LITERATURE REVIEW

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for

NORMA'S PROJECT: A Research Study into the Sexual Assault of Older Women in Australia

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INTRODUCTION

When discussions about the sexual assault of women take place, whether in the halls of academia or the legal fraternity, or the streets of popular culture, most people are envisaging a woman of reproductive age. They are often thinking of the young woman out socialising after work on a Friday night; perhaps less commonly, a middle-aged woman living in fear of her male partner. Indeed, as Lea et al. (2011 p.2303-4) comment, 'Rape myths and ideologies perpetuate the notion of the "classic rape victim" as a young and attractive woman attacked by a stranger driven by sexual desire at night in a dark alley'. Thus the attack of an 82 year old woman in an aged care facility is not an image commonly associated with the idea of sexual assault, nor is the rape of a 92 year old woman in her own home. The idea of older women as victims of sexual assault is relatively new (Ball 2005).

This report represents a critical literature review that addresses evidence related to the sexual assault of older women. It should be emphasised that the focus of this literature review is on Australian research and analysis where possible, with a view to supporting the work of Norma's Project. The project (2012-2014) is examining the experiences of Australian women aged 65 and older who have been sexually assaulted *as older women*. However, it is noted that the definition of 'older woman' varies considerably within the relevant research, sometimes including women from the age of 45 years old.

Over the past four decades, prompted by the feminist movements, there has been a plethora of research studies on the issue of sexual assault (as well as the sexual abuse of children). However, this extensive literature has rarely acknowledged the sexual assault of women over fifty (Del Bove 2005). This population of women is also rarely considered or mentioned in discussions about the impact of sexual assault on victims or the development of prevention programs (Jeary 2005). We find, both nationally and internationally, that there is paucity of studies in legal, academic and social research and in the areas of policy and practice (Teaster et al. 2001; Teaster & Roberto 2004; Ramsey-Klawsnik 2004; Ramsey-Klawsnik et al. 2008; Ball 2005; Burgess et al. 2000). There are also few specific mentions of older women in the bulk of policy documents and other grey literature specific to sexual assault in Australia. Most of the research that does exist has been undertaken in the United States (Lea et al. 2011; Ball 2005), and while there are some similarities between the two countries, there also remain significant differences. It is also the case that, even the few available US studies rely on data reported from some few states and hence even lack generalizability within that country (McDonald et al. 2012).

Since the late 1980s, the issue and study of 'elder abuse' (and more recently 'neglect') has increasingly gained attention in Australia and internationally, at least within aged care sectors. While more recent, broader definitions include the notion of sexual assault, there is often little subsequent attention paid to that topic specifically. Many of the areas covered by 'elder abuse' crossover with the fields serviced by family violence and sexual assault services sectors. While there are deficits inherent in each sector in relation to the issue of older women and sexual assault, there is a common acknowledgement that the act of sexual assault itself constitutes physical and psychological violence – both inherent in the act itself and also often accompanied by other acts of violence,

usually by perpetrators known to the victim (Black et al. 2011). While we acknowledge the inseparability of sexual assault from other acts of violence that can exist in the lives of older women, the focus of this review is specifically on acts of sexual violence perpetrated against older women.[1]

There remains a considerable amount that we do not know nor understand about the sexual assault of older women generally, and particularly in the Australian context. Although the numbers of studies remain relatively small number, there is evidence that awareness of the phenomena is growing. However, the lack of information about the nature and extent of the problem has made it difficult to develop evidence-based recommendations regarding resources and prevention programs necessary to address this form of abuse.

This literature review, and the research undertaken in Norma's Project, represents an attempt to better understand the phenomena as it exists in Australia. The review seeks to (a) to identify research on the prevalence, type and impact of sexual abuse in a range of settings, (b) to identify particular vulnerabilities experienced by older women (c) to identify some factors relevant to the development of greater community awareness and prevention strategies.

Framework for the literature review

This review of the literature is framed by a feminist perspective that recognises that all forms of sexual violence against women involve issues of gender, power and control as well as elements of sexual entitlement and sexual inadequacy on the part of offenders.

It acknowledges that the current level of invisibility that shrouds this issue of sexual violence against older women involves sexism and general ignorance about the issue. However, is also threaded with an imbedded ageism that renders older women as less deserving of respect, body integrity and justice, while at the same time not acknowledging older women as people entitled to forms of physical and emotional intimacy and sexual lives that are fulfilling, healthy and safe.

In line with this stance, we note that some researchers remind us that issues of consent to sex and self-determination for those women living with confusion and dementia remain important rights (Tarzia et al. 2012). As Fox notes, 'If the elderly have the same human rights as everyone else, then expression of sexuality, even in the presence of dementia, may be viewed as one of those rights' (Fox 2012, p.132.). However the important issue of consent in dementia-related sex is certainly not simple [Lingler 2003), and lies outside the brief of this review.

[1] It is acknowledged that, while vast majority of victims of the sexual abuse of older people are women, there is certainly established evidence that older men are also victims of sexual assault, particularly those men who are vulnerable or in institutional settings. However, that issue is not the focus of this review.

PART ONE: DEFINITIONS AND CONCEPTS

Who are older women?

As Bagshaw et al. (2009) note, in Australia the age at which a person is defined as 'old' or 'older' will depend on the particular institutional or research requirements. The age from which the definitions of an 'older person' may begin from 45 to 65 years. For instance, eligibility for the Federal Government's aged pension is between 60 and 65 years for women, aligned with the nominated age of retirement, while definitions as young as 45 years have been utilised in national studies to reflect the shorter life expectancy of Indigenous Australians (Bagshaw et al. 2009). This contextual variation is reflected in overseas literature where the application of common terms such as 'elderly', 'old' and 'older' is inconsistent: all can refer to people aged 50 years plus (Lea et al. 2011). In the research on sexual assault, for instance, some researchers have compared data on 'older women' – aged 55 years plus - with 'younger women' – aged 15 to 30 years (Del Bove et al. 2005); others have defined their focus as women aged 50 years plus (eg. Baker at al. 2009 ; Jones et al. 2009), or women aged 60 and older (Fisher & Regan 2006). Conversely, some important national studies on sexuality and sexual health that have incorporated experiences of sexual coercion have excluded anyone over the age of 59 years (de Visser et al. 2003).

Older women form a significant proportion of Australia's population:

- In Australia at June 2011, there were 3.08 million people aged 65 years and over, an increase of 26% since June 2001. There are higher proportions of older women than men over 65 years, with significantly more females than males aged 80 years and over (ABS 2012)
- Australia's life expectancy at birth continues to be amongst the highest in the world. Women aged 65 years in the period 2009-2011 could expect to live another 22 years (ABS 2012).

The overwhelming majority of older people live in private dwellings in the community—only 6% live in non-private dwellings, which include aged care homes and hospitals. Even among those aged 85 years and over, 74% live in private dwellings (AIHW 2007). However, the proportion of older people with poor health and/or severe disability increases with age, as does the use of health and aged care services. In 2011–12, 957,448 Australians received services through the HACC program, which provides community support to older Australians, younger people with a disability and their carers, most of whom were aged 65 years and over (Commonwealth of Australia 2012). During the same period, a total of 222,316 people received permanent residential care in Australia's 2,725 aged care homes (Commonwealth of Australia 2012). Around two-thirds of permanent residents in aged care facilities are women (AIHW 2007).

This trend towards an ageing population and consequent greater reliance of aged care services is common to most developed countries such as Canada and the United States of America (AIHW 2007). In 2005, for instance, Canadians over 65 years comprised 13.7% of the population, two-thirds of those over 80 years were women, 7% of older Canadians were living in long-term care facilities and 20-30% were likely spend their last years in a care setting (McDonald et al. 2012).

What do we mean by sexual assault?

There is no universally agreed definition of what constitutes sexual assault: there are no agreed or accepted standards for defining that which forms a spectrum of unwanted or unconsented or violently enacted sexual behaviours and the related harms that accompany them. Multiple terms are used, sometimes interchangeably, in a discussion of this topic. These include: sexual assault, sexual abuse, sexual violence, sexual coercion, rape, indecent assault, sexual threat and unwanted sex. Such terms express a diversity of approaches to the topic, particularly between, as well as within, the domains of law, research and public policy frameworks. Understandings of such terms will also vary within the broader population and among specific groups and social contexts.

The meanings of some terms have changed significantly over time (eg. 'indecent acts'), certain terms have been added to the mix in more recent history (eg. sexual harassment, sexual coercion), and understandings will continue to change/develop in all domains of public life, whether it be in legal, policy, cultural or individual contexts. There is also growing recognition that other terms, such as 'family violence' or 'intimate partner violence' will often incorporate sexual violence, as will the term 'elder abuse'.

Criminal definitions

In Australia, across its states and territories there is no uniform definition of 'sexual assault' within the criminal law (Fileborn 2011). In fact, laws that relate to offences of a sexual nature are acknowledged as extremely complicated, inconsistent, problematic and often not up to date in relation to community views (Department of Justice 2013). In Victoria for instance, 'indecent assault' which refers to the act of 'non-consensual sexual touching', is defined differently to 'rape' and 'attempted rape', and differently again in relation to offences against children.

Public policy

The domain of public policy, both international and national, has generally promulgated broader behavioural definitions, often within a gendered framework of 'violence against women'. These expand definitions beyond that of a physical act to include verbal or visual harassment. For instance, in 200 the Australian Government's National Council to Reduce Violence against Women and their Children utilised the following definition in its report:

> *Sexual assault may include behaviours such as sexual harassment, stalking, forced or deceptive sexual exploitation (such as having images taken and/or distributed without freely given consent), indecent assault and rape…sexual assault is defined as both an 'experience' and an 'offence' (2009a, p.11).*

This type of definition broadens beyond the act of physical assault to incorporate non-contact behaviour that is threatening or intimidatory, including unwanted surveillance or verbal comments of a sexual nature.

Operating outside the constraints of legislative definition, public policy has increasingly embraced a feminist framework that situates sexual violence within the context of 'gender-based violence'. Such approaches intrinsically challenge historical and hierarchical notions of the seriousness of sexual

assault - for instance, the notion of penis-vagina rape as the 'worst' form of sexual assault a woman can experience. They conceptualise sexual violence as an interconnecting range of violent behaviours, in a range of settings (home, work, public places) that are harmful to women (Fileborn 2013).

Research definitions

Within the research domain, there are a variety of terms used to capture a person's experience of 'sexual violence' and 'sexual assault'. For instance, a recent national US study of sexual violence separated the act of 'rape' from 'sexual coercion', 'unwanted sexual contact' and 'Non-contact unwanted sexual experiences' (Black et al. 2011). In seeking data related to *prevalence* and *incidence*, the Australian Bureau of Statistics, has applied quite specific definitions in its surveys, such as its Personal Safety Survey, that largely align with behaviours that are defined as criminal under law (Tarczon & Quadara 2012). The ABS has defined sexual assault as:

> *An act of a sexual nature carried out against that person's will, through the use of physical force, intimidation and coercion. It includes rape (sexual penetration without consent), attempted rape, aggravated sexual assault (sexual assault with a weapon), indecent assault, penetration by objects and forced sexual activity that did not end in penetration. Unwanted sexual touching and incidents that occurred before the age of 15 are not included (ABS 2006).*

In recording such incidences for the purposes of collecting crime data, the ABS definition of sexual assault is focused on 'physical assault of a sexual nature, directed toward another person who does not give consent, or gives consent as a result of intimidation or fraud; or is legally deemed incapable of giving consent because of youth or incapacity' (AIC 2012, p.23). It uses the term 'sexual violence' to include sexual assault but also incorporate 'sexual threat', the (face-to-face) threat of a sexual nature.

Health researchers, on the other hand, are generally motivated by the need to identify the *impact* of experience(s) of sexual assault (as well as other factors) on the health and wellbeing of individuals, rather than a focus on a framework of causation. This approach can lead to a honed, limited or simplified definition of the targeted experience. For instance, within the broader scope of national sexuality and sexual health research *Sex in Australia*, which encompassed a representative sample of 19,307 people aged 16-59 years, the researchers utilised the term 'sexual coercion', defined through the following interview question: 'Have you been forced or frightened by a male or female into doing something sexually that you did not want to do?' (de Visser et al. 2003, 2007). In contrast, 'unwanted sexual touching' is excluded from the category of sexual assault by the Australian Bureau of Statistics in its Personal Safety Survey (ABS 2006).

Community

It is important to note, however, that women themselves will have widely varying understandings and perceptions of what constitutes rape or sexual assault. Due to its context or circumstances, many women will not define their experience as such even if it meets the definition that others would apply (Hamby & Koss 2003; Kahn et al. 2003; Office of the Status of Women 2004). Women

might not align a term of sexual assault with an event that may, for example: have occurred in their own home involving their husband/partner; have involved an uncomfortable or frightening experience with a female service provider; have involved oral sex or non-penile genital insertions with objects not associated with 'sex'. This is perhaps even more likely with assaults involving an older generation of women.

Similarly, community-based organisations, when seeking to target their education and prevention strategies to the general population of service providers, will use the vernacular of the community they target. They might simplify definitions or widen the descriptions they use. Some organisations specifically working in the disability and aged care sectors have also incorporated the notion of dependant relationships, such as staff-client relationships, into their definitions of sexual abuse. For instance, the Pennsylvania Department of Aging (undated) defines 'elder sexual abuse' as:

> *Anytime a person 60 and over is forced, tricked, coerced, or manipulated into unwanted sexual contact. It also includes sexual contact with elders who are unable to grant informed consent or sexual contact between service providers and their elderly clients.*

Family violence and intimate partner violence

'Family violence' (FV) and 'intimate partner violence' (IPV) are relatively new terms that are now widely used in social, policy and research contexts .By definition, these terms limit the described acts of violence to offenders known to the victim in a familial relationship or partnership. It is important to acknowledge - and indeed it is widely accepted - that both terms incorporate acts of sexual violence, that the presence of physical violence in partner or family relationships is often accompanied by some form of sexual violence or threat (National Council to Reduce Violence against Women and their Children 2009a). Some researchers investigating violence and abuse against older people incorporate a range of assault types including sexual assault (eg. Sadler 2009; General Accounting Office 2002). Where possible, this review incorporates this data. However, the area of adult FV and IPV is itself extensive body of literature and it was not possible to broaden the search to this literature, nor confine the topic of the sexual abuse of older women to domestic relationships.

"Elder abuse"

'Elder abuse' is a term that has become more widely used in recent decades in Australia and internationally, to describe violence, abuse and neglect of older people. It was originally coined to identify and label domestic violence experienced by older people, particularly when research from the late 1980s indicated that physical and emotional abuse from family members were common forms of abuse experienced by this age group (Bagshaw et al. 2009).

The notion of 'elder abuse' is generally contained to, and situated within, any relationship where there is an expectation of 'trust' (WHO 2002, 2010a). A definition commonly adopted in Australia is that provided by the Australian Network for the Prevention of Elder Abuse (ANPEA, 1999): 'Any act occurring within a relationship of trust which results in harm to the older person. Abuse can include physical, sexual, financial, psychological, social and/or neglect'. The focus of studies has predominantly been the physical and non-physical abuse perpetrated by family members on older people (Kurrle & Naughtin 2008). Clearly, while such research can and does incorporate many incidences of sexual assault experienced by older women, such definitions constrain the range of

sexual assaults that might be experienced by older women, excluding sexual assault by strangers or those not in relationships of trust.

The field of elder abuse is attracting more attention in political, health and aged sector areas in Australia and elsewhere. There is some broadening of focus on the patterns of abuse, mistreatment and exploitation of older people in both the general community (WHO 2002, 2010a) and within institutional settings (McDonald et al. 2012; Sumner 2002). However, the issue of sexual abuse of older women still remains largely encompassed (and often hidden) within the framework of 'elder abuse' – for instance, in its report on the Elder Abuse Prevention project, the Victorian Government lists the forms of harm as including 'physical; psychological; sexual; financial; social and neglect' (Department of Victorian Communities 2005). However, rarely do such documents subsequently address the phenomena in any substantial way, and they tend to maintain a focus on physical and financial abuse as the forms of abuse most commonly identified in this age group (Department for Victorian Communities 2005). Some recent international research involving elder abuse still reflects its origins, whereby sexual abuse is subsumed under title of 'Physical abuse' (Schiamberg et al. 2011).

In addition, those working in the areas of sexual assault and family violence hold concerns that the term 'elder abuse', through its focus on such a broad range of behaviours (many of which may be immoral but are not illegal), can diminish or dilute an awareness of illegal behaviours such as assault experienced by older people, especially women. They argue that the increasing use of the term 'elder abuse' can 'mask what is in fact family violence or intimate partner violence experienced by an older person' (OPA, 2010, p.7). Hence, when sexual violence against elderly women is integrated into a broader category of 'elder abuse' there is a danger that its true impact, illegality and importance can be overlooked. A report in by Victoria's CASA House claimed that defining these experiences as 'abuse' rather than violence helped to conceal as much as it highlighted violence. In addition, it claimed that, 'As a category, "elder abuse" has enabled systems and service providers to see older women as helpless and powerless and, as such, as more readily "helped"' (Elder 2000).

How common is sexual assault in Australia?

As Neame and Heenan (2003) note, 'the real extent to which women, children and men experience sexual assault remains difficult to estimate at a national level [in Australia] (p.1)'. Data collection in the area of sexual violence/assault is impacted by a range of issues including: the extreme sensitivity of the topic; the definitions used in data collection; the different methodologies employed; the relative differences in the population groups included and excluded (eg. women with disabilities, Indigenous women, women in institutions; non-English speaking women, people currently under 16 years); issues related to time frames and frequency (eg. life course perspectives are rarely available; women are less often asked about multiple experiences). These kinds of factors affect the generalisability of the data and the possibilities of comparative research discussions.

There are a number of key sources of data in Australia that vary according to whether they record administrative reports of complaints or court outcomes, or whether they disseminate data from population surveys or public health research.

In terms of collected *crime* data, we know that during 2010 in Australia, there were 17,757 *recorded* sexual assaults, a rate of 79 victims per 100,000 of the population (Australian Institute of Criminology, 2012). The majority of reported assaults (60%) occurred in private dwellings, with the rest of the locations divided between streets and footpaths (7%), recreational settings (5%), retail (4%), transport (3%), other community settings (8%) and other or non-specified locations (8%). Across all age groups, the vast majority of sexual assault victims were female. Those aged 10 to 14 years old have highest recorded rate of sexual assault, while those aged 65 yo+ had the lowest recorded rates. Nearly half (43%) of victims knew their offender but were not related, while nearly one in three (30%) were assaulted by a family member and 21% were assaulted by strangers.

It is generally agreed that the under-reporting of cases of sexual assault to authorities is considerable and delayed and that, even in anonymous or confidential research, there is a degree of 'hidden' prevalence (Neame & Heenan 2003). Nevertheless, sensitively designed methodologies used in broad national population studies confirm the conservative nature of the official crime data.

Data from the *Personal Safety Survey 2005*, conducted by the Australian Bureau of Statistics (2006), is also widely quoted. This is a cross-sectional survey involving 11,800 women and 4,500 men aged 18 and over, which asked about men's and women's experience of physical or sexual assault or threat by male and female perpetrators. In the 12 months prior to the survey, 1.6% (126,100) of women and 0.6% (46,700) of men experienced an incident of sexual violence (81% of which constituted sexual assault). Since the age of 15, 19% (1,469,500) of women and 5.5% (408,100) of men reported having experienced sexual violence. In the previous 12 months 19% (19,100) of women who experienced sexual assault by a male perpetrator reported it to the police in 2005. Six years later the repeated study found little had changed: violence experienced by women had remained at similar rates (ABS 2013). In 2012, an estimated one percent of adult women had experienced some form of sexual assault in the previous 12 months, excluding unwanted sexual touching, and in the vast majority of cases (88%), the perpetrator was known to the victim.

The *Sex in Australia* study, a broad cross-sectional study of sexual health in a nationally representative sample, surveyed 19, 307 Australian men and women aged 16-59 years (de Visser et al. 2003; 2007).[2] It found that 21% of women and 5% of men had ever been sexually coerced. Among these women, it found that:

- 38% had been coerced once
- 42% coerced 2-10 times
- 20% coerced 11+ times or 'too many times to count'

Due to sampling difficulties such studies will under-represent people who are homeless, those living in institutions such as disability and aged care accommodation and prisons, and those who do not speak English. However, studies suggest that population groups most at risk of sexual assault in Australia include:

[2] The results of the repeat study of 'Sex in Australia', 10 years on, will be available in Sexual Health, Issue 5, Oct/Nov 2014.

- People living with a disability, especially women. It is estimated that people with a disability are three times more likely to experience abuse such as sexual assault (Murray & Powell 2008; VicHealth 2011)
- Indigenous women and children, especially those in remote communities, experience high levels of sexual and family violence (National Council to Reduce Violence against Women and their Children 2009b; VicHealth 2011; Keel 2006)
- Non-heterosexual men and women (and transgender people). Women and men who identify as lesbian, gay or bisexual have experienced 2-4 times the rate of sexual coercion as heterosexual men and women (de Visser et al. 2003) associated with a range of negative health and social outcomes (Fileborn 2012), and face particular barriers to reporting (Office of Status of Women 2004)
- Dependant people in institutions (OPA 2010; Clark & Fileborn 2011)
    - People with mental illness are vulnerable due to their illness and frequent history of sexual abuse, especially women
    - Women living in aged/community care facilities
    - Women and men in prisons

The grim reality is that, 'The biggest risk factor for becoming a victim of sexual assault and/or domestic and family violence is being a woman' (National Council to Reduce violence Against Women and their Children 2009).

PART TWO: WHAT DO WE KNOW ABOUT THE SEXUAL ABUSE OF OLDER WOMEN?

Despite the abundance of research on the sexual assault of adult women over the past four decades, there is still little in the way of research specifically focussed on older women, nor a widespread acceptance of the importance of this issue. Indeed, researchers in this area such as Jeary (2005) report having faced frequent scepticism about 'whether elder sexual abuse of offending was a sufficiently widespread or significant problem' although, she notes, 'those with experience of working directly with victims or relevant offenders rarely took this stance' (Jeary 2005, p.342).

This situation is beginning to change. In their literature review of abuse of older people in institutional settings, McDonald and colleagues in Canada note that sexual abuse is now receiving more attention from researchers, although they argue the need for national prevalence studies to fill the significant gaps in knowledge about this issue (McDonald et al. 2012).

The limited number of studies available reflect a mixed bag of methodologies and data sources, including a general reliance on anecdotal information, small sample sizes and site-specific contexts. The age ranges of the victims vary widely, as do the definitions related to the sexual violence that is described. Some studies are limited by the fact that the only available data is from criminal convictions where it is likely that convictions have occurred because of the more extreme nature of the violence experienced by the victim, often enacted by strangers (Jeary 2005). Other research data is based on admissions to Emergency Departments. Hence the findings may be skewed away from more concealed, more common cases of assault that occur within family or care contexts, or cases

involving women with cognitive disabilities (Roberto & Teaster 2005). Other research relies on allegations that are not confirmed reports, or data that is incomplete. For instance, the Australian data provided through the *Aged Care Act 1997* does provide details with regard to alleged offenders and their relationship to their victims.

Given this paucity of research it is difficult to generalise on characteristics related to older women, other than to say the sexual assault of older women occurs in a wide range of contexts and relationships (Lea et al. 2010; Jeary 2005).

In its discussion of the common problem of violence experienced by vulnerable people with cognitive impairment, the Victorian Office of the Public Advocate argues that the 'Analysis of both the act of violence and the social context in which it occurs is vital for understanding the difference and commonality of experience of women and men facing [violence], and ultimately will lead to solutions that assist many more people' (OPA 2010, p.8). Similarly, we would argue that it is important to understand both the similarities and differences in the sexual assaults experienced by older women compared to other adult women as well as the social contexts in which these occur. To some degree, the body of existing research offers insights and avenues for further research.

Prevalence

It is difficult to estimate the rates of sexual assault perpetrated against older women as *older women*, as opposed to acknowledging the fact that a significant minority of older women will have already been subjected to sexual violence as a child or younger adult. As indicated earlier, variations in the age groups bracketed for broad studies of violence and sexual assault can both exclude older women or render comparative analysis between age groups somewhat meaningless. In addition, some crime data systems do not routinely record the age of the victim (other than children), hence rendering analysis based on age difficult (Jeary 2005). Some studies of sexual abuse of the older age group are not broad prevalence studies, but focus only on specific settings such as emergency departments or in aged care facilities where reporting suspected assaults is mandated but not necessarily investigated.

International reviews of the few, primarily American, studies from the 1970s to the 1990s suggest the phenomenon is not unusual, accounting for between 2% and 7% of reported crimes or presentations to sexual assault services (Del Bove et al. 2005; Templeton 2005; Ball 2005). Ramin (1997) analysed over 5 years of data from 1986 to 1991 in one American state and found that 2.2% of women reporting sexual assault were 'postmenopausal' – aged between 50 -98 years old.

Jeary (2005) confirms that no prevalence studies exist in the UK in relation to the 'sexual abuse of elderly people in social care settings, or of sexual offences against them in any setting' (p.330). In Canada, a report on elder abuse, based on two national violence surveys, found that family-related physical violence was significantly higher among older women than men, perpetrated primarily by men (79%), including men aged 65 and older (30%)(Public Health Agency of Canada 2012). However, while acknowledging the existence of sexual assault against older women, it could not isolate specific national data.

Most researchers investigating this field acknowledge the high likelihood of under-reporting of women's experience of sexual assault in various studies or crime data sets (Lievore 2003). It is probable that older women are even less likely than adult women generally to report such crimes: they may not want to due to feelings of shame and fear of reprisal or retribution; they may be reliant or dependant on their abuse for care; they may not be able to report due to cognitive impairment. The likelihood of under-reporting impacts on our understanding of the different forms such assaults may take in terms of severity and complexity (McDonald et al. 2012; Sadler 2006).

Settings

General community and family settings

In Australia, most adult women victims/survivors are sexually assaulted in their home or another private location, while only 7% of assaults take place in public streets (AIC 2012).

When Jones et al. (2009) compared a group of 1,917 sexual assault victims who presented to sexual assault clinics or emergency rooms (women aged 18-39 years and 'postmenopausal women' – women aged 50 years plus) they found that the older group were more likely to be assaulted in their own home than the younger group (73.6% vs 45.7%). This finding was repeated in the Eckhart and Sugar (2008) study which compared nearly two and a half thousand women aged 20-39 years, 554 women aged 40-55 years, and 102 women over 55 years of age who attended a hospital emergency room. Compared with the other age groups, they found that older women were more commonly assaulted in their own home (36%) than younger women.

Aged care and other facilities

In Australia there is increasing recognition that care settings have characteristics that contribute to 'situational risk factors' for sexual assault (Quadara 2006). Consultations by Kelly and Blyth (2005) with a range of New South Wales agencies identified factors specific to care settings such as:

- decreased likelihood of assaults being detected and responded to
- lack of formal follow-up due to lack of mechanisms in place
- barriers to disclosure due to cognitive or communicative impairment
- delays in police investigations and limitations in the judicial system with regard to 'evidence'

Hence, perhaps the most vulnerable of older women – nursing home residents – remain in 'relative obscurity', according to Burgess et al. (2000), for a range of reasons. These include the lack of training available to staff to increase their awareness of, and alertness to, the possibility of abuse (Teitelman & O'Neill 2000), as well as the community's inability to comprehend the phenomena, ageism more generally, and rejection of claims of assault when made. These issues apply particularly to older women living with some form of cognitive impairment and/or other disabling condition such as mental illness or physical disability (McDonald et al 2012; OPA 2010; McGuire 2014).

In Australia, as a condition of the *Aged Care Act 1997,* all Government-subsidised aged care homes must report to the police and to the Department of Health and Ageing within 24 hours of receiving an allegation or suspicion of 'unlawful sexual contact' or 'unreasonable use of force'. In 2010-11, the Department received 1815 reportable assaults, of which 284 were alleged or suspected sexual

assault and 32 involved both sexual and physical assault (Commonwealth of Australia 2011). In 2011-12, the department received 1971 cases of reportable assaults. Of these, 1627 cases involved alleged or suspected unreasonable use of force, 309 alleged or suspected unlawful sexual contact, and 35 cases involved both (Commonwealth of Australia 2012). In the last twelve months there has been a 14% increase in alleged physical and sexual assaults reported on the previous year – 1978 instances of unreasonable use of force, 349 cases of unlawful sexual contact and 29 cases of both (Commonwealth of Australia 2013). This is despite the number of residents only increasing by 1.6%. The complaints scheme is not empowered to investigate such allegations and thus they remain unconfirmed data.

In 2009, Aged and Community Services Australia (ACSA) conducted a national online survey seeking information from aged care providers about instances of elder abuse that had occurred in the previous 2 years. Nearly 150 respondents reported 628 reportable assaults: 87% involved physical assault, 5% involved sexual assault, and 8% involved both physical and sexual assault (Sadler 2009). Similarly, in his survey sample of New Zealand rest home managers, Weatherall (2001) found most managers (92%) were able to easily identify cases of elder abuse among residents in their facilities in the past 12 months and, though small in number, reports of sexual assault were identified.

Hospital emergency department studies by Eckhart and Sugar (2008) and Jones et al. (2009) compared older and young women who were victims of sexual assault and found that the older group were significantly more likely to be assaulted in care facilities. Teaster et al. (2001) analysed three years of data from Adult Protective Services in Virginia involving case files of people 60 years of age and older who were found to be sexually abused. Of the 42 cases, 40 concerned women over 70 years of age residing in an aged care facility and most cases were not prosecuted. Issues with poor complaint mechanisms, low rates of prosecution and inadequate safeguards for residents in USA nursing homes were also identified by the General Accounting Office (2002). Research by Ramsey-Klawsnik et al. (2008) provides further support for the view that substantiation rates for cases of sexual abuse in care facilities are much lower than that for all types of elder abuse, with cases involving alleged staff abuse far less likely than those involving alleged resident offenders to be substantiated. Schiamberg et al. (2011) observe that reports of elder abuse rely primarily on cases witnessed by staff and may constitute a sampling bias.

More vulnerable groups of older women

Despite the challenges in determining prevalence, it is a widely held view that older women living with disabilities (including cognitive impairment, physical disability or psychiatric illness), especially those dependant on some form of community or institutionally based care, are particularly vulnerable to abuse of all kinds, including sexual abuse (Clark & Fileborn 2011; Jennings 2003; Brownridge 1999; Gilson et al. 2001; OPA 2010; Dillon 2010). A recent review of 100 case files held by the Office of Public Advocate (70% of the women were aged 61-97 years) found that 45 of the 100 women reportedly experienced violence, including sexual violence, and this was likely to be an under-reported figure (McGuire 2013).

Institutional settings such as psychiatric, disability, prison and aged care facilities, where residents are supervised or controlled or have their autonomy limited create conditions where all women are

more vulnerable to abuse by staff and other residents/inmates. Dementia, frailty and physical impairment (particularly non-ambulatory states), social isolation and lack of control over one's life provide the conditions for a heightened risk of both abuse and the concealment of offenders (Burgess et al. 2000; Clark & Fileborn 2011; McGuire 2013). For instance, a retrospective study of 284 cases of elder sexual abuse found that, compared to older people without dementia, older people with dementia were abused more often by people they know, presented behaviour signs of distress rather than verbal cues, were easily confused and verbally manipulated (Burgess and Stevens 2006). There is also some suggestive evidence that women in older age groups (ie. 80 to 90 years), or those with limited ambulatory abilities who are in care, experience multiple types of assault, compared to those in their 70s or those women who are more mobile (Teaster et al. 2001). In addition, Holt (1993) found that older women, particularly those in institutional settings, were likely to experience less penis-vagina contact than younger women, but be exposed to a wider range of assaults such as 'vaginal rape' and 'genital fondling'.

Very few studies that address the general abuse of older people have focussed on rural settings, in contexts where isolation is potentially high, services are few, and confidentiality issues are paramount. Similarly, the experiences of women from culturally and linguistically diverse and refugee backgrounds remain under-researched (Bagshaw et al. 2009). The high levels of sexual violence experienced by women of all ages from Indigenous backgrounds is well documented (Lievore 2003; Thorpe et al. 2004). Older women from this population would remain exposed to this heightened risk, albeit at a younger age, due to their shorter lifespan comparative to non-Indigenous women.

It is important to also highlight the risks of sexual assault for older women who are homeless or living in precarious housing settings. Older women are a growing and largely invisible population of homeless people in Australia and there are particular gender-related factors that place older women at risk of homelessness including family/domestic violence and poverty (McFerrin 2010; Batterham et al. 2013). However, little is known about their situation beyond some small studies indicating that homeless women remain at significant risk of sexual violence (Baker et al. 2009).

Characteristics of offenders

The Personal Safety Survey of 16,400 Australians aged 18 years and over (ABS 2006) found that of adult women who had been sexually assaulted in the previous 12 months, their perpetrators included previous partners (21%), current partners (8%), family members or friends (39%) and 32% were assaulted by another known person. Strangers represented a minority of perpetrators (ABS 2006). These proportions have not changed over time: the most recent Personal Safety Survey (ABS 2013) found that 88% of the perpetrators of sexual assault were known to their female victims. Given the paucity of research specific to older women, and the significant under-reporting, the characteristics of their offenders are not clearly known. However, it could reasonably be assumed that the proportions of known offenders are the same, or even higher, than for women generally.

In general the research indicates that the relationship of offenders to older victims is diverse – spouse/partners, family members, others socially known to the women, care providers and strangers. To some extent the setting for the abuse can determine the relationship to the offender.

For instance, there is some evidence that older women are more likely than younger women to be assaulted by a stranger in their own home, and more likely to be assaulted by a care provider.

Gender

Perpetrators of sexual violence against women and girls are predominately male. Unsurprisingly, experts on the assault of older women suggest that 'sexual predators who target elderly people' are also predominantly male (Ramsey-Klawsnik et al. 2008; Holt 1993).

However, research suggests that women should not be overlooked as potential offenders, particularly in relation to aged care settings. There is certainly evidence from American studies that alleged sexual assault by females does occur relatively frequently, though cases involving women were less likely to be substantiated. In one study of sexual assaults in aged care facilities by Ramsey-Klawsnik et al. (2008), one in five offenders identified were found to be female. The researchers suggest that, among the possible reasons for this discrepancy, there is the possibility that myths and stereotypes about sexual assault preclude a consideration of women as potential or actual offenders.

Age range and previous history of assault

Perpetrators of sexual assaults against older women can be any age. Male offenders range in age from very young to elderly men. However, it is more likely that, apart from sexual assault by spouses or partners, older women will more commonly be abused by someone younger than them than women in younger age groups.

Studies involving convicted offenders of sexual assault against older women indicate an age range from those in their teens to the very old. For instance, Jeary (2005) reported on 52 cases involving abuse of elderly women, ranging from extreme violence (including homicide) to sexual harassment (eg. sending offensive, sexually explicit letters). Abusers ranged in age from 16 to over 70 years of age, and two-thirds of the offenders were under age 30. About one in five who had previously assaulted elderly women had previous convictions for sexual offences against children. Similarly, Burgess et al. (2007), also studied 77 convicted offenders of sexual crimes against women aged from their 60s to their 90's. The offenders' age ranged from teenagers to men in their 50s and 60s, although the bulk of offenders were in their 20's and 30's. One in three offenders had sexually victimized both younger and older women.

Some studies suggest that among younger age women who are victims, the majority of offenders will be of similar age, while older women who are victims are likely to be 30 years plus older than their perpetrators (Del Bove et al. 2005). However, British crime data analysed by Lea et al. (2011) compared sexual assaults by strangers against women aged 20 to 45 years, and women aged 60 years or older. The authors note that, unlike some other studies, they found no difference in the age of offenders charged with assaulting younger and older victims.

Offenders' motivation

A large body of research has been undertaken in relation to the causation of sexual offences and the motivation of sexual offenders in general. Such literature is largely limited to studies of convicted offenders and/or those in treatment settings (a small minority of actual offenders). They focus on individual typologies and/or pathologies (based in psychological and psychiatric approaches) and the circumstances in which the violence occurred. The offender's need to enact a sense of power and control is frequently cited in sexual assault/rape research, as are sexual motivations such as sexual gratification and sexual sadism, and those involving anger, aggression and retaliation (Clark & Quadara 2010; Myers et al. 2006; Robertiello & Terry 2007; Reid et al. 2013). Feminist researchers have sought to broaden this picture by linking motivations to social ideas of sex, masculinity and gender relations (Esteal & McCormond-Plummer 2006). As Clark and Quadara note (2010), this broad body of research presents an 'inconsistent, even contradictory, picture about sexual offending' (p.3).

There are few instances of literature specifically focussed on older women as victims. One such study of 52 convicted perpetrators observes that in one in three of the cases where the majority of victims were in their 70s and 80s, the motivation was primarily for sexual gratification (Jeary 2005). The cases included intra-family sexual violence, elderly women in residential care, and rapes that occurred after offenders broke into women's homes. In their study of 77 offenders convicted of sexual violence against older women, Burgess et al. (2007) categorised offenders' motives as 'opportunistic' (impulsive rape, little planning), 'pervasive anger' (violent lifestyle generally), 'sexual' (preoccupied with gratifying one's sexual needs), and 'vindictive' (anger at women).

As with cases involving women generally, motivations of such crimes against older women are likely to include the same broad range of factors which also interconnect with a wide range of differing contexts and circumstances.

Family members

In general, the field of elder abuse research suggests that the majority of physical, emotional and sexual abuse experienced by older women is most commonly 'spouse abuse grown old' (Nerenberg 2008). In other words, older women faced a continuation of varied forms of violence from long-term male domestic partners.

Husbands or long-term partners of older women may demand sex or have forcible sex, believing it is an entitlement of marriage or the relationship. Many married women may feel that they have no option but to accept this situation because of their commitment to, and dependence upon, their husbands. They are of a generation who married when a husband was still legally entitled to demand sex or rape his wife in Australia and in many other countries.

However, some studies indicate a high likelihood of other family members being involved. Holt's (1993) analysis of 90 cases of elder sexual abuse, mostly women aged 75 years and over, found that the majority of abusers of women were sons (55%) and husbands (14%), with son-in-laws and grandsons also involved (each 12%). While making no claims to prevalence, Holt does note that his

study ‘serves to confirm that elder sexual abuse within families and caring relationships does occur in Britain and is worthy of continued research’ (p.67).

Ramsey-Klawsnik (2004) analysed 10 years’ worth of cases of suspected elder sexual abuse in the Massachusetts’ Elder Protective Services Program which is mandated to handle reported elder abuse in community (as opposed to institutional) settings. Of the 130 cases, 77% (n=100) involved suspected elder sexual abuse within the family. The perpetrator cases were categorised into two groups: ‘marital sexual abuse’ (long term domestic violence, recent onset within a long-term marriage, and victimization within a new marriage) and ‘incestuous abuse’, by which the author was referring to adult children and other relatives.

Fisher and Regan (2006) conducted phone interviews with 842 women aged 60 or older who were living in a community in the USA. Nearly half (47%) had experienced at least one type of abuse – psychological, threat, physical, sexual – since turning 55 years old. Three percent reported sexual abuse, largely perpetrated by husbands or boyfriends.

Perpetrators in residential care settings

Attacks on women in aged care facilities/nursing homes can potentially be perpetrated by employees, other residents, family members who visit, other visitors and volunteers, although studies generally suggest they primarily involve residents or staff, some of whom are serial offenders (Baker et al. 2009; Ramsey-Klawsnik et al. 2008).

Some researchers conclude that sexual offences against residents in aged care facilities are largely the actions of elder co-residents (eg. Fox 2012; Roberto & Teaster 2005). Data sources for such reports are often based on state-based systems of reporting which rely on substantiated cases or on facilities reporting alleged assaults rather than other sources, such as family members. Such research or reporting systems may, in fact, under-estimate the degree of assaults perpetrated by staff – either due to the reluctance of service providers to recognise or categorise some forms of intimate care as sexual assault, or the greater likelihood that perpetrators who are staff can more effectively conceal their behaviour, exercise their authority over residents to inhibit reporting, or explain away their actions to management.

Teaster et al. (2001) investigated 42 cases of substantiated sexual abuse of adults 60 years plus over 3 years (1996-1999) in Virginia, most of whom were living in nursing homes, and found the most frequent perpetrator was another resident, followed by a staff member. In another large US study, Ramsey-Klawsnik et al. (2008) examined 439 cases of alleged sexual abuse of adults living in care facilities in five different states over a six month period where 29% (n=124) victims were aged 60 or more. Nearly half of the perpetrators (43%) were staff, the majority were male (28 men, 17 women), with most of these people charged with providing direct care to the resident victims. The next largest group was residents (41%), with the remaining groups including family members and visitors

Other studies suggest that staff may potentially be the largest group of offenders due to their access and levels of authority they carry. Ramsey-Klawsnik et al. (2008) presents findings from the first national study of sexual abuse of vulnerable adults residing in care facilities. Findings concerned 119

alleged and 32 confirmed sexual perpetrators who targeted vulnerable elders residing in care facilities. The largest group of accused was employees of the facilities, followed by facility residents.

Recent national research in Australia suggests that staff may figure more prominently than previously thought. For instance, in ACSA's on-line survey of 628 physical and sexual assaults, 75% of alleged perpetrators were residents, 20% involved staff, 5% visitors (Sadler 2009).

Strangers and others

If the sexual assault of an older woman becomes a media story, it is most likely to involve as attack on an old woman living alone or out in a public place. In a five year, retrospective study of 1,917 women attending a sexual assault or emergency room clinics in Western Michigan, Jones et al. (2009) compared victims who were younger (18-39 years) with 'postmenopausal women' (50 years plus). They found that the older cohort of women were more likely to be assaulted by a stranger than younger women.

British crime data analysed by Lea et al. (2011) compared sexual assaults by strangers against women aged 20 to 45 years, and women aged 60 years of older. They found that, unlike the younger cohort, the majority of assaults on older women occurred at their residence, and the offenders gained entry using physical force. However, some studies of convicted offenders suggest that, while the offenders were characterised as strangers by the women, the women were often known to the offenders who were, in fact, 'relative strangers' (Safarik et al. 2002). For instance, Burgess et al. (2007) found that in 61% of the cases they studied, the offenders said they knew their victim from the neighbourhood, including their daily pattern and that the woman lived alone.

PART THREE: THE IMPACTS OF SEXUAL ASSAULT

Health and wellbeing- general

There is a considerable body of authoritative international research in the public health and medical literature that has identified the impacts of sexual assault, acknowledging it has a has a profound impact on a woman's physical and mental health (WHO 2002, 2012b). Such research has articulated the fact that such impacts are short term, medium term and long term for the victims.

Large-scale Australian and international research indicates that *any* experience of sexual coercion is associated with poorer psychological, physical or sexual health for women (de Visser et al. 2007; Black et al. 2011). In Victoria, intimate partner violence, which includes physical and sexual assault, is found to be the leading contributor to death, disability and illness for women aged 15 to 44 years (VicHealth 2004). A wealth of other literature (Stein and Barrett-Connor 2000; Clark & Fileborn 2011; WHO 2010b) has also identified a range of adverse physical and mental health effects for women, including their increased risk of:

- General injuries/conditions (arthritis, breast cancer, diabetes, gastro-intestinal conditions, asthma, obesity, headaches, chronic pain
- STIs (including HIV & Hep C)
- Sexual & reproductive problems (pelvic pain, sexual dysfunction)

- Depression, anxiety and fear
- Post traumatic stress disorder
- Death by suicide/death through injury

International experts acknowledge that physical force is not necessarily used in sexual assaults, and physical injuries are not always a consequence (WHO 2010b). Sexual offences commonly regarded by some as 'minor' assaults (eg. not forced penis/vagina contact) have also been associated with harmful health effects. For instance, sexual harassment, whether in public or work spaces, has been linked to a range of negative psychological, physical and social outcomes including fear, anxiety and depression; nausea, gastrointestinal disorders and loss of weight; and negative impacts on a woman's self-concept (Lenton et al. 1999; Ho et al. 2012).

Impact on the health and wellbeing- older women

'Sexual victimization is an ordeal at any age. It is particularly harmful during advanced age when capacity to self-protect is low and vulnerability to injury is high' (Ramsey-Klawsnik 2004, p.57). Research on the impacts on older women of recent experiences of sexual assault (or other forms of violence) *as an older woman* is far more limited. As Lea et al. (2010), observe, 'It should not be too surprising that, given the paucity of older women abuse studies, our understanding of the health consequences for abused older women is woefully limited' (p.200).

This deficit in the research is an impediment to fully understanding the impact of sexual assault on older women, and supports the not-uncommon myth that older women, including women with cognitive impairment, are not harmed by such abuse. Some researchers have suggested that 'lack of sensitivity… to the gravity of the assaults', at least among nursing home staff, is a striking aspect of their study (Burgess et al. 2000, p.14). Others attest to the 'long-term, life-changing effects' on elderly victims despite efforts to put the trauma behind them (Jeary 2005). There is certainly evidence that older women's experiences of sexual and physical assault can be extremely harmful at both a physical and psychological level. In their case study analysis of older women living in the community, Fisher and Regan (2006) compared the health of the women had experienced at least one type of abuse—psychological, physical, or sexual—since turning 55 years old with those older women who had not experienced some form(s) of abuse. They found higher levels of health conditions such as depression, anxiety, digestive problems and chronic pain among the prior group. They concluded that, 'Abuse takes a negative toll on the quality of life of older persons' and suggested that 'both the physical and mental health of older women are negatively affected by abuse' (p.208). Large-scale national research in Australia on older women have shown that women who have experienced some form of 'elder abuse' had poorer mental health and more chronic conditions (diabetes, heart disease, stroke, osteoporosis, and cancer other than skin cancer) than women who had not experienced abuse (Byles et al. 2010).

Importantly, experiences of sexual assault can also result in a decrease both the quality and the length of older women's lives. For instance, one case analysis of 20 older people who were sexually assaulted, most of whom were over 70, indicated that over ½ died within a year of the assault (Burgess et al. 2000).

Studies in the medical literature primarily report on the immediate physical trauma of sexual assault of older women. Unsurprisingly, the results suggest that older women are particularly prone to trauma of the genital tract, compared to younger women (Poulos & Sheridean 2008). Such genital lacerations have generally been attributed to post-menopausal thinning of the vulva and vagina rather, rather than greater rates of violence when compared to assaults on younger women, but nonetheless require significant medical care (Muram et al. 1992; Ramin 1997; Templeton 2004). Jones et al. (2009) analysed nearly 2000 female victims women attending a sexual assault or emergency room and compared who were younger (18-39 years) with 'postmenopausal women' (50 years plus). They reported that the older cohort experienced more physical coercion and suffered more genital injuries. Similarly, in their study of emergency room admissions, Eckert and Sugar (2008) found that older women were more likely than younger or middle-aged women to be admitted to the hospital and to incur genital trauma (over one third). In their comparative study of post-menopausal and younger women Morgan et al. (2011) also found that postmenopausal women were more than three times more likely to sustain genital injury and significantly more likely to have large bruises.

While the focus of this review is experiences of sexual assault as older women, the impact of recent assault cannot be addressed without acknowledging the potential for this to be layered upon previous experiences of assault, or to be part of a cumulative effect of current and on-going abuse. Given high rates of sexual assault experienced by Australian women from 18 years to 59 years (de Visser et al. 2003) it is likely that a significant proportion of women who experience sexual assault over the age of 65 will have previously been a victim of sexual assault (or physical assault). Research indicates that women who had been sexually coerced more than once were 'significantly more likely to have elevated psychosocial distress' (de Visser et al. 2007, p. 683). In this context, a 'lifecourse' approach to trauma is an important framework to consider and possibly adopt rather than an approach that treats incidents of sexual assault in older women as isolated or discrete events and does not recognise the possibility of the existence of decades-old trauma from previous experiences (Bright & Bowland 2008; Cook 2011).

The *social impacts* of sexual and other forms of gender-based violence on adult women are acknowledged less often but can affect all areas of a victim's life including their relationships, sense of safety and trust, and social life (Crome & McCabe 1995; Boyd 2011). It is reasonable to surmise that the impact on older women in particular would include an enhancement of personal fears and anxieties, a loss of confidence in home and social settings and the consequent potential loss of independence.

There are also significant consequences for partners, family members and friends of victims. Morrison et al. (2007) describes some aspects of 'secondary traumatisation', by which they mean 'the effects of the sexual assault on people who were not the primary victim of the assault, but are nonetheless adversely affected by it' (p.3). This can include the impacts of 'vicarious traumatisation' on partners, family members, friends and support workers as a 'ripple effect' of dealing with the victims' sexual assault experience.

PART FOUR: FACTORS TO CONSIDER IN PREVENTION, INTERVENTION AND SUPPORT STRATEGIES

Ageism, sexism and power inequalities

In his study, Holt (1993) cites a general practitioner 'who questioned what harm would be done to a victim being raped by her son, since the victim was confused and very old anyway' (p.69). This anecdote illustrates the interweaving of ageism and sexism that underpins the silence that has historically surrounded the sexual assault of older women. Older people are viewed as inherently less valuable and less worthy than younger people; if sexual assaults occur at all ('who would want to rape an old lady?') it is likely that older women are relatively 'unharmed' by them, or certainly not to the extent where allegations against husband/partners or staff should be viewed with any merit or urgency. In the context of intimate partner sexual violence, the sense of male privilege and a historically based view of wives as the sexual property of their husbands is certainly a contributing factor to this lack of attention (Ramsey-Klawsnik 2004).

The attitude expressed by the general practitioner quoted above is at the extreme end of ageist and sexist attitudes. However, it is not uncommon that health and aged/community sector workers and organisations can under-recognise or under-estimate the prevalence, seriousness and impact of various forms of abuse of older women compared to younger women (Yechezkel & Ayalon 2013; Teitelman & O'Neill 2000). The limited overseas literature also raises questions in relation to how seriously the sexual assault of older women is taken by the judiciary. For instance, one small study showed that, even in cases of conviction, only 25% of offenders received a prison sentence (Burgess et al. 2000).

In its report on elder abuse, the Victorian state Government has stated that, 'The criminality of an action is not lessened because of the age of the victim' (Victorian Government 2005, p.28). However, within the field of gender-based violence initiatives (eg. family violence, domestic violence, IPV) there has certainly been more attention paid to the sexual violence experienced by younger and middle-aged women with dependent children than to older women (Bagshaw et al. 2009). Similarly, while services targeting the older Australian population have become more acutely aware of the prevalence of elder abuse, particularly financial abuse, it is still far less common for sexual abuse to be considered within this framework.

Ageing is a gendered process; it is experienced differently by women and men. In general, the current generation of older women have experienced a greater prevalence of male authority and more societal stricture and control throughout their adult lives than young women of today. It is likely this historical sexism and authoritarianism, combined with the growing frailties associated with age, renders some older women particularly vulnerable to assaults and contributes to the concealment of these crimes against them. As Bagshaw (2009, p.3) notes, 'The misuse and abuse of power and control are rarely mentioned in definitions and discussions of abuse of older people which is of major concern'.

The abusive use of power and control is a multi-faceted tool. It is important to recognise that the methods of physical and psychological control employed during sexual assaults of older women will

vary according to context and the power relationships involved. For instance, in their review of cases of sexual assault of women 50 years and older, Baker et al (2009) noted the different types of coercion used in relation to the living arrangement of the victims: the use of weapons (eg. knives, sharp objects) were particular to non-institutional settings; women in domestic settings or homeless women were more likely than other women to experience overt violence including acute general body trauma; and women in institutional settings were more likely to be coerced through the abuse of authority.

Paternalism

Ageism and sexism are fundamental to the disempowerment of older women and inevitably accompanied by paternalism. Ageing is commonly characterised in a negative sense - as a state of 'decline', a 'loss of activity', inevitably involving a 'loss of capacities', with older people often characterised as 'frail' and 'vulnerable' or 'childlike'. In their critique of responses to elder abuse, Harbinson et al. (2012) observe that, 'Constructions of ageing that view older people as frail and vulnerable have led to a focus on providing legal remedies for mentally incapacitated older people, without the clear understanding that most older people are not mentally incapacitated' (p.99).

Such attitudes can lead to the development of prevention or intervention strategies that do not respect the capacity of most older women to make decisions on their own behalf, nor respect the non-homogeneity of older women or the diversity of their lives and their individual responses to trauma. Strategies that are predicated on older women being essentially incapable or 'childlike' or solely defined by their family relationships risk reinforcing the socio-cultural assumptions about older women that enhance their particular vulnerabilities to violence.

Similarly, it has been well established that sexuality and intimacy continue to be important in later life and are central to an older person's health and wellbeing (Tarzia et al. 2012; McAuliffe et al. 2012; Bauer et al. 2009; Gott & Hinchcliff 2003). Yet negative attitudes towards older women's desire for physical, emotional and/or sexual intimacy are often held by family members, service providers and others. Prevention or intervention strategies that do not support and enhance older women's entitlement to such intimacy in their lives are both patronising and disrespectful. They also render older women more vulnerable to people's disbelief about sexual assault or the trivialisation of its importance.

An evidence base for prevention

It has been noted that Australia's focus on sexual assault has 'generally focussed on describing the problem of sexual assault rather than rigorously evaluating what is effective to achieve its eradication' (Office of the Status of Women 2004, p.6). This observation is even more pertinent with regard to the population of older women. There are significant barriers to both developing and evaluating prevention strategies for this at-risk group. They include, but are not limited to, the following:

- The diversity and silo-ing of sectors involved in the issue: government, crime and justice, health, community support, family and sexual violence, ageing and aged care
- The lack of resources made available for research, implementation and evaluation strategies

- The lack of urgency due to community and professions' attitudes towards older women and common misunderstandings about sexual assault

To adopt 'best practice' in this field, there remains a need for more research and for rigorous evaluation of any prevention and intervention strategies that aim to address sexual assault specifically or broader experiences of violence in this age group, such as 'elder abuse' (Stolee et al. 2012; Quadara & Wall 2012)).

CONCLUSION

It is evident that the sexual assault of older women, as older women, remains a relatively un-recognised and under-researched field. Nevertheless, there is sufficient evidence to support concerns that older women – just like all women – remain at risk of sexual assault regardless of their age and situation.

All situations in which older women reside – their own homes, family homes, residential settings such as aged care and retirement homes, and other institutional settings such as hospitals, psychiatric units and prisons – are potential sites of abuse. Similarly, public spaces can also be sites of sexual violence, although far less risky than public perceptions would suggest.

Despite advancing age older women, like all women, remain vulnerable to sexual assaults by husbands/partners and other family members such as sons and brothers-in-law. However, because of their increasing frailty and ill-health, older women also face particular threats from service providers that they may rely upon for general and intimate care, particularly staff in health services and in residential and community care settings. Contrary to public perceptions about sexual assault, the assaults in such settings can be perpetrated by female as well as male staff, although men remain the most common perpetrators. Again, contrary to public understandings, male perpetrators range from the very young to the elderly, and perpetrators' desire for sexual gratification as well as their desire for power and control constitute the motivations for the assaults.

The health and social impacts of sexual assault are highly significant for older women. There is some evidence that, in certain contexts, older women suffer disproportionate physical harm during sexual assaults compared to younger women. To some extent this is related to the physical condition of the ageing body. However, there is some evidence that in some contexts, such as assaults by strangers in women's homes, older women may experience more physically violent assaults than younger women. Conversely, some older women in institutional settings may experience less physical damage from staff assaults due to the nature of the assault (eg. non-penile penetration; coercive intimidation), but experience considerable emotional/psychological distress due to their greater social isolation, relative lack of agency, physical confinement and reliance on the goodwill of staff for their care. Some evidence suggests that both the duration of older women's lives, as well as the quality of their remaining life, is affected by an experience of sexual assault as an older women.

Inevitably, much of the focus of the relatively sparse amount of research – and indeed that of *Norma's Project* – has been on the experience of sexual assault as an older woman. Like research on

women generally, research of this nature tends to focus on single incidents or particular periods of an older woman's life (eg. while in aged care). The exception to such research remains the field of the family violence/domestic violence which, by its very nature, applies a more longitudinal lens to gender-based violence. However, within this particular field, sexual violence experienced by older women is poorly described. The risk of a focus on singular events or contexts is one of obscuring the cumulative effects of violence – all kinds of violence - through the life-course for a significant proportion of women. There is substantial evidence that the experience of multiple events of sexual violence throughout a lifetime can have an on-going and negative cumulative impact on a woman's physical, psychological and social health. Hence, it is important not to assume that a reported case of sexual assault involving an older woman will be an isolated event. For instance, it may well trigger – and hence be confused with – memories of earlier life and childhood abuse.

There remains much that we do not know about the sexual assault of older women. The inclusion of older age groups in population-based violence surveys is essential, as is more analysis and greater availability of any existing data (crime data, public health data) that encompasses women over the age of 50 years. There is also a need for the development and evaluation of prevention and intervention strategies that are evidence-based and theoretically informed (Quadara & Wall 2012). Importantly, the voices of older women who have experienced sexual assault remain largely silent in the research literature. There remain significant challenges for researchers – methodological and ethical - in accessing women's stories and those of their supportive family members or friends. Nevertheless, innovative methodologies, such as those involving face-to-face qualitative interviews with older people in residential aged care on sensitive issues such sexuality, are being developed (Tarzia et al. 2013).

Ultimately, the challenge in creating greater awareness of this important issue includes the need to address the significant ageism, sexism and paternalism perpetrated on older women that both obscures the existence of sexual assault and diminishes people's willingness to decisively act upon the issue.

REFERENCES

Astbury, J. (2006). Services for victim/survivors of sexual assault: Identifying needs, interventions and provision of services in Australia, *ACCSA Issues,* No. 6, December) Melbourne: Australian Centre for the Study of Sexual Assault.

Australian Bureau of Statistics (1996). Women's Safety Australia (Cat. 4128.0), Canberra, ABS.

Australian Bureau of Statistics. (2006). 2005 Personal Safety Survey Australia (Cat. No. 4906.0). Canberra: ABS.

Australian Bureau of Statistics (2012). Population by Age and Sex, Regions of Australia, 2011 (Cat. 3235.0), Canberra, ABS.

Australian Bureau of Statistics (2013). 2012 Personal Safety Survey, (Cat. 4906.0) Canberra, ABS.

Australian Institute of Criminology (2012). Australian crime: Facts & figures 2011, Canberra: AIC.

Australian Institute of Health and Welfare (2007). Older Australia at a glance: 4th edition. Cat. no. AGE 52. Canberra: AIHW.

Australian Network for the Prevention of Elder Abuse (1999). Definition of elder abuse, ANPEA (See www.anpea.com.au).

Baboolal, N., Konings, M., Maharajh, D. (2005). Sexual abuse resulting in HIV positivity in a patient with Alzheimer's Disease: A case report from Trinidad and Tobago, Journal of Elder Abuse & Neglect, 17(2):77-82.

Bagshaw, D., Wendt, S., Zannettino, L. (2009). Preventing the abuse of older people by their family members, Stakeholder Paper 7, Australian Domestic & Family Violence Clearinghouse, September, Sydney.

Baker, M., Sugar, N., Eckert, L. (2009). Sexual assault of older women: Risk and vulnerability by living arrangement, Sexuality Research & Social Policy: Journal of NSRC, 6(4):79-87.

Ball, H.N. (2005). Sexual offending on elderly women: A review, The Journal of Forensic Psychiatry and Psychology, 16, 127-138.

Batterham, D., Mallett, S., Yates, E., Kolar, V., Westmore, T. (2013). Ageing out of place? The impact of gender and location on older Victorians in homelessness: A pilot study. Final Report. Hanover Welfare Services, Melbourne.

Bauer M, Nay R, McAuliffe L. (2009). Catering to love, sex and intimacy in residential aged care: what information is provided to consumers? Sex Disabil 27:3e9.

Benbow, S., Haddad, P. (1993). Sexual abuse of the elderly mental ill, Postgraduate Medicine, 69, 803-807

Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Blyth, J., Kelly, L. (2005). Responding to sexual assault in disability and aged care settings: the SADA project'. Presentation at the 2nd National ACROD Ageing and Disability Conference, Hobart, 19–20 July.

Boyd, C. (2011). The impacts of sexual assault on women, ACCSA Resource Sheet, April, Australian Centre for the Study of Sexual Assault, Melbourne.

Bright, C., Bowland S. (2008). Assessing interpersonal trauma in older adult women, Journal of Loss and Trauma: International Perspectives on Stress & Coping, 13:4, 373-393.

Burgess, A., Dowdell, E., Prentky, R. (2000). Sexual abuse of nursing home residents, Journal of Psychosocial Nursing & Mental Health Services; 38 (6):10-18, June.

Burgess, A., Morgenbesser, L. (2005). Sexual violence and seniors, Brief Treatment and Crisis Intervention 5:193–202.

Burgess, A.W. and Stevens, S.L. (2006). Sexual abuse, trauma and dementia in the elderly: A retrospective study, Victims and Offenders, 1(2):193-204.

Burgess, A., Commons, M., Safarik, M., Looper, R., Ross, S. (2007). Sex offenders of the elderly: Classification by motive, typology, and predictors of severity of crime, Aggression and Violent Behaviour, 12 (5):582-597, Sept-Oct.

Byles, J., Dobson, A., Pachana, N., Tooth, L., Loxton, D., Berecki, J., Hockey, R., McLaughlin, D., Powers, J. (2010). Women, health and ageing: Findings from the Australian Longitudinal Study on Women's Health: Final report prepared for the Australian Government Department of Health and Ageing, Women's Health Australia, Newcastle and Queensland, June.

Camilleri, M. (2008). Enabling justice: Paper presented at the National Victims of Crime Conference, September 23-24, Adelaide.

Carmody, M. (2009). Conceptualising the prevention of sexual assault and the role of education (ACSSA Issues 10). Melbourne: Australian Centre for the Study of Sexual Assault.

Clark, H., Duncanson, K. (2010). Dementia and survivors of childhood sexual abuse: An interview with Adelle Williams, Communication Change Observation Respect and Dignity Aged Care Training Specialist, (ACSSA Aware, No. 24), Melbourne: Australian Centre for the Study of Sexual Assault.

Clark, H., Quadara, A. (2010). Insights into sexual assault perpetration: Giving voice to victim/survivors' knowledge, (Research Report No. 18), Australian Institute of Family Studies, Melbourne.

Clark, H., Fileborn, B. (2011). Responding to women's experiences of sexual assault in institutional and care settings (ACCSA Wrap No.10) Melbourne: Australian Centre for the Study of Sexual Assault.

Commonwealth of Australia (2011). 2010–11 Report on the Operation of the Aged Care Act 1997, Department of Health and Ageing, Canberra.

Commonwealth of Australia (2012). 2011–12 Report on the Operation of the Aged Care Act 1997, Department of Health and Ageing, Canberra.

Commonwealth of Australia (2013). 2012–13 Report on the Operation of the Aged Care Act 1997, Department of Health and Ageing, Canberra.

Cook, L.M., Dinnen, S. O'Donnell, C. (2011). Older women survivors of physical and sexual violence: A systematic review of the quantitative literature, Journal of Women's Health, 20:1075-1081

Crome, S., McCabe, M. (1995). The impact of rape on individual, interpersonal, and family functioning. Journal of Family Studies, *1*(1), 58–70.

Del Bove, G., Stermac, L., Bainbridge, D. (2005). Comparisons of sexual assault among older and younger women, Journal of Elder Abuse & Neglect, 17(3):1-18.

Department of Health and Ageing (2012). Living Longer, Living Better, Commonwealth of Australia, Canberra, April.

Department of Health (2005). No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, Home Office, London, United Kingdom.

Department of Justice (2013). Review of sexual offences: Consultation Paper, State of Victoria, September.

Department for Victorian Communities, Office of Senior Victorians (2005). Strengthening Victoria's Response to Elder Abuse: Report of the Elder Abuse Prevention Project, December, Victorian Government, Melbourne.

de Visser, R., Rissel, C., Richters, J., Smith, A. (2007). The impact of sexual coercion on psychological, physical, and sexual well-being in a representative sample of Australian women, Arch Sex Behav, 36:676–686.

de Visser, R., Smith, A., Rissel C, Richters, J. (2003). Experiences of sexual coercion in a representative sample of Australian women', Australian and New Zealand Journal of Public Health, 27(2): 198-203.

Dillon, J. (2010). Violence against people with cognitive impairments. Report from the Advocacy/Guardianship program at the Office of the Public Advocate, Victoria, Office of the Public Advocate, Melbourne, August.

Eckert, L., Sugar, N. (2008). Older victims of sexual assault: An under-recognized population, American Journal of Obstetrics & Gynecology, 198:688.e1-688.e7, June.

Elder, J. (2000). Older Women's Experience of Violence: Report on the Older Women and Safety Project, CASA House, Carlton.

Esteal, P., McCormond-Plummer, L. (2006). Real rape, real pain: Help for women sexually assaulted by male partners, Hybrid Publishers, Melbourne.

Evans, S., Krogh, C., Carmody, M. (2009). 'Time to get cracking': The challenge of developing best practice in Australian sexual assault prevention education, (ACCSA Issues 11) Melbourne: Australian Centre for the Study of Sexual Assault.

Federation of Community Legal Centres (2011). Making rights a reality for sexual assault survivors with cognitive impairment: proposal for an advocacy pilot project, Federation of Community Legal Centres Victoria Inc.

Fileborn, B. (2011). Sexual assault laws in Australia, ACSSA Resource Sheet, Australian Centre for the Study of Sexual Assault, Melbourne.

Fileborn, B. (2012). Sexual violence and gay, lesbian, bisexual, trans, intersex and queer communities, ACCSA Resource Sheet, Australian Centre for the Study of Sexual Assault, Melbourne.

Fileborn (2013). Conceptual understandings and prevalence of sexual harassment and street harassment, ACCSA Resource Sheet, Australian Centre for the Study of Sexual Assault, Melbourne.

Fisher, B., Regan, S. (2006). The extent and frequency of abuse in the lives of older women and their relationship with health outcomes, The Gerontologist, 46(92):200-209.

Fox, A. (2012). Elder abuse, Medicine, Science and the Law, 52:128—136, July.

General Accounting Office (2002). Nursing homes: More can be done to protect residents from abuse. Report to Congressional Requesters, Washington; GAO.

Gott, M., Hinchliff, S. (2003). How important is sex in later life? The views of older people, Social Science & Medicine, 56:1617e28.

Hamby, S., Koss, M. (2003). Shades of gray: a qualitative study of terms used in the measurement of sexual victimization, Psychology of Women Quarterly, 27 :243–255.

Harbinson, J., Coughlan, S., Beaulieu, M., Karabanow, J., Vander Plaat, M., Wildeman, S., Wexler, E. (2012). Understanding "Elder abuse and neglect": A critique of assumptions underpinning responses to the mistreatment and neglect of older people, Journal of Elder Abuse and neglect, 24:2, 88-103.

Ho, I. K., Dinh, K. T., Bellefontaine, S. A., & Irving, A. L. (2012). Sexual harassment and posttraumatic stress symptoms among Asian and White women. Journal of Aggression, Maltreatment & Trauma, *21*(1), 95–113.

Holt, M.(1993). Elder Sexual Abuse in Britain, Journal of Elder Abuse & Neglect, 5(2): 63-71.

Jeary, K. (2005). Sexual abuse and sexual offending against elderly people: A focus on perpetrators and victims, The Journal of Forensic Psychiatry & Psychology, 16(2): 328 – 343, June.

Jennings, C. (2003). Triple Disadvantage: Out of sight, out of mind (Violence Against Women with Disabilities Project). Melbourne: Domestic Violence and Incest Resource Centre.

Jones, J., Rossman, L., Diegal, R., Van Order, P., Wynn, B. (2009). Sexual assault in postmenopausal women: epidemiology and patterns of genital injury, American Journal of Emergency Medicine, 27, 922-929.

Kahn, A., Jackson, J., Kully, C., Badger, K., Halvorsen, J. (2003). Calling it rape: differences in experiences of women who do or do not label their sexual assault as rape, Psychology of Women Quarterly, 27, 233–242.

Keel, M. (2004). Family violence and sexual assault in Indigenous communities: *"*Walking the talk*"*, Briefing no. 4, Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies, September.

Kelly, L., Blyth, J. (2005). Responding to sexual assault in aged and disability care settings: The SADA Project. Paper presented at 2nd National ACROD Ageing and Disability Conference, Tasmania. Available: http://www.acrod.org.au/conferences/a&d2005/concurrent-tues.htm

Kennedy, J., Easteal, P., Taylor, C. (2009). Rape mythology and the criminal justice system A pilot study of sexual assault sentencing in Victoria, (ACCSA Aware No 23), Melbourne: Australian Centre for the Study of Sexual Assault.

Kinnear P., Graycar, A. (1999). Abuse of Older People: Crime or Family Dynamics, Trends and Issues in Crime and Criminal Justice, no. 113, Australian Institute of Criminology, May.

Kurrle, S., Naughtin, G. (2008). An overview of elder abuse and neglect in Australia, Journal of Elder Abuse and Neglect, 20(2):108-25.

Lea, S., Hunt, L., Shaw, S. (2011). Sexual assault of older women by strangers, Journal of Interpersonal Violence, 26(11):2303-2320.

Lenton, R., Smith, M., Fox, J., Morra, N. (1999). Sexual harassment in public places: Experiences of Canadian women. Canadian Journal of Anthropology, *36*(4), 517–540.

Lievore, D. (2003). Non-reporting and hidden recording of sexual assault: An international literature review, Australian Institute of Criminology for the Commonwealth Office of the Status of Women, Commonwealth of Australia, Canberra.

Lingler, J.H. (2003). Ethical issues in distinguishing sexual activity from sexual maltreatment among women with dementia, Journal of Elder Abuse & Neglect, 15(2):85-102.

McAuliffe, L., Nay, R., & Bauer, M. (2012). Sexuality and intimacy. In: Reed, J., Clarke, C., McFarlane, A. (eds.), Nursing older people: Issues and innovations. Open University Press, Berkshire.

McDonald, L., Beaulieu, M., Harbison, J., Hirst, S., Lowenstein, A., Podnieks, E., Wahl, J. (2012). Institutional abuse of older adults: What we know, what we need to know, Journal of Elder Abuse & Neglect, 24(2):138-160.

McFerran, L. (2010). It could be you: female, single, older and homeless, Homelessness NSW, Sydney.

McGuire, M. (2013). Voices against violence, Paper four: A review of the Office of the Public Advocate's records on violence against women with disabilities, (Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria), Melbourne.

McGuire, M. (2014). Voices against violence, Paper five: Interviews with staff and volunteers from the Office of the Public Advocate, (Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria), Melbourne.

Morgan, L., Dill, A., Welch, J. (2011). Sexual assault of postmenopausal women: a retrospective review. BJOG, 118, 832–843.

Morrison, Z., Quadara, A., Boyd, C. (2007). 'Ripple effects' of sexual assault, (ACCSA Issues No. 7), 1-32, Australian Centre for the Study of Sexual Assault, June.

Mouzos, J., Makkai, T. (2004). Women's experiences of male violence: Findings from the Australian component of the international violence against women survey, Research and Public Policy Series no.56, Australian Institute of Criminology, Canberra.

Mulla, S. (2011). Facing victims: Forensics, visual technologies, and sexual assault examination, Medical Anthropology, 30(3): 271-294.

Muram, D., Miller, K., Cutler, A. (1992). Sexual assault of the elderly victim, Journal of Interpersonal Violence, 7(1), 70-76.

Myers, W., Husted, D., Safarik, M., O'Toole, M. (2006). Motivation behind serial sexual homicide: Is it sex, power, and control, or anger?, Journal of Forensic Sciences, 51(4):900-907, July.

National Council to Reduce Violence against Women and their Children (2009a). Background paper to Time for Action: The National Council's plan for Australia to reduce violence against women and their children, 2009–2021, Department of Families, Housing, Community Services and Indigenous Affairs, Australian Government.

National Council to Reduce Violence against Women and their Children (2009b). Time for Action, The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009–

2021, Department of Families, Housing, Community Services and Indigenous Affairs, Australian Government.

Neame, A., Heenan, M. (2003). What lies behind the hidden figure of sexual assault? Issues of prevalence and disclosure, (ACCSA Briefing No.1 September), Australian Centre for the Study of Sexual Assault, Melbourne.

Nerenberg, L. (2008). Elder abuse prevention: Emerging trends and promising strategies, Springer Publishing Company, New York.

North East Primary Care Partnership (2012). Elder Abuse Prevention Toolkit: Rights, Respect, Trust, Victorian Government Elder Abuse Prevention on Strategy, No.1, April.

Office of the Public Advocate (2003). Elder abuse: The hidden problem. Submission to the Minister for Aged Care, September 8, Victoria.

Office of the Public Advocate (2010). Violence against people with cognitive impairments: Report from the Advocacy/Guardianship Program at the Office of Public Advocate, OPA, Melbourne.

Office of the Status of Women (2004). National Framework for Sexual Assault Prevention, Commonwealth of Australia

Older Women's Network (2008). The disappearing age: a strategy to address violence against older women, Older Women's Network, NSW.

Poulos, C., Sheriden, D. (2008). Genital injuries in post-menopausal women after sexual assault, Journal of Elder Abuse & Neglect, 20:323-335.

Public Health Agency of Canada (2012). Elder abuse in Canada: A gender-based analysis, Division of Aging and Seniors, Canada.

Quadara, A., & Wall, L. (2012). What is effective primary prevention in sexual assault? Translating the evidence for action, ACCSA Wrap, No.11, Australian Centre for the Study of Sexual Assault Melbourne.

Quadara, A. (2007). Considering 'elder abuse' and sexual assault, (ACSSA Aware Newsletter No. 15, September), Australian Centre for the Study of Sexual Assault, Melbourne.

Quadara, A. (2006). 'Elder abuse' and the sexual assault of older women: A new Australian policy response, (ACCSA newsletter No 13, p.15-19), Australian Centre for the Study of Sexual Assault Melbourne.

Ramin, S. (1997). Sexual assault in postmenopausal women, Primary Care Update, Obs/Gyns, 4(2):65-70.

Ramsey-Klawsnik, H. (1993). Interviewing elders for suspected sexual abuse, Journal of Elder Abuse & Neglect, 5(1): 5-18.

Ramsey-Klawsnik, H. (2004). Elder Sexual abuse within the family, Journal of Elder Abuse & Neglect, Vol. 15(1), 43-58.

Ramsey-Klawsnik, H., Teaster, P., Mendiondo, M., Marcum, J., Abner, E. (2008). Sexual predators who target elders: Findings from the first national study of sexual abuse in care facilities, Journal Of Elder Abuse & Neglect, 20(4): 353-376.

Reid, J, Beauregard, E., Fedina, K., Frith, E. (2013). Employing mixed methods to explore motivational patterns of repeat sex offenders, Journal of Criminal Justice, July 8.

Robertiello, G., Terry, K.J. (2007). Can we profile sex offenders? A review of sex offender typologies, Aggression and Violent Behaviour, 12, 508-518.

Roberto, K., Teaster, P. (2005). Sexual abuse of vulnerable young and old women: A comparative analysis of circumstances and outcomes, Violence Against Women, 11: 473.

Sadler, P. (2006). Elder Abuse: A holistic response, ACSA Background Paper, March, Aged Care Services Australia.

Sadler, P. (2009). Elder abuse: One report too many? Results of the ACSA online survey on compulsory reporting of assaults, October, Aged Care Services Australia.

Safarik, R.C., Jarvis, J.P., Nussbaum, K.E. (2002). Sexual homicide of elderly females: Linking offender characteristics to victim and crime scene attributes, Journal of Interpersonal Violence, 17, 500-525.

Schhiamberg, L., Barboza, G., Oehmke, J., Zang, Z., Griffore, R., Weatherill, R., von Heydrich, L., Post, L. (2011). Elder abuse in nursing homes: An ecological framework, Journal of Elder Abuse & neglect, 23(2): 190-211.

State of Victoria (2012). Elder abuse prevention and response guidelines for action 2012–14, Department of Health, Melbourne.

Stein, M., Barrett-Connor, E. (2000). Sexual assault and physical health: Findings from a population-based study of older adults, Psychosomatic Medicine, 62:838-843.

Stolee, P., Hiller, L., Etkin, M., McLeod, J. (2012). 'Flying by the seat of our pants': Current processes to share best practices to deal with elder abuse, Journal of Elder Abuse & Neglect, 24(2), 179-194.

Sumner, K. (2002). No secrets. The protection of vulnerable adults from abuse: Local codes of practice. Findings from an analysis of local codes of practice, Centre For Policy On Ageing, June.

Tarczon, C., Quadara, A. (2012). The nature and extent of sexual assault and abuse in Australia, (ACCSA Resource Sheet, December), Australian Centre for the Study of Sexual Assault, Melbourne.

Tarzia, L., Fetherstonhaugh, D., Bauer, M. (2012). Dementia, sexuality and consent in residential aged care facilities, Journal of Medical Ethics Online First, published on June 25, 2012 as 10.1136/medethics-2011-100453

Tarzia, L., Bauer, M., Fetherstonhaugh, D., Nay, R. (2013). Interviewing older people in residential aged care about sexuality: Difficulties and challenges, Sex and Disability, 31:361–371, DOI 10.1007/s11195-013-9297-5.

Teaster, P., Roberto, K., Duke, J., Myeonghwan, K. (2001). Sexual abuse of older adults: Preliminary findings of cases in Virginia, Journal of Elder Abuse & Neglect, 12(3-4):1-16.

Teaster, P., Roberto, K. (2004). Sexual abuse of older women living in nursing homes, Journal of Gerontological Social Work, 40(4): 105-119.

Teaster, P., Ramsey-Klawsnik, H., Mendiondo, M., Abner, E., Cecil, K., Tooms, M. (2007). From behind the shadows: A profile of the sexual abuse of older men residing in nursing homes, Journal of Elder Abuse & Neglect, 19(1-2): 29-45.

Teitelman, J., O'Neill, P. (2000). Elder and adult sexual abuse: A model curriculum for adult services/adult protective services workers, Journal of Elder Abuse & Neglect, 11:3, 91-100

Templeton, D. (2005). Sexual assault of a postmenopausal woman, Journal of Clinical Forensic Medicine, 12, 98-100.

Thorpe, L., Solomon, R. & Dimopoulos, M. (2004). From shame to pride: Access to sexual assault services for Indigenous people, Elizabeth Hoffman House, Melbourne.

Van Dongen, E., Riekje, E. (2001). The art of touching: The culture of 'body work' in nursing, Anthropology & Medicine, 8(2-3): 149-162.

VicHealth (2006). Two steps forward, one step back. Community attitudes to violence against women: Progress and challenges in creating safe, respectful and healthy environments for Victorian women. A summary of findings of the Violence Against Women Community Attitudes Project, October, Victorian Health Promotion Foundation, Carlton.

VicHealth (2007). Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria, Victorian Health Promotion Foundation, Carlton.

VicHealth (2010). National survey on community attitudes to violence against women 2009: Changing cultures, changing attitudes – preventing violence against women, Victorian Health Promotion Foundation, Carlton.

VicHealth (2011). Preventing violence against women in Australia: Research summary, October, Victorian Health Promotion Foundation, Carlton.

Weatherall, M. (2001). Elder abuse: A survey of managers of residential care facilities in Wellington, New Zealand, Journal of Elder Abuse & Neglect, 13(1): 91-99.

Westmore, T., Mallett, S. (2011). Ageing in what place? The experience of housing crisis and homelessness for older Victorians. Final Report, Hanover Welfare Services, Melbourne.

World Health Organisation (2002). World report on violence and health, Geneva, WHO.

World Health Organisation (2010a). World report on violence and health, Chapter 5: Abuse of the elderly, Geneva, WHO.

World Health Organisation (2010b). World report on violence and health, Chapter 6: Sexual violence, Geneva, WHO.

Yechezkel, R., Ayalon, L. (2013). Social workers' attitudes towards intimate partner abuse in younger vs. older women, Journal of Family Violence, Published online 22 March, DOI 10.1007/s10896-013-9506-0.