

Inquiry into Elder Abuse in Queensland

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Submission to the Queensland Inquiry into Elder Abuse in Queensland

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General Position

Aged and Disability Advocacy Australia (ADA) strongly supports the Queensland Inquiry into Elder Abuse. This submission outlines key areas that need focused attention to better address elder abuse in Queensland. Our recommendations emphasise legal safeguards, stronger commitment to supported decision-making, community-based responses, and culturally competent support services tailored to Queensland's diverse population. These recommendations align with findings from the Australian Law Reform Commission's report *Elder Abuse – A National Legal Response (ALRC Report 131)*, the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*, and the *National Prevalence Study on Elder Abuse in Australia*.

About ADA Australia

ADA is a not-for-profit, independent, community-based advocacy and education service with more than 30 years' experience in informing, supporting, representing, and advocating in the interests of older people and people with disability in Queensland.

ADA also provides legal advocacy through ADA Law, a community legal centre and a division of ADA. ADA Law provides specialised legal advice and tribunal representation to older people and adults with disability, including those living with cognitive impairments or questioned capacity, on issues associated with human rights, elder abuse, and health and disability legal issues related to decision-making. ADA Law also includes a Seniors Legal and Social Support Service to outback Qld, from Mt Isa down to Charleville.

ADA advocates and legal practitioners work with identified First Peoples advocates through the Yarn2Action advocacy service for Aboriginal and Torres Strait Islander people with disability, to provide individual advocacy services for Aboriginal and Torres Strait Islander people with disability.

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ADA Australia acknowledges the Traditional Custodians of this land and pays respect to Elders, past and present.

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Challenges in Elder Abuse Prevention: Lack of Unified Approach, Funding Shortfalls, and Data Limitations

Elder abuse remains an underfunded and inadequately addressed issue in Queensland and across Australia. Despite increasing recognition of its prevalence, the lack of dedicated funding, insufficient data collection, and limited collaboration among key stakeholders have hindered the development of effective, long-term solutions. The National Elder Abuse Prevalence Study (2021) highlighted that 14.8% of older Australians experience some form of elder abuse, yet responses remain fragmented. Without systematic data collection, policymakers lack a clear understanding of the full extent and nature of elder abuse, making it difficult to allocate appropriate resources and implement evidence-based interventions. Part of the fragmentation in our response to elder abuse is the lack of knowledge of prevalence and type of elder abuse as it impacts people with a cognitive disability. This cohort was excluded from the Prevalence Study. Also, there is a disconnect between the Commonwealth funded Aged Care System (both in home care and residential care), and State funded systems such as health, seniors services and guardianship sector (including QCAT, Public Guardian and Public Trustee).

Exacerbating this issue is the lack of a unified, nationally coordinated approach to address elder abuse. While various agencies, including community legal centres, advocacy organisations, aged care providers, and law enforcement, play crucial roles, there is no overarching framework ensuring collaboration and efficiency. The Australian Law Reform Commission's (ALRC) report *Elder Abuse – A National Legal Response* (2017) recommended a nationally consistent approach, yet progress has been slow. A dedicated Queensland Adult Safeguarding Commissioner, as recommended by the Queensland Public Advocate and the Disability Royal Commission, would help centralise efforts, drive policy reform, and enhance accountability across agencies.

Key Focus Areas for Addressing Elder Abuse in Queensland

1. Strengthening Legal Safeguards and Frameworks

Legal frameworks governing elder abuse require urgent and comprehensive reform to protect older adults from financial, emotional, and physical harm. The prevalence of financial abuse, especially the misuse of **Enduring Powers of Attorney (EPOAs)**, highlights critical gaps in current protections. Additionally, inconsistencies across guardianship laws create confusion and result in vulnerabilities that expose older people to exploitation. To ensure a more cohesive and effective response to elder abuse, the following reforms are needed:

- **Harmonising Laws:** Achieving consistent enduring powers of attorney and guardianship laws across Australia is essential for eliminating current legal fragmentation. By harmonising laws related to guardianship and enduring powers of attorney, Queensland can ensure stronger, clearer protections for older adults. This should include aligning guardianship practices with supported decision-making practices, promoting transparency and consistency in decision-making, and ensuring that the rights and preferences of older individuals are upheld.
- **Centralised Register for Enduring Documents:** Establish a Queensland-based register for **Enduring Powers of Attorney (EPOAs)** and other related documents. This would help prevent misuse by providing greater transparency and accountability, in line with the Australian Law Reform Commission's (ALRC) **Report 131** recommendations. Such a register would allow for easier monitoring of EPOAs and reduce opportunities for abuse.



- **Dedicated Adult Safeguarding Legislation:** It is crucial to introduce dedicated **adult safeguarding legislation** that empowers agencies to intervene and provide support to at-risk adults. This legislation would not only address elder abuse but also allow safeguarding agencies to take proactive measures when abuse or exploitation is suspected. This legislation should be designed to respond comprehensively to all forms of abuse, including physical, emotional, financial, and neglect, offering coordinated responses across various sectors. It could have particular powers in relation to an attorney, where there are allegations of abuse, to suspend the attorney's powers and direct an older person towards relevant health assessments, if absolutely necessary.
- **Establish a Queensland Adult Safeguarding Commissioner:** Following the example of models in **New South Wales** and **South Australia**, it is recommended that Queensland create an **Adult Safeguarding Commissioner**. This independent body would be responsible for coordinating and overseeing a unified, state-wide response to elder abuse, ensuring that cases of abuse are identified, investigated, and acted upon effectively. The commissioner would work in collaboration with other agencies, including law enforcement and social services, to ensure a holistic approach.
 - The Commission would have enhanced effectiveness if it also established localized networks (aligned with health districts) to respond to elder abuse.
 - The Commission could provide online or printed education material to prospective and current attorneys about their role, responsibilities, elder abuse, and consequences for wrongdoing. Also, an information line such as a 13DECIDE phone information service, could provide advice on the next steps around EPOA's and community concerns.

2. Supporting Individual Decision-Making, Autonomy, and Dignity

ADA Australia promotes the importance of empowering older people to maintain their autonomy and dignity, especially those with impaired decision-making capacity. This principle is reinforced by the new Commonwealth Aged Care Act, which emphasizes older individuals' rights to self-determination. To address the vulnerabilities highlighted by the National Prevalence Study on Elder Abuse, particularly in residential aged care, ADA advocates for the following actions:

- **Support Supported Decision-Making:** Queensland should reform its guardianship and EPOA laws to better support individuals, particularly older adults, in making their own decisions. This approach, in line with the **Disability Royal Commission (DRC)** recommendations, promotes the use of supporters to help individuals express their will and preferences. Rather than defaulting to substituted decision-making, the legal framework should prioritise supported decision-making, empowering individuals to retain control over their lives. This shift would respect the autonomy and rights of individuals, particularly those experiencing cognitive decline or disability, and provide an environment where supported decision-making becomes the norm rather than the exception. This change would decrease dependency on others and also reduce the associated risk and opportunity for exploitation, and the reliance on QCAT.
- **Improve Risk Assessment Approaches:** Conduct research into the risk factors associated with elder abuse, leveraging data from the National Prevalence Study to better understand and address these vulnerabilities.



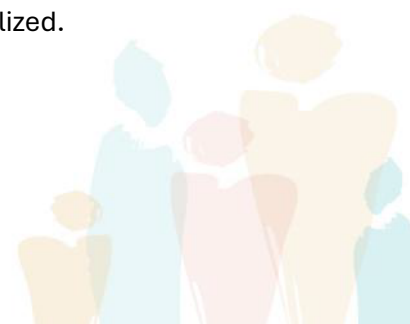
- **Enhance Legal Protections for Vulnerable Older People:** Introduce specific legal measures to protect the rights of older people with impaired capacity. This includes aligning Queensland's legal framework with DRC recommendations on supported decision-making and transitioning away from guardianship.
- **Reduce Overreliance on Guardianship:** Guardianship should be a last resort. Establishing an Adult Safeguarding Commissioner could offer a tailored response that prioritizes prevention and support over guardianship. Decisions should align with the individual's will and preferences, as outlined by the DRC (Recommendation 6.9).
 - ADA Law is already working in this space, accepting QCAT referrals to act as a Separate Representative. This requires not only understanding the older person's views, wishes and preference, but also, promoting and safeguarding the adult's rights, interests and opportunities. All of this involves a greater understanding of the older person's circumstances and assistance that they may be eligible for. ADA Law makes recommendations to QCAT to promote the older person's independence, whilst safeguarding their interests in the least restrictive way.
- **Recognise Supported Decision-Making as a Key Principle:** Incorporate supported decision-making into the legal framework, ensuring that older people are not discriminated against and can make decisions with the appropriate supports. This reflects the principles advocated by the DRC, especially around decision-making ability (Recommendation 6.4).

By enacting these reforms, Queensland can ensure older individuals maintain their dignity and autonomy, while receiving necessary supports to make decisions about their lives. These reforms will reduce vulnerability to abuse and strengthen legal protections for older Queenslanders, particularly those with impaired capacity.

3. Strengthening the Response to Coercive Control in Elder Abuse in Queensland

Coercive control is a harmful yet subtle form of abuse that often goes unaddressed in current elder abuse frameworks. It involves persistent manipulation, isolation, and exploitation that incrementally strips older people of their autonomy and decision-making power. This type of abuse is especially difficult to identify, particularly within family relationships or caregiving dynamics. Additionally, systemic coercion is a significant concern, especially when older individuals face resistance in exercising their right to autonomy within healthcare and aged care systems. Addressing both coercive control and systemic coercion in Queensland will help prevent its devastating emotional and financial impact on older individuals. Below are key recommendations to strengthen the response to coercive control in elder abuse cases:

- **Implement Targeted Training for Professionals:** Equip professionals across legal, healthcare, and social services sectors with mandatory training to recognize and respond to coercive control. This training should include clinical guidelines for identifying coercion, assessing risk, and providing appropriate interventions.
- **Address Systemic Ageism in Healthcare and Aged Care:** Improve understanding and assessment of decision-making capacity in older individuals. For example, if a capacity assessment was performed on entry to acute healthcare, have this assessment reviewed when the person has recovered or at least their health is stabilized.



Professionals need to start from the point of assumption that the person has capacity and support their rights to self-determination as a default position.

- **Ensure Access to Specialised Support Services:** Provide older people subjected to coercive control with pathways to seek help, including access to trauma-informed counseling, legal assistance, and financial advocacy services.

These recommendations will ensure that Queensland's response to elder abuse is more comprehensive, addressing both coercive control and systemic coercion while providing older individuals with the support they need to maintain their autonomy and well-being.

4. Supporting Priority and Vulnerable Groups

Elder abuse does not impact all communities equally. First Nations Elders, LGBTIQ+ individuals, and culturally and linguistically diverse (CALD) communities face unique risks due to systemic barriers, discrimination, and lack of access to culturally safe services. Ensuring targeted legal protection and advocacy is essential for these groups.

Aboriginal and Torres Strait Islander communities

Elder abuse in Aboriginal and Torres Strait Islander communities is multifaceted, encompassing physical, emotional, financial, and cultural harm, often amplified by systemic issues and intergenerational trauma. Elders and older Aboriginal and Torres Strait Islander people may face cultural abuse when their roles as knowledge keepers and community leaders are disregarded, leading to a disconnection from their cultural identity. Physical abuse can involve neglect or violence, while emotional abuse includes verbal mistreatment and social isolation. Financial exploitation and systemic discrimination in healthcare, legal, and social services further contribute to their vulnerability.

Risk factors such as intergenerational trauma and socio-economic challenges often exacerbate the situation, leaving Elders and older Aboriginal and Torres Strait Islander people at greater risk of abuse. When their cultural roles are not acknowledged or respected, their exposure to harm increases. Additionally, the lack of culturally safe environments and resources deepens their isolation, further increasing neglect and vulnerability within families and communities.

To effectively address these multiple layers of elder abuse within Aboriginal and Torres Strait Islander communities, it is critical to:

- **Embed cultural awareness and safety:** aged care and other support services need to be culturally competent, respecting and incorporating the values, traditions, and needs of these communities.
- **Encourage community-led solutions:** Elders and older Aboriginal and Torres Strait Islander people should be involved in decision-making processes, and care models must be driven by the community itself, leveraging traditional knowledge and values.
- **Provide holistic support:** Elder and older Aboriginal and Torres Strait Islander care should consider the physical, emotional, psychological, and cultural needs of the individual, with a focus on ensuring access to appropriate health services, social support, and community connections.
- **Tackle intergenerational trauma:** Healing programs that address the root causes of trauma—such as past colonisation, forced removals, and systemic racism, can help break the cycles of abuse and empower both younger and older generations.



By acknowledging and addressing the many layers of elder abuse, society can begin to support the safety, well-being, and dignity of Elders and older Aboriginal and Torres Strait Islander people in a way that honours their culture and their rightful place within the community.

Rural and Remote Communities

Communities in rural and remote parts of Queensland have additional barriers in addressing elder abuse, such as limited access to services, legal advice and independent support. Our work in outback Queensland supporting older people with elder abuse has highlighted a number of challenges. Firstly, when an older person resides in a small community, their abuser can be a well-known member of the community, and the ability to speak up, or seek help is often difficult. We witness that a previously trusted neighbor becomes a support person, informal carer and possibly attorney that abuses the older person and their assets.

The paucity of local services only local solicitor may be acting for the other party in the dispute, therefore unable to assist the older person, or the local GP is not able to be accessed independently by the older person. Additionally, quite a few of our clients have become heavily reliant on their abuser, due to physical and economic restraints (mobility, no local bank, limited access to the wider community as they are not digitally literate, and/or no longer drive long distances), and so the abuser is perceived as a helper or supporter. Over time, through insidious application of coercion, social and emotional abuse, the adult loses the opportunity to speak privately and self-advocate against this harm.

LGBTIQA+ Communities

Older LGBTI people face unique risks and vulnerabilities when it comes to elder abuse. Many have experienced a lifetime of discrimination, resulting in social isolation, estranged family relationships, and mistrust of mainstream services. Abuse may come from informal carers, service providers, or even aged care staff, often going unreported due to fear of discrimination or being "outed." Trans and gender diverse elders may face additional risks if their gender identity is not respected in care settings.

To address these issues, we recommend:

- Accurate and inclusive data collection that captures the experiences of older LGBTI people.
- Targeted education for aged care providers, legal professionals, and the broader community on the specific forms of abuse faced by older LGBTI individuals.
- Support for LGBTI-led organisations to deliver culturally safe services and awareness campaigns.

LGBTI elders should expect to age with dignity, safety, and respect.

CALD Communities

Older people from culturally and linguistically diverse (CALD) backgrounds face challenges in recognising, reporting, and responding to elder abuse. For some, cultural norms, language barriers and immigration status can influence how elder abuse is understood and addressed. Many may be reluctant to report abuse due to stigma, fear of shame, or expectations of familial responsibility.



To strengthen support and protection to older people from CALD backgrounds ADA Australia recommends the following:

- **Access to services and referral pathways** that enable and support older people to easily access the necessary services.
- **Multilingual information programs that raise knowledge and awareness** to empower older people to recognise and respond to elder abuse and foster their capacity to self-advocate. By informing older people and raising their knowledge enables them to respond to situations where some cultural norms and values, resultant stigma and fear sanction abuse and prevents them from speaking-out.
- **Culturally sensitive services that have the capacity to provide** culturally and linguistically sensitive services and supports to a diverse population of older people.
- **Training and education to Service Providers** to strengthen their capability to provide culturally and linguistically appropriate and trauma-informed supports.
- **State-based evidence-based prevention and evaluation framework** that is evidence-driven aims to identify the gaps in knowledge about elder abuse in CALD communities.
- **Culturally sensitive research** to explore how the dynamics of cultural norms and values influence the occurrence and prevention of elder abuse.
- **Impact of immigration status** has been identified as a significant factor for many older immigrants on temporary visas who often face barriers in accessing culturally appropriate services, increasing vulnerability to isolation and abuse.

5. Clearer Accountability and Collaborative Approaches

Elder abuse prevention requires a coordinated response between government agencies, legal services, and community organisations. Currently, Queensland lacks a dedicated adult safeguarding agency that includes all older people, regardless of their decision making ability. This leads to confusion and gaps in service delivery. Establishing a central authority, as recommended by the ALRC and Public Advocate for Queensland, would enhance accountability and streamline responses.

On a local level, there are several valuable partnerships working towards addressing elder abuse, such as the Gold Coast Elder Abuse Panel, which is chaired by ADA Australia. These initiatives are crucial in providing support and creating a coordinated response to elder abuse within the community. However, these services rely on long established relationships and are often constrained by limited funding and capacity, which hampers their ability to expand and deliver comprehensive, long-term solutions. While these local partnerships are vital, the broader systemic challenges need to be addressed to ensure that they can operate effectively and sustainably across Queensland. Increased support and investment in these local networks are essential to strengthen their impact and capacity to respond to elder abuse.



Timelines and Accountability Measures: Introduce clear timelines for government action, along with accountability frameworks that outline roles and responsibilities for service providers and stakeholders.

- **Coordinated Responses:** Foster collaboration between government bodies, and community organisations to streamline reporting pathways and legal responses to elder abuse cases.
- **Address Social Isolation and Loneliness as Risk Factors:** Social isolation is a significant risk factor for elder abuse, as it increases an individual's vulnerability to financial exploitation, coercion, and neglect. ADA supports initiatives, such as community-based safeguarding networks, sector development and events to promote positive ageing and initiatives to reduce isolation and provide early intervention opportunities. ADA Australia is co-authoring a submission on the issue with Dr Catherine Barrett (CEO, Celebrate Ageing) that will be lodged to the Inquiry under separate cover.

Opportunities in Health

Queensland Health (QH) already utilises a variety of data collection methods that provide valuable insights into the occurrence of elder abuse, such as through admitted patient care for assaults, patient safety and quality systems, and clinical notes within patient records. To further strengthen its response to elder abuse, there is an opportunity to enhance these efforts by developing more standardised and targeted data collection practices specifically focused on elder abuse. By expanding and refining these practices, Queensland Health will be able to generate even more comprehensive and actionable insights, enabling more precise and effective responses. This proactive approach will ensure that the health system continues to provide timely, coordinated, and supportive care to older people at risk of abuse. ADA understands that coordinated data governance work has begun in relation to key agencies, such as QH, QPS and SLASSS services. A plan to provide consistent approaches across the State is being actively considered.

- **Integrate Health Services in Elder Abuse Response:**
Recognise health services as key partners in the coordinated response to elder abuse, alongside legal, social, and community support systems. Given their frequent interaction with older adults, Queensland Health can play a vital role in identifying and addressing elder abuse, particularly by improving collaboration with other sectors. Qld Health should develop an organisation wide Elder Abuse Policy which includes procedures for addressing concerns about an older person's experience of harm. This approach could be enhanced through strengthened information-sharing practices across agencies and organisations, ensuring that responses are holistic and victim-centred. Caxton Legal Centre currently operates a Health Justice Partnership model to assist in providing an integrated response.
- **Mandatory Training for Healthcare Professionals:**
Implement comprehensive training programs for healthcare professionals across Queensland Health and Hospital Services (HHSs). This training should focus on recognising, responding to, and reporting elder abuse, while ensuring trauma-informed and culturally appropriate responses. Several HHSs have already identified the need for such programs, and expanding this initiative will increase clinicians' capacity to address elder abuse effectively.



- **Formal Referral Pathways and Data Sharing:**
Establish formal referral pathways between health services, legal, and social services, with integrated data-sharing protocols. This would ensure a seamless, holistic, and coordinated approach to elder abuse cases, facilitating effective interventions. System-wide consultation indicated that data on elder abuse is often linked to domestic and family violence (DFV) reporting or clinical notes. Implementing a unified system for collecting and sharing data could improve overall responses to elder abuse.
- **Increase Funding for Health-Justice Programs:**
Allocate increased funding for specialised health-based elder abuse response programs, particularly in rural and remote areas. This will ensure that older adults in underserved areas have access to essential care and support, where other services may be limited. Recognising the ongoing work at the Commonwealth level, such as the National Dementia Action Plan 2024–2034, Queensland Health can align local initiatives with national priorities to enhance the overall health system response.
 - ADA Law provides an elder abuse service through their SLASSS program. We have both a Social Worker and Lawyer to provide outreach across the outback region of Queensland. Many referrals come to us from local rural health services.

6. Increased Funding and Community Education on Financial Abuse

Financial abuse remains the most reported form of elder abuse, with the misuse of Enduring Powers of Attorney (EPOA) at the centre of many cases. Older individuals are often unaware of their legal rights, and attorneys may not fully understand their responsibilities, leading to unintentional or deliberate exploitation. Many aged care providers have little or no understanding of the scope and role of an attorney which at times facilitates abuse of the older person within the aged care system. Increasing funding for legal education and financial literacy programs is crucial in preventing abuse.

- **Public Awareness Campaigns:** Launch statewide campaigns to educate older people, their families, and professionals about financial abuse and the ethical obligations of EPOA holders.
- **Stronger Legal Consequences – including compensation and restitution of property:** Implement stricter penalties and enforcement mechanisms for individuals who misuse their authority under an EPOA. Utilisation of QCAT to restore property wrongfully acquired by an attorney. Stronger scrutiny through Land Titles Office when an attorney is utilizing an EPOA document to take the principal's property for themselves. These could be referred to the Safeguarding Commission.
- **Enhancing Financial Safeguards and Support:** Collaborate with banks and financial service providers to develop training programs focused on recognising and reporting financial abuse. Leverage technology to track and flag major transactions, enabling checks with the adult to ensure financial decisions are being made appropriately.
- **Addressing Vulnerability in Residential Care Homes:** Tackle the increased vulnerability of older people in Residential Care Homes (RCH) settings, where barriers such as limited digital literacy, lack of ability to attend a bank, lack of privacy, or dependence on others for financial management may hinder access to their banking information.



Closing Comments

ADA Australia remains committed to addressing elder abuse in Queensland through comprehensive advocacy and community engagement. We believe that implementing these recommendations will significantly contribute to safeguarding older Queenslanders' rights, safety and dignity.

As indicated above, ADA Australia will be lodging a joint submission to the Inquiry with Celebrate Ageing Ltd. This submission will particularly focus on loneliness, ageism and gender.

I would finally like to bring to the committee attention two related publications - a scoping literature review commissioned by the Older Persons Advocacy Network (OPAN), to explore and consolidate existing research and literature about social policy, prevention and service responses to elder abuse in rural and remote communities (attached) and a Report of my Churchill Fellowship undertaken in 2019 to examine world's best practice in preventing and responding to Elder Abuse in aged care and the community. The Report can be found at <https://www.churchilltrust.com.au/fellow/geoffrey-francis-rowe-qld-2018/>

I appreciate the opportunity to contribute to this inquiry. Should you wish to discuss this submission further, please do not hesitate to contact me.

Geoff Rowe
Chief Executive Officer
10 April 2025





Elder Abuse in Rural & Remote Communities: Social Policy, Prevention and Responses

Ms Amy Warren and Dr Barbara Blundell



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

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We also gratefully acknowledge the Older Persons Advocacy Network (OPAN) for providing the project funding, and the commitment of the Hon Ken Wyatt AM, MP, Minister for Aged Care, to supporting OPAN's work in combatting elder abuse.

Finally, our grateful thanks to the stakeholders who took the time out of their busy schedules to provide feedback and additions to the list of literature. Your contribution to this project is very much appreciated.

Glossary

AAA	Area Agencies on Aging
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ADA Australia	Aged and Disability Advocacy Australia
ALRC	Australian Law Reform Commission
APS	Adult Protective Services
ARAS	Aged Rights Advocacy Service
CALD	Culturally and linguistically diverse
CLC	Community Legal Centre
COTA	Council on the Ageing
EAFC	Elder Abuse Forensic Centre
Elder abuse	A single or repeated act, or lack of appropriate action, occurring within any relationship where there is a violation of trust, which causes harm or distress to an older person (World Health Organization, 2018, para. 1)
EAPU	Elder Abuse Prevention Unit
FCC	Family Care Conference
FDV	Family and Domestic Violence
HACC	Home and Community Care
NCALL	National Clearinghouse on Abuse in Later Life
NSW	New South Wales
NT	Northern Territory
OPAN	Older Persons Advocacy Network
OSW	Office of the Status of Women
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
QLD	Queensland

Regional	Areas closer to major cities and/or service centres with easier access to services than rural or remote areas. Split into inner regional and outer regional (ABS, 2018)
Remote	Areas further away from major cities and/or service centres with more difficult service access. Split into remote and very remote (ABS, 2018)
Rural	Areas with a population of < 1,000 people. Split into bounded localities, which have a population between 200 and 999, and rural balance (population < 200 and/or make up the remainder of the state or territory) (ABS, 2017a).
SA	South Australia
SAAP	Supported Accommodation and Assistance Program
SDO	Service Delivery Organisation
TAS	Tasmania
UK	United Kingdom
Urban	Areas with a population > 1,000. Split into major urban areas (population of >100,000) and other urban areas (population between 1,000 and 99,999) (ABS, 2017a).
US	United States of America
VIC	Victoria
WA	Western Australia
WESNET	Women's Services Network
WRC	Women's Resource Centre

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1 Executive Summary

This project was a scoping literature review commissioned by the Older Persons Advocacy Network (OPAN), a national network of nine state and territory organisations that deliver advocacy, information and education services to older people in urban, regional, rural and remote Australia. The study aimed to explore and consolidate existing research and literature about social policy, prevention and service responses to elder abuse in rural and remote communities in order to generate recommendations about ways in which Australia can better respond to this issue.

1.1 Background

Limited Australian data indicates that the prevalence of elder abuse in rural and remote areas does not differ significantly from that in urban communities. Though the prevalence may be similar, elder abuse is thought to be experienced differently in rural and remote communities due to structural and cultural characteristics unique to these areas. These characteristics include geographic and social isolation, difficulties accessing services due to a lack of resources and high demand on service providers, and feelings of shame and concern about protecting the

family name, all of which may make abuse more difficult to prevent, identify, and address. These factors may also heighten a person’s vulnerability to elder abuse. Despite this potential increase in vulnerability, the review found that only limited resources and services available are focussed on addressing elder abuse in rural and remote areas, and only minimal evidence is available about the efficacy of these.

1.2 Methodology

This study identified and reviewed literature about existing Australian and international policy, prevention, and practice frameworks and responses to elder abuse in rural and remote communities. A systematic scoping literature review was undertaken, which involved database and grey literature search strategies and three levels of screening. The review process has been depicted in Figure 1.1.

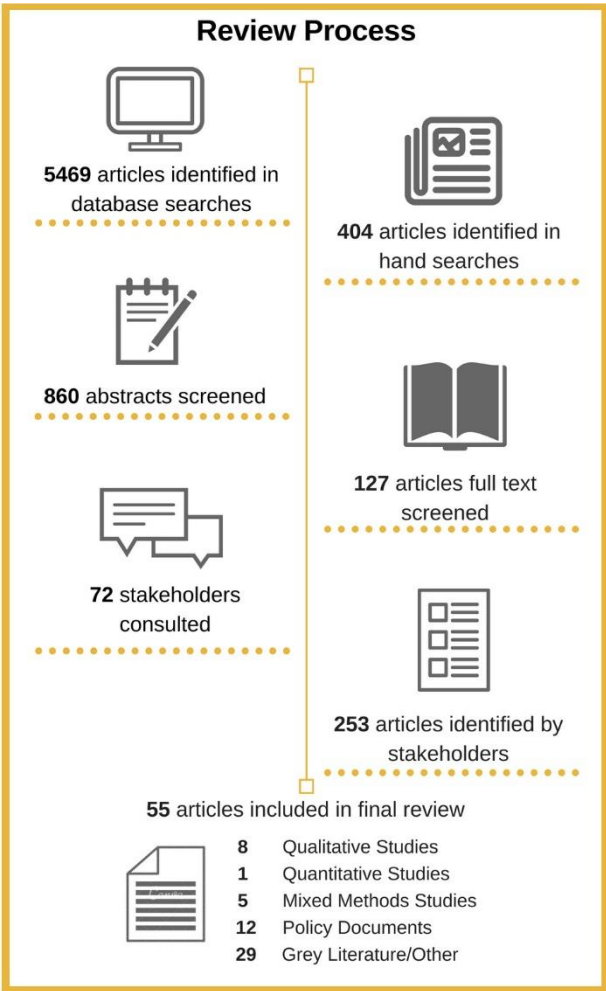


Figure 1.1 – Review process

Seventy-two Australian and international researchers and service providers identified as stakeholders with appropriate expertise were also consulted and asked to contribute any additional relevant material that might have been missed. The geographic spread of these stakeholders is depicted in Figure 1.2. A total of 55 articles were identified as relevant by the researchers after a process of title, abstract and full-text screening, and these were included in the final review.



Figure 1.2 – Stakeholder map and literature origins

1.3 Key findings and recommendations

A range of social policy, prevention initiatives and responses to elder abuse in rural and remote areas from Australia, Canada, the United States (US), and the United Kingdom (UK) were identified through the review process. Key findings and recommendations have been sorted into five categories; social policy, education, frontline services, community approaches, and research. Key findings in each area are discussed first, followed by the relevant recommendations.



Social Policy

Very little elder abuse policy specifically targeted at rural and remote areas was identified in the literature. Most Australian policy documents simply mention that living in a rural or remote area heightens an older person's vulnerability to elder abuse and/or that there is a need to develop individual protocols for local communities. No specific strategies were named in any policy documents for responding to or preventing elder abuse in rural and remote areas. The lack of consideration of the differences in experiences of elder abuse in rural and remote areas constitutes a significant gap in current social policy, though it is encouraging to note that this has

been identified as an area for further exploration in the development of the National Plan on Elder Abuse by the Australian Council of Attorneys-General's Working Group on Protecting the Rights of Older Australians (CAG Working Group, 2018), which is due for completion at the end of this year. One recommendation in this area highlights the need for recognition of the distinct features of elder abuse in rural and remote areas, while the others call for initiatives identified in other areas to be supported by policy and adequately resourced.

Recommendations

2 That elder abuse policy in all Australian jurisdictions include recognition of the distinct features of elder abuse in rural and remote communities as well as ways these features may impact on prevention and responses in these locations.

10 That state and territory governments develop policy and fund initiatives supporting the establishment of multidisciplinary teams in rural and remote areas. These teams should include representatives from key stakeholder agencies which support older people as well as those involved in elder abuse and family and domestic violence responses.

20 That state and territory governments provide funding and support for the continued development of localised, collaborative, consultative, and culturally appropriate community elder abuse responses for rural and remote Aboriginal and Torres Strait Islander communities.



Education

Education was identified in many sources as being an important and effective strategy for both preventing and responding to elder abuse in rural and remote communities. A number of educational initiatives were identified in the literature. These include community education, education for older people, carers and service providers, and financial education for older people. There was a clear need for additional education in rural and remote areas in Australia, including the development for specialised resources for use in these communities.

Recommendations

- 4** That organisations operating elder abuse helplines raise awareness of the existence of these helplines in rural and remote communities across their jurisdiction.
- 6** That organisations operating elder abuse helplines incorporate in staff training information about the issues, needs and resources available in rural and remote areas within their jurisdictions, to ensure that the information provided to clients is appropriate and relevant.
- 9** That OPAN service delivery organisations provide elder abuse education for community members who may be providing formal or informal supports to people who have experienced elder abuse, including the clergy.
- 11** That OPAN service delivery organisations develop localised rural and remote community education and resources, in consultation with local communities as part of a broader education and communication strategy.
- 12** That rural community service organisations consider running free financial education sessions for older people, as a way of preventing financial abuse. These could potentially be provided in partnership with urban statutory organisations that provide outreach.
- 13** That OPAN service delivery organisations review existing elder abuse and family and domestic violence education and training resources for relevant material, and encourage communities and professionals to utilise and adapt these where possible for use in educating older people, family, caregivers, professionals, service staff, and the general community.
- 18** That OPAN service delivery organisations, in collaboration with Indigenous service providers and community members, develop elder abuse education and training with specific focus on abuse of Aboriginal and Torres Strait Islander communities for staff, professionals, and the general community.



Frontline Services

Several different service responses to elder abuse in rural and remote areas were also identified in the literature, including advocacy services, crisis and transitional services, mediation, and legal services. These service responses were all noted as lacking in rural and remote areas. Some potential alternative responses were highlighted for use with Indigenous communities. Additional strategies for strengthening prevention initiatives and service responses to elder abuse in rural and remote areas were also noted. These strategies include screening for elder abuse in health settings, and expanding existing family and domestic violence services to also address elder abuse. It is important to note that, while these strategies may also be able to be applied in urban and regional areas, they would be required to be implemented differently in order to suit local conditions in rural and remote areas.

Recommendations

- 5** That Australian elder abuse helplines continue to be staffed by people, rather than automated messages.
- 15** That state and federal Health Departments fund the development and implementation of an elder abuse screening tool for rural and remote health settings, such as rural GPs/health centres, and regional hospital emergency departments, to be used in conjunction with locally developed, appropriate referral protocols.
- 16** That family and domestic violence crisis and transitional support services develop and implement policy and services responses specifically targeting older people and elder abuse.
- 17** That OPAN service delivery organisations, in conjunction with local Aboriginal organisations/Elders in their jurisdictions, explore the appropriateness and utility of delivering mentoring camps for Indigenous youth from other rural and remote areas around Australia as an elder abuse prevention measure.
- 19** That organisations providing family mediation services consider the development and utility of the Family Care Conference as an alternative to family mediation for Indigenous families experiencing or at risk of elder abuse.

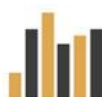


Community

The need to develop approaches with local communities that take into account existing services and resources was also highlighted by the study. This could potentially include some of the other approaches identified throughout the review, though these would need to be developed and implemented in consultation with local communities, rather than using a 'one-size-fits-all' approach.

Recommendations

- 7** That the government fund and support the development of localised community coordination and response plans.
- 8** That any community coordination and response plans developed encompass both formal and informal supports currently available in the community.



Research

The review highlighted that there is a lack of data in this area, particularly around elder abuse in remote areas. The need for more Australian research identifying prevention strategies and responses in rural and remote areas was noted, with the ultimate aim of identifying any gaps in services and best practice approaches.

Recommendations

- 1** That academic research into responses to elder abuse in remote areas be commissioned and funded by government and elder abuse agencies in collaboration with local service providers.
- 3** That government and elder abuse agencies fund and support research mapping service responses currently available in rural and remote areas (including those not captured in the literature review) with the overarching aim of identifying gaps and exploring how these may be addressed.
- 14** That government and elder abuse agencies fund and support research to identify current elder abuse outreach activities in rural and remote areas with a view towards identifying gaps and best practice approaches.

1.4 Discussion and conclusions

Adequately servicing regional, rural and remote areas remains a challenge for government and community service organisations in Australia. It is hoped that the recommendations outlined in this report will provide some guidance for improving current social policy, prevention initiatives and responses to elder abuse in rural and remote communities, though some of these may be difficult to enact and resource in Australia's current financial climate. However, it has been noted in the literature that creative and collaborative approaches can provide effective alternatives.

The scoping literature review highlighted the importance of designing responses with the community they will be implemented in, taking into account local resources, rather than designing responses for urban areas and duplicating them in rural and remote communities with little to no modification. The review also highlighted several gaps in the literature, including a lack of consideration of responding to elder abuse in remote communities with minimal services available, and the challenges associated with having one agency or program responsible for serving an entire state. A wide range of challenges to adequately and appropriately respond to elder abuse in rural and remote communities were identified through this study, as were potential strategies and interventions. These require further consideration in the funding and development of future state and federal policy and responses.

2 Background and context

There is no universally agreed definition of elder abuse. The most commonly adopted definition is “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is a violation of trust, which causes harm or distress to an older person” (World Health Organization [WHO], 2018, para. 1). This definition is also used by the Older Persons Advocacy Network (OPAN) in Australia. A recent study endorsed by World Health Organization has estimated that elder abuse may affect up to 15.7% of community dwelling people aged over 60 years (Yon, Mikton, Gassoumis, & Wilber, 2017). This proportion is thought to be a lot higher for people in ‘at-risk’ categories, including people with physical disabilities (Hughes et al., 2012) or mental incapacity (Boldy, Horner, Crouchley, Davey, & Boylen, 2005; Dong, Chen, & Simon, 2014; Kaspiew, Carson, & Rhoades, 2016), and people living in institutional care settings (Castle, Ferguson-Rome, & Teresi, 2015; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; McDonald et al., 2012). Another recent study found that 64.2% of residential care staff had perpetrated elder abuse in the last year, though it was also noted that there is insufficient data to calculate the exact prevalence of this issue (Yon, Ramiro-Gonzalez, Mikton, Huber, & Sethi, 2018).

2.1 Elder abuse in Australia

Historically, definitions of elder abuse in Australia have been limited to abuse occurring within the community perpetrated by family, friends, neighbours, and unpaid carers (Blundell & Clare, 2018). More recently, the scope of definitions has expanded to also include the abuse of older people in short- and long-term care facilities (Australian Law Reform Commission [ALRC], 2017). In Australia, elder abuse is categorised into six types; financial, physical, psychological, social, sexual, and neglect. Of these, the National Elder Abuse Annual Report 2015-2016 (Advocare Incorporated, 2016) indicates that financial abuse (37.79%) and psychological abuse (36.05%) are the most common, followed by neglect (13.54%), physical (8.6%), social (5.72%) and sexual abuse (0.3%).

Types of Elder Abuse

Financial abuse: the illegal or improper exploitation or use of funds or resources of an older person.

Psychological (emotional, mental, verbal) abuse: the infliction of mental anguish, fear and feelings of shame and powerlessness.

Social abuse: the intentional prevention of an older person from having social contact with family or friends or accessing social activities of their choice.

Physical abuse: the infliction of pain or injury, physical coercion, or physical or drug-induced restraint.

Sexual abuse: non-consensual sexual contact of any kind with an older person.

Neglect: the refusal or failure to fulfil a caregiving obligation. Neglect can be intentional or unintentional.

(adapted from Krug et al., 2002)

2.1.1 Elder abuse and family and domestic violence

Parallels have increasingly been drawn between elder abuse and the broader issue of family and domestic violence (FDV; ALRC, 2017). Australian data suggests that elder abuse is most often perpetrated by a family member, with three studies finding that between 71-79% of reported cases of elder abuse are perpetrated by family (Elder Abuse Prevention Project, 2018; NSW Elder Abuse Helpline and Resource Unit, as cited in Kaspiew et al., 2016, p. 7; Spike, 2015). Evidence suggests that approximately 60% of these cases are perpetrated by an adult child or step-child (Advocare Incorporated, 2016; Spike, 2015). As such, cases of elder abuse may often also be categorised as FDV (Chesterman, 2016). Elder abuse and FDV have shared characteristics (ALRC, 2017), in that both are more likely to be experienced by women and occur within a 'relationship of trust',¹ and both include an element of coercive control. Many of the risk factors for experiencing FDV are also risk factors for elder abuse. However, unlike FDV, elder abuse is not typically viewed through a 'gendered' lens (Penhale, 2003), meaning that the dominant pattern of FDV abuse is male violence perpetrated towards women and their children. Furthermore, older people experiencing abuse are thought to be more likely to be dependent on the perpetrator for care and/or companionship (Wydall & Zerk, 2017), which may pose additional barriers to help-seeking. Regardless of these distinctions, it is proposed that the elder abuse sector can learn much from the development of more advanced prevention and intervention strategies in the FDV sector (Kaspiew et al., 2016).

Elder abuse and the broader issue of family and domestic violence have received considerable attention in Australia over the past decade, as a result of several national and state government inquiries,² research projects, and literature reviews. This heightened level of attention has encouraged a confluence of interest and debate on the topic, resulting in a rapidly changing policy landscape. While some research has been conducted into specific populations of older people identified as being particularly vulnerable to elder abuse, such as people from culturally and linguistically diverse (CALD) backgrounds (Black Blundell & Clare, 2012; Office of the Public Advocate (WA), 2006; Wainer, Owada, Lowndes, & Darzins, 2011), and Aboriginal and Torres Strait Islander older people (Elder Abuse Prevention Unit [EAPU], 2005; Office of the Public Advocate (WA), 2005), there have been no Australian studies focussing on responses to elder

¹ A relationship of trust is defined as an informal relationship, such as that of family and friends, and excludes professional, paid service relationships.

² Australian Law Reform Commission (2017) *Inquiry into Elder Abuse*, New South Wales Parliamentary Inquiry into Elder Abuse (General Purpose Standing Committee No. 2, 2016); Victorian Royal Commission into Family Violence (Government of Victoria, 2016); *Strengthening Victoria's response to elder abuse: Report of the Elder Abuse Prevention Project* (Office for Senior Victorians, 2005); *Domestic violence in Australia* (Senate Finance and Public Administration Committee, 2015); *Not now, not ever – Putting an end to domestic and family violence in Queensland* (Taskforce on Domestic and Family Violence in Queensland, 2015); *Western Australian Inquiry into Elder Abuse* (ongoing - <http://www.parliament.wa.gov.au/parliament/commit.nsf/%28InqByName%29/Inquiry+into+Elder+Abuse?opendocument>).

abuse in rural and remote communities, though three studies have touched on this peripherally (Cupitt, 1997; Elder Abuse Prevention Project, 2018; Wainer et al., 2011). This report aims to address this gap, by synthesising current national and international research and literature about the topic.

2.1.2 Elder abuse risk factors

A number of factors have been identified as increasing on older person's vulnerability to elder abuse. The World Health Organization (2018) separates these into four categories; individual, relationship, community, and socio-cultural factors. Individual risk factors include physical and cognitive impairment in the older person, mental health issues and substance abuse in the abuser, gender, and experiences of other traumatic life events, such as FDV (Advocare Incorporated & Blundell, 2017; Kaspiew et al., 2016; Krug et al., 2002; WHO, 2018). Relationship risk factors include shared living situations, dependency on the part of either the older person or the abuser, family conflict or other unresolved issues, and carer stress (Advocare Incorporated & Blundell, 2017; Kaspiew et al., 2016; Krug et al., 2002; WHO, 2018). Social isolation has been identified as a community risk factor (Advocare Incorporated & Blundell, 2017; Kaspiew et al., 2016; Krug et al., 2002; WHO, 2018). Finally, ageism, language and cultural barriers, the erosion of intergenerational family bonds, systems of inheritance and land rights, and a lack of funds to pay for care have been identified as socio-cultural risk factors (Advocare Incorporated & Blundell, 2017; Krug et al., 2002; WHO, 2018).

2.2 Australia's rural and remote context

Australia is a large country with a sparse population, two-thirds of which is located in coastal metropolitan areas, and 80% of this in the eastern states of Queensland (QLD), New South Wales (NSW), Victoria (VIC), and the Australian Capital Territory (ACT; Australian Bureau of Statistics [ABS], 2017b). Australia's geography and patterns of settlement have accentuated urban and rural differences, and largely sustained an urban-centric model of service provision (Owen & Carrington, 2015). While the majority of older Australians live in major urban areas, around 35% live in smaller cities and towns, rural or remote areas (ABS, 2017b). Data from the 2016 Australian Census shows a greater proportion of people over the age of 65 living in rural, regional, and remote communities than younger people (ABS, 2017b).

Beyond major urban centres, there are only a sprinkling of smaller towns and regional centres where government services are concentrated (Owen & Carrington, 2015). Limited service access in rural and remote areas has been identified as impacting on health and wellbeing in Australia, and people in these areas have been found to have reduced health outcomes and higher death rates than their metropolitan peers (Australian Institute of Health & Welfare [AIHW], 2013). It is also suggested that these poorer health outcomes may reflect the higher proportions of Aboriginal and Torres Strait Islander people residing in these areas (AIHW, 2013), and that

Australia's history of British invasion and colonisation has, in effect, produced two separate ruralities, one Indigenous and the other non-Indigenous (Cowlshaw, as cited in Owen & Carrington, 2015, p. 230). These differences make it imperative to focus separately on elder abuse issues for Indigenous older people in rural and remote areas, and thus a separate section in this report has been devoted to this area.

2.3 Abuse in rural and remote communities

Evidence from both the FDV and elder abuse sectors suggests that the prevalence of abuse in rural and remote communities does not differ significantly from that in urban communities (Adler, 1996; Brownridge, 2009; Perrin, 1993). A study in rural NSW found an estimated elder abuse prevalence rate of 5.5% for older people living at home (Cupitt, 1997), while other urban-based and/or state-wide Australian studies have estimated elder abuse prevalence to range from 0.58% to 5.5% (Boldy, Webb, Horner, Davey, & Kingsley, 2002; Kurrle & Naughtin, 1997; Liverore, Bunt, & Biscan, 2001).

While prevalence appears to be similar regardless of geographic location, evidence suggests that certain structural and cultural factors in rural communities can make abuse more difficult to identify, address, and prevent (Adler, 1996; Bagshaw, Chung, Couch, Lilburn, & Wadham, 2000; Cherniawksy & Dickinson, 2015; Hornosty & Doherty, 2002). These include geographic isolation, lack of transportation, lack of services, and confidentiality and privacy issues. There also seems to be a belief that abuse does not happen in these communities (Adler, 1996; Davies et al., 1996), which Hornosty and Doherty (2002) attribute to a tendency to idealise rural life and ignore the extent of social problems such as abuse. This may partly explain why there is so little literature focussing on elder abuse in rural and remote areas, though it may also be attributed to urban-centric biases among researchers which lead them to assume that few differences exist between the experiences and needs of people in both areas (Hornosty & Doherty, 2002).

2.3.1 Risk factors and issues associated with rural or remote locations

As highlighted in the section above, there are a number of different risk factors for elder abuse. It has been proposed that vulnerability to elder abuse may be further increased by living in a rural or remote location (ALRC, 2016b). Though rural and remote communities are not homogeneous and there can be large differences between them (Tilse et al., 2006), shared characteristics, including geographic and social isolation, as well as difficulties accessing legal and support services, can heighten older people's vulnerability to elder abuse (ALRC, 2016b; Beaulieu, Gordon, & Spencer, 2003; Cherniawksy & Dickinson, 2015; Schaffer, 1999; Turner, 2013). Geographic isolation can be exacerbated by a lack of public transportation services or limited access to transport, which can lead to or increase social isolation (Bagshaw et al., 2000; Cherniawksy & Dickinson, 2015), a known risk factor for elder abuse (Advocare Incorporated & Blundell, 2017). Shame, or concern about protecting the family name or reputation, may also

inhibit people from reporting or disclosing elder abuse in rural communities (ALRC, 2017; Beaulieu et al., 2003; Kaspiew et al., 2016). People experiencing abuse may also be more likely to have ongoing contact with their abusers in closer community confines than those in urban areas (Monsey, Owen, Zierman, Lambert, & Hyman, 1995). However, positive aspects of living in small communities have also been highlighted, such as closer social connectedness and greater responsibility felt in looking after neighbours (Blundell & Clare, 2018). Strong working relationships between human service providers, who often share clients, have also been noted (Owen & Carrington, 2015).

It is well acknowledged that there are fewer services and resources to respond to and prevent abuse in rural and remote areas (Adler, 1996; Bagshaw et al., 2000; Beaulieu et al., 2003; Cherniawsky & Dickinson, 2015; Harbison, Coughlan, Karabanow, & VanderPlaat, 2004, 2005; Hornosty & Doherty, 2002; Perrin, 1993). Service providers in these areas tend to be overworked, due to high service demand and the lack of other providers, which may prevent them from detecting and intervening in situations of abuse (Hornosty & Doherty, 2002). Evidence suggests that some rural service providers do not believe it is their responsibility to screen clients for abuse on top of their already demanding workloads, while others do not feel equipped to intervene in cases of abuse and lack the time to attend training that would better prepare them to do this (Davies et al., 1996). As mentioned previously, a lack of services in rural and remote communities is seen as leading to poorer health outcomes for people in these areas compared to those in urban areas (AIHW, 2013; Turner, 2013). For older people, this may cause or contribute to them becoming dependent on a carer or family member, which is another known risk factor for elder abuse (Advocare Incorporated & Blundell, 2017).

2.4 Australian responses to elder abuse

Community response strategies to elder abuse in Australia typically have been the responsibility of state and territory governments, while financial and residential aged care issues have been addressed at the federal level (Blundell & Clare, 2018; Kaspiew et al., 2016). Federal responses to elder abuse have been identified in a recent report by Kaspiew et al. (2016). The majority are measures outlined in the Aged Care Act 1997 and are targeted at preventing elder abuse in institutionalised contexts, as this sector is a federal government responsibility. The federal government has also taken responsibility for the prevention of financial abuse, though these measures apply more to financial institutions than to older individuals. State and local governments have traditionally been responsible for other preventative and intervention measures, through community education and funding elder abuse helplines and aged care advocacy services, delivered primarily by members of the Older Persons Advocacy Network (OPAN)³ and other non-government organisations, as well as Community Legal Centres (CLCs)

³ <http://www.opan.com.au/>

or Legal Aid (Barnett, 2017; Blundell & Clare, 2018). There is currently one OPAN service delivery organisation (SDO) in each state and in the ACT, and two SDOs in the Northern Territory (NT). Each SDO has its own name and slightly different funding and service arrangements. Some states also have government departments or state government-funded programs that provide responses to elder abuse (Barnett, 2017). For example, QUEENSLAND has the Elder Abuse Prevention Unit (EAPU)⁴ which operates under UnitingCare Queensland, NSW has the NSW Elder Abuse Helpline and Resources Unit⁵, and Victoria has Seniors Rights Victoria⁶. Each of these agencies is funded by their respective state government and operates an elder abuse helpline as well as providing additional information, referral and support to older people and service providers to address elder abuse (Barnett, 2017).

Similar to service provision in other sectors, most elder abuse response agencies are based in metropolitan areas. These may service regional, rural, and remote areas only by telephone, email, and the occasional visit to conduct elder abuse education sessions (Advocare Incorporated, 2016) due to the increased cost of providing face-to-face services to isolated communities. This may mean that there are less resources available to assist people and less service provider knowledge about preventing, detecting and responding to elder abuse available in rural and remote areas. Adequately servicing regional, rural and remote areas remains a challenge for government and community service organisations in Australia. The increasing availability of technology such as the internet, video calling, and email, may allow services to become more accessible to those in a position to use these systems, though there is mixed evidence about the effectiveness of using such technology with older people (Barnett, Reynolds, Gordon, Hobbs, & Maeder, 2017; Rees & McCallum, 2018).

Moving forward, It has been suggested that a national approach is needed (ALRC, 2016a, 2016b, 2017; Chesterman, 2016). A national elder abuse plan is currently being developed by the Council of Attorneys-General, with the aim that it will be finalised by the end of 2018 (Attorney-General for Australia the Hon Christian Porter MP, 2018).

⁴ <https://www.eapu.com.au/about>

⁵ <http://www.elderabusehelpline.com.au/>

⁶ <https://seniorsrights.org.au/>

3 Methodology

The aim of this study was to review Australian and international literature focussed on prevention, policy, and practice frameworks and responses to elder abuse in rural and remote communities, in order to provide recommendations to inform the work of the Older Persons Advocacy Network (OPAN) and other organisations responding to elder abuse in Australia. A scoping literature review framework was adopted as it allowed for a broad exploration of the available academic and grey literature on the topic (Arksey & O'Malley, 2006). The review involved a number of stages, including identifying the research question, developing appropriate search strategies, identifying relevant studies through three levels of screening (title, abstract and full text), charting the data, and collating, summarising and reporting the results. This process is explained in further detail later in this section and depicted in Figure 3.2 (p. 15).

The review focussed on responses to elder abuse in rural and remote areas.⁷ The term 'rural' is used to describe areas with a population of less than 1,000 people (ABS, 2017a), whereas 'remote' describes areas generally further away from major cities and/or service centres where residents may experience greater difficulties accessing services (ABS, 2018). 'Regional' areas are defined as those closer to major cities and/or service centres with greater service availability and access. Some regional areas have higher populations, and are therefore considered urban rather than rural. For this reason, literature that refers exclusively to regional areas has not been included in the study.

The project was overseen by a working group composed of Lewis Kaplan (CEO, OPAN), Geoff Rowe (CEO, Aged and Disability Advocacy [ADA] Australia), Dr Chez Leggatt-Cook (Research & Evaluation Services), and Dr Kate Barnett (Stand Out Report). The working group provided input and feedback about the development of the scoping review criteria and stakeholder consultations.

3.1 Literature search strategy

After expert consultation with the Health Sciences Faculty Librarian at Curtin University, a search strategy was established and the following databases were selected to search: CINAHL, Medline, PsycInfo, Scopus, Informit, ProQuest, Trove, and Google.⁸ A combination of database-specific keywords and/or medical subject headings (MESH terms) related to elder abuse and rural or remote areas was used in the searches.

⁷ Please see the Glossary for further detail about these definitions.

⁸ Google was used, rather than Google Scholar, as many organisations' reports and documents are more easily found on this search engine. Results were limited to only PDFs retrieved from websites with .org domains.

3.1.1 Academic literature

Multiple rounds of literature searching were conducted, with the search strategy refined each time. Searches were also conducted specifically looking for responses to elder abuse in rural and remote areas for vulnerable populations, such as Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds, and people with disabilities and/or mental health issues (see Appendix A for further detail). Where necessary, keywords and/or MESH terms related to prevention, social policy, and service responses were used to narrow results. All literature searches were conducted between March and April 2018. Where possible, results were limited to only those written in English.

3.1.2 Grey literature

Only one round of grey literature searching was completed, using the Trove and Google databases, as grey literature from the Informit and ProQuest databases was captured through the previous academic literature searches. These searches were conducted using a smaller combination of relevant keywords. Database-specific limiters related to file and site type were also used to narrow results. Given that the Google search returned such a high number of results (approximately 220,000), only the first ten pages of results were reviewed. Grey literature searching took place in April 2018.

3.1.3 Hand searching

Numerous hand searches were also conducted during April 2018 to ensure relevant pieces of literature that were not identified through database searching were included for review. The citations and reference lists of all literature previously identified as potentially relevant were reviewed, as well as several relevant journals and organisational websites (please see Appendix B for further details). A small number of articles were also sourced through other means. For example, the researchers included some articles they were already aware of that were deemed relevant based on their previous work in the elder abuse and family and domestic violence (FDV) areas, and others were pieces the team became aware of through other projects.

As very few relevant current policy documents were identified in the literature searches, hand searching for Australian elder abuse policies was conducted in July 2018. This included reviewing a list of state policy documents that was compiled by one of the researchers for another project in 2017, as well as searching the websites of the state and territory government departments responsible for elder abuse. One World Health Organization document was also included for screening, in addition to the document that had already been found through the scoping process.

3.2 Literature screening and analysis

All articles identified through the database and hand searches were imported into EndNote⁹ for title screening, which was completed by one researcher. Any articles that appeared to focus on elder abuse or maltreatment, FDV (including intimate partner violence) in relation to older people, abuse in rural settings, human services practice in rural and/or remote settings, and/or on responses to or interventions for abuse were included. Literature that appeared to focus on younger people (for example, pregnant women or new mothers) was excluded. Articles that referred to Australian state or national responses to abuse generally were also included, as it was considered that they may potentially contain information about responses in rural or remote areas. Where it was unclear from the title of the article whether it may be relevant to the topic, the researcher checked the journal it was published in and any keywords that may have been used, to determine whether it should be included for abstract screening.

Following title screening, all articles identified as potentially relevant were exported from EndNote into Covidence¹⁰ for abstract screening. All duplicates were removed, and the remaining abstracts were screened independently by the two researchers using the criteria outlined below. Any conflicts were discussed and resolved by the researchers. Given that responding to elder abuse in rural and remote communities is a relatively under-researched area, there was no date limit placed on the literature. This has meant that some of the included literature is somewhat dated, though only information that was thought to be still relevant to the contemporary context was included in the report. Once title and abstract screening had been completed, all included articles were divided between the researchers for full text screening, where articles that did not meet the inclusion criteria (see Table 3.1 below) were further excluded from the review.

Table 3.1 – Inclusion/exclusion criteria for literature search

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none">• Focus on social policy, prevention and service responses to elder abuse in rural and remote areas• English language	<ul style="list-style-type: none">• Full text article not available• Specific to younger adults (under the age of 50)• Specific to urban/metropolitan areas• Included both urban and rural areas but made no comparison between the two• Only focussed on prevalence, characteristics, or risk factors for elder abuse

⁹ EndNote is a software application for storing, managing, searching and sharing references - <http://endnote.com/>.

¹⁰ Covidence is a high quality web-based software platform that streamlines the production of systematic and scoping reviews - <http://www.covidence.org>.

3.3 Stakeholder consultations

A list of stakeholders was compiled in consultation with the project working group. This included local and international organisations, researchers, and practitioners identified as relevant to the topic (for a full list of stakeholders please see Appendix C). Stakeholders were contacted after abstract screening had been completed and were provided with a list of the literature identified for full text screening, which they were asked to review and to contribute any other literature they believed relevant. Stakeholders were also asked to identify any other relevant entities they felt might be useful for the researchers to consult. A total of 72 stakeholders (45 Australian) were contacted via email. Of these, 39 stakeholders responded and identified 253 articles as potentially relevant to the project. These articles were then subject to full text screening and included if they fit the review's inclusion criteria.

Some stakeholders suggested literature that had already been excluded through the previous round of title and abstract screening. In these cases, the literature was included for full text screening. Where stakeholders provided lists of literature, particularly from FDV field, the literature was first title screened by one of the researchers, and only those articles that appeared to be potentially relevant to the review were included for full text screening.

As noted previously, there is scant literature exploring responses to elder abuse in rural and remote areas, and most of this tends to focus on the lack of services in these areas and the difficulties older people have in trying to access them, rather than the types of responses available (Harbison et al., 2005). Given the lack of research on this topic, and the overlap between FDV and elder abuse, relevant literature from the FDV sector was also reviewed by the researchers. FDV literature was deemed relevant if it was from the Australian context, or a country with a similar socio-demographic context, such as Canada or the United States (US), and was not specifically focussed on younger women, for example, women under the age of sixty-five or women of reproductive age.

Fifty-five articles met the project's inclusion criteria and have been included in the final literature review (all articles listed in Appendix D). Forty-six of these focussed specifically on elder abuse; the remaining nine were more broadly focussed on FDV. Where articles identified issues or challenges with responding to elder abuse in rural and remote areas, these have been included to provide context, but have not been formally counted as 'included' in the literature review. Some of the international literature referred to responses to elder abuse in rural long-term care facilities, which are equivalent to residential aged care in Australia. This was deemed irrelevant to the Australian context and excluded, as in this country, residential aged care facilities tend to be based in urban (metropolitan or regional cities) rather than rural or remote areas.

The PRISMA¹¹ diagram (Figure 3.2) below depicts the search strategy and phases of the systematic review, and identifies the number of articles included and excluded and the reasons for exclusions.

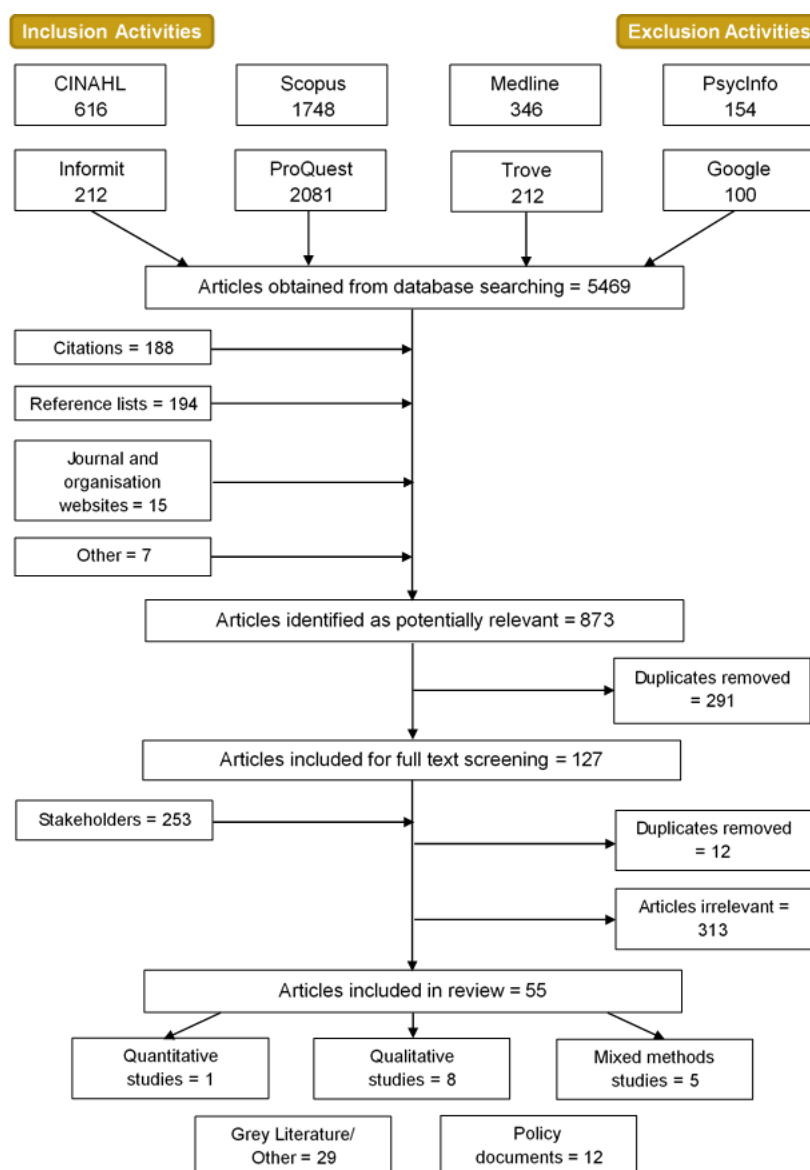


Figure 3.2 – PRISMA diagram

3.4 Limitations

The project had several limitations. Firstly, the scoping review methodology meant that if policy, prevention, or service responses were not documented, or were not brought to the attention of the researchers, they were unable to be included in the review. Where possible, background

¹¹ PRISMA is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses – <http://www.prisma-statement.org>.

information, including anecdotal information from the working group about practice responses and initiatives that were not documented in the literature, has been included to address this limitation. Secondly, the literature searching and stakeholder consultations only identified Western-centric articles from Australia, the US, Canada, and the UK; no relevant literature from Asia, South America, most of Europe, or Africa was identified.

It is also important to note that literature focussing specifically on elder abuse in remote areas is lacking. Most articles included in this review focussed on rural areas or communities. Though there are challenges to providing services in both rural and remote communities, it is thought that these challenges are greater in remote areas, due to their hard-to-access locations, and so literature focussing exclusively on rural areas may not be applicable to remote areas. This constitutes a significant gap in the literature and highlights the need for more research and focus on abuse in remote communities.

Recommendation #1: That academic research into responses to elder abuse in remote areas be commissioned and funded by government and elder abuse agencies in collaboration with local service providers.



3.5 Findings and recommendations

Relevant information from included articles was extracted during the full text screening, and was later synthesised into this report. The information has been divided into separate sections focussing on responses to elder abuse in rural and remote communities in the following areas: introduction of each section provides an explanation of the topic area and outlines pertinent issues identified in regard to responding to elder abuse in rural and remote areas in that area. This discussion is followed by tools, strategies and interventions identified in the literature review that may serve to address these issues. Any resources identified have been noted and a full list of these is provided in Appendix E. Where relevant, recommendations are included, and these have been collated in the final chapter, which discusses key findings and pulls all of the outlined issues together.

4 Social Policy

Social policy can be understood in three ways, as an *output* (a policy or set of policies, or the policy development process, or impact of the policy), a *process* or action to improve the welfare of society, or a *discipline* (field of study; McClelland, 2014). Generally speaking, social policy works to improve the wellbeing of society, particularly those who are perceived as especially disadvantaged (McClelland, 2014). This section discusses social policy relating to elder abuse in rural and remote areas as identified through the scoping literature review.

Some of the gaps and issues that have been identified previously in this area include a contention that social policy at state and federal levels tends to assume that people who are abused in rural and remote areas have access to generalist and specialist services and referral points such as general practitioners, 24-hour police stations, housing, public and private transport in close proximity (Owen & Carrington, 2015), when this is not always the case. Social policy has also been critiqued repeatedly for not being culturally appropriate for Indigenous people (Litton & Ybanez, 2015), and additionally may not address other areas of diversity and disadvantage specifically, including rural and remoteness.

4.1 National elder abuse plan and state and territory policy

Twelve Australian policy documents¹² that made mention of elder abuse across the nine different Australian jurisdictions were reviewed by the researchers. Eleven of these were state or territory policy documents; the other was a consultation paper written by the Australian Council of Attorneys-General's Working Group on Protecting the Rights of Older Australians (CAG Working Group; 2018) as part of their work in drafting the National Plan on Elder Abuse. The findings of this policy review are presented in Table 4.1 (p. 20).

Only four of the policy documents reviewed included some consideration of people from rural and remote communities (CAG Working Group, 2018; EAPU, 2012; NSW Government, 2018; Advocare Incorporated & Blundell, 2017). Three of these documents (NSW, Queensland, and WA) note that living in a rural or remote community is a risk factor for experiencing elder abuse (EAPU, 2012; NSW Government, 2018; Advocare Incorporated & Blundell, 2017). The Queensland document also highlights the effectiveness of holistic responses, with early succession planning in farming families noted as an example (Elder Abuse Prevention Unit, 2012). The need to strengthen access to information and support for people from rural and remote communities has been recognised as a priority for the National Plan on Elder Abuse

¹² ACT Government (2012; 2018), Advocare Incorporated & Blundell (2017); CAG Working Group (2018); Chief Minister's Department (2008); EAPU (2012); Northern Territory Government (2016); NSW Government (2018); SA Health (2015); TAS Department of Health and Human Services (2012; 2015); VIC Department of Health (2012); VIC Department of Health and Human Services (2018).

(CAG Working Group, 2018). The CAG Working Group has also recognised the need to better understand the needs of people from rural and remote communities.

Table 4.1 – Summary of relevant Australian policy document review

Jurisdiction	Policy	Discusses rural and remote communities
National	<ul style="list-style-type: none"> Developing the National Plan on Elder Abuse - Consultation paper 	Yes
	<ul style="list-style-type: none"> ACT Elder Abuse Prevention Program policy 	No
Australian Capital Territory	<ul style="list-style-type: none"> Empowering people: Community Services Directorate strategic plan 2018-28 	No
	<ul style="list-style-type: none"> The Canberra Plan: Towards our second century 	No
New South Wales	<ul style="list-style-type: none"> Preventing and responding to abuse of older people (elder abuse): NSW interagency policy 	Yes
Northern Territory	<ul style="list-style-type: none"> Strong seniors: Seniors Participation Framework 2016-19 	No
Queensland	<ul style="list-style-type: none"> A guide for elder abuse protocols: Developed for community service organisations 	Yes
South Australia	<ul style="list-style-type: none"> Strategy to safeguard the rights of older South Australians: Action plan 2015-2021 	No
Tasmania	<ul style="list-style-type: none"> Responding to elder abuse: Tasmanian government practice guidelines for government and non-government employees 	No
	<ul style="list-style-type: none"> Protecting older Tasmanians from abuse: Elder abuse prevention action plan 2015-18 	No
	<ul style="list-style-type: none"> Elder abuse prevention and response guidelines for action 2012-14 	No
Victoria	<ul style="list-style-type: none"> With respect to age – 2009: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse 	No
Western Australia	<ul style="list-style-type: none"> 2017 Elder abuse protocol: Guidelines for action 	Yes

The other eight policy documents did not explicitly mention rural and remote communities. Two (Victoria and Tasmania) note the importance of developing a state-wide response, with the

Tasmanian document also noting the need to develop resources for local communities (TAS Department of Health and Human Services, 2015; Victorian Department of Health, 2012). A more recent Victorian document also notes the need to consider regional areas in planning local interagency protocols (VIC Department of Health and Human Services, 2018). Regional community services are noted as key to the ACT's response to elder abuse, though their responsibilities are centred on the provision of Home and Community Care (HACC) programs (ACT Government, 2012). It may be speculated that some jurisdictions may not have a strong focus on rural and remote areas, due to their geographical characteristics, i.e. the ACT is a relatively small area that includes some rural areas, but no remote locations. However, other areas, such as the NT, has many rural and remote locations but does not make specific mention of this issue in elder abuse related policy. This may be due to the fact that it is not a populous state and has a lower proportion of older people, or perhaps as it is so implicit in this jurisdiction that it is implied across the board but not spelled out specifically.

Recommendation #2: That elder abuse policy in all Australian jurisdictions include recognition of the distinct features of elder abuse in rural and remote communities, as well as ways these features may impact on prevention and responses in these locations.



4.2 International elder abuse policy

Three relevant international social policy documents were identified. One was specific to Indigenous communities and has been included in that section (Littion & Ybanez, 2015). Two documents from the World Health Organization were also reviewed, *The World Report of Violence and Health* (Krug et al., 2002), and the *Elder Abuse Fact Sheet* (WHO, 2018). Neither of these documents made any reference to elder abuse in rural and remote communities, and as such, have been excluded from the review.

4.3 Policy responses to FDV in rural and remote communities

4.3.1 National family and domestic violence policy

An article by Wendt (2010) outlines a rural community's response to family and domestic violence in Murray Bridge, a town 80 km east of Adelaide, in South Australia (SA). Wendt (2010) discusses the importance of providing funding for education and training, support systems and services, and inter-agency collaboration; these are discussed in relevant sections below. Wendt (2010) identifies the significance of two social policy initiatives in particular, the Supported Accommodation Assistance Program (SAAP), and Partnerships Against Domestic Violence (PADV). SAAP is a joint Commonwealth and state-funded programme designed to provide transitional supported accommodation and related support services for people who are

homeless, escaping family violence, or at risk of homelessness, including young people, women and children escaping domestic violence, older homeless men, single women and people of Aboriginal and Torres Strait Islander descent. PADV was an Australian government initiative which provided a national framework for co-operation and collaboration, and a basis for co-ordinated action by state and territory governments, the community and business to find better ways of preventing and responding to domestic violence. It has since been replaced by the National Plan to Reduce Violence against Women and their Children (The National Council to Reduce Violence against Women and their Children, 2009).

4.3.2 Generic strategies that prevent violence across all categories (US)

Monsey et al (1995) propose that there are certain broad based strategies that reduce violence across all categories (elder abuse, child abuse, FDV, etc.), including reduction in alcohol and other drug abuse, restriction of firearms, education and cross discipline collaboration, poverty reduction, the availability of safe places, health care for women, and mental health and support services for all.

4.4 Summary and discussion

This section has outlined social policy responses to elder abuse in rural and remote communities that were identified as relevant through the scoping literature review. A review of available and relevant Australian state and territory policy documents found that only four out of 12 explicitly mentioned elder abuse in rural and remote communities. Of these, little information was provided other than brief discussion that living in these communities increases an older person's risk of experiencing abuse. There was some mention of the need to develop strategies and protocols for local communities, though this was not explicitly in relation to rural and remote areas. Overall, there was a lack of consideration of the differences in experiences of elder abuse in rural and remote communities in state and territory policy documents, and no specific policies for addressing abuse in these areas were identified.

Encouragingly, the CAG Working Group, who are currently in the process of drafting the National Plan on Elder Abuse, have identified that accessing support and information is often more difficult for people who live in rural and remote communities (CAG Working Group, 2018). Improving this access has been identified as a priority. The need to better understand the unique needs of people from these communities is also noted as a priority. This appears to be a positive step in ensuring that rural and remote communities are better considered in social policy, rather than just recognised as being at increased risk of experiencing elder abuse.

Other relevant policies identified in the literature were both specific to FDV. Some of the initiatives and strategies that were noted in these policies may also be useful for addressing elder

abuse in rural and remote areas and therefore their inclusion in the National Plan on Elder Abuse may warrant some consideration.

5 Elder abuse prevention and responses

This section is focussed on elder abuse prevention strategies and responses in relation to rural and remote areas, as identified through the scoping review. Though prevention and responses were originally considered separately, it became apparent that there was substantial overlap between the two (Beaulieu et al., 2003) and so these have been grouped together. In areas where there is overlap, prevention is discussed first, followed by service responses, and finally any relevant strategies from the family and domestic violence (FDV) sector are also mentioned.

For the purposes of this study, 'prevention' is defined as being any strategies or initiatives that aim to prevent elder abuse from occurring. It has been noted both nationally and internationally that preventative responses to elder abuse are underdeveloped, particularly in comparison to those for other forms of FDV (Beaulieu et al., 2003; Kaspiw et al., 2016). This was reflected in the literature, which did not include many preventative measures for elder abuse in rural and remote communities. Examples of preventative measures identified by the World Health Organization (2018) include awareness raising campaigns, screening of older people and potential abusers, school-based intergenerational programs, and carer support and training. It is encouraging to note that all of these preventative measures were identified in the literature as occurring in rural and remote areas, though some were focussed on FDV rather than elder abuse. Some concerns have been expressed in the literature about the inadequate evaluation of preventative strategies (Murray & Graybeal; WHO, as cited in Ragusa, 2017, p. 272). Where this is the case in the initiatives identified in the review, it has been noted.

Service responses are any interventions that address elder abuse and/or its impacts after it has occurred. Examples of these identified by the World Health Organization (2018) include mandatory reporting, self-help groups, safe-houses and other emergency accommodation, psychological programs for abusers, helplines, carer support, and multidisciplinary collaboration. Most, though not all, of these have been identified in the literature as occurring in rural and remote areas, though again, some were focussed on FDV rather than elder abuse. An issue previously noted in relation to this area is that rural ageing services may be too passive in identifying and responding to elder abuse. Buckwalter and colleagues (1996) suggest that ageing services will typically wait to be contacted by an older person to commence service provision, rather than proactively seeking out cases. The authors suggest that this passive approach fails to engage isolated rural older people, their caregivers, and older people who are unwilling to seek help on their own.

5.1 Advocacy services

As noted previously, there are Older Persons Advocacy Network (OPAN) service delivery organisations (SDOs) based in each state and territory of Australia that respond to elder abuse.

Each SDO is responsible for providing services across their whole jurisdiction, including rural and remote areas. According to a recent report by Barnett (2017), seven of the nine SDOs provide some form of tailored elder abuse response to rural or remote communities in their state. Four of these agencies, Seniors Rights Service (NSW), ADA Australia (Queensland), ARAAS (SA) and Advocare Inc. (WA) also collaborate with other unspecified agencies to support tailored services for older people living in rural or remote communities. The working group has advised anecdotally that Darwin Community Legal Service (NT) is now also doing this, though this was not documented in the literature. There is a general lack of data describing which services are delivered in rural and remote communities in Australia, with only ARAAS reporting that 16% of their clients accessing individualised advocacy through their Abuse Prevention Program in 2016-2017 were from rural or remote areas (Aged Rights Advocacy Service Inc., 2017). It has been noted that providing tailored elder abuse responses in rural and remote communities has resource implications, including considerable extra travel time and the increased cost of providing these services (Barnett, 2017).



Recommendation #3: That government and elder abuse agencies fund and support research mapping service responses currently available in rural and remote areas (including those not captured in the literature review) with the overarching aim of identifying gaps and exploring how these may be addressed.

5.2 Elder abuse helplines

Advocacy services can be accessed in rural and remote areas via elder abuse helplines, which have been adopted as a response to elder abuse both within Australia and internationally (Barnett, 2017; Cornes, Manthorpe, & Haselden, 2010). In Australia, each state and territory has its own helpline which is generally based in an urban area and services the entire state or territory (Barnett, 2017). Four of these helplines are operated by their state's OPAN service delivery organisation (WA, SA, TAS, and the NT), one helpline is operated by the state government (ACT), and the other three (QLD, VIC & NSW) are operated by local non-government elder abuse organisations, such as the Elder Abuse Protection Unit (EAPU) or Seniors Rights Victoria. Where necessary, referrals are made from the helplines to OPAN service delivery organisations. A study in the United Kingdom (UK) found that the existence of elder abuse helplines needs to be better promoted in rural communities, as many older people are unaware of them (Cornes et al., 2010). Similarly, recent data from the EAPU shows that the Queensland helpline identified 1742 "unique victims" in 2016/2017. Of these, only twenty-seven were from rural or remote areas, or 0.015% (EAPU, 2018). This indicates a potential lack of awareness of elder abuse helplines in rural and remote Australia.

In Australia, Queensland and NSW have both attempted to raise awareness of their elder abuse helplines in rural and remote areas. In 2010, the EAPU launched a state-wide public awareness raising campaign in Queensland, coinciding with World Elder Abuse Awareness Day on the 15th of June. The campaign utilised posters targeting the general community, as well as community service announcements on television and radio targeting the families and friends of older people who may be experiencing abuse. Though this campaign was not specifically targeting rural and remote areas, these communities were included. An evaluation found that new notifications to the elder abuse helpline increased by approximately 64% during the campaign period (Sparkes & Jackson, 2011), though it is unknown how many of these came from rural and remote areas.

In 2016, the NSW Department of Family and Community Services distributed helpline resource packs to a number of services across the state, including rural and remote medical centres (General Purpose Standing Committee No. 2, 2016). It is unknown what impact this had on community members' awareness and use of the state's elder abuse helpline.

Some countries use automated elder abuse helplines, rather than helplines staffed by volunteers or professionals. Cornes et al. (2010) found that rural older people prefer to be able to speak to another person, rather than a recording or automated message, when reporting concerns or cases of elder abuse. This does not appear to be a problem in Australia at the moment, as all elder abuse helplines are currently staffed by trained professionals who can provide callers with information and refer them to agencies that may be able to help (Advocare Incorporated, 2015, 2016). However, it is something to be aware of for the future, particularly given increasing levels of automation and the shift from face-to-face service delivery to online and automated phone-based services to save on service provision costs.

Helplines are also utilised in the FDV sector. Research has found that crisis helplines that provide temporary counselling services are essential for supporting women in rural areas while they are waiting to access face-to-face services (Ragusa, 2017). However, the same study found that rural women perceived national crisis hotlines as being urban-centric and unaware of how rurality affects FDV and/or the reality of service availability outside of metropolitan areas, and therefore rural-located helplines were preferred.



Recommendation #4: That organisations currently responsible for the provision of elder abuse helplines raise awareness of the existence of these helplines in rural and remote communities across their jurisdiction.

Recommendation #5: That Australian elder abuse helplines continue to be staffed by people, rather than automated messages.

Recommendation #6: That organisations operating elder abuse helplines incorporate in staff training information about the issues, needs and resources available in rural and remote areas within their jurisdictions, to ensure that the information provided to clients is appropriate and relevant.



5.3 Formal community responses to abuse

Three community-based approaches to addressing elder abuse in rural and remote areas were identified in the literature; the coordinated community approach, a response plan developed in a rural community in the United States, and the use of community gate keepers. As noted by Vandsburger and Robinson (2013), it is important that community responses in rural and remote areas recognise and capitalise on the resources already available before seeking additional funding or resourcing.

5.3.1 Coordinated community approach (Canada & Australia)

The coordinated community approach is based on the belief that the responsibility for responding to and preventing elder abuse does not sit with one agency, but rather with the entire community (Beaulieu et al., 2003). In many ways, this is a community development approach that involves the mapping of community resources, development of common understandings of elder abuse, building trust between local agencies, and an understanding of what each agency can and cannot do. Over time, the coordinated community approach leads to the development of interagency protocols, coordination of prevention and intervention activities, and a supportive network for service providers. According to Beaulieu and colleagues (2003), this approach has been utilised in many communities, including those located in rural areas, in British Columbia, Canada.

An article by Wendt (2010) also discusses the importance of coordinated community responses. Wendt (2010) conducted a qualitative, interpretive study examining barriers to collaboration between local FdV service providers in Murray Bridge, SA. The study found that once the barriers were identified and discussed, practitioners were able to identify localised practice strategies to build sustainable long term service coordination and integration.

5.3.2 Community response plan (US)

A study focusing on older women who had experienced FdV in rural south-west Virginia in the US resulted in the development of a community response plan (Roberto, Brossoie, McPherson, Pulsifer, & Brown, 2013). The plan included short-term, mid-term and long-term actions that service providers, the local Women's Resource Centre (WRC), and the community could take to address violence against older women, and included initiatives around education, developing additional resources, facilitating agency cooperation, developing support groups, senior-to-

senior' helpline hours, and safety planning materials, as well as increased screening. It is unknown to what extent this community response plan was implemented in the community or if there were any strategies that proved more difficult than anticipated to implement.

Other outcomes from this research included the development of six educational brochures about FDV in later life, including one specifically for older women who may be experiencing abuse, and a companion slideshow for local service providers and educators to use. The project also generated enthusiasm among local service providers for addressing FDV among older people, which led to increased outreach to older people and additional funding provided to achieve some of the mid- and long-term steps outlined in the community response plan (Roberto et al., 2013).



Resource: An example community response plan can be found in the article: Roberto, K. A., Brossoie, N., McPherson, M. C., Pulsifer, M. B., & Brown, P. N. (2013). Violence against rural older women: Promoting community awareness and action. *Australasian Journal on Ageing*, 32(1), 2-7. <http://dx.doi.org/10.1111/j.1741-6612.2012.00649.x>



Recommendation #7: That the government fund and support the development of localised community coordination and response plans.

5.3.3 Rural Community Development Model (Australia)

The Rural Community Development Model was developed by the South West Queensland Regional Domestic Violence Service and focuses primarily on community development in rural and remote areas (Women's Services Network [WESNET], 2000). This model provides a framework for assisting rural and remote communities to develop an active pattern of community-based responses to FDV at a local level, recognising that funding of specific service responses in all rural and remote communities in Australia is unlikely to be achieved (Ledger, as cited in WESNET, 2000, p. 22). The model also acknowledges that the development of informal or volunteer responses to FDV is inevitable in rural and remote communities and therefore must be supported by adequate training and support for volunteers.

5.4 Supporting informal community responses

Formal services are often lacking in rural and remote areas due to funding and service systems constraints; there is also considerable evidence that rural older adults generally do not like to use formal services (Perrin, 1993). It has been suggested that older people living in rural and remote areas place greater reliance on family and other informal support networks, perhaps due valuing independence and self-reliance (Perrin, 1993).

As noted in the FDV sector by Ledger (as cited in WESNET, 2000) informal and volunteer responses to FDV often develop in rural and remote communities. The same can be said in the elder abuse sector (Harbison et al., 2005). This is thought to be due to the lack of services in these areas. These informal responses typically involve community members supporting and caring for one another. Difficulties have been noted with this, as the entire response system in a community can be affected if a critical, informal role is being filled by an older person who becomes too frail or ill to continue on (Harbison et al., 2005). This highlights the need for a combination of formal and informal supports in rural and remote areas, so that if an older community member is no longer able to carry out an informal support or response role, services are able to step in and provide this and/or support the development of an alternative person to fill this role.

In the FDV sector, informal support has been identified as an important response in rural areas (Weeks, Macquarrie, Begley, Gill, & Leblanc, 2016). This includes support from family members and friends, as well as self-help techniques (Weeks et al., 2016). Much like older people, younger women experiencing FDV appear to prefer seeking help from informal rather than formal supports (Ragusa, 2017; Weeks et al., 2016). Evidence suggests there is a lack of knowledge among rural women about the services in their area that respond to FDV (Ragusa, 2017), which may also explain why they tend to rely on informal supports.

5.4.1 Community gate keepers (US)

The community gate keeper model is an alternative model proposed for identifying at-risk older people in rural areas (Buckwalter et al., 1996). This model encourages community members (“non-traditional referral sources”) who come into contact with older people in their everyday work activities to refer potential cases of abuse to relevant professionals, and can therefore serve as both prevention and a response to elder abuse. Unfortunately, no information was provided in the article about what this model may look like in practice, including how abuse may be accurately identified or how these non-traditional referral sources may be encouraged and/or supported to participate.

5.4.2 Clergy (US)

The clergy has been highlighted as having a role in responding to elder abuse in small rural communities in the US (Brossoie & Roberto, 2015). A recent study in rural Virginia found that once members of the clergy became aware of an abusive situation, they would attempt to alleviate the abuse through pastoral counselling for those involved and/or suggest that the older person seek help from their family (Brossoie & Roberto, 2015). If that failed, they would then consider reporting the situation to the appropriate authorities, such as the police. This may be relevant to the Australian context, as recent census data indicates that 60% of the Australian population holds religious beliefs, and that older Australians are more likely to report a religious affiliation than younger people (ABS, 2017b). This suggests that the clergy may be a source of

help for religious older Australians, including those in rural and remote areas. However, it is also important to note that the appropriateness of religious institutions in playing a role in responding to any kind of abuse, including elder abuse, is contested. Findings from the recent Australian Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission; 2017) have raised questions about the ability of members of the clergy to be transparent and provide appropriate responses to cases of abuse that prioritise individual safety above the preservation of the family unit. Nevertheless, given the number of older Australians with religious affiliations, including those in rural and remote areas, the clergy may still be seen as a potential source of support for religious older people experiencing elder abuse. For this reason, training about elder abuse and effective responses for members of the clergy in rural and remote areas is suggested.



Recommendation #8: That any community coordination and response plans developed encompass both formal and informal supports currently available in the community.

Recommendation #9: That OPAN service delivery organisations provide elder abuse education for community members who may be providing formal or informal supports to people who have experienced elder abuse, including the clergy.

5.5 Community risk assessment (US)

One proposed strategy to address violence and abuse in the local community is to conduct a community risk assessment. This information can then be used to form a hypothesis about the underlying causes of violence in the community and to select an appropriate strategy to address it. A community risk assessment may also assist in gaining an understanding of the types of public awareness needed and how the community may respond to these (Monsey et al., 1995).



Resource: Although a bit dated now, in 1995 Monsey and colleagues published a guide - *What works in preventing rural violence: Strategies, risk factors, and assessment* (freely available online at <https://files.eric.ed.gov/fulltext/ED382430.pdf>). The guide discusses specific strategies in relation to elder abuse (these have been discussed in other relevant sections of the report), and also includes a number of templates that can be used by communities to monitor violence and prevention efforts and assess the level of services available for dealing with it.

5.6 Inter-agency collaboration

Collaboration, or inter-agency working, has been identified as an important approach to addressing both elder abuse and FDV in rural and remote areas (AVERT Family Violence, 2010;

Meyer, 2014; Monsey et al., 1995; Ross, Healey, Diemer, & Humphreys, 2016; Turner, 2013). As noted by Turner (2013), elder abuse cases are often complex and unable to be addressed by a single agency or program. Collaboration between services also stops people from falling through the cracks or becoming trapped in referral loops. However, limited staff numbers covering large geographical areas, as tends to be the case in rural and remote communities, can pose a barrier to collaboration (Turner, 2013). A number of suggestions for collaboration are made in the literature, including collaboration between rural FDV services and local ageing services, culturally-specific programs, and faith-based organisations, placing FDV support workers in local mainstream services, and the establishment of referral protocols to specialist FDV services (Turner, 2013; Wendt, 2010; WESNET, 2000). Informal collaboration between practitioners and lay helpers, such as faith leaders or volunteer associations, to address elder abuse is seen to occur more frequently in rural and remote areas, due to the lack of services and other resources in these areas (Harbison et al., 2004, 2005).

5.6.1 Multidisciplinary teams (US and Canada)

Multidisciplinary teams have been identified as a promising approach to elder abuse in rural and remote areas (Litton & Ybanez, 2015; Monsey et al., 1995), combatting the lack of resources available (Vandsburger & Robinson, 2013). According to Anetzberger, Dayton, Miller, McGreevey, and Schimer (2005), there are two types of multidisciplinary teams: organisation-specific and community/consortium. Organisation-specific multidisciplinary teams emerge from and represent the needs of a particular institution or agency, while community/consortium teams are more often developed in specific communities/regions or through established elder abuse networks and are composed of service providers representing a variety of agencies. Multidisciplinary teams can provide case analysis and ensure that clients are receiving services from all agencies available to meet their needs, rather than from just one agency. Anetzberger and colleagues (2005) note that multidisciplinary teams also provide a more holistic perspective to cases and forge relationships between professionals that transcend consideration of individual cases, promoting a community-wide approach to elder abuse intervention and prevention. There were two kinds of multidisciplinary teams identified in the literature; Adult Protective Services¹³ (APS) teams, and Area Agencies on Aging¹⁴ (AAA) teams.

An article by Sekora (1991) discussed the development and operation of local APS teams in Montana, US. Due to Montana's geography and population spread, most of the teams are based in rural areas and have been formed and operate in unique ways to fit with local services (or lack thereof). There are no prototypes or guidelines about the types of agencies or service providers

¹³ APS agencies are based on child protection models. Supported by mandatory reporting laws in the US, they are able to investigate and prosecute substantiated allegations of elder abuse.

¹⁴ AAAs were established under the Older Americans Act (OAA) in 1973 and provide access to long-term home and community-based services and supports for older people, including responses to elder abuse. Most AAAs either serve rural, or a mix of urban and rural, areas.

which may be involved in these teams, though generally core members include an APS social worker, a public health nurse, a sheriff or deputy, and the county attorney. Other members may include representatives from local ageing and mental health services, hospitals, nursing homes, and the clergy. Most teams meet monthly to discuss training issues and new and existing cases. Sekora (1991) notes that in many rural communities, the local APS team may also serve as the child protective services team. The success of these teams is attributed to a number of factors, including a shift in responsibility for responding to elder abuse and neglect from the local APS agency to the whole community (Sekora, 1991). The teams work to educate the community about elder abuse, encourage community members to report suspected cases of abuse, and provide well-coordinated, personal and local intervention plans to clients, with the goal of keeping clients in their homes and communities.

In their research on responses to elder abuse in rural areas in Canada, Harbison et al. (2005) found that practitioners in rural areas tended to work more collaboratively with Adult Protection¹⁵ services than practitioners in urban areas. This was particularly evident in rural communities where few other services existed, or where the Adult Protection worker was based in the same building as other local social service agencies. In these situations, an even greater degree of trust and collaboration between Adult Protection and local agencies develops, to the point where, even if there is not a formal arrangement, the Adult Protection worker is often considered to be a part of the multidisciplinary team (Harbison et al., 2005).

Participation in elder abuse coalitions or multidisciplinary teams is also part of the AAA response to elder abuse. Unfortunately, no information about the other members of these teams was found in the literature. The most common activities of these teams include updating members about services, programs and legislation, providing training events, systemic advocacy, identifying service gaps and other systemic issues, and collaborating on cases (National Association of Area Agencies on Aging & Miami University Scripps Gerontology Center, 2014).



Recommendation #10: That state and territory governments develop policy and fund initiatives supporting the establishment of multidisciplinary teams in rural and remote areas. These teams should include representatives from key stakeholder agencies which support older people as well as those involved in elder abuse and family and domestic violence responses.

5.6.2 *Dovetail*

Dovetail has been identified as an integrated approach to FDV servicing in Townsville (a regional city in Queensland, Australia) and surrounding areas (including rural and remote areas). This

¹⁵ In this context, Adult Protection workers support adults with developmental disabilities living in the community through the provision of advocacy, information, referrals, coordination, case management and problem solving.

response takes an inter-agency approach with the aim of shifting the responsibility for FDV intervention from the person experiencing the abuse to the whole community. Aspects of the Dovetail model include placing FDV in the criminal justice sector, developing 'victim-driven' responses and delivering perpetrator programs (Woodbridge, as cited in WESNET, 2000, p. 21).

5.7 Education

The importance of community education as a prevention strategy has been highlighted by many elder abuse researchers and policy makers (Monsey et al., 1995). Several different types of education were identified in the literature as important to elder abuse prevention in rural and remote areas; community education, education for caregivers, financial education for older people, and education for service providers. Education was also identified as an important preventative strategy and service response to family and domestic violence (FDV) in rural and remote communities (WESNET, 2000). A number of education programs aimed at preventing FDV in rural and remote communities were identified in the literature. The importance of providing training to service providers working in these areas was also highlighted (WESNET, 2000). All of these are discussed in more detail below.

5.7.1 Community education and awareness raising (US and Australia)

A US study examining professionals' perspectives on addressing elder abuse in rural areas also highlighted the importance of community education in confronting stereotypes relating to violence and older adults in order to raise awareness of elder abuse (Vandsburger & Robinson, 2013). In this study, participants suggested using Elder Abuse Prevention Month in May to highlight public awareness messages and media campaigns.

Only one example of a community education program specifically focussed on elder abuse was identified in the literature. This program, *Sensitizing With All Generations* (SWAG), was developed by an Area Agency on Aging (AAA) in Arizona, US (National Association of Area Agencies on Aging & Miami University Scripps Gerontology Center, 2014). Described as 'intergenerational', the program aimed to prevent elder abuse through an eight-lesson curriculum that paired school-age children with older people. The curriculum's topics included respect, the ageing process, and role models. It was thought that if the two generations could spend time together and dispel negative assumptions about ageing, it would create a culture in which elder abuse is seen as unacceptable from a young age, thus preventing abuse from occurring (National Association of Area Agencies on Aging & Miami University Scripps Gerontology Center, 2014). As part of their work on elder abuse, AAAs also run community education campaigns. These campaigns aim to raise awareness of elder abuse in the general community, and include the use of branded magnets, brochures, radio and television advertisements, print advertisements, and signs or billboards (National Association of Area Agencies on Aging & Miami University Scripps Gerontology Center, 2014).

Australia's elder abuse agencies also provide community education as part of their elder abuse prevention work (Barnett, 2017). These sessions have been described anecdotally by the project's working group as another important entry point to advocacy services. While it is known that the OPAN SDOs deliver education sessions across their jurisdictions, there is currently little data to indicate how many of these sessions occur in rural and remote areas. In 2016-2017, Advocare reported visiting 20 regional towns in WA (Advocare Incorporated, 2017). Presumably, these visits were to provide community education to people in these regions, though this is not explicitly stated in the report.

Also in the Australian context, an anti-violence preventative education program run by local FDV services in rural and remote schools - *Education for Schools Project*, was identified (WESNET, 2000). This program was developed by the North Queensland Domestic Violence Resource Service and took a developmental, community education approach. The program aimed to prevent FDV by educating young people not only about abuse, but also about other related issues, such as bullying and date rape.

Other initiatives aimed at educating and raising awareness of FDV within the community were identified (WESNET, 2000). These include the *Rural & Isolated Communities – Discussion and Resource Kit*, and *Is Domestic Violence Too Close to Home? A Kit for Rural Women*, both of which were produced by Office of the Status of Women (OSW). These resources provide an overview of FDV in rural and remote areas and detail the services and supports available for rural women. A hard copy of the *Rural & Isolated Communities – Discussion and Resource Kit* is held by the National Library of Australia. The *Is Domestic Violence Too Close to Home? A Kit for Rural Women* does not appear to be available in any format. The *Let's Lift the Lid* campaign, run in the Albury-Wodonga border regions of NSW and Victoria, was broader than the OSW initiatives, and aimed to challenge local community attitudes about FDV in rural areas.

5.7.2 Education and social support for family carers (US)

Education and support for family carers of older people has been recommended as a means of preventing elder abuse (Steuer & Austin, as cited in Buckwalter et al., 1996, p. 258). This intervention was trialled by Buckwalter and colleagues in 1996 with rural caregivers of people with Alzheimer's disease and related disorders. Written and verbal information was provided to family caregivers about community resources, the management of specific challenging behaviours symptomatic of Alzheimer's, communication techniques, environmental modification to compensate for cognitive impairment, and self-care strategies for the caregiver. Psychosocial support was also provided, and community referrals made where extra support was needed. Unfortunately, no evaluation for the program could be located and so it is unknown whether the intervention was successful in reducing or preventing elder abuse.

In Australia, family carers are invited to attend community education sessions delivered by OPAN SDOs. Unfortunately, there is no data available specifying how many carers attend these sessions in urban or rural and remote areas.

5.7.3 Financial education for older people (Australia)

A 2011 study exploring elder financial abuse in Victoria identified increasing skills and confidence in managing financial issues as a strategy to prevent financial abuse (Wainer et al., 2011). The study included a survey of rural English-speaking participants, who identified that talking with family and friends increased their skills and confidence and facilitated them later seeking further education about managing their finances, either through attending workshops or employing a financial advisor. It is unknown whether financial education workshops for older people are currently run in rural and remote areas, though this may be a useful strategy for preventing financial abuse in particular.

5.7.4 Education for service providers and professionals (US, Canada and Australia)

A study by Vandsburger and Robinson (2013) highlighted the importance of educating service providers about elder abuse. This included training for new practitioners and continuing education for more senior staff. The authors suggested establishing a mentoring program, where senior practitioners could provide guidance and support to new practitioners. In Australia, OPAN SDOs deliver elder abuse education to aged care and other service providers. However, only SA data about education sessions provided in rural and remote areas was identified. The Aged Rights Advocacy Service (ARAS) deliver two elder abuse prevention education sessions for rural and remote service providers each year (ARAS Inc., 2017). These sessions are delivered using a 'Train the Trainer' approach, so that practitioners who participate are able to pass the training on to their colleagues.

Two specific elder abuse education programs for service providers were identified in the literature; one for health practitioners (Brymer, Cormack, & Spezowka, 1998), and one for Meals on Wheels volunteers (Maxwell & O'Rourke, 1999). Both of these programs were more focussed on improving service provider responses to elder abuse, though they may also serve a preventative function by raising service providers' awareness of elder abuse.

A needs-based geriatric educational intervention was developed and tested in Canada for non-physician health practitioners in small, rural communities (Brymer et al., 1998). This intervention covered a number of topics, including elder abuse, which focussed on carer stress, the assessment of high risk situations, and accessing community resources. The evaluation found that the intervention was effective in improving geriatric assessment skills, though its effect on practitioners' capacity to prevent and respond to elder abuse was not noted.

The *Domestic Abuse in Later Life: A Competency-Based Training Manual for Meals on Wheels Volunteers and Other Elder Services Staff* program was developed in Florida for providers

working with older people in rural communities (Maxwell & O'Rourke, 1999). The program was originally designed for Meals on Wheels volunteers, however, was regarded as suitable for other service providers (Maxwell & O'Rourke, 1999). Meals on Wheels volunteers were seen as an appropriate target group, as in many rural areas, they may be an older person's only connection to the outside world. Volunteers often have a positive relationship with their clients, making them more likely to receive disclosures about elder abuse. It was hoped that after receiving the training, volunteers would be able to identify and assist older people experiencing abuse who might have otherwise gone unnoticed. The training material provides information about the dynamics of FDV, overcoming rural barriers, and utilising community resources, as well as information about the additional barriers older people face when leaving or trying to leave abusive situations, the impact of abuse on nutritional outcomes, and symptoms of abuse. Participants also learn about how to ask older people about abuse, and how to refer clients to the appropriate support agencies. Since being piloted, the program has also been used in California, New Jersey, Connecticut, and Georgia and has been supported by the Meals on Wheels Association of America. Face-to-face training sessions are run by Florida State University's Institute for Family Studies.



Resource: *The Domestic Abuse in Later Life: A Competency-Based Training Manual for Meals on Wheels Volunteers and Other Elder Services Staff* training manual is freely available online <https://training.familyvio.csw.fsu.edu/manuals/cbt/elderly.php>. The training is complemented by a twenty minute video for those who cannot complete the in-person training, though this video does not appear to be available online.

In the FDV sector, the importance of providing FDV training for non-FDV specific service providers (including police, teachers, general practitioners (GPs), nurses, and family support workers) in rural and remote communities has been identified, due to the lack of specialist FDV services these areas (Wendt, 2010; WESNET, 2000). One such program - *Promoting Rural Empowerment: Violence Education and National Training (PREVENT)* kit, was developed by the Domestic Violence Regional Service of Southwest Queensland (WESNET, 2000). This program includes training modules aimed at increasing service providers' capacity to detect and intervene in domestic violence. It is also suggested that it is important that training for hospital staff, police and family support officers be combined with strong organisational policies related to FDV (WESNET, 2000).

Three FDV-specific training programs for rural and remote health providers were also identified in the literature. The first is an online program recently developed by the Australian College of Rural and Remote Medicine (2018), through funding from the federal Department of Health. This program aims to improve GPs' understanding of and response to cases of FDV in practice. The

module takes approximately six hours to complete and covers: identifying and understanding FDV, understanding the community, managing FDV, demonstrating appropriate attitudes in practice, and self-reflection. It is unknown what effect this has had on rural and remote GPs' responses to patients who are experiencing FDV.



Resource: The *Rural Doctors' Family and Domestic Violence Education Package* is available online to members of the Australian College of Rural and Remote Medicine at <http://www.acrrm.org.au/continuing-development/online-learning/modules/domestic-violence>.

Two other programs for service providers were identified. One was a program for rural community-based health providers piloted in Queensland in the late 1990s (McCosker, Madl, Harris, Anderson, & Mannion, 1999); the other was a program for rural community mental health counsellors piloted in Florida, through the Apalachee Center for Human Services (Maxwell & O'Rourke, 2000). Both programs aim to improve service providers' responses to clients who are experiencing FDV. The Queensland program included information on the role of the community health worker, empowering women, enhancing and developing support networks, and violence against women as a public health concern. An evaluation of the program indicated that it improved participants' awareness and identification of, and confidence in responding to FDV (McCosker et al., 1999).

The other program - *Domestic Violence: A Competency-Based Training Manual for Community Mental Health Center Staff*, was developed through Florida State University's Institute for Family Violence Studies. It includes information on the dynamics of FDV, overcoming rural barriers, utilising community resources, the effects of FDV on mental health, and the interaction between substance abuse and FDV (Maxwell & O'Rourke, 2000). No evaluation of the program is available, so its effect on service providers' responses to FDV is unknown.



Resource: The *Domestic Violence: A Competency-Based Training Manual for Community Mental Health Center Staff* training manual is freely available online at <https://training.familyvio.csw.fsu.edu/manuals/cbt/community.php>.



Recommendation #11: That OPAN service delivery organisations develop localised rural and remote community education and resources, in consultation with local communities as part of a broader education and communication strategy.

In 2013, the US National Clearinghouse on Abuse in Later Life (NCALL) published a guide for rural FDV services in relation to working with older people who have experienced abuse, including sexual abuse (Turner, 2013). This guide, which could be used to educate service providers in the FDV sector, highlights the importance of making services accessible to a wide range of vulnerable older people, including older people of colour, those from the LGBT+ (Lesbian, Gay, Bisexual, Transgender +) community, from tribal communities, living with a disability, and from culturally and linguistically diverse (CALD) backgrounds, and provides strategies about how this may be achieved. The guide highlights the importance of advocacy services and safety planning for older people who have experienced abuse. Advocacy services include the provision of legal advocacy, assistance navigating systems, such as the financial system, and other emotional supports. Turner (2013) also notes the benefit of having advocates who specialise in elder abuse, as these cases are often complex and client needs can be very different to the needs of younger clients who have experienced FDV.

Safety planning is a process through which a service provider and a client create a plan to enhance the client's safety, regardless of whether the client chooses to report the situation and/or cut contact with the perpetrator of the abuse (Turner, 2013). Safety planning is a widely-used approach in the FDV sector with younger clients, but does not appear to be utilised as often in the elder abuse sector. However, this has been suggested as an important step to responding to elder abuse in a recent protocol developed for use in WA (Advocare Incorporated & Blundell, 2017). Seniors Rights Victoria (2017) have also developed a tip sheet for safety planning with older people. As noted in the NCALL guide, older people experiencing abuse may benefit from many of the same safety planning methods used with younger people experiencing abuse, though there are some additional factors to be considered for older people in relation to ageing issues. Some safety measures commonly used with younger clients, particularly those involving the use of technology, may not be appropriate for older clients without specific training and support (Turner, 2013). It is important to note that the use of technology, such as the internet,

5.7.5 Guide for rural FDV services (US)

Recommendation #12: That rural community service organisations consider running free financial education sessions for older people, as a way of preventing financial abuse. These could potentially be provided in partnership with urban statutory organisations that provide outreach.

Recommendation #13: That OPAN service delivery organisations review existing elder abuse and family and domestic violence education and training resources for relevant material, and encourage communities and professionals to utilise and adapt these where possible for use in educating older people, family, caregivers, professionals, service staff, and the general community.



with older people is contested in the literature, with some authors finding that it may be inappropriate (Rees & McCallum, 2018), and others associating it with positive ageing (Barnett et al., 2017).



Resource: Turner, A. (2013). *Rural domestic and sexual abuse program advocates: Making a difference in the lives of older survivors of abuse*. Madison, Wisconsin: National Clearinghouse on Abuse in Later Life. Freely available online at <http://www.ncall.us/FileStream.aspx?FileID=85>.

Resource: Seniors Rights Victoria. (2017). *Safety planning with older people* [Tip sheet]. Freely available online at <https://seniorsrights.org.au/wp-content/uploads/2014/03/SRV-SafetyPlanning-TipSheet-Feb2017-R1-WEB.pdf>.

5.8 Family mediation

Dow, Gaffy, and Hwang (2018) suggest family mediation as a useful strategy for preventing elder abuse. Family mediation utilises an impartial third party as a mediator to help families communicate and reach a mutually agreed upon resolution to issues of conflict. Mediation is seen to be a preferable option in cases where abuse is occurring within the family and the older person wishes to maintain relationships with the whole family, including the abuser/s. Mediation generally does not work to stop abuse that is already occurring, due to difficulties with engaging perpetrators (Dow et al., 2018). It has been noted that family mediation services are lacking in rural areas, though no specific information was provided about current service provision and any gaps in coverage. In response to this service gap, Dow and colleagues (2018) suggested in a recent community action plan for Victoria in Australia that existing mediation services be expanded to be more widely available for families living in rural communities, and that additional options for regional and remote coverage, such as video conferencing, be explored.

5.9 Outreach

Outreach models of service delivery are often used in rural and remote communities as they remove the need for services to be located in communities that are unable to sustain them and prevent clients from having to travel long distances to access them. Outreach can be used to raise awareness of elder abuse, and the services available to people who have experienced abuse (Turner, 2013). This model can also be used to provide a particular service to older people, as was planned by the NSW Trustee and Guardian in 2016 (General Purpose Standing Committee No. 2, 2016). The proposed outreach included visits by trustees or guardians to rural areas to assist older people to prepare legal documents, such as wills or powers of attorney. This intervention aimed to assist rural older people to appoint substitute decision-makers who could protect their interests if they lost decision-making capacity, thus making them less vulnerable to

elder abuse. It is unknown whether this activity was carried out, as the state inquiry concluded before the outreach was due to commence.

A Canadian overview of promising practices for working with older women at risk of homelessness as a result of elder abuse indicated that an outreach model can be helpful in engaging with clients in rural and remote communities (Cherniawsky & Dickinson, 2015). By outreach, the authors do not mean metropolitan-based agencies visiting rural and remote communities to provide services, but rather agencies based in rural and remote areas meeting clients who may be unwilling or unable to leave their homes easily at a local community agency or care facility they may already visit, as well as providing support over the phone where necessary. One Canadian agency in rural Quebec used outreach to engage with women who were at risk of homelessness as a result of elder abuse. After the agency had engaged with a client, they worked with her to build social and family connections to reduce social isolation and vulnerability to abuse. Strategies included connecting clients with meaningful local volunteer opportunities and arranging for home care. Staff also provided clients with information about their rights and options in relation to the abuse.

Outreach to rural and remote areas in the FDV sector includes visits from state-wide FDV crisis staff, the Royal Flying Doctor Service, and visits from metropolitan nurses and other hospital staff (WESNET, 2000). It is unknown how these services are perceived by communities or whether they are effective.

Recommendation #14: That government and elder abuse agencies fund and support research to identify current elder abuse outreach activities in rural and remote areas with a view towards identifying gaps and best practice approaches.



5.10 Legal and police responses

Legal and police responses are an integral part of the elder abuse and FDV response system. Several articles were identified that described these responses, which ranged from specifically targeted, rural-based legal services, to the use of intervention or restraining orders, and ways police personnel could be involved to support people experiencing abuse. It has been noted in Australian literature that many legal responses to FDV are not as accessible or practical in rural and remote areas as they are in urban areas (WESNET, 2000). Furthermore, there are many challenges for women in rural and remote areas seeking help through the court system, accessing legal representation and maintaining confidentiality and privacy. The appropriateness and effectiveness of mainstream legal responses to FDV in Aboriginal communities has also been questioned in the literature (WESNET, 2000).

5.10.1 Legal responses

An article by Eisenberg (1991) describes a legal clinic provided through a rural Law School in the US. The clinic provided legal services specifically for older people and appears to have been operating under a similar model to Australia's Community Legal Centres (CLCs). The work included the provision of community education, outreach, and legal advice about wills, guardianship, and divorce proceedings, as well as consumer representation. Through this work, the clinic began to encounter and respond to substantial amounts of elder abuse, particularly cases of financial and/or physical abuse, as well as cases of neglect. These responses included legal advice and counselling, assistance with protecting assets and finances, representation in matters that proceeded to court, and referrals to social services for follow up and additional support. AAAs in the US also provide legal assistance to older people experiencing elder abuse (National Association of Area Agencies on Aging & Miami University Scripps Gerontology Center, 2014), though details of this were not provided in the report. The working group have provided anecdotal evidence that some work is being done in the CLC sector to better address elder abuse in rural and remote areas, though no reference to this was found in the literature.

In Queensland, older people experiencing financial abuse in rural communities are eligible for the Farm and Rural Legal Service, which is run by Legal Aid. The majority of clients who use the service are referred by rural financial counsellors. In 2015-2016, due to increased demand for this service, Legal Aid Queensland conducted a \$150,000 pilot project to expand it. The outcome of this pilot does not appear to be publically available. One of the responses offered by the Farm and Rural Legal Service is farm debt mediation, though it is important to note that it is unknown whether this is offered as a response to elder abuse or as a response to the effects of drought on farmers' livelihoods (Communities Disability Services and Domestic and Family Violence Prevention Committee, 2015).

The Seniors Legal and Support Service (SLASS) network in Queensland provides free legal advice, information and social work services to people over the age of sixty focussing on a range of matters, including elder abuse (Barnett, 2017). There are currently five SLASS centres, four of which are located in regional cities, but are also able to be accessed by people in surrounding rural and remote areas. It was noted by the working group that these services have been expanded recently in Queensland, though there was no mention of this found in the literature.

Intervention or restraining orders (also known as Domestic Violence Orders) are a well-known legal response to FDV (Alston, 1997). These orders go by different names in each state but essentially serve the same purpose, to prevent future abuse by prohibiting contact between a person who is perpetrating abuse and the person they are abusing. As of the 25 November 2017, under the National Domestic Violence Order Scheme, all intervention orders issued as a result of FDV are now nationally recognised and enforceable. Previously, orders were only applicable in the state or territory in which they were issued or registered (Australian Attorney-General's

Department, 2017). It is important to note that the effectiveness of intervention or restraining orders as a response to abuse is contested. As noted by Alston (1997), an intervention order is not particularly effective in isolated areas, as it relies on the police being nearby to enforce the order and quieten or stop any incidents that may arise. The effectiveness of intervention orders has also been limited by the consequences, or lack thereof, of a perpetrator breaking the order; traditionally breaches of orders have been treated as offences rather than criminal charges (Alston, 1997), though some states have taken steps to change this in recent years. Intervention orders may also be more difficult to obtain in rural and remote areas due to issues with accessing legal services (ALRC, 2017). Intervention orders can also be used as a response to elder abuse, though this does not seem to be as common. This may be because many older people do not want to cut off contact with the perpetrator of the abuse, as it is often a family member (Wydall & Zerk, 2017).

Other legal responses to FDV in rural and remote communities include locally based legal advocacy services, and the development of appropriate, locally relevant information materials. The aim of both of these responses is to inform women of their legal rights and options (WESNET, 2000).

5.10.2 Police responses

It is well established in the literature that police provide a crucial response to people experiencing both elder abuse and FDV in rural and remote areas, though this response is often impacted by resourcing issues (Alston, 1997; Ragusa, 2017; WESNET, 2000). A number of problems with police responses to FDV in rural areas have been identified in the literature. Firstly, there appears to be greater reluctance among women in these communities to seek assistance from the police, due to a lack of faith in their responsiveness, negative past experiences, and feelings of humiliation or shame at the thought of the abuse becoming public knowledge (Hornosty & Doherty, 2002; WESNET, 2000). Police response times have also been identified as problematic (Hornosty & Doherty, 2002; Lovell, as cited in WESNET, 2000, p. 24). The need for police to receive specific training around responding appropriately to abuse has also been highlighted (Ragusa, 2017). Regardless, a police response is seen as crucial due to both the higher prevalence of firearms and other weapons in rural and remote areas and the fact that other forms of assistance or protection are often unavailable or inaccessible (Alston, 1997; WESNET, 2000).

As well as enforcing intervention orders, police response to FDV in rural communities may include local officers driving women experiencing FDV to the nearest crisis accommodation service. This is seen as a way of combatting the transport issues that tend to exist in these areas, though resourcing issues may prevent police from being able to provide this response consistently (Alston, 1997).

5.11 Support service responses

Several articles included in the review discuss the responses of social service agencies to elder abuse in rural and remote areas. As noted by Monsey and colleagues (1995), support services could potentially serve a preventative function if they were able to provide comprehensive care to older people, reducing their dependency on perpetrators and/or potential perpetrators of abuse. A survey conducted in rural NSW found that support service interventions offered to older people experiencing abuse included respite, Meals-on-Wheels services, home care, community nurse referral, referral to the Guardianship Division of the NSW Civil and Administrative Tribunal (NCAT), assistance with nursing home or hostel admission, and, in cases of financial abuse, assistance with changing bank accounts (Cupitt, 1997). Respite care and the availability of both short and long-term nursing home and hostel accommodation were identified as areas of significant need in rural communities. These were suggested as offering support for carers providing long-term home-based care, with emphasis placed on the need for after-hours services.

Due to the relative lack of services in rural and remote communities, support services are often required to be creative in their efforts to respond to and address elder abuse and neglect (Harbison et al., 2005). One such response identified was the monitoring of cases of suspected or confirmed abuse where the older person did not wish to take action. This intervention included practitioners taking an additional worker with them on home visits, so that one worker could distract the abuser while the other spoke with the client privately about the abuse, and/or preventing future abuse by subtly warning abusers that should the suspected abuse or neglect continue or escalate it will be reported to the appropriate authorities (Harbison et al., 2005).

5.12 Support groups

Available research indicates that support groups may be effective in supporting rural older people experiencing abuse (Turner, 2013). Support groups have been suggested as important in alleviating isolation, providing people with an opportunity to share their stories, and allowing them to both provide and receive peer support. Turner (2013) highlights the importance of having support groups that are solely for older people who have experienced abuse, rather than mixed age groups. Firstly, because it is suggested that support groups for younger people may focus discussions on issues that are less relevant for older people, such as finding employment or child custody issues. Secondly, older people may not feel as comfortable participating and sharing in groups with younger people as they would in groups with people of the same or a similar age to them.

5.13 Statutory organisation responses

A number of countries, including Canada and the US, have adult protection legislation and statutory bodies with the authority to enact the legislation¹⁶ (Blundo & Bullington, 2007; Harbison et al., 2005). Participants in Brossoie and Roberto's (2015) US study identified Adult Protective Services (APS) as the agency that can and should intervene on behalf of older people experiencing abuse in rural communities. However, it was noted that, similar to the state-based Public Advocates, Trustees, and Guardians in Australia, the actions APS can take are limited if the client does not have a disability. It has also been noted that, even in jurisdictions with mandated reporting legislation, some practitioners may still decide not to refer cases to local Adult Protection agencies, out of fear of worsening the situation or having future offers of support or assistance rejected by the older person (Harbison et al., 2005).

A report by Hwalek (1988) describes a mandatory model of elder abuse intervention piloted in a rural site in Illinois, US. One of the main features of this intervention was the mandatory reporting of elder abuse by service providers. Other features included a 24-hour hotline for reporting of elder abuse, a face-to-face interview with the older person allegedly experiencing the abuse (where possible), an investigation to determine whether abuse and/or neglect has occurred, an assessment of the older person's needs and service options, planning and referring to the appropriate services, and case monitoring and follow up. It was noted by Hwalek (1988) that mandatory interventions are the most intrusive to the older person experiencing the abuse and that these interventions require education for service providers about elder abuse and their reporting requirements. For this reason, a voluntary reporting system for the state was recommended (Hwalek, 1988), though it is unknown if this was ever piloted. It should be noted that there were no considerations of how this model might differ between urban and rural areas.

5.14 Abuse screening

Screening for abuse in health settings is a popular strategy for identifying and responding to FDV, as it is seen as raising health providers' awareness of violence and increasing referrals of patients to appropriate support services (McFerran, 2009; Monsey et al., 1995). Routine health screening for domestic violence was introduced in early childhood, alcohol and other drug, and mental health services across NSW in 2001, and is now also conducted in women's health centres. In rural and remote areas, General practitioners (GPs) are also encouraged to identify and appropriately refer clients experiencing FDV through the Practice Incentives Program (PIP) Domestic Violence Initiative (McFerran, 2009).

¹⁶ Legislation to establish an Adult Safeguarding Unit is currently being drafted by the South Australian Government (Australian Council of the Attorneys-General's Working Group on Protecting the Rights of Older Australians, 2018)

While this is currently occurring only in relation to FDV, it is also worth considering as a potential elder abuse strategy. A recent qualitative study exploring responses to abuse against rural older women found that some GPs screened women of all ages for abuse, including older women (Brossoie & Roberto, 2015). Those who did screen their patients for abuse reported referring “troubled patients” to counselling rather than providing any counselling or other support services themselves, as they felt addressing abuse was outside their expertise. Interestingly, almost all GPs reported feeling comfortable prescribing medications to women who had experienced abuse for their “nerves”, without also referring them to counselling services to address the reason/s for these “nerves”. Unfortunately no information on the screening tools used by the GPs was provided in the articles.

A participant in a study conducted by Vandsburger and Robinson (2013), which explored professionals’ perspectives about addressing elder abuse in rural Virginia, identified the implementation of routine screening for elder abuse and neglect as a tool for increasing community awareness and normalising otherwise taboo topics.



Resource: The *NSW Elder Abuse Toolkit: Identifying and responding to the abuse of older people: the 5-step approach* includes several elder abuse tools for healthcare professionals, including the Elder Abuse Suspicion Index (EASI) and This is available freely online at <http://www.elderabusehelpline.com.au/uploads/pdf/Toolkit%20-%20FINAL%20-%20WEB.pdf>



Recommendation #15: That state and federal Health Departments fund the development and implementation of an elder abuse screening tool for rural and remote health settings, such as rural GPs/health centres, and regional hospital emergency departments, to be used in conjunction with locally developed, appropriate referral protocols.

5.15 Crisis and transitional service responses

Although crisis and transitional services have been identified as important responses to elder abuse in rural and remote areas (Monsey et al., 1995; Turner, 2013), no examples of these were identified in the elder abuse literature. Some examples were found in relation to FDV, and are explained below.

Australian and international literature has established that rural and remote areas communities are unlikely to have their own specialist FDV services, such as crisis and transitional accommodation (Weeks et al., 2016; WESNET, 2000). As mentioned previously, in Australia, these services are funded under the Supported Accommodation Assistance Program (SAAP;

Wendt, 2010). Crisis accommodation has been identified as key for women attempting to escape abuse, particularly given the absence of safe, stable, and affordable accommodation options (Adams, Tolman, Bybee, Sullivan & Kennedy; Krishnan, Hilbert, McNeil & Newman, as cited in Ragusa, 2017, p. 274). A survey focussing on the accessibility of health and community services for women found that women's crisis accommodation services, or refuges, are the single most inaccessible service type for women living in rural areas, with only 39.1% of women living within one hour of a refuge (OSW & CWA, as cited in WESNET 2000, p. 18). Furthermore, for women who are able to access crisis accommodation, they are generally only supposed to stay for a maximum of 60 days, which is often far less time than they need to locate safe, stable and affordable accommodation (Krishnan et al.; Melbin et al., as cited in Ragusa, 2017, p. 274)

Other crisis responses to FDV in rural and remote areas include brokerage funding to cover the costs of transportation, relocation, and crisis accommodation (WESNET, 2000). Some services may also be able to assist with reestablishment costs, such as removalist expenses, private rental bonds, rent in advance or essential household items. Centrelink also offers crisis payments to women who are escaping FDV.

Transitional services are generally used in rural areas as an exit point from crisis accommodation for women who are not yet ready to transition to independent living, or to meet the gap between crisis accommodation and public housing (WESNET, 2000). Examples of such responses include medium-term support accommodation services, such as the NSW Medium Term Women's Housing Program, FDV outreach services, and counselling programs like the NT Specialist Domestic Violence Counselling Program (Ragusa, 2017; WESNET, 2000).



Resource: The previously mentioned National Clearinghouse on Abuse in Later Life guide for rural FDV services (Turner, 2013) includes a chapter on making FDV crisis and transitional support services accessible to older people who have experienced abuse. The guide is freely available online at <http://www.ncall.us//FileStream.aspx?FileID=85>.



Recommendation #16: That family and domestic violence crisis and transitional support services develop and implement policy and services responses specifically targeting older people and elder abuse.

5.16 Summary and discussion

This section has outlined elder abuse and FDV prevention initiatives and service responses for rural and remote communities that were identified as relevant through the scoping literature review. These include broader initiatives and responses aimed at the community level, such as community response plans, education, and the coordinated community approach, as well as

responses specific to certain organisations, such as outreach, family mediation, support groups, and abuse screening. Both formal and informal responses were considered. Several recommendations have been made for ways to improve Australian elder abuse prevention and service responses.

6 Policy, prevention and service responses in Indigenous contexts

As mentioned earlier in this report, it has been suggested that Indigenous experiences of rurality differ significantly from non-Indigenous experiences (Cowlshaw, as cited in Owen & Carrington, 2015, p. 230). Furthermore, Aboriginal and Torres Strait Islander people come from a very different cultural context to non-Indigenous people. This is particularly evident in rural and remote Indigenous communities, which tend to be more observant of traditional cultural practices than Indigenous people in urban areas. For this reason, the policies, prevention and service responses specific to Indigenous contexts that were identified in the literature have been summarised and presented separately in this section.

Several examples of policy, prevention and service responses specifically addressing elder abuse within rural Indigenous communities were identified in the literature, which came from the US, Canada, and regions of Australia that have populations with higher proportions of Indigenous people than the rest of Australia (ABS, 2017a, 2017b, 2018). These include Indigenous-specific education programs, mentoring camps, collaboration, and Family Care Conferences, as well as preventative strategies identified by Litton and Ybanez (2015) for use with tribal communities. Indigenous-specific policy, prevention and responses from the FDV sector are also discussed.

It has been highlighted as important that local Indigenous communities are consulted about any services or responses being planned for their area (Litton & Ybanez, 2015). This includes exploring which forms of elder abuse are currently occurring in the area, identifying existing resources and how they can be better used to provide a coordinated and comprehensive response to elder abuse. It is also useful to identify any service delivery gaps, and for service providers to build relationships with members of the community.

6.1 Northern Territory: Tennant Creek Action Plan

One of the policy documents identified during the review was the Territory Families Tennant Creek Action Plan (Northern Territory Government, 2018). This plan is focussed on enhancing the service responses in child protection and FDV in the Barkly Region to keep families safe and supported. The plan includes specific detail about including the input of Indigenous people, including Elders and Aboriginal Case Workers, into policy and systems responses to ensure their cultural and community appropriateness, with this to be supported by infrastructure. Other initiatives outlined in the plan include:

- A trial after-house response with flexible work hours that align resources and outreach to peak period activities;
- Case reviews and support;
- Joint leadership with local Aboriginal organisations;

- Weekly regional youth interagency case management meetings;
- Joint initiatives with Police, Education, Health, Housing and non-government partners;
- Partnership and engagement with Aboriginal Elders through a Senior Elders and Respected Persons group with Departments of the Chief Minister, and Prime Minister and Cabinet;
- Enhancing domestic and family violence services by providing an additional \$1 million to improve the region's services and evidence base for interventions, and work with stakeholder organisations to build a picture of the nature of domestic and family violence in the region so that interventions can be targeted appropriately.

6.2 US tribal elder abuse policy and prevention strategies

A policy document focussed on addressing harm to Indigenous elders and developing a tribal response to elder abuse was developed following a listening session with representatives from tribal government, service providers and others who work closely with tribes, tribal domestic violence coalitions, and federal responders in the US (Litton & Ybanez, 2015). The authors note that, due to tribal diversity, a uniform and rigid approach to addressing elder abuse is unlikely to be effective. They also highlight the fact that maintaining confidentiality can be difficult in small communities, particularly if those responding to the abuse are known and/or related to either the person experiencing or the person perpetrating the abuse. Access to services often requires travelling outside of communities, which can be worrying for some Elders, particularly if it involves leaving their 'nation' ('country' in an Aboriginal context). Finally, some Elders may attribute the abuse to spiritual reasons, the effects of which cannot be remedied through service provider intervention. All of these aspects should be considered when designing responses to elder abuse for Indigenous people living in rural and remote communities.

Litton and Ybanez (2015) suggest the following strategies for addressing elder abuse within rural Indigenous communities. Firstly, for providers to cultivate relationships with older people so that they feel more comfortable sharing, and secondly, to create processes which help to protect the privacy and confidentiality of those who do share. It is also suggested that organisations employ community advocates who are able to deliver culturally sensitive, trauma-informed services. The authors highlight the need to decrease social isolation, provide basic services, and construct mechanisms for regular visits to older people at risk of abuse. Healing rooms in hospitals, a community van to transport older people to events and programs, culturally appropriate respite and housing facilities, and family healing centres where older people and their families can collectively discuss abuse and receive services to heal as a family are also suggested as strategies for addressing elder abuse within rural Indigenous communities (Litton & Ybanez, 2015).

Some social policy initiatives suggested in the document include:

- State and federal entities partnering and collaborating to create a safety protection network;
- Identifying partners who will honour the sovereignty and autonomy of the local Indigenous population;
- Entering into memorandums of understanding that outline sovereignty to solidify formal partnerships.

The paper also outlined several prevention strategies for tribal communities, including;

- Gathering information to assess needs at the local level through collecting statistics, conducting surveys, hosting 'listening sessions' and community meetings, having lunch with Elders, meeting with tribal council members, first responders, and spiritual and cultural leaders. These community-wide conversations should be held to identify problems and craft effective local remedies, interventions, and policies;
- Engaging and empowering Elders through enhancing programs and policies;
- Obtaining tribal government¹⁷ support and assistance in developing tribal programs, policy and law in relation to elder abuse.

Litton & Ybanez (2015) discuss the importance of emphasising family and kinship networks, preserving tribal culture, restoring peace and harmony in the community and upholding spiritual beliefs as ways to decrease isolation and heighten social involvement of Indigenous older people. They propose that strategies to address elder abuse should, whenever possible, engage and empower Elders, promote family unity and cooperation, incorporate traditional values and traditions, and utilise informal community networks. Working with family members is a key component to a holistic approach, but communities must prioritize and work collaboratively to promote the older person's safety, autonomy and quality of life. The report also includes a list of suggested resources that may help Indigenous communities examine elder abuse in their local community.



Resource: Litton, L. J., & Ybanez, V. (2015). *Reclaiming what is sacred:*

Addressing harm to Indigenous elders and developing a tribal response to abuse in later life. Madison, WI: National Clearinghouse on Abuse in Later Life. Freely available online at <https://safehousingpartnerships.org/sites/default/files/2017-01/TLS-FINAL.pdf>.

¹⁷ A Native American tribal government is defined as a governing body of a tribe, band, pueblo, community, village, or group of Native American Indians, or Alaska Natives, which exercises governmental functions and has been determined by the Internal Revenue Service (Legal Information Institute, undated).

6.3 Collaboration

As with mainstream elder abuse prevention and responses, collaboration is an important approach to addressing elder abuse in Indigenous communities. As part of their response to elder abuse, the NT has worked with a number of local services, including Indigenous health, to develop linkages with agencies responsible for addressing abuse (Kurrle & Naughtin, 2008).

One specific method of collaboration suggested as relevant for Indigenous communities is Elder Abuse Forensic Centres¹⁸ (EAFCs). EAFCs have been operating in the US since 2003 and include health professionals (e.g. geriatricians, mental health services), social services (e.g. APS, domestic violence services, victim-witness program, public guardians), and law enforcement professions (e.g. district attorney's office, attorney general's office, police; Kupris, 2013). EAFCs have been suggested as a potentially effective, state-wide response to elder abuse in Alaska, a state with difficult topography and a large Indigenous population. Kupris (2013) states that in order for an EAFC to have a true state-wide reach, its services must be tailored not only to the needs of older people living in urban areas, but also to the needs of Native Elders living in rural villages, which is something existing EAFCs in other states have yet to achieve. Several suggestions are made for achieving broader reach, including an outreach approach to rural village communities, having two main offices with services evenly distributed between them, or an increase in tele-health and remote monitoring.

6.4 Education

6.4.1 Community education

Litton & Ybanez (2015) discuss Indigenous-specific community education and say that it is important that awareness efforts are developed in collaboration with key stakeholders. They propose increasing community awareness through the development of targeted advertising material and use of multiple media formats (e.g. radio, television, newspaper, etc.), as well as training for older people, families, carers, service staff and professionals which uses words and phrases that are identified to make people feel comfortable talking about abuse in later life. A project by the Office of the Public Advocate (WA; 2005) identified issues with the use of the term 'elder abuse' in Australian Indigenous communities, and a preference for the term 'mistreatment of older people'.

6.4.2 Elders and Youth Mentoring Camp (Australia)

The Aged Rights Advocacy Service (ARAS), in partnership with the Council of Aboriginal Elders of SA, has run three mentoring camps for Aboriginal youth and Elders from urban, rural and remote communities since 2012 (Aged Rights Advocacy Service Inc., 2015a, 2015b). These

¹⁸ EAFCs are centres focussed on multidisciplinary collaboration that investigate and prosecute cases of elder abuse and mistreatment.

camps evolved from the realisation that significant numbers of older Aboriginal people, including Elders, in communities across SA, were experiencing elder abuse. The aim of the camps is to prevent elder abuse by educating disengaged young people about the tradition of respecting their Elders, and raise awareness of elder abuse. Interestingly, the phrase 'elder abuse' does not appear to have been used at the camps, with the primary focus placed on building respect in the hopes that this would prevent young people from abusing their Elders and encourage them to speak up when they see elder abuse in their community. The camps also provide Elders with an opportunity to share their knowledge and experiences and connect with young people. It is believed that the camps encourage Elders to speak out about elder abuse and that young people are able to take what they have learned about respect back to their communities, and serve as ambassadors or champions in respecting elders and preventing abuse. Camp activities include yarning with the Elders, traditional language activities, singing, and talking about family, cultural pride and identity.



Resource: Each ARAS camp was filmed and edited into short videos. These are available online at <https://www.youtube.com/watch?v=XPPvRbr-Nfc> (Tradition of Respect - 2012 camp), https://www.youtube.com/watch?v=PygW_F63dsA (Culture of Respect - 2015 camp), & <https://www.youtube.com/watch?v=J5AMTBY5IrU> (Journey of Respect - 2017 camp).



Recommendation #17: That OPAN service delivery organisations, in conjunction with local Aboriginal organisations/Elders in their jurisdictions, explore the appropriateness and utility of delivering mentoring camps for Indigenous youth from other rural and remote areas around Australia as an elder abuse prevention measure.

6.4.3 Education for service providers (Australia)

In the NT, education on elder abuse has been provided to service providers in the hopes of raising their awareness of and ability to respond to abuse (Kurrle & Naughtin, 2008). A training kit developed by the NSW Ageing and Disability Department (as cited in Kurrle & Naughtin, 2008, p. 122) has been used to educate rural aged care service providers about the issue of elder abuse. In remote communities, education has also been provided to community workers so they are able to recognise cases where an older person is at high risk of experiencing abuse and to work with the person and their family to prevent abuse from occurring.

Recommendation #18: That OPAN service delivery organisations, in collaboration with Indigenous service providers and community members, develop elder abuse education and training with specific focus on abuse of Aboriginal and Torres Strait Islander communities for staff, professionals, and the general community.



6.5 Family Care Conference (US)

The Family Care Conference (FCC) is an intervention designed to prevent and/or alleviate elder abuse within Native American families (Holkup, Salois, Tripp-Reimer, & Weinert, 2007). The intervention is based on the Family Group Conference, a Maori child protection intervention in New Zealand that has been adopted by several other countries, and is said to be effective in both protecting children and unifying the family group. The FCC is described as being elder-focused, family-centred, community-based and strengths-focused. It shares some similarities with the family mediation approach discussed earlier, though this intervention is more of a collaborative conversation and planning session than a mediation session. The FCC serves as both a preventative strategy and a response (Holkup et al., 2007), while family mediation is suggested to only be appropriate for prevention, due to difficulties engaging perpetrators of elder abuse (Dow et al., 2018).

The FCC was piloted in a Native American reservation in the northwest, before being rolled out to the entire community. As noted by Holkup et al. (2007), many of the reservations in this community are located in rural areas, which posed some challenges to organising and facilitating family meetings. As part of the roll out to the community, three local women from the pilot reservation were trained as facilitators. The FCC involves referral, screening, engaging the family, logistical preparation, family meeting, and follow-up. Families can be referred to the program from several sources, including elder protection, health, housing, FDV and child protective services. Families can also be referred by members of the community or by self-referral. Most referrals to the program are made in regard to concerns about exploitation or neglect of an older person, or concerns about self-neglect. Once a referral is made and the case has been screened to ensure that the FCC is the most appropriate response, the family is contacted within 3-5 days by a facilitator. Any families deemed to be at high risk of physical violence during screening are referred to elder protection (Holkup et al., 2007). According to Holkup et al. (2007), the FCC was accepted and appreciated by most families in the community. While the authors considered the intervention to be a success, there does not appear to have been any formal evaluation.



Resource: More information about the Family Care Conference can be found at <http://dx.doi.org/10.1093/geront/47.2.248>.



Recommendation #19: That organisations responsible for providing family mediation services consider the development and utility of the Family Care Conference as an alternative to family mediation for Indigenous families experiencing or at risk of elder abuse.

6.6 Family and domestic violence prevention and responses

Two strategies identified by WESNET (2000) specifically targeted the prevention of FDV in rural and remote Aboriginal communities. The first involved providing cultural support and healing programs, such as the We Al-Li program (Atkinson, as cited in WESNET, 2000, p. 20), for children and adults exposed to FDV. The second initiative aimed at preventing FDV by reducing the excessive consumption of alcohol. These include the formation of the Women's Grog Councils in the NT, which focus on restricting the availability of alcohol in communities, and the Halls Creek Liquor Accord, which restricts the sale of alcohol (WESNET, 2000).



Resource: More information about the We Al-Li program can be found at <http://www.wealli.com.au/>.

The WESNET (2000) report also found that rural and remote FDV services that demonstrate a commitment to providing culturally appropriate services to local Aboriginal women were effective. An example of this is the Marnja Jarnadu Women's Refuge in Broome, WA, which assists a high proportion of Aboriginal clients and provides respite and FDV preventative services specifically targeting Aboriginal women. This agency was developed in consultation with the local Aboriginal community and has employed Aboriginal workers (WESNET, 2000).

This year, acting on the advice of local Aboriginal women and Elders, the NT Government pledged \$150,000 to creating a locally driven, community informed FDV prevention program in the Barkly region (Northern Territory Government, 2018). It is intended that this program will challenge the negative community impacts of FDV and provide positive alternatives which model health, respectful relationships and behavioural norms. It is unknown when this program is planned to be rolled out.

There are also legal initiatives in some of rural and remote communities specifically targeting Aboriginal women. One example is the *Atunypa Wiru Minyma Uwankaraku (Good Protection for All) Cross-Border Domestic Violence Project*, which is run by the Ngaanyatjarra Pitjantjatjara

Yankunytjatjara (NPY) Women's Council in the NT (WESNET, 2000). As part of this program, a pro-legal response to FDV within Aboriginal families was developed and integrated into an Indigenous community response.



Recommendation #20: That state and territory governments provide funding and support for the continued development of localised, collaborative, consultative, and culturally appropriate community elder abuse responses for rural and remote Aboriginal and Torres Strait Islander communities.

6.7 Summary and discussion

This section has outlined elder abuse and FDV policy, prevention and service responses for Indigenous rural and remote communities that were identified as relevant through the scoping literature review. These initiatives include Indigenous-specific abuse policies, collaboration, education, and the Family Care Conference. The importance of consulting local Indigenous communities, particularly Elders and Indigenous service providers, was a recurring theme throughout the literature. Also highlighted was the need to work with Indigenous families holistically, rather than just focusing on the person experiencing the abuse or the perpetrator. Other key lessons from the literature include the need to employ staff who can deliver culturally sensitive, trauma-informed services, and the importance of taking the time to build relationships with clients and community. It is important to note that several of the strategies identified for addressing elder abuse in Indigenous rural and remote communities were also identified as strategies for addressing abuse in non-Indigenous communities. While the strategies may be the same, the literature indicates that their implementation differs. For example, while non-Indigenous intergenerational education programs may occur in school settings, Indigenous programs take the form of on-country mentoring camps. Again, this highlights the importance of consulting local Indigenous community members, so that strategies to prevent and address elder abuse will be localised, culturally appropriate and effective.

7 Key findings, discussion and recommendations

This scoping review aimed to explore and consolidate existing research and literature around social policy, prevention and service responses to elder abuse in rural and remote communities in order to generate recommendations about ways in which Australia can better respond to this issue. Fifty-five pieces of literature were identified through the scoping review process; fourteen of these were academic (or peer-reviewed) literature and 41 were classified as grey literature or other. From this literature, the researchers were able to identify relevant social policy, tools, strategies, and interventions from both the elder abuse and family and domestic violence (FDV) sectors. These have been discussed in more detail in previous sections of this report. Twenty recommendations have been made in response to the key findings. This section summarises and discusses the project's key findings and recommendations. These have been divided into the following categories: social policy, education, frontline services, community approaches, and research.

7.1 Social policy

There was little relevant social policy identified in this area, and the bulk of what was identified was not specific to rural and remote communities. A review of available and relevant Australian state and territory policy documents found that only four out of 12 explicitly mentioned elder abuse in rural and remote communities. Of these, little information was provided other than brief discussion that living in these communities increases an older person's risk of experiencing abuse. There was some mention of the need to develop strategies and protocols for local communities, though this was not explicitly in relation to rural and remote areas. Overall, there was a lack of consideration of the differences in experiences of elder abuse in rural and remote communities in state and territory policy documents, and no specific policies for addressing abuse in these areas were identified. This constitutes a significant gap in current state and federal elder abuse policy. As noted in previous sections, rural and remote responses require a tailored approach to address issues such as geographic isolation, lack of transportation, insufficient services, and confidentiality and privacy issues (Adler, 1996; Bagshaw et al., 2000; Cherniawsky & Dickinson, 2015; Hornosty & Doherty, 2002). These topics require consideration in any future elder abuse policy or strategy.

Inter-agency collaboration was identified as an effective way of breaking down silos that exist in services, and preventing people from falling through service gaps (Turner, 2013). Based on the findings of this review, this appears to be missing from documented Australian elder abuse policy and responses, though there is anecdotal evidence that it is occurring in some jurisdictions. One example of inter-agency collaboration identified in the literature was the use of multi-disciplinary teams (Litton & Ybanez, 2015; Monsey et al., 1995; National Association of Area Agencies on Aging & Miami University Scripps Gerontology Center, 2014; Sekora, 1991; Vandsburger &

Robinson, 2013). These teams may include a range of service providers, such as social workers, nurses, mental health workers, legal services and the police, all of whom have a role to play in preventing and responding to elder abuse. It is noted that in the US, some rural multidisciplinary teams also address child abuse and other forms of FDV (Sekora, 1991). This may also be something to consider for use in Australia. Multidisciplinary responses to child abuse and other forms of FDV have been utilised for some time now, with teams and other collaborative inter-agency initiatives existing in most jurisdictions (Breckenridge, Rees, Valentine, & Murray, 2016; Humphrey, Healey, Kirkwood & Nicholson, 2018). Potentially regional, rural, and remote teams addressing child abuse or FDV could be expanded to address elder abuse. Alternatively, these teams may serve as an exemplar from which an elder abuse specific multidisciplinary team could be developed. Regardless, the use of multidisciplinary teams in rural and remote areas warrants further exploration.

Three recommendations have been made in relation to this area:

Recommendation #2 (p. 21): That elder abuse policy in all Australian jurisdictions include recognition of the distinct features of elder abuse in rural and remote communities as well as ways these features may impact on prevention and responses in these locations.

Recommendation #10 (p. 32): That state and territory governments develop policy and fund initiatives supporting the establishment of multidisciplinary teams in rural and remote areas. These teams should include representatives from key stakeholder agencies which support older people as well as those involved in elder abuse and family and domestic violence responses.

Recommendation #20 (p. 55): That state and territory governments provide funding and support for the continued development of localised, collaborative, consultative, and culturally appropriate community elder abuse responses for rural and remote Aboriginal and Torres Strait Islander communities.

The CAG Working Group (2018) has identified the need to improve understandings of the needs of diverse groups, including those living in rural and remote communities, in relation to elder abuse. It is hoped that the needs of these communities will be better reflected in future elder abuse policies, at both the federal and state government levels. The development and improvement of specialist multidisciplinary, multi-agency, and multi-sector responses for older people has also been identified as a priority (CAG Working Group, 2018). It is hoped that any future responses will be developed in ways also accessible to people living in rural and remote areas, not just those in urban areas. This may require placing multidisciplinary teams in regional areas which have the capacity to service surrounding rural and remote communities.

7.2 Education

Education was identified in many sources as a way of both preventing and responding to elder abuse. Four types of education were identified; education for service providers, community education, intergenerational education, and financial education for older people. Several different educational programs focussing on either elder abuse or on the broader issue of FDV for service providers were identified in the literature. These include the *Domestic Abuse in Later Life* training manual for Meals on Wheels volunteers (Maxwell & O'Rourke, 1999), the *Rural Doctors' Family and Domestic Violence Education Package* (Australian College of Rural & Remote Medicine, 2018), and the *Domestic Violence* training manual for community mental health practitioners (Maxwell & O'Rourke, 2000). Other educational initiatives for service providers were identified, though they were either not named or are no longer available. Most of the programs specifically focusing on elder abuse were developed overseas, and are therefore not specific to the Australian context. Those that were developed in Australia were all designed for the FDV sector and do not contain any specific information about elder abuse or any of the differences between elder abuse and FDV. In Australia, it is known that OPAN SDOs deliver elder abuse education in a variety of formats in urban, rural and remote communities. Unfortunately, further data about this was not captured in the literature. Furthermore, data is lacking about how frequently these sessions are delivered in rural and remote communities and if there are any gaps in coverage. This indicates a need to further develop elder abuse specific education programs for service providers working in rural and remote Australia.

Community education was also identified as an effective way of raising awareness of elder abuse as a social issue and was seen as serving as both prevention and a response. Again, most of the specific Australian community education programs identified in the literature were focussed on FDV, rather than elder abuse (WESNET, 2000). Elder abuse awareness-raising in Australia tends to involve state-wide advertising campaigns centred on publicising elder abuse helplines (General Purpose Standing Committee No. 2, 2016; Sparkes & Jackson, 2011), though this may also have the additional benefit of raising community awareness. No national campaigns were identified in the literature, nor were any campaigns specific to rural and remote areas. Both may be options to be explored when planning public awareness campaigns in the future.

Interestingly, the literature identified two intergenerational education initiatives. The first was developed in the US, and involved pairing school-age children with older people in the hopes of dispelling any negative assumptions about ageing and creating a culture in which elder abuse is seen as unacceptable (National Association of Area Agencies on Aging & Miami University Scripps Gerontology Center, 2014). The other initiative is an elders and youth mentoring camp run with Indigenous people in SA, which aims to educate Indigenous young people about their culture, the tradition of respect for elders, and about the issue of elder abuse (Aged Rights Advocacy Service Inc., 2015a, 2015b; InspirationalSpring, 2017). Both appear to be promising

approaches, which may be suitable to implement in other rural and remote areas around Australia.

Finally, financial education for older people was noted as increasing people's skills and confidence in managing their finances (Wainer et al., 2011). It is unknown whether any financial education programs are currently run in rural and remote areas in Australia, though this may be a promising strategy for reducing older people's vulnerability to financial abuse. One such program is MoneyMinded¹⁹, which has been developed by the ANZ bank for use in the non-government sector. This program is available at no cost to not-for-profit organisation staff who, once trained, are accredited to run workshops in their community. It is suggested that the use of programs like MoneyMinded with older people in rural and remote areas is explored further, as a way of preventing financial abuse.

Seven recommendations have been made to address issues highlighted in relation to this area:

Recommendation #4 (p. 26): That organisations operating elder abuse helplines raise awareness of the existence of these helplines in rural and remote communities across their jurisdiction.

Recommendation #6 (p. 27): That organisations operating elder abuse helplines incorporate in staff training information about the issues, needs and resources available in rural and remote areas within their jurisdictions, to ensure that the information provided to clients is appropriate and relevant.

Recommendation #9 (p. 30): That OPAN service delivery organisations provide elder abuse education for community members who may be providing formal or informal supports to people who have experienced elder abuse, including the clergy.

Recommendation #11 (p. 37): That OPAN service delivery organisations develop localised rural and remote community education and resources, in consultation with local communities as part of a broader education and communication strategy.

Recommendation #12 (p. 38): That rural community service organisations consider running free financial education sessions for older people, as a way of preventing financial abuse. These could potentially be provided in partnership with urban statutory organisations that provide outreach.

Recommendation #13 (p. 38): That OPAN service delivery organisations review existing elder abuse and family and domestic violence education and training resources for relevant material, and encourage communities and professionals to utilise and adapt these where possible for use

¹⁹ For more information, please see <http://www.moneyminded.com.au/>

in educating older people, family, caregivers, professionals, service staff, and the general community.

Recommendation #18 (p. 53): That OPAN service delivery organisations, in collaboration with Indigenous service providers and community members, develop elder abuse education and training with specific focus on abuse of Aboriginal and Torres Strait Islander communities for staff, professionals, and the general community.

The Australian Federal Government has committed to providing an additional \$22 million in funding over the next four years to address elder abuse in Australia (CAG Working Group, 2018). Some of this funding has already been set aside to increase specialist frontline services to support older people experiencing abuse, including in some regional areas. Presumably services in regional areas will also be accessible to people from surrounding rural and remote areas. Some of this funding could potentially also be used to fund additional training and education for the community, older people, carers, and service providers.

7.3 Frontline services

While some information was identified in relation to support service responses to elder abuse in rural and remote communities, a large proportion of this is only peripherally relevant to the Australian context. Adult Protective Services and Adult Protection Agencies do not operate in Australia, though the SA Government is currently drafting legislation that would support the establishment of an Adult Safeguarding Unit (CAG Working Group, 2018). In other jurisdictions, Offices of the Public Advocate/Guardian fulfil this function in relation to adults without decision-making capacity. Other responses, such as advocacy services, crisis and transitional services, mediation, and legal services, have been noted as limited in rural and remote areas. Many of these services are based in urban or regional cities and, though some may provide outreach or be accessible over the phone or internet, most require that people living in rural and remote areas travel to the city to receive support. It may be worth mapping these service responses, and any others that exist in rural and remote areas that were not captured in the literature review, to identify any gaps in coverage and explore how these may be addressed.

Five recommendations have been made in this area:

Recommendation #5 (p. 26): That Australian elder abuse helplines continue to be staffed by people, rather than automated messages.

Recommendation #15 (p. 45): That state and federal Health Departments fund the development and implementation of an elder abuse screening tool for rural and remote health settings, such as rural GPs/health centres, and regional hospital emergency departments, to be used in conjunction with locally developed, appropriate referral protocols.

The CAG Working Group (2018) has recognised the importance of developing elder abuse screening and risk assessment tools. These tools should also be piloted in rural and remote communities, to ensure that they are appropriate and effective, and used in conjunction with locally developed, appropriate referral protocols, to ensure that GPs and other health workers know what course of action to take once they have identified that an older person is experiencing abuse.

Recommendation #16 (p. 46): That family and domestic violence crisis and transitional support services develop and implement policy and services responses specifically targeting older people and elder abuse.

The CAG Working Group (2018) has recognised the importance of involving other sectors, including the FDV sector, in detecting and responding to elder abuse. No specifics as to what this might look like are given. However, one way to do this in the FDV sector may be to better resource FDV crisis and transitional support services to respond to people experiencing elder abuse, either through training for staff members, or through the creation of specialised elder abuse worker roles.

Recommendation #17 (p. 52): That OPAN service delivery organisations, in conjunction with local Aboriginal organisations/Elders in their jurisdictions, explore the appropriateness and utility of delivering mentoring camps for Indigenous youth from other rural and remote areas around Australia as an elder abuse prevention measure.

Recommendation #19 (p. 54): That organisations providing family mediation services consider the development and utility of the Family Care Conference as an alternative to family mediation for Indigenous families experiencing or at risk of elder abuse.

Some Federal Government funding has been set aside to further develop and fund family counselling and mediation services (CAG Working Group, 2018). This initiative could include introducing the Family Care Conference as an alternative to mediation in Indigenous communities.

Australian FDV literature has identified issues for women in rural and remote areas seeking help through the court system, accessing legal representation and maintaining confidentiality and privacy, and the appropriateness and effectiveness of mainstream legal responses in Aboriginal communities has also been questioned (WESNET, 2000). Legal responses currently available may be able to be adapted in consultation with the local community to better address these identified issues.

For those services located in rural and remote areas, elder abuse responses could be improved by ensuring they are adequately resourced to provide preventative support, such as respite, Meals-on-Wheels services, home care, community nurse referral, referral to the Guardianship

Board, assistance with residential aged care admission, and, in cases of financial abuse, assistance with changing bank accounts (Cupitt, 1997). However, this is more likely in areas which have a relatively large population. Services such as respite, Meals-on-Wheels, residential aged care and accommodation support, are generally not available in smaller, more remote areas. Harbison (2004, 2005) notes that, due to the lack of services in rural and remote communities, support services may need to be creative in their efforts to respond to elder abuse and neglect.

7.4 Community

It was recognised in the literature that a 'one size fits all' approach to responding to elder abuse in rural and remote areas does not work, due to the heterogeneity that exists among these communities. A strong theme that came through is the importance of developing local solutions in consultation with the community that include both formal (service providers) and informal (older people, friends, relatives and the general community) supports. One such model, the coordinated community approach, is based on the belief that responsibility for responding to and preventing elder abuse lies with the entire community, rather than one agency (Beaulieu et al., 2003). Coordinated community approaches may require a community risk assessment in order to identify underlying causes of abuse in the community. This assessment may also allow identification of appropriate strategies, as well as the types of public awareness-raising needed and how the community may respond to these (Monsey et al., 1995). Community approaches may also involve the creation of a community response plan in consultation with service providers and the general community which can include short-, mid- and long-term strategies for community education and action (Roberto et al., 2013; Women's Services Network (WESNET), 2000).

A community approach could potentially involve multi-disciplinary teams (Turner, 2013; Wendt, 2010; WESNET, 2000), and education for older people (Wainer et al., 2011; WESNET, 2000), family carers (Buckwalter et al., 1996), school children (National Association of Area Agencies on Aging & Miami University Scripps Gerontology Center, 2014; WESNET, 2000), health and service providers (Brymer et al., 1998; Maxwell & O'Rourke, 1999; Wendt, 2010; WESNET, 2000) and the general community (Vandsburger & Robinson, 2013). Health professionals could also become involved in identifying and responding to elder abuse by including screening procedures as part of their assessment processes (McFerran, 2009; Monsey et al., 1995).

Two recommendations have been made in this area to address the issues outlined above:

Recommendation #7 (p. 28): That the government fund and support the development of localised community coordination and response plans.

Recommendation #8 (p. 30): That any community coordination and response plans developed encompass both formal and informal supports currently available in the community.

As it has been identified that rural and remote communities generally have fewer services and resources to respond to and prevent abuse (Adler, 1996; Bagshaw et al., 2000; Beaulieu et al., 2003; Cherniawsky & Dickinson, 2015; Harbison et al., 2004, 2005; Hornosty & Doherty, 2002; Perrin, 1993), the development of a community response plan could address elder abuse by using the resources that already exist in that community. Elder abuse response agencies for each jurisdiction are generally based in regional or metropolitan areas and address abuse in outlying areas through providing periodical outreach visits and telephone support; given sufficient resources, these agencies could support and facilitate the development of community response plans and actions. Several tools and resources to support this work were identified in the literature (see list of resources at Appendix E).

7.5 Research

The scoping review identified a number of research gaps. Research on elder abuse in rural and remote areas has consistently been identified as lacking, and as such should be considered an important issue for future research. Three recommendations have been made highlighting the need for further research to address these:

Recommendation #1 (p. 18): That academic research into responses to elder abuse in remote areas be commissioned and funded by government and elder abuse agencies in collaboration with local service providers.

Recommendation #3 (p. 25): That government and elder abuse agencies fund and support research mapping service responses currently available in rural and remote areas (including those not captured in the literature review) with the overarching aim of identifying gaps and exploring how these may be addressed.

Recommendation #14 (p. 40): That government and elder abuse agencies fund and support research to identify current elder abuse outreach activities in rural and remote areas with a view towards identifying gaps and best practice approaches.

Research has been identified as a national priority by the CAG Working Group (2018). This includes evaluating specialist service models, and identifying other important issues for future research. It is hoped that the identification of these areas as a national priority may also result in the funding and commissioning of further research that addresses the gaps identified by this project.

7.6 Policy, prevention, and responses for Indigenous communities

Although issues and recommendations made in relation to social policy, prevention and responses for Indigenous communities has been subsumed into the broader discussion above, it is worth highlighting several aspects of the findings in a separate section. The review found several articles that made specific reference to responding to abuse and mistreatment in Indigenous communities, both in Australia and overseas. These documents identified the importance of community collaboration and consultation in developing culturally appropriate education and responses (Kurrle & Naughtin, 2008; Litton & Ybanez, 2015; Northern Territory Government, 2018). Some creative responses trialled include Elders and Youth mentoring camps (Aged Rights Advocacy Service Inc., 2015a, 2015b; InspirationalSpring, 2017), cultural support and healing (Atkinson, as cited in WESNET, 2000, p. 20), employing Aboriginal case workers to work with families in a culturally safe and effective way (Northern Territory Government, 2018), developing culturally specific response agencies in collaboration with the local community (WESNET, 2000) and the use of Family Care Conferences to identify issues and prevent abuse from occurring within families (Holkup et al., 2007). The literature highlighted the importance of consulting with Indigenous communities, especially Elders, about how they would like to target and respond to elder abuse in their communities. It also emphasised the need to include the entire family, and in some cases the entire community, in responses, rather than just focussing on the person experiencing the abuse or the perpetrator.

7.7 Concluding remarks

Adequately servicing regional, rural and remote areas remains a challenge for government and community service organisations in Australia. The increasing availability of technology such as the internet, video calling, and email, may improve the accessibility of services for those in a position to use these systems, though evidence about the appropriateness of this technology with older people is mixed (Barnett et al., 2017; Rees & McCallum, 2018).

It is important to note that many of the recommendations that have been made in this report are similar to recommendations that have previously been made for addressing elder abuse in urban areas. While the broad approaches may not differ, responses to elder abuse in rural and remote areas need to consider the unique issues that tend to exist in these areas. As was highlighted repeatedly in the literature, in order to be effective, responses need to be designed in co-production with the community they will be implemented in, taking into account local resources, rather than designed for urban areas and implemented in rural and remote communities with little to no modification.

Many recommendations from identified studies may be difficult to enact and resource in Australia's current financial climate, including bolstering available crisis and transitional

accommodation for older people experiencing abuse in rural and remote areas, funding existing agencies to provide further outreach, developing localised community approaches and resources. However, it has been noted that creative and collaborative approaches can provide effective alternatives.

Several gaps were identified; firstly, that little of the literature identified in the review really acknowledged or addressed the issue of responding to elder abuse in remote communities with very minimal services available. For example, some small, remote communities may only have a police officer and nurse available on a part-time basis. This means that the challenges to service provision specific to these communities may not be addressed through the review. Also, no information was found about the effectiveness of current outreach responses to elder abuse in rural and remote Australia, including telephone helplines and periodical visits and outreach activities. It is thought that such responses may prevent clients in these areas from accessing help and support when they need it, as services may not be due to visit for weeks, if not months. There are also difficulties with having one agency or program responsible for serving an entire state, particularly in larger, more spread out states like WA, which may prevent service providers from visiting each rural and remote area regularly, if at all. Outreach is also likely to pose a greater cost to the organisation, particularly when visiting more remote areas (Barnett, 2017). These services are likely to be very urban-centric, with limited understanding of the issues and responses specific to the local community. Furthermore, any materials developed, such as protocols, may not be as relevant to rural and remote areas, as they tend to prescribe service responses which may be unavailable in these areas. It is suggested that these current approaches may require further evaluation to assess their effectiveness.

Finally, the scoping review methodology meant that undocumented policy, prevention and service responses have not been considered or included in the review, and that the literature searching and stakeholder consultations only identified relevant articles from Australia, the United States, Canada, and the United Kingdom. Despite these limitations, this project has identified a wide range of challenges to adequately and appropriately responding to elder abuse in rural and remote areas as well as potential strategies and interventions. These require further consideration in the funding and development of state and federal policy and responses.

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Appendix A – Search strategy

Search terms	Results
<p>1 ("elder abuse" OR "elder mistreatment" OR "elder neglect" OR "adult* abuse and neglect" OR "older adult* abuse and neglect") AND ("rural areas" OR "rural population" OR "rural" OR "remote" OR "rural and remote" OR "remote areas" OR "rural communit*" OR "remote communit*" OR "remote population*" OR "rural environment" OR "regional")</p>	<p>CINAHL Plus with Full Text</p> <p>Date of search: 12/03/2018</p> <p>Limits: None</p> <p>Results: 78</p> <p>Informit</p> <p>Date of search: 12/03/2018</p> <p>Limits: None</p> <p>Results: 70</p>
<p>2 all("elder abuse" OR "elder mistreatment" OR "elder neglect" OR "adult* abuse and neglect" OR "older adult* abuse and neglect") AND all("rural" OR "remote" OR "rural and remote" OR "rural areas" OR "remote areas" OR "rural communit*" OR "remote communit*" OR "rural population*" OR "remote population*" OR "rural environment" OR "regional") AND all("prevent*" OR "intervention" OR "policy" OR "government policy making" OR "public policy" OR "policy framework" OR "practice framework" OR "response")</p>	<p>ProQuest</p> <p>Date of search: 12/03/2018</p> <p>Limits: English; Anywhere except full text</p> <p>Results: 245</p>
<p>3 ("elder abuse" OR "elder mistreatment" OR "elder neglect" OR "adult* abuse and neglect" OR "older adult* abuse and neglect" AND "rural" OR "remote" OR "rural areas" OR "rural communit*" OR "rural population*" OR "rural environment")</p>	<p>Scopus</p> <p>Date of search: 13/03/2018</p> <p>Limits: Title; abstract; keywords</p> <p>Results: 82</p>
<p>4 Elder Abuse/ or "elder mistreatment" OR "elder neglect" OR "adult* abuse and neglect" OR "older adult* abuse and neglect" AND Rural Population/ OR "rural" OR "remote" OR "rural and remote" OR "rural areas" OR "remote areas" OR "rural communit*" OR "remote communit*" OR "remote population*" OR "rural environment" OR "regional"</p>	<p>Medline</p> <p>Date of search: 14/03/2018</p> <p>Limits: None</p> <p>Results: 59</p>

5 Elder Abuse/ or "elder mistreatment" OR
"elder neglect" OR "adult* abuse and
neglect" OR "older adult* abuse and
neglect" AND Rural Environments/ OR
"rural" OR "remote" OR "rural and remote"
OR "rural areas" OR "remote areas" OR
"rural communit*" OR "remote communit*"
OR "rural population*" "remote population*"
OR "regional"

PsycInfo

Date of search: 14/03/2018

Limits: None

Results: 50

Search terms	Results	
6 ("abuse" OR "mistreatment" OR "neglect") AND ("ageing" OR "elderly" OR "older" OR "adults" OR "seniors") AND ("rural" OR "remote" OR "isolated" OR "regional") AND ("prevention" OR "intervention" OR "policy" OR "practice framework" OR "response" OR "service delivery model")	CINAHL Plus with Full Text	Informit
	Date of search: 14/03/2018	Date of search: 15/03/2018
	Limits: None	Limits: None
	Results: 533	Results: 142
	ProQuest	Scopus
	Date of search: 15/03/2018	Date of search: 15/03/2018
	Limits: None	Limits: Title; abstract; keywords
	Results: 1767	Results: 1653
	Medline	PsycInfo
	Date of search: 21/03/2018	Date of search: 21/03/2018
	Limits: English language	Limits: English language; abstracts only
	Results: 272	Results: 94
7 ("disadvantaged groups" OR "marginalised groups" OR "aboriginal and torres strait islander" OR "aboriginal" OR "indigenous" OR "culturally and linguistically diverse" OR "people with disabilit*" OR "mental health" OR "mental illness") AND ("elder abuse" or "elder mistreatment" or "elder neglect") AND ("rural" or "remote" or "isolated" or "regional")	CINAHL Plus with Full Text	Informit
	Date of search: 21/03/2018	Date of search: 21/03/2018
	Limits: English language; exclude MEDLINE records	Limits: None
	Results: 5	Results: 0
	ProQuest	Scopus
	Date of search: 21/03/2018	Date of search: 21/03/2018
	Limits: English language	Limits: Title; abstract; keywords
	Results: 69	Results: 13

Medline

Date of search:
21/03/2018

Limits: None

Results: 15

PsycInfo

Date of search:
22/03/2018

Limits: Title, abstract,
heading word, table
of contents, key
concepts, original
title, tests &
measures

Results: 10

8 "elder abuse" AND "rural" OR "remote" AND
"prevention" OR "intervention" OR "policy"
OR "practice framework" OR "response" OR
"service delivery model"

Trove

Date of search: 04/04/2018

Limits: Format – article

Results: 212

Search terms	Results
9 responses to elder abuse in rural areas	Google Date of search: 04/04/2018 Limits: Site type - .org; file type - .pdf Results: Approximately 220,000* *Only 10 pages of results searched

Appendix B – Hand searching sources

Relevant journals identified for hand searching:

- Australasian Journal on Ageing
- Australian Journal of Rural Health
- Journal of Elder Abuse and Neglect
- Journal of Interpersonal Violence
- Journal of Rural Health
- Journal of Rural Studies

Relevant organisational websites identified for hand searching:

- ACT Disability, Aged and Carer Advocacy Service (ADACAS)
- Advocacy Tasmania
- Advocare Incorporated
- Aged Rights Advocacy Service (ARAS)
- Catholic Care NT
- Darwin Community Legal Service
- Elder Abuse Prevention Unit (EAPU)
- Elder Rights Advocacy (ERA)
- Senior Rights Service
- Senior Rights Victoria

Appendix C – Stakeholder consultations

The following stakeholders were contacted and asked to provide feedback on the literature included for full text screening by the researchers. These stakeholders were determined in consultation with the project working group.

Council on the Ageing (COTA) Australia	Australian Capital Territory (Head Office)
ACT Disability, Aged and Carer Advocacy Service (ADACAS)	Australian Capital Territory
Public Trustee and Guardian	Australian Capital Territory
Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)	Australian Capital Territory
National Aboriginal Community Controlled Health Organisation (NACCHO)	Australian Capital Territory
Winnunga Nimmityah Aboriginal Health Service	Australian Capital Territory
Ms Margaret Crothers (Seniors Rights Service)	New South Wales
Office of the Public Guardian	New South Wales
Aboriginal Health & Medical Research Council of New South Wales	New South Wales
Shoalcoast Community Legal Centre Inc.	New South Wales
Professor Susan Kurrle (University of Sydney)	New South Wales
Ms Sue Brownlee (Seniors and Disability Rights Service – Darwin Community Legal Service)	Northern Territory
Catholic Care NT	Northern Territory
Office of the Public Guardian	Northern Territory
Aboriginal Medical Services Alliance Northern Territory (AMSANT)	Northern Territory
Mr Brendon Douglas (Charles Darwin University)	Northern Territory
Ms Meg Geritz (Red Cross Katherine)	Northern Territory
Alliance for the Prevention of Elder Abuse	South Australia

Ms Louise Herft (Aged Rights Advocacy Service [ARAS])	South Australia
Office of the Public Advocate	South Australia
Aboriginal Health Council of South Australia (AHCSA)	South Australia
South Australian Health and Medical Research Institute (SAHMRI)	South Australia
National Seniors Australia	Queensland (Head Office)
Older Person's Legal Services Network	Queensland
Elder Abuse Prevention Unit (EAPU)	Queensland
Office of the Public Advocate	Queensland
Australian College of Rural and Remote Medicine	Queensland
Queensland Aboriginal and Islander Health Council (QAIHC)	Queensland
Professor Jill Wilson (University of Queensland)	Queensland
Associate Professor Cheryl Tilse (University of Queensland)	Queensland
Advocacy Tasmania	Tasmania
Office of the Public Guardian	Tasmania
Tasmanian Aboriginal Corporation	Tasmania
Ms Ellen Gaffy (National Ageing Research Institute [NARI])	Victoria
Seniors Rights Victoria	Victoria
Elder Rights Advocacy (ERA)	Victoria
Office of the Public Advocate	Victoria
Victorian Aboriginal Health Service	Victoria
Victorian Aboriginal Community Controlled Health Organisation Inc. (VACCHO)	Victoria

Dr Rachel Carson (Australian Institute of Family Studies [AIFS])	Victoria
Mr David O'Keeffe (Australian Institute of Family Studies [AIFS])	Victoria
Advocare Incorporated	Western Australia
Alliance for the Prevention of Elder Abuse (APEA): WA	Western Australia
Office of the Public Advocate	Western Australia
Aboriginal Health Council of Western Australia (AHCWA)	Western Australia
Canadian Centre for Elder Law (British Columbia Law Institute [BCLI])	Canada
Canadian Network for the Prevention of Elder Abuse (CNPEA)	Canada
Professor Joan Harbison (Dalhousie University)	Canada
Professor Marie Beaulieu (Université of Sherbrooke)	Canada
Professor Lynn McDonald (University of Toronto)	Canada
Professor Janet Anand (University of Eastern Finland)	Finland
National Institute for Health and Welfare	Finland
National Centre for the Protection of Older People (University College Dublin)	Ireland
Hanny Naus (Age Concern)	New Zealand
Action on Elder Abuse	United Kingdom
Professor Richard Pugh (Keele University)	United Kingdom
Ms Bridget Penhale (University of East Anglia)	United Kingdom
Professor Jill Manthorpe (King's College London)	United Kingdom
Professor Brian Taylor (Ulster University)	United Kingdom
Professor Faith Gibson (Ulster University)	United Kingdom

International Network for the Prevention of Elder Abuse	United States
Center of Excellence on Elder Abuse and Neglect (University of California)	United States
National Center on Elder Abuse (University of Southern California)	United States
Texas Elder Abuse and Mistreatment (TEAM) Institute (University of Texas)	United States
Ms Angela Goins (University of Houston – Downtown)	United States
Dr Helen Miltiades (California State University – Fresno)	United States
Ms Lisa Nerenberg (City College of San Francisco)	United States
Professor Rebecca Morgan (Stetson University)	United States
Ms Lori Stiegel (American Bar Association Commission on Law & Aging)	United States
Ms Julie Childs (US Department of Justice – Elder Justice Initiative)	United States
Ms Talitha Guinn-Shaver (US Department of Justice – Elder Justice Initiative)	United States
Dr Shelly L. Jackson (US Department of Justice – Elder Justice Initiative)	United States

Appendix D – Literature included in the review

Qualitative research

- Brossoie, N., & Roberto, K. A. (2015). Community professionals' response to intimate partner violence against rural older women. *Journal of Elder Abuse & Neglect*, 27(4-5), 470-488. <http://dx.doi.org/10.1080/08946566.2015.1095664>
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- Vandsburger, E., & Robinson, B. I. (2013). "They could not believe that a 65-year-old man would still beat his wife": Professionals' perspectives on addressing abuse and neglect among older adults living in rural southwest Virginia. *Ageing International*, 38(3), 245-259. <http://dx.doi.org/10.1007/s12126-012-9180-1>
- Weeks, L. E., Macquarrie, C., Begley, L., Gill, C., & Leblanc, K. D. (2016). Strengthening resources for midlife and older rural women who experience intimate partner violence. *Journal of Women and Aging*, 28(1), 46-57. <http://dx.doi.org/10.1080/08952841.2014.950500>
- Wendt, S. (2010). Building and sustaining local co-ordination: An Australian rural community responds to domestic and family violence. *British Journal of Social Work*, 40(1), 44-62. <http://dx.doi.org/10.1093/bjsw/bcn114>

Quantitative research

Brymer, C., Cormack, C., & Spezowka, K.-A. (1998). Improving the care of the elderly in a rural county through education. *Gerontology & Geriatrics Education*, 19(1), 55-64.
http://dx.doi.org/10.1300/J021v19n01_05

Mixed methods research

Alston, M. (1997). Violence against women in a rural context. *Australian Social Work*, 50(1), 15-22. <http://dx.doi.org/10.1080/03124079708415203>

Buckwalter, K. C., Campbell, J., Gerdner, L. A., & Garand, L. (1996). Elder mistreatment among rural family caregivers of persons with Alzheimer's disease and related disorders. *Journal of Family Nursing*, 2(3), 249-265. <http://dx.doi.org/10.1177/107484079600200303>

Cupitt, M. (1997). Identifying and addressing the issues of elder abuse: A rural perspective. *Journal of Elder Abuse & Neglect*, 8(4), 21-30. http://dx.doi.org/10.1300/J084v08n04_02

McCosker, H., Madl, R., Harris, M., Anderson, D., & Mannion, J. (1999). Evaluation of a self-paced education package on violence against women for rural community-based health workers. *Australian Journal of Rural Health*, 7(1), 5-12. <http://dx.doi.org/10.1046/j.1440-1584.1999.00186.x>

Roberto, K. A., Brossoie, N., McPherson, M. C., Pulsifer, M. B., & Brown, P. N. (2013). Violence against rural older women: Promoting community awareness and action. *Australasian Journal on Ageing*, 32(1), 2-7. <http://dx.doi.org/10.1111/j.1741-6612.2012.00649.x>

Grey literature

Advocare Incorporated. (2015). *National elder abuse: Annual report 2014-2015*. Perth, WA: Advocare Incorporated. Retrieved from http://www.advocare.org.au/uploaded/files/client_added/NEA%20Annual%20Report%202014-2015.pdf

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Barnett, K. (2017). *Review of OPAN elder abuse advocacy and prevention programs: Final report*. Retrieved from <http://www.opan.com.au/wp-content/uploads/2017/12/Review-of-OPAN-Elder-Abuse-Programs-2017.pdf>

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- Cherniawksy, T., & Dickinson, R. (2015). *Promising practices across Canada for housing women who are older and fleeing abuse*. Canada: Atira Women's Resource Society. Retrieved from <http://www.bcli.org/wordpress/wp-content/uploads/2014/11/Promising-Practices-for-Housing-Women-who-are-Older.pdf>
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- Dow, B., Gaffy, E., & Hwang, K. (2018). *Elder abuse community action plan for Victoria*. Melbourne, VIC: National Ageing Research Institute Ltd (NARI).
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- Monsey, B., Owen, G., Zierman, C., Lambert, L., & Hyman, V. (1995). *What works in preventing rural violence: Strategies, risk factors and assessment tools*. St Paul, MN: Amherst H. Wilder Foundation. Retrieved from <https://files.eric.ed.gov/fulltext/ED382430.pdf>

- National Association of Area Agencies on Aging, & Miami University Scripps Gerontology Center. (2014). *Trends and new directions: Area agencies on aging survey*. Retrieved from <https://www.n4a.org/files/AAA%202014%20Survey.pdf>
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Appendix E – Full resource list

- Example community resource plan available at <http://dx.doi.org/10.1111/j.1741-6612.2012.00649.x>
- *What works in preventing rural violence: Strategies, risk factors, and assessment* report available at <https://files.eric.ed.gov/fulltext/ED382430.pdf>
- *Domestic Abuse in Later Life: A Competency-Based Training Manual for Meals on Wheels Volunteers and Other Elder Services Staff* training manual available at <https://training.familyvio.csw.fsu.edu/manuals/cbt/elderly.php>
- *Rural Doctors' Family and Domestic Violence Education Package* available at <http://www.acrrm.org.au/continuing-development/online-learning/modules/domestic-violence>
- *Domestic Violence: A Competency-Based Training Manual for Community Mental Health Center Staff* training manual available at <https://training.familyvio.csw.fsu.edu/manuals/cbt/community.php>
- *NSW Elder Abuse Toolkit: Identifying and responding to the abuse of older people: the 5-step approach*. Available at <http://www.elderabusehelpline.com.au/uploads/pdf/Toolkit%20-%20FINAL%20-%20WEB.pdf>
- *Rural domestic and sexual violence program advocates: Making a difference in the lives of older survivors of abuse* report available at <http://www.ncall.us/FileStream.aspx?FileID=85>
- *Safety planning with older people*. Available at <https://seniorsrights.org.au/wp-content/uploads/2014/03/SRV-SafetyPlanning-TipSheet-Feb2017-R1-WEB.pdf>
- *Reclaiming what is sacred: Addressing harm to Indigenous elders and developing a tribal response to abuse in later life* report available at <https://safehousingpartnerships.org/sites/default/files/2017-01/TLS-FINAL.pdf>
- Tradition of Respect (Elders and Youth Mentoring Camp 2012) short video available at <https://www.youtube.com/watch?v=XPPvRbr-Nfc>
- Culture of Respect (Elders and Youth Mentoring Camp 2015) short video available at https://www.youtube.com/watch?v=PygW_F63dsA

- Journey of Respect (Elders and Youth Mentoring Camp 2017) short video available at <https://www.youtube.com/watch?v=J5AMTBY5lrU>
- Further information about the Family Care Conference available at <http://dx.doi.org/10.1093/geront/47.2.248>
- Further information about the We Al-Li program available at <http://www.wealli.com.au/>