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SOS Toolkit:

Supporting Older Survivors

solacewomensaid.org

Introduction

This toolkit has been produced by **Solace** in collaboration with Dewis Choice.

For over 40 years, Solace have supported women and children in London to be free from violence and abuse. We provide services for rape crisis, young people, refuge, advocacy, therapy and professional training. In 2019, we began the 'Visible Women' project, working closely with the Silver Project (established in 2010) to provide specialist Domestic Violence and Sexual Abuse support for older survivors in London.

Our casework with older survivors enables us to gather knowledge about their experiences and the professionals, agencies, and communities they have contact with as we develop a targeted approach to working with older survivors.

We are working with Dewis Choice, an Initiative based in Wales at the Centre for Age, Gender and Social Justice at Aberystwyth University. Alongside providing the first co-produced service for survivors of domestic abuse in later life, the team at Dewis Choice are conducting a longitudinal research study with older survivors who volunteer to share their justice-seeking and help-seeking journeys.

This toolkit has been designed to share what we have learned and is an invitation to you as professionals to join us in our journey towards improving outcomes for older survivors across the UK. In this toolkit we use the term survivor, DVSA for Domestic Violence and Sexual Abuse and older to mean 55+ years. While anyone may experience DVSA regardless of age, gender or sexuality, the crime statistics and research show that DVSA is gender-based; this means it is commonly experienced by women and perpetrated by men. For this reason, you may see us refer to an abuser as male and a victim as female, although we acknowledge this is not the case in every abusive situation.

Some parts of the legislation will only apply to England and Wales.

Why a targeted approach?

- There is a lack of literature, research and guidance on the issue of older survivors and DVSA in the UK, and the growing interest in this area has been a relatively recent development;
- The concern is that there is limited consideration for older survivors experiencing DVSA within services and in wider society. For Solace, the naming of the project 'Visible Women', was intentional to respond to feelings of 'invisibility' that many older women experience.
- The name Dewis Choice reflects findings from previous research[1] by the team at Aberystwyth that highlighted an inadequate service and policy response, and a lack of informed choice available to older survivors.
- Domestic violence in later life has previously been overlooked, often due to ageist assumptions about relationships in later life and limited interest in older victim-survivors. Typically, DVSA has been subsumed under the broader heading of 'elder abuse' which often presents abuse as a single incident. This term has not been helpful for men and women experiencing a pattern of abuse including coercive and controlling behaviours in later life.
- The lack of recognition of DVSA has resulted in older survivors experiencing 'service poverty'. Research by the team at Dewis Choice evidenced older people being diverted away from specialist domestic abuse responses and vital resources such as IDVAs and MARACs.[2] The use of the term 'elder abuse' has led to misunderstandings about the nature of power and control dynamics between intimate partners and/or family members and a lack of professional awareness about issues such as the co-existence of dementia and domestic abuse, older LGBTQ+ survivors, and caregiver and care receiver dynamics.
- The statistics indicate a high number of older survivors of DVSA accessing hospital services. More worryingly, in England and Wales, cases of domestic homicide amongst the older demographic are rising at the fastest rate of any age group per head of population, with one in five domestic homicides now involving a victim aged 60 years and over.[3]
- There are a lack of services specifically for older people experiencing domestic abuse. Women's Aid (England) requested specialist services following findings that older survivors were being missed by generic services, as the dominant focus was centred on the needs of younger women and children.

Why the toolkit?

The toolkit was launched to address the gap in practitioner's knowledge of older survivors' needs, particularly in generic services. As part of this, Solace and Dewis Choice wanted to support professionals in a range of agencies to understand the dynamics of domestic abuse in relation to older people and develop guidance that deals with the challenges and complexities of working with this client group. It is based in part on consultation that Solace undertook with focus groups of practitioners within adult social care services and the specialist training that was developed and delivered to 95 professionals across five North London boroughs in 2019-2020. It is also informed by the longitudinal research findings from Dewis Choice, capturing the lived help-seeking experiences of 120 victim-survivors aged between 56-91 years old, 1700 older people, 50 family members and a diverse range of practitioners who contributed to the research.

1 Clarke, A., Williams, J. and Wydall, S. (2016) 'Access to justice for victims/survivors of elder abuse: A qualitative study', Social Policy and Society, 15(2), pp. 207–20.

2 Wydall, S., Zerk, R. and Newman, J. (2015) Crimes Against, and Abuse of, Older People in Wales: Access to Support and Justice Working Together, report submitted to Older People's Commissioner for Wales, available online at: http://www.olderpeoplewales.com/Libraries/Uploads/Access_to_support_and_justice_-_working_together_report.sflb.ashx

3 Office of National Statistics. (2020). Domestic abuse prevalence and victim characteristics- appendix tables [online] available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables

Defining domestic abuse

The Domestic Abuse Act (2021) defines domestic abuse as 'a single incident or course of conduct between those who are aged 16 years or over who are, or have been, intimate partners or family members.' Domestic abuse consists of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic, psychological, emotional or other abuse.

Despite this definition being encompassing of victims of all genders and sexualities, Dewis Choice researchers have highlighted that the 'public story' is centred on young, white, heterosexual women who have young children. Older women and men, and those who identify as lesbian, gay, bisexual, transgender, queer or any other sexual or gender identity that falls outside of heterosexual and cisgender are overlooked as survivors of DVSA.

Although the legal definition of domestic abuse includes abuse perpetrated by a family member there has been a lack of understanding, identification and data collection in this area to support the evidence-based commissioning of specialist service provision.

Research shows that older survivors are less likely to be captured in official statistics around how and when DVSA occurs, and less likely to report DVSA to the police and receive support from services.[1]

Until 2017, survivors over the age of 59 were not included in the Crime Survey of England and Wales, the largest European study on victimisation. The Office of National Statistics stated that the reason for exclusion had been based on the ageist perception that older people would be unwilling or unable to self-complete the survey using a computer. A further justification was given that survivors over the age of 59 were likely to be confused by violence that was perpetrated by someone in the family other than a partner or a spouse and this data might be better captured in a separate category on 'elder abuse.' Successful campaigning led by Age UK challenged the ageist exclusion criteria and the Office of National Statistics now collects data on all victims of domestic abuse regardless of their age.

- ✓ The latest definition of domestic abuse is extensive and covers non-physical forms including emotional, psychological, economic and sexual abuse.
- ✓ Domestic abuse is a pattern of behaviours, often taking place over many years and it is highly unlikely to be a single incident.
- ✓ Under the definition abuse can be perpetrated by an intimate partner, ex-partner, or family member.
- ✓ Older survivors may experience abuse from multiple perpetrators including intimate partners and adult family members. This may be concurrently, or throughout different stages of the life course.
- ✓ The definition states that anyone can be a victim regardless of gender or sexuality.
- ✓ The definition recognises singular incidents, but more often than not the abuse is part of a pattern of behaviours. DVSA may be present prior to the onset of dementia and it is important that this is explored with the survivor.

- ✗ Understandings of domestic abuse are often perceived only as a physical act of violence or aggression rather than an ongoing pattern of abusive and controlling behaviours.
- ✗ Domestic abuse is often framed as being a singular incident or series of incidents, in the language of agencies responding to an emergency or crisis.
- ✗ DVSA is often considered to be perpetrated by a spouse or intimate partner.
- ✗ Domestic abuse is typically viewed as a heterosexual problem, at the detriment to recognizing older victims who identify as Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+).
- ✗ In the context of dementia, DVSA is often seen as a singular incident and automatically assumed to be caused by dementia or caregiver stress.

1 Wydall, S., Zerk, R. (2017). 'Domestic Abuse and Older People Factors influencing Help Seeking' Journal of Adult Protection. 19(5), pp. 247-260.

Defining domestic abuse

There are many indicators of DVSA that you as a professional might notice without waiting for a disclosure to be made. The table below contains more specific examples within different categories of abusive behaviours. The lists are not exhaustive but designed to give a sense of how the issue may present and what the various impacts on the survivor might be.

Behaviours of physical abuse	Hitting, kicking, biting, burning, scratching, pushing, hair pulling, drowning, strangling, imprisoning, subjecting to reckless driving, refusing to help when sick or injured, rough handling during care, neglect, misuse of medication, withholding food: mobility; or communication aids, abuser is aggressive with statutory services.
Signs of abuse	Bruises and other injuries that are unexplained, sudden weight loss, repeated unplanned trips to hospital and/or use of emergency services, hearing difficulties, limited mobility, chronic illness, poor overall health, poorly managed medical conditions, self-neglect, covering up injuries.
Behaviours of sexual abuse	Rape, sexual assault, forcing someone to partake in sexual acts, pressuring/ coercing, groping, sexual harassment, exposure to sexual language or pornography, sexual exploitation, forced sex work, unwanted or inappropriate touching.
Signs of abuse	Developing STIs, difficulties walking or sitting, vaginal or anal bleeding, repeat urine infections, gynaecological problems, pelvic injuries, torn or stained clothing, irritation, or pain of the genitals.
Behaviours of economic abuse	Withholding money, controlling spending, taking over bills, abuse of Power of Attorney, fraud, exploitation, pressure to alter will; sign over property or inheritance; misappropriation of property/benefits, denying access to their own money or financial information and allocating allowances or 'pocket money', exaggerating an individual's care needs to increase benefits, taking money without permission, placing someone in financial hardship or debt.
Signs of abuse	Lack of clear knowledge or information about how much money is available, withholding whereabouts of cash or bank card, debts, regularly running out of food or having utilities cut off.
Behaviours of Emotional/ psychological	Coercive control, verbally abusing, putting someone down, blaming, humiliating, isolating, withholding affection, gaslighting, denying access of phone/mail, using silence, criticising decisions, preventing access to medical care.
Signs of abuse	Loss of confidence in own decision making, depression, anxiety, poor self-esteem

As with other age-groups, it is likely that the older survivor will have experienced more than one form of abuse over time. Survivors working with Dewis Choice have sometimes taken six months to disclose the extent of the abuse; disclosures can take even longer if the abuse is of a sexual nature. Practitioners should not be afraid to ask older people if they have experienced sexual abuse, direct questioning shows the survivor you are comfortable talking about abuse of this nature. If a disclosure of sexual abuse occurs, reassure the person that it is okay to talk about the abuse and it is important they know they are believed. Practitioners should not assume the person knows that what has happened is a criminal offence, particularly if the sexual abuse occurred in a long-term relationship. Marital rape only become a criminal offence in 1991, so it may be possible the older person does not know this is abuse.

Coercive Control and Older People

Knowledge of coercive control is key to understanding domestic abuse as a pattern of behavior. Coercive and controlling behaviour became an offence in 2015 under section 76 of the Serious Crime Act 2015. Coercive control[1] is defined as '**an act or pattern of acts of assaults, threats, humiliation or abuse that is used to harm, punish or frighten their victim.**' It is a relatively new legal concept though as a pattern of behaviour it will be familiar to many survivors. It may occur alongside acts of physical violence but not necessarily.

When a perpetrator/abuser engages in controlling behaviour they are performing 'a range of acts designed to make a person feel subordinate or dependent.' This can be done by:

- Isolating them from sources of support;
- Exploiting them for personal gain;
- Depriving them of the means needed for independence, resistance and escape;
- Regulating their everyday behavior;
- Causing them to significantly alter their everyday behavior through fear of reprisal.

The concept of coercive control is useful because it encourages people to think about domestic abuse as something that might occur over a long period of time. The behaviour involves placing limitations and restrictions on the target(s) of the abuse and deliberately isolating survivors even before any physical violence takes place. Research by the team at Dewis Choice has highlighted that coercive and controlling behaviours are used by intimate partners, ex-intimate partners, and adult family members, including families of choice. For those who identify as LGBTQ+ their family may consist wholly or partly of a family of choice, i.e., people who are not related biologically or through marriage/civil partnership but someone who forms a close bond.

The guidance published by the Home Office states that: 'controlling or coercive behaviour does not relate to a single incident, it is a **purposeful pattern of behaviour** which takes place over time in order for one individual to exert **power, control and coercion over another**.'

If **f**ixated, **o**bsessive, **u**nwanted and **r**epeated (FOUR) behaviours occur following separation with the abuser, when they cause serious alarm and distress or fear of violence this constitutes the crime of stalking.

Dewis Choice research has discovered reasons why older people are at high risk of coercive control:

- As people grow older their personal circumstances may change so that they become more dependent on a single person or their immediate family to meet increasing needs for care and support. This can result in a situation in which an abuser is in a position to become the main source of influence in the survivor's life;
- An abuser may be in a stronger position to restrict relationships that would give a survivor valuable interaction (supportive family members, friends, the wider community);
- An abuser may be in a prime position to restrict access to resources by deliberately making the survivor miss appointments, refusing to allow them to attend appointments alone or making decisions on their behalf (GPs, support professionals, bank, social services and housing);
- In a survivor, signs of coercive and controlling behaviours (becoming withdrawn, isolated, and depressed) may be misunderstood by practitioners as 'normal' features of ageing;
- The abuser may project an image that they are indispensable to the outside world and to the survivor which makes it harder to identify the abuse;
- There may be a genuine lack of resources and services available to the survivor in the community if they experience increased vulnerability. This could increase their dependency on informal support which is more easily exploited by an abuser;
- Many older survivors experience constant surveillance and scrutiny by their abusers, restricting opportunities for safe disclosure and help-seeking;
- An abuser may have a legal or stated entitlement to finances or material possessions;
- An abuser may be undermining a survivor's decision-making at a life stage when their decision-making could be called into question through changes in their mental capacity or conditions linked to memory loss;
- An abuser could exploit features of ageing to explain bruising, weight change, a change in sleep patterns or to undermine disclosures by claiming loss of memory;
- An abuser may limit a survivor's ability to afford everyday essential goods or engage in activities, they may also allocate 'pocket money;'
- Older survivors may be at greater risk of certain forms of neglect and present as malnourished with poor hygiene and appearance;
- Abusers may exploit dependency to do things such as leave a wheelchair deliberately out of use, leaving a room too hot or cold, under or over medicating;
- An abuser may not respect the privacy and dignity of the individual by doing things such as leaving the toilet door open out of reach, observing someone whilst they take a shower.

1 Women's Aid. (2020). What is coercive control? [online], available at: https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/ (accessed on 15th June 2021)

Coercive Control and Older People

As professionals, if we are already working with the older person, we may notice a change in the survivor as the coercive control impacts on all aspects of their lives. There could be a shift in their overall health and wellbeing and other things that we associate with lifestyle changes such as depression or a preoccupation with family dynamics. This shift may be slow and gradual. It may not be noticeable to somebody meeting the person for the first time, who does not have a point of comparison from a time when the circumstances were different.

A note about capacity:

In accordance with the Mental Capacity Act (MCA) 2005, a person is judged to have capacity to make their own decisions unless there is clear proof otherwise, as determined by formal assessment. When a person is experiencing coercive control over a long period of time, their decision-making may be compromised to the extent it raises doubts about their mental capacity. As professionals we may feel that a person's decision-making is impacted by the abuse they are experiencing, while the individual apparently retains legal capacity. We may ask questions when we have concerns only to have them brushed away by the very people we are keen to help. Professionals may become frustrated by a narrow definition of capacity that fails to take into account the specific impact of forms of abuse that force a survivor to 'choose' what the abuser wants over their own choices, for fear of repercussions from them and to give themselves short-term safety.

> *"Coercive control targets a victim's autonomy, equality, liberty, social supports and dignity in ways that compromise the capacity for independent, self-interested decision-making vital to escape and effective resistance to abuse"*
>
> *Evan Stark, 2009* [2]

- Mental capacity **should always be presumed** unless a formal assessment deems otherwise (MCA, 2005). Practitioners should be wary of claims an older survivor lacks capacity and **seek proof of claims made by others of the right** to speak on the older survivor's behalf;
- Coercive control can undermine an individual's capacity to make autonomous decisions and practitioners should consider the additional impacts on an older survivor who may have complex needs or have experienced coercive control over a longer period;
- Older survivors have the same right as their younger counterparts to make decisions others may deem to be unwise;
- Older survivors who are experiencing coercive control may benefit from intensive, longer term, support to recognise the abusive behaviours and build confidence in their own decision-making. Dewis Choice research shows that when older survivors receive long-term intensive support they are more likely to want to leave the abuser or dissolve the relationship with them.

2 Stark, E. (2009). Coercive control: The entrapment of women in personal life. Oxford University Press: New York.

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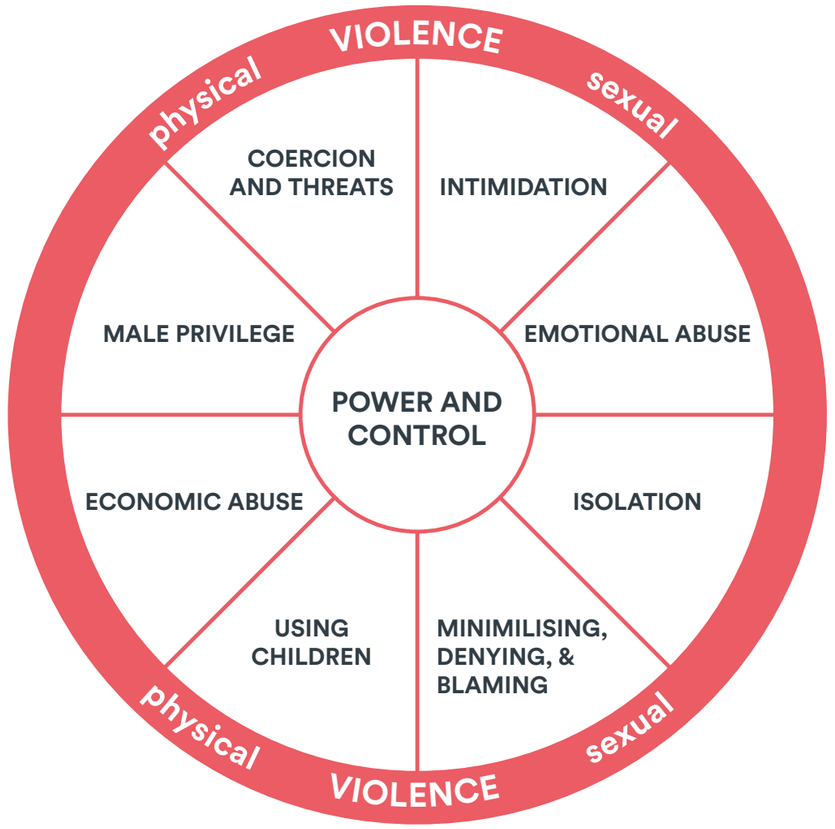
Power and Control Wheel



Power and control wheel courtesy of **Duluth Project**

The original Duluth 'power and control' wheel presented above, is one of the most recognisable tools in the field of domestic abuse for defining how power and control tactics are used by abusers. The original power and control wheel was developed in the early 1980s in Duluth, Minnesota, an early centre of innovation for the "battered women's movement". Ellen Pence, Michael Paymar and Coral McDonald created the wheel after meeting extensively with women's domestic abuse survivor groups in Duluth and credited the women's input as being the sole basis for the concept. The segments of the wheel represent the various tactics that an abuser might use to establish and maintain a dynamic of power and control over a survivor. Tactics include minimising the abuse, denying survivor's experiences and displacing the blame onto the survivor for the abuse. Perpetrators may use male privilege, intimidation or children to exercise power. They may also use coercion and threats, economic abuse and isolation. The wheel demonstrates that domestic abuse is rarely a singular incident of physical or sexual violence but is often a pattern of abusive behaviours that are complex and can impact on all areas of survivor's lives.

Power and Control Wheel

Often there is a misconception that abuse decreases with age. Research by Dewis Choice has found that patterns of power and control can fluctuate and escalate over time, particularly at times of significant life changes, including retirement, the onset of chronic health conditions such as dementia, disability and shifts in caring roles.

It is important to consider the range of abusive behaviours used by the abuser to understand the impact they have on the older survivor and their decision-making processes.

Behaviours include:

- the use of isolation;
- ridiculing values and spirituality;
- disguising physical and sexual abuse as signs of ageing;
- wilful neglect;
- the use of threats and intimidation targeted at health and disability;
- abusing dependencies and privilege;
- economic abuse involving misuse of care packages or pensions;
- emotional abuse, including limiting access to grandchildren and family members.

It is also important to consider the range of relationships where an older person may experience coercive and controlling behaviour. Our understandings of coercive control are typically based on heterosexual, cisgender intimate relationships, but an older person may experience coercive control from a variety of relationships and family members.

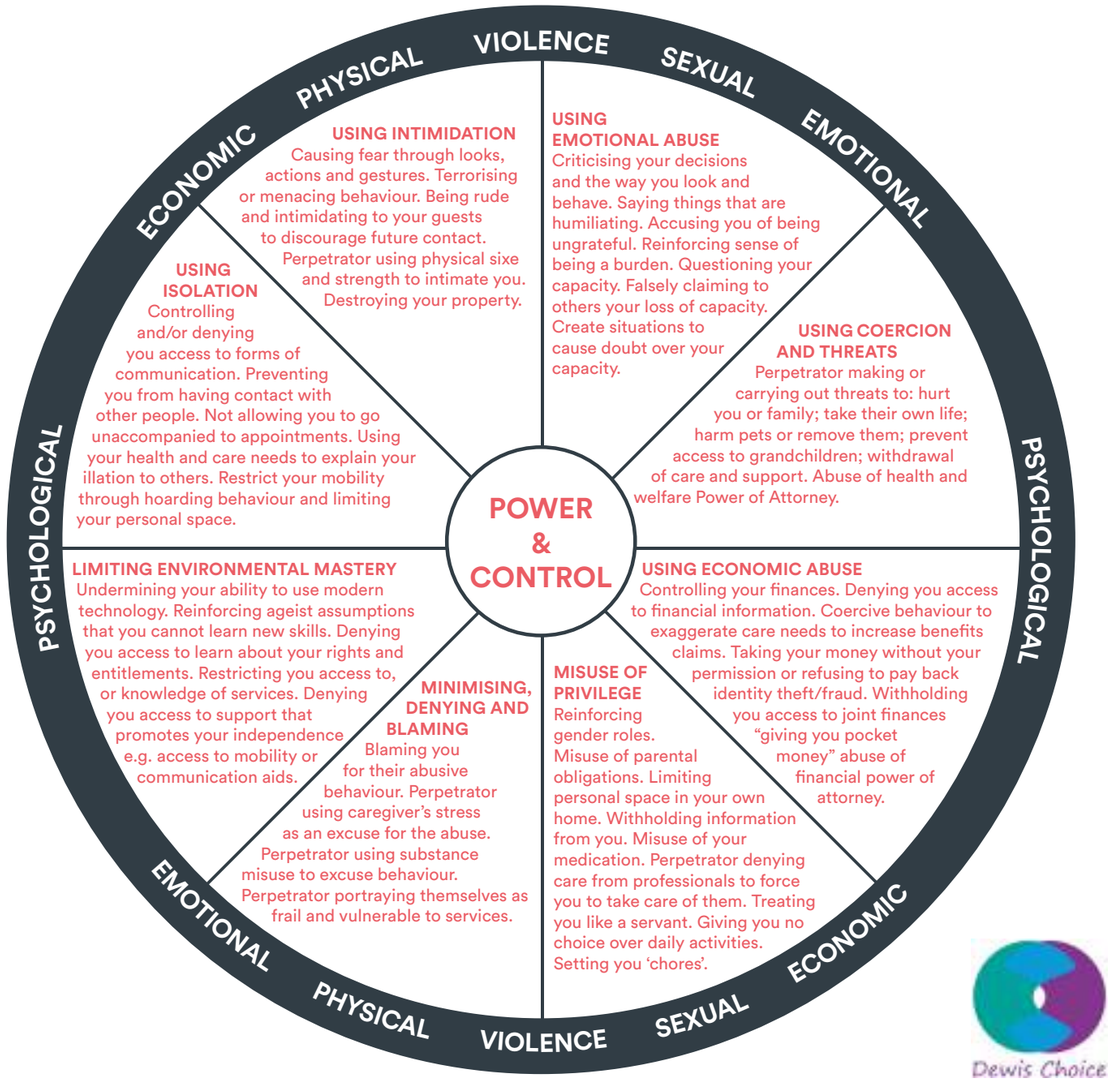
For older lesbian, gay, bisexual, transgender, queer or questioning or any other non-cisgender identity (LGBTQ+) people, they may experience coercive control and abuse in unique ways based on their gender or sexual identities. This can include having their sexuality or gender identity used against them, threatening to disclose aspects of their identity to social networks, intentionally misgendering or using the wrong pronouns, deadnaming or transmisogyny. It is important to recognise how age, gender and, sexual orientation as well as age-related illness or disabilities intersect to create complex and unique experiences for older survivors.

As a form of control to prevent disclosures, abusers will tell the survivor that no one will believe them if they were to report the abuse. Abusers will also minimise the abuse and tell survivors they are overreacting.

Survivors who are able to find an opportunity to report the abuse to a criminal justice agency may be left feeling disheartened by the response they receive, especially if they are told that there will be no arrest or charge for the case. This experience can lead survivors into believing that the perpetrator was right in his claims.

Power and Control Wheel

Dewis Choice have produced a power and control wheel, adapted from the Duluth model, based on the research findings from their longitudinal study into the lived experience of older victim-survivors of domestic abuse. The wheel details abusive behaviours described by older survivors supported by the initiative, forming patterns of power and control, perpetrated by intimate partners and adult family members. The Dewis Choice Wheel is provided below.



Dewis Choice

A survivor may experience 'secondary victimization' (further harm not as a direct result of the criminal act but through the response of practitioners and organisations) if an agency responds to a disclosure negatively, and with disbelief. Practitioners can make ageist assumptions about who a victim of abuse is or how they might behave. An older survivor, for instance, may not be asked about sexual abuse during risk assessments because practitioners hold the view that older people are unlikely to be at risk of this type of abuse. This misconception is compounded by media stereotypes of who a victim of domestic and sexual abuse can be, which is typically portrayed as white, young, women experiencing abuse from strangers. Practitioners should be aware of their own subconscious biases and make conscious efforts to state that the behaviours are unacceptable. Furthermore, practitioners should offer safety planning advice and make referrals to specialist domestic abuse support.

Myths and Misconceptions

Our joint research findings drawn from older survivors' experiences highlights a number of myths and misconceptions of DVSA in later life.

If the abuse was that bad, why would she stay for so long?

For generational reasons older women may not identify their situation as domestic abuse but consider that 'this is the way it has always been.'

Many older women born in the middle of the last century had limited financial and economic opportunities given gendered social and cultural expectations of the relationship (that their husband would be the breadwinner, or that they would not have their name on the deed to their house) that serve to compound financial abuse and exploitation.

At the point when services become aware of the domestic abuse, an older survivor is far more likely to have been in an intimate relationship for a long time.

Research findings from Dewis Choice indicate that older people, who are being abused by a son, daughter or grandchildren and/or in-laws, can experience conflicted feelings of wanting to maintain a relationship with the family member while wanting the abuse to stop. In this context, older survivors in general are often likely to maintain some form of contact with the person causing them harm, especially if it is an adult family member, but want support to establish boundaries in the relationship.

Older survivors may be more reluctant to leave their home, especially if they have lived there for many years, and they may derive a sense of security from it that would be very difficult for them to abandon.

Refuge spaces for those with limited mobility or care and support needs are scarce and research interviews with older people suggest that refuge is an option only a few older women would consider. In addition, legal injunctions can be difficult to obtain against a perpetrator who has care and support needs. For older women, men, LGBTQ+ groups and those living with dementia, current emergency housing options are extremely limited. It is worth noting that the new DA Act 2021 introduces a more robust response to those fleeing DVSA - from 5 July 2021, you have an automatic priority need if you are homeless because of domestic abuse.

An older survivor may have a disability and be dependent on a perpetrator for care and support. Equally, an older person may be a carer for an intimate partner or adult family member who is abusive and feel a sense of responsibility towards them. This may make them less likely to leave, or more likely to return if the partner or family members health worsens. Analysis of domestic homicide reviews[1] highlights how, in the majority of cases involving an older person, caring responsibilities emerged as a theme in both intimate partner homicides and adult family member homicides. Interestingly, the findings show how, in cases of intimate partner homicide, the victim was more likely to be the cared for, and in adult family homicides the victim was more likely to be the carer. The findings suggest that caring situations should be carefully considered.

Coercive and controlling behaviours by perpetrators have a significant impact on a survivor's decision - making as well as their capacity for resistance, independence, and escape. The introduction of coercive and controlling behaviour as a criminal offence has helped professionals to recognise domestic abuse as a pattern of multiple incidents that have a cumulative impact on the survivor rather than a singular incident. Coercive control can significantly undermine the older survivor's self-esteem and confidence in their ability to live independently.

Some survivors report feeling love for their abuser, especially if the abuser is an adult son or daughter. The expectation that a survivor separates completely from a perpetrator in this instance may be less realistic for an older survivor who is more dependent on existing support networks and vulnerable to social isolation. However, research by Dewis Choice on intimate partner separation shows that if intensive support can be provided to support the survivor in their choices, they often chose to leave the abusive partner/ spouse. Thus, **it is important not to assume that someone in their eighties may not wish to leave their home, obtain a divorce, or start a new intimate relationship in later life**. Support and safety planning should be offered to help increase safety of survivors who wish to maintain, or leave, a relationship, and both options should be revisited over time.

As with their younger counterparts, an older survivor may be experiencing threats of harm from the abuser to themselves or someone else, if they attempt to leave. They may have been told that they will not be believed by others, and this might have been reinforced by previous negative experiences of trying to leave and get help without success.

1 Sharp-Jeffs, Nicola and Kelly, Liz (2016) Domestic homicide review (DHR) : case analysis. Project Report. Standing Together Against Domestic Violence, London Metropolitan University.

Myths and Misconceptions

Myth: Domestic violence and sexual abuse happens less among older people.

Limited policy and practice guidance have been produced to date on supporting older survivors who have experienced DVSA. Due to their exclusion from many of the research studies it is difficult to tell the prevalence and nature of DVSA in later life.

Unhelpful ageist assumptions or outdated research suggesting that certain forms of abuse cannot be happening, or are less severe for older survivors on the basis of the length/or nature of the relationship are unlikely to create space for safe disclosure.

The existing data strongly suggests that an older person is as likely to be at risk of some form of abuse as a younger person. The findings from the longitudinal study at Dewis Choice showed that the **intensity of domestic abuse increased in cases of long-term domestic abuse, when the abuser retired, or with sudden onset or chronic illness, or where there was a caring dynamic which increased the proximity and amount of contact between survivor and perpetrator**.

A previous Pan Wales research study from the team at Dewis Choice highlighted how domestic abuse was not recognised by practitioners in people aged 60 years and over and there was a lack of professional curiosity to explore the range of abuse and/or the existence of coercive control.[2] They also found that data management systems did not adequately record the level, pattern, and nature of the abusive behaviours. This means there is significant under-reporting and under-recording of domestic abuse by professionals.

It is likely that, with greater awareness raising about the existence of domestic abuse in later life and improved recording systems, services will become better equipped to respond to domestic and sexual abuse occurring in older people.

Many older people experience abuse from a younger family member rather than an intimate partner. International and national research findings suggest that in later life domestic abuse by family members and intimate partner violence is common yet very few services are equipped to support survivors of adult family violence.

Myth: Bruises happen all the time because of age-related conditions, there's no need to ask more questions.

Many of the common signs of ageing can mask signs of domestic abuse, so practitioners do not ask questions, and probe about the nature of the relationship, as they would do with a younger person.

Social isolation, depression, confusion, loss of memory or cognitive ability, as well as bruises and injuries, can all be assumed to be the result of age-related conditions when they are in fact caused by a perpetrator(s) of domestic abuse.

Perpetrators use age-related illnesses or frailty as excuses for abuse-related injuries, hospitalisation and deterioration in health. They have considerable power if they are also the person caring for the survivor and a 'point of contact' for other agencies involved.

Asking a survivor questions carries a low risk but making a decision **not to ask** carries a high risk of further harm or homicide that may have been prevented.

2 Wydall, S., Zerk, R. and Newman, J. (2015) Crimes Against, and Abuse of, Older People in Wales: Access to Support and Justice Working Together, report submitted to Older People's Commissioner for Wales, available online at: http://www.olderpeoplewales.com/Libraries/Uploads/Access_to_support_and_justice_-_working_together_report.sflb.ashx

Myth: Older, frail people with care needs can't be perpetrators.

Anyone can perpetrate domestic abuse, just as anyone can experience it, and this applies to people who have high levels of care and support needs. It is important to think about domestic abuse as a pattern of behaviours and multiple incidents that occur over a long time. A survivor who has been living with controlling behaviour for many years may be highly fearful of the perpetrator. A perpetrator with declining health may become increasingly physically violent in attempts to maintain control. Dewis Choice have seen examples where perpetrators have lost physical strength and mobility and therefore, used walking aids as weapons to assault the survivor. Providing care can also place the survivor in close proximity to a perpetrator and increase the risk of harm.

Myth: When someone has dementia, you can't trust what they say about abuse.

People with dementia may be experiencing domestic abuse and their condition can mean they find it more challenging to make disclosures, be believed, and get the support they need. This does not mean they are 'imagining' the abuse and it is critical that professionals endeavor to speak to the individual alone and make the survivor feel seen and heard when disclosing abuse. It is more helpful to think about what is usual for the individual in terms of their memory patterns, communication, and presentation rather than making blanket assumptions about people who have dementia. Survivors with a diagnosis of dementia may need additional support to communicate their needs, however, they can still benefit from the resources and support of a domestic abuse practitioner.

Myth: family members are good carers and prioritise the older person's best interests.

The Older People's Commissioner for Wales discusses how practitioners can sometimes adopt a 'rule of optimism', which assumes partners and family members have good intentions when they provide care for an older person. This assumption can lead to practitioners missing signs of abuse and mistakenly attributing them to a decline in health and mobility.

Whilst partners and family members can provide excellent care and support, when domestic abuse exists in a relationship, increased dependency on the abuser can be manipulated to exert control over the older person and further isolate them from sources of external support.

Care and support needs can place an older person in a position of dependency on a family member, for example, an adult child or grandchild, for the first time, shifting the power dynamic in the relationship. A family member may move into the older person's home or the older person may move in with family, marking a significant loss of independence and autonomy.

In a small number of cases, the abuse may be a result of caregiver's stress. In these situations, where power and control tactics have been ruled out, practitioners can explore options for providing additional support for the carer, which can be identified through a carers assessment. These should be carried out to identify any difficulties the perpetrator or the carer may be facing. These concerns can be shared with the GP and other relevant partners to help with caring responsibilities.

The Impact of Domestic Violence and Sexual Abuse on Older Survivors

The impact of DVSA can be diverse and devastating for older survivors, affecting physical, sexual, psychological, and economic well-being. Multiple factors influence women's physical and mental health including the nature, frequency and length of the abuse, and the relationship to the abuser/s. Traumas across the lifespan, including past abuse, bereavement and loss can also impact on how survivor's experience and respond to abuse.

Previous generations saw DVSA as a normal feature in married life and some older people still may hold the view that 'you made your bed; you lie in it.' Thus, historically DVSA was not seen as a serious social societal issue in the same way as it is today. Survivors who may have tried to seek help at earlier stages in the life course may have experienced victim-blaming attitudes and their concerns may have been ignored. This response may have increased the survivor's feeling of shame and self-blame for their victimisation. In these cases, survivors are likely to have been left without the resources to help manage their safety and limited options to speak about their experiences.

Physical impact

Research by SafeLives evidence that older survivors are more likely to have been living with abuse for many years before having the opportunity to seek help, and they experience high levels of coercive control.[1] Older survivors are also more likely to have complex needs than younger survivors, including physical changes, which may be a direct result of the abuse or developed across the lifespan. Health conditions and disability can influence the degree survivors are, or feel, able to withstand abuse that they may have endured in earlier years. For example, being pushed can have significant impact on someone who is physically frail, and the older survivor may feel increased fear of injury.

Mental Health impact

The mental health impacts of domestic abuse can include depression, anxiety, 'Post Traumatic Stress Disorder' (PTSD), Complex Post Traumatic Stress Disorder (CPTSD), and in some cases suicidal thoughts. These conditions can be misinterpreted by practitioners as cognitive decline related to age. Domestic abuse can also restrict an older survivors ability to manage health conditions, which may temporarily impair cognitive function (for example, an infection) and improve with treatment. In some cases cognitive decline could be caused by dementia (see paragraph on capacity), which may not have been formally diagnosed. Practitioners should be aware there are a variety of reasons why the older survivor may have difficulty processing information and expressing their needs and ensure they make every effort to speak to the older survivor on their own to gain a full understanding of the relationship and their support needs.

Domestic Abuse and Trauma

Having an understanding of trauma and the ways it can impact an individual is crucial to providing empathic and effective support to survivors of current and/or historical DVSA. A range of practitioners, most of whom do not work in a mental health service, will have contact with survivors who have experienced trauma. Being aware of the impact of trauma and professionally curious of survivors' experiences can be beneficial in supporting the older survivor and ensuring referral to specialist services.

What is trauma?

Trauma can be a singular traumatic event that causes high levels of distress, fear and anxiety or it may be repeated events. Trauma is also a word that describes how we are impacted by past experiences in everyday life.

A traumatic event can be:

- Being in a car crash or similarly life-threatening event
- Being the victim of an assault
- Domestic abuse or violence
- Sexual abuse or violence
- Childhood experiences of abuse, neglect or exploitation
- Bereavement

When a person experiences a traumatic event:

Existing coping mechanisms may not be effective in dealing with a traumatic event. When very frightened or overwhelmed individuals may respond in different ways, including 'fight, flight, freeze or flop.'

1 SafeLives. (2016). Safe Later Lives: Older people and domestic abuse [online] available at: http://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse

The Impact of Domestic Violence and Sexual Abuse on Older Survivors

A 'fight response' includes:

Fighting back;

Arming self to defend against attack;

Shouting or screaming at an attacker or to others for help.

A 'flight response' includes:

Running or backing away;
Locking self in a safe place.

A 'freeze response' includes:

Inability to move or take action;

Becoming quiet or silent;

Dissociation;

A 'flop response includes:

Becoming physically 'floppy';

Becoming compliant (not to be confused with consent);

Dissociation;

Feeling disconnected from self; possible loss of consciousness.

'Fight, flight, freeze and flop' are all instinctive mechanisms to keep individual's safe and reduce the risk of severe physical harm or death. Survivors might unconsciously prepare to fight and defend themselves, to flee the danger or might not be able to respond at all, and experience collapse and dissociation. Older women who have been exposed to repeat trauma, as is often the case with a pattern of DVSA, often automatically resort to a response that has kept them alive in the past. Exposure to trauma can significantly affect a person's ability to process what is happening to them and accurately recall events in a logical order.

Post-traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a diagnosis that people may receive after experiencing a traumatic event such as actual or threatened serious injury, sexual violation or threats to kill (DSM 5th edition). PTSD can result from having experienced the traumatic event, witnessing the traumatic event, learning that it occurred to a person close to them or experiencing repeated exposure to the details of that event. It is important to remember that this is only a clinical definition, not everybody who has PTSD will have a diagnosis, and to allow for the possibility that people may be dealing with the effects of stressful, frightening, and distressing events without being able to completely understand or explain them.

The effects of trauma can be long lasting for survivors and they can experience extreme physical and psychological distress whenever a situation arises that reminds them of the trauma (triggers) mentally taking them back to the moment they were under threat. Trauma responses can take the form of flashbacks, nightmares, vivid sensation memories, shaking, crying, or hyperventilating, but will look different for everyone.

Research findings from Dewis Choice highlight that older survivors may need more time to process and explore what has happened to them and a longer period of support to come to terms with the abuse, especially if this has been a feature of their lives for many decades. Thus, **the quality of the response** older people receive, **from formal and informal networks**, when seeking help has **an important impact on recovery**. Validating the older survivors experience and providing a safe space to talk openly about the impact of the abuse is key to recovery.

Establishing new social networks and revisiting previous positive social networks, at a pace the older survivor feels comfortable with, is beneficial in both recovery and acting as a protective factor against further abuse.

Considering the impact of domestic abuse

By considering the various ways in which DVSA can impact on survivors, in both the short and long-term, practitioners can develop a better understanding of the barriers that survivors may face when disclosing the abuse, leaving the abusive person or generally keeping themselves safe. The longitudinal research findings from Dewis Choice suggest the following impacts of DVSA occur in later life:

	Short term	Long term
Physical	Bruises, injuries, weight loss, sleeplessness, repeated hospital admissions	Arthritis, chronic health issues, digestive difficulties, hearing impairment
Sexual	Developing STIs, difficulties walking or sitting, vaginal or anal bleeding, repeat urine infections, gynecological problems, pelvic injuries, torn or stained clothing, irritation, or pain of the genitals.	Not wanting another intimate relationship, gynecological and continence issues, agoraphobia, pre-existing conditions worsened e.g., arthritis reluctance to undergo medical examinations or to be seen unclothed, dressing to disguise body shape and sex.
Emotional and Psychological	Experiencing guilt, helplessness, shame and anger	Depression, anxiety, Post-traumatic stress disorder, low self-esteem, self-blame
Behavioural	Appearing uncomfortable or fearful, angry, irritable, nervous	Avoiding other people, becoming isolated and withdrawn,
Interpersonal	Abuse disrupting other relationships/friendships, loss of trust, expectations of rejection, loss of contact with services and others in the support network	Limited experience of healthy safe relationships, making it very difficult to discuss experiences, difficulty in building trust
Practical	Neglecting important needs because of energy and resources spent managing the abuse, disrupted living situation, homelessness, having finances affected	Receiving inadequate care, loss of home and community, reduced access to resources affecting independence

The Impact of Domestic Violence and Sexual Abuse on Older Survivors

After experiencing a traumatic event:

A person who is deeply affected by their trauma or who has PTSD might have emotional or physical responses to it for years after the event, significantly affecting day to day life. As a way of dealing with the distress some survivors deploy coping strategies that can cause harm to themselves or others.

- **Retreat**: dissociation, isolation, withdrawal, depression, anxiety;
- **Harmful to self**: substance use, eating disorders, self-harm, suicide;
- **Harmful to others**: aggression, violence, rages, threats;
- **Physical health**: lung disease, heart disease, autoimmune disorders, chronic illness, obesity.

Research around trauma has found that it tends to have a more serious impact on people when:

- It is caused by another person;
- That person was known to the individual It was repeated rather than an isolated incident;
- It took place in an environment the person believed to be safe;
- Rape or sexual violence was involved;
- The person continued to have contact with the abuser.

As a practitioner:

- Be aware of the possible impacts of trauma and how this may present in different people, particularly for an older survivor where it may be mistaken for diminished cognitive function;
- Be sensitive to the fact that an older person's behaviour may be related to a PTSD trigger;
- Believe what the survivor says to you about their experiences;
- Strive to create a sense of safety in your work, considering physical settings, accessibility and how staff and survivors interact with each other;
- Be transparent in any decision-making with survivors, building trust is crucial for somebody who has experienced trauma and may take longer with an older survivor;
- Take a collaborative approach to the work of supporting the survivor, working with them and others to support their decision making rather than telling them what to do;
- Respect the choices of older survivors, whatever they may be;
- Encourage and support older survivors to consider what healthy relationships could look like for them and where they might be found (with professionals, friends, family or in the community);
- Give regular breaks, those who are traumatised may have difficulty concentrating on topics for long periods of time or difficulty retaining information. Be flexible in your approach and revisit options throughout your engagement;
- Empower older survivors by reminding them of their strengths, recognising their achievements and framing their experiences using language that focuses on recovery and healing;
- Ensure you have open and honest conversations with older survivors about their mental health and well-being, including being mindful of expressions of suicidal ideation;
- With consent, signpost older survivors to specialist mental health support and/or counselling where available.

Many of the survivors shared their 'lived experiences' of trauma with the researchers at Dewis Choice. In addition to the trauma they experienced by abusers during and after ending the relationship, survivor's narratives also suggested that negative experiences of help-seeking and justice-seeking often led to re-traumatisation. For example, trauma was often a direct result of engaging with the adversarial court process. Survivors felt that they were unprepared for the court and did not fully understand their role as a witness. Survivors also noted that they did not feel their expectations were sufficiently managed throughout the justice seeking process. Misinformation or limited information from a range of sources led to a sense of confusion and disappointment when they were questioned and when the outcome was not what they expected. Domestic abuse and victim support was provided prior to going to court, but post-court the support ended abruptly due to a lack of service provision. Older survivors reported feeling abandoned and isolated in dealing with the further traumatisation resulting from the court process.

Dewis Choice research findings from survivors narratives suggest that practitioners supporting survivors through the civil and criminal justice system should:

- Avoid jargonistic terms that are not accessible to a lay person;
- Explain the role of the police and the crown prosecution service in the decision to bring a case to court;
- Clearly define the survivor's role as a witness in the court process;
- Prepare them for the adversarial nature of the criminal justice process;
- Explore the physical layout of the court and possibility of coming into contact or being in close proximity to the alleged abuser;
- Explore special measures for survivors;
- Acknowledge the impact of engaging with court procedures and how these influence survivor's sense of justice;
- Explain what will happen when the court process ends;
- Ensure adequate support is available post-court and signpost to counselling if requested.

Barriers for survivors to disclosing abuse

Barriers

Why might older survivors face barriers in disclosing the abuse and accessing ongoing support?

Why might some survivors in later life have more difficulties than others?

Why might survivors find it difficult to leave their situation?

Given the nature of DVSA there are many barriers to accessing support for survivors of all ages. Power and control dynamics can become entrenched very quickly and abusers are intentional in the way they exploit the identity, potential vulnerabilities and dependencies of survivors. From an outside perspective, it can be difficult to understand why people remain with abusive perpetrators. Too often, the focus in services and institutions is on the survivor's choices to 'stay in the relationship' rather than on the perpetrator's choice to continue the abuse. Older survivors' decision to remain in the relationship with the perpetrator is often easily accepted by professionals without exploration to why this decision has been made. There is often the misconception that survivors stay because they love the perpetrator, but research by Dewis Choice (2020)[1] shows that the reality is, survivors often feel entrapped in the relationship due to economic, cultural and organisational shortfalls that hinder help-seeking. Additionally, older survivors are not always fully informed of resources available to them and there is a lack of resources to meet complex needs.

When professionals work with older survivors in any capacity, as advocates in a court system, social work or in healthcare contexts, they make a commitment to support individuals, to respect their dignity and autonomy while appreciating how social and economic inequalities create challenges for survivors. Intersectionality is a term that adds to our understanding of survivor's needs and human rights and why some might have a harder time than others when it comes to receiving support and making changes. The concept of intersectionality was introduced by sociologist Kimberly Williams Crenshaw in the 1980s. It means acknowledging how and why each aspect of a person's identity and background can affect their life experiences.

With regards to domestic abuse, intersectionality means that:

- A black woman may be less likely than a white woman to receive a positive response from the criminal justice system due to structural racism;
- A woman who does not speak English as a first language may struggle to make her situation understood to services;
- A woman who is disabled will have reduced options for escaping a dangerous situation due to the lack of accessibility in the majority of refuges and emergency housing;
- Older survivors are more likely to be marginalised across mainstream services due to discrimination based on their age, gender, disability and sexuality.

'Why would she stay?'

- Older survivors stay because they do not know who or where to go to seek help;
- They may fear repercussions from the abuser, as the risk is likely to escalate when the survivor attempts to leave the relationship;
- In later life ageism can impact on how agencies respond. The fear of not being believed by services and long-term isolation from practitioners encourage an older survivor to believe the abuser's narrative e.g., 'I told the police you were lying and they let me go.'
- Social and geographic isolation, being far away from their supportive relationships, or not having any support networks, as a result of the abusers behaviours;
- Many older survivors have a real fear of being institutionalised, by being placed into a care home, particularly if they have care and support needs. Many abusers use this as a primary tool to control them;
- Practitioners may not communicate clearly with the older person given ageist assumptions, for example, the onset of dementia or other age-related health conditions;
- Social and cultural expectations about marriage and/or parenting may influence the decision to stay through a sense of duty towards the abuser. Thus, the responsibility of being a carer for an abuser with health and support needs, or being cared for by an abuser;
- Lack of financial independence;
- Lack of awareness of rights and entitlements;
- Disability, reduced mobility or physical frailty;
- Feelings of love for the abuser, particularly when the abuser is an adult child;
- Being unwilling or unable to leave a home and social network.

1 Wydall, S., Freeman, E., & Zerk, R. (2020) Transforming the response to domestic abuse in later life: Dewis Choice Practitioner Guidance. Llandysul: Gomer Press.

Intersectional disclosure barriers for survivors of DVSA

All services have a responsibility to consider how the following factors might create challenges for survivors, with the following being just a few examples.

- **Housing circumstances** - a survivor may lack the means to obtain independent accommodation
- **Immigration status** - a survivor may be financially dependent on an abuser if in the country on a spousal visa
- **Language** - a survivor may not speak English and require interpretation, which may be only done by the perpetrator
- **Disability** - a survivor may be reliant on an abuser for care and support, or have needs which make escape more challenging
- **Age** - a survivor may be of a generation that accepted domestic abuse and face 'invisibility' in society
- **Mental health** - a survivor may be stigmatised, have experiences of not being believed or have difficulty communicating their needs due to their mental health
- **Substance use** - a survivor that uses substances or alcohol with or near an abuser may find it harder to keep safe and consistently receive support.
- **Class** - a survivor from an economically and socially disadvantaged class may have fewer resources that will allow them to leave the relationship
- **Religion** - survivors may be living within a belief system, claiming to be religious, that justifies the abuse and silences them from speaking out about their experiences
- **Race** - survivors may be affected by structural racism from police and criminal justice system, stereotypes and race-related poverty that make seeking help more challenging
- **Sexuality and gender identity** - LGBTQ survivors may have difficulty getting their needs met within generic services that assume domestic abuse happens in heterosexual relationships
- **Culture** - While all domestic abuse is cultural, survivors living in small, close-knit and marginalised communities may struggle to access sources of safety and support if they share a cultural community with their abuser.

Working with Survivors

If you have concerns about DVSA make a **safe enquiry** with the survivor. This means speaking to them without the abuser becoming aware of your involvement or concerns.

Talk to them in a **private**, quiet space;

Talk to them **on their own**;

Reassure them that you will not share information with family members without their consent but **be honest and open** about when you are required to share disclosures of risks with services; all high risk must be shared with statutory services – police and/or social services - so let them know and ask for permission whilst explaining it is for safety reasons.

Look for opportunities to engage through the services the survivor may already be engaged with, such as their GP, British Red Cross, Carer's Support Networks;

Ask **open, non-judgmental** questions;

Frame your concerns as a **routine enquiry** if that is helpful.

Remember: there is no risk attached to making safe enquiry about abuse and being wrong, but the consequences of not acting on concerns carry high risk, with potentially fatal outcomes. It is always worth exploring the possibility of abuse.

Be familiar with the DASH RIC assessment and the MARAC, however, be mindful that the DASH RIC was not developed specifically to meet the needs of older people, therefore, also use your professional judgement to assess the level of risk.

Be familiar with the role of the Local Authority in their duty to respond to adults at risk. Adults with care and support needs are likely to be eligible for a 'Safeguarding Adults' response. Ensure you explain the role of Adult Safeguarding and reassure the survivor they will make contact with them by a safe method. Where safe to do so it is best practice to seek consent from a survivor to make a referral, however sometimes this is not possible, and the risk overrides the need to seek consent. Details of how to make a referral can be found on each local authority website.

Three steps to take when responding to a disclosure:

1. Consider your **initial response**.
2. **Assess their need** - what are their priorities now?
3. Explain **confidentiality** and **information sharing**.

In your initial response to an older survivor be sure that you:

- **Reassure the survivor you believe them;**
- **Listen;**
- **Take the disclosures seriously;**
- **Don't react with shock or anger;**
- **Reassure them it is not their fault, there is support available and they are not alone;**
- **Respect their choices;**
- **Use the language the survivor is comfortable with, for example, if they say their son hurt them, ask 'how did he hurt you?' For survivors who have a learning disability use descriptive words rather than emotive words and link in with learning disability teams to find out the best way of communicating with the survivor. Note, that an older survivor may have a learning disability that has never formally been recognised;**
- **Ask them what help would they like, be mindful that they may want help for the abuser;**
- **Establish what they want to do. Sometimes it's easier for the survivor to state what they do not want rather than what they do;**
- **Don't make assumptions about the nature of the relationship or the abuse;**
- **Let them lead on decisions as far as possible and do not tell them what to do;**
- **Be sensitive to their needs and wishes;**
- **Maintain confidentiality but make sure they are aware that sometimes there may be lawful reasons to share information e.g. to prevent a crime;**
- **Make case notes and accurate records of the conversation;**
- **Allow time for them to share the context of the abuse that they are experiencing;**
- **Giving time to the survivor is important to their disclosure and better meets the needs of an older person who may have decades of abuse to disclose.**

Working with Survivors

If the survivor wants to continue the conversation and is open to receiving support:

- Start assessing their immediate safety. This takes priority over formal risk assessment;
- Are there any immediate physical or mental health needs?
- Does the survivor feel safe at the moment?
- Who else do they feel is at risk? For example, adult children or grandchildren;
- Where is the abuser now?
- Is there more than one abuser?
- When are they expected to return?
- Can the abuser gain access to the property?
- Do they need an interpreter?
- Explore criminal and civil justice and wellbeing options. Whilst they may not wish to take this route straightaway, it is common for older survivors to change their mind, especially as they become more empowered and learn more about the options available to them;
- Promote engagement with positive social ties.

The DASH RIC and the MARAC

Older survivors are less likely to be assessed with the DASH RIC and be referred to MARAC than younger survivors, but research in Wales conducted in 2017 on older people and coercive control showed that using these tools led to better outcomes for this client group.[1]

The **DASH RIC** is the Domestic Abuse, Stalking and Harassment and 'Honour' Based Violence risk identification checklist. It is a series of questions to ask a survivor when they make a disclosure. The purpose is to identify risks to adult victims of domestic abuse, to consider next steps and to streamline the criteria for referral to MARAC. A domestic abuse specialist will be trained in using the DASH RIC, however it is designed so that all agencies are able to use it. It should always be advised that the risk assessment is a tool designed for the safety and protection of the survivor and professionals should carry the assessment out in a trauma-informed way.

The DASH RIC informs the safety plan and level of risk.

The **MARAC** is a Multi-Agency Risk Assessment Conference. It is a meeting held in each local authority to discuss the victims at high risk of further harm or homicide. It is an opportunity to present cases in a forum attended by multiple agencies who can each offer their input. The chair will then set actions to be completed by the different agencies. The aim is to share information that enables swift action to put plans in place for survivors and adult family members and grandchildren to increase their safety. The checklist is available to download, complete with guidelines, on the **Safelives website**.

The DASH RIC used by police ACPO/NPCC DASH is found here: DASH-2009.pdf (dashriskchecklist.co.uk)

When proceeding to a full risk assessment:

- Explain clearly what the DASH RIC is, the purpose, and how it relates to MARAC;
- Ensure the survivor understands your organisation's process with regards to:
  - Confidentiality Policy
  - Any information sharing protocols
  - MARAC referral policy
- It is important that the survivor knows what will happen to the information they disclose during the DASH RIC and what will happen next;
- Identify who the abuser is that you'll be discussing during the DASH RIC, whether they are a partner or family member, and who any relevant children are. Be mindful that the survivor may be experiencing abuse from multiple family members or intimate partners and therefore, two DASH RICs may need to be completed or you need to state clearly who is perpetrating the abuse. If you are completing one DASH RIC focus on the primary abuser and use Q17 and 'practitioner notes' to provide information on additional forms of abuse from secondary abusers;
- NB Q17 on the SafeLives DASH RIC is Q19 on the ACPO/NPCC DASH RIC used by police
- Explain how long it takes to complete (approximately an hour) and check they have time and if they are likely to be interrupted;
- Let them know some of the questions can be personal or difficult to answer and it is okay to take a break or stop the assessment at anytime;
- Remember that this stage can feel clinical and confusing for survivors- ensure you are clear yourself about your reasons for doing the risk assessment so you can answer any questions they have.
- Remember this is a two-way dialogue and to be trauma-informed is essential.

1 Wydall, S., Zerk, R. and Newman, J. (2015) Crimes Against, and Abuse of, Older People in Wales: Access to Support and Justice Working Together, report submitted to Older People's Commissioner for Wales, available online at: http://www.olderpeoplewales.com/Libraries/Uploads/Access_to_support_and_justice_-_working_together_report.sflb.ashx

Working with Survivors

Next steps:
Referring to an Independent Domestic Violence Advocate (IDVA)

An IDVA is someone who addresses the safety of survivors at high risk of harm or homicide from an intimate partner, ex-partner, or family member. They are able to work with a survivor from the point of crisis and serve as the survivor's primary point of contact in risk assessment, safety planning and navigating their short to longer term options.

An IDVA will take a proactive role in implementing safety and support plans while[2] keeping the survivor at the heart of the process. This could involve referring to MARAC, sanctions available through criminal and civil courts, housing options and services available through other organisations. An IDVA plays an effective role in a multi-agency context in which several professionals may be working to keep the survivor and any children safe. The key role of the IDVA is to advocate for the survivor, putting their perspective and safety first.

Studies show that IDVA involvement has an impact on the outcome for the survivor with clear and measurable improvements in safety. The Dewis Choice team found evidence that older survivors are less likely than other groups to be referred for support from an IDVA and discussed at MARAC. Older survivors are also less likely to be referred for support from other specialist domestic abuse organisations. This leaves them vulnerable to the risk escalating in frequency and severity.

Safety Planning

Safety planning is any conversation that you might have with a survivor to increase their safety. Any plan must take into account they want or are able to do at the time (stay in the situation, prepare to leave or be safe after leaving). The situation may change quickly, and just as the risk needs to be assessed and reviewed on a regular basis the safety plan needs to be dynamic and reflect what is currently useful to a survivor.

Staying in the situation	Preparing to leave	Preparing to leave
› Telling supportive people so they know what is going on and how they can help Knowing who to call in an emergency, agreeing a code word with a trusted person so you can let them know you need them to call the police if needed › Keeping a separate phone that the abuser is not aware of › Re-visit whether past strategies to keep safe are still working › Keeping a panic alarm on and charged › Considering which parts of the home are more dangerous than others (e.g. kitchens or bathrooms)	› Plan ahead. This is the time when risk can escalate very quickly › Pack a bag if possible and keep it safe or with trusted friends › Ensure you have access to essential items e.g. medication, communication and mobility aids › Consider finances, setting aside money in preparation for leaving › Consider housing options and what may be available in an emergency › If applying for local authority housing ensure you inform them you are fleeing abuse and of any additional needs you have so you are assessed accurately as priority need › If you have care and support needs contact your local authority adult safeguarding team › Tell services and supportive people what is happening and any concerns you have so they can be involved with the plan	› Consider injunctions and measures available through civil or criminal justice to give you more protection › Avoid revealing any information of your whereabouts to those connected to the perpetrator › Contact your bank to discuss any finances held in joint name and set up an individual bank account › Consider digital safety, any passwords the abuser may be aware of and whether you can be traced through social media activity

Dewis Choice have designed a safety planning toolkit for practitioners to use with older survivors. This is available at: https://dewischoice.org.uk/information-and-advice/resources/

2 Wydall, S., Clarke, A., Williams, J. and Zerk, R., 2018. Domestic abuse and elder abuse in Wales: A tale of two initiatives. British Journal of Social Work, 48(4), pp.962-981.

Working with Survivors

What support is available?

- Domestic abuse helplines at a national and local level are available for advice and support for survivors and professionals;
- Refer to local IDVAs (Independent Domestic Violence Advocates) or ISVAs (Independent Sexual Violence Advocates);
- Refer to local domestic abuse charities for medium and standard risk cases.
- Refer to Local Authority Safeguarding Adults where the survivor has needs for care and support and is an 'adult at risk';
- Specialist domestic abuse support may be available through health care (IDVAs based in hospital);
- Legal advice for civil and criminal matters (including access to Legal Aid if eligible). Most solicitors offer a free 30 minute consultation with potential clients;
- Police can support by attending in an emergency or by taking reports of domestic abuse and initiating criminal investigations;
- Injunctions are a protective measure that a survivor can get through a civil (non-molestation orders, occupation orders, domestic abuse prevention notice/orders (DAPO/DAPN) or criminal (restraining orders) court process. A court can use the order to instruct an abuser to stay away from the survivor, to vacate the property and not make contact, with legal consequences for any breach. Stalking Protection Orders (SPOs) can be requested from police if the survivor is being stalked after leaving;

Older survivors and access to housing options

- Sanctuary schemes are locally coordinated schemes involving housing and domestic abuse services installing protective measures in properties to make them physically safer e.g., reinforced doors, extra locks, panic rooms. They may also include supplying a survivor with a panic alarm or flagging their address for domestic abuse in the event of a police call;
- Refuges are available as an emergency housing option and domestic abuse services will have the ability to refer to them if needed;
- Local authority housing departments have a duty to support survivors of domestic abuse and to source safe accommodation. A survivor may be eligible for assistance under the 1996 Homelessness Act due to their experiences of domestic abuse and their home being unsafe for them to occupy. Under the Domestic Abuse Act 2021 domestic abuse survivors have priority need if found homeless as a result of domestic abuse, they may be eligible for emergency temporary accommodation;
- Longer term housing options include transfers, mutual exchanges and referral to sheltered or supported accommodation;
- Refuges tend to have limited rooms for single occupants and are better set-up for women with children and are mostly inaccessible to individuals who have limited mobility or need high levels of care;
- Many types of temporary accommodation, available on an emergency basis, will not be suitable or specially adapted for those with accessibility needs, and often require the survivor to travel a long distance;
- Local Authority housing is increasingly difficult to access due to nationwide shortages;
- A survivor who owns her property will not be able to access longer term housing options from the local authority even if she can receive emergency assistance.

Best practice

- Offer support to investigate the housing options available and advocate for the survivor's needs on the basis of domestic abuse;
- Offer support to access legal advice;
- Provide survivors with the information they need to make informed choices;
- Consider the use of an occupation order to remove an abuser from a property;
- Police can issue a DAPN/DAPO to provide immediate protection from the alleged abuser following an incident;
- Consider how a care package can be used to increase safety at home or as part of a plan to flee;
- Ensure accessibility information is shared when making a referral to a refuge.

Adult-Child to Parent Violence

Reports of adult family violence (AFV) are increasing across the UK and worldwide. The Home Office definition of domestic abuse includes abuse perpetrated by adult family members, aged 16 years or over. However, research and funding has primarily focused on intimate partner violence, a concern which has dominated mainstream services. Professionals supporting older survivors may find that most of the information available on family violence focuses on child to parent abuse, perpetrated by children or adolescents under the age of eighteen.

Research studies that capture the experiences of older women find a substantial number who experience domestic abuse from adult children or grandchildren and in-laws. Research from SafeLives (2016)[1] and Dewis Choice (2012,[2] 2015,[3] and 2018[4]) suggest up to 50% of domestic abuse in later life is perpetrated by adult family members, and this often involves more than one family member.

Why are older survivors affected?

As survivors and their adult children age, their relationship has the potential to change dramatically as they take on different roles and responsibilities, for example, as the parent requires increased care and support. The dynamics of the adult child to parent relationship are unique and often last until either a parent or child dies. In some cases Dewis Choice research has also seen the dynamics of the relationship shift over time. Dewis Choice research also found that, where abuse is perpetrated by adult children, parents do make difficult decisions over their relationship with their children and some do decide not to remain in contact.

The dynamic can be complicated further by co-dependency, physical and mental health issues, and a history of abuse within the family including, economic abuse, violence between siblings, drug and alcohol abuse and mental health issues.

How are older survivors affected?

- Many survivors report feeling responsible for the adult child's behaviour or view their actions as entrenched and unavoidable;
- Older survivors who have experienced children's services interventions may have had their parenting criticised when trying to seek support for abuse from their child, making them reluctant to seek help in future;
- AFV is underreported as survivors may be less likely to call the police when experiencing violence from an adult child or grandchild, fearing that this response will lead to a criminal record for the family member involved;
- Research by Dewis Choice suggests that survivors are more likely to ask for support for their adult family member than for themselves, particularly if they have a mental health need;
- Research shows that practitioners believe that an older survivor will wish to maintain a relationship with an abuser who is an adult child because social networks are more likely to decrease after retirement;
- Survivors reliant on their adult child for care and support may fear retaliation in the form of having support withdrawn, being denied contact with grandchildren or being put in a care home;
- Survivors may have more difficulty expressing what is happening to other members of the family as a result of embarrassment and shame, leading to increased isolation;
- The shortage of affordable housing and general austerity has led to a rise in intergenerational living situations across the UK. This creates additional barriers for survivors who may wish to 'leave' the abusive person or remove the abuser from their home, particularly if they feel they will be making their adult child homeless.

1 SafeLives UK. (2016). Safe Later Lives: Older People and Domestic Abuse, Spotlights Report, available online at http://www.safelives.org.uk/file/safe-later-lives-older-people-and-domestic-abusepdf (accessed on 15th June 2021).

2 Clarke, A., Williams, J., Wydall, S. and Boaler, R. (2012) An Evaluation of the 'Access to Justice' Pilot Project, Cardiff, Welsh Government, available online at https://gov.wales/sites/default/files/statistics-and-research/2019-08/121220accesstojusticeen.pdf (accessed 15th June 2021).

3 Wydall, S., Zerk, R. and Newman, J. (2015) Crimes Against, and Abuse of, Older People in Wales: Access to Support and Justice Working Together, report submitted to Older People's Commissioner for Wales, available online at: http://www.olderpeoplewales.com/Libraries/Uploads/Access_to_support_and_justice_-_working_together_report.sflb.ashx (accessed 15th June 2021)

4 Wydall, S., Clarke, A., Williams, J. and Zerk, R., 2018. Domestic abuse and elder abuse in Wales: A tale of two initiatives. British Journal of Social Work, 48(4), pp.962-981.

Adult-Child to Parent Violence

Key tips for practitioners who are supporting older survivors of AFV:

- Be direct in addressing any self-blame experienced by the survivor and make it clear that the abuser is responsible for their behaviours;
- Do not excuse abusive or controlling behaviours on the basis of the abuser's own support needs or vulnerabilities;
- Challenge suggestions that abusive behaviours are 'caused' by bad parenting;
- Offer support to explore the impact of the DVSA as many survivors may not view it as such. The longitudinal research from Dewis Choice suggests that the older person should be able to frame the abuse in the way they understand it and explore the feelings they may have about it. Practitioners should adopt the language the older survivor uses to describe the abuse, rather than naming the behaviours initially as DVSA, as this could be perceived as challenging the survivor and result in internal conflict and disengagement from services. The older victim-survivor may over time come to understand the behaviours as abusive, but they should be given every opportunity to describe the experience through their own words;
- If a survivor is reluctant to call the police, explore whether they would be comfortable with another person doing so on their behalf (e.g. neighbours calling the police in an emergency or trusted family and friends knowing a code word);
- Discuss housing and legal options with the survivor without making assumptions about what they will want to do;
- If appropriate, involve other agencies to explore whether support is available for the abuser;
- If you are working with an adult child who is abusive and you become aware of risks, share your information with other professionals. Make a referral to MARAC or take measures to give the survivor access to confidential support from a DVSA organisation;
- If the abuser is providing care, explore whether this care can be provided independently and ensure any care providers are aware of DVSA risks. Explore with the survivor what aspects of care they may be happy to accept from the adult family member. For example, a survivor may be happy to have meals prepared for them, but do not want their family member providing intimate care;
- Specialist training should be undertaken before assessing abusers of DVSA or providing interventions to address abusive behaviours.

Abusers with care and support needs

Care and Support Needs

Care and support needs can create dependency, which can significantly shift the power dynamic in a relationship. When domestic abuse already exists in an intimate relationship a perpetrator can exploit increased needs for care and support to further abuse and this can happen regardless of whether it is the survivor or the perpetrator who develops care needs. A perpetrator in a caring role for a survivor may present as indispensable both to the survivor and to onlookers, using their position to increase control and isolate the target of the abuse. They may also become resentful of the shift in the relationship and the survivor's inability to meet their demands.

For a survivor caring for a perpetrator with care needs, providing intimate personal care can place them in close proximity to the perpetrator, increasing the risk of harm. Similarly, the survivor can become isolated due to the caring role, spending increased time with the perpetrator with limited space for respite from the abuse. Care and support needs can place an older person in a position of dependency on adult family members for the first time, presenting new opportunities for abuse and loss of independence. Practitioners should also be aware of circumstances where an older person is experiencing abuse from an adult family member for whom they are providing care, for example an adult child or grandchild. The findings from Dewis Choice highlight key considerations for practitioners, following their study on care and support needs in the context of DVA in later life:

If the survivor has care and support needs:

- Be mindful that perpetrators of domestic abuse may present as believable and concerned to professionals, who themselves might be manipulated by their behavior, for example presenting as indispensable and speaking on behalf of the victim;
- Consider the impact of domestic abuse on the victim (anxiety, low self-esteem) and look out for warning signs in the perpetrator (over attentiveness, manipulation) without regarding this as an inevitable consequence of the situation;
- Explore increased risks to the victim associated with their care and support needs;
- Listen to the survivor about what they feel the risks are to their safety and what they feel would make them more safe;
- Ensure safety planning takes into account care and support needs, for example, communication devices to seek help, mobility aids to access transport and access to medication;
- Be aware of unconscious bias or misinformation from others, for example, the survivors credibility or ability to express their needs, particularly when their cognitive function or communication is impaired;
- Do not make assumptions about what is the best outcome for the survivor. Listen to what a good outcome would look like for them and what their priorities are at that time, while staying aware that they may change;
- Consider involving supportive family and friends, adult social care and other services in the survivor's care as a protective measure;
- Check if the survivor is aware of their entitlement to, and has accessed, an assessment of their care and support needs by their local authority;
- A survivor with care and support needs is likely to be eligible for a local authority safeguarding response. Consideration should be given to referrals to Adult Safeguarding and MARAC where eligible;
- Where a survivor is assessed as lacking mental capacity to fully understand risk and make decisions about their safety from abuse an Independent Mental Capacity Advocate (IMCA) may be instructed to support them as part of a safeguarding process. IMCAs can only work with an individual once they have been instructed by an appropriate person/body. For adult safeguarding cases this will be the local authority coordinating the adult safeguarding procedures;
- In relation to coercive control, speak to your manager, or hold a professionals meeting and/or seek legal advice if you believe a person has mental capacity but may not be in a position to make 'capacitated decisions' due to the abuse.

Abusers with care and support needs

If the perpetrator has care and support needs:

- Explore whether there is a prior history of domestic abuse;
- Explore whether the abuse has escalated and/or changed in nature alongside increased needs for care and support;
- Do not underestimate risk or assume a perpetrator with needs for care and support automatically poses less risk to a survivor. A perpetrator may appear or portray as frail and vulnerable to services, whilst posing considerable risk to the survivor;
- Explore whether the survivor wants to continue to care for the perpetrator and, if so, what care they feel able and safe to provide;
- The survivor may have conflicted feelings about the perpetrator, particularly if there have been changes in the personality of an intimate partner caused by diseases of the brain or if the person they are caring for is an adult child or grandchild. They may also feel a sense of duty or societal expectation to continue caring for the perpetrator. These feelings should be explored and taken into account in managing ongoing risks and emotional support for the survivor;
- Explore what support is available for the perpetrator and whether adjustments can be made. These can include changes in care provision and respite, medication reviews, referral to specialist support: for example, dementia specialist, mental health services, substance misuse services;
- If you are working with a survivor who plans to leave a perpetrator who has care and support needs, share your information with other professionals, for example, local authority adults safeguarding, so support can be put in place;
- Recognise that the survivor may want to remain living with the perpetrator, or return if the perpetrator becomes unwell, in which case they may need ongoing support to manage their safety;
- Specialist training should be undertaken before assessing perpetrators of domestic abuse or providing interventions to address abusive behaviours.

Further Reading and Resources

Further reading and resources

- Older people and domestic abuse: Spotlights Report 2016 (SafeLives)
- Guidance for multi-agency forums: Older People 2016 (SafeLives)
- Mental Capacity and Coercion: What does the law say? Guidance sheet, Research in Practice for Adults 2016 (RiPfa)
- What works? Evidence based interventions to prevent and respond to domestic abuse 2016 (RiPfa)
- Adult Safeguarding and Domestic Abuse-a guide 2015 (LGA and ADASS)
- How parents deal with children who use substances and perpetrate abuse-Project Report 2017 (Adfam and AVA)
- Domestic Homicide Review Case Analysis 2017 (Standing Together)
- Older Women and Domestic Abuse-Evidence Search and Summary (Scotland) 2018 (IRISS)

Violence against women and girls ends here.

solace

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To protect our service users, names & photos of service users have been changed.

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