

# Preventing sexual assault of older women:

## A framework for action

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## Preventing sexual assault of older women: A framework for action

The sexual assault of older women is a largely under-recognised problem. Building on research conducted through Norma's Project (Mann et al. 2015), and with funding from the Victorian Women's Benevolent Trust, this project, aimed to capture 'good practice' in aged care services in order to inform the development of a state-wide strategy guiding best-practice responses to sexual assault across Victoria.

Research suggests that aged care service providers are in a unique position when it comes to identifying and supporting older women who have experienced or are 'at-risk' of sexual assault. Aged care service providers are likely to have access to women who are otherwise isolated and vulnerable, and have the potential to provide a key source of support and intervention.

However, to bring about an end to the sexual abuse of older women will require wide-ranging interventions across all sectors of society. It is also imperative that such actions take place with a deep understanding of the complexity of sexual abuse, elder abuse, the sexual abuse of older women as older women within the experiences of ageing. This will require a sensitivity to the complexity of family relationships, issues of trust, shame, vulnerability, incomprehension, the need to balance fear, risk, safety and autonomy while supporting those who are powerless, invisible and living with cognitive impairment.

This report draws together the ideas gleaned from aged care providers on 'good practice in their care of older women who may have been sexually abused and current research on prevention and intervention in elder abuse that is relevant to sexual abuse, given the paucity of work in this area, to develop a Victoria-wide strategy to prevent the sexual assault of older women. In doing so, it consciously builds on the considerable work currently being undertaken at an international level to support healthy ageing, and the Victorian work on the prevention of family violence. Both have direct links to this project.

The report begins with a summary of the current knowledge of how sexual abuse of older women is defined, its risk factors and the policy environment in which the work is situated. The report then presents the components of a statewide framework, highlighting the actions needed across sectors and across levels of society. The report concludes by providing a set of immediate actions for the aged care sector.

# 1. Understanding sexual assault of older women

Over the past four decades there has been substantial policy, academic and practice interest in understanding and preventing the sexual assault of women. It is unlikely, however, that in these discussions, the image of the rape of an elderly woman by a family member would be contemplated. The sexual abuse of older women as older women remains largely invisible. The following section provides a summary of what is currently understood about the experiences of sexual assault of older women.

## Definitions

There is no agreed definition of sexual abuse in research, practice, law or policy. Definitions vary according to the setting, with legal and crime data collection definitions having a different emphasis from health researchers or practitioners who are more focused on the impact of sexual abuse on the survivor. The US Centers for Disease Control and Prevention (2015) provides a comprehensive definition of sexual abuse of older people to assist in the development of prevention strategies.

In the most recent Australian study of sexual assault of older women, Mann et al. (2014, p. iv) provide the following definition:

Any kind of unwanted sexual behaviour or activity that makes a woman feel uncomfortable, frightened or threatened. It includes unwanted sexual behaviours such as touching, fondling, fingering or masturbation, as well as oral, anal or vaginal sex.

In addition to the lack of standards for defining sexual abuse, multiple terms are used, often interchangeably, the meanings of which change over time and across cultures. Moreover, as Horsley (2014, p. 5) identifies, 'women themselves will have widely varying understandings and perceptions of what constitutes rape and sexual assault'.

Sexual assault of older women occur in a culture milieu of myths and attitudes towards older women based on gender, power, entitlement, with older women seen 'less deserving of respect, body integrity and justice ... [and not] ... entitled to forms of physical and emotional intimacy and sexual lives that are fulfilling, healthy and safe' (Horsley 2014, p. 2).

## Prevalence

In 2012, 1.7 million women in Australia reported having experienced sexual violence since the age of 15. Approximately 87,000 of adult women had experienced some form of sexual assault in the previous 12 months, excluding unwanted sexual touching (Cox 2012, p. 50). Of these, 7,000 were aged over 55 years. In the vast majority of cases (88%), the perpetrator was known to the victim (Cox 2012, p. 55).

Despite the considerable amount of research on the sexual assault of adult women over the past four decades, there is paucity research on the prevalence, characteristics and prevention of sexual assault of older women as older women (Mann et al. 2014, Kaspiew, Carson & Rhoades 2016). It is agreed, however, that such prevalence data that is available is an under-estimate due to the sensitivity of the topic, the complexity of collecting reliable data, and the reduced likelihood that older women will report or acknowledge sexual abuse or assault (Horsley 2014).

Horsley (2014), in her review of prevalence data, reports:

- Older women are more likely to be assaulted in their own homes than younger women;

- In 2013 there were 349 alleged or suspected sexual assaults of women in Commonwealth-funded residential aged care homes;
- In one study of hospital emergency departments, older women were more likely to have been assaulted in an aged care home;
- In a review of 100 case files by the Office of the Public Advocate—70% of which were women were aged between 61 and 97 years—45 reported violence, including sexual violence.

## Who is at risk?

The individual risk factors widely accepted, although without prevalence data; include older women with cognitive impairment, disability, frailty or poor health requiring assistance, and dependent on community or institutional care (Horsley 2014; Mann et al. 2014; Kaspiew, Carson & Rhoades 2016). Women who experience social isolation, live in rural settings where isolation and reduced services are additional factors, are homeless, or from culturally and linguistically diverse and refugee backgrounds are anticipated to experience higher levels of sexual abuse. As Horsley (2014) notes, older women from indigenous backgrounds would remain exposed to the well-documented high levels of sexual violence experienced by all women in this group.

## Perpetrators

As with all aspects of sexual abuse of older women, there is limited systematic insight into the characteristics of perpetrators. Mann et al. (2014) provide what is known:

- Predominantly male, ageing in range from teenagers to elderly men, a significant minority of whom have convictions for assaults against younger women and children;
- Continued intimate partner violence or ‘spouse abuse grown old’;
- Sons, sons-in-law and grandsons involved at significant levels
- Fellow residents or staff in residential aged care settings, the ratios of which vary depending on the research. Of note, in residential aged care settings, female staff members cannot be excluded as perpetrators; and
- The motivations of perpetrators include sexual gratification, opportunistic assault, pervasive anger, or vindictive attitude to women.

## What is the impact?

While there is a lack of evidence for the physical, emotional, and mental impacts of sexual abuse on older women, the WHO World report on ageing and health states (2015, p. 163):

When older people, particularly women, are the victims of violent crime, the consequences are often more severe than for other ageing groups: older women are more likely to have a higher need for medical care, to be admitted into a nursing home and to die as a result of an assault.

In their review of the impact of sexual assault on older women, Mann et al. (2014, p. 14) report medical literature showing that ‘older women who experience sexual assault are more prone to trauma and injury to the genital tract, compared to younger women and to die within a year of the assault’. Additionally,

It is reasonable to surmise that the impact on older women would be particularly profound and include an enhancement of personal fear; a loss of confidence and sense of safety in home, social or residential care settings; and the consequent potential loss of independence or sense of control over one’s life.

Concomitant with the severe consequences on older women who experience sexual assault, Horsley (2014, p. 19) describes the 'secondary traumatisation' of partners, the generational family network, and friends.

### The urgent need for change

The need for a national approach to family and domestic violence (and specifically violence against women and their children) and to child protection is now irrefutable. However, within these plans and frameworks, the presence of older women is noticeably absent.

Overwhelmingly, the sexual abuse of older women is a human rights issue. The Universal Declaration of Human Rights (1947) states that all people are 'born free and equal in dignity and rights' including the right to live free from abuse, exploitation and neglect.

### The policy and legislative environment

Globally, Australia has ratified a number of international human rights laws which extend the protection of older people against abuse and neglect. The UN General Assembly Open-ended Working Group on Ageing is considering an international convention on the rights of older persons.

Australia is also a signatory to the WHO Global Strategy and Plan of Action Ageing and Health (2016). The Strategy contains five objectives with an action plan to achieve these objectives. One objective—to develop age-friendly environments—seeks to ensure the autonomy and participation of older people, recognising that 'autonomy has been repeatedly identified by older adults as a core component of their well-being and has a powerful influence on their dignity, integrity, freedom and independence' (p. 13).

Australia does not have a single framework to address elder abuse or sexual assault of older women. The Australian Law Reform Council (ALRC), at the request of the Auditor-General, is in the process of considering 'existing Commonwealth laws and frameworks which seek to safeguard and protect older persons from misuse or abuse by formal and informal carers, supporters, representatives and others'. Its report expected by May 2017. The two key principles framing the inquiry are:

- the principle that all Australians have rights, which do not diminish with age, to live dignified, self-determined lives, free from exploitation, violence and abuse; and
- the principle that laws and legal frameworks should provide appropriate protections and safeguards for older Australians, while minimising interference with the rights and preferences of the person (p. 12)

The Aged Care Act 1997 (Cth) provides funding and the regulatory framework for aged care. Recipients of Commonwealth funding are required to report allegations or suspicion of a 'reportable assault' of a care recipient to police and the Department of Health within twenty-four hours, however, care recipients with a cognitive impairment are exempt from the reporting requirements.

In November 2016 the Victorian Government released *Ending Family Violence: Victoria's Plan for Change*. This ten-year plan documents how the Government will deliver the 227 recommendations made by Australia's first Royal Commission into Family Violence held in Victoria. The Plan defines family violence as:

when a perpetrator exercises power and control over another person. It involves coercive and abusive behaviours by the perpetrator that are designed to intimidate, humiliate, undermine and isolate; resulting in fear and insecurity. It covers a wide spectrum of conduct that involves an escalating spiral of violence. These behaviours can include physical and sexual abuse, as well as psychological, emotional, cultural, spiritual and financial abuse.

The Plan has scant recognition of sexual abuse of older women as older women. The thrust of the Plan is focused on the protection, care and prevention of violence and its impacts on women with young children.

The Plan (2015, p. 20), however, does recognise the need to mainstream its actions:

The needs of all Victorians will be met by designing for diversity and intersectionality at the outset. This means creating and sustaining a family violence and social service system that is inclusive, non-discriminatory and accessible for everyone.

Therefore, a strategy to prevention of sexual assault of older women must closely follow the language and intent of *Ending Family Violence* to future development of policies, programs and service meet the needs of older women. This is appropriate given the term 'family violence' encompasses the forms of elder abuse and is not limited in terms of the perpetrator-victim relationship. It is important to remain mindful that a residential aged care facility is an older person's home and those who live and work there constitute a form of 'family' (Brasher 2015).

## 2. A Victoria-wide strategy

As Mann et al. (2014, p. 64) recommend, a preventative approach to address the sexual abuse of older women is essential:

Through a multilevel approach across individual and family, organisational, community and societal levels .... an integrated, coordinated and collaborative approach between, and across, governments, communities and individuals is required.

The strategy presented below builds on the evidence that is available within an ecological model, to provide a road map for the prevention of sexual assault of older women. This will require a collaborative, partnership approach and a long-term view for policy, research and practice.

### Vision

*Ending Family Violence: Victoria's Plan for Change* has as its vision 'A future where all Victorians are safe, thriving and live free from family violence'. This encapsulates the vision to see older women safe, thriving and free from abuse.

### Objectives

The following targets from *Ending Family Violence: Victoria's Plan for Change* are equally relevant for the prevention of sexual abuse of older women:

- No woman or child is killed as a result of family violence.
- All Victorians will believe that family violence and gender inequality are unacceptable, and will hold attitudes that support respectful relationships.
- Victim survivors will be supported to remain safely in their homes and connected to their community.
- More women and children at risk of family violence will be able to access effective early interventions.
- Family violence recidivism will be eliminated.
- Workers in universal services will feel confident to identify and respond to all forms of family violence.

An important addition for this strategy is:

- All Victorians will believe that ageing is valuable and hold non-discriminatory attitudes on the basis of age.

### Priority Populations

While the greatest risk factor for sexual abuse in older women remains their gender, there are sub-groups for whom preventative strategies will require greater focus. These included, but are not limited to, older women who:

- have an indigenous background
- have a cognitive impairment and/or dementia;
- have a disability;
- are frail or in poor health requiring assistance and are dependent on family, community or institutional care;
- come from a culturally and linguistically diverse and/ or refugee backgrounds
- experience social isolation;

- live in rural settings or in areas of poverty or disadvantage
- are homeless

## Focus

Preventions strategies must focus on the all levels of social organisation commencing with the individual and moving out to organisational level, community level, and to society broadly.

### *Individual*

Individual point of focus comprises older women as the centre of the work, their spouse or partner, friends, children and the family unit as a whole. Interventions will also require a focus on the perpetrator.

### *Organisational*

Interventions targeting the organisational level may focus on aged care services, both in-home and residential; the range of health services and health care workers accessed by older women; the justice system including police, lawyers and the courts; age-specific NGOs including those with a focus on education and support for people living with dementia; U3As and other social, community and recreation services with a focus on older people.

### *Community*

There is a significant body of literature on the impact of place-based initiatives and livable communities on health and wellbeing outcomes (Giles-Corti et al. 2016). Therefore, a community focus should identify specific place-based actions within and across local government areas.

### *Society*

To achieve major policy change and legislative and regulatory reform, actions at a social level will be required. This requires on going resources over an extended period, however, if achieved, such actions will have a pervasive effect on communities, organisations, and individuals and families.

## Range of interventions

Following Baker et al. (2016), this framework defines the range of prevention and intervention actions into three broad areas: primary, secondary and tertiary interventions. In addition, the framework has a range of actions centred on research, monitoring and evaluation. It is important to note that many of the actions identified here are drawn from, or consistent with, the WHO Plan of Action on Ageing (2016), to which Australia, as a member state, is a signatory.

### *Primary*

Primary preventions are interventions related to preventing the abuse from occurring. Actions in this range are:

- Increase public knowledge and understanding of the value of older people
- Creating WHO Age Friendly Cities and Communities
- Raise awareness of the rights of older people and create mechanisms to address breaches
- Systematically include older women in all relevant policies, laws and plans
- Strengthen the economic security of older women
- Ensure the resources for advocacy organisations



### ***Secondary***

Secondary interventions aim to prevent further abuse. The first three of these actions have evidence rated as 'promising' for their success in a review of international research into elder abuse (Pillemer et al., 2015):

- Provide caregiver relief
- Establish Helplines
- Implement money management programs for at risk women
- Education and training for health workers and aged care staff on the screening, detection and intervention in sexual assault.
- Develop a registration system for aged care workers
- Develop social support systems
- Undertake bystander program development

### ***Tertiary***

Tertiary interventions are actions which seek to manage the consequences after abuse has occurred. The first two of these have evidence rated as 'promising' (Pillemer et al., 2015):

- Provide emergency housing appropriate to priority populations
- Implement Multidisciplinary teams (MDT)
- Establish relevant counselling and support services for older women and their family
- Provide elder-specific holistic facilitation and mediation services
- Ensure access to justice system
- Investigate mandatory reporting

### ***Research***

Research, monitoring and evaluation actions are crucial.

- Ensure national statistical data collections on family violence routinely include people over 65 years
- Ensure data is disaggregated by age and sex throughout the life course
- Create uniform definitions and data elements for use in collecting elder abuse data
- Strengthen research capacity and collaborations to address the significant gaps in prevalence, prevention and intervention in sexual abuse

### **Outcomes**

In keeping with the aim of creating a single mainstream system for addressing family violence, the outcomes of this framework draw on the interim targets contained in the Victorian Government's Family Violence Outcomes Framework (2016, p. 11):

- Sexual assault reporting rates increase, reflecting increased confidence in the system and intolerance of sexual assault of older women;
- More Victorians recognise the existence of older women affected by the various forms of family violence, including emotional, psychological, physical, sexual and financial abuse
- All women and children, regardless of age, who experience family violence, will be able to access appropriate emergency accommodation when they need it.
- All women and children who experience family violence will be able to access effective specialist family violence services when they need them.

- More people at risk of using family violence will be able to access effective early interventions.
- Workers will feel supported and experience less stress and vicarious trauma.

#### Commitment and accountability

The framework provides the broad areas for action to bring about the end of sexual abuse of older women. Its actions will require the commitment and collaboration of multiple partners and reflects an ecological approach. The involvement of older women in its further development and implementation is critical.

The crucial area of accountability is not addressed in this framework. It is a maxim in business that 'When everyone is responsible, no one is responsible' recognizing that without specific accountability for a defined area of responsibility, work fails to be completed. Assigning accountability and responsibility will require leadership from a range of stakeholders.

# Prevention of sexual assault of older women: A framework for action

Goal						
A future where all Victorians are safe, thriving and live free from family violence						
Objectives						
No woman or child is killed as a result of family violence.	All Victorians will believe that family violence and gender inequality are unacceptable, and will hold attitudes that support respectful relationships.	Victim survivors will be supported to remain safely in their homes and connected to their community.	More women and children at risk of family violence will be able to access effective early interventions.	Family violence recidivism will be eliminated.	Workers in universal services will feel confident to identify and respond to all forms of family violence.	All Victorians will believe that ageing is valuable and hold non-discriminatory attitudes on the basis of age
Priority Populations						
Indigenous	Cognitive impairment disability or frailty	Living in an institutional setting	Socially isolated	Rural Disadvantaged Homeless	a culturally and linguistically diverse and/or refugee backgrounds	
Focus						
Individual	Organisational		Community		Society	
Older women Spouse or partner Friends Children Family unit Perpetrator	Aged Care services Health services Police and Courts Age-specific NGOs Social, community and recreation services		Place-based Local government areas Communities of practice		State and Federal jurisdictions Legal frameworks Nation states	
Range of interventions						
Primary	Secondary		Tertiary		Research & monitoring	
Increase public knowledge and understanding of the value of older people <sup>#</sup> Creating WHO Age Friendly Cities and Communities <sup>#</sup> Raise awareness of the rights of older people and create mechanisms to address breaches <sup>#</sup> Systematically include older women in all relevant policies, laws and plans <sup>#</sup> Strengthen the economic security of older women Ensure the resources for advocacy organisations <sup>#</sup>	Education and training for health workers and aged care staff on the screening, detection and intervention in sexual assault. Develop a registration system for aged care workers Establish Helplines* Provide caregiver relief* Implement money management programs for at risk women* Develop social support systems Undertake bystander program development		Implement Multidisciplinary teams* Provide emergency housing appropriate to priority populations* Establish relevant counselling and support services for older women and their family Provide elder-specific holistic mediation services Ensure access to justice system Investigate mandatory reporting		Ensure national statistical data collections on family violence routinely include people over 65 years Ensure data is disaggregated by age and sex throughout the life course <sup>#</sup> Create uniform definitions and data elements for use in collecting elder abuse data Strengthen research capacity and collaborations to address the significant gaps in prevalence, prevention and intervention in sexual abuse	
Interim outcomes						
Sexual assault reporting rates increase, reflecting increased confidence in the system and intolerance of sexual assault of older women; More people at risk of using family violence will be able to access effective early interventions.	More Victorians recognise the existence of older women affected by the various forms of family violence, including emotional, psychological, physical, sexual and financial abuse		All women and children, regardless of age, who experience family violence, will be able to access appropriate emergency accommodation when they need it.		All women and children who experience family violence will be able to access effective specialist family violence services when they need them.	
Workers will feel supported and experience less stress and vicarious trauma						

<sup>#</sup> WHO Global Strategy and Plan of Action on Ageing

<sup>\*</sup> Interventions with evidence as 'promising'

### 3. Actions to improve service response

The 'Older Women's right to be safe at home and in care' project aimed to capture 'good practice' in aged care services in order to inform the development of a state-wide strategy for the prevention of sexual assault of older women. In addition, it sought to document best-practice responses actions that would improve the service response to sexual abuse.

Drawing on the structure of the Framework for the prevention of sexual abuse of older women described above, this section outlines the emerging good practices and recommendations for action.

#### Primary interventions

##### Recommendations

- 1. Violence against women Policy** –to drive changes
  - 1.1 The Project Advisory group to advocate to government to include older women in state strategies to address violence against women
  - 1.2 Disseminate policies on sexual rights through OPAL Institute policies and consider adapting the policies on sexuality and sexual boundaries
  
- 2. Policy on Elder Abuse**
  - 2.1 Seniors Rights Victoria will, through membership on Family Violence Reform committees and working groups, advocate for a strategy to prevent elder abuse that includes sexual abuse (beyond being listed as a form of abuse)
  - 2.2 The Project Advisory group to request that the Australian and New Zealand Society for Geriatric Medicine add a position statement of sexual abuse prevention to their statement on elder abuse
  
- 3. Raise community awareness**
  - 3.1 The OPAL Institute will develop a community education campaign, including posters, and promote this through social media
  - 3.2 OPAL Institute will develop information for families to help them know what to do/ how to listen to their older women members
  
- 4. Empower older women**
  - 4.1 The Opal Institute will advocate for women's health services to facilitate sessions on wellbeing for older women that includes sexual assault

Secondary interventions aim to prevent further abuse.

The interviews with aged care service staff focused attention on three key actions in the area of secondary intervention: education and training for health workers and aged care staff on the screening, detection and intervention in sexual assault, with a specific focus on improving communication skills for staff; actions to empower older women; and actions on leadership and organisational culture.

## Education and training

Aged care staff identified the need for a broad approach to education and training on sexual abuse, its prevalence, risk factors and impact.

Good practice in assessment also involved identifying older women at risk of sexual assault because of social or geographical isolation, cognitive impairment, communication difficulties, disability or frailty. Skilled assessors understood that older women experience sexual assault and were aware that sexual assault could occur in the broader context of family violence.

## Recommendations

### 5. Education and Training

- 5.1 The Project Advisory group to call on the State and Federal governments to educate a broad range of service providers who work with older people including acute care staff, and ensure this becomes part of all service provider education e.g.: through VET/LASA
- 5.2 OPAL Institute to develop information for aged care service providers about their roles, responsibilities, warning signs, appropriate responses and available services.
- 5.3 OPAL Institute to request that the CASA Forum deliver education to aged care service providers to build relationships, trust and referrals
- 5.4 OPAL Institute to approach the Australian Association of Gerontology to develop education, resources and champions in preventing sexual assault

## *Communication training*

Listening to older women was an important prelude to activating appropriate service responses – including contacting sexual assault services to ensure appropriate emotional support. The characteristics of listening in this context were reported to involve suspending judgement or debate about whether or not an assault took place.

Strategies for listening included: responding immediately; using empathetic tone; making eye contact and communicating a sense of concern. Active listeners were seen to effectively give older women permission to talk about sexual assault.

## Empowerment

A number of aged care service providers described the importance of building the confidence of older women who were experiencing sexual assault by their intimate partner. This was considered particularly important for older women who felt disempowered to change their situation.

Staff and women themselves might take part in experiential training programs to develop this confidence.

## Organisational leadership and policies

Organisations with clear policy, procedures, support from management, support for staff, and a collegial environment were seen as pivotal to preventing the sexual assault of older women.

Organisational policies on the sexual rights of older people in residential aged care and sexual boundaries were needed along with procedures for managing concerns regarding sexual abuse of residents by staff, residents and visitors.

## 6. Leadership

- 6.1 Organisations such as CASA, the Australian Association of Gerontology and the Australian and New Zealand Society for Geriatric Medicine could be promoted as sources of knowledge

### Tertiary interventions

The interviews with aged care service providers highlighted a number of good practices in the management of sexual abuse. These will require further clarification and development through a collaborative process with academics, clinicians and service staff prior to implementation.

Refer victims and their families to relevant counselling and support services

Understanding the availability and role of local services to support older women who were experiencing or at risk of sexual assault was considered good practice. This included sexual assault services, police, family violence services and aged care advocacy services.

### Recommendations

#### 7. Referrals and resources

- 7.1 The Project Advisory group to call on the state government to develop pathways and mediums to inform older women about the sexual assault services available to them
- 7.2 The development of a central web portal with listings of mainstream services. OPAL Institute can build on its current web page. See [www.opalinstitute.org/assault.html](http://www.opalinstitute.org/assault.html)
- 7.3 Mainstream services such as CASA to develop webpages specific for older women (South East CASA is an example)

### Skilled assessment

Skilled assessment of older women who are at risk of - or who are experiencing sexual assault was considered important by service providers. Assessment included identifying changes in older women's behaviour or mood and identifying when older women appeared frightened of their partner or other another person.

Aged care services staff would require training in assessment. This would include direct care workers, facility staff, managers and visiting health professions.

Other tertiary interventions recommendations for action are:

### Recommendations

8. Members of the project Advisory group who are also on **Victoria Police Seniors Portfolio Advisory Group** can promote improvements in police responses to reports of sexual assaults (drawing from Norma's Project and other research).
9. The Project Advisory group to advocate to **family violence services** to address issues for older women, including providing information on services to older women who are experiencing sexual assault in the context of family violence
10. Seniors Rights Victoria to promote **interagency collaboration** in the new Elder Abuse Prevention Networks and to the successful tenders of the DHHS Elder Abuse Integrated Model
11. The OPAL Institute to explore how to achieve a pilot a session between OPAL Institute and Elder Abuse Prevention Project at Eastern Community Legal Service

12. To build upon lessons for **improved responses to reporting** procedures from the work of South East CASA on people with disabilities

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