Inquiry into Elder Abuse in Queensland

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Queensland Mental Health Commission submission

Introduction

The Queensland Mental Health Commission (the Commission) welcomes the opportunity to make a submission to the Inquiry into Elder Abuse in Queensland.

The Commission

The Commission is an independent statutory agency established under the *Queensland Mental Health Commission Act 2013* (the Act) to drive ongoing reform towards a more integrated, evidence-based, and recovery-orientated mental health, alcohol and other drugs (AOD) and suicide prevention system in Queensland.

One of the Commission's primary functions is to develop a whole-of-government strategic plan to improve the mental health and wellbeing of Queenslanders, particularly people living with mental illness, problematic AOD use, and those affected by suicide. The current strategic plan is *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028* (*Shifting minds*). *Shifting minds* is complemented by 2 sub-plans:

• *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027* (*Achieving balance*)

• *Every life: The Queensland Suicide Prevention Plan 2019-2029* (*Every life*).

Additionally, the Commission was responsible for facilitating the development of the *Queensland Trauma Strategy 2024-2029*. This strategy is a direct response to Recommendation 6 of the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*. The strategy is a proactive commitment from government to help prevent, support, and heal from trauma, recognising the complex and varying experiences of Queenslanders.

Introduction

The Commission acknowledges that the many intersections of mental health and elder abuse are complex, including both the mental health of the older person and the mental health of those who perpetrate elder abuse. The Commission is advocating for adequate mental health, AOD, and suicide prevention services to ensure the needs of older people (including those who have experienced elder abuse) are met.

We acknowledge that elder abuse in its various forms, but especially psychological abuse is traumatic and can cause or increase mental ill-health and the risk of suicide.

The Commission notes the need for system reform to address the prevalence of elder abuse and the fact that most cases go unreported due to the close family relationships were the abuse most of the time occurs.

In March 2020, the Commission made a submission to the Royal Commission into Aged Care, including making 12 recommendations around the protection of human rights and mental health and wellbeing of aged-care residents and their loved ones. The submission is published at

https://www.qmhc.qld.gov.au/sites/default/files/submission_to_the_royal_commission_into_aged_care_quality_and_safety_march_2020.pdf

The Aged Care Royal Commission's research on the prevalence of elder abuse in Australian residential aged care facilities was significant. Based on an 'any concern' measure:

- the prevalence of elder abuse in Australian residential care is estimated to be 39.2% when counting all people who reported experiencing emotional abuse, physical abuse and/or neglect;
- the prevalence estimate for neglect is 30.8%;

- the prevalence estimate for emotional/psychological abuse is 22.6%; and
- the prevalence estimate for physical abuse is 5.0%.[1]

This clearly demonstrates the need for reform to protect older Queenslanders from abuse. The Commission applaud the Education, Arts and Communities Committee for undertaking this important work.

Mental health of older people

Older people are experiencing mental health challenges similar to other age groups in our community. As people age, there are often additional complexities for people to manage including loss of income, opportunities to participate in work and society and the relationships that come with it; dealing with the death and loss of friends and loved ones due to illness; and a loss of health and sometimes independence. All of these experiences can affect a person's mental health and wellbeing, as does the ageism and stigma that older people can experience in every aspect of their lives. Some older people may have experienced mental illness at periods throughout their lives, for others it might have only developed in later years and be related to their experience of ageing, or age-related illness or disability. All are entitled to care, treatment and support. For some people, existing mental health challenges can lead to a higher risk of being abused, particularly when they are dependent on others for care, or they have a cognitive impairment that affects decision-making capacity. For others, the traumatic experience of elder abuse may be the catalyst for mental illness, including anxiety and depression, and make it more difficult to maintain wellbeing[2]. Some older people can experience abuse from a family member, often an adult child or grandchild, who is experiencing psychological distress or untreated mental illness. While these people want the abuse to stop, many primarily want proper support and care for their family member. They often worry about how they can continue to provide this care while facing their own age-related challenges[3].

How common is mental illness in older adults?

Findings from the National Health Survey estimated that 10 per cent of older people (65 years and over) experience depression or feelings of depression and about 11 per cent experience an anxiety-related illness.[4] Other research has put the figure at anywhere between 10 and 40 per cent[5], with prevalence increasing for older people with dementia and/or in long-term residential care[6]. Older people who are carers, who have other physical illnesses or disabilities, older Indigenous Australians, migrants and women can be at increased risk of depression, anxiety and poor mental health[7]. These cohorts can also face increased barriers to accessing services, including a lack of culturally appropriate services, and systemic discrimination that discourages help-seeking. Many older people may belong to more than one of these categories, compounding their increased risk. The compounding impact of traumas and loss throughout a lifetime, coupled with age-related health, physical and social changes, can increase the likelihood of experiencing mental health problems related to psychological distress. Suicide in older populations lack of support to ameliorate challenges for this age group. In Australia, the highest age-specific rate of suicide is for men aged 85 and over[8]. The Australian Institute of Health and Welfare reports that most, but not all, older people who die by suicide have a diagnosable mental disorder at the time of death, most commonly depression.[7]

Depression and anxiety are not a normal part of ageing and can be treated. It is important for those working with older people to encourage open discussion about mental health to remove any stigma associated with it and to

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[1] Royal Commission into Aged Care Quality and Safety, Experimental Estimates of the Prevalence of Elder Abuse in Australian Aged Care Facilities (Research Paper 17, December 2020).
[2] Seniors Victoria
[3] Ibid.
[4] Australian Bureau of Statistics (2018) National health survey – first results: Australia 2017–18 (Catalogue No. 4364.0.55.001), Canberra.
[5] National Ageing Research Institute, Submission to the Royal Commission into Victoria's Mental Health System, SUB.0002.0024.0049, 2019, p. 1.
[6] Dementia Australia, Depression and dementia fact sheet. Accessed at https://www.dementia.org.au/national/support-and-services/carers/behaviour-changes/depression-anddementia; Australian Institute of Health and Welfare, 6.4 Mental Health of Older Australians, Australia's Welfare 2015, 2015, p. 4.
[7] Haralambous, B, Lin, X, Dow, B, Jones, C, Tinney, J and Bryant, C (2009) Depression in older age: a scoping study, Melbourne: National Ageing Research Institute.
[8] Statistics released annually by the Australian Bureau of Statistics show that in 2023: Males aged over 85 years had an age standardised suicide rate of 26.4 deaths per 100,000 persons. This is higher than the suicide rate for all males, which was 18.0 per 100,000 persons.

normalise the seeking of treatment.

How does poor mental health and wellbeing increase a person's risk of elder abuse?

Often, when a person is experiencing mental ill-health, they may have less capacity to deal with life's challenges and be at increased risk of being taken advantage of and abused. Especially, depression and anxiety can affect decision-making and a person's ability to cope with stress, while psychotic illnesses that include hallucinations, delusions and paranoia may make it difficult for a person to cope with daily life, and mean they need more assistance[9]. For older people, these difficulties may be impacted by age-related illness and disability, as well as financial stresses related to living on a limited income such as the age pension. This may mean they are indecisive or open to being taken advantage of. They may look to others to take responsibility or put their trust in somebody to their own detriment. A high proportion of elder abuse is perpetrated by a family member of the older person, and it is most often family who are responsible for providing care as a person ages. Because it is often accepted that family members take on increased care needs and decision-making when someone gets older, it sometimes goes unnoticed when a person is being taken advantage of – particularly if they're experiencing mental ill-health and are less able to advocate for themselves or dismissed when they do so. For these reasons it is not only important to support the mental health needs of older people for their own wellbeing and enjoyment of life, but also to help safeguard them from elder abuse and its further detrimental consequences[10].

What is the effect of elder abuse on a person's mental health and wellbeing?

Experiencing elder abuse, particularly when it is perpetrated by a family member, is devastating. Psychological abuse, including threats, bullying and intimidation can erode a person's wellbeing and confidence, while physical violence and erratic behaviours can leave a person distressed, on edge and worried about the future. When the perpetrator is the older person's child there can often be feelings of parental responsibility and despair that the child they brought up could behave in this way. Some people are unable to reach out for support because of feelings of shame and guilt. In addition, financial abuse can leave a person in a precarious situation, particularly if they have limited sources of income or alternative housing. All of this can result in or contribute to anxiety, depression and stress-related mental illness, as well as having an effect on a person's ability to engage in the kind of activities that can help prevent mental distress such as socialising and exercise. The way elder abuse affects a person's mental health is supported by independent research. A comprehensive study showed that older women who had high life satisfaction, enthusiasm and energy (described as a stable high mental health trajectory) who then experienced elder abuse, consequently reported a decline in their mental health from which they did not recover[11.] The toll elder abuse can take on a person needs to be more widely recognised, with better support services put in place to assist people with the long-term effects of abuse.

Similarly, the literature – while quite limited – also highlights the considerable impact on older adults of elder abuse[12.] Such experiences are commonly traumatic and stressful and can remain undetected due to the very nature of an abusive relationship (e.g., coercive control). The older adult being taken advantage of may also experience reduced capacity in terms of understanding, and therefore being able to raise concerns for their wellbeing. In Queensland, 67 percent of reports to the Elder Abuse Prevention Unit Hotline noted more than one type of abuse occurring, with 63 percent of reported victims living with the perpetrator(s) and in almost all cases, the perpetrator was a family member.

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[9] Seniors Rights Victoria at COTA Victoria, 2021. Elder abuse, mental health and wellbeing: Discussion paper. Melbourne: SRV, p 7.
[10] Seniors Rights Victoria at COTA Victoria, 2021. Elder abuse, mental health and wellbeing: Discussion paper. Melbourne: SRV, p.8
[11] Thach Tran, Karin Hammarberg, Joanne Ryan, Judy Lowthian, Rosanne Freak-Poli, Alice Owen, Maggie Kirkman, Andrea Curtis, Heather Rowe, Helen Brown, Stephanie Ward, Carlene Britt & Jane Fisher (2018): Mental health trajectories among women in Australia as they age, Aging & Mental Health, DOI: 10.1080/13607863.2018.1474445
[12] Ernst, J.S., & Maschi, T. (2018). Trauma-informed care and elder abuse: A synergistic alliance. Journal of Elder Abuse & Neglect, 30(5), 354-367. https://doi.org/10.1080/08946566.2018.1510353; Gillbard, A., & Leggatt-Cook, C. (2023). Elder abuse statistics in Queensland: Year in review 2022-2023. Elder Abuse Prevention Unit, UnitingCare.

Such characteristics mean that exposure to the trauma is ongoing and often unavoidable without significant external support and input, placing the older people at even greater risk of negative outcomes[13].

Considerations for system reform

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1. Human rights-based framework

A human rights perspective offers a normative framework to consider how broader social, cultural and legal factors can either inhibit or enable the enjoyment of an older person's right to dignity, autonomy and self-determination. In this perspective, elder abuse is viewed as an issue of dignity and justice for older people that has broader social and systemic causes, such as age discrimination and loss of agency.[14]

2. Enhance social participation in the community

Social isolation and loneliness are complex social, health and economic issues that can be harmful to both physical and mental health outcomes, including mortality outcomes.[15] These are significant public health issues and disproportionately affect vulnerable groups such as older women, people from refugee or recently arrived migrant backgrounds, people with disability, and other marginalised groups. Social participation and inclusion are protective factors against social isolation and loneliness,[16] and require the removal of barriers and tailored approaches to ensure that everyone has access to opportunities to engage in all aspects of society.

Enhancing social participation in the community is included in *Shifting Minds, The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028*,[17] Focus Area 2, Whole-of-person.

3. Risk factors for victims and perpetrators

3.1 Risk factors for victims

There are multiple factors relating to an older person that can contribute to their risk of abuse. Cognitive impairment, functional or care dependency, psychological difficulties, lower income or poverty, problem behaviours, poor physical health and social isolation are some of the main factors associated with victims of elder abuse that have emerged from international prevalence studies[18]. Other factors identified in prevalence studies include frailty, alcohol use, trauma or history of abuse, ethnicity (i.e. minority groups), relationship status, incontinence and personality traits.[19]

3.1.1 Poor mental health

Where present, the poor mental health of older adults, such as depression and psychological distress, is a significant risk factor associated with abuse. Like other risk factors identified, poor mental health may co-occur with other factors that exacerbate the risk of abuse of older people. Poor mental health may be associated with dementia or other forms

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[13] Child Family Community Australia. Elder Abuse, Key issues and emerging evidence, CFCA paper NO. 51, 2019, p. 13

[14] Australian Law Reform Commission (ALRC). (2017). Elder abuse – a national legal response: Final report. Sydney: ALRC.

[15] Australian Institute of Health and Welfare 2021, Social isolation and loneliness, Australian Government, Canberra. Available online at https://www.aihw.gov.au/reports/australias-welfare/social-isolation-andloneliness-covid-pandemic.

[16] Community Support and Services Committee 2021, Inquiry into social isolation and loneliness in Queensland, Report No. 14, 57th Parliament, Queensland Parliament, Brisbane. Available online at https://documents.parliament.qld.gov.au/ tp/2021/5721T2070.pdf.

[17] https://www.qmhc.qld.gov.au/sites/default/files/documents/shifting_minds_2023-2028_accessible_0.pdf

[18] Dong, X. (2015). Elder abuse: Systematic review and implications for practice. Journal of the American Geriatrics Society, 63(6), 1214–1238. doi:10.1111/jgs.13454

[19] Burnes, D., Pillemer, K., & Lachs, M. S. (2017). Elder abuse severity: A critical but understudied dimension of victimization for clinicians and researchers. Gerontologist, 57(4), 745–756. doi:10.1093/geront/gnv688

of cognitive impairment, for example, and thus also be associated with care dependency. It may be both a result of past abuse and a risk for future abuse.[20]

3.1.2 Social isolation

Social isolation is another factor associated with the abuse of older people identified across a range of population and smaller scale studies. Researchers have suggested that social isolation creates a condition of vulnerability for older people due to limited access to social support, increased demands on caregivers, and less opportunities for abuse to be detected and reported by others. In a US population study[21] found that low levels of social support were strongly associated with the mistreatment of older people in a US-based population study. Conversely, a high level of social support was found to both reduce the negative impacts of elder abuse and be a protective factor against future abuse.

3.2 Risk factors for perpetrators

Less is known about risk factors associated with perpetrators of elder abuse than for victims. Based on available evidence, several factors have been identified that may contribute to the risk of individuals perpetrating elder abuse. Caregiver burden or stress, dependency on older person, sense of entitlement, AOD use, history of family violence or conflict, mental health difficulties (including psychiatric illness and psychological problems) are some of the main factors that may be associated with elder abuse[22]. The risk factors discussed below focus on attributes of the perpetrator but not on the type of relationship itself (e.g. spousal, parent-child, carer-care recipient relationships).

3.2.1 Poor mental health

Various studies have found poor mental health, including psychiatric disorders, to be a significant risk factor among perpetrators of abuse[23]. Poor mental health is more likely to co-occur with behavioural problems, AOD use, dependency on older adults and relationship conflict that exacerbate the risk for elder abuse.

3.2.2 Alcohol and other drugs

AOD use are noted risk factors for perpetrators of elder abuse. Similar, to the associations between perpetrators and poor mental health and dependency on older adults, it may be a combination of factors - as opposed to substance use alone - that can increase this risk[24]. There is some evidence to suggest AOD use is more closely associated with physical and emotional abuse than other forms of elder abuse.[25]

4. Community-level risk factors

Community-level factors may affect other individual and relationship factors that increase the risk of elder abuse. In a study examining the influence of community-level factors on elder abuse, von Heydrich and colleagues (2012)[26] found that alienation from community increases the risk for abuse, but that its impact was moderated by the quality of relationship between caregivers and older adults. The loss of friends for older people is another factor operating

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[20] Acierno, R., Hernandez-Tejada, M. A., Anetzberger, G. J., Loew, D., & Muzzy, W. (2017). The National Elder Mistreatment Study: An 8-year longitudinal study of outcomes. Journal of Elder Abuse & Neglect, 29(4), 254–269. doi:10.1080/08946566.2017.1365031

[21] Acierno, R., Hernandez-Tejada, M. A., Anetzberger, G. J., Loew, D., & Muzzy, W. (2017). The National Elder Mistreatment Study: An 8-year longitudinal study of outcomes. Journal of Elder Abuse & Neglect, 29(4), 254–269. doi:10.1080/08946566.2017.1365031

[22] Jackson, S. L., & Hafemeister, T. L. (2016). Theory-based models enhancing the understanding of four types of elder maltreatment. International Review of Victimology, 22(3), 289–320. doi:10.1177/0269758016630887

[23] Ibid.

[24] Idid.

[25] Moore, C., & Browne, C. (2017). Emerging innovations, best practices, and evidence-based practices in elder abuse and neglect: A review of recent developments in the feld. Journal of Family Violence, 32(4), 383–397. doi:10.1007/s10896-016-9812-4

[26] von Heydrich, L., Schiamberg, L. B., & Chee, G. (2012). Social-relational risk factors for predicting elder physical abuse: An ecological bi-focal perspective. International Journal of Aging & Human Development, 75(1), 71–94.

at this level that may increase social isolation, which can, in turn, limit access to social support and affect caregiver/older adult relationships. Formal social supports or networks for older people have been suggested as a key protective factor for older adults at risk of social isolation[27].

5. Culturally and linguistically diverse communities

Available research suggests that older people from culturally and linguistically diverse communities may face additional risks of abuse as a result of increased social isolation, language barriers and greater dependence on family members (Office of the Public Advocate, 2006). There may also be cultural variations in understanding elder abuse, including differences in expectations of caring roles within families or attitudes towards reporting abuse and seeking assistance (Jervis et al., 2016; Roberto, 2016).

6. Aboriginal and Torres Strait Islander communities

There is very little research available in relation to the abuse of older Aboriginal and/or Torres Strait Islander peoples. However, it was reported, Aboriginal and Torres Strait Islander Queenslanders made up 3.7 per cent of abuse victims, despite making up only 2.4 of Queenslanders aged over 50 years old. A report from 2023 found 94 victims of abuse identified as First Nations and the rate of abuse was considered 1.5 times higher than expected.[28]

There are some recognised differences between Indigenous and non-Indigenous understandings and experiences of elder abuse. As a consequence of lower life expectancies for Aboriginal and Torres Strait Islander peoples, older people are generally defined as those aged 45-50 years and older. There are also differences in terminology relating to the term 'elder', which in some Aboriginal and Torres Strait Islander communities is a title reserved for community leaders. Differences in cultural understandings of relationships of trust, obligations to family and community members, and family structures mean that risks associated with the abuse of older adults in some Aboriginal and Torres Strait Islander contexts may be different from non-Indigenous contexts.[29]

Conclusion

Elder abuse is a complex matter, especially, psychological abuse by family members can cause trauma and increase the risk of mental illness and suicide.

Risk factors for victims of elder abuse including poor mental health and social isolation. Risk factors for perpetrators are complex and generally multifaceted, poor mental health and AOD use can be contributing factors. Improved mental health and AOD services can minimise the risk of elder abuse. The Commission will continue to advocate for ongoing investment in these services, including for older people.

The existing research literature makes clear, there is a wide range of factors relating to victims, perpetrators, relationships and contexts that may be associated with elder abuse. However, very little research is available to help inform practical responses to prevent these risks and reduce the occurrence or recurrence of elder abuse.

Ageism and intergenerational conflict have been identified as contributors to elder abuse. In response, is has been suggested that greater efforts are needed to ensure that older people are valued and feel included in society, communities and families. Social support and healthy relationships with family members are key protective factors for older people at risk of abuse or neglect. This is where prevention and intervention strategies that aim to mitigate these risks and prevent elder abuse are needed.

Victims of elder abuse should be supported with trauma-informed approaches to ensure those who have experienced trauma are not traumatised further.

In Queensland, significant work has already been done to reduce elder abuse. The Commission acknowledges the ongoing, dedicated work of the Office of the Queensland Public Advocate and the release of the Adult Safeguarding

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[27] Child Family Community Australia. Elder Abuse, Key issues and emerging evidence, CFCA paper NO. 51, 2019, p. 14

[28] https://nit.com.au/06-01-2025/15638/elder-abuse-continues-to-rise-in-queensland

[29] The Public Advocate, Queensland Law Society, Elder Abuse, Joint Issues Paper, February 2022, p. 32

Reports[30]. The Commission supports the central recommendation of this report "that a new adult safeguarding agency be established, ideally in the form of an Adult Safeguarding Commissioner. The Adult Safeguarding Commissioner's office would be a central point of contact for people with concerns about the abuse, neglect, or exploitation of at-risk adults (or potential abuse, neglect, or exploitation), and would be empowered to investigate these reports and provide supportive interventions to ensure the safety and wellbeing of at-risk adults".

The Commission also support the call in the Elder Abuse Joint Issues Paper[31] for continued reform to develop and implement appropriate prevention and deterrence mechanisms in order to reduce the incidence of abuse of older people in Queensland.

[30] https://www.justice.qld.gov.au/public-advocate/our-advocacy/justice-and-human-rights/adult-safeguarding-in-queensland2
[31] Public Advocate and Queensland Law Society, Elder Abuse Joint Issues Paper, February 2022