Speaking out about coercive control – At what cost?

Stand up, Speak out

Australian Elder Abuse Conference

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Coercive Control of Older People

OUR RESEARCH

- **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).

Content of the presentation

Experiences of people who spoke out about coercive control:

- Families, friends and health professionals of older people
- Journey through the experience of one family
- Share similarities with experiences of other participants
- Repercussions of speaking out about coercive control

How can we speak out, stand up and interrupt the cycle of coercive control of older people?

Alice's situation

Alice's Mum, Mary	Boarder
Intelligent, socially connected, family oriented	Migrant – male, early 20's
Experienced in having boarders in her home	Paid no rent yet Mary declared $80.00 per week income to Centrelink
Number of community awards.	Full use of Mary's car – fuel, tyres, servicing and registration
Changes in cognition, language and behaviour	All services including wi-fi (Mary had no computer or mobile phone)
Refused assessments	Financial gifts to travel
Manipulated GP	Promoted Mary's misinterpretation of relationship
Obsession with the boarder	Ostracised Mary from her family
Disinhibited behaviour towards the boarder	Escorted Mary when she did her weekly shop

The journey for Alice and her family

CHAPTER 1

- Planned intervention with her family – Alice spoke to the boarder
- He listened and nodded but behaviour accelerated
- Reported the conversation -*"Alice makes me sad"*
- Mary's anger towards Alice
- Alice ostracised
- Schism between Mary's sisters and her children – *"Let your mother age as she wants to age"*
- Mary more secretive
- Coercive control continued

Hospitalisation – Acute infection

CHAPTER 2

- Family hopeful that her deteriorating cognition would be recognised and assessed
- Family had to advocate for Mary to stay in hospital and be assessed
- Social Worker attempted assessment, but Mary deflected assessment attempts
- Mary's communication skills, experience with aged care, sense of humour, intellect, facilitated manipulation and distraction.
- SW recommended an application to Guardianship Tribunal and provided a statement supporting the concerns of the family

General Practitioner

CHAPTER 3

- Male, qualified overseas – complexity of gender and culture
- Mary manipulated/distracted the GP
- Alice made a separate appointment to point out the way Mary was thwarting assessment
- GP report to Guardianship Tribunal – *Mary had no cognitive changes*

Guardianship Tribunal

CHAPTER 4

- Mary appeared along with all her children
- Panel told family - *your Mother can spend her money however she chooses*
- No order but members of the panel asked Mary to cooperate with assessment
- Mary very angry and contacted her lawyer to rescind enduring guardianship
- Emboldened the boarder
- Mary gave him money to visit his family overseas

Standing up and speaking out

BUT… WHO IS LISTENING AND ACTING?

- Ageing and Disability Commission (x2)
- COTA
- Elder Abuse Helpline
- Minister for Home Affairs – boarder on temporary visa
- Building Society
- Lawyer – suggested an eviction order
- Elder Abuse Police (x2)
- Third time EAP

Help - through SERENDIPITY

- Synergies with Jessica's situation
- A police officer replacing the permanent office who was on leave
- Once boarder had gone – assessment for community services and for capacity
- Abuse through inaction by the system

Many participants on the same journey

Coded name	Positionality
Jessica	Spoke about her mother, living in another state
Patricia	Works in ED, hospital setting
Alice	Spoke about her mother, living at home
Therese	Spoke about a resident coercively controlled by family and abuse of staff in RACF
Mandy	Spoke about woman attending women's health centre
John	Friend in dementia wing of RACF, advocating for her rights
Shanthi	Spoke about her Mum from India and misunderstanding of culture
Beck	Nurse in aged care
Emily	Her mother moved in with her brother, ostracised family

Agencies contacted

1

Women's Health Centre

QCAT

ACAT

Counsellor

Seniors Rights Service

Older Persons Advocacy Network

Aboriginal Community Controlled Organisation

Community Care Service Provider

Geriatric Psychologist

2

Ageing and Disability Commission

3

Elder Abuse Helpline

Geriatrician

General Practitioner

4

Relationships Australia

Guardianship Tribunal

5

Solicitor

8

Nursing Home

9

Hospital

10

Police

Ripples of trauma

IMPACTS

Person seeking help

IMPACT

- Care or control?
- Guilt – suspicion of agencies - made to feel they were the problem
- Frustration
- Powerlessness
- Emotional toll
- Depression
- Anger
- Hostility towards perpetrator, agencies, system
- Reduced income
- Loss of role and connection to the community
- Residual trauma

Family

IMPACT

- Discord
- Schism
- Loss of relationships, connection, support
- Disillusionment
- Residual trauma

Community

IMPACT

- Loss of valued and experienced employees
- Perpetuating negative stereo types and attitudes
- Loss of faith and confidence in the aged care system and established agencies
- Intergenerational discord – ripple effect of trauma
- Impact of health professionals educated and encultured elsewhere

Discussion

- How do we support advocates of older people who may be experiencing coercive control?
- How do we differentiate between the carer and the controller?
- How do we make the process of reporting coercive control more transparent?
- What processes are needed to ensure reports of coercive control are respected and investigated?

Stand Up, Speak Out

and

ACT

Reference

Hungerford, C., Blanchard, D., Hickson, H., Lovatt, H., & Bernoth, M. (2026). Coercive control and older people: towards definitional consistency. *Journal of Elder Abuse & Neglect*, *38*(2), 202-209.