

**Prevention of Elder Abuse Project and the
Respect for Seniors Campaign**

Primary Interventions:

Literature Review

Janelle Budd

Macquarie University

June 2010

Purpose

The purpose of this literature review is to explore primary interventions within the Australian elder abuse field. Specifically with a focus on prevention rather than response to existing cases of abuse, this review will identify high risk groups and examine primary interventions that can best be implemented to prevent elder abuse at a community level.

Background

Elder abuse was first identified as a significant public health issue in European and North American literature in the early 1970's (Wolf 2000). In Australia substantial research on elder abuse was not conducted until the late 1980's when social and economic pressure was placed on commonwealth, state, territory and local governments to address the needs of the elderly (Boldy, et al. 2005; Kurrle, Naughtin 2008). It was not until the 1990's that national and state governments introduced policies specifically to address elder abuse and these have been implemented in various service sectors since then (Dunn & Sadler 1993). Legislation was introduced by the Federal Government in 2007 due to abuse occurring in residential aged care facilities and a number of reports and recommendations were made to address these matters effectively (Jackson 2009). Today, throughout all states and territories there has been various degrees of development and implementation of government and non government policies, protocols and strategies involving both state-wide and community based levels of service, which aim to support and assist older Australian's to address and prevent abuse

Defining Elder Abuse

The literature in this field has produced a number of discussions and disputes regarding the use, application, definition and meaning behind the term 'elder abuse'. Originating from the United States in the 1980's, elder abuse was first used to describe domestic violence situations involving older adults (Department of Victorian Communities 2005). It is not a universal term but has been adopted widely within the majority of international research on abuse, despite its many contested and problematic qualities. In Australia variations of the term have been utilised: 'abuse and mistreatment of older people', 'older adult abuse' and 'abuse of the elderly' for a number of reasons. A strong argument that is opposed to the use of the term within Australia has been made over the confusion between the Western term 'elder

abuse', encompassing older individuals and 'elders', a common and culturally specific word used within Australia's Indigenous populations (Black 2008: 2). This is a valid claim but does present difficulties within the research and implementation of strategies directed towards older populations. As there is no nationwide alternative (in which the use of a specific term left to the discretion of the author/s) there is a significant complexity in analysing, comparing and evaluating results from studies conducted within various states and territories in Australia as well research devised in other countries. Therefore, the term elder abuse will be used for this review and will represent the below ANPEA definition.

Elder abuse includes a broad range of definitions under one generalised term but is most commonly defined as 'any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can include physical, sexual, financial, psychological, social and/or neglect' (ANPEA 1999). This involves a wide range of frequent and commonly multiple forms of abuse which can be carried out by partners, family members, friends, neighbours and carers and/or systematically within health care departments, residential aged care facilities, and various service sectors as acts of ignorance, neglect or intent (Department of Victorian Communities 2005). However, elder abuse should not be limited to an array of particular circumstances, as wider social and cultural contexts can play a significant role in contributing to the progression of mistreatment and harm. Whereby acts of abuse can be inherent in social structures and defined as cultural or customary or normal (WHO/INPEA 2002). There are also forms of abuse that need greater attention within the literature, such as spiritual whereby older adults are denied their basic right to participate in religious ritual and/or expression. As spiritual and cultural groups are important for social networking, self worth and advice this abuse can be particularly damaging. In reviewing the literature financial and psychological abuse are the most common types experienced amongst the elderly in which the perpetrators are most frequently adult sons and daughters (Bagshaw, et al. 2009). However, due to the complexity and attitudes surrounding the nature of elder abuse, including under-reporting, minimal data collection, sensitivity, secrecy, lack of public awareness and the prevalence of ageism, the facts, figures and pervasiveness of elder abuse will not be known until rigorous quantitative and qualitative research is conducted.

Risk Factors

The planning and development of effective primary interventions in Australia relies on the understanding of risk factors for both the victims and perpetrators of elder abuse. Research has identified a large range of potential risk factors that contribute to abuse;

- *Ageism.* Medical professionals, health care teams, carers, politicians, researchers and the general public may increase the risk of elder abuse by delimiting an elderly person's concerns and experiences when he or she discusses their circumstances or seeks support. This can commonly be seen in cases where practitioners and nurses ignore the presence of an elderly person and discuss his or her symptoms and treatment with a carer or family member. Ageism can also contribute to a lack of self esteem and self worth which increases the vulnerability to elder abuse and prevents those individuals from seeking support (NSW MACA 2007).
- *Dependency.* Risk is increased when an elderly person depends on others for assistance and social, emotional, physical, financial and spiritual support. Heightened risk factors are not only present when the victim depends on the abuser but also when the perpetrators rely heavily on the victim (Australian Society for Geriatric Medicine 2004, Pillemer, et al. 2008).
- *Social Isolation.* This affects both physical and mental health in which elderly persons are less likely to access health and community support services, spiritual support or engage in activities that involve friends, family or neighbours. Carers are also susceptible to social isolation, which can dramatically increase the risk of abuse (Department of Communities QLD 2009).
- *Health and Cognitive Impairment.* Illnesses such as dementia, depression, Alzheimer's disease and Parkinson's disease may decrease the elderly person's ability to protect themselves, increase social isolation and dependency and prevent access to appropriate health and community services which escalates the risk of experiencing abuse (Pillemer, et al. 2008).

- *Family Dynamic and Living Arrangements.* This can include family violence that is accepted as a form of stress release or conflict management, spouse or family abuse occurring over a number of years, financial abuse by adult children as well as general shared living arrangements that inevitably increase social contact and heighten the risk of conflict and abuse (Australian Society for Geriatric Medicine 2004, Pillemer, et al. 2008).
- *Substance Abuse.* The literature has shown that substance abuse, such as drug and alcohol dependency can increase the occurrence of risk factors such as social isolation and contribute significantly to elder abuse among partners within the family home (Australian Society for Geriatric Medicine 2004; Fulmer 2000; Reay, Browne 2002; Wolf, Pillemer 2000).
- *Carer Stress and Abuse.* Carers and care recipients are at a heightened risk of abuse when other multiplying risk factors such as dependency, social isolation and psychological illnesses are present. Carer stress may be experienced due to the inability to cope with the needs and wishes of the elderly person they are caring for, lack of communication, resentment for the caring role, and due to the limited resources and services in place to help them (NSW Carers Australia 2006).
- *Declining Number of Faith Based Families.* A growing amount of literature has documented the benefits of spirituality and religion in increasing the quality of life for the elderly and preventing abusive situations (Brennan, Heiser 2004). Families and caregivers who do not have the support provided by Ministers of religion, which includes counselling, guidance and advice as well as access to a positive social network may be more vulnerable to the persuasion of family members in decision making and may be particularly susceptible to elder abuse (Berkman, Kaplan 2000).

The Concept of a Continuum in Elder Abuse

The concept of a continuum will be used frequently within this report to represent not only the form and severity of abuse experienced but also the development, implementation and goals of intervention strategies. In applying this concept to situations of elder abuse, healthy, respectful relationships with the potential for abuse can be placed at the starting point. Moving along the continuum relationships that encompass verbal threats, psychological, emotional and some forms of financial abuse will be in the middle ground, depending on their severity. The critical end of the continuum may be the result of years of mistreatment and harm, which can include frequent and intense forms of psychological, emotional, verbal, physical, sexual, social and/or financial abuse and neglect. At the critical end of the continuum the abuse can be classified as criminal behaviour.

Interventions can also be placed along the continuum, in which legislation and regulations including the majority of government protocols respond to extreme and/or long lasting forms of abuse that may have reached a critical point in their progression. Criminal prosecution is often the result of severe abuse and is placed at the final point of the continuum. The ability to prove abuse is often the factor that distinguishes the points along the continuum in which verbal, psychological and emotional harm are often hardest to prove and therefore may go unreported due to insufficient evidence. The majority of legal interventions in these cases (unless it involves dementia, mental illness or drug addiction as recognised by ACATs) are often not applied effectively and therefore other alternatives are needed. This is supported by the literature that proposes a substitute model of practice such as the intervention pyramid developed by John McCallum (1993: 12). McCallum supports the concept of a continuum by stressing that the least intrusive interventions should be used wherever possible and that more restrictive interventions such as the majority of government protocols should be used with caution (1993: 81). There is significant potential for interventions to target individuals who are in the early and middle stages of the continuum, in which empowering models of practice that aim to improve relationships can enable the motivation to help oneself with the guidance of specialised staff.

It is the aim of this report to identify a range of intervention strategies that have the potential to address elder abuse before it begins or reaches a critical point on the continuum. Intervention strategies which target vulnerable individuals who are at risk of experiencing

abuse or have the potential to enact abuse will best be able to prevent its occurrence and progression. There are a limited range of organisations in Australia that utilize this approach and therefore a review of the strengths and weaknesses of these services is needed in order to significantly enhance and hopefully shape the development of future interventions.

Introduction to Interventions: Protocols

Australia does not have a national strategy for the response and prevention of elder abuse, instead state and territory governments have implemented training and education packages, funded existing services and have developed policies and protocols (Kurrle, Naughtin 2008). This has led to a diverse range of intervention practices and programs within Australia that operate across various levels of government and community service sectors such as health and welfare, local organisations and community groups. The development of interagency protocols therefore, has been necessary in order to provide accurate and effective information, advice and strategies across all service sectors that respond to potential and actual cases of elder abuse. The Victorian and NSW Governments (2009, 2007) have released interagency protocols that outline the fundamental features of elder abuse, principles and concepts in responding to abuse and key agencies that assist and support older adults. The services listed within these protocols are the most widely accessed in relation to elder abuse and not only represent the primary interventions used within NSW and VIC but all states and territories in Australia. These services are also recommended for future development; Aged Care Assessment Teams (ACAT), Advocacy Organisation, Mental Health Services, Public Advocates and Guardianship Tribunals and police, hospitals and sexual and domestic violence groups. Each of these services has a particular and specialised function for responding to cases of elder abuse and combined can act effectively in assessing and interpreting a particular person's needs and the type of support they require. The VIC and NSW protocols have been especially significant as they are easily available, have been published in a number of languages, are clear and easy to understand and most importantly can enhance the capacity of service providers to detect, access and manage cases of abuse.

The protocols listed above are state-wide services that provide a broad range of support and assistance for the elderly, however community based agencies are equally as important for the provision of appropriate, timely and effective interventions that are targeted specifically to local populations of older adults. Local councils continue to be innovators for the

implementation of protocols as they have the knowledge, input and information regarding the needs that will best address the issues within their community. Protocols that stand out in this regard and provide an effective framework for future programs include; The Northern Rivers Abuse of Older Adults Prevention Project and Burwood Council's Volunteers Network and seniors activity groups. These two protocols differ from one another in their approach; The Northern Rivers Social Development Council (NRSDC) in Ballina provides a framework for local agencies that tackle elder abuse issues. The design and implementation of public awareness campaigns, training and education packages has been crucial for both service providers and community members within this region. Burwood Council's Volunteers Network funded by Home and Community Care (HACC) provides interagency support services to seniors in coalition with the local councils of Strathfield, Ashfield, Canada Bay and Five Dock as well as a range of non government programs and activities groups. These services differ from the majority of state-wide protocols application as they have a focus on prevention rather than response and therefore address the risk factors for abuse and those who are vulnerable. Therefore it is recommended that future research and guidelines based upon these services is conducted as this would be beneficial for future programs that aim to prevent elder abuse within the community.

The majority of protocols within Australia are based on a structure of detection and management whereby cases of abuse that are severe and clearly visible will be targeted by a corresponding intervention. This approach is considered effective however it does have weaknesses therefore, alternative responses that are based on primary interventions which target abuse before it becomes critical are gaining in recognition. In the following sections of this review interventions that are focused on or have the potential to prevent abuse will be examined in order to determine those strategies which are best capable of addressing the risk factors for abuse and can be applied within a local community level.

Primary Interventions:

Advocacy

In order for primary interventions to successfully prevent elder abuse, a human rights based approach that can be tailored to the requirements, wishes and respects of each elderly individual at risk is essential. These are the principles that underpin the large range of advocacy agencies that are currently operating to meet the service needs of local communities, whereby all approaches are based on a framework that shows respect, dignity, support and gives the freedom of choice to each elderly person in need. Advocacy as defined by the advocacy Charter (2002), is taking action to help people say what they want, secure their rights, represent their interests and obtain services that they need. Advocates and Advocacy schemes work in partnership with the people they support and take their side which promotes social inclusion, equality and justice (Action on Elder Abuse 2006). This definition encompasses the approach of advocacy agencies in Australia and is therefore promoted in the current literature as a necessary method to intervene in elder abuse cases and help those who have been affected (Bagshaw, et al. 2009; Black 2008; Cripps 2001; Faye, Sellick 2003; Department of Victorian Communities 2005). Ideally advocacy as a primary intervention method will result in the empowerment of older adults, that can enable greater control in difficult circumstances to come and lead to self determination and independence in all aspects of life for the future.

In Australia the majority of advocacy organisations are grouped under the label 'The National Advocacy Network', which is used as a collective term to refer to the agencies that currently exist in each state and territory across the nation (Advocare, TARS, QADA, ARAS, ADRT, ADACAS, ERA, SRV and Advocacy Tasmania Inc). These agencies are independent, not for profit, community based, and are directed for and by the client's needs in order to prevent further abuse and exploitation. Advocacy targets a wide demographic of individuals, from various social and cultural backgrounds, regardless of whether they can or cannot represent themselves. These services therefore, have a significant advantage in preventing abuse in comparison to other organisations which may only represent those who are considered low dependency and are from homogenous backgrounds. Furthermore, research into advocacy has found that it specifically fills a gap in relation to financial abuse and the

requirement of legal services. Financial abuse is reported to be one of the most common forms of harm experienced by older Australians, while also receiving little attention in primary intervention strategies across service providers (Department of Victorian Communities 2005; Faye, Sellick 2003; Prevention of Elder Abuse Task Force 2001). Advocacy provides education and information about financial planning and legal rights, which is essential to increase awareness and the knowledge of where to receive further support. As strategies to prevent financial abuse can be complex, services such as these are in demand, and this is representative of the research that has found financial advice to be the most required service in South Australia (Cripps 2001; Aged Rights Advocacy Service 2001). Advocacy as implemented in Australia can be seen to address factors of elder abuse that are not widely acknowledged or dealt with by other service providers across the nation, and thus enable this strategy to be fundamental in preventing abuse and exploitation of the elderly.

The majority of the literature that exists in relation to advocacy as a primary intervention strategy can be found in the websites, brochures and reports written by those agencies. This information is directed towards those who are seeking help or require advocacy services, whereby external publications that aim to assess and review their practices are extremely limited. Therefore, the effectiveness of advocacy as a primary intervention method has not been widely evaluated, which remains to be a crucial gap in the existing literature. One study however has been referred to extensively within a large range of Australian articles that discuss primary interventions, Cripps (2001), carried a quantitative study to assess elderly individuals who accessed the Aged Rights Advocacy Service (ARAS) in South Australia, and identified what services they required and if those services were effective in preventing abuse and exploitation. The study found that ARAS did offer an effective model of intervention, with 34% of the participants experiencing a significant decrease of abuse and another 50% of cases in which abuse stopped entirely. This study had limitations as it did not assess the long term outcomes of the participants' circumstances and what effect advocacy has had in increasing their overall quality of life. However, it is an adequate representation of what advocacy can achieve in preventing a critical continuum of elder abuse which will be beneficial for future research and organisations that aim to focus on a human rights based advocacy approach.

The literature on advocacy is proportionately small compared to other primary interventions within Australia and it can be demonstrated that the majority of these services are targeted

towards those who are already experiencing abuse. However, the literature that exists on this topic positively states that advocacy can prevent further abuse of vulnerable older adults. The principles of advocacy are effective frameworks for future programs as they promote empowerment, rights, respect and equality which is essential for the basic human rights of all people. Advocacy, by empowering elderly individuals to make their own choices in regards to their own circumstances addresses the ageist attitudes of service providers who suggest older adults are incapable of making decisions to help themselves and need a protective model of care. This approach can be problematic, as service providers may have to stand by as elderly individuals at risk choose not to take further action to prevent abuse. However, this too is working in accordance to the wishes of the individual which should be the most essential aspect of any intervention strategy. This review acknowledges the importance of a rights based advocacy approach

Active Service Model / Wellness Approach

There has been a paradigm shift in the provision and organisation of care in Australia that challenges existing perceptions of ageing and promotes primary interventions that encompass person centred, capacity building, holistic and empowering models of service delivery. This shift can be understood in the literature from a traditional dependency model of care, whereby services are provided to substitute for an elderly person's lack of ability according to a standardised program, to an active service model or wellness approach that maximises the clients independence. This decreases an elderly person's dependency on family members, carers or service providers and promotes preventative and proactive measures to ageing which can prevent the occurrence of abuse (Andrews 2001; Department of Health WA 2008; Ryburn, et al. 2008). An active service model is not a primary intervention method that is solely directed towards the prevention of elder abuse but is a strategy promoted by a large range of literature to dramatically reduce the risk of abuse which can be implemented and directed towards the general community (Department of Health WA 2008; Regan 2008; Ryburn et al. 2008). The principles that underlie an active service model approach promote an optimal state of social, emotional, psychological, physical, spiritual and financial wellbeing and emphasises the dignity, rights and participation of the elderly in all aspects of life. What is essential about these strategies is an outcome for older adults to be comfortable, safe and happy with their relationships, their social environments and within themselves and finally to improve quality of life while also tackling the issues that ageism creates in getting older.

In Australia, the development of an active service model has been established predominately by Home and Community Care (HACC) funded agencies, throughout the various states and territories. Amongst the national literature the most widely discussed programs that have implemented an active service approach include the Silver Chain 'Home Independence Program' (HIP) in WA (Lewin, et al. 2006), the Supported Independent Living Collaborative (SILC) in QLD (Mathews 2004) and the Wellness Approach to Community Homecare (WATCH) also in WA (O'Connell 2006). Each of these three initiatives are an exemplification of the effectiveness active service models can achieve, as supported by the literature that has evaluated their success in increasing quality of life (Lewin, et al. 2006; Mathews 2004; O'Connell 2006). It is also important to acknowledge the international programs which have greatly influenced and continue to contribute to the current services in Australia such as the Leicestershire Home Assessment and Re-enablement Teams in the UK (Kent, et al. 2000), the Restorative Home Care Agency in the US (Tinetti, et al. 2002), and the Restorative Home Support Programs in NZ. While services that have adopted the principles of these programs at a local level include the Benevolent Society, Well For Life in Vic, Community West in WA, Burnie City Council in TAS, The Moreland City Council 'Independent Living Project' in VIC, the Older Women's Network (OWN) Wellness Centres in NSW, the Northern Sydney Respect for Seniors Prevention of Abuse Project and the Northern Sydney Wellness and Restorative Care Project. These programs have been identified by the literature as promising strategies that can significantly create beneficial outcomes for elderly individuals who are at risk of abuse and further overcome the traditional and ageist responses to elder abuse that are currently in place (Regan 2008, Ryburn et al. 2008).

There is a succession of literature that acknowledges the importance of an active service model as a method of primary intervention to increase quality of life. However, the vast majority of these articles are governmental policy reports that directly promote the services they have implemented. To date there is no published peer reviewed studies that have produced evidence for the utilisation of an active service model in preventing a continuum of elder abuse or decreasing the prevalence of ageism amongst the general community (Hutchison, et al. 2006). Nevertheless, by assessing the literature that exists on this approach, it can be established that there is a strong causal link between the aims and goals of this strategy and relevant outcomes it can achieve in preventing elder abuse at a community level

(Andrews 2001; Department of Health WA 2008; Silver Chain 2007). Findings from pilot studies conducted on the HIP, WATCH and SILC programs have been critical for the development of an active service model as a primary prevention method. The majority of the participants experienced increased quality of life and a reduced need for home and community care services and admissions to hospitals and residential aged care facilities (Lewin, et al. 2006; Mathews 2004; O'Connell 2006). These three programs, which provide time limited interventions enable the elderly, carers and family members to re-learn skills and abilities that will help them in their day to day lives, change their mindset from illness to empowerment, promote independence and self management, restore social networks and offer strategies to prevent a decline in family relationships, physiological and physical health and functioning (Lewin, et al. 2006; Mathews 2004; O'Connell 2006). An active service model, as demonstrated by the literature is therefore crucial in addressing the risk factors for elder abuse and implementing preventative interventions that can enhance an individual's quality of life while also providing a positive framework for future organisations to come.

It can be gathered from the literature that the majority of the programs that employ an active service model as a primary intervention method have focused largely on lower dependency individuals in which there is a limited need for service because functional ability is greater. Interventions however, will need to target differing levels of dependency as well as cultural and socio-economic backgrounds to assess the best strategy to increase independence. Further limitations for an active service model include the fragmentation of agencies, the lack of use by CALD individuals and a focus on avoiding high intensity and costly care rather than the needs of the elderly (Ryburn, et al. 2008). These issues are crucial for further developments in primary intervention methods especially when community organisations decide to implement these strategies. However, an active service model is a possible approach to prevent elder abuse within a community level as demonstrated by a recent report conducted by Uniting Care Ageing for HACC. Services where tasks are done for a client can be harmful as they may increase the development of dependency and inadvertently contribute to a reduction in activity and functional ability. This significantly heightens the risk of being abused as well as becoming the abuser as feelings of helplessness and frustration may be expressed in the form of harmful behaviour. An active service model by empowering the individual to reach their full potential, gain independence, restore healthy relationships and increase community participation functions to prevent the occurrence of

elder abuse, while also encouraging positive principles for community organisations that respond to the needs of the elderly.

Screening

Throughout the international and Australian literature, screening has been identified as one of the most important primary intervention strategies for the detection and prevention of elder abuse (Kurrle 2004, Kurrle, Naughtin 2008; Morgan Disney 2000; Levine 2003). The basic premise of screening relies on the recognition of the signs, symptoms, behaviours and attitudes of those who may be at risk of abuse, whereby upon further assessment action can be taken to prevent its progression. Screening tools and techniques include questionnaires, interviews and direct observation of the elderly client. They are generally conducted by Aged Care Assessment Teams (ACAT), health care workers, social workers, community service providers, hospital staff and general practitioners (Kurrle 2004). Most predominately proposed by practitioners and researchers under the public health service sector, are various forms of screening and assessment techniques that have been evaluated, examined and analysed using both quantitative and qualitative methodologies (Desmarais, Reeves 2007; Fulmer, et al. 2004; Perel-Levin 2008; Spangaro 2007). The principles for screening as a primary intervention method are contested and diverse according to the aim, focus, context and location of the research undertaken. This combined with a lack of universal definition, no standardised assessment for the suspicion of elder abuse and minimal availability of interagency protocols for the implementation and management of screening has meant that the progression of these programs in Australia has been delayed. Despite this, screening tools are in various stages of development throughout the world, whereby the recognition of such programs as having considerable potential to detect and prevent elder abuse has been widely advocated for future government, health and community care projects (McFerran 2009; Perel-Levin 2008; VVCAV 2005).

International and Australian research over the last decade has stressed the importance of routine screening undertaken by health care professionals such as general practitioners for their role in identifying those at risk of elder abuse (Fulmer, et al. 2004; Kurrle, 2004; VVCAV 2005). It is estimated that over 90% of older Australians will visit their local GP at least once a year, creating a significant number of opportunities to prevent abuse by both patients and practitioners (Kurrle, 2004). The literature acknowledges the frequent, personal

and often confidential appointments that many elderly individuals have with their GP's, whereby the establishment of a trusting relationship may ensue which can inevitably increase the chance of a discussion about abuse. Studies have also found that elderly individuals who are generally apprehensive in disclosing their circumstances may be more willing to discuss abuse when this topic is raised by their GP. This is supported by a recent HACC funded report completed by OWN, in which GP's are strongly promoted to be effective resources for the detection and prevention of elder abuse (McFerran 2009). This requires GP's to receive further education on abuse that can best be applied with the knowledge of the patient's medical history and functional ability (Perel-Levin 2008). Qualitative studies have shown that a majority of women would be relieved if a health care professional discreetly asked them if they had experienced abuse, providing it was done in private and with sensitivity (Howe, et al. 2002; Webster, et al. 2001). Older clients have also stated their preference for a more inclusive role of health care professionals to aid in the prevention of abuse (Schofield, et al. 2002). Although, thorough research into the attitudes of the elderly on screening programs has not yet been conducted. The absent perspectives of the elderly for the development of screening as a primary intervention method highlights a gap in the literature for this issue in which further qualitative studies are needed to bring forth the critical perspectives, values and concerns elderly individuals may have if this strategy was to be implemented nationwide.

As research has identified the health care sector as playing a pivotal role in the awareness, early detection, intervention and prevention of elder abuse and neglect, recommendations, guidelines and training packages have been developed throughout Australia to educate, inform and influence the implementation of screening nationally and locally (NSW Advisory Committee on Abuse of Older People 1995; Age and Disability Department Sydney 1995; ACT Health 2004; VIC Elder Abuse Prevention Project 2005). There has been little research conducted on these guidelines for their effectiveness in increasing awareness, detection and prevention of elder abuse amongst the health care sector. However, these programs remain largely in effect and are used accordingly by various government, health and community organisations, such as the Royal District Nursing Service (RDNS). Other important agencies that provide targeted workshops for practitioners and community service workers, information on the signs and symptoms of elder abuse and promote best practice guidelines for screening as a primary intervention method in the form of training protocols funded by HACC include; Elder Abuse Prevention Association (EAPA), the Benevolent Society, the Bendigo Health Group, Care Connect, Elder Abuse Prevention Unit in QLD and the Calvary

Silver Circle operating in ACT, NSW, Northern Territory, South Australia, Tasmania and Victoria. These agencies are crucial for prevention of elder abuse because they address screening as a method of primary intervention amongst health care professionals but can be utilised by all individuals who work with the elderly.

Screening still needs to be refined and issues addressed if it were to be successfully implemented across health and community care sectors in Australia and this has been supported by the literature that has analysed the current barriers to screening programs. This research has been beneficial in documenting the difficulties faced in implementing screening as a primary intervention method, whereby a lack of education on elder abuse, training to ethically determine if abuse is occurring, how to approach these issues with the client and a lack of resources and referral contacts are key concerns. Secondly a lack of trust in the practitioner, fear of reprisal and unknown implications once abuse is disclosed may be experienced on behalf of the elderly person (Kurrle, 2004; Perel-Levin 2008; VVCAV 2005). This combined in an environment of ageism enables a situation in which a demised self confidence may hinder the admission of abuse and will contribute to its continuation if the practitioner cannot detect or chooses to ignore the signs. Screening therefore cannot be effective without further education, training and adequate resources to detect, intervene and prevent the progression of abuse. Thus, awareness combined with good judgement, sensitivity, confidentiality and mutual trust and respect between health care professionals, community service workers and older adults provides the principles for implementing screening and a framework for the larger community to create a dialogue about elder abuse and ways in which it can be effectively prevented.

Social Isolation

Services in Australia that employ interventions which aim to help the socially isolated directly target those who are at risk of elder abuse. The emergence of these programs is supported by a growing body of evidence regarding the detrimental effects of social isolation for physical, mental and emotional wellbeing which has been recorded to increase the rate of morbidity and mortality (Berkman, Glass 2000; Giles, et al. 2007; Herzog, et al. 2002; Kochera, et al. 2005; Moren-Cross, Lin 2006). This research has made evident the strong relationship between health and community interaction and has been beneficial for the implementation of programs which aim to reconnect elderly individuals with positive social

networks. It is crucial to acknowledge the factors that may contribute to social isolation as these will also reflect an increased risk of elder abuse. Large scale longitudinal studies have found that the elderly tend to become more socially isolated as they age, whereby functional ability may decline and the risk of losing a loved one increases (Dykstra, et al. 2005; Tijhuis, et al. 1999; Wenger, Burholt 2004). Factors such as having a lack of access to public transport, being culturally and linguistically diverse, a carer and a victim of ageism, discrimination, racism and/or sexism have also been reported to increase social isolation (Findlay, Cartwright 2002; QLD Department of Communities 2009, Warburton, Lui 2007). As the literature has identified a large range of factors that contribute to a high risk of social isolation as well as the importance of social participation for health and wellbeing, programs and initiatives in this area have been developed in accordance with principles of empowerment and social inclusion.

There is a limited amount of research in Australia that has analysed primary interventions that are successful in the prevention of social isolation and little peer reviewed evaluations on the effectiveness of current programs. However, internal appraisals of services that utilize primary intervention methods have recorded predominately positive feedback from clients as well as beneficial assessments of the strengths and weakness in their approaches for preventing and addressing social isolation (Silver Chain, EAPU, OWN). In many cases services that adopt primary interventions for social isolation are multidisciplinary and provide a range of strategies that meet the needs and requirements of elderly individuals, which further support those at risk of elder abuse (QLD Department of Communities 2009, Warburton, Lui 2007). In Australia programs that have been promoted by the literature for their methods include; National Seniors Association, COTA Safe and Confident Living Program QLD, West Adelaide Elder Friendly Communities (EFC) Project, NSW Neighbour Aid and Social Support Association, QLD Cross Government Project to Reduce Social Isolation of Older People, Elder Abuse Prevention Unit (EAPU) QLD, Women's Network (OWN), Silver Chain WA, Circle of Friends SA, and Uniting Care Ageing, Centre for Healthy Ageing, Men's Sheds and Men's Sheds Australia. These services are easily accessible to local communities, are affordable and in many cases provide private transport to and from the venue. They promote values such as wellness and successful ageing and encourage older people to discuss issues which relate to them, plan developments that can be implemented in their neighbourhood and demonstrates that seniors have a voice and can create change amongst their immediate network as well as the larger community.

In reviewing these services, it can be demonstrated that they respond to and prevent social isolation by employing a variety of primary interventions that have specific approaches and goals. Programs may focus on the different needs of males and females, such as Men's Sheds and the Older Women's Network or may provide volunteers and telephone services for those who may have difficulty leaving their homes. Overall the majority of these interventions are informal and allow seniors to meet at allocated times for a particular activity, which will often include learning new skills (Warburton, Lui 2007). However, the literature has emphasised that gathering elderly individuals for group interaction may not be successful in preventing social isolation and loneliness as the creation of long lasting relationships amongst the elderly can be particularly difficult, especially when interventions are conducted in time limited lengths (Stevens 2001). It is also important to acknowledge that individuals who are socially isolated may not want to partake in these programs therefore, in line with principles that challenge ageism, participation should always be a decision made by the elderly individual concerned. In reviewing the research, primary interventions that address social isolation may provide a beneficial framework for current and future initiatives that aim to prevent elder abuse. However, further research is needed for the long term outcomes of these interventions and if they increase quality of life. Research has identified that the success of current programs is most commonly reliant upon the co-ordinator and the needs of the elderly individuals themselves (Findlay, Cartwright 2002). Therefore, training education and resources are required to enhance the effectiveness of program planning and implementation and a contribution from elderly individuals for how, when, where and what these services should provide and who they should target will be crucial for any future developments.

The literature has not identified one particular strategy as best for preventing social isolation, rather it has acknowledged that the elderly are a heterogeneous population and will have varying circumstances, interests and perspectives which require a range of interventions that are targeted to their needs. By identifying the barriers of social inclusion and tailoring programs according to the differing requirements of the elderly, these services create an opportunity for all individuals to participate in the community in ways that are best suited to them. The values that underpin these programs such as social participation, respect, communication, information and strong community support within a context that acknowledges the difficulties faced in later life can enable the progression of primary interventions within a community level. Therefore primary interventions have significant

potential to respond to and prevent high risk factors such as social isolation that can result in elder abuse while also enabling strategic community developments that have been created by and for older Australians.

Restorative Justice & Restorative Practices

International research into the possibility of an alternative form of justice for situations of elder abuse has grown significantly in the last decade. An alternative being explored within the international and Australian literature for its ability to offer retribution as well as reconciliation between victims and offenders is restorative justice practices. The approach encompasses a varied amount of philosophies and techniques that have roots in historical, cultural and social science groundings and this reflects the diversity of the current programs as well as the absence of a universal definition and best practice guidelines. In examining the literature restorative justice is most commonly and broadly defined as 'a range of informal justice practices designed to require offenders to take responsibility for their wrongdoing and to meet the needs of affected victims and communities' (Strang 2001: 1). Practices identified within this definition include; victim-offender mediation, conferencing or sentencing circles and community reparative or reparation boards, which will most frequently include the victim and the offender, their supporters and a facilitator to guide the process (Stubbs 2004). Despite the variable nature of the programs and general definition, the premise of restorative justice practice lies in the repair of the harm caused by the offender and the re-establishment of a healthy, safe and respectful relationship between the stakeholders and the community. Participation, empowerment, open and honest communication, mutual respect, empathy, and understanding are the key principles that underlie restorative practice as a primary intervention strategy and therefore make this practice particularly appealing for a large range of local organisations that wish to prevent elder abuse within their community.

In Australia the development of restorative justice practices has largely been influenced by and adapted from overseas models that have proven to hold significant benefits for those who have been affected by crime. The Family Group Conference (FGC) model in New Zealand which arose from the dissatisfaction for the management and treatment of juvenile offenders has provided a strong grounding for strategies within Australia (Strang 2001). The success of this model has increased the number of restorative justice programs throughout Australian states and territories and has resulted in a large number of routinely employed programs

which operate in accordance with juvenile court proceedings, either as part of a criminal sentence or in place of it. There is only a limited number of restorative justice programs that are directed towards cases of adult crime, such as family violence, partner violence and elder abuse as the traditional justice system is generally preferred for such situations. However, there is a growing rate of initiatives that have been influential for the development and success of restorative justice as a method of conflict resolution between victims and offenders of abuse; The Mediation and Restorative Justice Centre in Edmonton Canada, Family Group Decision Making Project in Newfoundland Canada, The Mennonite Central Committee Canada, Centre on Violence and Recovery Arizona USA, The Surrogate Victim/Offender Program (SVODP) Washington USA, Tubman Family Alliance Sentencing Circle in Minnesota USA and the Victim Impact Panels in Missouri USA (Burkemper, Balsam 2007; Cameron 2005; Stubbs 2004). These services predominately cater for victims of domestic violence, and ensure before the process that the victim will in no way be in danger, that the offender is willing to repent and change his or her behaviour and that the program will be the least invasive and most appropriate intervention method for the particular situation. Although these restorative justice programs are not explicitly directed towards addressing elder abuse they do provide an effective model of practice that can be developed within the community service sector to enhance current primary intervention strategies within national, state and local levels.

To date there are no rigorously validated findings for the effectiveness of restorative justice programs in preventing elder abuse while empirical evidence for the success of such programs in repairing sexual, partner and family violence is limited. In Australia the majority of the research conducted on the outcomes of restorative justice and whether those involved were satisfied with the process has been directed towards juvenile crime. Projects such as Re-Integrative Shaming Experiment (RISE) and The South Australian Juvenile Justice (SAJJ) have produced valid and positive results that reflect the high levels of satisfaction and fairness experienced by participants (Daly 2001, Sherman, et al. 2000, Strang, et al. 1999). Two significant services that have been externally evaluated and acknowledged widely within the literature for their restorative justice strategies targeted towards addressing cases of elder abuse and domestic violence are: The Restorative Justice Approaches to Elder Abuse Project in South Western Ontario Canada (Groh 2003) and the Goulburn Family Support Service in NSW (Burton 2006). These initiatives have utilized previously successful models of restorative justice, combined with extensive evidence based research and clinical psychology

to create restorative practice programs in which clients are given the tools to help themselves and work through their behaviours, emotions and experiences in order to restore and maintain healthy and respectful relationships. Communication, education, reparation and prevention are the key principles used within these two programs, as the victim and the offender are given an equal voice to discuss why and what behaviour needs to change. These programs empower the victims to discuss their concerns, take part in the decision making process for reparation and enable the division of appropriate strategies that will prevent future abuse. It requires the offender to acknowledge the feelings and perspectives of the victim and to take responsibility for their wrongdoing and the harm they have caused. The literature concerned with these services has conclusively stated the range of benefits received by the victim, offender and the community when restorative justice practices are applied to domestic violence and elder abuse situations (Burton 2001; Burton, et al. 2002; Edwards & Sharpe 2004, Groh 2003). This combined with the positive statements from participants themselves make it clear that future pilot programs are needed within Australian communities in order to provide more effective and appropriate services for elderly individuals who are experiencing abuse.

A review of the literature has found that restorative practices may have the potential to provide a wider range of options to add to existing models of service delivery that address, respond and aim to prevent elder abuse. It can be understood that an overwhelming amount of current services do not have appropriate and effective perpetrator programs, do not include both victims and offenders in their practices, and rely heavily on the formal criminal justice system for stopping and preventing abuse (Burton, et al. 2002). Therefore, there is a growing interest for the utilization of restorative practice as an alternative form of conflict management that is centred on the wants and needs of the victim, not on a paradigm of punishment enacted by the criminal justice system. Restorative practice is a multifaceted informal intervention strategy that is unlike the majority of services currently in place, as it can address elder abuse situations that are considered to be in the early or middle stage of the continuum such as emotional and psychological abuse. These cases are usually the hardest to identify and prove within formal service sectors and are generally not dealt with in the criminal justice system. Restorative practice recognises these abusive behaviours and employs a range of strategies that address all facets of the problem which can include anger management, counselling and drug treatment while also providing education on what is a healthy relationship and how to build one (Daly, Stubbs 2006; Thompson 2006). Therefore,

restorative practice can help to prevent elder abuse and create an open dialogue between clients and the community, whereby local services become an accessible source of information and education that can exist long after the program is completed.

Concerns over the appropriateness of restorative justice in cases of physical and sexual abuse are still debated extensively within the literature and this compounded with unclear methods and goals, a minority of services employing these practices and the lack of validated research into the effectiveness of such programs has meant that restorative justice is still considered a controversial strategy (Lewis, et al. 2001; Stubbs 2004). However, these concerns can result in more effective and successful programs for the future as further information, education and training as well as endorsement and funding from national, state or local agencies can have significant potential to change the way current services operate in addressing cases of elder abuse. Restorative practice combined with an interagency approach can enable a greater range of services that are developed in accordance with the needs of the elderly and as part of a local community response that can create a flow of education and information about elder abuse and the programs that can assist in its prevention. Restorative practice is a learning process and like all primary intervention programs no single method can be applied uniformly to all cases of elder abuse. Therefore, the need for research and the development of appropriate services that include diverse faith and culturally based programs will be essential for the success of restorative practice in preventing elder abuse. Although controversial, it can be stated from the literature that restorative practice can create beneficial changes for how elder abuse is handled, provide an alternative primary intervention strategy that is needed within the community and assist with the restoration of healthy, safe and respectful relationships that do not permit abuse. This approach appears to have been least utilised to date and hence may offer significant future benefits.

Conclusion

This review has examined the literature in relation to five primary intervention strategies, the programs and principles that underpin their methods as well as the strengths and weaknesses of each approach in their aim to prevent elder abuse. With further education, awareness, resources and funding these services can make a significant contribution to future programs and can shape the way in which elder abuse is understood and addressed in Australia. Recognising, responding to and preventing abuse is a complex process and must

involve well coordinated interagency protocols, policies and best practice guidelines for all community service providers. These protocols must be designed and implemented on the principles of education and empowerment, in which information is given so that older adults at risk of abuse are able to make well informed decisions in order to assert their rights. Programs that tailor their strategies according to the needs of their clients within the context of their lives, including the prevalence of ageism will best be able to provide effective and ethical interventions that can prevent abuse. Importantly this requires the recognition of life experiences, cultural background, family dynamics and the importance of relationships for each individual and thus, will enable a greater understanding of their client and the issues that need to be addressed in order to restore and maintain a healthy social context.

In conclusion, this review stresses that the best and most effective services will offer clients the least restrictive intervention strategies possible and will provide a model of support that facilitates self determination and addresses the risk factors for abuse before the situation reaches the critical end of the continuum. The following recommendations identify some initiatives that may contribute to this preventative approach.

Recommendations

- *Community Awareness:* Raising community awareness through effective and informative social education campaigns can stimulate discussion, debate and engagement for the prevention of elder abuse. Well coordinated strategies that are designed in collaboration with a range of agencies and organisations can provide accurate and targeted information to minimise the risk of abuse and bring to light support services that can help those who are concerned about their circumstances. An example of this can be seen from the SSWAHS; 'Solving the Jigsaw of Domestic Violence Project' launched by MDVC and Metro West Violence Prevention Network; 'Young People & Family Violence Forum'. These community based programs effectively raise awareness, build trust and optimism within the community. These types of programs would highlight that the responsibility for preventing elder abuse should go beyond that of frontline care workers and therefore, education programs need to be available and directed towards all members of the general public. The

distribution of information, advice and appropriate elder abuse prevention programs through a local community grass roots social education campaign can effectively reach a greater audience of elderly individuals, including those who are socially isolated. A DVD resource kit distributed through local councils across the state would make a significant contribution to raising community awareness. Finally this approach not only informs and educates local populations about the importance of reporting and preventing elder abuse, it addresses misconceptions of ageing and promotes empowerment and respect for seniors. The Respect for Seniors campaign is an example of a positive, strengths based approach to social education specifically addressing ageism and unhealthy relationships that lack mutual respect.

It is recommended that the Respect for Seniors Campaign be extended as widely as possible across all sectors in the community with an interdisciplinary approach involving all relevant organisations and government bodies.

- *Empowerment and Protective Factors:* The values that strengthen an empowerment model approach to primary interventions will best be suited to the prevention of elder abuse at a community level. Empowerment reinforces the principles of dignity, respect and capability as all elderly individuals have the right to make educated decisions that are in their best interests. Interventions that are based on a model of empowerment assist elderly individuals to be self-determined in all aspects of daily life which would dramatically reduce risk factors for abuse such as dependency, social isolation and financial exploitation.

One example of these risk factors is the role of older women who are widowed with adult children. These women often feel a strong obligation to be a peace maker within the family and this may lead to decisions that compromise their own wellbeing for the sake of others in their family and create abusive outcomes.

Empowerment contributes to an individual's self worth and self respect. It emphasises the importance of physical, psychological and social wellbeing and enables the development of motivated, independent and active members of the community. An empowerment model approach to primary interventions works “*with not for*” elderly individuals by developing their awareness of protective factors. This intervention

should include programs reinforcing a range of protective factors including a positive self image of ageing, identity, self efficacy, self respect, coping skills, a sense of personal control, resilience, assertive communication, conscious ageing, a sense of belonging, recognition of benevolent ageism, respectful relationships and lifelong learning. It is an active process that requires listening, communication and the respect for freedom and choice that is essential for all human beings.

It is recommended that pilot workshops be developed and trialled as a primary intervention based on these protective factors as identified in the research document “Just a number ... an exploration of ageing”.

- *Interventions that are respectful of an older person’s relationships:* The importance of respecting existing relationships that are valued by an older person has been identified by the Victorian Department of Human Services (2009).

It also appears that many situations of potential or existing abuse are complex and straightforward procedural responses are often not appropriate. The importance of providing a range of interventions that can be tailored to individual circumstances was acknowledged by the Benevolent Society's Briefing Paper (2010). Therefore it appears obvious that a wider range of intervention strategies are needed to respond particularly to situations involving emotional and psychological abuse.

There are only a limited range of services that support all parties involved in situations of elder abuse and fewer still that work with these individuals in order to assist with the development of healthy, safe and respectful relationships. In line with the principles of empowerment, programs and procedures need to value the wishes of the elderly individual and the relationships that they hold while addressing the risk factors for abuse. The importance of these relationships requires the development of new interventions that respect the complexity of individual situations. The literature identifies restorative practices as a potentially effective & respectful intervention particularly in cases which involve emotional and psychological abuse. The key principles underlying restorative practices, participation, empowerment, open and honest communication, mutual respect, empathy, and understanding are a respectful

form of intervention which has the potential to assist in cases that are often complex and involve family dynamics.

Further research would be beneficial to clearly elaborate the cases in which this form of intervention will be most applicable and to identify the approaches that will offer most value to those at risk of elder abuse.

Some families might be comfortable working with an organisation such as Relationships Australia and a partnership could be formed to develop courses that assisted family members to improve the quality of their relationships. These courses might be titled Healthy Relationships in Older Families.

However many families may not be willing to utilise these services and this would be particularly true for many older people. Therefore another form of intervention would need to be packaged in a way that was more accessible for these families.

Spiritually specific services such as UnitingCare Ageing are in a unique position to provide opportunities for older adults to seek support within an environment they can trust and feel comfortable with. These opportunities can also be extended to individuals living in secular society, especially families that do not have a healthy approach to handling conflict and this could be achieved through the involvement of organisations that are trusted in the community such as Lifeline. Such an intervention might be described as 'family conversations' and be provided by pastoral care workers or suitably trained individuals with the goal of facilitating a dialogue within families and ultimately connecting them with local services that can assist and support their specific needs.

It is recommended that these forms of intervention based on the principles of restorative practices be researched, developed and trialled during the remaining twelve months of this pilot project. These approaches can be tailored to the specific needs of each individual and would be developed in a way which would maintain the respect, dignity and relationships that older people in our community value so highly.

- *Training and Education of Staff:* In order to detect, respond and prevent elder abuse all staff members who work with older adults must be well informed about the importance of these issues and have significant knowledge of the range of intervention strategies that are available. It appears that many situations are complex and straightforward procedural responses are often not appropriate. A wider range of intervention strategies are needed to respond particularly to situations involving emotional and psychological abuse. Existing state government protocols are an extremely effective approach for serious situations that require significant intervention. Government funded education of interdisciplinary training packages, forums, seminars and workshops are important. These programs must be an ongoing requirement for all staff, in which a process of active participation and personal reflection is compulsory. The content within these programs should surpass the distribution of brochures and posters and include training that incorporates wider societal issues such as ageism, interagency input and participation from elderly individuals themselves. The standpoints of the elderly within training and education packages enables a greater understanding of the seriousness of ageism and elder abuse, how the actions of staff can affect the outcome of abuse and why it is crucial to respect older adults in all aspects of daily life. Finally, screening that includes mandatory criminal record checks, staff supervision and ethical and confidential procedures for reporting a suspected or disclosed situation of abuse is vital for the safety of the elderly.

It is recommended that a training package for aged care personnel be developed based on the Respect for Seniors DVD and the Circle of Respect Concept.

- *Improving Effectiveness of Service Responses:* This requires a range of interdisciplinary methods such as further validated research, a whole of government approach, the development and application of theories and concepts and participation from older adults in the design, development and implementation of intervention strategies. Quantitative research that is able to gather information from large samples of older adults and the services they require combined with qualitative methods such as focus groups and in-depth interviews that demonstrate the standpoints of the elderly are crucial for the knowledge and successful prevention of elder abuse.

Evaluations of the effectiveness of current services, their intervention strategies and the long term outcomes for the individuals who have participated in such programs is necessary to improve current services and the overall quality of life for their clients. All levels of government must show leadership and responsibility for the prevention of abuse and this requires coordinated planning, implementation and research to develop a framework that supports an interagency approach for all issues within this field. Input from a range of professionals who have developed theories that enable a greater comprehension for the reasons, types, concerns, actions and outcomes surrounding elder abuse and ways in which to respond is critical for the development of future programs. Developing a range of interventions that can be tailored to individual situations ensures the wishes of the older person can be respected whilst duty of care is also maintained. Finally, participation from older adults is needed in order to create empowering intervention strategies that are designed in accordance to the requirements of the elderly and are in line with the principles of respect, dignity, and choice.

References

Action on Advocacy. (2002), *Advocacy Charter*, London.

Action on Elder Abuse. (2006), *Elder Abuse Advocacy Toolkit*, London.

Aged Rights Advocacy Service. (2001), *Abuse Prevention Program: Annual Summary July 00 to June 01*. South Australia.

Andrews, K. (2001), *National Strategy for an Ageing Australia: An Older Australia, Challenges and Opportunities for All*. Canberra: Department of Health and Ageing, Commonwealth of Australia.

Australian Network for the Prevention of Elder Abuse. (1999),
<www.sa.agedrights.asn.au/prevent/definition.html> accessed January 2010

Australian Society of Geriatric Medicine. (2004), ASGM Position Statement No.1 Elder Abuse. *Australasian Journal on Ageing*, 23(1): 38-41.

Bagshaw, D., Wendt, S., Zannettino, L. (2009), Preventing the Abuse of Older People by their Family Members, Stakeholder Paper 7, Domestic Violence Clearing House.

- The Benevolent Society and the University of Melbourne (2010), *Research to Practice Briefing 3: Recognising, preventing and responding to abuse of older people living in the community: A resource for community care workers*, NSW.
- Berkman, J. B., Daniel B. Kaplan, B. D. (2009), 'Religion and Spirituality: Social Issues In The Elderly', Merck Manual Professional
<<http://www.merck.com/mmpe/sec23/ch344/ch344h.html>> accessed January 2010.
- Berkman, L. F., Glass, T. (2000), 'Social integration, social networks, social support and health', in LF Berkman and I Kawachi (eds), *Social Epidemiology*, Oxford University Press, New York.
- Black, B. (2008), *The Human Rights of Older People and Agency Responses to Elder Abuse*, Centre for Human Rights Education, Division of Humanities, Curtin University of Technology, pp. 1-59.
- Boldy, D., Horner, B., Crouchley, K., Davey, M., Boylen, S. (2005), 'Addressing elder abuse: West Australian case study', *Australasian Journal on Ageing*, 24 (1): 3-8.
- Brennan, M., Heiser, D. (2004), *Spiritual assessment and interventions with older adults: current directions and applications*, The Haworth Pastoral Press, Binghamton NY.
- Burkemper, B., Balsam, N. (2007), Examine the use of restorative justice practices in domestic violence cases, *St. Louise University Public Law Review*, 27(1): 121-134.
- Burton, A. (2006), From Restorative Justice to an Explicit Affective Practice *in Developing Practice the child youth and family work journal*, Autumn 2006 No15: Association of Children's Welfare Agencies and the NW Family Services for child youth and family sector, Sydney.
- Cameron, A. (2005), 'Restorative Justice: A Literature Review', The British Columbia Institute Against Family Violence, Vancouver, pp. 1-77.
- Cripps, D. (2001), 'Rights focused advocacy and elder abuse', *Australasian Journal on Ageing*, 20(1): 17-22.
- Daly, K. (2001), 'Conferencing in Australia and New Zealand; variations, research findings and prospects' in A Morris & G Maxwell (eds) *Restorative justice for juveniles: Conferencing, mediation and circles*, Hart Publishing, Oxford.
- Daly, K., Stubbs, J. (2006), Feminist Engagement with Restorative Justice, *Theoretical Criminology*, 10(1): 9-26.
- Department of Communities QLD (2006), 'Cross Government Project to Reduce Social Isolation of Older People - Interim Report', Department of Communities, Queensland Government, Brisbane.
- Department of Communities QLD (2009), 'Cross-Government Project to Reduce Social Isolation of Older People: Best Practice Guidelines for Projects Aiming to Reduce

- Social Isolation of Older People', Department of Communities, Queensland Government, Brisbane.
- Department of Health, Western Australia. (2008), 'Wellness Approach To Community Homecare', WA Home and Community Care, Community West, WA.
- Department of Human Services (2009), 'With Respect to Age - 2009, Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse', Seniors Rights Victoria, Melbourne.
- Department of Victorian Communities (2005), 'Strengthening Victoria's Response to Elder Abuse: Report of the Elder Abuse Prevention Project', Office of Senior Victorians, Victorian Government, Melbourne.
- Desmarais, L. S., Reeves, A. K. (2007), 'Gray, Black, and Blue: The State of Research and Intervention for Intimate Partner Abuse Among Elders, *Behavioural Sciences and the Law*, 25: 377-391.
- Dunn, P. F., Sadler, P. M. (1993), 'Claim making about elder abuse in Australia'. *Australian Journal on Ageing*, 12(4): 42-46.
- Dykstra, P. A., van Tilburg, T., Jong Gierveld, J. (2005), 'Changes in older adult loneliness - results from a seven-year longitudinal study', *Research on Ageing* 27(6): 725-747.
- Edwards, A., Sharpe, S. (2004), Restorative Justice in the Context of Domestic Violence: A Literature Review, Mediation and Restorative Justice Centre, Edmonton, Alberta, Canada.
- Fallon, P. (2006), 'Elder abuse and/or neglect: Literature review', Centre for Social Research and Evaluation, Ministry of Social Development, New Zealand, pp. 1-27.
- Faye, B., Sellick, M. (2003), 'Advocare's speak out survey: "SOS" on elder abuse', Advocare Incorporated, Perth.
- Findlay, R., Cartwright, C. (2002), *Social Isolation and Older People: A Literature Review*, Australasian Centre on Ageing, The University of Queensland, Brisbane.
- Fulmer, T. (2000), 'The First National Study of Elder Abuse and Neglect: Contrast with Results from Other Studies', *Journal of Elder Abuse & Neglect*, 12(1): 5-17.
- Fulmer, T., Guadagno, L., Dyer, B. C., Connolly, T. M. (2004), 'Progress in Elder Abuse Screening and Assessment Instruments', *American Geriatrics Society*, 52(2): 297-304.
- Giles, L. C., Glonek, G. F. V., Luszcz, M. A., Andrews, G. R. (2007), 'Effect of social networks on 10 years survival in very old Australians: the Australian longitudinal study on ageing', *Journal of Epidemiology & Community Health*, 59: 574-579.
- Gordon, R.M., Brill, D. (2001), 'The abuse and neglect of the elderly', *International Journal of Law and Psychiatry*, 24(2): 183-197.

- Groh, A. (2003), Restorative Justice: A Healing Approach to Elder Abuse, *Community Care Access Centre of Waterloo Region*, <<http://www.sfu.ca/cfrj/fulltext/groh.pdf>> accessed 29th January 2010.
- Harris, S. (1996), 'For better or for worse: spouse abuse grown old', *Journal for Elder Abuse and Neglect*, 8(1): 1-33.
- Herzog, A. R., Ofstedal, M. B., Wheeler, L. M. (2002) 'Social engagement and its relationship to health', *Clinics in Geriatric Medicine*, 18(3): 593 - 609.
- Howe, A., Crilly, M., Fairhurst R. (2002), 'Acceptability of asking patients about violence in accident and emergency', *Emergency Medicine Journal*, 19: 138-140.
- Hutchison, T., Morrison, P., Mikhailovich, K. (2006), A Review of the Literature on Active Ageing, Healthpact Research Centre for Health Promotion and Wellbeing, University of Canberra, ACT.
- Jackson, L. (2009), The Cost of Elder Abuse In Queensland: Who Pays and How Much, Elder Abuse Prevention Unit, Department of Communities, QLD, pp. 1-14.
- Kent, J., Payne, C., Stewart, M, & Unell, J. (2000), Leicestershire County Council: External Evaluation of the Home Care Reablement Pilot Project, Leicester: Centre for Group Care and Community Care Studies, De Montfort University.
- Kochera, A., Straight, A., Guterbock, T. (2005) 'Beyond 50.05: A report to the nation on Liveable Communities: Creating Environments for Successful Ageing', American Association of Retired Persons, Washington.
- Kurrle, S., Naughtin, G. (2008), 'An overview of elder abuse and neglect in Australia'. *Journal of elder abuse & neglect*, 20(2): 108-25.
- Kurrle, S. (2004), 'Elder abuse', *Australian Family Physician*, (33)10: 807-812.
- Levin, J. (2003). Elder neglect and abuse: a primer for primary care physicians', *Geriatrics*, 58(10): 37-44.
- Lewin, G., Vandermeulen, S., Coster, C. (2006), Programs to Promote Independence at Home: How Effective Are They? *Generations Review*, 16, 24-26.
- Mathews, J. (2004), The Supported Independent Living Collaborative. Mater Misericordia Hospital, Brisbane.
- McCallum, J. (1993), "Elder abuse: The 'new' social problem?", *Modern Medicine of Australia*, September, pp.74-83.
- McCallum, J. (1993), 'Abuse and Neglect of Older Persons: Maximising or Minimising the Problem?', Conference paper presented 25th February, Adelaide, pp. 1-13.

- McFerran, L. (2009), *The disappearing age: a discussion paper on a strategy to address violence against older women*, Australian Domestic & Family Violence Clearinghouse, The University of New South Wales, Sydney.
- Moren-Cross, J. L., Lin, N. (2006), 'Social networks and health', in R. H. Binstock and L. K. George (eds), *Handbook of Aging and the Social Sciences* (6th ed.), Elsevier, New York.
- Morgan Disney and Associates. (2000), *Two Lives - two worlds: Older people and domestic violence*, Partnerships Against Domestic Violence, Canberra.
- New South Wales Carers Australia (2006), *Response to the NSW Abuse of Older People Interagency Protocol*, Carers NSW.
- New South Wales Department of Ageing, Disability and Home Care (2007), *Interagency Protocol for Responding to Abuse of Older People*, NSW Government, Sydney.
- New South Wales Ministerial Advisory Committee on Ageing (2007), *Entitled to Respect: A discussion paper on community attitudes to older people*, NSW Ministerial Advisory Committee on Ageing, Sydney.
- O'Connell, H. (2006), *The WATCH Project: Wellness Approach to Community Homecare Perth*: Community West Inc and Western Australian Department of Health, Home and Community Care.
- Perel-Levin, S. (2008), 'Discussing Screening for Elder Abuse at a Primary Health Care Level', *Ageing and Life Course, Family and Community Health*, World Health Organization, Geneva.
- Pillemer, A. K., Mueller-Johnson, U.K., Mock, E. S., Suito, J.J., Lachs, S. M. (2008), *Interventions to Prevent Elder Mistreatment*, *Handbook of Injury and Violence Prevention*, Springer, Atlanta, pp. 241-254.
- Prevention of Elder Abuse Task Force. (2001), *The Strategic Plan for the Prevention of Elder Abuse in Queensland*. PEAT Force, QLD.
- Reay, A. M. C., Browne, K. D. (2002), The effectiveness of psychological interventions with individuals who physically abuse or neglect their elderly dependents, *Journal of interpersonal violence*, 17(4): 416-431.
- Regan, C. (2008), *Report on the National HACC Forum 2008: Approaching Wellness*, Melbourne.
- Ryburn, B., Wells, Y., Foreman, P. (2008), *The Active Service Model: A conceptual and empirical review of recent Australian and International literature (1996- 2007)*, Australian Institute for Primary Care, Faculty of Health Sciences, La Trobe University, Victoria.
- Schofield, J. M., Reynolds, R., Mishra, D. G., Powers, R., J., Dobson, J. A. (2002), 'Screening for Vulnerability to Abuse Among Older Women: Women's Health Australia Study', *The Journal of Applied Gerontology*, 2(1): 24-39.

- Sherman, L., Strang, H., Woods, D. (2000), *Reoffending Patterns in the Canberra Reintegrative Shaming Experiments*, Law Program, Research of School of Social Sciences, Australian National University, Canberra.
- Silver Chain (2007), Silver Chain's Home Independence Program (HIP). User Manual. Silver Chain, Perth.
- Spangaro, J. (2007), 'The NSW Health routine screening for domestic violence program', *NSW Public Health Bulletin*, 8(6): 86-89.
- Stevens, N. (2001), 'Combating loneliness: a friendship enrichment programme for older women'. *Ageing and Society*, 21: 183-202.
- Strang, H. (2001), *Restorative Justice Programs in Australia: A Report to the Criminology Research Council*, Research School of Social Sciences, Australian National University, Canberra.
- Strang, H., Barnes, G., Braithwaite, J., Sherman, L. (1999), *Experiments in Restorative Policing: A Process Report on the Canberra Reintegrative Shaming Experiments (RISE)*, Law Program, Research School of Social Sciences, Australian National University, Canberra.
- Stubbs, J. (2004), *Restorative Justice, Domestic Violence and Family Violence*. Issues Paper 9. Sydney: Australian Domestic and Family Violence Clearinghouse. Available at <http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Issues_Paper_9.pdf>
- Thompson, G. (2006), Travel Report, Washington and New York, <<http://www.parliament.sa.gov.au/NR/rdonlyres/4B329718-2132-43EB-A213-8DCED06FDA89/7185/ThompsonUSAJuly06.pdf>> accessed 20th February 2010.
- Tijhuis, M. A. R., De Jong-Gierveld, J., Feskens, E. J. M., Kromhout, D. (1999), 'Changes in and factors related to loneliness in older men - the Zutphen Elder Study', *Age and Ageing*, 28: 491-495.
- Tinetti, M. E., Baker, D., Gallo, W. T., Nanda, A., Charpentier, P., O'Leary, J. (2002), Evaluation of restorative care vs. usual care for older adults receiving an acute episode of home care, *Journal of American Medical Association*, 287, 2098-2105.
- Victorian Community Council Against Violence. (2005), Preventing elder abuse through the health sector, VIC, pp. 1-53.
- Warburton, J., Lui, C. (2007), *Social Isolation and Loneliness in Older People: A Literature Review*, Australasian Centre on Ageing, The University of Queensland, Brisbane.
- Wenger, G. C., Burholt, V. (2004), 'Changes in Levels of Social Isolation and Loneliness among Older People in a Rural Area: A Twenty-Year Longitudinal Study', *Canadian Journal on Ageing*, 23(2): 115-127.
- World Health Organisation/International Network for the Prevention of Elder Abuse (2002), *Missing Voices: Views of Older Persons on Elder Abuse*, Geneva.

Webster, S., Stratigos, S., Grimes, K. (2001), 'Women's responses to screening for domestic violence in a health care setting, *Midwifery*, 17: 289-294.

Wolf, R., Pillemer, K. (2000), 'Elder abuse and case outcome', *The Journal of Applied Gerontology*, 19(20): 203-220.

Wolf, R. (2000), 'The Nature and Scope of Elder Abuse', *Generations*, 24(2): 6–13.