Inquiry into Elder Abuse in Queensland

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MHLEPQ
MENTAL HEALTH LIVED EXPERIENCE PEAK
QUEENSLAND

“The Time is Right for Change”

Parliamentary Inquiry into Elder Abuse in Queensland

April 2025

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Acknowledgement of Country

The Mental Health Lived Experience Peak Queensland (MHLEPQ) respectfully acknowledges and honours the Traditional Custodians of the Lands and Waters throughout Queensland. We thank the Elders—past, present, and emerging—for their wisdom and enduring strength.

We recognise that the legacy of colonisation has profoundly impacted First Nations peoples, contributing to unique and significant experiences of trauma within the mental health system. Colonisation has enforced systems of racism, stigma, and discrimination, leading to intergenerational social disadvantage and marginalisation. These historical and ongoing injustices have compounded the challenges faced by First Nations (Aboriginal and / or Torres Strait Islander) peoples, affecting their social and emotional wellbeing.

We acknowledge the enduring resilience and resistance of First Nations peoples in the face of these adversities. We respect their rights and autonomy to lead their own healing journeys, guided by their beliefs and traditional practices and connectedness to Country, family, and spirit. In honouring their wisdom and experiences, we commit to supporting their self-determination and promoting equitable and culturally responsive approaches to mental health care.

Who are the MHLEPQ?

The Mental Health Lived Experience Peak Queensland (MHLEPQ) is an initiative funded by the Mental Health, Alcohol and Other Drugs Branch, Department of Health. Our organisation was created in July 2021 and moved to direct contracting with Queensland Health on January 1st, 2023 (formerly auspiced by the Queensland Mental Health Commission).

The MHLEPQ was established to provide advice and advocacy informed by people with lived experience of the Queensland mental health system with a specific focus on those who are socially disadvantaged and marginalised. Our work is based on the principles of equity, access, cultural safety, recovery, and human rights.

MHLEPQ is a member of the National Mental Health Consumer Alliance, where other state and territory consumer peak bodies meet to coordinate on shared issues, including issues relating to Commonwealth policy and government-funded services.

Human rights statement

Mental health is vital to human experience and is related to a person's ability to participate in society and live according to their sociocultural and political values. The Mental Health Lived Experience Peak Queensland advocates that the right to mental health is a fundamental human right and it is a whole-of-society obligation to promote, protect, and uphold that right. People have the right to their autonomy, to be treated with dignity, be protected from torture and cruel, inhuman, or degrading treatment, and live free from discrimination and stigma according to their own cultural determination.

Human rights in mental health are both a constitutional and working principle of the peak and one of the main objectives of its advocacy work. Its membership guides the MHLEPQ to prioritise the human right to mental health for all Queenslanders, including understanding the legal protections and policies across the sector.

We believe that the human right to mental health includes support with the social determinants of wellbeing such as adequate housing, a clean, healthy and sustainable environment, and health services that are affordable, effective, and culturally appropriate. We will advocate with and for Queenslanders to ensure the proper consideration and compliance with human rights regulations, ensuring that individuals with mental ill-health, distress and suicidality are not excluded or marginalised.

Inquiry into Elder Abuse in Queensland

On 10 December 2024, the Legislative Assembly moved a motion that the Education, Arts and Communities Committee (the Committee), was to inquire into and report on Elder Abuse in Queensland. Public hearings commenced in February 2025. The reporting deadline for the Committee's findings is 12 December 2025.[1]

The aim of conducting the Inquiry into Elder Abuse in Queensland, is in summary, to learn more about the extent of its occurrence, how the systems in place have provided protection [or failed to provide protection] and recommendations for what more can be done.

The Committee has subsequently called for submissions from all interested parties – those with a lived experience of Elder Abuse, carers, employees of carer facilities etc.[2] This submission represents the voice of the MHLEPQ and focusses on the topic of coercive control in Elder Abuse largely outside a Queensland Mental Health Service setting.

Information has been gathered from the body of State, Federal, and international resources and from the previous MHLEPQ publication, *Shining a Light: Eliminating Coercive Practices in Queensland Mental Health Services.*

Elder Abuse

Elder abuse has been defined by the World Health Organization (WHO) as 'a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person'[3]

When we talk about Elder Abuse, we refer to abuse that is typically committed by someone the older person knows and trusts, such as a:

- Son
- Daughter
- Son-in-law
- Daughter-in-law
- Partner
- Grandchild
- Niece
- Nephew
- Friend
- Kin[4]

The older person is commonly targeted, and the inflicted harm caused by the person of trust is deliberate and calculated and can result in emotional, psychological, financial, physical or sexual harm or neglect.[5] All too common examples of Elder Abuse include:

- Yelling at the older person into submission
- Belittling the older person so that their sense of self-esteem erodes
- Cutting the older person off from their family, friends and supports through actively forbidding them to maintain contact, or by refusing to allow them to enter the house or by refusing to drive the older person to meeting points
- Physically restraining the older person from leaving the house
- Engaging physically with the older person to coerce compliance with the person of trust's wishes

- Withholding the older person's finances
- Unknowingly, spending the older person's finances
- Wilfully neglecting to provide the necessities of life i.e., medication, equipment, food, drink, mobility, warmth
- Ganging up on the older person with another person of trust to override their confidence in their own decision-making capabilities
- Making unfavourable loans on behalf of the older person
- Making changes to the older person's will.[6]

The list of abuses is long and forever being updated by new schemes, plans, and financial traps. Given the nature of Elder Abuse and the targeted intentions of the abuser, it should come as no surprise that Elder Abuse can also involve criminal acts such as physical or sexual harm. Moreover, Elder Abuse can take the form of "white-collar" crimes such as fraud, undue influence and duress in cases of persuading/forcing the older person to sign legal documents.

Morally, the ledger of adverse impacts on the older person is stacked high as the breach of trust is in most circumstances devastating for the older person. The effects of Elder Abuse, therefore, are such that even the most mentally fit person can experience mental ill-health because of the act/s of betrayal and emotional and/or physical abuse.

Reporting levels of Elder Abuse are relatively low due to factors such as feelings of shame and fear of retaliation, concerns about getting family members involved or fears about being put into a care facility against their will. In some situations, the older person is not even aware that they are experiencing abuse or may wish to keep private what has occurred as they believe that it was their fault.[7]

Add to this hotpot of emotions the experience of low self-esteem, feelings of powerlessness and of being trapped and you have [the unfortunate] perfect recipe for coercive control to be present.

Coercive Control of Older People

"Coercive control is when someone uses patterns of abusive behaviour against another person. Over time this creates fear and takes away the person's freedom and independence. This dynamic almost always underpins family and domestic violence, which can include the abuse of older people.[8]

MHLEPQ takes a strong stance against any kind of coercive and/or restrictive practices including in cases of elder abuse as well as the general population. Coercive control occurs in all stages of life. It relies on relationships of trust being taken advantage of and is therefore, capable of being used against people of all backgrounds and age groups.

When it comes to coercive control and older people, as mentioned above, it may involve a relationship with a child, partner, family etc. Typically, the abuse of the older person builds as time goes on so that as the abuse grows so does mixed feelings of expressions of love and care amidst conciliatory behaviour by the abuser. It can cause confusion, low self-esteem, depression, of being or feeling trapped -physically, emotionally and financially.[9]

For example, the person of trust may start off with opening the mail of the older person and read it to them. This may over time escalate to withholding the mail from the older person altogether. At their will, they will respond to the requests found in the correspondence sometimes to the fraudulent detriment of the older person.

Coupled with acts of isolation, prohibiting the older person to leave the house, or meet up with family and friends, taking control of their finances, acting out with verbal intimidation and abuse, their world can quickly become one of loneliness, seclusion and fear.[10]

Coercive control can be subtle yet targeted, making it hard to detect by loved ones, friends, carers and even by the person subject to the abuse. Those that inflict coercive control are very well versed at convincing others,

including the older person, that what they are doing is normal and part of everyday life.[11] This is so, even though physical abuse may accompany the coercive control.

"As a society we accept that as people get older, they rely more and more on family and friends for support – support for grocery shopping, for working out how to pay bills. As a result, it can be very, very difficult for an outsider to detect when there is coercive control occurring through misuse of money spent as compared to proper management and spending of funds."[12]

This is perhaps the Achillies heel of coercive control in Elder Abuse advocacy: the difficulties with successfully recognising it and the ability to prove and prosecute it.[13]

In Queensland, on 26 May 2025, coercive control will become a criminal offence making it illegal for adults to use abusive behaviours to control or coerce their current or former intimate partners, family members, or informal carers. Known as "Hannah's Law" the criminalisation of coercive control is seen as a game-changer in combatting coercive control by:

- Acting as a deterrent to committing the offence
- By reprimanding those that commit the offence; and
- By protecting those who are subject of the coercive control.[14]

"Legislation cannot be the only change needed…. yes, there is a place for it…but having only legislation for something that has already occurred is not enough as you are only then providing a remedy for a symptom rather than addressing the illness itself…societal change is necessary."[15]

The MHLEPQ welcomes the introduction of Hannah's Law in Queensland and sees it as a positive move towards raising awareness and criminalising coercive control practices. However, MHLEPQ also recognises that despite such a change in the law, it goes only part of the way to addressing societal issues.[16]

Coercive control as stated above, is hard to detect and prove. A battle of the "he said, she said" argument can ensue where an older person, who potentially needs to rely on others for care, explanation of bills and finances, for transportation, comes up against a person who has more resources. Put simply, the playing field is not always level for which these important conversations need to take place.

It also raises the question of what comes first? "The horse or the stick" approach. Criminalising coercive control sends a clear message to society that this type of behaviour is not acceptable. For some, this will act as a deterrent but will arguably for a significant number of potential perpetrators, neither deter nor educate.

What is required is a shift in some of the community's mindset which can only occur by the introduction of a well-oiled and fully funded campaign to inform and educate Queenslanders on coercive control as applicable to older people. This is not beyond reach.

In recent years, the shocking occurrences of domestic violence involving incidents of coercive control in Queensland, has unionised Queenslanders and made the time ripe for change. Hannah's Law is a direct response to this public outcry.

The same outcry and unionisation are required when it comes to Elder Abuse and coercive control. The time is right for the Queensland Government to act in a way that is responsive to need and demand. This is a societal problem which we all must participate in changing or risk it being forgotten.

Shining a Light: Eliminating Coercive Practices in Queensland Mental Health Services

At the 2024 AGM, the MHLEPQ released its Discussion Paper *Shining a Light: Eliminating Coercive Practices in Queensland Mental Health Services*. MHLEPQ's lived experience advisory group, members, staff, and consultants worked hard to bring huge amounts of evidence into 25 recommendations to Commonwealth and State governments in support of eliminating coercive practice in mental health services and beyond.

In summary, the MHLEPQ is to advocate for systemic change toward the elimination of coercive practices within the mental health system in the shortest possible time frame. We use the umbrella term "coercive practices" to include any regulated and unregulated systemic, structural, and service-based mechanisms whereby people experiencing mental health challenges are subject to attitudes and treatment that compromise their human rights and cause them harm.

MHLEPQ's members agree that the use of coercive practices should always be subject to formal investigation as a systemic failure in care. In many cases, the use of coercive practices is a clinical choice that favours hospital protocols and routines and is not inevitable, or in the best interests of consumers.

Coercive practices remain embedded in psychiatry and mental health care today. When it comes to older people and psychogeriatric mental health services, as an inpatient, hospitalisation can be both a tool of coercive control used by the person of trust and a setting where coercive practices take place.

It is not beyond imagination, that situations can be created whereby threats of institutionalisation at a care facility are used to control an older person. Similarly, staff at care facilities, may use their positions of power to coerce the older person into compliance with their demands.

MHLEPQ believes that the opportunities for timely, sustained, and meaningful change lie more widely than mental health service change.

Sustainable, well-rationalised system change rests on an examination of the worldviews, mental models, relationships, and power dynamics within the structures of the existing system. For people who have been harmed by coercive practices, restorative justice must be provided according to the person's own individual healing needs, according to their own cultural context, and with full accountability by the state.

The change will occur when consumer-led, service-level recommendations are combined with a societal paradigm shift and structural changes that address the upstream determinants of impending mental health crises, but most importantly, a rights-based, personalised and trauma-informed approach in how people are responded to.

Conclusion

Whichever way you look at coercive control of older people, you arguably come to the same conclusion, it is insidious, more widespread than we would like to admit, many times difficult to spot, and significantly difficult to prove.

In Queensland, Hannah's Law has been introduced as a measure of combatting coercive control in response to her own horrific domestic violence coercive control circumstances for which she and her children lost their lives. This piece of legislation will go a long way to meeting community needs about domestic violence and coercive control. Time will tell, how well it applies in relationships involving Elder Abuse.

For such a law to have an impact on Elder Abuse, proactive measures in the form of societal change needs to occur. This can only be reached if the Queensland community are provided with the education to make informed decisions about Elder Abuse.

For example, what is Elder Abuse, what does coercive control look like, why is it outlawed, how to identify the signs of possible Elder Abuse and/or coercive control, what can be done to prevent/stop/report elder abuse and/or coercive control etc.

It must be admitted that even with this information, there is no fool-proof approach to completely eliminating coercive control over older people. It is after all, a behaviour that we are seeking to eradicate which takes time, education, and a shift in thinking by some members of the community.

At present, we can continue to mobilise in our unification of intolerance of coercive control. We can support Hannah's Law with education, airtime on TV, radio, socials, political dialogue. Importantly, we can continue advocating as individuals and organisations concerned with Elder Abuse in all aspects of life be it public, private and/or governmental.

The time is right for change.

Communication

Future communication about this submission or associated matters can be made with:

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M. [redacted]

Endnotes

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