Listening to what's not said: Strengthening health responses for older adults

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Dr Helen Hickson
QCDFVR, Central Queensland University, Australia

QCDFVR
Queensland Centre for Domestic and Family Violence Research

We proudly acknowledge the Traditional Owners of the lands across Queensland and Australia's other states and pay our respects to All First Nations Peoples. We acknowledge that sovereignty over this land was never ceded. We value the ongoing contribution of our many First Nations partners in advising, supporting and contributing to our work and projects – so that your voices and those of your communities are reflected in our work. We thank you with humility.

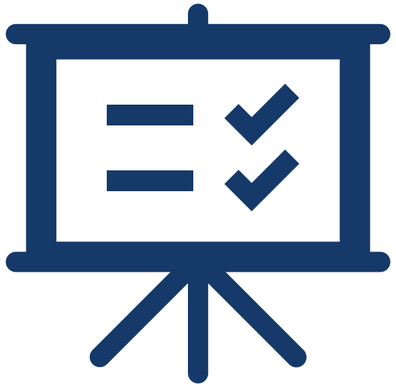
Introductions

Dr Helen Hickson

on Dja Dja Wurung Country
Bendigo, Victoria
h.hickson@cqu.edu.au

Content of the Presentation today

- Our research
- Nomenclature and defining coercive control
- Overview of CC in health services
- Three case studies
- Recommendations and next steps



Our Research:
Coercive Control of Older People

Team
Associate Professor Catherine Hungerford, Dr Denise Blanchard, Dr Helen Hickson, Associate Professor Heather Lovatt and Associate Professor Maree Bernoth

Method
Semi-structured interviews with 9 community members

Published paper
Coercive control and older people: towards definitional consistency. *Journal of Elder Abuse and Neglect*. (Hungerford et al, 2025).

Definition
A subtle and covert abuse of power involving a persistent pattern of controlling and manipulative behaviours, including threatened or actual physical, psychological, social, emotional, sexual, economic, and/or medical maltreatment or exploitation that isolates, creating dependency and/or fear in the victim and reaps benefits, tangible or intangible, for the perpetrator (Hungerford et al, 2025).

Australian National Plan to End the Abuse and Mistreatment of Older People 2026-2036

- Australia's national plan recognizes coercive control as a core dynamic of family and domestic violence, not only intimate-partner violence.

- The Plan presents a shared definition and broadens the scope beyond partners to include family members and carers, - but is that broad enough?

Key national points (page 15):

- Coercive control is recognized as a **pattern of abusive behavior** involving domination, isolation, monitoring, threats, and financial control.

- It emphasizes **intersectional impacts**, including age-related vulnerability.

- The Plan **guides** states/territories in embedding coercive control into law, policy, and service responses. Because criminal law is state-based, protections differ across jurisdictions.

Nomenclature - Difficult to legislate if there is no common terminology

Our research found

- There is a lack of clarity, understanding and agreement about definition of CC in older adults. This can lead to behaviours not recognised as abusive, for both the perpetrator or the victim

- Lots of different terms, that don't quite connect with DFV language e.g. perpetrator might be son/daughter or carer

- There is a lack of understanding about what CC is and is not, it is often subsumed in psychological abuse and financial abuse

Overview of CC in Health Services

- Older adults experiencing coercive control often present to health services with indicators of abuse and neglect. Yet, many remain invisible within systems designed to protect them.
- There are missed opportunities to access support through the health, aged care and justice systems.
- Participants spoke about their attempts to seek help, from hospitals, GPs, Police, Elder Abuse phone service, QCAT
- Health systems failed to identify and respond to coercive control citing confidentiality, consent and medical decision maker rules

Participant Demographics

Name	Gender	Positionality	CC case
Jessica	Woman	Spoke about her mother, living in another state	Mother and new husband, tried to get help from Police, GP, Guardianship tribunal
Patricia	Woman	Works in ED, hospital setting	Older person presenting to ED
Alice	Woman	Spoke about her mother, living at home	Mother and boarder, refugee man from Iran
Terese	Woman	Spoke about her Friend (man)	Spoke about her friend (man) who is having his house sold and moving into RACF,
Mandy	Woman	Spoke about Woman attending women's health centre	Relationships Australia,
John	Man	Friend in hospital, advocating for her rights against daughter / family	Spoke about Aged Care, Guardianship Tribunal
Shanthi	Woman	Spoke about her Mum in India	Elder Abuse helpline, Culture, Guardianship Tribunal
Beck	Woman	Nurse in aged care	Spoke about patient
Emily	Woman	Her friend's mother got scammed money, her mother moved in with her brother, family estranged	Legal advice re finances

Case Studies

Drawing on stories from three community members, we highlight cases where health systems failed to identify and respond to coercive control in their loved ones.

Family members recognised signs of abuse and neglect, such as withdrawal, fear, confusion, and financial exploitation, but were not heard. These narratives reveal gaps in recognition, response and referral pathways.

Case Study 1: Patricia

> It'd be nice to see some sort of education about it, you know what is coercive behaviour and how do I recognise it, and having a very definitive way of addressing it, you know like a one stop shop sort of thing so people don't have to navigate the … of agencies and whatnot out there to know exactly where they need to go with that.

Case Study 2: Jessica

> I'm sure there's a certain set of red flags if they're all triggered something should happen. And I don't know how you'd make those levers work from a policy perspective, but I keep saying that I feel like there's so many cracks in the system and my mother fell down every one of them.

Case Study 3: Shirley

> I have reported serious incidences.... It doesn't seem to hold any weight if it's not against a staff member. Like, they don't want to really hear about it.

Health Services

This presentation calls for debate on mandatory reporting for older adults presenting with indicators of abuse or neglect. Should health professionals such as GPs, Community Nurses, Community Health and Hospital Emergency Department staff be required to report suspected abuse? What are the risks and benefits? Who would they report this to anyway? How do we balance protection with confidentiality and self-determination? How can health workers be supported to identify and respond to psychological abuse?

Recommendations

- The presentation invites reflection and discussion about the ethical responsibilities of health professionals.
- When older adults are excluded or silenced, what role should the health system play?
- How can we ensure that older people are seen, heard and protected?

Next steps for our Research Team

- Building on networks and new connections from our presentation at Restoring Dignity Addressing Coercive Control of Older Adults in Canada, May 2026

- Two papers being prepared for publication

- Possible areas for future research
  - Older people who have experienced coercive control
  - Understand the lens of culture and coercive control
  - Understand experiences in health services around confidentiality and sharing information (also see Bernoth et al, 2014)
  - Mapping legislation and influencing policy

- Seek funding and collaborations to support and enhance our research

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