Elder abuse in Australia

Rae Kaspiew, Rachel Carson and Helen Rhoades

Introduction

Elder abuse presents a range of complex challenges for the Australian community.

The structures and frameworks in the areas of ageing generally and elder abuse particularly have parallels with those that shape responses to family and domestic violence and child protection, but the range of frameworks is greater and more complex. From a policy perspective, Commonwealth, state and territory governments have intersecting responsibilities in relation to ageing, aged care and health. Local governments also have responsibility for the delivery of services to the aged.

Many of the legal issues potentially raised by elder abuse—such as criminal justice responses and the legislative and organisational infrastructure that deals with matters including substituted decision-making and wills and estates—are the preserve of the states and territories. A range of professions, disciplines and organisations interact with elders and their family members. Professionals from health, law, social work and the banking and financial industry potentially engage with elder abuse in their day-to-day practice, and a range of public, private and non-government organisations provide aged care services in private and public settings.

Against this complex structure and organisational background, this article provides a brief overview of the issues raised by elder abuse in Australia.

What is elder abuse?

In Australia, approaches of organisations concerned with elder issues, such as Council On The Aging Australia (the peak national organisation representing the rights, needs and interests of older Australians), tend to be informed by human rights conceptualisations that emphasise self-determination, autonomy and respect (Department of Health, 2012).

A commonly applied definition locally is that adopted by the Australian Network for the Prevention of Elder Abuse in 1999 (also based
on the Action of Elder Abuse UK definition), which specifies that elder abuse is:

any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse may be physical, sexual, financial, psychological, social and/or neglect.¹

What defines an “elder”?  

In Australia, for statistical and a range of other purposes, including access to the pension (Australian Bureau of Statistics [ABS], 2012b), 65 is the starting point for status as an “elder”, and 70 is the age for access to aged care services (Cotterell, Leonardi, Coward, Thomson, & Walters, 2015).

The definition of “older” Australian used in this paper is consistent with that used by the ABS, which classifies people over 65 as “older”. It should be noted, however, that some definitions, studies and services concerned with elder abuse use the age of 60 as a starting point. The literature on ageing also distinguishes between “old” people (65–84 years) and “old old” people, aged 85 and above (e.g. Wainer, Owada, Lowndes, & Darzins, 2011). For Aboriginal and Torres Strait Islander peoples, who have a substantially lower life expectancy than non-Indigenous peoples, a lower age for those who are “older” is considered appropriate (e.g., 45–50 years; Cotterell et al., 2015).

The prevalence and dynamics of elder abuse

The available evidence suggests that prevalence varies across abuse types, with psychological and financial abuse being the most common types of abuse reported, although one study suggests that neglect could be as high as 20% among women in the older age group (Australian Longitudinal Study on Women’s Health [ALSWH], 2014). Older women are significantly more likely to be victims than older men, and most abuse is intergenerational (i.e., involving abuse of parents by adult children), with sons being perpetrators to a greater extent than daughters. For some women, the experience in older age of family violence, including sexual assault, represents the continuation of a lifelong pattern of spousal abuse (Cramer & Brady, 2013; Mann, Horsley, Barrett, & Tinney, 2014; United Nations Department of Economic and Social Affairs [UNDESA], 2013). Evidence on elder abuse occurring outside of a familial context (e.g., in care settings) is particularly sparse.

At the international level, the World Health Organization (WHO), 2015) recently reported that estimated prevalence rates of elder abuse in high- or middle-income countries ranged from 2% to 14%, with the following prevalence rates for the most common types of elder abuse:

- physical abuse (0–5%);
- sexual abuse (0–1%);
- psychological abuse, above a threshold for frequency or severity (1–6%);
- financial abuse (1–9%); and
- neglect (0–6%).

These prevalence estimates are based on data sources involving elderly people living in private and community settings and do not include those in institutional care or those with a cognitive impairment. These two latter limitations are characteristic of most prevalence studies, which therefore only reflect a partial view of the extent of elder abuse.

Australian studies

In Australia, there are two population-based studies that have yielded some insights into the extent to which older women experience violence, but there are limitations in the measures used and the extent to which they assess concepts relevant to elder abuse. One is a recently published, detailed analysis of data from the Personal Safety Survey (ABS, 2012a) by Australia’s National Research Organisation for Women’s Safety (ANROWS) (Cox, 2015).

The age range for “older women” in the Personal Safety Survey was 55 plus, and the analysis was framed to assess violence against women, focusing on sexual assault by any perpetrator, and partner violence involving physical assault, physical threat, sexual assault and sexual threat by a cohabiting or intimate partner. In relation to cohabiting partner violence, 0.4% of women aged 55 and older reported this experience in the preceding 12 months (c. 12,800 women), compared with 3% of 25–34 year old women, the age group where this form of violence is most common. In relation to sexual assault, 0.2% of the sample aged 55 plus (c. 7,000 women) reported experiencing sexual assault in the preceding 12 months, against a national average rate across all age groups of 1%.

The other population-based study to yield approximations of prevalence of elder abuse (for women only) is the Australian Longitudinal Study of Women’s Health (2014), which has measures relevant to vulnerability, coercion, dependence and dejection. This study is based on a random sample of women using a sampling frame from Medicare, with the oldest cohort (n = 5,561) being born between 1921 and 1926. When this cohort was surveyed in
In 2014–15, the most commonly reported type of abuse to the EAPU helpline was financial abuse, accounting for 40% of reports, compared to 35% for psychological abuse, which had been the most common type up to 2012–13. The next most common types were neglect and social isolation, at about 10% each. Physical abuse was reported in just under 5% of calls, and sexual abuse was referred to in about 1% of calls. Where the perpetrator was a partner or spouse, the most likely form of abuse was psychological (41%). Where the perpetrators were adult children, financial abuse (39%) and psychological abuse (38%) were the most common types of abuse.

In Victoria, a recent study by the National Ageing Research Institute (Joosten et al., 2015), commissioned by Seniors Rights Victoria (SRV), was based on an analysis of data derived from records of calls to a helpline operated by SRV between July 2012 and June 2014. Of 755 calls, 455 involved discussion of a matter that raised elder abuse issues (including some that raised multiple types of abuse), and 236 raised issues not relating to elder abuse. The most common concerns raised in relation to elder abuse were about financial abuse (61%) and psychological or emotional abuse (59%). Physical abuse was raised much less frequently (16%), as were social abuse (9%), neglect (1%) and sexual abuse (0.4%). Elder abuse issues were most commonly reported in relation to female victims (73% females cf. 28% males) and the most commonly reported perpetrators were male (60% males cf. 40% females). The majority of perpetrators of the abuse reported to the SRV helpline were children of the victim (67%), with sons responsible for 40% of incidents reported, and daughters for 27%. Spouses were reported to be responsible in small proportions of cases (5% husbands and 3% wives).

In NSW, two years of call data (n = 3,388) to the NSW Elder Abuse hotline (NSW Elder Abuse Helpline and Resource Unit, 2015) reveal broadly similar patterns to the Queensland and Victorian data. Women were most commonly reported to be the victims (71% women cf. 28% men), and the most common age group of concern in the calls was 75–84 year olds (33%). In 71% of calls, the perpetrators were family members, and the largest group of perpetrating relatives were adult children (26% sons and 21% daughters). Just over one in ten (12%) of perpetrators were spouses. The most common abuse type reported in the calls was psychological abuse (57%), followed by financial abuse (46%), neglect (25%), physical abuse (17%) and sexual abuse (1%).

Three reports completed in the past five years (Clare, Blundell, & Clare, 2011; Miskovski, 2014; Wainer, Darzins, & Owada, 2010) have used data from a range of agencies to assess the extent and nature of elder abuse. The reports by Wainer et al. and Miskovski specifically focused on financial abuse, and this kind of abuse emerged as the predominant concern in the report by Clare et al. Each of these reports illustrated the point that because responses to elder abuse are spread across different legal, policy and practice frameworks, the evidence available from these sources offers a piecemeal empirical understanding of elder abuse.
Risk factors and consequences

The literature indicates that there are different risk factors for different types of abuse. Among the common overall risk factors identified for which the empirical evidence is strong are when the older person has cognitive impairment or another disability, is isolated, or has a prior history of traumatic life events (Acierno, Hernandez, & Kilpatrick, 2010; O’Keeffe et al., 2007; WHO, 2015).

Cognitive impairment or other disability

Cognitive impairment and other forms of disability are established in the research literature as having a strong association with being vulnerable to elder abuse (Acierno et al., 2010; Gil et al., 2015; WHO, 2015).

The Queensland EAPU analysis of helpline data (derived from calls made predominantly by family members and friends, but also from professionals) established that the incidence of abuse types observed varies according to whether the victim is reported to have dementia (Spike, 2015). Financial abuse is reported to occur at similar rates whether or not the victim has dementia, but psychological abuse (as a primary abuse type) occurs about half as often when the victim has dementia. This suggests that psychological abuse occurs to support financial abuse where dementia is not present, but is no longer necessary where dementia is present.

Social isolation

Social isolation has a well-established association with being vulnerable to elder abuse (Acierno et al., 2010; ALSWH, 2014; O’Keeffe et al., 2007; WHO, 2015). There are several dimensions to the connection between this condition and elder abuse. Isolation renders elders more vulnerable to exploitation for psychological, emotional and physical reasons, and it also means that abusive behaviour is less likely to be discovered due to the absence of social and other networks around the older person.

Traumatic life events

The association between experiences of elder abuse and previous traumatic events, including interpersonal and domestic violence, is evident in a range of sources (Acierno et al., 2010; Mann et al., 2014; UNDESA, 2013) and suggests elder abuse reflects the perpetuation of complex familial dynamics. Acierno et al. observed in their study that these experiences increased the risk of emotional, sexual and financial mistreatment.

Other risk factors

Other factors that have been established as risk factors for the perpetration of elder abuse include the victim’s depression or alcohol and drug misuse, and the victim being in a position of financial, emotional or relational dependence with the abuser (WHO, 2015).

More generally, a theme that emerges from the analytic literature on elder abuse, but has not necessarily been directly measured in research, relates to attitudes and values (Gil et al., 2015; UNDESA, 2013; WHO, 2002a, 2015).

Generally, social and individual values that fail to accord respect and consideration to elders and their human rights are considered to create an environment conducive to elder abuse (Peri, Fanslow, & Hand, 2009). Some literature points to an association between gender roles and elder abuse, particularly financial abuse, because under traditional gender role paradigms, women have not expected, or been expected, to take responsibility for financial matters. In this respect, norms that support women’s relinquishment of financial control to others are also seen to be conducive to creating opportunities for elder abuse (Peri et al., 2009).

Consequences of elder abuse

Elder abuse has a range of physical, psychological and financial consequences. It can result in pain, injury and even death, and is associated with higher levels of stress and depression and an increased risk of nursing home placement and hospitalisation (WHO, 2015).
Prevention

Directions in the themes underpinning thinking about prevention have two broad elements locally and internationally. The first is oriented toward changing the values and attitudes among the broader community and among professionals and individuals who interact with elders to address ageist (and sexist) assumptions and attitudes and to develop understanding of ageing processes, including potential cognitive decline. The second is oriented toward mitigating the risk factors for elder abuse, through measures to reduce social isolation, increase autonomy and empowerment, and support retention of control over financial affairs, or at the very least to help elders maintain knowledge of their financial affairs (e.g., Mariam, McLure, Robinson, & Yang, 2015; Wainer et al., 2010).

Particular types of elder abuse

Financial abuse

Of the different types of abuse identified, financial abuse is the most well researched in Australia. There is also some evidence that suggests psychological and financial abuse often co-occur, and that psychological abuse may be a form of “grooming for financial abuse” (EAPU, n. d.; Miskovski, 2014; Wainer et al., 2010).

The WHO (2002a) defines elder financial abuse as “the illegal or improper exploitation or use of funds or resources of the older person” (p. 3). Darzins, Lowndes, & Wainer (2009) estimated that this experience affects between 0.5% and 5% of older Australians. The forms that financial abuse takes are varied, and it is this kind of abuse that is most likely to come to the attention of professionals across various areas (including banking, law and the welfare sector) because it may involve transactions and engagement with institutions and organisations. Financial abuse covers a spectrum of behaviours, and a guide published by Seniors Rights Victoria describes it as existing “in the grey area between thoughtless practice and outright theft” (Kyle, 2012, p. 7).

Several studies and analytic reports have raised concerns about financial management practices that are risky from the perspective of both the elder whose finances are being managed and the person managing them. Assistance in managing financial arrangements may be informal or formal in nature, ranging from informal responsibility for banking and bill payments to substantial responsibility for financial arrangements being assumed. The frameworks and instruments governing formal transfers of financial responsibility are those relating to enduring power-of-attorney instruments, which are executed when a person has capacity, and allow another person (the attorney) to take responsibility for financial matters.

If an enduring power of attorney has not been executed and it becomes necessary for someone else to exercise responsibility for an elder’s financial affairs, then application must be made to a guardianship board or tribunal. It appears that anticipatory execution of enduring power-of-attorney instruments is common, with one study of supported asset management identifying 69% of a sample of 421 Victorians aged 65 and over using an enduring power of attorney (Tilse, 2007, as cited in Wainer et al., 2010).

In 2010, Wainer and colleagues observed that “supported asset management is a common experience for family members and there is much work to be done to understand the dynamics of this form of care, particularly in a multicultural society” (p. 6). In this area, varying societal values about the extent to which assets are considered communal or personal within a family are evident, and it is also evident that expectations are culturally determined (Miskovski, 2014; Wainer et al., 2010).

The study by Wainer and colleagues was based on an analysis of data from a range of agencies whose operations bring them into contact with elder financial abuse in Victoria. The findings of this study showed that, to
Another area where financial abuse was identified was where an adult child held power of attorney and was also the beneficiary of a will and acted to preserve their inheritance by not selling the family home to release funds for an assisted accommodation bond, even though this was needed for their parent.

Wainer et al. (2010) concluded that the legal system was rarely used and unhelpful when trying “to prevent or remedy financial abuse”. There were a number of reasons for this, including privacy issues and the lack of an easily identifiable and accessible mechanism for reporting concerns.

These findings are consistent with those of a multi-dimensional study by Tilse, Wilson, Setterlund, & Rosenman (2005) on practices surrounding the management of older people’s assets. The research found poor understanding of legal obligations and mechanisms in relation to assisted asset management among elder people and those caring for them. It also highlighted “attitudes that suggest entitlement” to the older person’s assets, that together with risky asset management practices, created the conditions for financial elder abuse. Concluding that legal redress is often unattainable for practical reasons (assets are unrecoverable) or personal reasons (the older person decides that maintaining relationships is more important than pursuing justice), the researchers highlighted the need for a cross-sectoral approach involving financial institutions, advocacy organisations and agencies concerned with providing services to older people.

Bagshaw, Wendt, Zanettino, and Adams (2013) examined in separate surveys the views of 209 service providers on the risk factors for elder financial abuse, and the concerns of 114 older people and their family members about financial abuse. Six risk factors were identified by majorities of services providers:

- a family member having a strong sense of entitlement to an older person’s property or possessions (84%);
- an older person having diminished capacity (82%);
- an older person being dependent on a family member for care (81%);
- a family member having a drug or alcohol problem (73%);
- an older person feeling frightened of a family member (73%); and
- an older person lacking awareness of his or her rights and entitlements (72%).

About half of the sample of older people and their family members indicated they did not have concerns about financial management issues. The balance indicated they were "somewhat concerned" (30%), "concerned" (8%) or “very concerned” (18%).

Sexual abuse

Sexual abuse appears to be an uncommon form of elder abuse; however, the ANROWS analysis of Personal Safety Survey data suggests it is potentially experienced by thousands of older women annually.

Empirical evidence in this area is limited, but a recent study by researchers at La Trobe University has shed some light on the issue. Mann and colleagues (2014) conducted a study involving professionals concerned with sexual assault, service providers in aged care services, and women over 65 who had experienced sexual assault, their family members and friends. The findings showed that “the sexual assault of older women occurs in a wide range of contexts, settings and relationships. Older women remain vulnerable to sexual assaults by husbands/partners and family members. They can also face threats from service providers that they may rely on for general care, health care and intimate care. Assaults in such settings can be perpetrated by female as well as male staff” (p. 2).

The research highlighted a lack of mechanisms to ensure that professionals such as personal care workers were fit for the responsibilities of working with the aged, and suggested a need for licensing of these workers and a way of conducting background checks analogous to the Working with Children Checks (Child Family Community Australia, 2014). It also revealed mixed views on the question of reporting obligations, with evidence of some support for reporting concerns.

With elder financial abuse in Victoria, the findings of this study showed that, to the extent data were available, between one- and two-thirds of the elderly concerned were vulnerable because of dementia.
among professionals for mandatory reporting. Concern was expressed in relation to gaps in reporting obligations. Most significantly, the research highlighted the fact that no statutory reporting obligations apply in aged care services that do not receive Commonwealth government funding. The researchers also expressed concern about the narrow statutory reporting obligations in the *Aged Care Act 1997 (Cth)* in relation to Commonwealth-funded facilities, and the implications of the discretion not to report (where reporting would otherwise be mandatory) in circumstances where the reportable act is committed by a person with cognitive impairment.

**Elder abuse in particular contexts**

Insight into elder abuse in particular contexts is limited, including among Aboriginal communities, culturally and linguistically diverse (CALD) communities, rural communities, and gay, lesbian, bisexual, transsexual, intersex and queer (GLBTIQ) communities (Higgins, 2004).

In relation to elder abuse in Aboriginal communities, a 2005 report by the Office of the Public Advocate in Western Australia established that in the Aboriginal context, even at the level of terminology, the conceptualisation of the mainstream concept of elder abuse requires reconsideration. Both the terms “elder” and “abuse” were considered problematic, as “elder” has a specific meaning in Aboriginal communities, and “abuse” may be considered inapt and confrontational. The research indicates that, as in the non-Aboriginal context, the most common type of abuse is financial but that other types of abuse also occur.

Two factors that were identified as having particular implications in the Aboriginal context were cultural obligations and the circumstances of grandparents. From a cultural perspective, Aboriginal norms in relation to reciprocity, the expectation that resources will be shared, and kinship (where a wide variety of relationships are involved in familial and community networks), are dimensions that complicate understandings of whether and how elder abuse is occurring. The extent to which calls on grandparent resources to care for grandchildren are culturally reasonable or unreasonable was also highlighted by the research. Substantially more work is required to understand and conceptualise elder abuse in the Aboriginal context, especially among different groups in different circumstances, given the diversity among Aboriginal and Torres Strait Islander communities.

In CALD communities, the literature suggests that a number of factors can heighten vulnerability to abuse, including language difficulties for those whose primary language is not English, social dependence on family members for support, and the potential conflict caused by cross-generational expectations in relation to care (Bagshaw, Wendt, & Zannettino, 2009).

Some issues particularly pertinent to people resident in rural areas have been highlighted in the research (Tilse et al., 2006; Wainer et al., 2010). These include the complexity of assets held by families resident in rural areas such as farming properties; lack of access to services that may assist with asset management arrangements and responses to situations where elder abuse is occurring or expected; and the dynamics involved in reporting or disclosing elder abuse in rural communities, where shame and concern to protect the family name potentially play an inhibiting role.

**Disclosure and reporting**

Complex dynamics and structures are relevant to consideration of the questions of disclosing, discovering and reporting elder abuse. Elder abuse is generally considered to remain hidden to a significant extent, and if it is disclosed or discovered, under-reported (Jackson & Hafmeister, 2015; UNDESA, 2013; WHO, 2002b).
The same factors that are associated with vulnerability to elder abuse—social isolation and cognitive impairment—also militate against disclosure or discovery and reporting. Where abuse occurs in the context of familial or caregiver relationship dynamics (Jackson & Hafmeister, 2015), this may inhibit a parent disclosing mistreatment by a child and a spouse disclosing mistreatment by a partner.

The dynamics of dependence are also relevant, since an aged person may be reluctant to disclose abuse by someone on whom they depend for care, since disclosure may mean withdrawal of the care and potentially an unchosen change in living circumstances. Cognitive impairment may also mean that an older person is unable to disclose or is not believed when they do disclose. Shame, embarrassment, fear of negative repercussions and/or a belief that disclosure and/or reporting may result in no consequences or negative consequences may also be relevant.

The question of reporting obligations in Australia is the subject of significant debate. Apart from limited obligations in relation to specific offences for Commonwealth-funded care facilities (Aged Care Act 1997 (Cth), s 63-1AA), there are no statutory mandatory obligations on professionals to report elder abuse. Reporting pathways are acknowledged to be complex and confusing both for members of the community and professionals. Duties in relation to reporting depend on the professional context in which elder abuse is discovered. Some analyses have shown that even professionals providing care and other services to elders are unaware of reporting mechanisms (e.g., Miskovski, 2014).

There are a number of different perspectives on the question of whether mandatory reporting obligations should be introduced. One view is that mandatory reporting is paternalistic and detracts from the autonomy of the elder involved. This position is predicated on the view that the elder is in the best position to make a decision about whether abuse should be reported, and derogating from this position reflects an infringement of their human rights, particularly the right to self-determination (EAPU, 2006).

Although some organisations and individuals suggest that mandatory reporting might be an appropriate response where elders have diminished capacity, the EAPU asserts that existing obligations arising from professional duty of care requirements already impose sufficient reporting requirements on professionals.

Research suggests mixed views among professionals. The Alzheimers Australia NSW (Miskovski, 2014) study found some support for mandatory reporting of financial abuse among professionals. The study by Mann et al. (2014) on sexual assault and older women also found support among some professionals for mandatory reporting of sexual assault in this context, but this was not a universal view.

Inquiry into protecting the rights of older Australians from abuse

On 23 February 2016, the Attorney-General of Australia, the Hon. George Brandis QC, asked the Australian Law Reform Commission (ALRC) to look at existing Commonwealth laws and frameworks that aim to protect older persons from misuse or abuse by formal and informal carers, supporters, representatives and others. The ALRC was also asked to look at the interaction of Commonwealth laws with state and territory laws and to identify “best practice legal frameworks which promote and support older people’s ability to participate equally in their community and protect against misuse or advantage taken by formal and informal supporters or representatives.”

As the population ages, and more people become affected by age-related conditions that increase their vulnerability, the potential for elder abuse also increases. The Toronto Declaration on the Global Prevention of Elder Abuse (2002) stated that “[p]reventing elder abuse in an ageing world is everybody’s business.”

The two key principles guiding the Inquiry are:

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

After a process of submissions and further consultation rounds, the final report of the inquiry is expected in May 2017.
Going forward

The calls for a national consideration of elder abuse are gaining pace (e.g., see Chesterman, 2015a; Lacey, 2014), with widespread recognition among experts in the field that both the existing knowledge base concerning elder abuse and approaches to preventing, identifying and addressing such abuse, however defined, have significant limitations (Clare et al., 2011; Wainer et al., 2010). Community concern is also increasingly evident, reflected in the NSW Parliamentary Inquiry Into Elder Abuse (General Purpose Standing Committee No. 2, 2016), and the House of Representative Inquiry Into Older People and the Law in 2007.

In the coming decades unprecedented proportions of Australia’s populations will be aged. In 2050, just over a fifth of the population is projected to be over 65 (compared with 15% in 2015), and those aged 85 and over are projected to represent about 5% of the population (compared with less than 2% in 2011). With three in ten people over 85 having dementia (ABS, 2013), the numbers of aged people with a primary risk factor for elder abuse are likely to increase substantially. There will be significant cultural diversity among this population (ABS, 2015). Given that women tend to outlive men, it seems reasonable to suggest that a substantial number of widowed women will be living alone in 2050, a circumstance that again reflects a key risk factor for elder abuse. The numbers of aged people with dementia living in assisted care will also be substantial. These factors underline the need to consider the development both of prevalence assessment strategies and future policy responses to elder abuse.

Endnotes

1 See the Definition of Elder Abuse at: <www arasagedights.com/definition-of-elder-abuse.html>

2 According to one set of projections developed by the ABS (2013), the proportion of the total Australian population that is aged 65 years and over would increase from 14% in mid-2012 to 22% in mid-2061, while the proportion aged 85 years and over would increase from 2% to around 5%. As the ABS explains, population projections are not predictions. They are based on sets of assumptions concerning future changes occurring in the total fertility rates, mortality (and hence life expectancy) and net immigration. The projections quoted here are based on the ABS’ “Series B” set of assumptions.

References


Clare, M., Blundell, B., & Clare, J. (2011). Examination of the extent of elder abuse in Western Australia: A qualitative and quantitative investigation of existing agency policy, service responses and recorded data. Crawley, WA: Crime research Centre.


Mann, R., Horsley, P., Barrett, C., & Tinney, J. (2014). Norma’s Project. A research study into the sexual assault of older women in Australia (ARChS Monograph Series No. 98). Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.


Dr Rae Kaspiew is a Senior Research Fellow and Dr Rachel Carson is a Research Fellow, both at the Australian Institute of Family Studies. Professor Helen Rhoades is an academic from the Melbourne Law School, The University of Melbourne.