CDFV Re@der

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Domestic and family violence in LGBTI relationships

Violence against women in rural communities

Re-conceptualising 'domestic violence' to include women with disabilities in institutions

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Elder abuse: A review of the literature

CQUniversity AUSTRALIA

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Director's message

This is the time of year when one typically reflects on what has gone before and I will continue that tradition by summarising some of the key activities that represent the productive year that 2012 has been for CDFVR.

Four research seminars were held involving seven presenters, two of whom were international guests (Dr Myrna Dawson, Canada Research Chair in Public Policy in Criminal Justice and Dr David Adams from, EMERGE, Boston, USA). We were equally delighted to have seminar presentations from Dr Michael Flood, University of Wollongong; Dr Rae Kaspiew, Australian Institute of Family Studies; Zoe Rathus AM, Griffith University; Professor Heather Douglas, University of Queensland; and Raquel Aldunate, Refugee and Immigration Legal Service. All of the research seminars were video-recorded, enabling the production of a DVD of each, which have been made available for viewing on CDFVR's website as well as being distributed to organisations around the state.

Research on awareness, attitudes and experiences of intimate partner violence, elder abuse and adolescent to parent abuse was completed, with the report now ready for publication; and with additional funding support from CQUniversity, significant progress has been made on research examining race and gender in the application of Queensland's domestic violence legislation. CDFVR's unique Domestic and Family Violence Database, which collates non-identifying domestic and family violence services' client data was reviewed and significantly enhanced to better meet the information needs of the participating services, the Queensland Government and CDFVR.

This year's annual Indigenous Family Violence Prevention Forum, convened as always in conjunction with CDFVR's Aboriginal and Torres Strait Islander Reference Group, was titled *Culture and healing - The hard yarns*. Attendance at the Forum was capped at 100 participants, with 80 per cent of participants identifying as Aboriginal and/or Torres Strait Islander.

Presentations were made at eight conferences (including one national and three international conferences) on unintended consequences of civil domestic and family violence laws; the National Plan to Reduce Violence against Women and their Children; adolescent to parent abuse; and co-ordinating responses to domestic violence and animal abuse.

CDFVR participated in a collaborative project with the National Rural Women's Coalition and the Australian Women against Violence Alliance to develop a toolkit for women in rural communities to implement primary prevention activities, in support of the National Plan to Reduce Violence against Women and their Children. CDFVR also produced, with the support of various advisory and reference group members, five other new resources in 2012, in addition to the publication of four editions of the CDFVRe@der. These are the *Strong women – Hard yarns* resource for Aboriginal and Torres Strait Islander women of various ages; a set of three fact sheets for men who use violence about the impact of violence on a) babies and toddlers, b) children aged 4-12 years, and c) young people; and a mobile app *Domestic and Family Violence Protection Act 2012: A guide for service providers*.

I have the privilege of working with a small, dedicated group of people whose remarkable individual and combined talents make possible the volume and quality of work produced. Except for the actual printing of hard copies of fact sheets all of the resources are produced in-house, including design and layout, video-recording and editing and DVD production. I particularly want to acknowledge Annie Webster (Education Officer), Clinton Rawsthorne (Multimedia Officer) and Lauren Pattie (Administration Officer) who have formed the core team throughout the year. I also want to acknowledge Renette Viljoen (Education Officer) and Terese Kingston (Research Assistant) who worked with us for a large part of the year and Katrina Finn, Kiri Dicker and Christine Potito who we engaged on a casual basis to pick up particular tasks after Renette left in July. Katrina was a key member of the team that developed the mobile app, while Kiri and Christine were engaged as casual staff to write articles for the CDFVRe@der. Apart from Annie, Lauren and I being based in Mackay, we have had team members in Brisbane, Canberra, the Gold Cost and Lennox Heads.

Last but not least I want to acknowledge and express my very deep gratitude to the many people who contribute to our work through membership of our advisory and reference groups and by providing feedback on our work. Sincere thanks to you all and very best wishes for the festive season.

Inside this issue

Centre News

Stephen Page and Zoe Rathus AM trial the new app.

CDFVR is pleased to announce the launch of its newest, and most innovative, resource – a mobile app to support workers to quickly access an explanation of the 214 provisions to the *Domestic and Family Violence Protection Act 2012*. The app, which was developed in partnership with the Queensland Government and a community-based reference group, was launched by the Chief Magistrate of Queensland, His Honour Judge Brendan Butler, AM, SC, on Friday November 23 and is now available for Android and Apple mobile devices, as well as desktop computers.

The phone app will eliminate the need for workers to carry a hard copy of the Act, manually search for specific provisions and then try to decipher, within a short period of time, the meaning and intent of the provisions which would often require cross-referencing to other sections and even other legislation. It contains a set of frequently asked questions, a search facility to enable quick access to specific sections of the Act, as well as a search facility for access to key terms.

Feedback received during the trial of the app indicates it will also be useful for police and magistrates by enabling them to quickly find relevant sections of the Act. One reviewer said: "having the app to double check information was invaluable and was time saving for my workload".

To access the app go to:

www.noviolence.com.au/phoneapps.html

Download on the App Store

ANDROID APP ON Google play

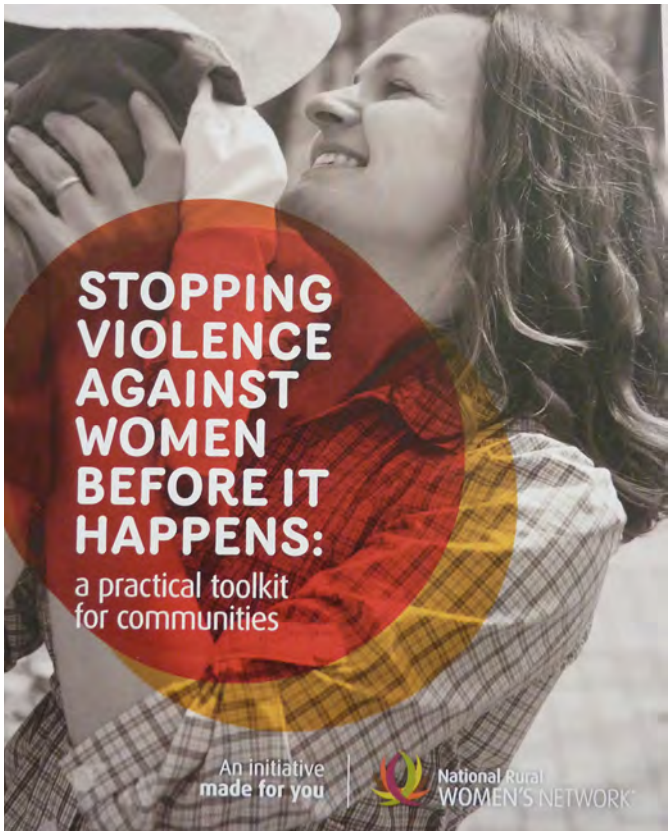
Stopping violence against women before it happens – A retrospective

by Kiri Dicker, CDFVR

The *Stopping violence against women before it happens* toolkit was developed in 2012 by the National Rural Women's Coalition (NRWC) in partnership with the Australian Women Against Violence Alliance (AWAVA) and the Queensland Centre for Domestic and Family Violence Research (CDFVR), CQUniversity. The project was funded by the Australian Government Office for Women, through the National Women's Alliances program.

Like the stories of the Aboriginal dreaming, the story of how the toolkit got its name sets the scene for this journey. Our goal was to develop a resource to assist rural and regional communities implement primary prevention approaches to violence against women, yet during our community consultations the words *primary prevention* were often met with blank stares, indifference and confusion. We soon realised that if this toolkit was going to be of any use to our target audience, we needed to lose the technical jargon and embrace plain English and so *stopping violence against women before it happens* emerged as a simple, straightforward explanation of the differences between primary, secondary and tertiary violence prevention.

From start to finish, the development of the toolkit was grounded in the realities of rural and regional Australia. With project partners based in Kyneton (VIC), Lennox Head (NSW), Canberra (ACT) and Mackay (QLD), traditional team meetings were replaced with Skype, shared files, email and good old-fashioned yarns on long road trips. Our community consultations in Emerald (QLD) and Broken Hill (NSW) gave us a remarkable insight into the challenges of preventing violence against women in communities where services are under-staffed, under-resourced and overwhelmed by a demand that far outstripped supply. Community members and service providers told us that they simply didn't have time to read long and complex research or policy papers - they wanted a practical and easy-to-use resource that gave them straightforward advice, useful resources and ideas for community-led action to prevent violence against women.



To respond to this, we created a toolkit containing 15 single-page fact sheets that could be downloaded free online. The toolkit was developed in three parts, designed to represent a logical progression from knowledge to action. Part one provides an overview of key concepts in the primary prevention of violence against women, essential knowledge that we found many staff in rural and regional Australia were lacking. Part two uses case studies to demonstrate what primary violence prevention activities look like 'on the ground'. This section begins to bridge the gap between knowledge and action by exploring different methods of primary prevention work. Part three is entirely action-focused and provides a step-by-step guide to working in partnership, mapping community needs and designing, implementing and evaluating primary prevention projects.

The *Stopping violence against women before it happens* toolkit was officially launched by the Hon Julie Collins MP at the Country Women's Association 34th Triennial Convention in Hobart. It could be said that few people know the challenges of life in rural Australia like the women of the CWA.

So, what next? Shortly after embarking on this project, it became clear that the toolkit needed to be the first step in an ongoing commitment to build the capacity of rural and regional communities in the primary prevention of violence against women. The National Plan to Reduce Violence Against Women and their Children set the policy framework for violence prevention work in Australia. Now it is time for this policy to be translated into funding and resources for community level action. Some innovative and creative suggestions for building on the success of the toolkit include:

- State and territory 'primary prevention roadshows'. This would see a team of specialists travelling across the country stopping at schools, workplaces and public events, using the toolkit as a basis for educating rural and regional communities about primary violence prevention. The roadshows could be complemented by a website and social media campaign with live webinars that allowed virtual participation by communities across Australia.
- A mentoring program that engages well-

resourced organisations with specialist expertise in primary violence prevention (generally located in urban centres) to work with key organisations in rural and regional areas over a 12 month period to build their capacity to design and implement primary violence prevention programs.

- Supporting the adaptation and expansion of existing best practice primary prevention programs and approaches (many of which are listed in the toolkit) to rural and regional areas.

These are short-term suggestions that can be initiated immediately to build on the success of the toolkit, however the need for sustainable, long-term policy and program solutions to prevent violence against women in rural and regional communities is also paramount. These programs must take into account the specific challenges these communities face, including lack of specialist services and staff, large geographical catchment areas and shortage of opportunities for professional development and training.

While policies like the National Plan can guide and enable effective responses to reducing and preventing violence against women, we must not forget that the real potential is with local, community-led action by men and women across Australia.

Hard copies of the *Stopping violence against women before it happens* toolkit can be purchased online from: www.nrwn.org.au. Alternatively, it can be downloaded free of charge from: www.nrwn.org.au/toolkits/

> "Our community consultations in Emerald (QLD) and Broken Hill (NSW) gave us a remarkable insight into the challenges of preventing violence against women in communities where services are under-staffed, under-resourced and overwhelmed by a demand that far outstripped supply."

Is violence against women more common in rural communities?

by Kiri Dicker, CDFVR

While developing the *Stopping violence against women before it happens* toolkit we learnt that some people living in rural and regional Australia think that domestic violence is only a problem in the city. Yet it has been claimed that women in rural and regional Australia experience higher rates of domestic violence than women in urban areas.

Accurately measuring rates of domestic violence can be a complex and misleading task. When it comes to rural and regional areas, the results are often conflicting and inconclusive. A turning point in uncovering hidden rates of violence against women in Australia was the 1996 Women's Safety Survey, conducted by the Australian Bureau of Statistics (ABS). This large scale, randomised survey found that 23% of ever-partnered women had experienced physical violence by a male partner[1]. However, the process of disaggregating such large data sets is complex and expensive, and consequently did not provide a breakdown of data on the basis of rural and urban areas.

One study that did collect limited information on the location of respondents was the 2005 ABS Personal Safety Survey[2], which concluded that prevalence rates of all types of violence (towards both women and men) were higher in major urban areas, followed by outer regional and remote areas [3]. On the other hand, some studies have been used to claim that domestic violence is more common in rural areas than urban areas[4]. For example, when the 'young' cohort of the Longitudinal Study of Women's Health were surveyed in 2006 (at the age of 28-33 years) the percentage who said they had ever been in a relationship with a violent partner or spouse was 12.6% in urban areas, 19.5% in large rural areas and 16.7% in small rural areas[5].

Crime statistics are another common source of information about rates of domestic violence, however given that most violence against women is never reported to the police[6], they only show us the 'tip of the iceberg'. Despite this, they are regularly used to draw conclusions about the prevalence of domestic violence. For example, in 2002, Regional Violence Prevention Specialists Cath Hastings and Karen MacLean cited higher recorded rates of Apprehended Violence Orders (AVOs) granted by Local Courts in regional areas of NSW than in Sydney, as evidence that rates of domestic violence were higher in rural

than urban areas[7]. However, they then went on to acknowledge that there were several reasons that may explain why rates of AVOs in rural areas were higher, including a lack of domestic violence crisis services meaning that women had fewer alternatives than to apply for an AVO.

Another type of data that is often used to provide evidence of rates of domestic violence is data collected by crisis support services. The most extensive of these data sets is from the Supported Accommodation Assistance Program (SAAP), which was for many years, the primary mechanism for the provision of crisis accommodation and homelessness support services in Australia. It was based largely on SAAP data that the Women's Emergency Services Network (WESNET) concluded that women in regional Australia are more likely to experience domestic violence than women in urban areas[8]. The report quoted SAAP data from 1997-1998, which showed that the 'domestic violence rate' was 4.29% in capital cities, 4.39% in large metropolitan centres, 9.95% in large rural areas, 6.18% in other rural areas and 20.86% in remote areas[9]. The problem with using SAAP, and other service data, to draw conclusions about rates of domestic violence is that this data only reflects reported domestic violence, not the incidence or prevalence of domestic violence in the general population. Further, SAAP measures 'support periods', rather than actual client numbers.

While some research has concluded that women in rural and regional areas are more or less likely to experience domestic violence than women living in urban areas, there is a growing body of evidence that suggests that rates of violence are equally high in both urban and rural areas.

In 2008, the Queensland Centre for Domestic and Family Violence Research (CDFVR) conducted research into intimate partner abuse in the Bowen Basin and Mackay region of Central Queensland[10]. The study found that these women experienced physical and sexual violence by current male partners at rates only marginally higher than the national average. For example, 11.5% of women in the Bowen Basin study had experienced physical abuse at some point in their relationship, compared to 10% of women in an Australian study using a similar methodology[11].

Three years later, CDFVR replicated the methodology used in the Mackay and Bowen Basin study to survey 1864 women across Queensland on their experiences of intimate partner violence[12]. The results of this research were highly consistent with the results of the Mackay and Bowen Basin study and the Australian component of the International Violence against Women Survey[13]. Most importantly, they did not establish a statistically significant correlation between the location of the women surveyed and the likelihood of violence. In other words, women living in Queensland's urban and regional centres were no more or less likely to experience violence than women living in rural and remote areas.

> "Since it is common for the same woman to seek support from one or more domestic violence services multiple times, the data does not always provide an accurate depiction of the prevalence of violence."

One factor that undoubtedly accounts for higher rates of violence in rural and remote communities is the fact that Indigenous women (many who live in rural and remote areas) are both more likely to experience domestic violence than Indigenous women in urban areas and significantly more likely to experience domestic violence than non-Indigenous women[14]. Despite this, such findings should not be used to make conclusions about domestic and family violence in rural and remote areas more broadly (e.g. remote farms and cattle stations). This is because the prevalence and seriousness of Indigenous family violence must be seen in the context of the historical, political, social and cultural environments in which it occurs. As pointed out by the (Queensland) Aboriginal and Torres Strait Islander Women's Taskforce on Violence Report (2000): 'the high incidence of violent crime in some Indigenous communities, particularly in remote and rural regions, is exacerbated by factors not present in the broader Australian community... including dispossession, cultural fragmentation and marginalisation[15].

So with conflicting, inconclusive and unreliable evidence on the prevalence of domestic violence in rural and regional Australia, are we to conclude that there is a need for further research into this issue? Not necessarily. It is often said that 'there are no wrong answers, only wrong questions'. If this is true, then perhaps the problem is that we are asking the wrong questions.

Australia's rural and regional areas are remarkably diverse. They encompass expansive cattle stations, large regional centres, remote Aboriginal townships, coastal villages, mining communities and many others. Research unanimously shows that rates of violence against women are unacceptably high across all of these areas. Taking into account the diversity of rural and regional Australia, the question we need

to be asking ourselves is not whether there is more or less domestic violence, but how women experience domestic violence in rural and regional areas.

Specific issues that need to be taken into account when addressing domestic violence in rural and regional areas include geographical isolation and fewer crisis support services, which mean that women often have to travel long distances away from the support of friends and family, to get help[16]. Dismissive community attitudes towards domestic violence and a perceived lack of confidentiality in small towns also discourage women in rural areas from speaking out about violence[17].

> *"The reality is, it is friends and neighbours, not police and support services, who are the most common form of support for women experiencing violence."*

The Australian Government is making progress towards reducing violence against women, guided by the National Plan of Action to Reduce Violence against Women and their Children (2010-2022)[18]. Inherent in this plan is an acknowledgement that the specific needs of rural and regional communities must be taken into account. For example, the Australian Government recently established a 1800 RESPECT hotline to provide free, 24/7 crisis support to both women and men experiencing and/or using violence as well as professionals working in rural and remote locations.

While initiatives such as 1800 RESPECT show promise – they are only useful if women experiencing domestic violence choose to engage with the service system. Sadly, we know that this is not the case, with research showing that only 19% of Australian women who experienced violence in the past 12 months sought professional help[19], while 10% of women who experienced violence never talked to anyone about the violence[20].

The reality is, it is friends and neighbours, not police and support services, who are the most common form of support for women experiencing violence[21]. This is why it is absolutely vital that communities across Australia, including rural and regional areas, are informed about how best to support women experiencing violence. Or better still, stop violence against women before it happens.

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Opening minds & opening doors: Re-conceptualising 'domestic violence' to be inclusive of women with disabilities in institutions

by Carolyn Frohmader and Karin Swift, on behalf of Women With Disabilities Australia (WWDA)

In 2010, three women with intellectual disabilities living in a group home in Victoria, were brutally assaulted and raped after being left alone with a male employee. For one of the women it was the second savage attack she had endured, having previously been bashed by a violent male co-resident in another home. The severely traumatised women were provided with a single session of one-on-one counselling ten days later. In calling for action to prevent such violence occurring to other vulnerable women, the mother of one of the women said 'Our girls haven't been safe in their own home and everybody has that basic right to be safe in their own home and their own bed.'[1]

Regrettably, this is not an isolated case. Many women with disabilities living in institutions in Australia continue to live in appalling conditions with violence a day to day reality of their lives, frequently involving sustained and multiple episodes.[2] Yet it is often the case that violence perpetrated against disabled women and girls in institutions is rarely characterised as domestic violence and rarely are domestic violence related interventions deployed to deal with this type of violence. In this brief paper, we argue that it is time that notions of domestic violence and responses to domestic violence, are re-conceptualised to fully address and be inclusive of, women with disabilities living in institutions.

Institutional life for women and girls with disabilities can include a range of living arrangements and programs, such as group homes, boarding houses, day support programs, hospitals, psychiatric facilities, prisons and a host of other environments.[3] Women with disabilities who live in institutions are at particular and significant risk of violence due to a range of factors, including: the reinforced demand for compliant behaviours; their perceived lack of credibility; their social isolation and lack of access to learning environments; their dependence upon others; their lack of access to police, support services, lawyers or advocates; the lack of public scrutiny of institutions; and the entrenched sub-culture of violence and abuse prevalent in institutions.[4]

In Australia, the legal definition of domestic violence varies across jurisdictions but generally, it is understood in the context of 'spousal' 'intimate partner' or 'family' violence. Some definitions are more inclusive than others, however, despite the many and varied definitions within the various laws of what constitutes domestic/family violence, and domestic relationships, most do not contain definitions which encompass the range of domestic/family settings in which women with disabilities may live (such as institutions), nor do they contain definitions which capture the range of relationships and various forms of violence as experienced by disabled women.[5] Without inclusive legislation, there are limited legal means to fight violence against women with disabilities. Comprehensive and inclusive legislation dealing with domestic violence, which uses broad definitions of, for example 'family', should include the plethora of relationships that can occur within the domestic arena of women with disabilities, including those living in institutions. Critically, such definitions are only useful if they are translated into relevant policy frameworks, policies and service responses.

> "Without inclusive legislation, there are limited legal means to fight violence against women with disabilities."

It is partly because women with disabilities' experiences of violence may not fit either historic, or contemporary definitions and understandings, that violence perpetrated against them often goes unidentified, unreported, un-investigated, inadequately investigated, or result in poor outcomes for the women concerned.

For example, in 2009 a severely disabled teenage girl had her nose almost bitten off in a sickening attack at a government funded group home. The young girl was unable to fend off her 22-year-old male attacker who was a co-resident. The man climbed into her bed during the night and tore into her face and chest with his teeth, leaving her with severe bites, black eyes, bruises and scratches all over her body. No charges were laid.[6]

Cases such as this are not characterised nor treated as domestic violence, rather they are typically reframed and detoxified as 'challenging behaviour', 'abuse' or 'service incidents', and the response tends to be one of 'adopting behaviour management strategies' rather than involving police and domestic violence services.[7]

Even when violence is reported, there are considerable barriers to the perpetrator being charged or prosecuted. Women with intellectual disabilities have less chance of being believed than non-disabled women and police are often reluctant to investigate or prosecute when a case involves a woman with an intellectual disability. This is partly due to the stereotypical perceptions of women with disabilities: that they are sexually promiscuous, provocative, unlikely to tell the truth, asexual, childlike, or unable to be a reliable witness. For example, senior public officials in Australia have recently openly acknowledged that police are not investigating cases of rape and serious sexual assault against disabled women in institutions because police believe the *'current court system offers no chance of conviction'*.[8]

In June 2011, the South Australian Health Complaints Commissioner reported that there had been five cases of rape and serious sexual assault against women with disabilities in the past year. In the worst case of abuse in care, the victim had become pregnant with the suspected rapist's child, but the man had disappeared before any action could be taken against him. None of the five cases resulted in any serious police action because of a lack of corroboration or the extent of the impairment of the alleged victim.[9]

Women and girls with disabilities are socialised or compelled to tolerate a high degree of personal indignity, mishandling, abuse and even violence, as an incident of service delivery to them. This can lead to their desensitisation to, or to a sense of resignation or despondency about, sexual abuse and other violence, and is a contributing factor to the lack of reporting of violence. Because of the limited recognition of the sexuality of women with disabilities, along with the ignorance around the intersection of gender, disability and violence, there is also a tendency for family members, carers, service providers and other professionals to interpret evidence (such as bodily injuries, verbal or gestural cues, and behaviour) that may be indicative of violence, as a characteristic of impairment or disability.[10] This can result in a failure to identify, report and investigate incidents of violence perpetrated against disabled women and girls, particularly those living in institutions.

The Australian Government concedes that violence against women with disabilities in Australia is 'widespread', that women with disabilities, particularly intellectual disabilities, are extraordinarily vulnerable to violence and abuse, and that disabled women experience significant barriers in accessing domestic violence services and support.[11] Yet violence against women with disabilities in institutions remains largely outside the increasing public debate and policy responses to violence against women.

In 2010, the United Nations made very strong recommendations regarding the need for urgent action by Australian governments to address the abuse and violence experienced by women with disabilities living in institutions or supported accommodation.[12] Whilst the first action plan of the Australian Government's *National Plan to Reduce Violence Against Women and their Children 2010-2022* does contain two 'initiatives' specifically focused on investigating ways to improve access to services for women with disabilities, there appears to be little interest in establishing a national response to address the epidemic that is violence against women and girls with disabilities in institutions.

There have been, and remain, significant systemic failures in legislation, regulatory frameworks, policy, administrative procedures, availability and accessibility of services and support, to prevent and address violence against women and girls with disabilities in institutions. These women have the right to the same protection against violence in their domestic situations as the rest of the community, and the time has come to ensure this right is realised.

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At the coalface ...

Cecilia Barassi-Rubio is the Director of the Immigrant Women's Support Service (IWSS) in Brisbane. She agreed to be interviewed by CDFVR to enable a greater understanding of the work that IWSS do, and to explain the additional challenges women from non-English speaking backgrounds (NESB) face, when they are subjected to domestic or family violence and/or sexual assault.

IWSS recently had its 25th anniversary. What have been some of the challenges you have faced over the years? What have been your greatest accomplishments?

Over the years, IWSS has faced similar challenges to those of other community-based organisations; namely the delivery of a high quality service with limited resources. The 2009 pay equity decision marked a great accomplishment for the community sector, as the tireless and relentless work of many years received long overdue recognition. However, the implementation of the pay equity decision has presented challenges for IWSS, as the strain on the already limited organisational resources has resulted in budget allocations that barely meet the increasing costs of operating a contemporary service.

For IWSS, the most important challenge and accomplishment is to continue to reflect the experience of women accessing support from the service in our everyday work and efforts for systemic change; including the elimination of gender and racial discrimination. As a service, we strive to provide a safe space for women, where they can reflect and freely talk about their experiences, wishes and needs; and most importantly feel valued, believed, and respected.

What are parameters of the term 'immigrant' regarding the client group that you work with?

IWSS is funded to provide support services to immigrant women of non-English speaking backgrounds (NESB) and their children. Although the term 'immigrant' is an important feature of our target group, the essential criteria to access support from IWSS is to be a woman of NESB who has experienced domestic and/or sexual violence. The service is open to all women of NESB regardless of their visa or income status.

Can you tell us about some of the issues and vulnerability experienced by non-English speaking women who are subjected to domestic violence or sexual assault?

Women of NESB are at a heightened vulnerability due to their gender and being members of the non-dominant cultural group. The issues faced by women of NESB who have experienced domestic violence or sexual assault can be compounded by their immigration status and sadly, the women being assisted by IWSS do not all share the same entitlements and access to support services in Australia.

The visa status of a woman can lead to limited options being available to her, which can result in her remaining in, or returning to, a violent relationship. Women accessing IWSS can generally be grouped into three distinct categories:

- Women who are permanent residents or Australian citizens (including humanitarian entrants);
- Women on spousal visas or women seeking asylum; and
- Women on temporary visas (tourist, international students, skilled migration).

Women who are permanent residents or Australian citizens generally can access a wide range of support services such as Centrelink, public housing, Medicare, English classes and employment support services. For women on spousal visas or women seeking asylum, access to Medicare and limited income from

Centrelink (special benefit) or Red Cross provides the women with some tangible options when considering their future without having to remain in violent and untenable relationships.

The most disadvantaged group of women accessing support from IWSS are women who are on temporary visas. The women's ineligibility for any form of income creates a multitude of barriers to achieving safety and support, rendering the women vulnerable to further abuse and exploitation. For many women, the only option is to remain with or return to the perpetrator, which in turn validates the perpetrator's tactics of manipulation and control, e.g. women having to put up with the domestic/sexual violence or face deportation from Australia, as their lives and safety are at the hands of the abuser.

For services that do provide assistance, regardless of the women's capacity to make a financial contribution for their own daily living; the strain on resources is substantial, due to the practically non-existent exit options. The women are not entitled to access the majority of essential services that assist other women (permanent residents or spousal visa holders) to achieve safety, security and a life free from violence. Unfortunately, immigration related barriers are only one part of the larger systemic barriers that women of NESB face with cultural, language and pre and post migration experiences also playing a critical role in their access to services and the quality of responses that they receive.

IWSS has recently restructured to provide an integrated service system across domestic violence and sexual violence. What led to this transition?

An organisational review was commissioned to determine the organisation's viability into the future, as many organisations in Queensland were experiencing funding uncertainty at the time. The adoption of the recommendation to move from a co-location model to an integrated model of service delivery considered financial viability, staff and management committee members' views and organisational learning over the past 25 years.

What has been your experience with this integrated system so far? How is it working for the women?

A key learning from providing a domestic violence service for over 25 years is that a large number of the women we support for domestic violence also experience sexual assault and/or sexual exploitation by intimate partners. Findings from the Australian component of the International Violence Against Women Survey also tells us that 73% of women who have experienced sexual violence by their intimate partners were also likely to have been physically abused by them.

Based on our experience working with and supporting women of NESB, the service integration made practical sense, as although not all sexual assault occurs within intimate relationships, having workers skilled in responding to both issues presented many benefits for the women. For example, with the current system, the women are assisted by one caseworker who provides support with a range of issues, from civil to criminal proceedings, short-term counselling/emotional support, individual advocacy, facilitated referrals to a range of support services within clearly delineated pathways. A significant improvement in the service response resulting from the integration is the availability of additional hours for service delivery, which positively affects the frequency of support offered to the women.

The implementation of the integrated service model has been an ongoing process since July 2012. We have established the necessary systems to ensure the least disruption to service delivery and a framework for practice providing structure and practical steps for implementation. We expect to fully implement the integrated model within the next four months followed by another 6-8 months of testing until we are ready for evaluation.

IWSS has also extended its hours of operation from four to five days a week. We are open Monday to Friday, from 9:00am to 4:00pm for face to face and telephone support. On Wednesdays, we provide a telephone support service only. The telephone number is 3846 3490.

Acknowledgments
The Immigrant Women's Support Service is funded by the Department of Communities to provide a domestic violence and a sexual assault service to women of non-English speaking backgrounds and their children. IWSS is also funded by FAHSIA to provide an emergency relief response to people in financial crisis.

Changes to the family violence provisions in migration law

by Cecilia Barassi-Rubio, Immigrant Women's Support Service, guest contributor.

On November 24, the Minister for Immigration and Citizenship, the Hon Chris Bowen MP announced amendments to the Migration Act, which seek to improve the assessment of family violence by providing a wider range of evidence to support such claims, had been implemented.

The Immigrant Women's Support Service (IWSS) welcomes the spirit of the changes as they aim to assist applicants who have experienced family violence to provide evidence for non-judicial claims from an extended range of sources, instead of relying solely on statutory declarations. From IWSS's experience, the reporting of family violence to authorities continues to be an issue for women of non-English speaking backgrounds (NESB); mainly due to lack of knowledge of the Australian legal system, limited English language proficiency, and fear of the perpetrator carrying out threats of further violence and deportation.

Even though IWSS commends the changes, written feedback was provided to the Department of Immigration and Citizenship (DIAC) identifying potential issues with the list of evidence and the role and framework of the independent expert.

The list of evidence provided for discussion included court orders; hospital medical reports; police reports; statutory declarations from a women's refuge counsellor; proof that the applicant has already been assessed as having satisfied the same definition of family violence under another Commonwealth law; welfare authorities' reports regarding fears for a dependent child's safety (perpetrated by the sponsor); letter or statutory declarations from social workers, psychologists, marriage counsellors, medical practitioners; and witness statements.

From IWSS's perspective, the list of evidence relies heavily on medical and judicial evidence with five of the eight sources pertaining to courts, police, child protection and/or medical reports.

Medical reports

In the feedback to DIAC, IWSS indicated that seeking and obtaining medical reports may prove very difficult for women of NESB as the definition of 'relevant family violence' includes 'actual or threatened' violence; therefore, not all family violence involves physical abuse and not all physical abuse requires medical care. Additionally, there is no evidence to support that all women who are physically assaulted seek medical attention or that the violence is accurately recorded when they do. A reliance on medical reporting places the onus on the woman to access a system she may not be able to negotiate due to language, cultural and geographical barriers.

Police reports

IWSS's feedback relied on anecdotal evidence, which suggests that women of NESB usually struggle accessing police assistance during or after an incident of family violence; mainly due to English language limitations, lack of engagement of interpreters, limited knowledge on the process of reporting the violence and fear of deportation - a common threat disclosed by the women accessing support services from IWSS.

Proof of having satisfied the same definition of family violence under another Commonwealth law

Many of the women accessing IWSS for support have limited or no access to income; consideration needs to be given to the potential costs associated with accessing judicial transcripts or statutory reports.

Welfare authority reports

Regarding reports to welfare agencies, it was highlighted that this type of evidence would only apply to women who have children. Additionally, when women with children leave the perpetrator the likelihood of an intervention by child protection agencies is significantly reduced as there is a parent willing and able to protect the child(ren).

Independent expert role and framework

IWSS sought clarification as to whether the independent expert role and framework will be maintained. IWSS holds concerns about the current system and the potential re-victimisation of women when their claims of family violence are re-assessed by the independent expert. IWSS also raised the professional conflict that may arise when a family violence assessment by a professional deemed 'competent' by the legislation is re-assessed by the independent expert. The impartiality of the 'independent expert' was also raised due to the nature of their role as a Government employee.

IWSS also asked for the criterion that will be used to decide on the weight, credibility and relevance of the non-judicial evidence. We believe that services funded to provide a domestic and family violence response are a 'credible and relevant' source for providing non-judicial evidence with the same or more weight as others on the list. From our experience, often domestic and family violence services are the first point of contact for women affected by this type of violence as well as the first referral source for police and other service providers.

Now that the amendments to the migration legislation have been implemented, we will find out if their intended purpose is achieved.

Queer without fear: Domestic and family violence in lesbian, gay, bisexual and transgender (LGBT) relationships

by Christine Potito, CDFVR

Queer without fear: Domestic and family violence in lesbian, gay, bisexual and transgender (LGBT) Relationships is a newly available resource targeted at people in LGBT relationships who may be experiencing domestic and family violence and for the family and friends who support them.

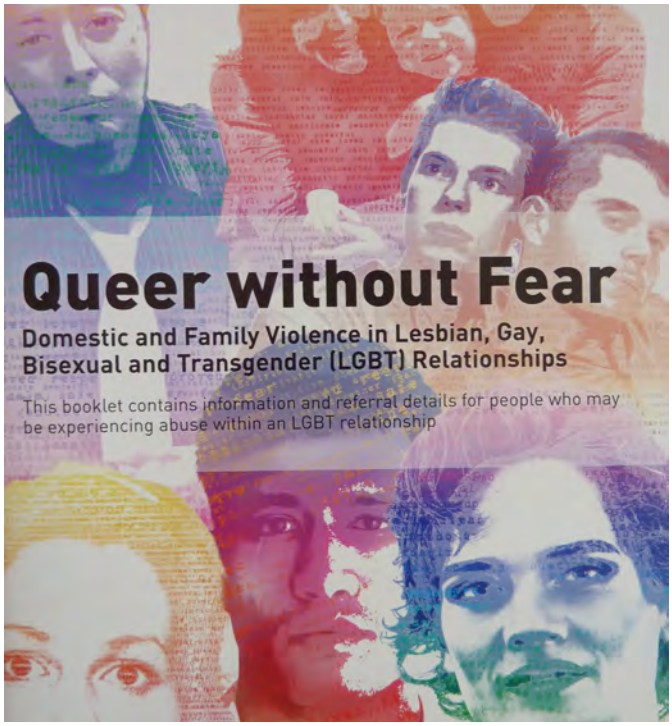
Although domestic violence occurs at similar if not higher rates within the LGBT community as in the general population there are few LGBT specific resources available. Much LGBT domestic and family violence goes unrecognised or acknowledged by those who are affected - the LGBT community or service providers. One of the main reasons for this is a lack of available information.

The tactics used by abusers in LGBT relationships are similar to those used in heterosexual relationships, but also include the use of homophobia, biphobia, and transphobia as mechanisms to exert power and control and increase isolation. The majority of community education materials available about domestic and family violence are written from the context of heterosexual relationships and do not reflect unique experience of LGBT individuals. The LGBT community is generally not aware domestic violence can also happen within same sex relationships. This lack of information about the nature of domestic violence in LGBT relationships contributes to the isolation and entrapment felt by those in abusive relationships and is one of the main barriers to support for LGBT people.

Queer without fear: Domestic and family violence in lesbian, gay, bisexual and transgender (LGBT) relationships is a 28-page A5 size booklet designed to respond to this gap in information. It aims to increase the LGBT communities' knowledge of domestic and family violence and break through some of the barriers to support. The booklet provides straightforward information about domestic and family violence outlining the similarities and differences between heterosexual and LGBT domestic violence. It describes the forms of abuse experienced by LGBT people, and addresses some of the commonly held myths and facts about LGBT domestic violence.

The needs and additional difficulties faced by groups who are particularly vulnerable include Aboriginal and Torres Strait Islander LGBT people, LGBT people from culturally and linguistically diverse backgrounds, those living in rural and remote areas and people suffering from chronic illnesses including HIV (Human Immunodeficiency Virus).

The resource provides safety information and where



to get help and support, as well as information about safety planning and moving on after domestic violence. The final section offers practical information to family and friends for supporting a LGBT person and covers how to approach someone you are concerned about and tips for providing emotional and practical support.

Queer without fear: Domestic and family violence in lesbian, gay, bisexual and transgender (LGBT) relationships is a welcome and valuable addition to the community education materials available on domestic and family violence. The resource has wider application in educating mainstream service providers and the general community on the nature and experiences of domestic violence for people in LGBT relationships.

Queer without fear: Domestic and family violence in lesbian, gay, bisexual and transgender (LGBT) relationships is based on an original booklet produced by ACON titled *Another Closet* and was adapted for Queensland by the Brisbane Domestic Violence Advocacy Service (Micah Projects Inc.) and Healthy Communities, in consultation with Caxton Street Legal Centre and members of the Queensland Domestic Violence Services Network. Funding for the booklet was provided by Queensland Government Department of Communities, Child Safety and Disability Services.

The *Queer without fear: Domestic and family violence in lesbian, gay, bisexual and transgender (LGBT) relationships* resource is available free of charge from Brisbane Domestic Violence Advocacy Service on (07) 3217 2544 or can be downloaded from Queensland Association of Healthy Communities web link:
www.qahc.org.au/files/shared/Domestic_Violence_Resource_040612-web.pdf

Domestic violence in transgender and intersex relationships: A review of the literature

by Christine Potito, CDFVR

Definition: Transgender people live full time in the gender identity opposite to the gender they were born with. Intersex people are born with sexual characteristics of both male and female, and are often subjected to surgery as children and socialized into the gender they are assigned with (Courvant & Cook-Daniels, 2000).

Domestic and family violence is generally associated with heterosexual relationships, males as perpetrators and females as victims. More recently attention has focused on same sex domestic violence but little consideration has been given to transgender or intersexual domestic violence (Ristock & Timbang, 2005). Although the rights of transgender people are enshrined in legislation across all Australian States and Territories (Easton, 2003), and are recognised in domestic violence legislation and practice standards, very few transgender and intersex survivors of domestic violence actually access services. This review identifies the barriers to accessing support for people who are transgender and intersex and highlights some of the implications of access for women's services.

> "Many transgender people lack support and are disconnected from families either intentionally by the abuser, by choice, or are rejected by family."

The prevalence of domestic violence amongst transgender and intersex people is not known (Jeffries & Ball, 2008). One Australian survey of 5476 GLBTI (gay, lesbian, bisexual, transgender or intersex) people, found 33% of respondents had been in an abusive relationship, but it is not known whether the abuse occurred within the context of a same-sex relationship (Pitts, Smith, Mitchell, & Patel, 2006). Some estimates place GLBTI relationships at similar or higher rates as heterosexuals (Mulroney, 2003). However, many GLBTI studies rely on self selection and self reporting and vary widely in language and definition of domestic violence (Ristock & Timbang, 2005).

> "The mechanism of oppression of being born and raised female is vastly different from that of being transgender."

It is possible to draw some parallels between domestic violence experienced by transgender, intersex, and heterosexual people, but enough distinct differences exist which, Ristock and Timbang (2005) argue, reflect a larger context of homophobia, transphobia and hetero-sexism. This is often capitalised on by abusers who can threaten to 'out' a partner's sexual orientation or gender identity to people in positions of power (Women's Health Victoria, 2009). Additional challenges include the perception that transgender and intersex people are mentally ill, leading many victims to suffer shame and self doubt, believing they deserve abuse; and the lack of routine screening of GLBTI patients for domestic violence in the health system, resulting in much abuse going undetected (Ard & Makadon, 2011). Subsequently, many transgender and intersex victims are reluctant to involve authorities, fearing their experiences won't be recognised as domestic violence and the perception that the abuse is deserved or that they won't be believed or seen to be 'a real woman', (Constable, De Castro, Knapman, & Baulch, 2011). For Aboriginal and Torres Strait Islander people and ethnic minority communities, distrust of police and legal systems is compounded by their sexual identity (Chan, 2005). A HIV (Human Immunodeficiency Virus) positive individual may be dependent on their partner for care and, if seriously ill, leaving the relationship is not an option. HIV generally carries a stigma that abusers may exploit; convincing the victim nobody else will want them (Ristock & Timbang, 2005).

Many transgender people lack support and are disconnected from families either intentionally by the abuser, by choice, or are rejected by family. Even for those with supports, disclosing abuse is not without risk. Many feel in doing so they are providing proof their gender identity is unhealthy or the abuse is a consequence of being transgender. GLBTI communities may not recognise domestic violence or discourage disclosure for fear of increasing negative perceptions (ACON, 2004). Many communities are close-knit so disclosure can lead to shame, embarrassment and loss of support. For those in rural or remote communities, seeking support to leave is even more difficult (Greenberg, 2012). Aboriginal and Torres Strait Islander people who are transgender have similar experiences. Brown (2004) cites isolation, exclusion, discrimination, a lack of awareness and

acknowledgment of transgender; and few family and community supports being compounded by geographical remoteness. A lack of specific information about transgender or intersex domestic violence leaves many victims vulnerable to believing that abuse is a normal part of GLBTI relationships, or that it cannot be domestic violence because it is occurring between GLBTI individuals (Chan, 2005).

For those who do seek support few options are available. Finding suitable emergency accommodation is challenging and most services are sex segregated (ACON, 2004). For transgender people in transition, legally and medically their gender is neither male nor female (Courvant & Cook-Daniels, 2000). Transgender advocates seek inclusion into women's services, (ACON, 2004) creating significant stress for women's groups (McDonald, 2006). Since women's services were established in response to women seeking safety from male violence, the inclusion of transgender clients is seen to undermine women's services and women's space (Gottschalk, 2009). According to Sweeney (2004), male dominance and power are the central issues that don't disappear with changing one's gender identity. The mechanism of oppression of being born and raised female is vastly different from that of being transgender. Greenberg (2012) claims exclusion stems from transphobia, but Sweeney (2004) argues feminists support the right of people who identify as transgender to dignity and safety, but maintains women's only space should be upheld, declaring transinclusion one of the greatest threats faced by women.

> "The health system doesn't routinely screen GLBTI patients for domestic violence, resulting in much abuse going undetected (Ard & Makadon, 2011)"

Ristock & Timbang (2005) assert traditional heterosexual approaches and assumptions limit services' ability to respond to same-sex partner violence. They argue for a new framework that expands the gender based analysis of violence to one that recognises the connection of relationship violence to all other systems of oppression. Such a model should include a publicly identifiable, culturally competent domestic violence space for survivors. Such a service would offer inclusive flexible programs including legal information, counselling, accommodation, outreach, advocacy, health and cultural services. Sweeney (2004), however, states the solution lies in the formation of separate autonomous spaces for transgender, by transgender.

The need to reduce support barriers for transgender and intersex victims of domestic violence is clear. Transgender domestic violence is a political issue with many complexities. Simply adding transgender to existing frameworks and understandings of domestic violence will not reduce barriers from heterosexism and transphobia. The development of responses that ensure the safety of transgender and intersex victims of domestic and family violence could be supported by further research to identify existing models of good practice and provide a greater understanding of how current practices contribute to increasing vulnerability of transgender victims of domestic violence.

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Elder abuse: A review of the literature

by Terese Kingston, CDFVR

Although references to the abuse and neglect of older people can be found in literature and historical documents dating back over centuries, in most countries it has only been recognised as a serious social problem over the last two to three decades (Penhale 2010, Teaster, Wangmo & Anetzberger 2010, Podnieks et al 2010). This literature review will examine the ongoing debate regarding definitions and understanding of what constitutes 'elder abuse', the context in which the phenomenon of elder abuse has become the subject of increasing recognition and concern, the nature of factors associated with its causes, and research to date regarding prevalence and awareness of the problem.

Background

The first reference to elder abuse in Australia was in a 1975 government report 'Care of the Aged', by the Social Welfare Commission (Kurrle & Naughtin 2008, p.110). The report mentioned that older people needed protection from exploitation by family, friends and the general community (Social Welfare Commission 1975). It began to be clearly recognised as a problem on a state by state basis in Australia, when medical clinicians and social workers started to raise it as an issue during the late 1980s and 1990s (Kurrle & Naughtin 2008, p.110). Bridget Penhale highlights the importance of noting the pattern of professional recognition of 'elder abuse' as influential in the development of policy response and promotion of awareness, in comparison to the grassroots activism in the feminist movement that initially identified and drew attention to the issue of domestic violence during the 1970s (2010, p.236). Although Australia followed a similar timeline to the United States in regard to pattern of recognition, there was a strong interest from the beginning in developing an appropriate Australian response, rather than simply adopting the US approach of specific Adult Protective Services and mandatory reporting (Kurle & Naughtin 2008, p.110). The early terminology employed was 'the protection of frail older people', followed by 'aged abuse', 'abuse of vulnerable adults' and 'abuse of older people'. In the 2000s these terms were replaced by the term 'elder abuse', in line with international usage (Kurrle & Naughtin 2008, p. 110).

Definition

There is no universal definition for 'elder abuse' at present, with different definitions in use by different stakeholders, such as practitioners, legal professionals, policy makers and researchers (Penhale 2010, p.236). There is therefore ongoing debate within and across different fields regarding' definitions, indicators of mistreatment and different aspects of neglect' (Penhale 2010, p. 236). Additionally, there continues to be a lack of awareness of the issue in many countries, leading to difficulty in detection and identification of abuse by practitioners, the public and even the older people themselves (Penhale 2010, p.236). Despite this, there is some general agreement over the significant concepts that should be included in the definition; the International Network for the Prevention of Elder Abuse (INPEA) defines elder abuse as a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person (Westcott 2006). The Australian Network for the Prevention of Elder Abuse (ANPEA) similarly defines elder abuse as:

> *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 (cited in Kurrle & Naughtin 2008, p.112).*

Kurrle and Naughtin report that these definitions and typologies are widely used across Australia, so there is reasonable consistency in reporting across the states and territories (2008, p. 113).

Context

Over the last decade, there has been an increasing level of attention paid to the issue of elder abuse. The reasons, Penhale argues, for this increased focus upon the issue of elder abuse include contextual factors such as: the care provisions available, demography and an ageing population, medical and technological advances and improvements in public health, a growing focus on advocacy and human rights and changing social structures (2010, p.236). In Australia, these contextual matters express themselves in various ways. Regarding care arrangements, according to the Australian Institute of Health and Welfare (AIHW), almost 90% of people aged 60 and over live in private dwellings, and 'of those aged over 80 years, 84% of men and 74% of women remain living in the community' (Department of Health and Ageing 2007, p.15). With most Australians preferring to remain in their own homes as they grow older, the situation has developed where ' those who need care receive it from informal carers, such as family members, neighbours and friends' (Kurrle & Naughtin 2008, p.109). However, although only 7% of those aged over 70 are in an aged care facility, the likelihood of a person requiring residential aged care at some point in their lifetime is high, particularly for women. While a man at age 65 has a 28% chance of using an aged care home, for women the chance is 46% (Department of Health and Ageing 2007, p.15). Furthermore, '[c]ompared with men, women earn less, save less, retire earlier, and live longer lives, during which their savings must support them through a long period of non-earning' (Rosenman & Scott 2009, p.287). Women are therefore much more likely than men to be dependent on some

form of government benefit (Australian Bureau of Statistics (ABS) 2008) In many ways, as Rosenman and Scott argue, ageing is a gendered process (2009, p.287).

With almost 13% of Australia's current population aged 65 or older, the ageing of the population is one of the major transformations facing contemporary Australian society (Kurrle & Naughtin 2008, p. 108). This is a trend reflected in developed countries globally, with the number of people aged 65 or older expected to outnumber those aged under five within the next five years (World Health Organisation (WHO) 2011, p.2). Driven by a decline in the fertility rate and improvements in longevity, this changing social demographic is projected to have several significant implications in areas such as health, housing, participation in the workforce and demand for skilled labour (Department of the Treasury, 2010). Many researchers have argued that these changing social conditions and associated pressures on infrastructure could increase the prevalence of elder abuse (James 1994, Penhale 2010, Kurle & Naughtin 2008). International interest in framing elder abuse as a human rights issue is illustrated by its inclusion on the agendas of global organisations such as the United Nations and the World Health Organisation, and the success of INPEA's launch of the first World Elder Abuse Awareness Day in June, 2006 (Podnieks et al 2010, p.136).

Causal factors

Before discussing causes and risk factors associated with elder abuse, it is important to reiterate that practitioners and researchers generally place different types of abuse into categories, and that each category may have different contributory factors, different signs of abuse and require different interventions. These categories include: physical abuse, which refers to the 'infliction of physical pain or injury or physical coercion; psychological abuse, which covers shouting, verbal intimidation and threats of physical harm or institutionalisation; financial abuse, which refers to improper or illegal use of an older person's money or property; and neglect, which is the failure of a caregiver to provide the necessities of life such as adequate food, shelter and medical care. (Kurrle 2004, pp.808-809).

In examining factors associated with the causes of elder abuse, Penhale argues for an overview of theoretical perspectives on theories of causation and issues related to risk factors (2010, p.238). She points to the lack of empirical work done thus far in the area, with much of the research on elder abuse instigated by practitioners rather than growing out of an established theoretical framework (2010, p. 238). Most of the work done consists of the translations of other perspectives on family violence, drawn from psychology, sociology and feminism; and has not contained much in the form of modelling of causes or contextual analysis (Biggs & Goergen 2010, Penhale 2010, Lowenstein 2010).

There are also concerns regarding the limitations of research where there is no differentiation between the different types of elder abuse (Penhale 2010, Jackson & Hafemeister 2011).

Theoretical considerations notwithstanding, research in recent years has identified a number of risk factors commonly associated with elder abuse. These include dependency, stress, social isolation, advanced age, intergenerational and intrafamilial conflict, poor health and internalisation of blame (Penhale 2010, Jackson & Hafemeister 2011, Schaeffer 2008). Some researchers have also attempted to identify characteristics of the abusers. Despite barriers associated with contacting and interviewing abusive individuals, some risk factors discovered include: mental illness; substance abuse; economically troubled and/or dependent; social isolation; reluctance to take on the role of caregiver; and psychological distress (Jackson & Hafemeister 2011, Kurrle 2004, Ansello 1996).

Prevalence and awareness

Internationally, there has been growing worldwide recognition of elder abuse over the last two decades, producing a range of project, policy and political responses in a variety of different countries. Elizabeth Podnieks and a team of researchers conducted the first WorldView Environmental Scan on Elder Abuse in an attempt to map extent, awareness and response to the issue on a global scale. Survey results were obtained from 53 countries, with questions covering awareness, laws, funding and resources available for training and research (Teaster & Anetzberger 2010). Among other things, the research found that elder abuse is under-reported in most cultures; is present in developed and developing countries; and that prevalence rates ranged from 1-10% (Podneiks et al 2010). The role of changing social and economic structures, victim isolation, inadequate knowledge regarding laws and services, intergenerational conflict and poverty were all cited as contributing factors in elder abuse across the globe (Teaster & Anetzberger 2010).

> "……the likelihood of a person requiring residential aged care at some point in their lifetime is high, particularly for women"

Localised studies confirm these findings; in Australia, Kurrle and Naughtin state that 'the extent of elder abuse has been difficult to estimate because of the lack of awareness of the problem and its subsequent under-reporting' (2008, p. 113). The first definite attempt to measure prevalence was a one-year retrospective study of clients referred to a New South Wales Aged Care Assessment Team. The study found '4.6% of all community-dwelling

older people referred to the service were victims of abuse' (Kurrle, Sadler & Cameron 1992). Similar studies performed in other Australian states found rates between 2.3% and 5.4% (Kurrle & Naughtin 2008). Cripps' (2000) telephone survey is the only Australian study to gauge the rate of elder abuse in the general population. It found that 2.7% of the community-dwelling population in urban and rural South Australia were victims of elder abuse. The most common form of abuse reported was psychological, followed by financial, physical and then neglect (Cripps 2000). A number of qualitative studies have also been conducted into attitudes towards abuse, appropriateness of services and reasons older people remain in abusive situations. In general, these studies have emphasised the importance of professionals having the appropriate skills and knowledge to give accurate information regarding available services, financial support and alternative accommodation options to older people (Schaeffer 1999, Disney & Cupitt 2000).

> "As the numbers of dependent older people in the community increases, research indicates there will be a corresponding rise in incidents of abuse."

Overall, the typical response that has developed to elder abuse in Australia over the last two decades has involved awareness-raising by community organisations, followed by collaboration between agencies within and outside government, the development of policy and dissemination of information, and often ending with the funding of a non-government organisation to provide appropriate services (Kurrle & Naughtin 2008).

Conclusion

While elder abuse has existed in all known societies throughout history, it has only been relatively recently that it has been the subject of a social, medical and legal response. In Australia, although first referenced in a government report in 1975, it was not until the 1980s that it was clearly raised as an issue requiring response by medical practitioners, social and community workers. The increasing level of attention paid to the issue is a result of a number of contextual factors including the ageing of the population on a global scale, improvements in public health, and a focus on human rights issues. Researchers and practitioners have identified a range of causal factors associated with the different forms of elder abuse (physical, psychological, financial and neglect). These factors include social isolation, intergenerational conflict, stress and advanced age. Globally, research indicates a prevalence rate of between 1-10%. In Australia, a range of state-based studies have discovered rates between 2.3% and 5.4%; and have emphasised the importance of timely and appropriate responses to disclosure of abuse, including accurate information regarding services, support and accommodation options. As the numbers of dependent older people in the community increases, research indicates there will be a corresponding rise in incidents of abuse. A review of the literature to date suggests more work is required in both the development of a theoretical framework in which to locate elder abuse in order to continue to provide an evidence base for raising awareness and responding appropriately to the issue.

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Workshops, Conferences and Date Claimers

Conferences/seminars

18-19 February, 2013
Adolescent Violence in the Home Conference
Melbourne, Victoria
http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Adolescent_Violence_in_the_Home_Conference_FEB2013.pdf

21 February, 2013
Typologies of intimate partner violence: Theory and practice
State Library of Queensland
South Bank, Brisbane
http://www.noviolence.com.au

17-20 March, 2013
6th World Congress on Family Law and Children's Rights
Sydney, NSW
http://www.wcflcr2013.com/

11-12 April, 2013
Child Aware Approaches Conference
Melbourne, Victoria
http://www.childaware.org.au/index.asp?IntCatId=14

Date Claimers

28-30 April, 2013
National Conference on the Elimination of Domestic Violence against CALD Women and Their Children
ACT

8-9 May, 2013
Indigenous Family Violence Prevention Forum
Mackay, Queensland
http://www.noviolence.com.au

Training

21 February, 2013
The Step-Up program: Implementing a diversionary program to respond to adolescent violence in the home
Moorabbin, Victoria
http://www.adfvc.unsw.edu.au/PDF%20files/Step-Up_Program_2013feb.pdf

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Typologies of intimate partner violence: Theory and practice

February 21, 2013 – 8.45 – 12.30 p.m.
State Library of Queensland, South Bank, Brisbane

Speakers:
Emeritus Professor Michael Johnson, Pennsylvania, USA
Shamita Das Dasgupta, New York, USA
Dr. Jane Wangmann, Sydney, Australia
Dr. Rae Kaspiew, Melbourne, Australia

Registration and further information is available at:

www.noviolence.com.au

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