Domestic violence presenting to older persons’ mental health services

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Elder abuse vs domestic violence

- **Elder abuse**
  - Acts of omission or commission resulting in psychological, physical, financial or sexual harm to an older person
  - Perpetrated by a person in a position of trust

- **Domestic violence**
  - Abuse perpetrated by a current/previous intimate partner
  - Usually manifested as part of a pattern of controlling or coercive behaviour
Different narratives

- paradigm of EA stereotypes elder as vulnerable & frail
  - characteristics perceived as intrinsic to advanced age
- elder generally prey to a younger aggressor
- in contrast, DV in this age group involves an elder as the abuser
Financial abuse emerged as a major focus for our inquiry, with many participants highlighting it as an area ripe for policy & legislative change, especially in order to better prevent abuse from occurring.

11 recommendations, of which three focussed on financial abuse:
- alter Powers of Attorney Act 2003
- Law Society of NSW to improve education of legal practitioners in Will & property transactions
- NSW Elder Abuse Helpline to raise awareness
EA information websites do not highlight possibility of intimate partner violence

Psychological abuse

Someone threatening to hurt you or damage your belongings
- Being intimidated, humiliated or harassed
- Being threatened with eviction or moving to a nursing home
- Being stopped from seeing your family or friends or attending regular activities
- Being denied the right to make your own decisions
- Being treated like a child

Financial abuse

Your pension skimmed or money taken from your bank account
- Your belongings sold without permission
- Your money or property taken improperly through the misuse of an Enduring Power of Attorney
- Being forced to change your Will
- Being denied access to, or control of your own funds

Neglect

Not allowed to access the services you need
- Not having your physical, medical or emotional needs met

Physical abuse

Slapping, hitting, pushing, shaking, shoving or restraining
- Inappropriate physical or chemical restraints
- Harm created by over- or under-medicating

Sexual abuse
Domestic, family and sexual violence - risk factors (Parliamentary Library 2014)

- Alcohol and drug use
- Child abuse
- Pregnancy and separation
- Younger women
- Indigenous women
- Women living in rural & remote areas
- Women with disabilities
- Women from culturally & linguistically diverse backgrounds
- Financial stress
Age specific challenges of DV

- physical illness (multiple)
- frailty & impaired self-care
- loneliness, bereavement
- caring for perpetrator
- dementia
Myths & stereotypes

- Same sex, as well as heterosexual, couples
- Not more common in certain socio-cultural groups
- Males can be victims
- Duty of care to treat perpetrators & victims
Prevalence

- limited research into “older” age groups
- **Personal Safety Survey** (ABS 2012) grouped all older women into one age group (60 +)
  - 0.7% reported physical or sexual assault by intimate partner in last 2 years
- **Australian Longitudinal Study on Women’s Health** (Loxton et al. 2017)
  - “Have you ever been in a violent relationship with a partner/spouse?”
  - 8% in 18-23yrs, 12% in 45-50yrs, 5% in 70-75yrs
Common law doctrine of **covenant** vanquished a woman’s legal rights on her wedding day
- she & her husband acquired unity of person

Husband acquired numerous rights over property of wife
- woman deprived of power to enter into contracts independently

Covenant abolished in 1882, however…
More recent Law

- the husband cannot be guilty of a rape committed ... upon his lawful wife, for by their mutual matrimonial consent ... (she) hath given up herself in this kind unto her husband ...

  - Sir Matthew Hale, Chief Justice of the Court of the King’s Bench, 1736

- until the 1980s, a marriage certificate conveyed permanent sexual consent, so a man was legally permitted to rape his wife
Australia in 1963 was a very unenlightened society. It still imprisoned people for consensual acts of homosexuality. Women were sacked from the public service for being married.

David Bennet QC

The police said they can only do something if there's bleeding

Domestic violence victim, 75 years (male)

Lack of community services, women’s shelters etc.
Health professionals

- lower imperative to enquire about DV owing to assumption an older partner lacks the ability to cause physical harm
  - myth of the kindly elder
- absence of dependent children at home
- physical signs of DV may be explained as result of frailty or a fall
Effects of DV on victims

- mood & anxiety disorders
- substance abuse
- poorer physical health, chronic pain
- dementia (mediated by depression & TBI) (Corrigan et al. 2003)
Psychopathology in perpetrators

- Early onset
  - personality disorder
  - alcohol abuse

- Late onset
  - dementia
  - psychosis, esp delusional jealousy
DV grown old

- The majority
- Mean duration 39 years (Lanzebatt et al. 2014)
- Controlling behaviour, associated alcohol abuse in perpetrator
- Perpetrator typically exposed to violence from family of origin
- Physical abuse may stop but psychological abuse continues
84yo F referred with STM loss – eg. left stove unattended (MMSE 24)

‘stress at home b/c she’s slower ... dad intolerant, shouts & yells’

60 yr marriage, two past separations

Intermittent physical abuse for 40 yrs, stopped 10 yrs ago after police called to house when she had black eye

“Bad tempered, he’s mellowed, I’m no longer scared”

Verbal abuse persists – “I’m used to it, I ignore it”

He prevents her going shopping, visiting son interstate, limits her access to money, cooks for himself but not her

Pattern of abandonment (after hospitalisation) & threats to institutionalise
“It’s my house”

- Daughter took mother to live with her on regular basis
- Daughter also POA & guardian, but feared instituting changes
- Considered application to NCAT guardianship division to change to public guardian/financial manager
- Patient wanted to stay at home
DV & dementia

- perpetrators & victims challenged by care needs (Knight & Hester 2014)
- potential for role reversal in victim of chronic DV
- experiencing dementia increases receipt of DV (OR 2.7) (McCausland et al. 2016)
  - increased dependence & reduced ability to defend self
  - esp. if poor premorbid relationship with novel stresses
DV presenting in old age

- no apparent history of DV
- *BPSD assumed* but beware longstanding marital dysharmony & DV
- 24% of community-dwelling people with dementia demonstrate agitation or aggression (“BPSD”) (Lyketsos et al. 2000)
- four times greater than age-matched peers without dementia
Near misses

- 86 yo M with dementia
  - 3 month h/o delusional jealousy
  - "walking stick" sign
  - admission after attempted strangulation

- 66yo M brought to ED after attempted murder of wife
  - increased drinking since retirement
  - Intoxicated - punched and used pick axe
  - 4 yr h/o delusional jealousy (non-amnestic MCI)
Homicides by older offenders NSW 1993-2010 (Reutens et al. 2015)

- 70 cases - mean age 62
- 81% offenders male
- Most homicides domestic
- Stabbing (39%), shooting (20%), beating (16%)
- Offender characteristics
  - Significant physical illness in 49%
  - Cognitive disorder in 30%
  - Psychosis in 19% (delusion of infidelity in 46%) - twice rate of all NSW homicides
Screening

- One randomized trial of universal screening - a few modest benefits, not significant (Macmillan et al 2009)
- Systematic reviews have questioned whether universal screening warranted (Hegarty 2011)
- No formal treatment guidelines
- No age-appropriate crisis/case management services or shelters
Management

- recognise older people can be perpetrators of DV
- multi-disciplinary OAP team liaising with
  - police, lawyers
  - forensic psychiatry
  - DV services
- treat triad of perpetrator, victim & children
  - maintain boundaries
The victim

- Engagement
- Prevention of further harm
  - each state & territory + NZ has legislation for provision of ADVOs to protect victims - or persons at risk
- Mandatory notification requirements in some jurisdictions
- Refer to local DV services
But it’s not that simple

- Perpetrator may be a carer
  - guardianship may be required
- Victim may not feel comfortable leaving a spouse who needs care ("the full fridge syndrome")
- Capacity of victim to decide whether to stay with abusive partner
  - cognition
  - rationale
  - coercion
Should we treat perpetrators?

- It is not the role of mental health staff to provide treatment focusing on clients’ perpetration of domestic violence (NSW Health)

- Competent responses to domestic & family violence prioritise the safety of women & children

- Direct intervention with perpetrators is limited to:
  - Naming and identifying behaviours as DV
  - Providing information regarding nature & effects of DV
  - Health staff will not provide counselling in relation to violent behaviours
  - Relationship counselling will not be provided when DV is identified
The perpetrator

- Treat underlying mental illness/dementia
- Ongoing use of mental health legislation may be needed
- Ongoing risk assessment & communication with family
- Things almost never return to normal even after symptomatic improvement
The children

- Understand family system
- Reaction may vary from vigilance to resentment at legal system/police
- Children may have conflict of interest
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