



BRIEFING: Ageism and the Abuse of Older People

Introduction

The role of the independent Older People's Commissioner for Wales is to protect and promote the rights of older people living in Wales. Stopping the abuse of older people in all its forms, is a key priority for the Older People's Commissioner.

The World Health Organisation (WHO) recently identified ageism as a "major risk factor" in the abuse of older people¹. If we are to prevent and stop the abuse of older people in Wales, we must address the ageism that underpins and legitimises so much of that abuse.

This briefing has been informed by discussions with a small group of colleagues from academia, and from the specialist third sector. It begins with a short overview of the abuse of older people; followed by a section on 'ageism' (exploring what is meant by ageism and examining the ways that ageism is manifested within society). The briefing then examines the links between ageism and the abuse of older people and considers the role of ageism in shaping organisational responses to that abuse. Within the final sections there are some reflective questions, to encourage practitioners and organisations to think more deeply about some of the issues raised.

Some helpful resources and further reading are also included to encourage reflection upon the issues raised in more detail.

The Abuse of Older People

Abuse of older people may be defined as "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".²

Older people may experience abuse within the context of many kinds of relationships, and an abuser could be a "partner, child or other relative, a friend or neighbour, a paid or volunteer care worker, health or social care worker or other professional".³ Abuse may take place either within an older person's own home or within an alternative setting (such as a hospital or care home).⁴

Older people experience all the same types of abuse as those in younger age groups, including physical, emotional, financial, and sexual abuse. Abuse may also involve neglect, where a carer fails to meet an older person's needs. Coercive control is typically an element of all the other types of abuse listed. Coercive control occurs within "personally connected" relationships and may be defined as behaviour which results in a person feeling controlled, dependent, isolated, humiliated, and afraid⁵.

There are many factors which may lead to older people being abused. Some of these factors may be associated with a change in circumstances as a person grows older. When older people feel lonely, for example, there is an increased risk of experiencing abuse.⁶

Similarly, whilst illnesses such as dementia can affect younger people, the likelihood of a person developing dementia increases with age.⁷ Older people living with dementia are often at higher risk of abuse, particularly when depending upon others for care.⁸ It is also important to recognise, however, that some older people may have lived within an abusive relationship for many years; this is a point examined further below.

Although it is impossible to know the exact numbers, it is believed that many thousands of older people living in Wales experience abuse. Data related to older people's experiences of abuse is often inconsistent and contradictory. As a result, older people are often 'invisible' when it comes to policy making and service development⁹.

Many older people do not disclose their experiences of abuse because, for example, they wish to retain their relationship with the perpetrator; particularly if that person is a family member, or if they are lonely or socially isolated¹⁰. A 'Safe Lives' report published in 2016 stated that on average, older people tolerate abuse for twice as long as those within younger age groups before seeking help or support¹¹.

Research undertaken by the Commissioner shows that for certain groups of older people, making a disclosure of abuse can be especially challenging. Other research by the Commissioner also shows that older men can be extremely reluctant to report abuse because of gendered norms around masculinity and self-reliance¹².

Black, Asian and Minority Ethnic older people, or those from LGBTQ+ communities, also often face additional challenges when experiencing abuse; they may be more reluctant to accept support because of past, negative experiences when dealing with public services¹³. Older people within the LGBTQ+ community have reported, for example, encountering professionals with limited understanding of abuse within LGBTQ+ relationships. This lack of understanding has limited their access to effective intervention¹⁴.

Abuse can have devastating consequences for an older person. Older people who experience abuse can sustain high levels of physical injury; some may even die because of being abused¹⁵. Between March 2020 and March 2021, the Domestic Homicide Project¹⁶ recorded a total of 145 deaths that were classified as adult family homicides or intimate partner homicides (40 adult family homicides and 105 intimate partner homicides). Of these 145 deaths, 36 (25%, one in four) victims were aged 65 and older¹⁷.

Abuse also has significant emotional consequences for an older person, who may experience feelings of shame, humiliation, fear, anxiety, stress, and depression^{18 19}.

Ageism

Age is one of the nine protected characteristics that cannot be used as a reason to discriminate against someone under the Equality Act 2010.²⁰ Yet ageism (the stereotyping, prejudice and/or discrimination against people based on their age or perceived age.²¹), remains a highly “socially accepted” form of prejudice.²²

One of the reasons for the acceptability of ageism is that it is often dismissed as a ‘bit of harmless fun’; think of the many birthday cards, which use negative images of growing older as a form of humour, for example. The message within these cards is that older age is something to be avoided; older people are often portrayed as “sleepy, crabby, and weak”.²³ These types of cards are everywhere and – whilst we may not realise it - the messages within them influence how people think.

The media also influences the way that people think about older age, often portraying older people in a negative light²⁴. Here, rather than celebrating the fact that we are living longer, older age is depicted as a time of frailty, decline, and dependency. The narrative around the ageing of the population is one of ‘crises’, with older people described in ways that suggests they are on a burden or drain on society (terms like “demographic time bomb” are not uncommon).²⁵

Such portrayals tell us that growing older is something to be feared. Presenting all older people in such ways is, of course, grossly unfair; it fails to acknowledge both the differences among older people, and their invaluable contributions to society through, for example, providing unpaid care or engaging in volunteer activities.²⁶

Ageism is so much a part of everyday society, that it can often be difficult to recognise it. According to the WHO, one in two people globally hold ageist attitudes against older people.²⁷ None of us would like to think that we are ageist – yet by examining what underlies some of the everyday phrases people might use (“You can’t teach an old dog, new tricks”, for example, or “I’m just having a senior moment”, or “You look good for your age”), the extent to which negative attitudes and assumptions towards older age have been absorbed and have an influence is apparent.

Far from being harmless, ageism denies older people their basic human rights²⁸ and has significant, negative impacts on physical and emotional wellbeing²⁹. According to the WHO, ageism exists on three levels: institutional, interpersonal, or self-directed”.³⁰

Institutional ageism refers to the laws, policies, and practices of organisations, which systematically disadvantage people because of their age. Interpersonal ageism arises in the interactions between individuals. Self-directed ageism occurs when we internalise negative ageist attitudes and assumptions and restrict our own opportunities.³¹

The harms of ageism are seen more clearly by considering how it operates at these different levels. Take, for example, the issue of employment. When institutional ageism is present in recruitment and employment practices, fewer older people gain employment. Interpersonal ageism may mean that those older people in employment, are subjected to ageist comments during their interactions with others (others may make assumptions about a person’s ability to do their job,

based on their age). Older people who internalise these ageist comments, are likely to lose confidence in their own ability. They may experience feelings of stress and anxiety, which are then detrimental to their emotional wellbeing.³²

Ageism also exists in health and social care institutions and can lead to physical, as well as to emotional harms. Research shows that due to institutional ageism, older people are not consistently offered access to the same healthcare treatments as younger people with the same conditions.³³

Due to feelings of internalised ageism, older people may not challenge inequalities in access to health care and may feel that those who are younger, are more deserving of treatment and support. It is important to recognise that ageism often intersects and interacts with other forms of stereotypes, prejudice, and discrimination, including ableism, sexism, and racism. This increases the levels of disadvantage faced by some older people.³⁴

Black, Asian and Minority Ethnic older people often experience higher levels of poverty and face inequalities in the provision of services like housing, for example. These factors, in turn, have an adverse impact on health and wellbeing.³⁵ Older people from these groups report a “worse health-related quality of life”,³⁶ yet find it more challenging to access health services than their white counterparts.³⁷

The World Health Organisation now recognises ageism as a global health problem and views “developing interventions to combat ageism ... as a critical component of healthy ageing”.³⁸ Interventions include educating professionals and the public, intergenerational work (which encourages contact between older and younger people) and experimental attempts to change attitudes”.³⁹

Ageism and the Abuse of Older People

There are several ways in which ageism impacts older people’s experiences of abuse:

Ageism limits our Understanding of the Abuse of Older People

As stated previously, some older people may be reluctant to disclose abuse; people may fear that they will not be believed if they tell others about what is happening. Ageism also contributes to a lack of understanding around the abuse of older people.

Older people’s experiences of abuse have not been a priority for academic research.⁴⁰ There is also a notable absence of research evaluating the effectiveness of targeted interventions, in preventing the abuse of older people.⁴¹

Ageism may mean that there is a lack of urgency in addressing issues that affect older people. Research funding is often limited and competitive and may be allocated to addressing issues that attract more immediate public and political attention. It is also sometimes assumed that abuse is less of an issue for older people, than for younger people (meaning that older people’s

experiences are not therefore prioritised in research). For example, while some older people have been the victims of sexual abuse, it is commonly believed that the risk of sexual violence decreases with age⁴² (an assumption often stemming from ageist notions of older people as asexual).⁴³

It is also important to state that even when it is conducted, older people are often excluded from research on abuse because, for example, assumptions are made about their capacity for research involvement.⁴⁴ In contrast, research on the abuse of younger women has recognised the importance of hearing the voices of victim survivors in addressing abuse. It is inevitable that understandings of older people's lived experiences of abuse are inevitably limited because of their lack of direct involvement in research exploring these issues.

Assuming that older people are less likely to experience abuse can have damaging consequences. These assumptions can mean, for example, that older people's experiences of abuse are not included in official statistics. Until recently the Crime Survey for England and Wales did not collect data for the numbers of people experiencing abuse over the age of 74 years. This meant that it was impossible to determine the true extent of crimes perpetrated against older people. This anomaly has since been addressed and following calls from the Commissioner and others, all age-data has been made available since 2023.

It is also the case that specialist services do not always systematically collect data on the numbers of people seeking their support. Services are often commissioned based on evidence (for example, on statistics which show the prevalence of the abuse affecting a particular population).

Without this evidence, there is a risk that older people's experiences of abuse will remain invisible in the planning and delivery of services. It is also important that data is further disaggregated to provide a more nuanced picture of the levels and experiences of abuse amongst different sections of the older population – for example, to show how many older men and women experience abuse and to determine the prevalence of abuse.

It is known that the likelihood of men being abused, increases with age⁴⁵, yet older men face significant challenges in accessing services and support to help them flee situations of domestic abuse.⁴⁶ A better understanding of the prevalence of abuse amongst Black, Asian and Minority Ethnic older people and older people from the LGBTQ+ community is also needed.

Older people are not a homogenous group. Understanding the uniqueness of older people's experiences is fundamental to ensuring the protection of specific members of the older population and to maintaining the effectiveness of practitioner interventions.

Ageism Perpetuates the Abuse of Older People

Ageism creates the kind of negative climate which lends itself to the abuse of older people^{47 48}; it is therefore likely to increase the levels of abuse experienced by older people. Ageism is not currently included in hate crime laws in England and Wales, yet there are occasions where older people have been subjected to vicious, unprovoked attacks by strangers; attacks which appear to be explicitly motivated by ageism⁴⁹.

Whilst not all acts of abuse are explicitly motivated by ageism, it is important to appreciate that ageism perpetuates the social attitudes that devalue older people; it therefore underpins so much of older people's experiences of abuse. When older people are seen as of "low value or unworthy...", others (feel more able to) mistreat them with little accountability or inhibition".⁵⁰

Tragically, some older people have been abused in health and social care settings in the most shocking and horrific ways. The 'Flynn Report' (2015) on the 'Operation Jasmine' enquiry evidenced the extreme end of abuse and neglect in care home settings in Wales⁵¹. The enquiry examined the circumstances surrounding the deaths of sixty-three older people living in care homes in South-East Wales.

Ageism shows itself in the "rudeness, dismissal, indifference, disregard, objectification, condescension, intrusion, restriction (and) labelling" directed towards older people within health and social care settings. Such attitudes allow for behaviours which, whilst not necessarily seen as overtly abusive, are nonetheless, extremely harmful to older people in that they deny their basic human rights.

Practitioners may make assumptions about an older person's abilities to make decisions, for example. Based on these assumptions, older people may be denied their right to self-determination.⁵² Self-determination (the right to make one's own decisions) is critical to emotional and mental wellbeing and an older person's emotional wellbeing is likely to suffer when they are denied the right decisions about their own care and support needs.⁵³

Health and social care practitioners may also act in ways which are well-intentioned, but which remain harmful to an older person because they are rooted in ageist attitudes and assumptions. The term "compassionate ageism" is sometimes used to refer to actions which are motivated by goodwill, but which arise out of feelings of sympathy or pity towards an older person. These actions are grounded in negative preconceptions about older age; that all older people are frail, dependent and require extra support.⁵⁴ Such attitudes are likely to result in practitioners ignoring the strengths and skills of older people and older people may find themselves in the position of receiving unsolicited advice and support.

Ageism can also increase levels of tolerance towards the abuse of older people, which means that others are less likely to intervene to support an older person. In a survey undertaken by the charity Hourglass, 1 in 3 respondents did not consider inappropriate sexual acts towards older people as abusive; nearly a third (30%) didn't view "pushing, hitting or beating" an older person as abuse; and nearly a third (32%), did not see "taking precious items from a relative's home without asking" as abuse.⁵⁵ These shocking statistics show that behaviours that would be seen as abusive if

perpetrated against younger people, are somehow seen as more acceptable when perpetrated against older people.

Ageism influences Practitioner Responses to the Abuse of Older People

Crucially, ageism can affect the ways in which professionals respond to the abuse of older people. Abuse may be overlooked entirely because, for example, assumptions are made about the cause of an older person's physical injury. It may be assumed that a bruise or physical injury has occurred because of physical frailty, and the appropriate questions, which could lead to the identification of abuse, are not therefore asked.^{56, 57}

It is concerning that even where abuse is recognised and even where such situations are investigated, practitioners sometimes respond to the abuse of older people very differently when compared to the abuse of a younger person. The abuse of an older person is often referred to as "elder abuse".

The term 'elder abuse' is problematic because it frames ageing or growing older as the fundamental problem in the abuse of older people. Seen from this perspective it is the *challenge of ageing*, which give rise to abuse (the abuse of older people is often viewed as a consequence of carer stress). The argument goes that as people age, they inevitably become frailer and more dependent on others to meet their needs; this dependency in turn, causes high levels of carer stress and burnout, which can result in abusive or neglectful behaviours.

How an issue is thought about shapes the response. If abuse is seen as the result of carer stress, the intervention will be focused upon alleviating that stress. The older person (the 'stressor') may be offered services like day care or respite care, which removes them from the home environment and alleviates the stress on the carer.

It is important to recognise that, in fact, very little of the abuse perpetrated against older people is the result of carer stress. Whilst carer stress might be a factor in the abuse of a small number of older people, it is important that practitioners do not make assumptions as to the circumstances of an older person's abuse.

Some older people may have lived with abuse for decades and what practitioners then see, is a continuation of family violence⁵⁸. Older people living in long-term abusive situations require a very different practitioner response; one focused upon offers of emergency accommodation and safety planning, for example⁵⁹. The 'welfarised' response to the abuse of older people sees older people as in need of care and protection.⁶⁰

Critically, when the abuse of older people is viewed through the lens of 'carer stress', practitioners often fail to consider the benefits of the full range of services that might be available within their geographical areas. When talking about 'elder abuse', professionals are usually describing the same types of abusive behaviour captured within broader definitions of 'VAWDASV' (Violence against women, domestic abuse, and sexual violence). Yet many of those older people who would

benefit from referral to specialist VAWDASV services (such as IDVA - Independent Domestic Violence Advocates) are not given access to such support.

It is also the case that the criminality of the abuse experienced by older people is often ignored, when it is conceptualised as “elder abuse”.⁶¹ Criminal convictions are rarely brought against those who perpetrate abuse against older people.⁶² Practitioners may assume that older people will not want to engage with the criminal justice system because of the stresses involved, or they may decide (without consulting an older person), that they would not want to prosecute an abuser who may be a family member.⁶³

In 2018, the then Chief Prosecutor for Wales noted that of the 35,000 crimes prosecuted in Wales in the previous year, only 250 were crimes against older people.⁶⁴ Research focused on older people’s access to civil or criminal justice for protection from domestic abuse, found that practitioners did not discuss criminal or civil justice options with two-thirds of older victims.⁶⁵

Summary:

Older people experience all the same types of abuse as those in younger age groups.

Older people may be at increased risk of abuse because of factors like loneliness or social isolation, or because they depend upon others for care.

Abuse can result in older people experiencing significant physical and emotional harms. It can also increase rates of mortality among older people.

Ageism is the stereotyping, prejudice and or discrimination directed towards older people and based on their age or perceived age. Ageism is very prevalent in society – many people do not even recognise it.

Ageism impacts the way that data on abuse is collected – it therefore limits understanding of the levels of abuse affecting older people.

Ageism increases the abuse of older people because it creates a climate within which older people are devalued and dismissed.

Ageism increases tolerance of the abuse of older people. This, in turn, reduces the likelihood of others intervening when an older person is abused.

Ageism shapes practitioner responses to the abuse of an older person. The abuse of older people is often assumed to arise because of 'carer stress' and is more likely to be addressed through 'safeguarding systems'. The possible benefits of broader, VAWDASV specialist services are rarely considered.

Action

Stopping the abuse that devastates the lives of so many older people means challenging and addressing the ageism that underpins it. Tackling ageism, and its relationship to the abuse of older people, is a huge task. However, there is much that can be done within organisations, to begin to challenge the relationship between ageism and the abuse of older people. As a starting point, the Commissioner calls on organisations to:

- Create and implement policies which address ageism and abuse. These policies should be highlighted as a part of recruitment processes and regularly discussed / reviewed with staff
- Facilitate regular sessions for staff, examining the concepts of ageism and the abuse of older people. This training should focus on the abuse of older people and the role of ageism in legitimising and perpetuating that abuse.
- Training should be multiagency, wherever possible, promoting shared understandings of the ways that ageism shapes and impacts the abuse of older people and encouraging collaborative efforts to address ageism and the abuse of older people. There should also be closer integration between safeguarding and VAWDASV training, to ensure that people benefit from the full range of specialist services.
- Establish clear, confidential reporting procedures for suspected abuse and discriminatory behaviour
- Incorporate reflective practice into regular supervision and team meetings. Supervision / team meetings should provide practitioners with opportunities to explore their understandings of ageism, and to consider how it might influence their work with older people
- Promote a person-centred care approach that respects the individuality and dignity of older people
- Ensure that evaluation and reviews of practitioner performance consider how practitioners handle issues related to ageism and abuse.

Key Questions

The following questions may be helpful to organisations when encouraging practitioners to reflect upon ageism and abuse within their work. They can also be used by practitioners, to help challenge their own thinking and assumptions, and to highlight the insidious nature of ageism and the ways that it might impact their work.

- How do your own attitudes towards ageing influence your work?
- What are some common stereotypes about older people that you have encountered? Have these influenced your own perceptions?
- Can you recall a time when you may have made assumptions about an older person based on their age? How did this affect your interaction with them?
- What steps can you take to ensure that your work is free from ageist biases? How do you currently assess your own practice for ageist attitudes and behaviours?
- How do you think ageist attitudes in society might affect the wellbeing of older people?
- What are some ways that ageism can manifest in health or social services? How might this affect the quality of care provided?
- What strategies can you use to challenge ageist attitudes in your own practice and community? How confident would you be? What would help?
- How do you think ageist attitudes contribute to the prevalence and acceptance of abuse among older people?
- Can you provide an example of where you think ageism might have masked or excused abusive behaviour?
- What training or resources would help you better understand and combat ageism in your practice?
- What personal and professional steps can you take to continuously improve your understanding and handling of these issues?
- How can you advocate for systemic changes to better protect older people from abuse and ageism?
- What role can you play in advocating for policy changes that address ageism and protect older people from abuse?

Additional Resources

- Get Help Stay Safe leaflet produced by the Older People's Commissioner for Wales: Available at: [Get Help Stay Safe Information Leaflet - Older People's Commissioner for Wales](#)
- Older People's Commissioner for Wales - Online Directory. Available at: [Support Directory - Older People's Commissioner for Wales](#)
- Older People's Commissioner for Wales – Taking Action Against Ageism. Available at: [Taking Action Against Ageism - Older People's Commissioner for Wales](#)
- World Health Organisation. 2021. Global Report on Ageism. Available at: [Global report on ageism \(who.int\)](#)
- Centre for Ageing Better (2024) – Age Without Limits. Available at: [Age Without Limits | Centre for Ageing Better \(ageing-better.org.uk\)](#)
- Old School – Anti-Ageism Clearing House. Available at: [Old School: Anti-Ageism Clearinghouse](#)
- Resources on Compassionate Ageism (Dr. Mervyn Eastman): Is 'Compassionate Ageism' the Curse within Social Work and Social Care? Available at: <https://socialworkwithadults.blog.gov.uk/2020/01/10/is-compassionate-ageism-the-curse-within-social-work-and-care/>
- Centre for Ageing Better & Older People's Commissioner for Wales. Media Guidelines on Reporting Ageing and Old Age. Available at: [Media guidelines for reporting on ageing and older age - Older People's Commissioner for Wales](#)
- Centre for Ageing Better. 2021. Challenging Ageism: A Guide to Talking about Ageing and Older Age. Available at: [Challenging ageism: A guide to talking about ageing and older age | Centre for Ageing Better \(ageing-better.org.uk\)](#)

Acknowledgements

The Older People's Commissioner for Wales is grateful to the following for contributing to the discussions, which helped to shape this paper:

Sarah Kirkpartick – Chief Executive, Welsh Women's Aid,

Carrie Bower – Domestic Abuse Lead, Age UK National,

Louise Hughes – Head of Safeguarding and Advocacy, Age Cymru,

Deborah Morgan – Centre for Innovative Ageing, Swansea University,

Sarah Wydall – Professor of Critical Criminology, Swansea University

Bridget Penhale - Reader Emerita, University of East Anglia

The Older People's Commissioner for Wales

The Older People's Commissioner for Wales is an independent voice and champion for older people throughout Wales.

The Commissioner is taking action to protect older people's rights, end ageism and age discrimination, stop the abuse of older people and enable everyone to age well.

The Commissioner is working for a Wales where older people are valued, rights are upheld and no-one is left behind.

How to contact the Commissioner:

Older People's Commissioner for Wales
Cambrian Buildings
Mount Stuart Square
Cardiff
CF10 5FL

Phone: 03442 640 670

Email: ask@olderpeople.wales
Website: www.olderpeople.wales

Twitter: [@talkolderpeople](https://twitter.com/talkolderpeople)

-
- ¹ World Health Organisation. 2022. Tackling the Abuse of Older People. Available at: [Tackling abuse of older people: five priorities for the United Nations Decade of Healthy Ageing \(2021–2030\) \(who.int\)](#)
- ² World Health Organisation. 2024. Abuse of Older People. Available at: [Abuse of older people \(who.int\)](#)
- ³ Andrews, J. 2017. Abuse of Older People: The Responsibilities of Community Nurses. British Journal of Community Nursing 22(5), pp. 224-225.
- ⁴ Andrews, J. 2017. Abuse of Older People: The Responsibilities of Community Nurses. British Journal of Community Nursing 22(5), pp. 224-225.
- ⁵ Welsh Womens' Aid (2019). What is Coercive Control? Available at: [What is coercive control? : Welsh Women's Aid \(welshwomensaid.org.uk\)](#)
- ⁶ Mysyuk, Y., Westendorp, R.G.J. and Lindenberg, J.2016. How Older Persons explain why they become victims of abuse. Age and Ageing (45), pp. 695-702.
- ⁷ Brown Wilson, C. 2017. Caring for People with Dementia: A Shared Approach. London:Sage.
- ⁸ Manthorpe, J. 2015. The abuse, neglect and mistreatment of older people with dementia in care homes and hospitals in England: The potential for secondary data analysis: Innovative Practice. Dementia 14(2), pp. 273-279.
- ⁹ Older People's Commissioner for Wales. 2021. Support Services for Older People Experiencing Abuse in Wales. Available at: [Support Services for Older People Experiencing Abuse in Wales.pdf \(olderpeople.wales\)](#)
- ¹⁰ Older People's Commissioner for Wales. 2021. Support Services for Older People Experiencing Abuse in Wales. Available at: [Support Services for Older People Experiencing Abuse in Wales.pdf \(olderpeople.wales\)](#)
- ¹¹ Safe Lives (2016). Safe Later Lives: Older People and Domestic Abuse. Available at: [Safe Later Lives - Older people and domestic abuse.pdf \(safelives.org.uk\)](#)
- ¹² Kosberg, J.I. 2009. The Abuse of Older Men: Implications for Social Work. Australian Social Work 62(2), pp. 202-215.
- ¹³ Older People's Commissioner for Wales. 2021. Support Services for Older People Experiencing Abuse in Wales. Available at: [Support Services for Older People Experiencing Abuse in Wales.pdf \(olderpeople.wales\)](#)
- ¹⁴ Older People's Commissioner for Wales. 2021. Support Services for Older People Experiencing Abuse in Wales. Available at: [Support Services for Older People Experiencing Abuse in Wales.pdf \(olderpeople.wales\)](#)
- ¹⁵ Mysyuk, Y., Westendorp, R.G.J. and Lindenberg, J.2016. How Older Persons explain why they become victims of abuse. Age and Ageing (45), pp. 695-702.
- ¹⁶ Vulnerability, Knowledge and Practice Programme: Domestic Homicide Project. Available at : [Domestic Homicide Project - VKPP Work](#)
- ¹⁷ Hoeger, K. et al. 2022. Domestic Homicide Project: Spotlight Briefing No. 2 – Older Victims. Available at: [Domestic Homicide Project - Older Victims Feb 2022 AC \(vkpp.org.uk\)](#)
- ¹⁹ Penhale, B. (2003). Older Women, Domestic Violence, and Elder Abuse: A Review of Commonalties, Differences and Shared Approaches. Journal of Elder Abuse and Neglect 15(3-4), pp. 163-183.
- ²⁰ Centre for Ageing Better. 2023. Ageism: What's the Harm? Available at : [Ageism-harms.pdf \(ageing-better.org.uk\)](#)
- ²¹ Older People's Commissioner for Wales. 2021. Taking Action Against Ageism. Available at: [Taking Action Against Ageism - Older People's Commissioner for Wales](#)

-
- ²² Centre for Ageing Better. 2023. Ageism: What's the Harm? Available at : [Ageism-harms.pdf \(ageing-better.org.uk\)](#)
- ²³ Changing the Narrative: Ending Ageism Together. Available at: [Anti-Ageist Birthday Cards – Changing the Narrative \(changingthenarrativeco.org\)](#)
- ²⁴ Older People's Commissioner for Wales. 2021. Portrayal of older people in news media. Available at: [Media guidelines for reporting on ageing and older age \(olderpeople.wales\)](#)https://olderpeople.wales/library/Portrayal_of_Older_People_in_News_Media.pdf
- ²⁵ Centre for Ageing Better & Older People's Commissioner for Wales. Media Guidelines on Reporting Ageing and Old Age. Available at: [Media guidelines for reporting on ageing and older age \(olderpeople.wales\)](#)
- ²⁶ Centre for Aging Better. 2024. The enormous contributions older people make to society – and the barriers holding them back. Available at: [The enormous contributions older people make to society – and the barriers holding them back | Centre for Ageing Better \(ageing-better.org.uk\)](#)
- ²⁷ World Health Organisation. 2021. Global Report on Ageism. Available at: [Global report on ageism \(who.int\)](#)
- ²⁸ Brownell, P. Social Issues and Social Policy Response to Abuse and Neglect of Older Adults. In Gutman, G. and Spencer, C. Aging, Ageism and Abuse: Moving from Awareness to Action.
- ³⁰ World Health Organisation. 2021. Global Report on Ageism. Available at: [Global report on ageism \(who.int\)](#)
- ³¹ World Health Organisation. 2021. Global Report on Ageism. Available at: [Global report on ageism \(who.int\)](#)
- ³² Centre for Aging Better. 2023. Ageism: What's the Harm. Available at: [Ageism-harms.pdf \(ageing-better.org.uk\)](#)
- ³³ The King's Fund. 2000. Age Discrimination in Health and Social Care. Available at: [Age Discrimination In Health And Social Care | The King's Fund \(kingsfund.org.uk\)](#)
- ³⁴ World Health Organisation. 2021. Global Report on Ageism. Available at: [Global report on ageism \(who.int\)](#)
- ³⁵ Centre for Aging Better. 2023. State of Aging. Available at: [The State of Ageing 2023-24 | Centre for Ageing Better \(ageing-better.org.uk\)](#)
- ³⁶ Race Equality Foundation. 2022. Older People: Briefing Paper. Available at: [Layout 1 \(raceequalityfoundation.org.uk\)](#)
- ³⁷ Older People's Commissioner for Wales. 2024. Growing Older in Wales: Perspectives from Black, Asian and Minority Ethnic Older People. Available at: [Growing older in Wales: Perspectives of Black, Asian and Minority Ethnic older people](#)
- ³⁸ World Health Organisation. 2021. Global Report on Ageism. Available at: [Global report on ageism \(who.int\)](#)
- ³⁹ Centre for Aging Better. 2023. Ageism: What's the Harm? Available at: [Ageism-harms.pdf \(ageing-better.org.uk\)](#)
- ⁴⁰ Fang, B. and Yan, E. 2018. Abuse of Older Persons with Dementia: A Review of the Literature. Trauma, Violence and Abuse 19(2), pp. 127-147.
- ⁴¹ Baker, P., Francis, D.P., Hairi, N. Othman, S. and Choo, W.Y. 2016. Interventions for preventing abuse in the elderly (review). Cochrane database of Systematic Reviews
- ⁴² Bows, H. 2018. Sexual violence against older people: A review of the empirical literature. Trauma, Violence and Abuse 19(5), pp. 567-583.
- ⁴³ Bows, H. (2019). The other side of late-life intimacy? Sexual violence in later life. Australasian Journal on Ageing

pp. 65-70.

⁴⁴ Hightower, J. Abuse in Later Life: When and How does Gender Matter? In Gutman, G. and Spencer, C. 2010. Aging, Ageism and Abuse.

⁴⁵ Office for National Statistics 2021. Domestic Abuse in England and Wales Overview (November 202): [Domestic abuse in England and Wales overview - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandcare/conditions/domestic-abuse-in-england-and-wales-overview)

⁴⁶ Older People's Commissioner for Wales. 2022. Improving Support and Services for Older Men Experiencing Domestic Abuse. Available at: <https://olderpeople.wales/wp-content/uploads/2022/08/Improving-support-and-services-for-older-men-experiencing-domestic-abuse.pdf>

⁴⁷ Phelan, A. 2008. Elder Abuse, Ageism, Human Rights and Citizenship: Implications for Nursing Discourse. Nursing Inquiry 15(4), pp. 320-329

⁴⁸ Chang et al. 2021. Impact of structural ageism on greater violence against older persons: a cross-national study of 56 countries. British Medical Journal (11).

⁴⁹ Owen, C. 2024. Gran left screaming and writhing in agony after terrifying Porthcawl funfair attack. Available at: [Gran left screaming and writhing in agony after terrifying Porthcawl funfair attack - Wales Online](https://www.walesonline.co.uk/news/wales-news/gran-left-screaming-and-writhing-in-agony-after-terrifying-porthcawl-funfair-attack-20240711)

⁵⁰ Phelan, A. 2008. Elder Abuse, Ageism, Human Rights and Citizenship: Implications for Nursing Discourse. Nursing Inquiry 15(4), pp. 320-329

⁵¹ Flynn, M. 2015. In search of accountability – a review of the neglect of older people living in care homes investigated as Operation Jasmine (2015). Available at: [in-search-of-accountability-a-review-of-the-neglect-of-older-people-living-in-care-homes-operation-jasmine_1.pdf \(gov.wales\)](https://www.gov.wales/sites/default/files/2015-09/in-search-of-accountability-a-review-of-the-neglect-of-older-people-living-in-care-homes-operation-jasmine_1.pdf)

⁵² Ekelund et al. 2014, Self-Determination among Frail, Older Persons – A Desirable Goal Older Peoples' Conceptions of Self-Determination. Quality in Ageing and Older Adults 15(2)

⁵³ Bolenius, K. et al. 2023. Older adults' experiences of self-determination when needing homecare services – an interview study. BMC Geriatrics (23).

⁵⁴ Wong et al. 2023. Negative ageism and compassionate ageism in news coverage of older people under Covid-19: how did the pandemic progression and public health responses associate with different news themes. Ageing and Society.

⁵⁵ Hourglass. 2021. Safer Aging Press Release. Available at: <https://wearehourglass.org/safer-ageing-press-release>

⁵⁶ Ward, D. 2000. Ageism and the Abuse of Older People in Health and Social Care. British Journal of Nursing 9(9), pp. 560 – 563.

⁵⁷ McGarry, J., Simpson, C. and Hinchliff-Smith, K. 2011. The Impact of Domestic Abuse for Older Women: A Review of the Literature. Health and Social Care in the Community 19(1), pp. 3-14.

⁵⁹ Hightower, J., Smith, M.J. and Hightower, H.C. (2006). Hearing the Voices of Abused Older Women. The Journal of Gerontological Social Work 46 (3-4) pp. 205-227.

⁶⁰ Williams, J. 2012. Elder Abuse: Criminological Perspective. In Brookman, F., Maguire, M., Pierpoint, H. and Bennet, T. Handbook on Crime. Dawson Books

⁶¹ Hightower, J., Smith, M.J. and Hightower, H.C. (2006). Hearing the Voices of Abused Older Women. The Journal of Gerontological Social Work 46 (3-4) pp. 205-227.

⁶² HMCPSI and CPS. 2019. The Poor Relation: The Police and Crime Prosecution Service's Response to Crimes against Older People. Available at: [The poor relation: The police and Crown Prosecution Service's response to crimes against older people - His Majesty's Inspectorate of Constabulary and Fire & Rescue Services \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/hmcpsi/publications/the-poor-relation-the-police-and-crown-prosecution-service-s-response-to-crimes-against-older-people/)

⁶³ Hightower, J., Smith, M.J. and Hightower, H.C. (2006). Hearing the Voices of Abused Older Women. *The Journal of Gerontological Social Work* 46 (3-4) pp. 205-227.

⁶⁴ Rees, J. BBC. 2019. Prosecutor wants more convictions for crimes against the elderly. Available at: [Prosecutor wants more convictions for crimes against elderly - BBC News](https://www.bbc.com/news/health-51711441)

⁶⁵ Clarke, A., Williams, J. and Wydall, S. 2016. Access to justice for victims / survivors of elder abuse: A qualitative study'. *Social Policy and Society* 15(2), pp. 201-220.