for and protecting the rights of people 50+. We value ageing and embrace its opportunities for personal growth, contribution, and self-expression. This belief brings benefits to the nation and its states alongside communities, families, and individuals.

Seniors Rights Victoria (SRV) is the key state-wide service dedicated to advancing the rights of older people and the early intervention into, or prevention of, elder abuse in our community. It is the only Community Legal Centre dedicated to preventing and responding to elder abuse within Victoria.

SRV has a team of experienced advocates, lawyers, and social workers who provide free information, advice, referral, legal advice, legal casework, and support to older people who are either at risk of or are experiencing elder abuse. SRV supports and empowers older people through the provision of legal advice directly to the older person.

3 About this guide

This publication presents Part 2 of the *Intersectionality in Elder Abuse Reference Guide*, building on Part 1, which considered the impact of disability, gender, linguistic and cultural diversity, and LGBTQIA+ identities on people's exposure to ageism, discrimination, and barriers to elder abuse support. In this part, the guide pays specific focus to Aboriginal and Torres Strait Islander peoples, geography, accessibility and communication needs, social connectedness, and housing insecurity. We also include discussions on older people with additional care needs, carers, and people with disability or compromised decision-making ability.

The guide highlights that elder abuse is influenced by system inequalities and emphasises that older people are not a homogenous group; with experiences shaped by the intersections of ageism, discrimination and disadvantage amongst other factors.

In combination, the Intersectionality in Elder Abuse Reference Guides are designed to support policymakers, practitioners, and organisations in adopting an intersectional lens when developing and delivering elder abuse prevention and response. It does this by identifying the role system marginalisation plays in the prevalence, prevention, response and recovery to and from abuse.

We acknowledge the guide cannot fully capture the diversity or complexity of lived experiences of older people in Victoria, nor can it fully apply across other cultural or policy contexts. The guide is therefore intended as a starting point for further discussion and engagement.

4 About intersectionality

COTA Victoria recognises the leadership of the broader social services sector, especially organisations in family violence prevention and response. Their work in developing and applying intersectional theory provides a strong foundation for this guide. While intersectionality has its roots in feminism and gender equality, this guide applies its principles to ageism, family violence, and the experiences of older people.

Intersectionality helps us understand why some people face barriers in accessing services and supports, and why others are often overlooked. An intersectional approach recognises that disadvantage can result from multiple factors such as race, gender, age, disability, or social class interacting with one another, as well as from systemic forms of oppression like racism, sexism, ageism, and ableism.

These overlapping factors can create unique barriers and experiences of discrimination that are not always visible when considering a single factor in isolation. Applying an intersectional approach involves actively examining systems and practices, reflecting on unconscious biases, consulting with affected communities, and committing to ongoing service improvement and organisational accountability.

In the context of elder abuse, taking an intersectional approach is essential for understanding risk and for designing prevention, response, and recovery strategies that are fair, inclusive, and effective for all older people.

Part 1 of the *Intersectionality Reference Guide on Elder Abuse* explored how disability, age, gender, sexuality, and cultural diversity influence the drivers of elder abuse and the effectiveness of prevention initiatives. Building on those insights, Part 2 focuses on the influence of Indigeneity, geographical location, social connectedness, communication needs, and housing in the context of elder abuse.

5 Varied and inclusive language

Language influences how people understand and respond to elder abuse. The words we choose can shape how seriously the issue is taken and how comfortable people feel discussing it. For example, some people may respond differently to the term "elder" compared with "older adult", or the term "abuse" versus "mistreatment", depending on their cultural or personal experiences.

Because different communities interpret terms in their own ways, using inclusive and respectful language can help reduce stigma, improve understanding, and make support more accessible. This section outlines key considerations for choosing clear and inclusive language on elder abuse.

Elder abuse or 'abuse and mistreatment of older people'

The Draft National Plan to End the Abuse and Mistreatment of Older People (2026–2036) uses the term "abuse and mistreatment of older people" instead of elder abuse, recognising that elder abuse can carry different meanings for First Nations peoples and some culturally and linguistically diverse (CALD) communities. Some older people may also describe their experiences as disrespect, mistreatment, or harm, reflecting linguistic and cultural variations in how abuse is understood and discussed.

However, "elder abuse" remains the most widely recognised term across specialist services, research, and government policy. For consistency, this guide uses elder abuse, while acknowledging that other terms may be more appropriate in certain contexts or communities.

In this guide, "elder abuse" follows the World Health Organisation definition:

> *"a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person".*

Elder abuse can be financial, emotional, physical, sexual, psychological, or social. It is most commonly caused by adult children or close family members but may also involve friends and acquaintances. Abuse can exploit vulnerabilities that develop over the life course and is often intensified by overlapping forms of discrimination such as ageism, sexism, racism, ableism, or other structural inequalities.

Perpetrator or "person causing harm"?

The Draft National Plan additionally uses the term "person causing harm" in place of perpetrator. This terminology acknowledges that:

- Elder abuse may be intentional or unintentional.
- It may occur in the context of family or close relationships, where the person causing harm may also have experienced disadvantage or trauma.
- Harm can stem from systemic or structural factors, not only individual actions.

Using "person causing harm" reduces stigma and shame that might prevent families from seeking support and may help to maintain or restore relationships where appropriate. It also emphasises the impact of the behaviour rather than the presumed intent, while maintaining accountability for the harm caused.

For these reasons, this guide uses the term 'person (or people) causing harm' to align with both contemporary and emerging practice.

Drivers and risk factors of elder abuse

Elder abuse is a choice made by the person causing harm. However, this choice is often shaped by broader drivers and risk factors.

Drivers refer to the underlying social and cultural conditions that create an environment in which abuse can occur, including ageism, gender inequality, and other forms of discrimination.

Risk factors are circumstances or characteristics that may increase the likelihood of abuse occurring in a given situation. These can include intergenerational dependence, a history of family violence, abuser characteristics (such as financial insecurity, addiction, or mental health issues), changes in care needs, social isolation, and gaps in service response or intervention.

In some cases, systems may further enable abuse to occur, particularly where fragmented or discriminatory services create opportunities for people using harm to avoid detection or accountability.

The role of ageism

The Australian Human Rights Commission has described ageism as the most pervasive yet least recognised prejudice in Australia. In 2021, they reported that ageism, particularly towards older adults, is so deeply embedded in societal norms and values that it can be difficult to recognise in ourselves and the world around us.[i] These attitudes shape how older people are perceived, which in turn influences our behaviour, government and organisational policy, and service responses. Furthermore, societal ageism may make elder abuse appear justifiable or render it invisible to bystanders.

Further information

Applying an intersectional lens to elder abuse policy and practice requires an understanding of elder abuse, what drives it, the role of ageism and other forms of discrimination, and how the drivers of elder abuse can be reinforced by systems and services. These concepts are defined in Part 1 of the Intersectionality Reference Guide on Elder Abuse.

6 Ageing, elder abuse, and system barriers

An intersectional approach to elder abuse starts by recognising that older people do not experience ageing, ageism or abuse in a homogenous manner. Overlapping identities can increase exposure to structural disadvantage and create risks that are distinct from those faced by others. When marginalisation layers over time, it can compound vulnerability and limit access to support. Services may overlook these complexities if they rely on assumptions about what older people need, rather than considering how circumstances differ within that group.

This section examines how structural disadvantage stemming from Indigeneity, geographical location, social connectedness, communication needs, and housing creates distinct risks for elder abuse. It does so by illustrating how layered marginalisation creates compounding vulnerabilities and how systems often fail to recognise or respond appropriately to these complexities.

In perspective

Imagine being asked how many numbers sit between 0 and 2. At first, it might seem obvious: two numbers; 1 and 2. But once someone mentions 0.1, 0.2, 0.3 and so on, the picture widens. Then you could go further: 0.01, 0.02, 0.03. The more you look, the more you realise there is no fixed list. There are, in fact, infinitely many possibilities between 0 and 2.

Intersectionality works in a similar way. It is tempting to think we can simply list several identities (for example, gender, culture, disability, etc) and then describe the barriers linked to each, and then assume that a person with several identities will experience these barriers stacked on top of each other. But people's lives are not that neat. The combinations of identities, circumstances and histories are vast, and the ways these interact can create experiences we may not predict or easily categorise.

Once we accept that there is no finite list of "intersectional experiences", two important shifts follow:

Services and systems must be designed to recognise and respond to needs that may be unique, hidden or unexpected, rather than relying on a predetermined set of assumptions about particular groups.

Learning from lived experience becomes a continual process. Because the range of experiences is effectively limitless, no organisation can claim its understanding is finished; it must keep listening, adjusting and improving over time.

6.1 Place and geography influences risk, visibility, and intervention

Place and geography shapes how elder abuse is experienced, identified and responded to, with regional, rural and metropolitan contexts often marked by distinct challenges and service needs. These conditions intersect with ageism and other forms of discrimination, amplifying risk for older people whose needs may be less visible or poorly accounted for by services and systems.

Research suggests that the prevalence of elder abuse in regional and rural communities may be comparable to that in metropolitan areas, but distinct structural and cultural factors make it much harder to see, respond to, and prevent.[ii] The South Australia Elder Abuse Unit (EAU) reported in June 2025 that cases in these settings are often more complex and resource-intensive than those from metropolitan Adelaide.[iii]

In this context, it's important to consider how regional communities are changing and diversifying. Data from the Australian Bureau of Statistics (ABS) shows that regional populations in Victoria grew from 1.47 million in 2010 to 1.63 million in 2024. The strongest growth occurred in larger regional cities and centres within commuting distance of metropolitan areas. In line with population growth in regional cities, we have seen a growing presence of CALD communities outside of metropolitan Melbourne.[iv]

Research on CALD residents in similar contexts suggests experiences of lower incomes, limited English proficiency and greater barriers to housing and services;[v, vi] factors associated with an elevated risk of elder abuse. While many services seek to respond to increasing diversity in these regions, additional skills development is often needed to ensure culturally responsive practice.[vii]

Similarly, the Elder Abuse in Rural and Remote Communities report commissioned by the Older Persons Advocacy Network (OPAN) highlights the strain placed on local services when one provider, or a rotation of visiting workers, is expected to cover large geographic areas with limited workforce and growing demand, which is often the case in rural and regional contexts.[viii]

Many regional and rural areas depend on Melbourne-based organisations to provide this work, which may fail to adapt service design to meet the needs of these more dispersed areas.[ix] Consequently, arrangements may reduce continuity of care, make culturally responsive practice difficult, weaken the trust-building required to identify abuse, and risk inconsistent service availability across catchments.

These service delivery challenges do not exist in isolation. They intersect with patterns of limited access to services, housing insecurity and social isolation that together heighten risk for older people and constrain the capacity of systems to detect and respond to abuse early.

Circumstances where geographic isolation, limited transport options and scarce local services converge can heighten social isolation and reduce system oversight.[x] Many older people in these contexts may rely on informal care arrangements and may be reluctant to engage with formal services, which can mask abuse and limit opportunities for early intervention.[xi]

Housing insecurity is driving a steady movement of older renters to outer suburban, peri-urban and regional areas where housing is comparatively cheaper but access to services, transport and social infrastructure is more limited. In some growth corridors, projected increases in older, low-income renters are substantial, placing pressure on local systems that are often already under-resourced.

For older people in regional and remote areas, limited access to affordable or appropriate housing may necessitate relocation to another town or region altogether, separating them from familiar communities, trusted services and informal supports.

For many geographically isolated older people, statewide telephone helplines are one of the few

entry points to elder abuse support, but this reliance may place unrealistic expectations on self-identification and help-seeking. Given the sector-wide consensus that third parties are often best placed to identify abuse and assist older people to access support,[xii] helplines alone are inherently limited as a primary form of early or crisis intervention.

In summary

Services sustain marginalisation when they:

- Assume prevalence of elder abuse equates to comparable service needs, overlooking the increased complexity, time and resources often required in non-metropolitan settings.
- Rely on visiting, rotating or centrally based workforces in ways that undermine continuity, trust-building and culturally responsive practice.
- Fail to plan for growing population diversity in regional centres, including the needs of CALD communities, due to limited local capability or cultural competency.
- Treat housing insecurity, transport gaps and social isolation as separate issues rather than intersecting drivers of risk and reduced system visibility.
- Design referral and outreach models that depend on older people's willingness or ability to self-identify abuse, despite geographic isolation and reduced oversight.

Potential opportunities for services

- Design place-responsive service models that account for distance, transport barriers, workforce constraints and community dynamics.
- Resource regional and rural services to reflect case complexity and time intensity, not just population size or prevalence.
- Build local capability and cultural responsiveness, including targeted workforce development to support CALD communities in regional centres.
- Integrate responses to housing insecurity, transport gaps and social isolation as intersecting risk factors rather than discrete issues.
- Strengthen third-party identification and continuity of care by investing in locally trusted access points, and long-term partnerships with community organisations, rather than solely relying on helplines or rotating, fly-in service models.
- Plan proactively for population ageing and growth corridors, including older renters relocating to outer suburban, peri-urban and regional areas.

Further resources

- Elder Abuse in Rural & Remote Communities: Social Policy, Prevention and Responses: a scoping literature review commissioned by the Older Persons Advocacy Network.
- Domestic and family violence in regional, rural and remote communities Report: An Australian Institute of Family Studies report on key challenges surrounding family violence in regional, rural and remote communities.
- **Regional and rural elder abuse prevention networks:** provide community-based primary prevention and raise awareness of elder abuse in communities across Victoria.
  - Central Highlands Elder Abuse Prevention Network
  - Barwon Elder Abuse Primary Prevention (BEAPP) Network
  - (West Victoria) Elder Abuse Prevention Network

6.2 Systemic drivers for Aboriginal and Torres Strait Islander communities

Aboriginal and Torres Strait Islander people age within a context of colonisation, racism, loss of land and culture, disrupted family connections, and intergenerational trauma. These ongoing impacts have contributed to a greater prevalence of mistrust of government and mainstream services. As a result, older people may be less likely to engage with services or disclose experiences of abuse, particularly where systems are perceived as unsafe, discriminatory, or not culturally responsive.

Older age is often recognised from around 50 years for Aboriginal and Torres Strait Islander people due to lower life expectancy, in part linked to the earlier onset of chronic illness and disability.[xiii] These health factors can intersect with limited access to culturally safe health and support services, increasing the likelihood that older people rely on family members who may themselves be under strain.

These circumstances, alongside broader factors such as age, disability, gender, poverty, location, and system design, can shape how mistreatment occurs and may increase the risk of abuse.[xiv] At the same time, these experiences paired with ongoing discrimination can influence how elder abuse is understood, experienced, and recognised.

If responses do not take these realities into account, they may misunderstand what is occurring, contribute to stigma, or further exclude Aboriginal and Torres Strait Islander communities rather than providing effective support. This reinforces the importance of working in partnership with Aboriginal Community Controlled Organisations (ACCOs) and local Elders, who are trusted and embedded within community.

A joint report commissioned by Kimberley Community Legal Services & Older Persons Advocacy Network suggests abuse is often facilitated through structural and relational mechanisms rather than overt intent. These include reliance on older Aboriginal peoples' income to support family members experiencing poverty, unemployment or substance dependence; coercive use of welfare and banking systems; and digital and administrative barriers that concentrate control to others.[xv]

Many older Aboriginal women play central roles in caring for family and community. At times, balancing these responsibilities alongside their own health needs, past trauma and limited income, can make it harder for concerns about mistreatment to be recognised or raised. The interaction of gender, age, cultural expectation and income support systems can place greater financial pressure on some older Aboriginal women and increase their exposure to abuse.

The Australian Institute of Health and Welfare reports that up to 90% of family violence against Aboriginal women goes unreported, and that they are 32 times more likely than non-Indigenous women to be hospitalised from abuse and 10 times more likely to die due to assault.[xvi] These patterns of under-reporting and severe harm highlight the heightened risk and often hidden nature of elder abuse for older Aboriginal women, particularly where abuse occurs within family and caregiving relationships.

Remote and very remote settings amplify vulnerability through limited access to services, reduced anonymity, and fewer culturally safe supports. Older people in these contexts often face higher living costs, overcrowded housing and limited alternatives if family relationships become unsafe.[xvii] Older Aboriginal people living in remote communities may also face pressure to relocate to access services in urbanised centres. This can lead to disconnection from Country, racism and limited access to Aboriginal community-controlled organisations which in turn risks undermining access to culturally safe support.

Poor health, disability, cognitive impairment and early ageing can increase reliance on others for daily tasks and financial management. In some situations this reliance (particularly when navigating banking, Centrelink or digital systems), can limit older Aboriginal peoples control over decisions and finances, increasing the risk of elder abuse going unnoticed.

For Aboriginal communities, communication is shaped by English as an additional language, disability, low literacy, trauma and the indirect communication styles common in many Aboriginal cultures. Authority may

rest with Elders, Traditional Owners or individuals recognised as having the cultural and genealogical right to speak for Country.

Public messaging, education and awareness campaigns that do not account for these dynamics may fail to reach intended older audiences, particularly those experiencing internalised ageism who may not recognise their experiences as abuse.

Government services, businesses, and financial institutions may also unintentionally contribute to this risk through inflexible processes, limited safeguards, and digital-first service models. When mechanisms such as Centrelink, online banking and income support payments for people who provide ongoing personal care or supervision (including to care recipients with cognitive impairment that compromises independence or safety for at least six months or at end of life) intersect with low financial literacy, disability and digital exclusion they can create opportunities for financial misuse or coercion rather than protection.[xviii]

In summary

Services sustain marginalisation when they:

- Apply narrow or Western definitions of ageing, capacity and family that fail to reflect Aboriginal concepts of age, kinship, care and authority.
- Treat abuse as individual or intentional behaviour, rather than recognising the structural and relational pressures created by poverty, housing insecurity and system design.
- Rely on digital-first, administrative or compliance-heavy processes that shift control of income, banking or welfare to others without adequate safeguards.
- Assume family care arrangements are inherently protective, without examining gendered expectations, financial pressure or cumulative caring burdens on Aboriginal women.
- Design services that risk disconnection from Country, community and Aboriginal community-controlled organisations.
- Overlook how under-reporting, fear of consequences and mistrust of institutions can mask severe harm, particularly within family and caregiving relationships.

Potential opportunities for services

- Engaging early, before decisions are made, allowing communities time to meet, reflect and respond.
- Identifying the right people, consulting Elders, Traditional Owners and those with recognised cultural authority to speak for Country.
- Working with ACCOs, drawing on their expertise, relationships and cultural knowledge to support safe and effective engagement.
- Using culturally appropriate communication, clear language, accessible formats, and approaches such as yarning that support open dialogue.
- Allowing for cultural obligations, including sorry business, community events and local decision-making processes that may affect timeframes.
- Building long-term relationships, demonstrating respect, transparency and accountability, and showing how community input influences outcomes.

Further resources

- Family Violence Practice Guidance: First Nations: Safe and Equal's practice guidance prepared for family violence workers who are responding to Aboriginal and Torres Strait Islander people experiencing family violence.
- Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over: Australian Institute of Health and Welfare's research report on the challenges and experiences of older Aboriginal and Torres Strait Islander people.

- Listening to Aboriginal and Torres Strait Islander People's Voices: A Self-Directed Learning Guide: Safe and Equal's collated resources for self-learning on lived experiences of Aboriginal and Torres Strait islander community.
- North Western Melbourne Primary Health Network: Aboriginal Engagement Guide: NWMPHN's organisational approach to engagement with Aboriginal and Torres Strait Islander peoples and their sovereignties.
- Resources for Aboriginal and Torres Strait Islander families: Caring at Home's tailored resources to support care at home for Aboriginal and Torres Strait Islander families.

6.3 Social connection and isolation as protective and risk factors

Social connectedness is widely understood as a protective factor against elder abuse. Conversely, research consistently indicates that social isolation heightens both the risk and severity of elder abuse while reducing the likelihood of detection, intervention, and disclosure. The *National Elder Abuse Prevalence Study* identified limited social connection as one of the strongest correlates of abuse, and can act as both a contributing factor to, and a consequence of, elder abuse.[xix]

Social isolation is not experienced evenly across the population.[xx] From an intersectional perspective, it is better understood not as an individual trait, but as an ongoing process shaped by systems, societal norms and institutions. When these fail to consider and accommodate intersecting experiences of discrimination, economic insecurity, inaccessible environments and caring responsibilities, exclusion can intensify and become embedded over the life course.

Over time, the cumulative barriers to forming and maintaining relationships progressively narrow social networks. In later life, these factors may compound due to declining health, reduced mobility, bereavement or withdrawal from paid work; limiting opportunities for social connection.[xxi] Consequently, some older people may become more dependent on fewer individuals for care and support, increasing vulnerability to abuse and mistreatment.

The relationship between elder abuse and social isolation is often cyclical. Abuse can drive further isolation, while isolation can increase the risk of abuse. A person causing abuse may deliberately restrict contact by limiting visits with family, withholding transport to community activities, or controlling communication. These behaviours may serve to conceal abuse or to maintain control.

When an older person's relationships are largely confined to a single, close-knit community and abuse is present, isolation may deepen. In tightly connected communities, fear that disclosure could lead to shame, conflict or uncertain consequences may prompt withdrawal from social contact. These risks can be heightened in sparsely populated areas, where health, legal or police staff may know those involved, discouraging disclosure due to concerns about confidentiality, family reputation or community backlash.[xxii]

As previously discussed, relocation and displacement can disrupt protective factors that reduce the risk of elder abuse, including connection to family, friends, neighbours and community organisations. For older people living alone, the loss of nearby social networks can heighten isolation and reduce opportunities for others to notice changes or respond to concerns. For those who rely on family, friends or neighbours for daily care or assistance, moving can interrupt essential support arrangements, increasing dependence on fewer people or on unfamiliar systems.

Some older people may also feel unable to maintain connections with their own communities. This can occur, for instance, for older LGBTQIA+ in residential aged care contexts, particularly where the older person does not feel safe to disclose aspects of their identity or relationships. In these circumstances, social isolation may be reinforced by both interpersonal dynamics and service systems that fail to recognise diverse forms of family and support.

In summary

Services sustain marginalisation when they:

- Perceive social isolation as an individual failing rather than a cumulative outcome of systems, environments and social norms across the life course.
- Focus on service uptake or attendance as a proxy for connection, without examining the quality, safety or power dynamics of an older person's relationships.
- Rely on disclosure-based models that assume older people can safely name abuse, despite isolation, fear of repercussions or restricted contact.
- Fail to recognise how abuse itself can drive further isolation, including through deliberate restriction of communication, transport or social participation.
- Overlook the risks associated with close-knit or sparsely populated communities, where concerns about confidentiality, reputation or backlash may deter help-seeking.
- Privilege biological or legal family over chosen family, excluding key sources of support for some older people.
- Interventions depend on mobility, transport or digital access and literacy, effectively excluding those whose isolation is compounded by health, disability or poverty.

Potential opportunities for services

- Design responses that strengthen safe, diverse relationships, rather than focusing solely on service attendance or contact frequency.

- Invest in relationship-based outreach and peer support, particularly for older people who are isolated, recently relocated or marginalised.
- Create multiple, low-risk pathways to engagement that do not rely on disclosure, mobility or digital access.
- Recognise and support chosen family and non-traditional networks, including for LGBTQIA+ older people.
- Maintain continuity of care and connection during transitions such as relocation, health decline or loss of a carer.
- Use community-based contact points to increase opportunities for early detection and reduce reliance on a small number of caregivers.

Further resources

- Factors, dynamics and effects of isolation for older people: AIFS' exploratory, qualitative research report aimed to support a focused examination of the factors, dynamics and effects of isolation experienced by older people.
- Community Connection and the Aged Care Volunteer Visitors Scheme (ACVVS): Federal Government's information page on the ACVVS program, including lists of provider organisations engaging older people lacking social connections.
- Aboriginal Community Elders Services Outreach Care Program: Premier service for Aboriginal and Torres Strait Islander outreach in both metropolitan and regional settings.

6.4 Inclusive communication and digital literacy on capacity and access

Digital exclusion can prevent older people from understanding their rights, recognising abuse, or accessing and navigating support pathways. These barriers intersect with ageism, ableism, racism and other forms of discrimination, reinforcing assumptions about capacity and reducing the visibility and accessibility of service systems for those at risk.

Digital exclusion increases steadily with age, making older age a significant driver of exclusion,[xxiii] where

disability further compounds this risk across the ageing population.[xxiv] While it contributes relatively little additional exclusion among younger adults, it generally begins to peak at ages 40-50, before decreasing slightly beyond these years as age-related factors become more pronounced.

Older people from CALD backgrounds also experience heightened digital exclusion, particularly where language barriers, migration history and limited access to culturally appropriate supports intersect. [xxv] These risks are often compounded in regional and rural contexts, where isolation, limited connectivity and reduced access to assistance further constrain digital engagement.

Barriers may include limited access to assistance, fewer opportunities for learning, inaccessible platforms, and low confidence or trust in online systems. Where providers default to digital-first approaches or rely on a single mode of communication, some older people may be unable to access information, understand their options, or participate meaningfully in service planning, review and decision-making processes. Personal, relational communication is often preferred when first seeking information, with a broader mix of phone, text, digital and in-person contact becoming more acceptable once services are established.

Older people with mental disability may also require tailored supports such as professional interpreters, extended time, repeated contact or assistive communication tools. Where these adjustments are not provided, effective participation may be prevented altogether, and reliance on family members as interpreters may further inhibit disclosure. Progressive conditions such as dementia, acquired brain injury or fluctuating psychosocial disability can alter capacity, confidence and tolerance for different communication methods over time, meaning approaches that were once enabling may become confusing, distressing or exclusionary if not regularly reviewed.

For some older migrants, particularly those who arrived in Australia in the decades following World War II, digital exclusion reflects lifelong barriers to education, work and language acquisition. Some have never used the internet and are unlikely to do so.[xxvi] Low literacy in both English and first languages can render text-based digital content inaccessible even when translated. This is further exacerbated in regional and rural contexts, where growing migrant and refugee populations intersect with service capacity constraints, limiting the availability of culturally appropriate support to address digital exclusion.

In these contexts, older people may rely on adult children, ethno-specific organisations or bilingual professionals to navigate systems. While these arrangements can be supportive, they may also introduce power imbalances, gatekeeping of information and emotional strain, reducing autonomy and informed decision-making. These risks may be further compounded for older people with disability, particularly where histories of reduced agency, limited mobility or social isolation are present; or where cognitive impairment acts as an additional barrier to expressing preferences.

An intersectional approach recognises that there is no single “accessible” communication solution. While digital inclusion initiatives can benefit some older people, digital upskilling alone is not sufficient. Inclusive practice requires ongoing dialogue, regular reassessment, and parallel investment in non-digital pathways, including face-to-face services, professional interpreting and translation, bicultural and bilingual workers, paper-based options and partnerships with trusted community organisations. Without this, digital-only approaches risk deepening exclusion and inequality rather than improving access.

In summary

Services sustain marginalisation when they:

- Conflate digital exclusion with lack of capacity, reinforcing ageist and ableist assumptions about decision-making ability.
- Rely on family members as interpreters or intermediaries, introducing power imbalances and limiting disclosure.
- Fail to provide reasonable adjustments (e.g. time, interpreters, assistive tools, repeated contact) for people with disability or cognitive impairment.

- Treat communication needs as static, rather than reviewing and adapting approaches as capacity, confidence or health changes over time.
- Assume translation alone ensures accessibility, overlooking low literacy, indirect communication styles and cultural context.
- Invest in digital upskilling without maintaining parallel non-digital pathways, deepening exclusion for those who will never engage digitally.

Potential opportunities for services

- Offer multiple, parallel communication pathways (in-person, phone, paper, digital) as standard practice.
- Prioritise relational, trust-based engagement, particularly at first contact and during periods of change.
- Build in regular reassessment of communication needs, recognising fluctuating capacity and progressive conditions.
- Use professional interpreters, bicultural and bilingual workers, rather than informal family intermediaries.
- Partner with trusted community and Aboriginal-controlled organisations to design and deliver accessible communication.
- Provide reasonable adjustments by default, including extended time, repetition and assistive communication tools.

Further resources

- Inclusive use of digital and non-digital communications: A guide for Commonwealth Home Support Program Providers: COTA Victoria's guidance for CHSP providers on how to meet the needs and preferences of older people who are not well digitally connected, or who face digital communication challenges.
- Better practice guide for multicultural communications: State Government guide on engaging and communicating with multicultural communities based on qualitative research, evaluations, and consultations with stakeholders and subject matter experts.
- LGBTIQA+ inclusive language guide: State Government guidance on how to use language respectfully and inclusively when working with and referring to lesbian, gay, bisexual, trans and gender diverse, intersex, queer, questioning and asexual people.

6.5 Care relationships shape access, autonomy, and intervention

Dynamics with family members, friends, informal supports and care providers can both protect and constrain older people, particularly where access to services is dependent on, or can be blocked by, others. Ageism intersects with cultural norms, disability, dependence and institutional practices to normalise reduced autonomy and limit external scrutiny, even when consent has been given by the older person to engage with a service.

Unpaid carers often provide a wide range of supports, including tasks that, by their nature, involve physical contact, financial management or other forms of practical oversight. Generally, such responsibilities are carried out carefully and respectfully, without mistreatment or abuse. While risk may be present within care relationships, the ability of an unpaid carer to provide this level of support is often critical to an older person remaining safe and independent at home.

COTA Victoria's consultations with support services suggest that access to an older person may be blocked by a third party even after a referral or successful outreach, and the older person agreeing to participate.[xxvii] This risk is often greater in aged care settings, where providers may feel obliged to defer to family preferences to preserve ongoing working relationships. These barriers are not always intentional but may result in uncertainty or discomfort about involving external services.

For many older people, particularly those from family-centred cultures, identity as a parent, grandparent or older person may be closely tied to family roles and obligations. Family members may see themselves as responsible for meeting welfare, social and emotional needs, potentially resulting in reluctance to engage externally.

When families have provided long-term care or support, resistance may reflect concern that outside involvement implies failure or judgement. It may also reflect the individual's or family's views or prior experiences of government or faith-based services, either in Australia or in their country of origin. In these contexts, preventing access to services may be framed as promoting safety protecting family dignity or cohesion rather than opposing the older person's wishes.

Older people with disability may be afforded reduced agency by those around them, including family members and service providers. Decisions about service access may be made on their behalf out of habit, based on assumptions about what is "best", or beliefs that additional services would be confusing, distressing or unnecessary.

Carers also report that some older people who require care decline formal supports, or do not recognise that the carer may need support of their own. The Productivity Commission has found that unpaid carers remain the primary source of support for older people living at home, with more than 35 per cent providing care alongside complementary formal services.[xxviii]

Cultural norms around privacy, family authority and resistance to external or government involvement can intersect with cognitive impairment to further reduce opportunities for disclosure or intervention. Guardians from the Office of the Public Advocate report tension between respecting cultural connection and responding to situations that may constitute neglect, financial abuse or coercion.

Elder abuse within care relationships is often relational and shaped by broader structural conditions rather than arising solely from individual intent. Recognition of the factors that may contribute to the abuse or mistreatment of older people (such as stressful circumstances, financial strain, and social isolation) is also important, as these pressures are often present in carers' lives and care roles.

Consultations with Carers Victoria indicate that both carers and the people they support may be older people experiencing abuse, either within the care relationship or from other family members.

These overlapping roles can complicate disclosure and response, highlighting the limits of simplistic perpetrator–victim framings within service systems.

Both carers and older people may be reluctant to disclose harm where abusive behaviour is normalised as part of illness, disability or the caring role. Carers also report feeling disempowered by responses that do not reflect their circumstances, particularly where mainstream family violence models emphasise separation or leaving the home.

Some carers do not identify as carers because caring is understood as a familial or cultural obligation rather than a distinct role. Where support services for carers depends on formal identification, carers and older people may miss opportunities for early support, allowing risk to escalate.

An intersectional approach recognises caring as a reciprocal relationship between interdependent individuals. Services that focus solely on the older person's needs may overlook the rights and wellbeing of carers, and the sustainability of care roles, despite their critical role in supporting older people to remain safe and connected.

These dynamics are further shaped by intersecting identities, including LGBTQIA+ carers who may not feel safe disclosing their identity in service settings, male carers whose roles fall outside gendered expectations, young carers, and carers in regional or rural areas with limited access to services.

In summary

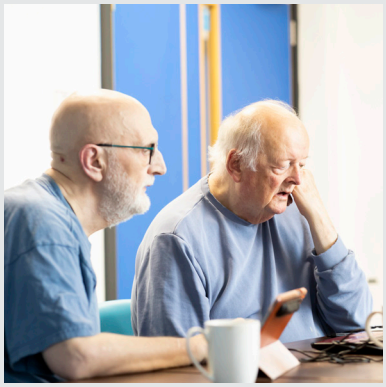
Services sustain marginalisation when they:

- Apply simplistic victim–perpetrator models that fail to reflect the relational, reciprocal and structurally constrained nature of many care relationships.
- Accept third-party consent or preferences as a substitute for direct engagement with the older person, even where the older person has agreed to participate.
- Rely on assumptions about what is "best" for older people with disability or cognitive impairment, rather than supporting participation and decision-making.

- Normalise harm as part of illness, disability or caring, reducing the likelihood that neglect, coercion or abuse will be recognised or addressed.
- Require carers to formally identify as carers to access support, excluding those who understand caring as a familial or cultural obligation.
- Focus solely on the older person's needs while overlooking the wellbeing and rights of carers and the sustainability of care roles, increasing stress and risk on both sides/

Potential opportunities for services

- Centre direct engagement with older people, ensuring their will, preferences and consent are actively sought, even where family or carers are involved.
- Allow opportunities for older people and carers to individually discuss their experiences, needs and concerns as there can be hesitation to disclose the full extent of a situation in the other person's presence.
- Strengthen supported decision-making without assuming shared interests or equal power from carers, particularly where disability or cognitive impairment is present.
- Apply relational and intersectional frameworks that recognise care as reciprocal and may be shaped by stress, family dynamics, power, culture and system design.
- Create low-threshold, non-stigmatising pathways for carers to access support without requiring formal identification.



- Adapt responses to reflect diverse caring identities and contexts, including LGBTQIA+ carers, male carers, young carers and those in regional or rural areas.
- Move beyond separation-focused models by offering flexible, in-home and relational interventions where safety can be supported.

Further resources

- Identifying and responding to elder abuse in intergenerational households: Safe and Equal's professional's guide on identifying elder abuse within intergenerational households.
- Elder abuse in care relationships: Key learnings from the Recognising and Respecting Carers from CALD Backgrounds project: ECCV's report on challenges, learnings and current gaps in discussions related to the issue of elder abuse in care relationships where the carer and/or care recipient is from a culturally and linguistically diverse background.

6.6 Disability, decision-making, and unequal power

Disability and cognitive impairment are cross-cutting factors that shape risk, disclosure and response across elder abuse contexts. When combined with ageism, ableism and other forms of discrimination, they can reduce agency, justify exclusion from decision-making and heighten reliance on others whose interests may not align with the older person's safety or wellbeing.

The Office of the Public Advocate's *Line of Sight: Refocussing Victoria's adult safeguarding laws and practices* report highlights that Victoria's adult safeguarding environment often relies on older people, or those acting on their behalf, to navigate multiple systems simultaneously. This expectation is often unrealistic, particularly for those experiencing cognitive impairment, disability, trauma, isolation or language barriers, and therefore compounds disadvantage for those facing intersecting forms of discrimination.

When cognitive impairment is known or suspected, hospitals, aged care, and other services may default to engaging family members rather than the older person.

Time pressures, hospital hierarchies pushing patients along and assumptions about capacity can result in older people being excluded from discussions about their own care. Guardians report that they are sometimes the first professionals to directly ask the older person about their will and preferences.

In some cases, experiences of neglect are shaped by expectations that care should be provided "within the family". Mental disability can limit an older person's ability to recognise risk, challenge family decisions or articulate alternative preferences, even where distress or harm is evident.

Older people's identities may continue to shape their preferences after decision-making capacity has declined. Expectations around inheritance or ongoing financial support of family members may be closely tied to identity and cultural norms, rather than simple exploitation. The loss of decision-making capacity can make it more difficult to reassess these expectations as needs change, resulting in decisions that compromise wellbeing, safety or access to care.

OPA casework has highlighted situations where cognitive impairment intersects with past experiences of discrimination, including for older transgender people. In some cases, relatives have drawn on an older person's history of marginalisation to displace trust in services or guardians, framing safeguarding interventions as discriminatory or oppressive. This may be reinforced where the older person has experienced lifelong trauma or exclusion.

For some Aboriginal older people, cognitive impairment intersects with intergenerational trauma and deep mistrust of services. Fear of family separation, child removal or loss of cultural connection can discourage both older people and community members from challenging abuse. Even where harm is recognised, mental disability may further reduce the older person's ability to seek help or engage with formal systems.

In summary

Services sustain marginalisation when they:

- Treat disability or cognitive impairment as justification for excluding older people from decisions, rather than providing supported decision-making.
- Default to engaging family members instead of the older person when impairment is known or suspected, without checking will, preferences or consent.
- Allow time pressures, institutional hierarchies or risk aversion to override direct communication with older people about their care and safety.
- Assume care should occur "within the family" without assessing whether neglect, coercion or unmet needs may be present.
- Fail to recognise how identity, culture and life history continue to shape preferences after capacity has declined, oversimplifying decisions as financial misuse or compliance.
- Apply uniform safeguarding responses that do not account for trauma, mistrust of institutions or culturally specific fears, including fear of family separation.
- Conflate impairment with incapacity, limiting opportunities for older people to express distress, preferences or concerns in accessible ways.

Potential opportunities for services

- Distinguish impairment from incapacity by creating accessible pathways to express concerns, distress and preferences.
- Prioritise supported decision-making, enabling older people to participate in decisions regardless of disability, cognitive impairment, or the presence of family or carers.
- Engage directly with older people wherever possible, routinely checking will, preferences and consent rather than defaulting to family members.
- Reduce system navigation burdens by offering active coordination, advocacy and time-flexible engagement.
- Adapt communication methods to reflect changing capacity, trauma and access needs, with regular review over time.
- Engage older people to consider how will and

preferences may continue to shape after capacity has declined.

Further resources

- Office of the Public Advocate: Resources to promote healthy discussions: practical tips for effective communication and engagement with people with disability, including voices of people with lived experience of disability.
- Speak up and be safe: Communication toolkit and resources: communication toolkit and resources for people with communication difficulties, to assist individuals to identify and report abuse
- Decision making and your rights: Help Sheet: information on decision making and an older person's respective rights, prepared by Seniors' Rights Victoria.

6.7 Housing insecurity as a structural driver of vulnerability

The National Elder Abuse Prevalence Study 2021 (NEAPS) identifies housing as a key structural factor shaping vulnerability to elder abuse, particularly where older people rely on others for accommodation or remain in insecure housing. NEAPS findings indicate that older people who do not own their home outright or share housing with others, including renters and those living with family members, experience higher rates of abuse and mistreatment.[xxix]

Rising housing costs, low vacancy rates and limited tenure security are displacing many older Victorians from long-established communities, particularly renters on fixed or low incomes. Census data shows an increase of 73 per cent in renters aged over 55 between 2011 and 2021,[xxx] indicating that housing insecurity is becoming a more common feature of ageing.

These pressures extend beyond the lowest income groups. Many older people on modest or middle incomes fall between systems; they may not qualify for housing assistance yet struggle to maintain housing once savings decline or circumstances change. Repeated relocations driven by short-term leases or rent increases can create ongoing instability, eroding social ties and disrupting continuity of care and support.

Where older people rely on family members or others for housing, dependence can create unequal power relationships that limit control over living arrangements and decision-making. This reliance often intersects with disability, cognitive impairment, financial insecurity, place-based disadvantage and cultural expectations, reducing the capacity to challenge controlling behaviour, assert preferences or seek support.

In contexts of limited housing choice, older people may remain in overcrowded, unsuitable or unsafe accommodation because alternatives are unavailable, unaffordable or culturally inappropriate. Fear of homelessness, family breakdown or displacement can further discourage help-seeking, leading some to tolerate neglect, coercion or financial exploitation. These pressures are often intensified in co-residency arrangements that evolve over time as care needs increase, finances tighten, or broader housing shortages restrict options.

Older people with disabilities may share housing with other tenants to access home modifications in a more affordable way. Co-residency can introduce additional complexity and conflict, particularly where intersecting factors such as culture, gender or sexuality heighten the risk of abuse and mistreatment. In these circumstances, some older people may remain silent about abuse due to fear of displacement or a lack of viable alternative housing options.

Household financial insecurity, together with cultural and social norms around family roles, can also shape the presence and nature of care arrangements in the home. Where disability is present, older people may continue to be expected to provide care despite declining health. When this occurs alongside limited access to culturally safe services, institutional distrust or financial stress, the risk of unmet care needs, neglect and worsening health outcomes may increase.

Where disability and cognitive impairment is present, older people may face additional barriers in managing housing, providing informed consent or accessing alternatives, with decisions sometimes made on their

behalf in ways that prioritise convenience or family needs over safety and autonomy. Where culturally safe or accessible support services are limited, unmet care needs may persist within the home, particularly where other household members are unable or unwilling to provide appropriate care.

Household financial insecurity and cultural or social norms around family roles can shape care arrangements within the home, sometimes resulting in older people continuing to provide care despite declining health or disability. If disability or cognitive impairment are also present, the older person may have limited ability to manage housing, provide informed consent or access alternatives, with decisions made on their behalf in ways that prioritise convenience or family needs over safety and autonomy.

Where these dynamics intersect with limited access to culturally safe or accessible services, institutional mistrust or ongoing financial stress, unmet care needs of the older person may persist within the household. Over time, these conditions can entrench dependency, obscure neglect and contribute to deteriorating health outcomes, particularly where informal care arrangements are not adequately supported by systems.

In summary

Services sustain marginalisation when they:

- Treat housing insecurity as a background issue rather than a core driver of risk, limiting responses to crisis or behavioural interventions.
- Rely on eligibility thresholds that exclude older people on modest or fluctuating incomes who do not qualify for assistance but cannot sustain housing.
- Fail to account for the cumulative impacts of repeated displacement on safety, wellbeing, social connection and continuity of care.
- Lack culturally safe, accessible pathways for older people to explore potential interventions without triggering family conflict or fear of displacement.
- Expect informal care arrangements to absorb unmet housing and care needs without providing adequate support to either the older person or other household members.
- Design responses that assume stable housing as a precondition for engagement, effectively excluding those in insecure, overcrowded or informal living arrangements.

Potential opportunities for services

- Use early, low-threshold engagement with older renters and those in shared housing to identify emerging risks before crisis, homelessness or escalation occurs.
- Provide time, advocacy and practical assistance to support older people to participate in housing decisions, particularly where disability or cognitive impairment is present.
- Incorporate explicit assessment of dependence, consent and safety in shared living arrangements, including family and disability-related co-tenancies.
- Recognise when housing and care pressures are co-occurring and provide support to both older people and carers to prevent unmet needs from escalating into harm.

Further resources

- Housing and elder abuse: How housing has impacted HAAG clients' experiences of elder abuse 2020-24: explores the experiences of older people facing housing insecurity who presented to HAAG with suspected elder abuse between 2020 and 2024.
- Ageing in a housing crisis Older people's housing insecurity & homelessness in Australia: HAAG report focusing on the intersection of the structural ageing of the Australian population and the housing affordability crisis.
- Not poor enough, not rich enough Older people falling through the housing assistance eligibility gap: HAAG report exploring the emerging issue of the "missing middle," older cohort, who earn too much for welfare but struggle with rising costs, housing, healthcare, and unexpected expenses.

7 References

i Australian Human Rights Commission. (2021). What's age got to do with it? A snapshot of ageism across the Australian lifespan. https://humanrights.gov.au/our-work/publications

ii Warren, A., & Blundell, B. (2018). Elder Abuse in Rural & Remote Communities: Social Policy, Prevention and Responses. Perth, WA: Curtin University and the Older Person's Advocacy Network.

iii Uniting Communities & Flinders University. (2025). Elder abuse in South Australia (research report). Uniting Communities. https://www.unitingcommunities.org/file/rmbq6pj0y/Uniting%20communities_elder%20abuse%20in%20SA%20report_.pdf

iv RMCG. (2020). Culturally and linguistically diverse (CALD) communities in agriculture: Final report. https://www.rmcg.com.au/app/uploads/2022/07/CALD-in-Agriculture-final-report-RS.pdf

v Javanparast S, Naqvi S, Mwanri L. Health service access and utilisation amongst culturally and linguistically diverse populations in regional South Australia: a qualitative study. Rural and Remote Health 2020; 20: 5694. https://doi.org/10.22605/RRH5694

vi Cultural Diversity in Ageing. (n.d.). Exploring the needs of aged care providers in regional Victoria (Updated). https://www.culturaldiversity.com.au/files/Exploring-the-Needs-of-Aged-Care-Providers-in-Regional-Victoria-Updated-1.pdf

vii Beauchamp, T., & McMahon, T. (2023, May). Regional migration and settlement: Putting down roots to revitalise regional communities in Australia (Policy paper). Settlement Services International. https://www.ssi.org.au/wp-content/uploads/2023/08/3.-Regional-migration-and-settlement.pdf

viii Australian Institute of Family Studies. (2019). Elder abuse in rural and remote communities. AIFS. https://aifs.gov.au/resources/short-articles/elder-abuse-rural-and-remote-communities

ix Warren, A., & Blundell, B. (2018). Elder Abuse in Rural & Remote Communities: Social Policy, Prevention and Responses. Perth, WA: Curtin University and the Older Person's Advocacy Network.

x ibid

xi ibid.

xii Victorian Elder Abuse Strategic Alliance. (2025, October 29). Submission for the Victorian State Budget 2026–27 (VEASA Submission). Council on the Ageing (COTA) Victoria. https://cotavic.org.au/wp-content/uploads/2025/10/VEASA-Submission-for-the-Victorian-State-Budget-2026-2027.pdf

xiii Australian Institute of Health and Welfare. (2024). Older Australians. Retrieved from https://www.aihw.gov.au/reports/older-people/older-australians

xiv L. (2005) Financial Abuse of Older People: A Queensland Perspective. Brisbane. Retrieved from https://www.eapu.com.au/uploads/research_resources/Financial_Abuse_QLD_SEP_2005-EAPU.pdf

xv Kimberley Aboriginal Law and Culture Centre. (2020). No more humbug!!!: Financial abuse of Aboriginal older people (Kimberley Community Legal Services & Older Persons Advocacy Network). https://www.opan.org.au/wp-content/uploads/2021/02/No-More-Humbug-Report-Dec-2020-Kimberley-Birds.pdf

xvi Victorian Government. (2020, March 25). Intersectionality in gender inequality. Gender Equality Baseline Report. https://www.vic.gov.au/gender-equality-baseline-report/intersectionality-gender-inequality

xvii Roe, K., & O'Hara, E. (2022). The mistreatment of older Aboriginal people (Report). IPS Management Consultants. Government of Western Australia. https://www.wa.gov.au/system/files/2023-09/mistreatement_of_older_aboriginal_people_report.pdf

xviii Kimberley Aboriginal Law and Culture Centre. (2020). No more humbug!!!: Financial abuse of Aboriginal older people (Kimberley Community Legal Services & Older Persons Advocacy Network). https://www.opan.org.au/wp-content/uploads/2021/02/No-More-Humbug-Report-Dec-2020-Kimberley-Birds.pdf

xix Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies.

xx Australian Institute of Health and Welfare. (2025). Social cohesion and social connection. Retrieved from https://www.aihw.gov.au/reports/australias-welfare/social-cohesion-and-social-connection

xxi National Institute on Aging. (2022, February 23). What do we know about healthy aging? National Institutes of Health. https://www.nia.nih.gov/health/healthy-aging/what-do-we-know-about-healthy-aging

xxii Campo, M., & Tayton, S. (2015). Domestic and family violence in regional, rural and remote communities: An overview of key issues (CFCA Practitioner Resource). Australian Institute of Family Studies. https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-resource-dv-regional.pdf

xxiii Thomas, J., McCosker, A., Parkinson, S., Hegarty, K., Featherstone, D., Kennedy, J., Ormond-Parker, L., Morrison, K., Rea, H., & Ganley, L. (2025). Measuring Australia's digital divide: 2025 Australian Digital Inclusion Index (ADII Report). ARC Centre of Excellence for Automated Decision-Making and Society, RMIT University, Swinburne University of Technology, & Telstra. https://digitalinclusionindex.org.au/wp-content/uploads/2025/10/ADII-Report-2025_V6-Remediated.pdf

xxiv Council on the Ageing (COTA) Victoria. (2025, November). Member briefing: Digital inclusion for older Australians with a disability. https://cotavic.org.au/wp-content/uploads/2025/11/Member-briefing-Digital-inclusion-for-older-Australians-with-a-disability.pdf

xxv Borrell, J. (2024). The digital divide: Impacts on older people from migrant communities (Research report). Ethnic Communities' Council of Victoria. https://eccv.org.au/wp-content/uploads/2025/04/Research-report-The-Digital-Divide.pdf

xxvi Borrell, J. (2024). The digital divide: Impacts on older people from migrant communities (Research report). Ethnic Communities' Council of Victoria. https://eccv.org.au/wp-content/uploads/2025/04/Research-report-The-Digital-Divide.pdf

xxvii COTA Vic and SRV consultations with Ageing With Grace, who administers ACVVA grant funding to, and works closely with several additional providers.

xxviii Productivity Commission 2023, A case for an extended unpaid carer leave entitlement?, Inquiry Report no. 101, Canberra

xxix Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies.

xxx Housing for the Aged Action Group. (2023, 10 August). Growing number of older Australians are retiring with debt, paying unaffordable rents, and don't have a stable place to call home; new research shows. Older Tenants. https://www.oldertenants.org.au/news/growing-number-of-older-australians-are-retiring-with-debt-paying-unaffordable-rents-and-dont




COTA Victoria
1300 135 090
askcota@cotavic.org.au
cotavic.org.au

Level 1, 420 St Kilda Road
Melbourne, VIC, 3004

Seniors Rights Victoria
1300 368 821
info@seniorsrights.org.au
seniorsrights.org.au