



Llywodraeth Cymru
Welsh Government

Information and guidance on domestic abuse:

Safeguarding older
people in Wales



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

Ministerial foreword

Violence against women, domestic abuse and sexual violence are pervasive, harmful issues which affect all members of our communities. These issues can cause long term and lasting damage to the lives of those who experience them and in the most serious cases can lead to serious injury and homicide.

Although it is well acknowledged that violence against women, domestic abuse and sexual violence can and do affect anyone in society, the experience of some groups may not be so visible and, unless we work to raise awareness and understand these groups' experience, we will fail in our endeavours to protect those at risk.

Older people are one such group; on average, older victims experience domestic abuse for twice as long before seeking help as those aged under 61, yet they are hugely underrepresented among domestic abuse services.¹ This guidance has been written, in partnership with the Older Peoples Commissioner, to not only raise awareness of this issue but to offer practical advice on how to offer effective services to older people and ultimately end violence and abuse.

There is sometimes confusion between the experience of domestic abuse in later life and "elder abuse" (a term which encompasses all forms of violence, abuse and neglect experienced by older people). Such confusion can result in victims of abuse falling between the systems which are designed to offer them protection.



As the Welsh Government works to implement the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and, in particular, enhance and strengthen the role of our Public Service in preventing these issues, it is crucial that we work to overcome such confusion and, instead, ensure our systems and working relationships are integrated and the knowledge and skill set of our employees is geared towards identifying potential abuse and providing tailored, effective support as soon as possible.

The experience of violence against women, domestic abuse and sexual violence can be even more damaging to victims where it is experienced alongside other complex needs or vulnerabilities. Whilst it is wrong to homogenise older people as "vulnerable" or "frail" it is important that as a Public Service we are prepared to offer a suite of support which addresses all of the issues which may be faced by an older person experiencing violence and abuse.

I hope this good practice guide goes some way to providing this.

A handwritten signature in black ink that reads "Carl Sargeant". The signature is written in a cursive style.

Carl Sargeant AM
Cabinet Secretary for
Communities and Children

¹ Safelives (2016) Safe Later Lives: Older people and domestic abuse.

Older People's Commissioner for Wales Foreword

I am delighted to have worked with the Welsh Government in publishing this document, which will provide front-line professionals with user-friendly guidance on how to recognise, respond and provide support to disclosures of abuse.

I want Wales to be a good place to grow older, not just for some but for everyone. As the independent voice and champion for older people across Wales I want to ensure that older people have a voice that is heard so that they have choice and control

Safeguarding older people is essential to protecting their right to life and their right to live free from inhuman or degrading treatment, as well as their rights to privacy, to a family life and to make their own decisions free from coercion or undue influence.



A coordinated community approach has proved to be the most effective response in tackling this problem. Your positive actions could help to save a life or put a stop to any ongoing abuse.

A handwritten signature in white ink that reads "Sarah Rochira". The signature is fluid and cursive.

Sarah Rochira
Older People's Commissioner
for Wales



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

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1 A note on language

This guidance focuses primarily on the experience of domestic abuse by older people. A full list of definitions is provided in Appendix 1. This section outlines briefly the main terms used throughout the guidance.

Older people

The United Nations has agreed that 60+ years may usually be denoted as old age. This is the first attempt at an international definition of old age. The World Health Organization has also agreed to follow the lead of the United Nations.

This guidance is primarily targeted at those aged 60 years and over in order to align with this international definition. However, the guidance herein should be taken into account, regardless of the age of the victim, if they share the characteristics a reasonable person would expect to see in someone aged 60 or over. Equally it will be relevant in all cases where similar considerations, as outlined here in relation to older people, are present. For example, if a primary concern relating to an older person's experience of violence and abuse is their additional frailty (although this will not always be the case), the guidance may also be relevant to victims who are under 60 but also frail.

Victim

The term 'victim' is used throughout this guidance to reflect the experience and vulnerability associated with the violence, abuse and neglect discussed throughout the document. Professionals may prefer alternative language such as 'survivor' or 'client'. In all cases, it is appropriate to ask a client the language they prefer.

Any references in this guidance to 'violence against women, domestic abuse and sexual violence' should be read to capture all forms of gender-based violence, domestic abuse and sexual violence as defined in section 24 of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

Carer

The term 'carer' used throughout this guidance refers to a family related carer with caring responsibilities (e.g. including their partner).

Local Specialist Domestic Abuse Support Services

The provision of specialist domestic abuse services can vary across Wales. This guidance does not contain a list of those services as it is recognised that the landscape of those services can change over time. Some professionals may not be aware of the most suitable support service to contact. The 'Live Fear Free' 24-hour helpline can provide advice and give details of appropriate local support services.

The Live Fear Free helpline – 0808 80 10 800

The Welsh Government funds a national, seven days a week, 24-hour helpline for those experiencing domestic abuse, sexual violence and other forms of violence against women and gender-based violence.

The helpline is a gender-responsive information and support service for women, men, children and professionals who want to know more about the support services available to victims in Wales.

The line is a confidential, bilingual service. The number is free to call from landlines and most mobiles. A language line translation facility can also be provided for callers whose first language is neither Welsh nor English.

2 Introduction

The purpose of this guide is to enable professionals working in Welsh public services (this includes: social care staff, domiciliary care workers, doctors, nurses, housing officers, police and any other professional having contact with older people) to work more effectively with older people who are experiencing or who have experienced domestic abuse.¹ This involves working closely with partner agencies who are engaged either directly or indirectly with older people, irrespective of their additional care and support needs, or whether their circumstances make them vulnerable.

It is intended that this good practice guidance will lead to a greater understanding of older people's experience of domestic abuse and, in particular:

- offer practical advice to staff and managers to ensure that older people who are experiencing or who have experienced domestic abuse have access to the best support and advice available;
- improve recognition and develop an understanding of the context in which abuse of older people takes place and the subsequent responses that should be considered;
- contribute to the knowledge and confidence of professionals so that they can address the complexities of working with older people who need care and support as a result of domestic abuse, but who also require professionals to respond to their other care and support needs.

¹ Although the guidance is targeted towards professionals working with older people, much of the document may be useful for professionals working with any age group as the principles presented are general good practice.

3 Characteristics of domestic abuse experienced by older people

All forms of domestic abuse have a profound effect on those who experience it. It can result in short and long term consequences for the individual's mental health and wellbeing, an increased risk of physical injury, and in some cases, death. The consequences of abuse can lead to homelessness, isolation and long term social exclusion.

The abuse experienced by older people, as with others, can vary from emotional abuse to physical, sexual, financial, psychological abuse and neglect. Many victims will often experience a combination of these behaviours. Domestic abuse has the highest rate of repeat victimisation of all violent crimes.²

There is evidence from criminal cases, Domestic Homicide and historic Serious Case Reviews that domestic abuse issues for older people often go unrecognised, which means that protective or supportive measures that may have reduced the risks of harm are not put in place.

"Older people may also be particularly affected by what may be perceived as 'low level' individual incidents which can, as part of a longstanding pattern of cumulative abusive behaviour, have consequences that can equal or surpass any individual incident".³

² Home Office, July 2002.

³ Safelives (2016) Older people and domestic abuse – completing the jigsaw: Practice blog. www.safelives.org.uk/practice_blog/older-people-and-domestic-abuse-completing-jigsaw

The Duluth Wheel (below) highlights the numerous strategies abusers may use to control victims of abuse. It is a helpful illustration of the common dynamics of abusive relationships.



Domestic abuse, like child abuse is often referred to as a 'hidden' harm because victims are often afraid to report the abuse for fear of repercussions by the abuser. Perpetrators of abuse will attempt to reassert their control over the victim if they sense a change in behaviour. Victims often stay in a relationship because they are afraid of what the perpetrator may do to them or other family members should they attempt to leave. Many victims of abuse also feel a sense of relief during the times where the abuse abates and hope that their circumstances will improve and the abuse will stop. The risk of death peaks at the point victims try to leave the abuser⁴ and for a period after separation.

The experience of domestic abuse amongst older people varies; for some they will have experienced abuse at the hands of their partner for many years. For others, the abuse may be a characteristic of a new relationship started in later life. They may be being abused by a family member and, for some, the abuse may have started as they've reached older age and/or become frail or cognitively impaired.

As with other forms of domestic abuse, violence and abuse experienced by older people can and often does involve coercive control.

⁴ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., ... & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American journal of public health, 93*(7), 1089-1097.

4 Controlling and coercive behaviour

Where there is a personal connection between two parties, controlling or coercive behaviour is a criminal offence (section 76 of the Serious Crime Act 2015). It can take a range of forms but often involves a pattern of continued and repeated abuse. This abuse may appear routine or “low-level” to the outside observer but its hidden significance to the victim will often cause anxiety and fear. It can also create an environment in which increasingly harmful conduct is accepted as normal by the victim.

Abusers can be imaginative in the ways in which they control, abuse or humiliate their partners and also in the consequences that result from disobeying. Staff dealing with domestic abuse incidents should be alert to patterns of behaviour that could be controlling or coercive.

Coercive control is usually personalised, in that it means something to the victim even when the meaning is not apparent to anyone else. Individual characteristics such as a disability, membership of a closed or marginalised community, or being a non-English speaker can increase the risk of isolation for a victim and make it easier for a perpetrator to establish controlling or coercive behaviour.

Examples of controlling or coercive behaviour include, but are not limited to:⁵

- constant criticism;
- humiliation;
- jealous or possessive behaviour, e.g. frequent phone calls to check where the victim is and what they are doing, or checking activity on the victim’s phone or e-mail;
- threats of suicide/homicide/familicide;
- threats or actual self-harm;
- threats of harm to pets;
- controlling family finances, withholding or restricting the victim’s access to money;
- isolating the victim by not allowing them to visit friends and family or for family and friends to visit them;
- restricting a victim’s movements, e.g., confining them to a room, being made to account for their time;
- dictating what a victim wears or how they do their hair;
- dictating a victim’s routine or schedule, e.g. timing of shopping trips; and
- intercepting communications, e.g. letters, messages or phone calls.

The acknowledgement of coercive and controlling behaviour as part of domestic abuse of older people is very important. If consideration of coercion is not made it could lead to a missed opportunity to identify abuse and violence.

⁵ Please note this list is not intended to be exhaustive but illustrates common examples of coercive behaviour.

However whilst some perpetrators may be coercive and deliberately premeditated in their actions, others may be reacting to circumstances where they are unable to cope with the level of care required by the victim. In addition there may be a clinical causality to the abuse; for example, as a result of dementia. The use of coercive control techniques may feature less prominently where abusive behaviour is a consequence of unintentional neglect or the emotional situational stress experienced by the carer.



Case study: Coercive control

Anne (aged 76) met Jack (aged 77) forty years ago. Jack has been physically and emotionally abusive for much of their time together and, for some years of their relationship, Anne was also subjected to abuse from Jack's mother. Following the death of Jack's mother, Jack's physical violence and controlling behaviour got worse and he began to humiliate Anne in front of her family and friends.

Jack began an affair and would bring his new partner into the marital home, taunting Anne and forcing her into her bedroom whilst his new partner was there. Anne was prevented access to any other room in the house, including the kitchen.

On one occasion when Anne did try to use the kitchen, Jack stood over her until she felt so intimidated that she had to leave and go to her bedroom without food. Anne became fearful of using the kitchen at all and started to store snacks in her bedroom. These snacks became her main source of nutrition, resulting in a downslide in her physical health.

Jack's controlling behaviour escalated to the point that Anne was imprisoned in her room for long periods of time. This happened frequently and involved her being kept away from family and grandchildren when they visited.

Eventually Anne visited her local Citizen's Advice Bureau and disclosed her experience. Citizens Advice put Anne in touch with her local support service who provided her with support and helped her understand the risks she was enduring at home.

She received support in the community for several months before entering a refuge. Anne was initially reticent about taking up this option as she was unsure whether a woman of her age could enter the refuge or whether it was only for young women with children.

Whilst it took Anne a little while to feel settled she engaged in support sessions and a group programme. She has gradually adjusted to life beyond Jack's control and has regained her confidence and self-esteem.

Anne is now living independently and is in receipt of ongoing support from Women's Aid.

5 The experience of domestic abuse by older people

Older people are not a homogeneous group and individually each experience will be different. Although stereotyping older people is to be avoided, experience shows that some older people may feel less able to access services; they may be less aware than younger people of the services and options available to them; or they may believe that services are only for younger people, or people with young children.

Older people with no formal education or economic resources are also likely to be more economically vulnerable and more likely to be financially dependent on their abuser than younger people. They may have suffered abuse for many years in a long-standing relationship, have normalised this behaviour or feel shame or embarrassment from years of accepting abuse without apparent complaint.

It can be very difficult for some older people to accept help – they may need more time, more reassurance and more confidence in what might happen and the services available, before they disclose abuse and accept help to move forward.

Ageist attitudes

Ageist attitudes towards older people can contribute towards domestic abuse in older people not being accurately identified by professionals. A failure to recognise and effectively respond to domestic abuse in an older person may lead to inappropriate referrals and potentially unsafe outcomes.⁶ It is important that practitioners do not stereotype or make judgments in relation to older people and that they explore all potential experiences of older people in transparent and open minded ways.

Fear that disclosure will exacerbate the abuse⁷

Although this is a general barrier for all victims of abuse, older people are often more emotionally, financially and physically dependent on the abuser(s) than their younger counterparts because of age related health issues. A consequence of this dependency means that older people are reluctant to report abuse because there is a fear that they will be institutionalised and placed in a care home. This may also influence how much they disclose about their experience and their likelihood of minimising the experience.^{8 9}

A study, conducted in 2007¹⁰ with 134 participants of older victims and older people representatives, identified the majority of women expressed

⁶ Wydall, S., Zerk, R. 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: www.bit.ly/1GWvw5A,

⁷ Womens Aid (2007) *Older women and domestic violence: An overview of the literature*.

⁸ Zerk, R. (2015) 'Barriers to disclosure in later life', paper presented at the XXXVIII International Congress on Law and Mental Health, Vienna, 15th July 2015.

⁹ Scott, M., McKie, L., Morton, S., Seddon, W., Wosoff, F. (2004) *Older women and domestic violence in Scotland: 'and for 39 years I got on with it.'* Produced for Health in Scotland by the Centre for Research on Families and Relationships (Edinburgh: Health Scotland).

¹⁰ Beaulaurier, R., Seff, L., Newman, F., Dunlop, B. (2007) External barriers to help seeking for older women who experience intimate partner violence, *Journal of Family Violence*, 22 (8), 747-755.

a fear that if they were to discuss their abuse with their family members they would not receive a supportive response.

Notions of privacy surrounding the home and intimate relationships¹¹

Older people, more so than their young counterparts do not want to involve agencies in their private affairs because of the shame associated with abuse by a family member and a perceived lack of entitlement to receive help. As with all potential victims, older people may feel more confident to disclose abuse as their relationship with a practitioner develops and their trust in them grows.

Loyalty to the person using violence and abuse

A study in 2006¹² found that older women's unwillingness to disclose abuse to their GP or other health professionals was related to perceptions of loyalty, especially if the abuser or the victim was a family carer.

Moreover, other studies have shown that families of older victims of domestic abuse may deny the abuse, blame the victim or be hostile to the idea of "breaking up the family".¹³ Further studies have noted that victims may not have confidence in either informal or formal support systems to understand the complex relationship dynamics between them and the perpetrator.¹⁴

Living in a violent home

An older person may not experience abuse directly but be exposed to it in their family environment, for example older people living in the family home where another family member is the primary victim, or when targeted by a perpetrator who is abusing a member of their family. It is important to recognise that such exposure to abuse can still present serious short and long-term harm or even death. It is also an important reminder that a holistic, whole family approach is optimum for professionals in order to address the needs of all members, including those with care needs.

Independence and self-esteem

Whilst loss of independence and low self-esteem affects many older people who suffer domestic abuse, people with care and support needs who are coerced and controlled by carers or family members may have more difficulties in recognising their experience as abuse.

They are more likely to blame themselves or their needs for the abuse. They may also fear losing hard won independence; or fear loss of pride and fear of failure to manage their condition.

¹¹ Yan, E., Chan, K. L., & Tiwari, A. (2015). A systematic review of prevalence and risk factors for elder abuse in Asia. *Trauma, Violence, & Abuse*, 16(2), 199-219.

¹² Wong, S., Jonge, A.D., Wester, F., Mol, S.S.L., Romkens, R.R., Lagro-Janssen, T. (2006) Discussing partner abuse: Does doctor's gender really matter? *Family Practice*, 23(5), 578-586.

¹³ Yan, E., Chan, K. L., & Tiwari, A. (2015). A systematic review of prevalence and risk factors for elder abuse in Asia. *Trauma, Violence, & Abuse*, 16(2), 199-219.

¹⁴ Fugate, M., Landis, L., Riordan, K., et al. (2005). Barriers to domestic violence help seeking. *Violence against Women*, 11(3), 290-310.

In addition, people reliant on packages of care or personal assistants may feel that their options are even more severely limited, fearing that it will be impossible to take services with them if they leave a relationship and/or move area.

Confidence in services

Some older people will have good and trusting relationships with professionals who can support them to report and deal with domestic abuse. However, others may not trust agencies to respond effectively or will fear further loss of independence or change. Older people with these concerns may need more time and to build trust and confidence, and a positive indication that they will be supported before they disclose to professionals, and move on to consider their options.

Vulnerability and stigma

With age stereotyping, older people are often seen to be injured, unhappy, depressed or have other difficulties, due to health or social-care needs. Using a holistic approach, professionals should take great care to assess older people in a way which avoids a rush to judgement based on their own expectations of the needs of older people and the services they require.

Older people may be more physically vulnerable, more socially isolated and feel less able to escape than those who are younger. The abuser may also be constantly present.

Where an older person's additional vulnerabilities may have brought them into close contact with professionals, if they haven't disclosed the abuse (because they weren't asked, weren't ready or the abuse has escalated) they may be embarrassed to broach the subject now. Where the abuse has been ongoing for a lifetime the person may experience shame or stigma for having kept it a secret for so long.

Disability (including sensory impairment)

Disability related to ageing is common. Disability can result from domestic abuse and in those who are frail; a marked decline in physical and mental function can result from apparently low-level incidents.

Disability is also known to increase the likelihood of a person experiencing abuse. Disabled women are twice as likely to experience violence and sexual abuse as non-disabled women.¹⁵

Being disabled strongly affects the nature, extent and impact of abuse. Older people's impairments are frequently exploited as part of the abuse. Some forms of abuse will focus specifically on the impairment and deliberately worsen it. Abuse may also include misuse of prescribed medication.

Many abusers deliberately emphasise and reinforce dependency as a way of asserting and maintaining control. The impact of domestic abuse and sexual violence is often especially acute where the abusive partner is also the main carer; the carer has considerable power and control and the victim has total reliance on them.

Disabled older people may be reluctant to leave their own housing if it has been adapted for them. They may also fear that institutional care could be forced upon them if they leave an adapted home and their abusive carer. Older people with care and support needs should never be placed in residential institutions as a solution to domestic abuse (unless they wish this outcome). Any decision regarding the accommodation of a person must adhere to the relevant legislative framework.

Dementia

Older people with dementia are at higher risk of abuse due to their impaired ability to seek help, advocate for themselves or remove themselves from potentially abusive situations.

The Alzheimer's Society estimates there are approximately 44,000 people in Wales with diagnosed and undiagnosed dementia.¹⁶ A significant proportion of these people live in the community where care is provided, in the main, by family caregivers.

It is well accepted that the effect of dementia can render older people more susceptible to exploitation by others and can severely impair their ability to seek help, advocate for themselves or remove themselves from potentially abusive situations. This vulnerability is further reinforced by the cognitive impairment, depression, behavioural difficulties, social isolation and dependency associated with dementia.

In some cases, family caregivers of older people with dementia may be unaware that their actions are abusive. Research indicates that a high number of those with dementia will be physically abused by their family carer and that in many of these cases this is related to a failure to cope with a difficult and demanding situation.

Whilst professionals need to be mindful that some of these situations can result in tragic outcomes including death, such cases are normally best dealt with through adult at risk processes. Early recognition, intervention and appropriate support can be effective in reducing the risk of harm and preventing a tragedy.

Where care is provided by a family carer this risk is increased where the carer:

- has unmet or unrecognised needs of their own;
- is themselves vulnerable;
- has little insight or understanding of the vulnerable person's condition or needs;
- has unwillingly had to change his or her lifestyle;
- is not receiving practical and/or emotional support from other family members;
- is feeling emotionally and socially isolated, undervalued or stigmatised;
- has other responsibilities such as family or work;

¹⁶ Wales Dementia Diagnosis (2013-14).

- has no personal or private space or life outside the caring environment;
- has frequently requested help but problems have not been solved;
- is being abused by the vulnerable person;
- is feeling unappreciated by the vulnerable person or exploited by relatives or services.

Some of the situations that place family carers more at risk of harm also have within them factors that increase the risk of family carers, themselves, causing harm (e.g. hitting back in retaliation, misuse of anti-psychotic medication, using non-physical controlling measures which could be emotionally damaging).

Moreover, if a carer does not know how to meet the needs of a person with dementia or other illness, or where risk arises from a lack of coping skills or unmet needs, unintentional harm can be caused.

Unintentional harm

Where the risk of harm is caused unintentionally e.g. because a carer does not know how to meet the needs of a person with dementia or other illness, or where risk arises from a lack of coping skills or unmet needs, safety planning can focus on actions that enable the carer to care effectively, or for others to provide care on a respite or more permanent basis. A carer's assessment is a useful tool to achieve this.

A referral to the adult safeguarding procedures can be a useful way of bringing professionals together on a multi-agency basis to ensure the person at risk is safe and both their needs and the carer's needs are being addressed.¹⁷

Unintentional abuse may cause harm through action or inaction. It can have a serious impact on the adult at risk and should not be ignored.

Black Minority Ethnic (BME) older people

Older people from BME backgrounds may be particularly ashamed or embarrassed at experiencing abuse from their partners. Family honour may particularly influence an older BME person's decision not to seek support.

Older people from BME backgrounds are sometimes less likely than younger people to speak or understand English, which can make disclosing abuse very difficult where specialist services are not available. Some of the additional barriers to reporting faced by them could also be:

- language barriers;
- family honour, shame and stigma;
- fear of confidentiality being broken;
- racism, perceived or actual;
- cultural beliefs and practices;

¹⁷ www.ssiacymru.org.uk/home.php?page_id=8297.

- fear of rejection by their community; and
- fear of so-called 'honour' based violence.¹⁸

Data from the Forced Marriage Unit (FMU), states that during 2016, victims of forced marriage ages ranged from young children to people post-retirement age. 2% of calls to the FMU were for callers aged 41 or over. There is no breakdown available for those aged over 60. In the small number of cases involving older victims, the forced marriage may have happened many years previously or where the victim had a learning disability.¹⁹

Lesbian, Gay, Bisexual and Transgender (LGBT) older people

LGB people tend to under-report forms of violence and abuse. There is limited evidence available relating to older LGB people but it is thought some of the additional barriers to reporting faced by LGB people generally are:

- professional's perceived or actual lack of knowledge and recognition of abuse occurring in LGB people's relationships;
- lack of knowledge and connectedness to LGB-friendly services;
- older people's historical experience of homophobia being the norm and of their sexual lives having been illegal (gay and bisexual men);
- lack of certainty about their sexual orientation or gender identity and/or ability to be open about this to others;
- self-blame in relation to their experience of abuse;
- experiencing controlling tactics from the perpetrator which are focussed on the individuals' sexual orientation or gender identity, such as threats to "out" someone;
- concern that accessing services may inadvertently "out" them to others and lead to forms of abuse, such as hate crimes or homophobic/biphobic/transphobic abuse from other people where they live;
- assumed heterosexuality within service provision – heteronormative provision;
- perception of inadequate level of professional diversity knowledge and skills; and
- perception of service provider's minimisation of LGBT people's experience of abuse.²⁰

Trans people

- Those in the process of gender transition may experience negative feelings around particular body parts, and for this reason may be reluctant to engage with services where they are physically exposed, such as forensic sexual assault services.
- Domestic abuse perpetrators may use gender identity as a way to abuse a partner, ex partner or family member and to discourage them from

¹⁸ Section taken from (2015) LGA and ADASS, Adult Safeguarding and domestic abuse: A guide to support practitioners and managers. Second addition. P.20.

¹⁹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/597869/Forced_Marriage_Unit_statistics_-_2016.pdf.

²⁰ Harvey S (2014) Barriers faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking, Harassment and Sexual Violence Services, Welsh Government.

seeking support. This may include withholding money for hormone treatment or clothing to prevent them living in the gender they are transitioning into. This may create a very real barrier that would prevent trans people from accessing gender-binary (women-only or men-only) services.

- Trans people may fear or experience discrimination from other service users should they access mainstream services.
- Trans people may believe that there are no services willing and able to assist them. Staff should receive training on the unique experiences and specific needs of trans people experiencing domestic abuse.²¹
- Within trans communities, sexual violence is particularly “hidden” and unlikely to be discussed.²²
- Trans people may be wrongly excluded from services because of their gender history, for example being excluded from a women-only service because they were assigned male at birth.²³

Those who care and experience abuse

It may be the case that an older person may be the carer of the abuser, and feel a sense of obligation to continue this care, despite the abuse.

Whilst this situation may occur due to the commonly understood dynamics of domestic abuse and may be pre-existing to the caring role, its likelihood increases where the person who is being cared for:

- has health and care needs that are too complex for the carer and require long term support;
- does not consider the needs of the carer or family members;
- treats the carer with a lack of respect or courtesy;
- rejects help and support from outside, including breaks;
- refuses to be left alone by day or by night;
- has control over financial resources, property and living arrangements;
- engages in abusive, aggressive or frightening behaviours;
- has a history of substance misuse;
- has or is perceived to have unusual or offensive behaviours;
- does not understand their actions and their impact on the carer;
- is angry about their situation and seeks to punish others for it;

²¹ Roch, A., Ritchie, G. & Morton, J. (2010) *Out of Sight, Out of Mind? Transgender People's Experiences of Domestic Abuse*. Edinburgh: LGBT Youth Scotland and Equality Network.

²² Donavon, C. & Hester, M. (2011), “Seeking help from the enemy: help-seeking strategies of those in same-sex relationships who have experienced domestic abuse”, *Child and Family Law Quarterly*, 23(1), pp26-40.

²³ Gooch, B. (2012) *Shining the Light: 10 Keys to Becoming a Trans Positive Organisation*. London: Galop.

- has sought help or support but did not meet thresholds for this;
- the caring situation is compounded by the impact of the nature and extent of emotional and/or social isolation of the carer or supported person.



Case study: Barriers to engagement

Following the death of his long-term partner, Harvey (aged 63) met Greg (aged 40) at a bereavement support group. Their friendship soon developed into a relationship which eventually resulted in a civil marriage.

On their wedding day, Harvey saw Greg kissing one of his male friends. When Harvey confronted him in private, Greg flew into a rage, criticising Harvey and suggesting he was sexually inadequate.

As time has gone on, Greg has become more critical of Harvey's appearance, begun mocking his religious beliefs and humiliating him in public. At social events Greg is disparaging about Harvey's age and insulting about his sexual performance. Greg has had affairs with other men and stays out all night, often only returning to the marital home a few times a week.

Harvey has always felt he is to blame for Greg's behaviour. He has changed his own behaviour, the way he dresses and other aspects of his life to please Greg but nothing has made him happy.

After several years of abuse, Harvey filed for divorce. At this point Greg became physically aggressive. Harvey fled their home and moved into a hotel for his own safety. Greg stalked Harvey and found out where he was staying. He stormed into the hotel dining room shouting insults related to Harvey's sexuality. Harvey was humiliated and embarrassed as he had never openly disclosed his sexuality for fear of homophobia.

Harvey did not engage with services however there are a number of options he could have been offered.

He could have been encouraged to contact a specialist support service for heterosexual, gay, bisexual and trans men who are experiencing domestic abuse from a partner.

This service could have supported Harvey to understand the risks he faced from Greg and provided him with options to address the escalating abuse.

These options would have included criminal justice or civil options, support to access legal advice regarding his divorce and homelessness support.

6 Providing an effective response to older people experiencing domestic abuse

As the previous section outlines, older people may have overcome many barriers to disclose abuse; many of which will be linked to their perception of services and an openness to engage.

The following section provides some practice based points on which to build a response but it is also crucial that organisations consider this issue at a strategic level and in partnership arrangements. Organisations should be considering the following points in this work:

- An acknowledgment that older victims may need prolonged interventions due to their abuse being sustained over a longer period.
- Ensuring that those who deliver care to older people are trained to recognise abuse and provide an effective intervention.
- Increasing coordination between health, safeguarding and domestic abuse services in acknowledgement that care and dependency issues are often intertwined.
- Targeting older people with specific materials and messaging. Do not assume that older people are aware of the services available to them.
- Being aware that older people may be less likely to disclose and ensuring that professionals are able to ask appropriate questions and give victims the space and opportunity to talk.
- Embedding champions with enhanced knowledge around violence against women, domestic abuse and sexual violence (group 3 of the National Training Framework) within public services.
- Ensuring that domestic abuse is fully considered in adult safeguarding enquiries.
- Working in partnership across public and specialist charity based services to offer drop-in and outreach services that specifically target older people.
- Ensuring the experience of older people is considered as part of needs assessments, commissioning and service re-design.
- Offering a coordinated service to older people to ensure that domestic abuse concerns are appropriately responded to and that safeguarding systems are effectively used where abuse is uncovered.
- Ensuring safeguarding teams for both children and adults are committed to effective local multi agency working, including attendance at the Multi Agency Risk Assessment Conference (MARAC).

Many of the problems facing older victims are common to all of those experiencing domestic abuse. However, older victims' experiences are often exacerbated by social, cultural and physical factors that require a tailored response.²⁴

It is imperative that any professional made aware of domestic abuse acts efficiently and safely to provide an effective response. Many older people will need time to disclose/discuss the abuse and to make a decision as to what they want to do about it, therefore do not expect an immediate decision from them. It is important to be non-judgemental and give them the opportunity to share their concerns in a safe environment (when the abuser is not present).

In instances where a professional suspects abuse, but the older person does not disclose this information, it is recommended that contact is made with the 'Live Fear Free' 24 hour Helpline: 0808 8010 800. The helpline is an all-Wales facility available to the public and professionals. It will provide you with the most appropriate information to help you in supporting the person who is affected by the abuse. The helpline can provide contact details of the relevant specialist domestic abuse support services in your area.

The Social Services and Well-being (Wales) Act 2014²⁵ ("the 2014 Act") places a legal duty on a Local Authority to make or cause enquiries to be made if it is believed an 'adult' (including older people) is experiencing, or is at risk of, abuse or neglect. The Local Authority will determine what action should be taken by the authority or others. Local Authorities have safeguarding adults procedures to support such enquiries and coordinate action with partner organisations, to provide information about services available in the area that can prevent abuse and support people to safeguard themselves.

When you have contact with an older person who you suspect/believe or know is being abused by their partner, ex-partner or other family member, the following points should always be considered:

- The quality of the care and treatment of older people will be compromised where it is not available in their own language. Clients will be less able to take up referrals and engage fully. Information and support should be available in a range of formats (for example, Braille and audio versions, and the use of large font sizes) and languages spoken by the client;
- Assess the need for medical assistance;
- Victims may fear for their safety and may not want to engage – listen and provide reassurance to the victim (tell them they are believed and it was the right decision to tell you);
- The victim may be subjected to controlling or coercive behaviour by the alleged abuser;
- Speak privately to all parties;
- Advise that there are independent specialist domestic abuse services available to support them;
- An abuser who uses coercive controlling behaviour can manipulate professionals by scene-setting or getting into character before the professional arrives which portrays them to be a caring person, reinforcing the victim's fear that they will not be believed;

²⁵ www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

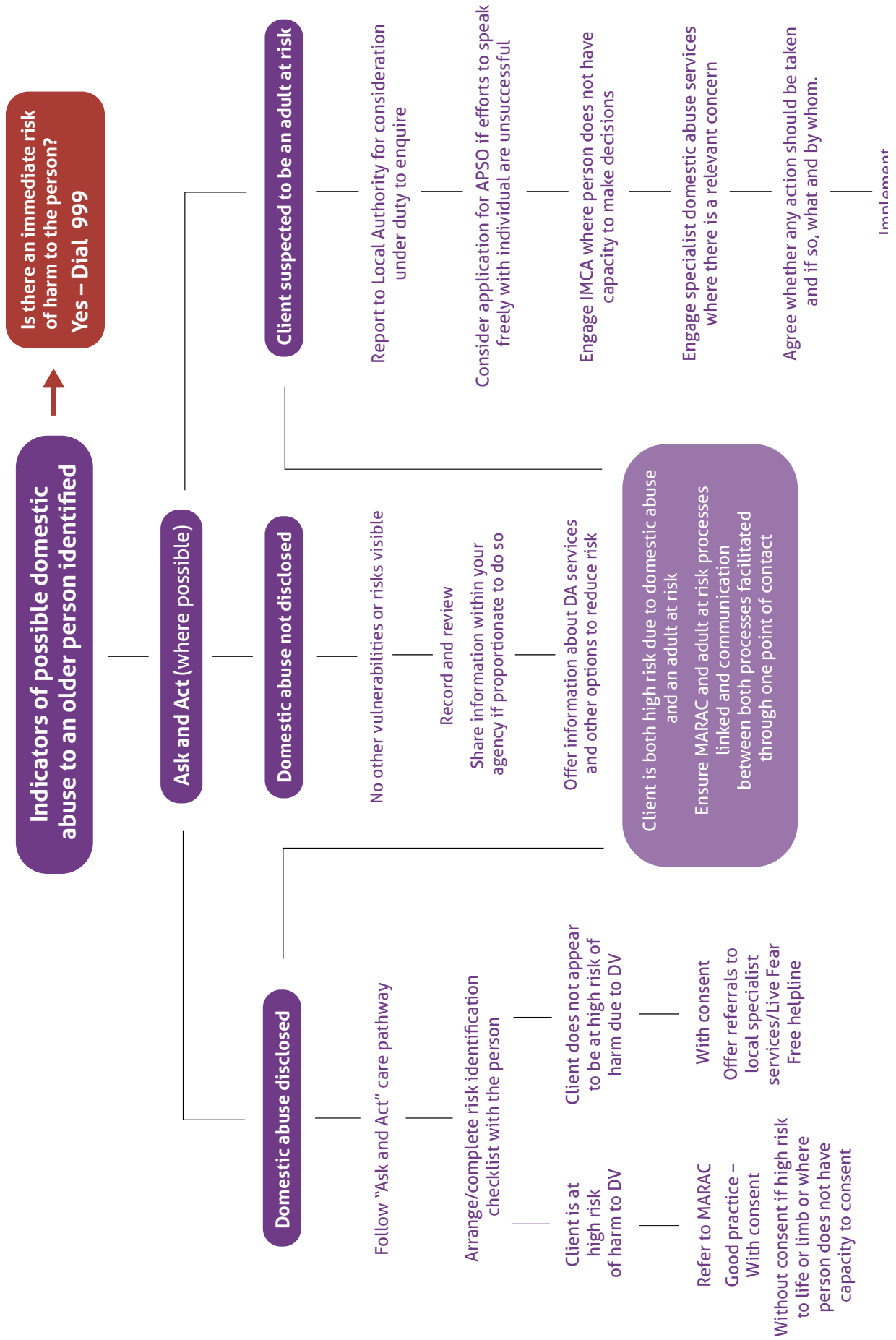
- Controlling or coercive behaviour can be very subtle and damaging;
- Ask appropriate questions to establish what has happened;
- If you have received the appropriate training, obtain information to assess the risk (consider use of the Domestic Abuse Stalking and Harassment and Honour Based Violence (DASH) RIC);
- Record details of the information you are given;
- Seek consent to share information about the abuse with other agencies with the intention to protect them from further abuse;
- Record your own observations and any specific concerns you have for the safety of the victim (include details of such concerns in any referral you make);
- If you consider the victim is at a high-risk of homicide or serious injury refer the victim to MARAC; and
- Contact your safeguarding lead for guidance and support.

The following outlines, in more detail, practical options when providing support to older people.

The **Pathway to support older people affected by domestic abuse** seeks to align existing or forthcoming statutory duties which may relate to older people, with good practice in relation to domestic abuse.

The flowchart refers to the “duty to report” and the “duty to enquire” under the 2014 Act. The relevant statutory duties and requirements came into force in April 2016.

Pathway to support older people affected by domestic abuse



Identifying abuse

Older victims of domestic abuse will not usually voluntarily disclose the abuse to a professional unless they are directly asked. Fear of the perpetrator, shame or coercive control all form barriers to voluntary disclosure. Older people (and many other victims of domestic abuse) often hope that someone will ask them if they are suffering and professional enquiry of this kind is known to increase identification of domestic abuse. It is therefore important that those who work with older people are trained to "Ask and Act".²⁶

"Ask and Act"

"Ask and Act" is a process of targeted enquiry to be practiced across the Public Service to identify violence against women, domestic abuse and sexual violence. The term 'targeted enquiry' describes the recognition of indicators of violence against women, domestic abuse and sexual violence as a prompt for a professional to ask their client whether they have been affected by any of these issues.

The aims of "Ask and Act" are:

- to increase identification of those experiencing violence against women, domestic abuse and sexual violence;
- to offer referrals and interventions for those identified which provide specialist support based on the risk and need of the client;
- to begin to create a culture across the Public Service where addressing violence against women, domestic abuse and sexual violence is an accepted area of business and where disclosure is expected, supported, accepted and facilitated;
- to improve the response to those who experience violence against women, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health issues; and
- pro-actively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm.

Applying "Ask and Act" with older people

Once rolled out nationally, "Ask and Act" should be applied with older people who display potential indicators of violence against women, domestic abuse and sexual violence. The indicators include medical symptoms (such as depression, anxiety or medically unexplained pain), signs linked to the demeanour and behaviour of the client, including attitudinal change or a piece of information or pattern of behaviour which merits enquiry (known as "cues"). There is also evidence which suggests in some settings routine enquiry is appropriate as the reason for the client's engagement within the setting is also a trigger for enquiry in relation to violence against women, domestic abuse and sexual violence. These

²⁶ At the time of publication, 'Ask and Act' is being piloted in several Welsh regions. Statutory guidance is planned to support the policy.

settings include maternity and post-partum, mental health and child maltreatment settings.

Professional ability and confidence to enquire safely about the potential experience of domestic abuse or sexual violence is very important when working with older people. It is an important intervention even when it does not result in disclosure as:

- it demonstrates that the professionals and the organisation take abuse seriously;
- it provides an opportunity for the victim to take information away with them to consider and inform themselves; and
- it provides an opportunity to offer specialist service information whether a disclosure is made or not.

In order to “Ask and Act” effectively with older people it is crucial that professionals consider carefully the barriers which older people may experience to disclosure and do what they can to mitigate these. The following are useful considerations:

- Always ensure you are alone with the person before enquiring into possible abuse – never ask in front of a partner, friend or child;
- Be clear about the limits of your organisation’s confidentiality policy;
- Make sure that you can’t be interrupted, and that you – and the person – have sufficient time;
- Only use professional interpreters;
- Do not pursue an enquiry if the person lacks capacity to consent to the interview;
- Document the person’s response;
- Ask the person if there are any recording devices in the room or anything else that would prevent them from being able to disclose fully their situation;
- Ask the person about previous events, not just the event which has prompted the disclosure;
- The pattern of coercive and controlling behaviour can produce a sense of fear in the victim. Identifying this is very important in deciding if coercive control is being used as part of the abuse.

It is crucial that professionals make it clear to the victim (in all cases of abuse) that the abuse is not their fault and that they have a right to be protected and supported to consider their options.



Case study: providing an effective response

Shareen is 83. She is a widow and lives with her son and daughter-in-law at their home. Shareen has mental capacity but due to her health problems she has become bed ridden. Shareen has previously been considered the matriarch of the family, however, following a stroke, the family dynamics have changed and her daughter-in-law has become more domineering.

Shareen is in receipt of basic care services. Her carers have observed that she has become withdrawn and seems depressed and is very quiet when her son or daughter-in-law are present. Shareen has developed pressure sores and her personal hygiene is deteriorating.

Shareen has a consistent care team and over a period of time the carers gain her confidence. She discloses that she is really unhappy living with her son and daughter-in-law and wants to leave the family home. Shareen states that her son and daughter in law are neglecting her and that she believes their motivation for wanting her to stay with them is to increase their benefit entitlement.

The carers inform their manager who contacts the Local Authority to raise a safeguarding concern. The Local Authority identify the case as a safeguarding and domestic abuse matter and allocate a safeguarding officer.

The safeguarding officer contacts the care agency to determine when it would be safe for a social worker to visit Shareen. The care agency report that the son and daughter-in-law are normally absent from the property during a specific time and day of the week.

The safeguarding team also contact a specialist BME domestic abuse service to seek their advice. The organisation are able to advise on risks posed to Shareen within her family and community, protecting Shareen's confidentiality and reducing the risk of any undue influence being put upon her, should her family become aware of the disclosure.

The safeguarding officer has a strategy discussion with an experienced social worker and shares the details of the concerns raised and the advice provided by the BME specialist domestic abuse service.

Shareen is visited by a social worker when the son and daughter-in-law are absent from the property. Shareen confirms she wants to leave and move into a care home. The social worker undertakes an assessment of her care needs which supports the necessity of a nursing home placement. The social worker makes enquiries and eventually identifies a suitable nursing home. Discrete arrangements are made for Shareen to move into the home and the social worker manages and assesses how this is communicated with the family on an ongoing basis, putting Shareen's wellbeing and safety at the heart of their considerations.

Making an assessment of risk and need

Should an older person experiencing domestic abuse disclose their experience of violence and/or abuse, it is important that this disclosure is followed by activity which assesses and subsequently addresses the risks they face, alongside their needs. These risks and needs will relate to both the experience of abuse, the nature of the abuse and any needs arising from additional vulnerabilities. This area of practice is very complex and advice should be sought from experienced and knowledgeable practitioners such as specialist domestic abuse services and safeguarding leads within your organisation.

Unwise decisions and decisions taken under duress

When assessing an older person's risk of harm and need it may be necessary to assess their capacity to make a particular decision and this should be performed by an appropriately qualified professional.²⁷

Assessing capacity can be particularly challenging in cases involving domestic abuse and sexual violence. It may be the case that the person is cared for by, or lives with, a family member or intimate partner and the person makes decisions relating to these relationships which appear to place them in danger.

In such cases it will be necessary to seek to understand whether these decisions are 'unwise decisions' which the person has capacity and freedom to make, or decisions not made freely, due to coercion and control, and therefore part of the abuse. Skilled assessment and intervention is required to make this consideration.

If professionals decide, based on the information available and time spent with someone, that the person has made an 'unwise decision' for which they have mental capacity, it may not appear necessary to offer them the options available to them in relation to domestic abuse. This would be a missed opportunity if the person is at risk of or experiencing abuse. Professionals should consider and offer the same options to those experiencing domestic abuse as they would for any other individual, regardless of the complexity of other needs or vulnerabilities.

Judgements about capacity must be decision specific; someone may have mental capacity to make one decision and execute it, but not another. Judgements should also take account of fluctuating capacity.

This area of practice is often one of the most complex issues to consider when working in the field of safeguarding older people experiencing domestic abuse. Specialist advice and support should be sought to ensure appropriate considerations are made during assessments. In certain circumstances, for example where all other steps have been exhausted or where there is a serious risk of immediate harm, a Local Authority may

²⁷ See Mental Capacity Act 2015 Code of Practice www.gov.uk/government/publications/mental-capacity-act-code-of-practice.

wish to consider initiating court proceedings and seek to invoke the inherent jurisdiction of the High Court for the protection of a vulnerable adult, including where the victim's ability to make decisions has been compromised because of, for example, constraints in their circumstances, coercion or undue influence. However, the appropriate steps will depend on individual circumstances and should be considered on a case by case basis in light of specialist advice.

Care and support needs

Older people may have additional needs related to care and support. These may be prompted by physical frailty, mobility issues, issues related to sight and hearing or the impact (and potential misuse) of prescribed medication.

As part of an assessment of risk and need, a practitioner should consider whether an older person's care and support needs are being met. Consider whether they have full access to food, clothes, medication, glasses, hearing aids and medical care, or whether access to these items is being prevented.

Risk identification relating to domestic abuse

The identification of risk for individuals experiencing domestic abuse is an evolving process. Early risk identification tools were originally developed in South Wales and in some parts of England during the early 2000s. However there was a clear understanding and recognition that further development of the tool would be required as sector knowledge in this area increased.

The DASH Risk Identification Checklist (DASH RIC) is the most commonly used risk identification tool in Wales. It (or very similar alternatives) is used throughout the public service, by every police force and by domestic abuse specialists. The Risk Identification Checklist is based on the conclusions of many Domestic Homicide, Serious Case and Adult Practice Reviews and highlights the commonly identified factors found in cases resulting in death or serious harm. For the purposes of brevity the Risk Identification Checklist is not reproduced in this guidance, however a link to the tool is provided in the footnote below.²⁸

Professionals will need to consider which risk tool is most appropriate for them to use to help identify the level of risk. This guidance does not dictate which tool is to be used. However, it does provide the links to those which are currently available for your consideration. You should seek advice from your safeguarding team as to which Checklist to use.

The purpose of the Risk Identification Checklist is to provide a consistent and simple tool for practitioners who work with adult victims of abuse to identify known risks; take action to mitigate or address these risks; and to facilitate appropriate referrals into the Multi Agency Risk Assessment Conference (MARAC).

²⁸ www.safelives.org.uk/sites/default/files/resources/Dash%20with%20guidance%20FINAL.pdf

The Risk Identification Checklist should form only a part of risk assessment work. It can assist in identifying the most common risk factors and is based on the experiences of those who are most likely to experience severe violence and abuse. It cannot reflect all of the characteristics of an individual's situation.

As with every client, when using the Risk Identification Checklist with an older person, a professional should use the tool to guide their professional judgement. Professional judgement is the consideration of the whole situation, not just the result of the Risk Identification Checklist.

There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose information that might highlight their risk more clearly. This could include extreme levels of fear, frailty of a victim, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of so called 'honour'-based violence.

In some cases it can be difficult to articulate this judgement; it can be a sense that something is "not right" or a gut feeling. In making professional judgements, practitioners should be mindful that there may be more than one person at risk, including children and other vulnerable adults who may need to be referred to children or adult safeguarding services.

Support to understand risk in this context is available to professionals through the Live Fear Free helpline: 0808 80 10 800 and through your Safeguarding team.

Using a Risk Identification Checklist with older people experiencing domestic abuse

There is emerging evidence of risks and issues, specifically associated with the experience of domestic abuse by older people who must be considered when working with this client group and forming a professional opinion on their situation.

The Older People's Commissioner is conducting further work in this area, including a pilot of an amended Risk Identification Checklist and the delivery of quality assured training. Links to this work are provided below.²⁹

Emerging evidence, based on multi-agency responses to older people experiencing domestic abuse, has found that risk assessment work with older people results in lower scoring than might be expected in 20% of 131 older victims.³⁰ Professionals involved in the study attributed inaccurate risk assessment to be the result of:

- gaps in service provision;
- a lack of knowledge and training about the diversity of domestic abuse; and
- societal perceptions of older people.³¹

²⁹ www.olderpeoplewales.com/en/adult_protection/ric_checklist.aspx.

³⁰ Based on examination of information available at the point of contact.

³¹ Clarke et al, 2012; An Evaluation of the Access to Justice Pilot Project.

The identification of the risks facing older people who are experiencing abuse is fundamental to good practice and leads to improved outcomes for older people. A comprehensive and thorough understanding of risk will assist professional understanding of the experience of the victim and to any others exposed to the abuse. It should also inform a plan to improve that person's safety, their referral options and involvement of partner agencies. Risk assessment should always be considered holistically as escalation can occur very quickly. It is also very important that appropriate needs led, strengths based services are available to all individuals experiencing domestic abuse, regardless of their risk level.

Professionals will need to assess a range of considerations when completing a Risk Identification Checklist. These include questions related to physical, sexual, emotional and economic abuse, as well as considering if there is any evidence of coercion, threat or intimidation evident.

Appropriate and robust assessment of risk is heavily contingent on the relationship between the assessor and those being assessed. Building a trusting relationship with the victim of the abuse is likely to lead to increased transparency by the individual about their circumstances.

When undertaking a Risk Identification Checklist, the professional will also need to take into account the specific heightened risk 'triggers' that are associated with the family composition in question and also the characteristics of the individual at risk of abuse, e.g. where the individual is an older person, are there children present? Are there cultural factors to consider?

Situational and temporal dimensions should be considered and specific questions should be asked if the suspected victim or the perpetrator is an older person, or if there are children in the home (including in kinship care arrangements).

Professionals should also note that the motivation to seek help in older people is often the result of:

- the abuse becoming so serious the older person can no longer tolerate it;
- heightened fear of homicide;
- concerns about the well-being of the abuser.³²

Hence it is important that, should an older person disclose abuse by a family member, professionals must take the concerns of the older person seriously, undertake a thorough risk assessment and be pro-active in developing a safety plan.

The process of risk identification requires time and sensitivity. The person at risk, or their trusted advocate or Independent Mental Capacity Advocate (IMCA) (if the person lacks capacity) should be involved in the process to ensure the work is accurate, comprehensive and well informed and provides an opportunity for the older person to identify, describe and understand the risks for themselves.

³² Yan 2015

Effective risk identification is not possible when myths, stereotypes and flawed beliefs are held by professionals about the nature of domestic abuse. The professional must have an open mind and take an empathic, non-judgemental approach.

It is important that the professional helps the person to disclose their own responses to coercive and controlling behaviour by the abuser. This may be difficult as they may fear judgement and consequences. For example a person who has been subject to degrading behaviour and humiliation may be embarrassed to discuss what they have experienced.

This is often the biggest barrier to effective risk assessment and management and a frequent theme in Domestic Homicide Reviews. It needs to be tackled through effective staff supervision and training and should be a priority for any service.

Risk identification should only be conducted in a safe and confidential environment.

The experience of abuse impacts on older people in some of the same ways it affects other victims of any age. But there are some differences.

This section continues by outlining the types of considerations which professionals should explore when working with older people and when forming a professional judgement of the risks they face.

Specific risk factors for older people include the development of health needs, retirement from work (resulting in increased contact), stress associated with caring roles and social or geographical isolation may place them at increased risk from domestic abuse. As we age our ability to recover from both mental and physical abuse can be adversely affected, and the impact of domestic abuse can be particularly profound for those who may be reliant on a partner to provide care and financial support.

Older women and men are more likely to suffer severe physical injuries than younger women and men. Such injuries are often exacerbated by pre-existing health conditions linked to age, such as arthritis, diabetes or osteoporosis.³³

Physical and sexual assault in older victims is more likely to result in serious injury than with other age groups because of physiological changes in the body. For example, sexual assault in post-menopausal women has been found to lead to a greater likelihood of sustaining genital injury due to age related changes.³⁴

Practice based feedback is that older people are often viewed as asexual and as a result professionals are unlikely to see older people as potential victims of rape. Sexual violence may well form part of the violence and

³³ Lazenbatt A (2013) Older Women living and coping with domestic violence. Institute of Sociology, social policy and social work. Queens University, Belfast.

³⁴ Poulos, C. A., & Sheridan, D. J. (2008). Genital injuries in postmenopausal women after sexual assault. *Journal of elder abuse & neglect*, 20(4), 323-335.

abuse experienced by an older person and this should be acknowledged and addressed during the risk identification process.

Financial abuse is a common form of domestic abuse experienced by older people. However, this is not always recognised by some professionals. The following considerations should form part of risk identification:

- Has the older person been asked, coerced or forced to sign papers against their will?
- Does anyone else control their finances? If so this might include:
 - spending their money without permission;
 - failing to make them aware of how much money they have available;
 - failing to provide access to their finances;
 - abusing an Enduring/Lasting Power of Attorney;
 - stealing their money or possessions;
 - taking control of their accounts and bills;
 - creating a debt in their name.

Emotional and psychological abuse are also commonly experienced by older people but often missed by professionals. It is important to consider if anyone has upset them by talking to them in a way that made them feel ashamed or threatened.

When a person is experiencing abuse from their child – either an adult or young person – feelings of shame or embarrassment can be very strong and difficult to overcome. Those who are parents to their abusers describe feeling a sense of failure, shame and self-blame that they face this situation. It also means they are less likely to involve statutory agencies for fear of getting their children into trouble. These relationships can also increase the pressure to remain silent or remain in the abusive situation.

The rule of optimism

It can sometimes be the case that professionals place undue confidence in the capacity of families to care effectively and safely for their relatives. This confidence can mean that abuse, violence or neglect is incorrectly assessed as a one off incident resulting from considerable stress or the confused notions of an older person with dementia, for example. Such cases are often handled within a multi-agency approach without any criminal justice interventions.

This is known as the 'rule of optimism' and it can result in cases of ongoing abuse and neglect being missed. Such cases are the exception but they exist and have been identified through serious case reviews and/or adult practice reviews. If deliberate acts of harm or omission leading to neglect are suspected, safeguarding procedures and police referral in accordance with the relevant legislative framework would follow.

Points to consider are:

- Is the violent or abusive behaviour an isolated incident or part of a pattern of incidents, which could be described as controlling or coercive?
- Is there a history of violent or abusive behaviour or domestic abuse referrals?
- Has the perspective/opinions of the victim and other family members been sought independently and in private? (From April 2016 an Adult Protection and Support Order is an available option to enable a Local Authority authorised officer to satisfy themselves that a person at risk is able to speak freely).

It is also important that professionals try to avoid the following:

- Making generalised assumptions about 'carers';
- Uncritical efforts to see the best in those performing a carer role;
- Avoiding intervention for fear of the consequences;
- Minimising concerns;
- Not seeing emerging patterns; and
- Not ensuring there is a consistent focus on the person at risk.

7 Those who use abuse against older people

Whilst older people may have experienced abuse at the hands of a partner throughout their life or in new relationships, up to a third of abuse experienced by older people is perpetrated by family members rather than partners or ex partners.³⁵

Older people who are ill, frail, disabled or experiencing mental health or substance misuse problems may receive care from family members. Such care is often seen as an invaluable contribution to society; the support of carers is often seen as integral to the way agencies seek to work.

However, where a carer is also the person using abuse, the isolation of the older person and the level of control they face is strengthened as they rely on the abuser for their care and independence. Depending on their particular circumstances and care and support needs, older people may fear the consequences of intervention if they report domestic abuse by their family carer. For example, loss of contact with relatives such as children or grandchildren, loss of financial support, or fear of being placed in a care home.

The abusive behaviour may be related to a shift in relationship dynamics between an adult child and the older parent; it may be linked to co-dependency and a reliance of an older person on the abuser for their fulltime care. Transitions in living arrangements may lead to the older person being targeted by more than one perpetrator, for example a son and a daughter in law.

The majority of the literature on domestic abuse perpetrators focuses on pre-meditated coercive behavior and this definition applies to many older people's experience of abuse. However when exploring the victim-perpetrator dynamic in a recent Access to Justice Evaluation, two broad types of perpetrator behaviour were identified: reactive perpetrator behaviour (unintentional, caused by family members struggling to cope with the care of a family member) and pro-active perpetrator behaviour (intentional and potentially coercive). Such findings have been repeated in subsequent research.³⁶

Reactive perpetrator behaviour describes abusive behaviour resulting from perpetrators responding negatively to their own general life circumstances and/or being unable to cope with caring for an older person on a daily basis. In the research sample of 131 older people, 48% of sons and 40% of daughters fell into the reactive category.

The impact of domestic abuse on older people should never be underestimated, whether the perpetrators behavior is either pro or re-active. Services should be provided for the older person in either case.

³⁵ Smith, E. (2012) *Violent Crime against the Elderly Reported by Law Enforcement in Michigan, 2005-2009*, NCJ 238546, Washington, DC: Bureau of Justice Statistics, US Department of Justice.

³⁶ Clarke, A., Williams, J, Wydall, S. (2016) 'Access to justice for victims of elder abuse' *Social Policy and Society Cambridge Journal (now in early view)* pp 1-14 ; Davies, R., Collins, M., Netana, C., Folkes, L., Jenkins, R., Tombs, M., Kaye, A. Stackhouse, B. and Evans, C. (2011), Exploring the Motivations of Perpetrators Who Abuse Vulnerable Adults, Newport: University of Wales, www.udid.research.glam.ac.uk/media/files/documents/2012-10-11/Final_Report_post_peer_review_June_2012.pdf (accessed 26 March 2013).

It is important to acknowledge that intervention with those who perpetrate domestic abuse is a highly skilled, complex and developing area of practice. Best practice should involve partnership working with an accredited perpetrator programme.

Those who are not experts in the field must take care when working with those who use abuse to ensure that they do not collude with the behaviour. Such collusion may include victim blaming, undermining the survivor's perspective of the situation, not challenging the behaviour as unacceptable or justifying it.³⁷

Responses to the perpetrator should also be considered and any action should be taken in a safe and informed way. For perpetrators whose behaviour is reactive, this may involve re-assessing care arrangements and additional support.

Consideration should also be given to specialist domestic abuse perpetrator interventions which are accredited. These programmes address underlying beliefs and behaviours, and are different to other courses, such as anger management programmes, which are not appropriate responses to domestic abuse. They are behaviour-change programmes for men who use violence and abuse towards their (ex) partners. They run in small groups aiming to:

- help perpetrators stop being violent and abusive;
- help them learn how to relate to their partners in a respectful and equal way;
- show them non-abusive ways of dealing with difficulties in their relationships and cope with their anger; and
- keep their partner safer.

Every programme should have an attached service for partners offering information and support.

Most domestic violence perpetrator programmes have been designed for men in heterosexual relationships. Some of these programmes also work with women (in heterosexual or same-sex relationships) and with gay/bi men. For more information call the Respect Phone Line on 0808 802 4040³⁸ or visit www.respectphoneline.org.uk

In addition to community programmes, the National Probation Service provides a range of programmes designed to assess and amend the behaviour of perpetrators:

- The 'Integrated Domestic Abuse Programme (IDAP)' employs a package of inter-agency risk assessment, pro-active offender management and structured victim contact in addition to the specific programme group work sessions delivered to offenders;

³⁷ Taken from Welsh Womens Aid consultation response, referencing 'Adult safeguarding and domestic abuse A guide to support practitioners and managers' p43 www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180

³⁸ www.respect.uk.net/work/work-perpetrators-domestic-violence/

- The 'Community Domestic Violence Programme (CDVP)' is a cognitive behavioural programme for male perpetrators of medium to high risk of harm. It includes interagency risk assessment/information exchange management; victim contact; proactive offender management and core group work;
- The Prison Service's 'Healthy Relationships Programme' aims to increase offenders' awareness of the consequences of abusive behaviour, and ability to identify high-risk situations and effectively manage them in the future;
- 'Building Better Relationships' (BBR) is a nationally accredited programme which, through group work, aims to reduce re-offending by adult male offenders convicted of intimate partner violence.

8 Referral options and aligning overlapping safeguarding processes

This section considers the options available for professionals to utilise should they become aware that an older person is experiencing abuse. It considers first the basis on which any referral can be made (the consent of the victim), how existing safeguarding processes can be utilised appropriately and the additional referral options outside of the statutory system which can benefit older people experiencing domestic abuse.

In all cases it is important that a client's autonomy is respected and their right to make decisions in their own life is supported. Whatever challenges a client may face, it's essential that strong partnerships with relevant services are built.³⁹

Consent

Where an older person discloses that they are a victim of domestic abuse, to seek to provide the victim with care and support, it may be necessary to share their information with other professionals or agencies. In such circumstances, the explicit consent of the older person (provided that they have mental capacity to give consent) must be sought before information is shared. To assist in this process, a professional may wish to explain the reasons for sharing the information, emphasising the intention of seeking to protect the victim by providing support. This should be done in a sensitive manner.

Where consent is not given, specialist advice should be sought to assist in determining what information, if any, should be shared.

Due to the incidence of age related illness and disability many older people who are experiencing domestic abuse have health or social care needs and may fit the definition of an 'Adult at Risk' under the Social Services and Well-being (Wales) Act 2014 ("the 2014 Act") which came into force on 6 April 2016.

Where a person is identified as an 'Adult at Risk' under the 2014 Act, the Local Authority will have a responsibility to make or cause to be made whatever enquiries it considers necessary to enable it to decide whether any action should be taken and, if so, what and by whom.

A person exercising functions under the 2014 Act in relation to a person who has, or may have, needs for care and support must in so far as is reasonably practicable, ascertain and have regard to the individual's views, wishes and feelings, and must have regard to the importance of beginning with the presumption that the adult is best placed to judge the adult's well-being.

However, if the Local Authority is satisfied that:

- a. an adult lacks capacity to decide whether to refuse a needs assessment, but there is a person authorised under the Mental Capacity Act 2005 to make the decision on their behalf; or,

³⁹ Amended from www.safelives.org.uk/practice_blog/its-our-right-be-safe-any-age-how-can-we-make-it-easier-older-victims-get-help

- b. where there is no such authorised person, that it would be in the best interest of such an adult; or
- c. where the Local Authority suspects that the adult is experiencing, or at risk of abuse or neglect;

the Local Authority must carry out a needs assessment.

These duties are supplemented by a power to apply to the courts for an Adult Protection and Support Order. The Order enables an authorised officer with the requisite skills and experience to secure entry to premises in order to speak in private with the adult suspected of being at risk to determine whether they are making decisions freely, whether they are at risk and what, if any, action should be taken.

Before making an Order, a justice of the peace must be satisfied that there is reasonable cause to suspect that the adult is at risk; that an Order is necessary to gain access to assess the risks; and that exercising the power of entry will not result in the adult being at greater risk of abuse or neglect.

Adult at risk

Section 126 of the 2014 Act defines an “adult at risk” as an adult who:

- a. is experiencing or is at risk of abuse or neglect,
- b. has needs for care and support (whether or not the authority is meeting any of those needs), and
- c. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

If a Local Authority has reasonable cause to suspect that a person within its area (whether or not ordinarily resident there) is an adult at risk, it must:

- a. make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken (whether under this Act or otherwise) and, if so, what and by whom, and
- b. decide whether any such action should be taken.

Section 128 outlines the duty to report adults at risk:

1. If a relevant partner of a Local Authority has reasonable cause to suspect that a person is an adult at risk and appears to be within the authority’s area, it must inform the Local Authority of that fact.
2. If the person that the relevant partner has reasonable cause to suspect is an adult at risk appears to be within the area of a Local Authority other than one of which it is a relevant partner, it must inform that other Local Authority.
3. If a Local Authority has reasonable cause to suspect that a person within its area at any time is an adult at risk and is living or proposing to live in the area of another Local Authority (or a Local Authority in England), it must inform that other Authority.

As outlined in section 162 of the 2014 Act, a relevant partner of the Local Authority includes:

- the local policing body and the chief officer of police for a police area any part of which falls within the area of the Local Authority;
- any other Local Authority with which the Authority agrees that it would be appropriate to co-operate under this section;
- the Secretary of State to the extent that the Secretary of State is discharging functions under sections 2 and 3 of the Offender Management Act 2007 in relation to Wales;
- any provider of probation services that is required by arrangements under section 3(2) of the Offender Management Act 2007 to act as a relevant partner of the authority;
- a Local Health Board for an area any part of which falls within the area of the authority;
- an NHS Trust providing services in the area of the authority;
- the Welsh Ministers to the extent that they are discharging functions under Part 2 of the Learning and Skills Act 2000;
- such a person, or a person of such description, as regulations may specify.

Aligning safeguarding processes

Where an older person is an 'Adult at Risk', all agencies should utilise the statutory safeguarding processes.

If a case includes disclosed or suspected domestic abuse, it is important that the safeguarding process also draws in expert resource relating to domestic abuse and where appropriate utilises additional multi agency forums which can assist. This should involve completion of a Risk Identification Checklist, relating specifically to the domestic abuse and a referral to the local Multi-Agency Risk Assessment Conference (MARAC) where the threshold is met.

Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings which discuss how to help victims at high risk of murder or serious harm due to domestic abuse. A domestic abuse specialist, police, children's social services, adult social services, health and other relevant agencies discuss and share information on each victim, their abuser and any relevant children in relation to their risk of murder or further abuse. Once this has occurred the chair (usually the police public protection lead) of the MARAC will outline each risk and seek action from the agencies to reduce and/or eradicate that risk. The actions will relate to the victim, abuser and children, and are used to form an action plan. The representation of an adult safeguarding professional at MARAC is an effective response to protect an older person from further abuse.

Safeguarding plans, initiated by adult social services may be referenced and added to during the MARAC if further actions to reduce levels of risk are identified.⁴⁰

Utilisation of both safeguarding and domestic abuse pathways should ensure that the older person receives the safeguarding resources appropriate to the

⁴⁰ For more information on utilising the MARAC process for older people www.safelives.org.uk/sites/default/files/resources/NSP%20Guidance%20Older%20People%20FINAL.pdf

characteristics of the abuse. It is, of course, important that roles and pathways are discussed at strategic and operational levels to determine which cases would benefit more from one process than another, and at what point an integrated approach should be adopted.⁴¹

Findings from the Access to Justice Pilot found improved welfare and justice based outcomes in cases discussed at MARAC in contrast to the more holistic approach that was perceived by Protection of Vulnerable Adults (POVA) practitioners, for example where a care package was indicated.⁴² Establishing aligned pathways will provide for the most effective response for older victims of domestic abuse and offer clarity in relation to referral guidelines for practitioners.

Where MARAC thresholds are not reached (they are only available to those at high risk) a referral should also be considered to a local specialist domestic abuse service. A local specialist domestic abuse practitioner should be included in any Adult Protection strategy meetings, investigations and case conferences in order to ensure the meeting benefits from this expertise and domestic abuse services are identified and included in any protection plans.⁴³

Making the links between safeguarding older people and domestic abuse is vital to make sure that people get access to the best help that can be offered, are treated with dignity and respect, and are supported to achieve the best outcomes for them. The guiding principles for working with older people who need to be safeguarded are:

- empowerment;
- prevention;
- protection;
- proportionate responses;
- partnership working;
- appropriate and accessible specialist support.

In safeguarding older people, as in all kinds of health and social care support, the principle of empowerment means that outcomes are at the heart of everything that is done to support the person, and that is demonstrated through a 'person-centred approach' – what does the person who has been harmed want to happen? These principles are equally valid for working with older people experiencing violence and abuse.

Finding a common language and better working definitions that can be shared across different contexts will also strengthen links. Terms like 'victim', 'perpetrator' and 'survivor' may not be appropriate in adult safeguarding work generally but are appropriate when used in the context of domestic abuse and sexual violence.

⁴¹ Wydall et al (2015)

⁴² www.gov.wales/statistics-and-research/evaluation-access-to-justice-pilot/?lang=en

⁴³ ibid

9 Support and safety planning needs in relation to violence and abuse

Many of the support and safety planning needs of victims of domestic abuse are broadly similar across age groups – for instance, the need for secure housing and access to appropriate services to meet their needs. However, issues related to physical and mental health or substance use are often more severe in older women.⁴⁴ Older people are also less likely to report abuse and their service needs tend to be broader, with a large selection of support services including long-term counselling, help with alcohol or drugs and assistance with finances – many older women may not have worked, or had any access to money.⁴⁵

Criminal justice options

In many cases, the abuse being committed by the perpetrator/s is criminal. Where a criminal offence has been committed or is suspected, the police have a duty to investigate. The police have a policy to take 'positive action' in cases of domestic abuse and the alleged perpetrator may be arrested and prosecuted where there is sufficient evidence.⁴⁶

Crimes are reported and dealt with through the criminal justice system which is made up of a number of key agencies: the police; the Crown Prosecution Service (CPS); the courts (magistrates' courts and Crown court); and the probation service. Depending on the conclusions drawn through the Criminal Justice System, a number of protective options may be available to the older person including restraining orders and protection orders.

Civil justice options

Civil justice remedies, such as an injunction, non-molestation order or a restraining order, can also be considered where appropriate and where this is felt would be helpful in protecting those subject to abuse.

Specialist services

Local specialist domestic abuse services are available across Wales and can offer a range of services to provide on-going support and advice. These are further explored in this section.

Services can be accessed directly or through the Welsh Government Live Fear Free helpline.

In cases involving sexual violence, independent, confidential advice and support can be sought from a local Sexual Assault Referral Centre (SARC) or a sexual violence service.

Where an older person is deemed to be high risk, they should be referred to a MARAC for a multi-agency response.

⁴⁴ Bows H (2015) Domestic violence "grown old". The unseen victims of prolonged abuse. www.theconversation.com/domestic-violence-grown-old-the-unseen-victims-of-prolonged-abuse-43014

⁴⁵ Ibid

⁴⁶ www.library.college.police.uk/docs/npia/Domestic_Abuse_2008.pdf

Independent Domestic Violence Advisors (IDVAs)

The main purpose of Independent Domestic Violence Advisors is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children.

Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

They are pro-active in implementing the plans, which address immediate safety, including practical steps to protect the client and their children, as well as longer-term solutions. These plans will include actions from the MARAC as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations.

IDVAs work over the short to medium-term to support individuals to long-term safety. They receive specialist accredited training and hold a nationally recognised qualification. Since they work with the highest risk cases, IDVAs are most effective as part of an IDVA service and within a multi-agency framework.

The IDVA's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings. Studies have shown that when high risk clients engage with an IDVA, there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse.⁴⁷

Refuge

Refuge provides safe, secure, gender responsive accommodation for women, men and children escaping domestic abuse. The accommodation is either in a shared environment (shared utilities with personal rooms), in self-contained accommodation within the same building or "dispersed units" in separately appointed accommodation. There is a wide range of refuge accommodation options available in Wales and the UK.

Temporary supported housing

In addition to the above, many support providers across Wales also provide temporary supported housing. Again the accommodation is fully self-contained in flats or houses, and is usually let on a six month Assured Short Hold Tenancy. The accommodation can be either grouped together in a small cluster or dispersed within the community. As part of the provision the tenant would also receive a package of support to address their needs.

⁴⁷ www.safelives.org.uk

Support in the community – outreach/floating support

Floating Support services are offered to service users who have a housing related support need and wish to remain in their own homes. Support can be offered irrespective of whether they are still in a relationship with their abuser. The support will either take place in their homes, when safe to do so, or in a more public place in the community. The provision of Floating Support is established to meet local needs and can vary across Wales.

Outreach Support is available in some localities across Wales to anyone who has experienced domestic abuse. Outreach Support is similar to Floating Support and the support can be provided in service user's own homes, when safe to do so, or in a more public place in the community. Outreach workers provide emotional support and practical information for adults who are experiencing domestic abuse.

Domestic abuse one stop shop services

Usually located in town centres and therefore often accessible for older people using public transport, a One Stop Shop will have a number of partner agencies co-located within them and therefore these can provide a wide range of information, advice and guidance to anyone experiencing domestic abuse. They also often have access to a number of services delivered from the One Stop Shop such as legal advice, counselling and a variety of support groups.

Accommodation

Accommodation and physical accessibility can be significant barriers for older people in seeking help. Research indicates that many older people believe they could not be accommodated according to their needs if they left a violent relationship. However, some areas of Wales do have facilities for those who are disabled and professionals should make themselves aware of what is available.

Help can be given to assist people to remain in their own home, either with or without the perpetrator continuing to live there. There are services which can offer target hardening to a person's property and housing related floating support can take place within their home. There are also perpetrator programmes to help address the abuse. The Renting Homes (Wales) Act 2016 will strengthen action which a landlord can take to protect victims of domestic abuse and help them remain in their own home.

The care relationship

If the victim of abuse is also the perpetrator's primary carer, it will be important to consider how each person's care needs will be met. It is also likely that the victim will require reassurance that the perpetrator's care needs can be met in an alternative way and that any transition can be well-managed.

The perpetrator may need information about care and support services and may also require a safeguarding response in line with multi-agency procedures. Information and services offered may include advocacy services, substance misuse or mental health services, specialist domestic abuse services or perpetrator programmes.

As with other perpetrators, only specialists in the field of domestic abuse should attempt any behavioural work.



Case study: addressing the needs of an older person

Elsie (65 years) is registered blind, and has a variety of health related problems. She separated from her husband and instigated divorce proceedings as a result of emotional abuse. There were financial problems which have left her in debt; her husband has a history of violence.

Elsie left the family home and moved into a women's refuge but found it did not meet her needs. She was then rehoused in a one bedroom bungalow on a local housing estate very near to where her husband was living. Every time she went out she feared he was nearby, observing her movements. Elsie needed to be rehoused in a bungalow away from the area, however there was limited availability.

In the wake of the divorce Elsie's family have turned against her. Elsie no longer sees her grand child and this has caused her considerable upset. For many older people, being isolated from their friends and family can be a common feature of their lives, the impact of the isolation often results in the older person becoming depressed and unable to seek help, this can eventually result in a significant detrimental impact in their health and wellbeing.

Elsie was supported by a specialist domestic abuse worker who did a risk assessment and safety plan, Elsie was not assessed to be high risk and so did not meet the threshold for MARAC intervention. However, the worker began some work with the local homelessness team to prioritise Elsie's housing application and to address her housing needs.

Attempts to resolve Elsie's housing situation were drawn out, taking a considerable amount of time. Elsie was offered inappropriate accommodation which did not account for her disability, the fact she owned a guide dog and needed to be in a different area to her violent husband. Elsie became depressed as her housing situation remained unresolved and was prescribed medication by her GP.

In such a case Elsie's needs should also have been considered alongside the risks she faced and her additional care and support requirements prioritised. In such a case the safeguarding care pathway may have offered Elsie more effective support as it would have brought in relevant, skilled professionals who could have addressed these needs as part of a partnership approach.

10 Prevalence

As with all forms of domestic abuse, abuse of older people is widely under reported and recorded. Previous studies focussing on domestic abuse have often neglected to include the experiences of older people.⁴⁸ 80% of older adults are not visible to services at all and existing surveys differ in their definitions, methodologies and how they sample.⁴⁹ Moreover, until now the Crime Survey of England and Wales has not included people 60 and over in their self-report survey. For these reasons it is not possible to provide reliable prevalence or gender data.

However it is becoming apparent, as shown below, that domestic abuse in older people is a significant and under-recognised issue.⁵⁰

Research suggests that older people's experiences of domestic abuse may be different from younger people and that these differences may not have been adequately acknowledged or accounted for both in policy development and service delivery.^{51 52}

Domestic abuse is a serious and significant social issue. It affects 11% of women and 5% of men in Wales.⁵³ Domestic abuse is a significant issue for older people and, as with other victims of violence and abuse, this experience can be complicated by other vulnerabilities and additional complex needs such as mental illness and disability.

In the first representative study of its kind, a national prevalence survey of people aged 66 years or more published in 2007, found that 2.6% of people surveyed indicated mistreatment by a family member, close friend or care worker in the last year. Neglect was the most prevalent form of mistreatment, followed by financial abuse, and women were more likely to report an experience of abuse or neglect.⁵⁴

According to the same report the rate of reported elder mistreatment in Wales is 3.1%. Using Census 2013 population estimates, this equates to around 26,000 older people with capacity in Wales experiencing some form of abuse and neglect.

The "Access to Justice" study undertaken in Swansea where 25% of the population are older people, mapped incidents of elder abuse based on referrals to local agencies.⁵⁵ The study indicates that, as with other forms of abuse and violence, older victims of abuse are significantly more likely

⁴⁸ Zerk, R. (2015) 'Barriers to disclosure in later life', paper presented at the XXXVIII International Congress on Law and Mental Health, Vienna, 15th July 2015.

⁴⁹ Safelives (2016) Safe Later Lives: Older people and domestic abuse.

⁵⁰ User guide to crime statistics for England and Wales (Oct 2015) www.ons.gov.uk/ons/guide.../crime.../user-guide-to-crime-statistics.pdf

⁵¹ Blood, I. (2004) Older women and domestic violence, London: Help the aged.

⁵² Greenan, L. (2004) Violence against women a literature review commissioned by the national group to address violence against women. Safer Scotland: Scotland.

⁵³ Robinson (2012) Task and Finish report for the Welsh Government on legislation to end violence against women, domestic abuse and sexual violence. Figures are disaggregated from the Crime Survey of England and Wales (CSEW) Formerly the British Crime Survey.

⁵⁴ www.assets.comicrelief.com/cr09/docs/elderabuseprev.pdf.

⁵⁵ Clarke et al (2012) referenced in Berry V (2014) (Building Effective Responses: An Independent Review of Violence against Women, Domestic Abuse and Sexual Violence Services in Wales).

to be women; of the 131 victims identified, 95 were female and 36 were male. Nearly one third of victims had a disability.⁵⁶

A further report examined data gathered from police files about intimate partner violence incidents involving women aged 60 years and older. This study did not aim to provide reliable prevalence data about the scale of older people being abused, but did examine the intersection between this type of abuse and other vulnerabilities, for example, mental and physical illness, alcohol abuse, etc. and found a significant overlap between elder abuse and these issues.⁵⁷

However, it is important to note that a review of the existing literature does suggest a slightly differing gender profile of victims than that known for younger people, with more men over 61 disclosing the experience of abuse. Although, not from a representative sample, recent Safelives data indicates that while the majority of older clients are female there are much higher proportions of older men also experiencing abuse (16% compared to those under 60 (4%).⁵⁸

More work is required to expand the data set and to offer explanations for this emerging theme. Those working in the field suggest that it may be due to increased surveillance as a result of the medicalization of people in later life or a possible shift in power dynamics within relationships as older men may be perceived as less powerful.

Older people with dementia are more likely to experience abuse than older people who do not have this condition.⁵⁹ The likelihood is so significant that this should be seen as a risk factor linked to the likelihood of abuse (see section on risk identification on page 25).

Domestic Homicide Review (DHR) data indicates an increasing number of older people (aged 60+) are victims of domestic homicide. In 2014/15 there were 22 female and 6 male victims in England and Wales aged 60+ (18 of the 28 were aged over 70), representing 23.7% of all DHR's (compared to 25 in total in 2013/2014 and 16 in 2011/2012).⁶⁰

In older people, abuse may also involve adult-child to parent abuse, in-laws, intimate partners or ex-partners, and grandchildren. In a study in the United States by Smith 2013 involving a sample of N=13,220, three out of 10 victims aged 65 years or older were abused by their own child or grandchild. A smaller, qualitative study (N=131) in Wales⁶¹ indicated that adult sons and daughters were intentionally targeting their parent(s) and 21% of the sample were documented as experiencing more than one type of abuse.

⁵⁶ (Walby and Allen, 2004; Hester, 2013).

⁵⁷ (Penhale and Goreham, 2013) referenced in Berry V (2014) (Building Effective Responses: An Independent Review of Violence against Women, Domestic Abuse and Sexual Violence Services in Wales).

⁵⁸ Safelives (2016) Safe Later Lives: Older people and domestic abuse.

⁵⁹ Downes, C et al (2013) Abuse of Older People with Dementia: A review. NCPOP, University College Dublin.

⁶⁰ Source: Homicide Index, Home Office.

⁶¹ Clarke, A., Williams, J, Wydall, S. (2016) 'Access to justice for victims-survivors of elder abuse' *Social Policy and Society Cambridge Journal (available in early view) pp1-14.*

11 Relevant legislation

This section brings together the legislative framework relating to areas most relevant to work with older people experiencing domestic abuse. It is by no means exhaustive but references several areas of Welsh and UK wide legislation.

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (“the Act”)

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 received Royal Assent on 29 April 2015. The Act is a landmark piece of legislation, breaking new ground as the first law of its kind in the UK.

The overarching purpose of the Act is to improve the public sector response in Wales to gender-based violence, domestic abuse and sexual violence. It is intended to provide a strategic focus on these issues and ensure consistent consideration of preventative, protective and support mechanisms in the delivery of services.

The Act requires Local Authorities, Local Health Boards, Fire and Rescue Authorities and NHS Trusts (the relevant authorities) to: prepare and publish strategies specifying objectives the relevant authorities consider will, if achieved, contribute to the pursuit of the purpose of the Act; identify the actions the relevant authorities propose to take to achieve the specified objectives and the time that this will take.

The Social Services and Well-being (Wales) Act 2014 (“the 2014 Act”)

The Social Services and Well-being (Wales) Act 2014 introduces a number of key safeguards for adults through the introduction of a new duty to report to the Local Authority someone suspected to be an adult at risk of abuse or neglect. The 2014 Act introduces a definition of “adult at risk” and also introduces a new duty for the Local Authority to make enquires, or cause enquiries to be made, to determine whether any action is required to safeguard people at risk.

This duty is supplemented by a power to apply to the courts for an Adult Protection and Support Order (“the Order”). The Order will enable an authorised officer with the requisite skills and experience to secure entry to premises in order to speak in private with the adult suspected of being at risk to determine whether they are making decisions freely, whether they are at risk and what, if any, action should be taken.

Before making an Order, a justice of the peace must be satisfied that there is reasonable cause to suspect that the adult is at risk; that it is necessary to gain access to assess the risk; and that exercising the power of entry will not result in the adult being at greater risk of abuse or neglect

The Mental Capacity Act 2005

The Mental Capacity Act 2005 is designed to protect individuals who lack the mental capacity to make their own decisions about care and treatment. It applies to individuals aged 16 and over and contains a range of safeguards. Where the victim also lacks mental capacity the Mental Capacity Act 2005 may be used to support older people who are suffering domestic abuse.

The Mental Capacity Act 2005 applies five principles:

- Start from the assumption that a person is able to make their own decisions, and has the capacity to make the specific decision in question;
- Ensure you are able to show that you have made every effort to encourage and support the person to make the decision themselves;
- Making a decision you consider to be unwise or eccentric does not necessarily mean the person lacks capacity to make the decision in question;
- Anything done for or on behalf of a person who lacks capacity must be done in their best interests; and
- If acting on behalf of a person who lacks mental capacity, weigh up the intervention to ensure that you act in a way which interferes as little as possible with the person's rights and freedoms.

If an older person who is experiencing domestic abuse does not have capacity to make decisions about their safety then "best interest decisions" may be made on their behalf as to how to protect them from the risk of abuse or neglect. A best interest decision must take into account the known views of the person at risk and any actions taken must be proportionate to the level of risk.

A mental capacity assessment should be performed by a person who has the relevant expertise to make that assessment.

The Local Authority has the power to invoke an Independent Mental Capacity Advocate (IMCA) to help make decisions about situations where a person without mental capacity is at risk of abuse. The lack of capacity could exist due to an "impairment of mind" such as:

- a stroke or brain injury;
- a mental health problem;
- dementia;
- a learning disability;
- confusion, drowsiness or unconsciousness because of an illness or the treatment for it;
- substance misuse;

Safeguarding Vulnerable Adult procedures are likely to be used in the majority of situations where an 'Adult at Risk' does not have mental capacity to make decisions about their safety. The IMCA should represent the best interests of the person at relevant meetings:

- A person must be assumed to have capacity unless it is established that he or she lacks capacity;
- A person is not to be treated as unable to make a decision unless all practicable steps to help him or her to do so have been taken without success;
- A person is not to be treated as unable to make a decision merely because he or she makes an unwise decision;
- An act done or decision made, for or on behalf of a person who lacks capacity must be done, or made, in his or her best interests.

Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action."

The Serious Crime Act 2015

The principal objective of the Serious Crime Act is to ensure that law enforcement agencies have effective legal powers to deal with the threat from serious and organised crime.

The Serious Crime Act amends existing legislation dealing with proceeds of crime, cyber crime, serious crime prevention orders, gang injunctions, child cruelty, child sexual offences, female genital mutilation, and prison security, the commission of certain terrorism offences abroad and the regulation of investigatory powers.

Section 76, of the Serious Crime Act introduces the offence of controlling or coercive behaviour in an intimate or family relationship:

1. A person (A) commits an offence if:
 - a. A repeatedly or continuously engages in behaviour towards another person (B) that is controlling or coercive,
 - b. at the time of the behaviour, A and B are personally connected,
 - c. the behaviour has a serious effect on B, and
 - d. A knows or ought to know that the behaviour will have a serious effect on B.
2. A and B are "personally connected" if:
 - a. A is in an intimate personal relationship with B, or
 - b. A and B live together and:
 - i. they are members of the same family, or
 - ii. they have previously been in an intimate personal relationship with each other.

12 Glossary of terms and definitions

Domestic abuse

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 provides clear definitions under section 24 (Interpretation) for domestic abuse. In simple terms, domestic abuse includes physical, sexual, psychological, emotional or financial abuse where the victim is or has been “associated” with the abuser. For more detailed information please refer directly to the definition within the Act and those provided below.

Controlling or coercive behaviour

Controlling or coercive behaviour in an intimate or family relationship is defined within the Serious Crime Act 2015. The Act states that controlling and coercive behaviour involves repeated behaviour that is controlling or coercive, which has a serious effect on the victim.

Sexual violence

Sexual violence may be perpetrated within or external to any existing relationship or acquaintance and includes any unwanted sexual act or activity. There are many different kinds of sexual violence, including but not restricted to: rape, sexual assault, child sexual abuse (including historic), sexual harassment, trafficking and sexual exploitation.

For the purposes of this document, sexual violence is considered mainly within the context of domestic abuse.

Abuse (as defined by the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015): Physical, sexual, psychological, emotional or financial abuse.

Adult at risk: Section 126 Social Services and Wellbeing (Wales) Act 2014 defines an ‘adult at risk’ as being an adult who:

- a. is experiencing or is at risk of abuse or neglect,
- b. has needs for care and support (whether or not the authority is meeting any of those needs), and
- c. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

If a Local Authority has reasonable cause to suspect that a person within its area (whether or not ordinarily resident there) is an adult at risk, it must:

- a. make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken (whether under this Act or otherwise) and, if so, what and by whom, and
- b. decide whether any such action should be taken.

Gender-based Violence:

- a. Violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation;
- b. Female genital mutilation;
- c. forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage (whether or not legally binding).

Harassment: A course of conduct by a person which he or she knows or ought to know amounts to harassment of the other; and for the purpose of this definition:

- a. a person ought to know that his or her conduct amounts to or involves harassment if a reasonable person in possession of the same information would think the course of conduct amounted to or involved harassment of another person; and
- b. "conduct" includes speech.

Independent Domestic Violence Adviser (IDVA): Trained specialist worker who provides short to medium-term casework support for high risk victims of domestic abuse.

Local Authority: A county or county borough council.

MARAC: Multi-Agency Risk Assessment Conference.

Perpetrator: either convicted or non-convicted individuals who use violence and abuse towards partners, ex partners or family members (in line with the definition of domestic abuse).

Protection of Vulnerable Adults (POVA): POVA is a partnership approach between Health, Police, Social Services, the Third Sector, Independent Care Providers, Regulators, and vulnerable people to investigate and, if required, address suspected cases of abuse.

Sexual exploitation (as defined by the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015): something that is done to or in respect of a person which:

- a. involves the commission of an offence under Part 1 of the Sexual Offences Act 2003 (c. 42), as it has an effect in England and Wales, or
- b. would involve the commission of such an offence if it were done in England and Wales.

Sexual Violence (as defined by the Act): sexual exploitation, sexual harassment, or threats of violence of a sexual nature.

Violence against women: The experience of gender-based violence, including domestic abuse and sexual violence (as defined in the Act) by women.