



Ageism



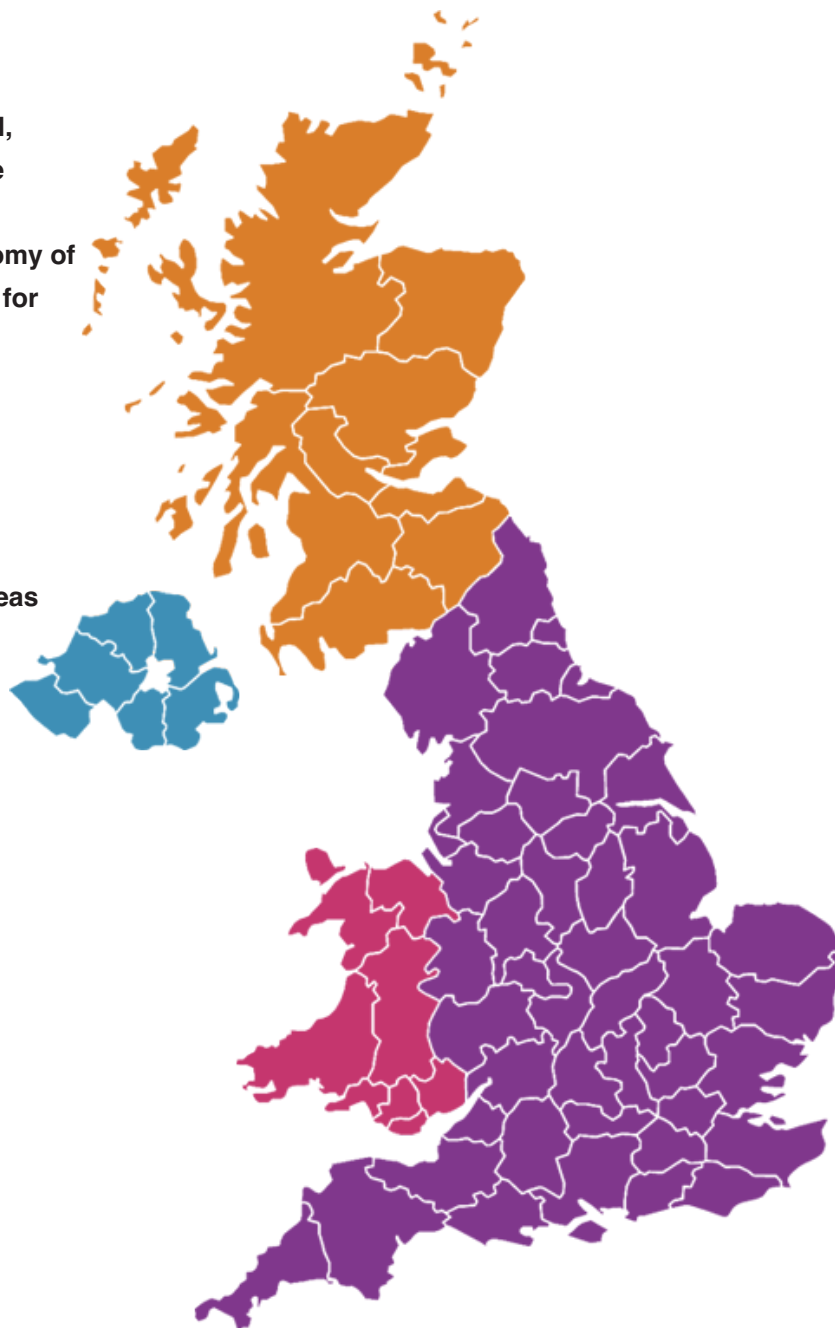
Paving the Way for Abuse and Violence

Policy Brief July 2025

AGEISM: PAVING THE WAY FOR ABUSE AND VIOLENCE

KEY INSIGHTS

- Ageism is discriminatory, harmful, and marginalising to older people
- It devalues the voices and autonomy of older people and makes it harder for them to access support
- Ageism can be institutional, interpersonal, or self-directed
- Societal ageism can normalise ideas of abuse, or stereotyped ideas of older people.



RECOMMENDATIONS

The development of a Government strategy on ageing, ageism, and the rights of older people.

Specific Government research project on the prevalence and background of ageism across the UK, as well as the links between ageism and abuse of older people.

The establishment of an Older Person and Ageing Commissioner to act as an independent champion for the rights of older people.

Wholesale review of age discrimination law, with a particular focus on Northern Ireland where there is no age discrimination protection outside employment or further and higher education.

The development of specific multiagency ageism related training for practitioners in the NHS, Social Care sphere, and justice system.

The development of a government backed campaign on ageism, age discrimination, and intergenerational working for schools and universities.

POLICY PROBLEM

Human ageing is imbedded within social factors, social relationships, and social constructs, and linked to ideas around the wider community and the self; until death happens - everyone grows older and old, but our notions around ageing are steeped in assumptions and stereotypes.

Ageing is not seen through an individual lens, instead older adults are posited as a homogenous group viewed in terms of frailty or decay, helplessness, and burden. In the late 1960s, the term ageism was introduced by Robert Butler, a pioneering gerontologist as “a form of bigotry we now tend to overlook: age discrimination or age-ism” and as “personal revulsion to and distaste for growing old, disease, disability.”¹ This was expanded by Butler in 1980 through his identification of three interrelated aspects that broaden ageist ideas and age discrimination:

- 1. *Prejudicial attitudes toward older people, toward old age, and toward the ageing process, including attitudes held by older people themselves***
- 2. *Discriminatory practices against older people, particularly in employment, but in other social roles as well***
- 3. *Institutional practices and policies which, often without malice, perpetuate stereotypical beliefs about older people, reduce their opportunities for a satisfactory life and undermine their personal dignity”*²**

Taken as such, ageism is ubiquitous, far reaching, and profound, far from being a benign aspect of everyday life, it is pervasive and “others” those of different generations and ages – providing a discriminatory, harmful, and marginalising nexus of thought around older people.

Age is one of the nine protected characteristics that cannot be used as a reason to discriminate against someone in England, Scotland and Wales under the Equality Act 2010³, with much more limited protections afforded in Northern Ireland under various pieces of legislation. In actuality ageist ideas and negative notions about older people and ageing as a phenomenon seems to be widely tolerated by society as an apparently inevitable consequence of growing old. The World Health Organization notes that “ageism may now be more pervasive than sexism or racism,”⁴ and “ageism is the most socially condoned form of prejudice.” While other types of discrimination may only impact certain groups in society, every person who grows old is likely to be the target of ageism at some point in their life.

Ageism can be broken down into three sub-sections:

- ***Institutional ageism - or the systematic disadvantage or discrimination of older people due to legislation, policies and practices of governments and organisations⁵***
- ***Interpersonal ageism - or the interactions between individuals or age groups***
- ***Self-directed ageism – this is when overarching societal notions of the limits of age are internalised by older people, limiting opportunities and diminishing self-worth. The Centre for Ageing Better has emphasised that this kind of “ageism directed towards the self” can “discourage older people from embracing the behaviours and opportunities that would enable them to fully participate in society.”⁶***

As well as being a global issue, ageism is prevalent in UK society, with a 2021 study of language used about older people in online publications concluding that the UK was in this respect the most ageist of 20 countries across the British and Irish Isles, North America, Oceania, Asia, Africa, and the Caribbean.⁷

The Equality and Human Rights Commission’s last national survey of prejudice and discrimination found that a higher proportion (slightly over a quarter) of British adults of all ages reported experiencing prejudice based on their age than any other protected characteristic.⁸

A recent survey by Hourglass indicated that 52% of UK respondents did not see ageism or age discrimination as a type of abuse perpetuated against older people, and when asked about its severity as a form of abuse, 25% of respondents did not think ageism or age discrimination was severe.⁹ As such, this policy paper seeks to explore how such attitudes can foster an acceptance and a normalisation of abuse and violence perpetuated against older people, and how it can limit research, understanding of the prevalence of abuse of older people, as well providing a key barrier for help seeking for older people and older victim-survivors.

While the abuse of older people is projected to cost the UK over £16 billion per annum and estimated to affect over 2.7 million people per year,¹⁰ older people as victim-survivors of abuse, violence and neglect are still misunderstood and ignored by the general public, and under researched by policymakers and in academia. In Hourglass’s recent polling, almost 30% of respondents did not believe that the abuse of older people was a problem in the UK today.¹¹

Normally a £16 billion issue of violence and neglect would be at the forefront of policy and public attention, but the ubiquity of societal ageism in effect means that older people and older victim-survivors continue to be last in line and suffer from a lack of attention, understanding, and a lack of care. While not the only reason or risk factor for abuse, undoubtedly, ageist attitudes that devalue the voices, place and respect of older people set the stage for abuse and violence, and the ignorance of it in wider society. Such attitudes often portray older people as frail, dependent, or cognitively impaired, and can lead to a diminished sense of autonomy, self-determination and societal value, and self-worth for older people.

Ideas of ageism which place older people on a pedestal of burden, incompetence and unattractiveness may represent a devaluing, othering, or stigmatisation of older people by the mainstream ingroup and their marginalisation from mainstream society, as well as an ignorance of the threat of abuse.

Firstly, this leads to our overall understanding of the abuse of older people being limited by ageist structural or institutional barriers, especially around research and/or data collection, the lack of representation of older people as victims of abuse, and the lack of service design, monitoring, or evaluation focused around older people or older victim-survivors. Older people and older victim-survivors of abuse, have until recently, been shut out of research collection because of both the pre-conceived notion that older people are less likely to suffer from abuse, or because of the perception that older people did not have the capacity to participate in data collection or research.¹²

Up until 2017, the Crime Survey for England and Wales (CSEW) had an upper age limit of 59 in its intimate violence module, and only since 2023 have the experiences of those over 75 been collected.¹³ However, the lack of disaggregation between age groups in data collection, especially in police data across the UK continues to be a key problem that obscures the nature and prevalence of abuse of older people.

Without up to date and effective data and within ageist parameters which don't account for older victim-survivors, older people and older victim-survivors remain invisible in the development of service provision regarding prevention and intervention of abuse. In cases of abuse and violence – specifically domestic abuse - service design, monitoring and evaluation focuses predominantly on services and needs for women aged 16-59.¹⁴

Older people and older victims of domestic or sexual abuse are also in numerous cases not perceived to be an “ideal or normal victim,” therefore not fitting within the social construction and stereotyped assumptions of “classic” domestic or sexual abuse victims (female, young, attractive.)¹⁵ As such, older victims are un/underrepresented in media, support literature and adverts, while generalist support services are unaware of the unique needs of older victim-survivors that revolve around disability, capacity and care. Older people internalise negative and ageist attitudes about victims of abuse, and are barred from help seeking because they either do not view themselves as victims, or because they worry that practitioners or support services will not believe them.¹⁶

Ageist and gendered views of the homogeneity of older people and victimhood are also a barrier to support for specific groups. The likelihood of men being victim-survivors of violence and abuse rises over the age of 60¹⁷, yet older men face a lack of understanding, support structures, or help because they fail to conform to ageist and heteronormative stereotypes of who a “real” victim of sexual or domestic violence is or should be.¹⁸ So too, diverse groups of older people such as LGBTQ+ or minority ethnic older people struggle to be seen as legitimate victims or victim-survivors and access tailored services for their needs.

Additionally, intersectional discrimination against marginalised or minoritised groups may often intersect with negative stereotypes about ageing, which increases the vulnerability of older people from these groups to abuse.¹⁹ For example, older adults who face racial discrimination may not only deal with the societal devaluation of their ageing bodies but may also be subjected to both racial and age-based stereotypes that place them at heightened risk of mistreatment, or further diminish their ideas and feelings of self-worth.²⁰

Ageist cultural narratives can disseminate and normalise the idea that older adults are no longer capable of contributing to society or leading fulfilling lives, because of age, vulnerability or capacity.²¹ These narratives play a role in fostering an environment where abuse becomes more acceptable or overlooked - when older people are seen as of “low value or unworthy..., others (feel more able to) mistreat them with little accountability or inhibition.”²² As such, acts which would be seen as unacceptable for other age groups, become more acceptable for older people – Hourglass’s recent polling indicated that 33% of respondents did not view “inappropriate or unwanted sexual comments or acts directed towards an older person” as abusive,” nor did 17% of respondents see “domestic abuse or domestic violence directed against an older person” as an abusive act.²³ In a recent report looking at the attitudes of students towards abuse and older people, Storey et al noted that 25% of those surveyed did not view “punching, kicking, threats, or theft towards older people” as acts of abuse.²⁴

When older adults are seen through the lens of ageist stereotypes, they may be denied their right to make decisions about their lives, and their experiences may be dismissed as inevitable consequences of ageing. This can complicate aspects of support, justice, and practitioner understanding of abuse. In healthcare settings, for example, older adults frequently experience ageism in the form of reduced quality of care, or a dismissal of symptoms of abuse.²⁵ Doctors, nurses, and other medical practitioners may make assumptions that certain symptoms are just a part of the natural ageing process, leading to misdiagnosis, the withholding of appropriate treatment, or the lack of referral to specialist support.²⁶ Injuries stemming from abuse or violence such as bruising may be attributed to old age instead of abuse, while older victim-survivors may be perceived to just be confused or anxious due to age, rather than suffering from post-abuse trauma.²⁷

Ageist assumptions towards “normal ageing behaviours,” and the use of one’s body in older age also affect thoughts about homicide and sexual abuse directed against older people. Many femicide or domestic homicides of older victims are never thought of as such, and instead are also wrongly assumed through an ageist prism to be linked to one’s older age, vulnerability, or physical condition.²⁸ A facet of this is the wide use of the term in the criminal justice system and wider media, of so called “mercy killings.” Mercy killings as they are claimed, are where victims' disabilities or health conditions are raised by the perpetrators legal defence team, and it is argued that perpetrators killed them for the victim's benefit. The ageist acceptance in many cases of this concept deletes the nature of “overkilling” which is common in the murder of those over 65 – the use of excessive gratuitous violence beyond that necessary to cause the victims death. In sexual abuse, ageist attitudes that revolve around deterioration and decay posit a view of older people as asexual.²⁹ While older people continue to both engage in normal sexual relationships³⁰ and suffer from sexual abuse and rape³¹ – because of such attitudes and the taboo nature of older sexuality, understanding, belief, and research of the sexual abuse of older people is lacking among the general public, the police, and the judicial system.³²

Ageism and abuse of older people are inextricably linked, with discriminatory societal attitudes toward ageing directly contributing to the mistreatment of older adults. Institutional, interpersonal, and self-directed ageist beliefs help to marginalise older people and create environments where abuse is tolerated or even normalised. Seeing it as a global health problem, the WHO views “developing interventions to combat ageism ... as a critical component of healthy ageing,”³³ and Hourglass agrees – older people need to feel like they are wanted and valued members of society, be supported not marginalised, and reducing societal ageist views is key to safer ageing and essential to help fight violence and abuse towards older people.

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Email: helpline@wearehourglass.org

Hourglass England

Office 8, Unit 5,
Stour Valley Business Centre,
Brundon Lane, Sudbury,
Suffolk, CO10 7GB.

T: +44 (0) 20 8835 9280
E: enquiries@wearehourglass.org
W: www.wearehourglass.org




 @wearehourglass_
 facebook.com/wearehourglass

Hourglass Cymru

C/o - Office 8, Unit 5,
Stour Valley Business Centre,
Brundon Lane, Sudbury,
Suffolk, CO10 7GB.

T: +44 (0) 20 8835 9280
E: cymru@wearehourglass.org
W: www.wearehourglass.cymru

 @HourglassCymru
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Hourglass Scotland

PO Box 29244,
Dunfermline, KY12 2EG.

T: +44 (0) 20 8835 9280
E: scotland@wearehourglass.org
W: www.wearehourglass.scot

 @HourglassScot
 facebook.com/HourglassScotland

Hourglass Northern Ireland

PO Box 216,
Newry, BT35 5DH.

T: +44 (0) 20 8835 9280
E: nireland@wearehourglass.org
W: www.wearehourglass.org/ni

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