

Inquiry into Elder Abuse in Queensland

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Elder Abuse in Queensland

Submission to the Education, Arts and Community Committee of the Queensland Legislative Assembly

The abuse and mistreatment of older persons is a neglected area of research. This submission provides new evidence from a Queensland based study of elder abuse that is part of a 45-year longitudinal programme of study of women and children. First, we review what is already known.

There is a stark contrast between what is known about child abuse, domestic violence and abuse, and elder abuse in Australia; the latter is characterised by very limited research. Although victims of elder abuse can be either male or female, older women are more vulnerable to abuse [1]. The ageing of the population [2, 3] and the growing proportion of older persons dependent on others [2, 4] point to a need for data and relevant policies. The importance of this need is supported by findings that there are a wide range of consequences of elder mistreatment including emergency department presentations, depression, anxiety, suicidal ideation and earlier death, all of which have been previously linked to mistreatment experienced by older persons [5, 6].

Known Unknowns (Gaps in knowledge)

1. It is not known the extent to which older women in Queensland experience financial, physical, emotional abuse or neglect.
2. There is a desperate need to know why some older persons experience abuse and neglect. No previous studies in Australia or internationally have used prospectively collected data from the early life course to predict the abuse experienced by elders. Prospectively collected data enables us to link a person's past life history to their current circumstances.
3. The extent to which victims of abuse are also perpetrators of abuse (the victim-offender overlap) is a gap in knowledge. Do female victims of domestic violence become abusers of their male partners? Is elder abuse victimisation part of a lifelong pattern of victimisation?
4. Whether there is a generational transmission of experiences of abuse.
5. What is the lived experience of people experiencing elder abuse in their own voices?

A recent national survey in Australia suggests that one in every 6 older people experience abuse [7]. While it appears that a large minority of the elder population have experienced some form of elder abuse, little is known about this social problem. Abusive behaviour of

older people (failing to provide support/assistance) may a consequence of experiences at earlier stages of life (eg. childhood abuse, domestic violence).

Women as Victims

Women not only live longer than men, but more often experience high levels of severe violent victimisation over their life course [8]. Cognitive and physical impairment appears to increase vulnerability to abuse [9]. Burnight and Mosqueda [10] suggest that the type of abuse may vary with the severity of the impairment. Mild cognitive impairment may lead to increased risk of financial abuse rather than physical abuse but with the progression of impairment and the emergence of some of the more challenging symptoms of neurocognitive degeneration (agitation, aggression, depression and apathy) there is an increase in the potential for abuse.

Older women, who are carers, may experience abuse from their male partners related to the latter's health vulnerabilities. Alternatively, older women may perpetrate abuse on those for whom they care. Older women who are in receipt of care, may experience abuse by their carers (irrespective of the latter's gender), related to their own health vulnerabilities.

Queensland Study of Elder Abuse

The Mater-University of Queensland Study of Pregnancy (MUSP) commenced in 1981 with the recruitment of 6700 pregnant women at the Mater Hospital. These women were a mean age of 25 years at recruitment. These women, and their children, have been repeatedly studied since 1981 with the most recent project funded by the Australian Research Council (ARC). The current follow-up is focussed on the abuse experiences of the women in the study. It is anticipated that the sample will comprise some 3000 women who will provide details of their abuse by 2026. To date, some 2000 women have participated in this follow-up, and we provide preliminary figures based on the standardised Elder Abuse Questionnaire we have administered to the women (now a mean age of 67.5 years). These women are predominately living in the community, have a current partner (70%), with whom who they are living (65%). Twenty percent live alone. This is a representative sample in relation to living arrangements [11].

Table 1 provides details of the four types of elder abuse which are the focus of the study; financial abuse, emotional abuse, physical maltreatment and neglect. We have not included all the items used in the study because the study, thus percentages do not equate with total percent experiencing abuse.

Table 1: Queensland Study of Elder Abuse
Mater-University of Queensland Study of Pregnancy (MUSP)
 Respondents recruited 1981-3 with mean age 67.5 years 2024-6. (N≈1860)

Financial Abuse	Yes %
Over the past year, has anyone spent your money without your permission?	2.1
Over the past year, has anyone sold your property without your permission?	0.3
Has someone else used their electronic access (phone or computer) to your bank accounts, to spend money or purchase things that you didn't want?	1.6
Over the past year, has anyone forged your signature without your permission in order to sell your property or to get money from your accounts?	0.2
Over the past year, has anyone forced or tricked you into signing a document so that they would be able to get your money or possessions?	0.3
Over the past year, has anyone stolen your money or taken your things for themselves, their friends, or to sell?	1.5
Any form of financial abuse (N=67)	3.7%

Emotional Abuse	Yes %
Over the past year, has anyone ever repeatedly yelled at you?	10.8
In the last year, has anyone ever made you feel humiliated or embarrassed by calling you names such as stupid, or telling you that you or your opinion was worthless?	11.3
In the last year, has anyone repeatedly asked you to do something so much that you felt harassed or coerced into doing something when you didn't want to?	5.6
In the last year, has anyone close to you ever completely refused to talk to you or ignored you for days at a time?	14.7
In the last year, has anyone close to you ever repeatedly called you "lazy" or "useless" or other things like that?	4.6
In the last year, has anyone tried to turn members of your family, friends or children against you?	7.0
Any form of emotional abuse (N=433)	24.3%

Physical Maltreatment	Yes %
In the last year, has anyone ever hit you with their hand or object, slapped you, or threatened you with a weapon?	1.2
In the last year, has anyone ever tried to restrain you by holding you down, tying you up, or locking you in your room or house?	0.2
In the last year, has anyone ever physically hurt you so that you had an injury?	0.5
In the last year, has anyone hit you so hard you had cuts, bruises, or other marks?	0.4
In the last year, has anyone hit you so hard that your injuries were noticed by others, for example, a neighbour or health worker?	0.2
Any form of physical maltreatment (N=22)	1.2%

Neglect	Yes %
Are there times when you need to go to a doctor but cannot go because you need help?	3.6
Are there times when you cannot get to the toilet when you need to?	5.8
Any form of neglect (N=525)	31.5%

Financial abuse is relatively rare with 2.1% of women stating their money has been spent without their permission, 1.6% stating there had been electronic access (without their approval) to their funds and 1.5% stating others had taken their money.

Emotional abuse was a relatively common experience with 24.3% of women reporting this form of abuse with others refusing to talk to them, yelling at them or abusing them.

Physical maltreatment is experienced by 1.2% of women who report they have been assaulted and 0.5% that they had been hurt or had an injury.

The most common form of elder abuse was neglect. This neglect included being unable to obtain medical care when it was needed or being unable to go to a toilet when needed. Other more minor forms of neglect (eg. not having clean clothes to wear) were more common but are not detailed here.

Alongside, quantitatively following up 2000 women, we have also interviewed 17 women from the sample who have experienced elder abuse. We below provide examples from two case studies that reflect common features seen across the interview sample.

Case study 1

The participant is a mother who is experiencing physical and psychological abuse from their adult child. The adult child has a history of drug addiction and mental health conditions, including trauma, depression, and drug-induced disorders, which are contributing factors to the ongoing incidents of violence in the household.

This is not the first occurrence of such incidents. The participant has previously experienced psychological abuse and financial exploitation. Despite a recurring pattern of abuse, the participant has not sought formal assistance, citing a perceived responsibility toward their child as a contributing factor.

There are limited informal supports available to address the adult child's drug addiction, and informal support networks. Friends or extended family, are either unavailable or disengaged. Efforts to access mental health and addiction services have been largely ineffective due to the limited and inconsistent nature of the support provided.

The participant has contacted law enforcement and obtained family violence intervention orders. However, enforcement of these orders has been inconsistent, in part due to the participant's decision to allow the child to return to the residence.

Alcohol use is also present in the household and appears to be a contributing factor to the ongoing conflict and instability. The participant is currently managing a complex situation involving the need to maintain personal safety while also addressing ongoing concerns related to their adult child.

Case study 2

The participant is currently in a relationship involving physical, emotional/psychological, and financial abuse from an intimate partner. The partner presents with indicators of poor mental health, including trauma and depression, and displays limited emotional regulation and communication skills. There may also be an undiagnosed neurodevelopmental condition contributing to the behaviour.

The participant has a prior history of emotional and psychological abuse. Cultural or personal values related to marriage and family preservation have influenced their response to the situation. Concerns about social stigma have contributed to a reluctance to disclose the abuse. Limited access to financial and practical resources has also been a barrier to leaving the relationship.

The participant receives informal support from family and has accessed formal support through police intervention. The participant maintains some engagement in social activities and hobbies.

Following police involvement, the perpetrator was referred to mental health services. This resulted in medication management and a subsequent improvement in behaviour, although issues remain unresolved.

Based on the two case studies, several key points emerge regarding elder abuse risk and management from the perspective of victim-survivor's themselves:

1. **Types of abuse co-occur** (e.g., physical, psychological, and financial abuse), often perpetrated by family members.

2. **Risk factors for perpetrator's** include mental health challenges, substance use, possible neurodevelopmental conditions, and limited emotional regulation and communication skills.
3. **Barriers to help seeking** are a sense of responsibility for the perpetrator's wellbeing (especially if they are an adult child), personal values related to family preservation, concerns about stigma, and limited financial or practical resources.
4. **When formal help is sought**, police assistance, intervention orders, and referrals to mental health services can partially improve the perpetrator's behaviour and reduce the abuse. However, difficulty accessing these services and their time-limited nature means *the abusive behaviour has not been fully resolved*, and participants continue to manage a complex and ongoing situation. Engagement in social activities and hobbies and support from informal networks such as family are crucial to helping victim survivors cope.

From a public policy perspective some very important questions remain to be answered:

- i. Who are the perpetrators of this abuse?
- ii. Why is the abuse being perpetrated?
- iii. Are there earlier life circumstances, e.g., the nature of the relationship between the mother and her a) partner b) children c) other family members that predict the perpetration of elder abuse?
- iv. How is the mental and physical health of the victim associated with the experience of elder abuse?
- v. How is the mental and physical health of the perpetrator associated with the experience of elder abuse?
- vi. As child abuse/maltreatment may be experienced by 10-25% of children, are these maltreated children continuing a cycle of family violence?
- vii. To what extent is domestic violence experienced earlier in the life a factor associated with elder abuse in later life?

To develop effective policy responses, it is necessary to know more about elder abuse. The neglect of the needs of older people must be addressed. The MUSP study is a Queensland population-based study of Elder Abuse of women and is the only study of its type ever undertaken in Australia. Most of the above questions could be answered using data from the current study but ARC funding does not provide for us to do so. We would be pleased to meet with the committee to discuss our current and future work.

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