



solace

Supporting Older Survivors

solacewomensaid.org

Solace Women's Aid is a charity registered in England & Wales.
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Introduction

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

We are providing casework to older survivors, gathering knowledge about their experiences and the professionals, agencies and communities they have contact with as we develop a targeted approach to working with older survivors. This toolkit is to share what

we have learned, and an invitation to you as professionals to join us in our journey towards improving outcomes for older survivors across the UK.

In this toolkit we use the term survivor, DVSA for Domestic Violence and Sexual Abuse and older to mean 55+. While anyone may experience DVSA, the crime statistics and research show that domestic abuse is gender-based. This means it is commonly experienced by women and perpetrated by men. For this reason you may see us refer to an abuser being referred to as male and a perpetrator referred to as female, although this is not the case in every abusive situation.

Why the toolkit?

When the project launched we set out to address the issue of older survivors not getting their needs met in generic services. As part of this we wanted to support professionals in a range of agencies to understand the dynamics of domestic abuse in relation to older people and develop guidance that deals with the challenges and

complexities of working with this client group. It is based in part on consultation that we undertook with focus groups of practitioners within adult social care services and the specialist training that was developed and delivered to 95 professionals across five North London boroughs in 2019-2020.

Thank you to our funders for making The Visible Women Project and the Silver Project possible.



Why a targeted approach?

- There is a lack of literature, research and guidelines on the issue of older survivors and DVSA in the UK, and the growing interest in this area has been a relatively recent development.
- The concern is that low interest is reflected in the limited consideration of older survivors experiencing DVSA within services and in wider society. In naming the project Visible Women, the intention was to respond to feelings of 'invisibility' that many older women experience.
- There is widespread confusion about naming domestic violence occurring with older people given the prevalence of the term 'elder abuse.' which has been reinforced by misunderstandings and lack of professional awareness about domestic abuse dynamics.
- The statistics indicate a high number of older people accessing hospital services. In cases of domestic homicide, a high proportion of these victims were over the age 65.
- There is a lack of services specifically for older women. Women's Aid (England) requested specialist services following findings that older survivors were being missed by generic services with a dominant focus on the needs of younger women.



Defining domestic abuse



The UK definition of domestic abuse is ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse.’

This is the legal definition of domestic abuse. However, research shows that older survivors are less likely to be captured in official statistics around how and when domestic abuse occurs, less likely to report domestic abuse to the police and receive support from services.

Until 2017, survivors over the age of 59 until 2017 were not included in the Crime Survey of England and Wales, on the basis that they would be unwilling or unable to self-complete the survey. A further justification was given that survivors over the age of 59 were likely to be confused by violence that was perpetrated

by someone in the family other than a partner or a spouse and this data might be better captured in a separate module on ‘elder abuse.’

When the existing legal definition of domestic abuse is clear that a perpetrator can be a family member, it is unclear why this wouldn’t be applied to older people in a survey designed to capture the prevalence of domestic abuse. Their exclusion in evidence such as this would then be reflected in a lack of media attention and limited government funding for their support.



- ✘ ‘Understandings of domestic abuse are often misleadingly dominated by physical acts of violence or aggression.’
- ✘ ‘Domestic abuse is often framed as being a singular incident or series of incidents, in the language of agencies responding to an emergency or crisis.’
- ✘ ‘Domestic abuse is often wrongly considered to only be perpetrated by a spouse or intimate partner.’

- The legal definition of domestic abuse is extensive and covers non-physical forms of abuse including emotional, psychological, financial and sexual.
- Domestic abuse is a pattern of behaviour, often taking place over many years and it may not always be straightforward to isolate a single incident.
- Under the legal definition a perpetrator can be an intimate partner or ex-partner, a family member, a co-parent or carer.

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

Physical	Hitting, kicking, biting, burning, scratching, pushing, hair pulling, drowning, strangling, imprisoning, subjecting to reckless driving, refusing to help when sick or injured, rough handling during care, neglect. Bruises and other unexplained injuries, sudden weight loss, repeated unplanned trips to hospital and/or use of emergency services.
Sexual	Rape, sexual assault, forcing someone to partake in sexual acts, pressuring/coercing, groping, sexual harassment, forcing use of pornography, sexual exploitation, forced sex work. Developing STIs, difficulties walking or sitting, vaginal or anal bleeding, pelvic injuries, torn or stained clothing, irritation or pain of the genitals.
Financial	Withholding money, controlling spending, taking over bills, abuse of Power of Attorney, fraud, exploitation, pressure re: wills, property or inheritance or misappropriation of property/benefits. Lack of clear knowledge or information about how much money is available, not having or not knowing whereabouts of cash or bank card, debts, regularly running out of food or having utilities cut off.
Emotional/psychological	Coercive control, verbally abusing, putting someone down, blaming, humiliating, isolating, withholding affection, gaslighting, denying access of phone/mail, using silence.

Coercive control is key to our understanding of domestic abuse. It has been a separate offence since 2015, defined as ‘**an act or pattern of acts of assaults, threats, humiliation or abuse that is used to harm, punish or frighten their victim.**’ It is a relatively new legal concept though as a pattern of behaviour it will be familiar to many survivors. It may occur alongside acts of physical violence but not necessarily.

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

- Isolating them from sources of support
- Exploiting them for personal gain
- Depriving them of the means needed for independence, resistance and escape
- Regulating their everyday behaviour

The concept of coercive control is useful because it encourages us to think about domestic abuse as something that might occur over a long period of time and involve limitations, restrictions and isolation before any physical violence takes place.

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

Why are older people at high risk of coercive control?

- As people grow older their personal circumstances often mean that they become more dependent on a single person or their immediate family to meet changing care and support needs. This can result in a situation in which an abuser becomes the main influence in their life.
- An abuser may be in a stronger position to restrict relationships that would give a survivor valuable interaction (supportive family members, friends, the wider community).



- An abuser may be in a strong position to restrict access to resources by deliberately making someone miss appointments, refusing to allow them to attend alone or making decisions on their behalf. (GPs, support professionals, bank, social services, housing).
- In a survivor, behaviours or symptoms (becoming withdrawn, isolated, agitated, fearful) in response to coercive control may be misunderstood as features of ageing or lack of mental capacity.
- The abuser may project an image that they are indispensable to the outside world and to the survivor.
- There may be a genuine lack of resources and services available to the survivor in the community if they experience increased vulnerability. This could increase their dependency on informal support which is more easily exploited by an abuser.
- Many older survivors experience constant surveillance and scrutiny by their abusers
- An abuser may have a legal or stated entitlement to finances or material possessions
- An abuser may be in a strong position to restrict access to resources by deliberately making someone miss appointments, refusing to allow them to attend alone or making decisions on their behalf.
- An abuser can undermine a survivor's decision making at a life stage when she may be experiencing changes in her mental capacity or conditions linked to memory loss.
- An abuser could exploit features of ageing to explain bruising, weight change, a change in sleep patterns or to undermine disclosures by claiming loss of memory.
- An abuser may limit a survivor's ability to afford everyday essential goods or engage in activities
- Older survivors may be at greater risk of certain forms of neglect and present as malnourished with poor hygiene and appearance
- Abusers may exploit dependency to do things such as leave a wheelchair deliberately out of use, leaving a room too hot or cold, under or over medicating.
- An abuser may not respect the privacy and dignity of the individual by doing things such as leaving the toilet door open out of reach.

A note about capacity:

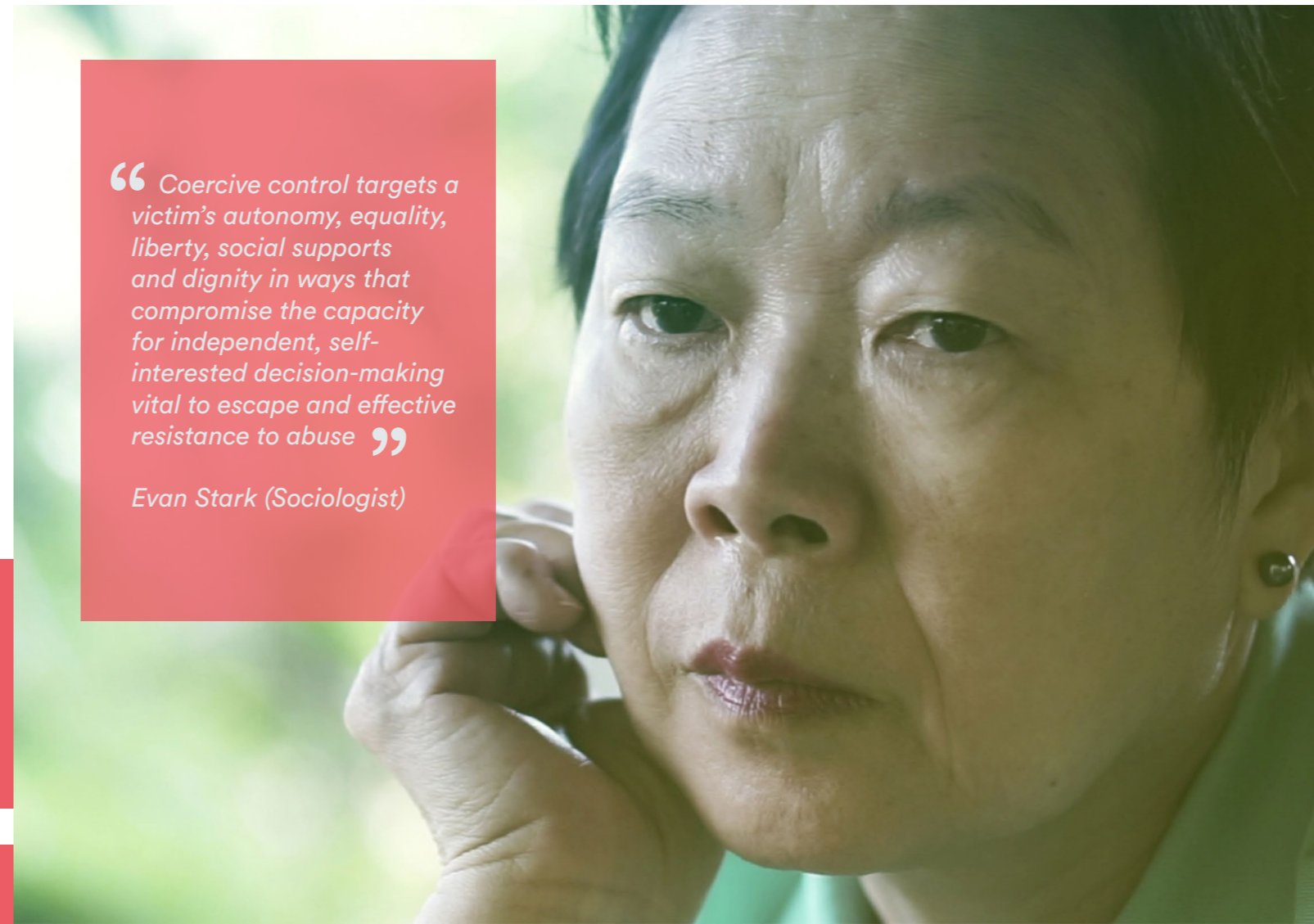
As professionals we may feel that a person's decision-making is impacted by the abuse they are experiencing, while the individual apparently retains legal capacity. In accordance with the Mental Capacity Act 2005, a person is judged to have capacity until there is clear proof otherwise, as determined by formal assessment. When a person is experiencing coercive control over a long period of time, this makes the process even more challenging and complex. As professionals we may feel that a person's

decision-making is impacted by the abuse they are experiencing, while the individual apparently retains legal capacity. We may ask questions when we have concerns only to have them brushed away by the very people we are desperate to help. We may become frustrated by a narrow definition of capacity that fails to take into account the impact of abuse in which a survivor is forced to 'choose' what the abuser wants over their own choices, for fear of repercussions from them and to give themselves short-term safety.

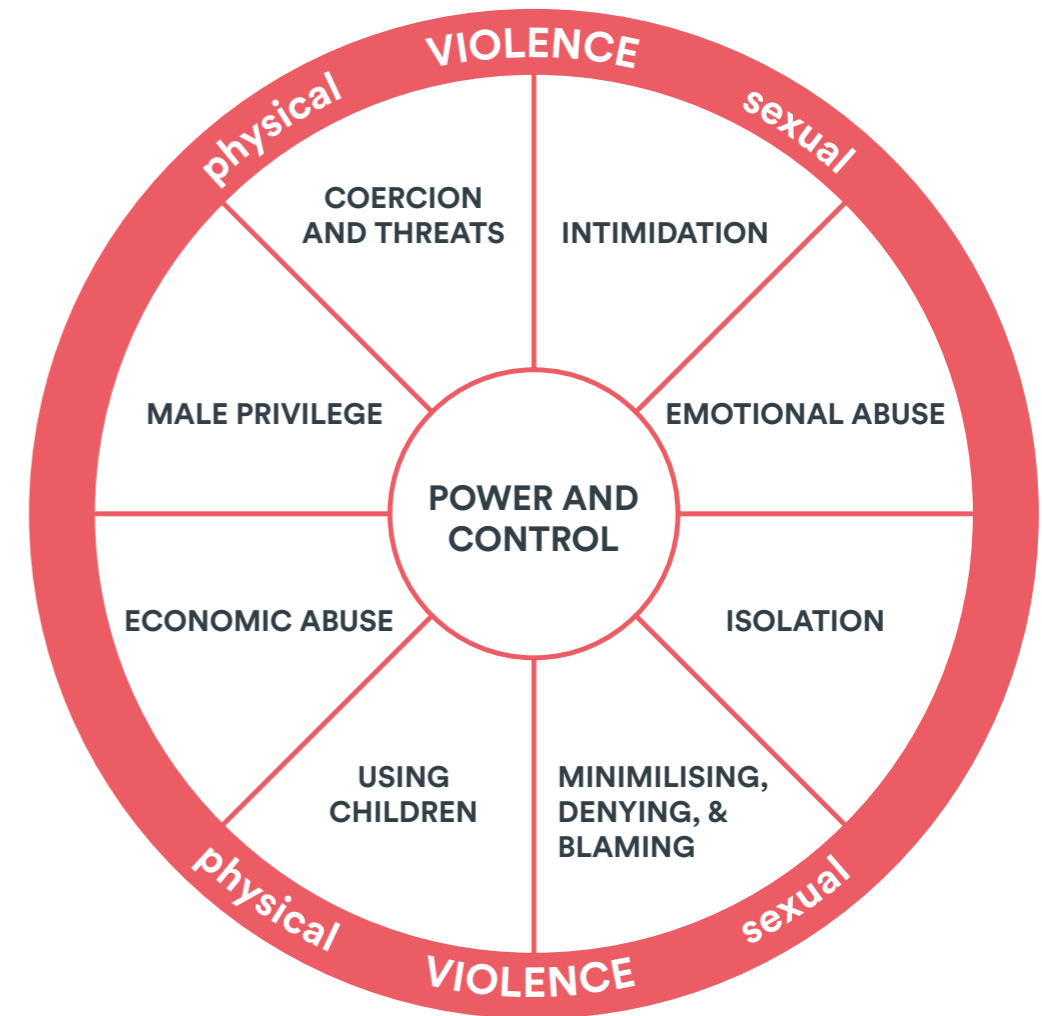
“ Coercive control targets a victim's autonomy, equality, liberty, social supports and dignity in ways that compromise the capacity for independent, self-interested decision-making vital to escape and effective resistance to abuse ”

Evan Stark (Sociologist)

As professionals we may notice a change in the survivor as this behaviour takes a toll on them. There could be a shift in their overall health and wellbeing and other things that we associate with lifestyle change such as depression or a preoccupation with family dynamics. This shift may be slow and gradual. It may not be noticeable to somebody meeting the person for the first time, who does not have a point of comparison from a time when the circumstances were different.



Power and Control Wheel



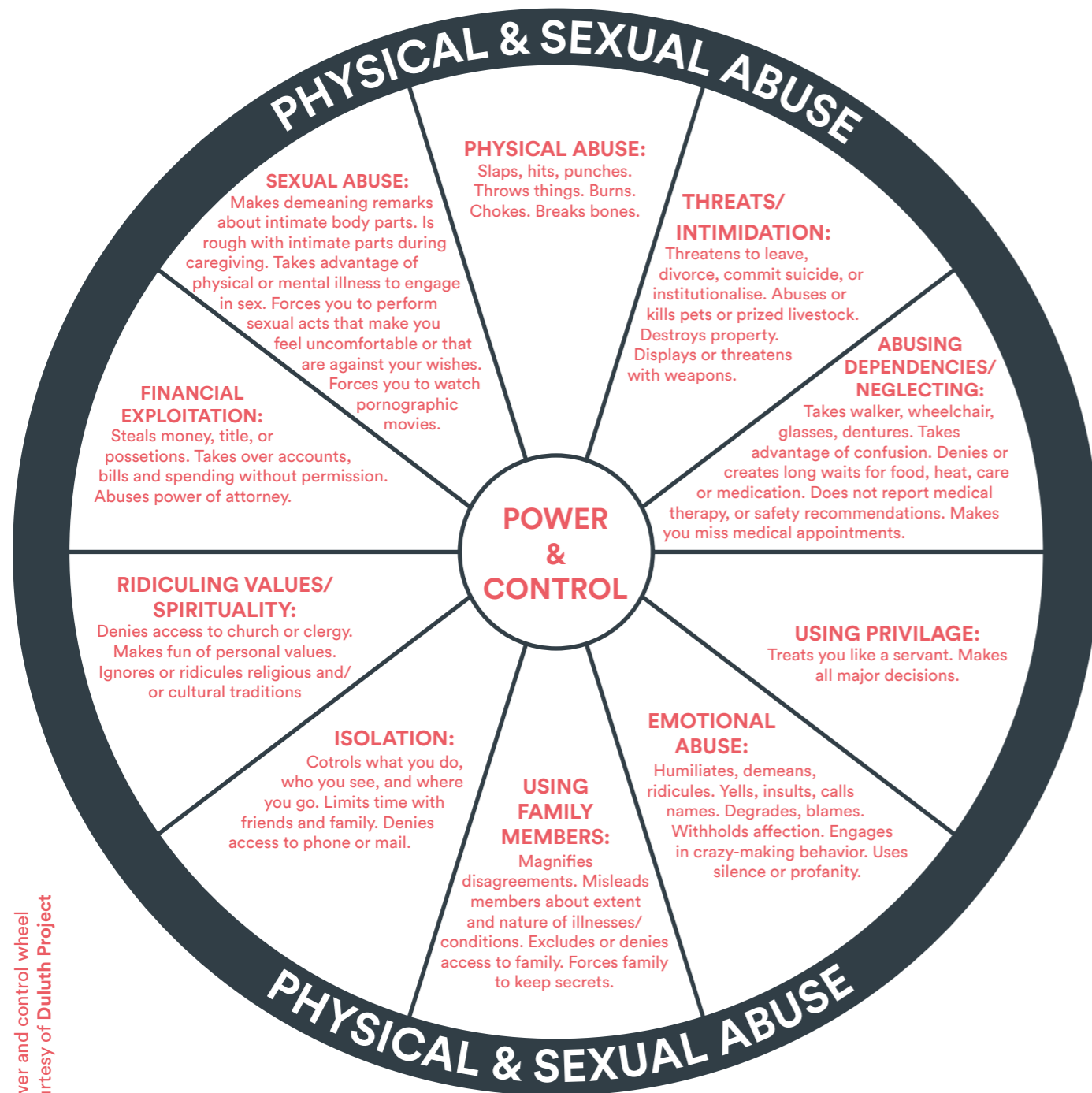
Power and control wheel
courtesy of Duluth Project

The power and control wheel is one of the most recognisable tools in the work of defining domestic abuse. It was created by survivors at a women's service in the US. The segments of the wheel represent the various tactics that an abuser might use to establish a dynamic of power and control over a survivor. The wheel demonstrates that domestic abuse is often larger and more complex than singular incidents of physical and sexual violence. While it would be possible to discuss domestic violence in an incident-based narrative of a relationship, describing 'who

did what to who,' that would be missing the function of the abusive behaviour and the impact that behaviour has on the victim. The wheel also serves to highlight the fact that incidents of physical and sexual violence are not likely to occur in an isolated way. They will represent an escalation of an existing pattern of power and control behaviours. When these abusive behaviours are established it makes it more likely that the violence will be repeated and that the survivor will have more difficulty resisting or escaping.

Power and Control Wheel

There is a further wheel that illustrates how the power and control dynamic can play out in later life with more specific examples that are relevant to older people.



Power and control wheel courtesy of Duluth Project



A survivor may have their experiences of abuse replicated in social and cultural institutions. Agencies may respond to the possibility of domestic abuse, or a direct disclosure, with an assumption about who or what a victim of abuse looks like or how they might behave. An older survivor, for instance, may not be taken seriously by the police when reporting an incident of sexual violence because of ageist assumptions that older people are unlikely to be at risk of crimes of this nature. This can also be informed by misleading media portrayals of sexual violence as happening to young, conventionally attractive women by older perpetrators who are strangers to them. The police response for any form of domestic or sexual abuse may also be inadequate or unhelpful if the

outcome for the survivor is that there is no arrest or charge for the perpetrator, which mirrors the perpetrator's message to the survivor that the abuse is not happening, that the survivor is overreacting or that they will not be taken seriously if they report the abuse. This can go on to be mirrored in the way the criminal justice system functions, setting high thresholds for evidence that the abuse is happening in a way that can make the victim feel as though they have to 'prove it' in a way that can minimise or their experience. If a victim feels they cannot continue with the process as a result, this is a parallel process to what is happening within their relationship in which leaving becomes impossible because of the messages they are receiving.

Myths and Misconceptions



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

At the point when services become aware of the abuse, an older survivor is far more likely to have been in the relationship for a long time. Unhelpful assumptions that abuse cannot be happening on the basis of the length of relationship are unlikely to create space for safe disclosure.

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

Many older women born in the middle of the last century have limited financial opportunities due to previous social and cultural expectations of the relationship (that their husband would be the breadwinner, or that they would not have their name on the deed to their house) that compound any financial abuse and exploitation perpetrated younger family members.

Older survivors may be more reluctant to leave their home, especially if they have lived there for many years and they derive a sense of security from it that would be very difficult for them to abandon. There are limited safe options for older survivors. Many refuges are not accessible to those with mobility needs and legal injunctions can be difficult to obtain against a perpetrator who has high care and support needs.

Coercive control has been found to have a significant impact on a survivor's decision making as well as their capacity for resistance,

independence and escape. The introduction of coercive control as a criminal offence has helped us to recognise domestic abuse as a pattern of multiple incidents with a cumulative impact on the survivor.

Many survivors report feeling love for their abuser and older survivors may be more likely to want to maintain some form of contact with the person causing them harm. The expectation that a survivor separate completely from a perpetrator may be less realistic for an older survivor who is more dependent on existing support networks and vulnerable to social isolation.

A survivor may be experiencing threats of harm (to themselves or someone else) from the perpetrator if they attempt to leave. They may have been told that they will not be believed by others, and this might have been reinforced by previous negative experiences of seeking support without success.

An older survivor may be cared for by the abuser and dependent on them for reasons related to a disability. They are also as likely to be carers themselves, for intimate partners or adult children for whom they feel a sense of responsibility. This may make them unlikely to leave, or to want to return if their health worsens.

‘Domestic and sexual abuse happens less among older people’

There is little policy and practice guidance that has been produced to date on supporting domestic and sexual violence in older people, and due to their exclusion from many of the research studies it is difficult to tell how prevalent it is for this age group.

The existing data suggests that an older person is as likely to be at risk of some form of abuse as a younger person.

There is significant under-reporting and under-recording of domestic abuse by professionals which means the extent of problem is unknown.

It is likely that services will come across domestic and sexual violence in the older people they work with as the UK population ages and more people move into this client group.

Many older people will be experiencing abuse from a younger family member rather than an intimate partner, and this will get missed if professionals are expecting domestic and sexual abuse to ‘look’ a particular way.

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

Domestic abuse isn’t widely regarded as an issue for older women and this results in questions not being asked to the survivor.

hospitalisation and deterioration in health. They may also be the person caring for the survivor and ‘point of contact’ for other agencies involved.

Depression, confusion, loss of memory or cognitive ability as well as bruises and injuries can be mistakenly linked to age related conditions when they are in fact caused by the abuse.

Asking a survivor questions carries a low risk, but making a decision not to ask carries a high risk of further harm or homicide that could have been stopped.

Perpetrators can use age-related illnesses or frailty as excuses for abuse-related bruises,

‘Older, frail people with care needs can’t be perpetrators’

Anyone can perpetrate domestic abuse, just as anyone can experience it, and this applies to people who have high levels of care and support needs.

controlling behaviour for many years may be highly fearful of the perpetrator.

It is important to think about domestic abuse as a pattern of behaviours and multiple incidents that occur over a long time. A survivor who has been living with

If the perpetrator is unlikely to be physically violent due to their current condition, it’s important to remember that the abuse may have begun when the perpetrator was younger and healthier.

‘When someone has dementia, you can’t trust what they say about abuse.’

People with dementia may be experiencing domestic abuse and their condition may mean they find it more challenging to make disclosures, be believed and get the support they need. This does not mean they are lying about the abuse and it is critical that professionals endeavour to make the survivor feel seen and heard when disclosing abuse.

It is more helpful to think about what is usual for the individual in terms of their memory patterns, communication and presentation rather than making blanket assumptions about people who have dementia. If it is possible to obtain information about the views of the survivor, what they are afraid of and what they need to feel safe, it is important that we do so.



Trauma and other impacts of Domestic Abuse

The Impact of Domestic Abuse on Older Survivors

Domestic abuse can have wide-ranging and powerful impacts on multiple aspects of the survivor's life. The impact may be more severe depending on the nature of what has happened, the frequency and length of time it went on for, the response they had when seeking help and the extent to which they were able to process their experiences or received support to do so.

Older survivors are more likely to have been living with abuse for many years before having the opportunity to seek help and experience high levels of coercive control.

Older survivors may have more complex needs than younger survivors if the abuse has been compounded by mental and physical health issues they have developed as a result.

Older survivors have experienced a time in society when many institutions took a different attitude towards domestic abuse and it was largely condoned as an acceptable part of married life. While it was not necessarily seen as positive, domestic abuse was not widely regarded as a systemic issue. Survivors who tried to seek help during this time may have been ignored or blamed for the abuse with limited resources and support available.



Considering the impacts of domestic abuse

By considering the diverse ways in domestic abuse can impact a survivor, in both the short and long term, we can develop a better understanding of the barriers that survivors may face in disclosing the abuse, leaving the relationship or generally keeping themselves safe.

	Short term	Long term
Physical	Bruises, injuries, weight loss, sleeplessness, repeated hospital admissions	Arthritis, chronic health issues, digestive difficulties
Emotional and Psychological	Experiencing guilt, shame and anger	Depression, Post traumatic stress disorder, low self-esteem, self-blame
Behavioural	Appearing uncomfortable or fearful, angry, irritable, nervous	Avoiding other people, becoming isolated and withdrawn
Interpersonal	Abuse disrupting other relationships/friendships, loss of trust, expectations of rejection, loss of contact with services and others in the support network	Ongoing lack of healthy safe relationships, making it very difficult to discuss experiences, difficulty in building trust
Practical	Neglecting important needs because of energy and resources spent managing the abuse, disrupted living situation, homelessness, having finances affected	Receiving inadequate care, loss of home and community, reduced access to resources affecting independence

Domestic Abuse and Trauma

Having an understanding of trauma and the ways it can impact an individual is crucial to providing empathic and effective support to survivors of current and/or historical domestic abuse. Even if you don't work in a mental health service, being curious about trauma can benefit you professionally by offering an insight into survivor's experiences, and putting you in the best possible position to support them.

Trauma and other impacts of Domestic Abuse

What is trauma?

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

Post-traumatic stress disorder (PTSD) is a diagnosis that people may receive after experiencing a traumatic event such as 'exposure to actual or threatened death, serious injury or sexual violation.' (DSM 5th edition). PTSD can result from having

experienced the traumatic event, witnessing the traumatic event, learning that it occurred to a close person or repeated exposure to the details of that event.

It is important to remember that this is only a clinical definition. Not everybody who has trauma will have a diagnosis. Allow for the possibility that people may be dealing with the effects of stressful, frightening and distressing events without being able to completely understand or explain them.

A traumatic event can be:

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

When we experience a traumatic event:

A traumatic event is overwhelming for existing coping mechanisms that our minds and bodies have in place and the information about the event may not get fully processed. It is natural when very frightened or overwhelmed to go into a state of 'fight, flight or freeze.' We might unconsciously prepare to fight and defend ourselves, to flee the danger or we might not be able to respond at all, and experience collapse and dissociation. If this happens very frequently or the trauma was very severe, then our brains and bodies work together

to create this response over and over again, long into the future when we are far from the traumatic event. This can mean going through life experiencing extreme physical and psychological distress whenever in a situation that reminds us of the trauma (triggers) and we are taken back into the moment when we were under threat. This might take the form of flashbacks, nightmares, vivid sensation memories, shaking, crying or hyperventilating, but will look different for everyone.

After we experience a traumatic event:

A person who is deeply affected by their trauma or has PTSD might have emotional or physical responses to it for years after the event. For some, these responses can be a way of dealing with the distress but they can also cause harm, to themselves or others.

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

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

- It is caused by another person
- That person was known to us
- It was repeated rather than an isolated incident
- It took place in an environment that we believed to be safe
- Rape or sexual violence was involved
- We continued to have contact with the perpetrator

As a practitioner:

- Be aware of the possible impacts of trauma and how people are affected differently
- Be sensitive to the fact that a person's behaviour may be related to a PTSD trigger
- Believe what the survivor says to you about their experiences
- Strive to create a sense of safety in your work, considering physical settings and how staff and service users interact with each other
- Be transparent in any decision making with your service user-building trust is crucial for somebody who has experienced trauma
- Take a collaborative approach to the work
- of supporting your service user, working with them and others in making decisions rather than telling them what to do.
- Respect the choices of your service user, whatever they may be
- Encourage and support your service user to consider what healthy relationships could look like for them and where they might be found (with professionals, friends, family or in the community).
- Empower your service user by reminding them of their strengths, recognising their achievements and framing their experiences using language that focuses on recovery and healing.
- With consent, signpost them to specialist mental health support and/or counselling where available.

Barriers for survivors to disclosing abuse

Barriers

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

Why might some survivors have more difficulties than others?

Why might survivors find it difficult to leave their situation?

The nature of domestic abuse creates barriers for all survivors. Power and control dynamics can become entrenched very quickly and abusers are intentional in the way they exploit the vulnerabilities and dependencies of survivors. From an outside perspective, it can be difficult to understand why people remain in abusive relationships. Too often, services and institutions focus on the survivor's choices to 'stay in the relationship' rather than on the perpetrator's choice to continue the abuse.

When we work with older survivors in any capacity, within healthcare, social work or as advocates in a court system, we make a

commitment to support vulnerable individuals, to respect their dignity and autonomy while appreciating how social and economic inequalities create challenges for survivors. Intersectionality is a term that adds to our understanding of service users and why some might have a harder time than others when it comes to receiving support and making changes. The concept of intersectionality was introduced by sociologist Kimberle Williams Crenshaw in the 1980s. It means acknowledging how and why each aspects of a person's identity and background can affect their wellbeing.

With regards to domestic abuse, intersectionality means that:

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

'Why would she stay?'

- Feelings of love for the abuser, particularly when the abuser is an adult child
- Fear of repercussions from the abuser, as the risk is likely to escalate when the survivor attempts to leave the relationship
- Fear of not being believed, which the abuser may have manipulated 'I told the police you were lying and they let me go.'
- Social and geographic isolation-being far away from their supportive relationships or not having any
- Fear of being institutionalised
- Loss of ability to communicate clearly due to dementia or other age-related health conditions
- The responsibility of being a carer for an abuser with health and support needs, or being cared for by an abuser
- Lack of financial independence
- Disability, reduced mobility or physical frailty
- Being unwilling or unable to leave a home and social network that becomes more vital as survivors age



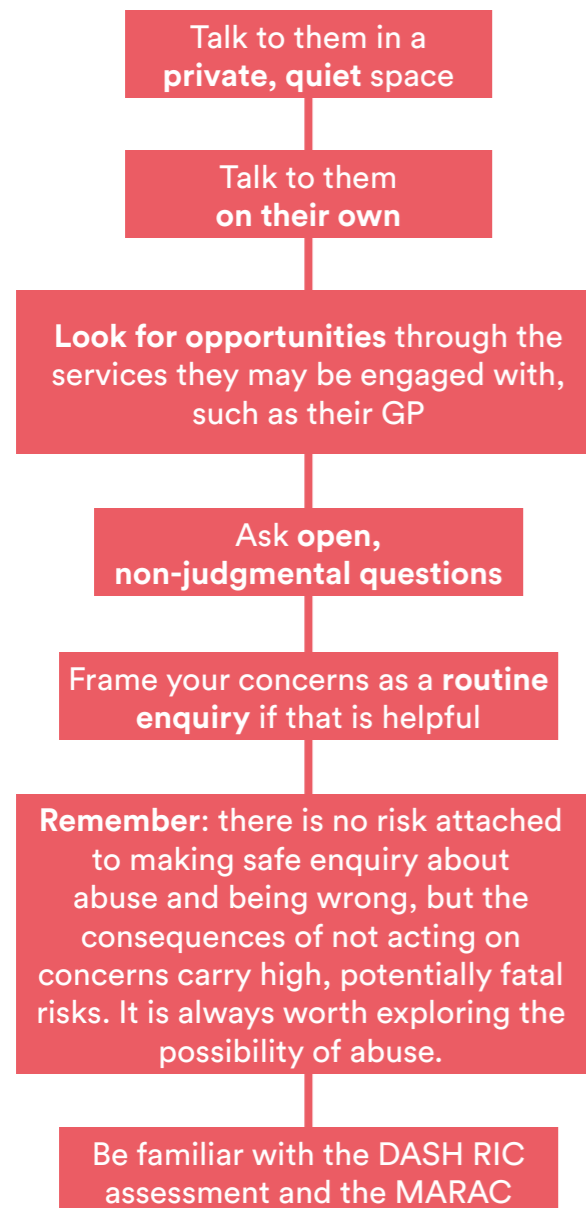
Barriers for survivors to disclosing abuse

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

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



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



When we experience a traumatic event:

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

In your initial response, be sure that you:

- Believe them
- Listen
- Take it seriously
- **Don't react with shock or anger**
- Reassure them it is not their fault and they are not alone
- Respect their choices
- Establish what they want to do
- **Don't make assumptions about their wishes, or tell them what to do**
- Be sensitive to their needs
- Maintain confidentiality while explaining its limits
- Make notes and record

If they want to continue the conversation and are open to receiving support:

- Start assessing their immediate safety. This takes priority over formal risk assessment
- Are there any immediate physical health needs?
- Are there children/grandchildren who are at risk?
- Does the survivor feel safe at the moment?
- Where is the perpetrator now?
- When are they expected to return?
- Can the perpetrator gain access to the property?
- Do they need an interpreter?

When proceeding to a full risk assessment:

- Explain clearly what the DASH RIC is, the purpose and how it relates to MARAC
- Ensure the survivor understands your organisation's process with regards to your:
 - > Confidentiality Policy
 - > Any information sharing protocols
 - > MARAC referral policy
- It is important that the survivor knows what will happen to the information they disclose during the RIC and what will happen next
- Identify who the perpetrator is that you'll be discussing during the RIC, whether they are a partner or family member and who the relevant children are.
- Explain how long it takes to complete (40 minutes to an hour) and check they have time
- Let them know some of the questions can be personal or difficult to answer and it is ok to take a break or stop the assessment
- Remember that this stage can feel clinical and confusing for survivors- ensure you are clear yourself about your reasons for doing the risk assessment so you can answer any questions they have.

Next steps: Referring to an IDVA

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

An IDVA will take a proactive role in implementing plans while keeping the survivor at the heart of the process. This could involve referring to MARAC, applying for sanctions available through criminal and civil courts, exploring housing options and services available through other organisations.

An IDVA plays an effective role in a multi-agency context in a multi-agency context in which multiple professionals are working to keep the survivor and any children safe. The key role of the IDVA is to advocate for the survivor, putting their perspective and safety first.

Studies show that IDVA involvement has an impact on the outcome for the survivor with clear and measurable improvements in safety but older survivors are less likely than other groups to be referred to an IDVA and discussed at MARAC. This leaves them vulnerable to the risk escalating in frequency and severity.

The DASH RIC and the MARAC

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

The **DASH RIC** is the Domestic Abuse, Stalking and so-called 'Honour' based violence risk identification checklist. It is a series of questions to ask a survivor when they make a disclosure. The purpose is to identify risks to adult victims of domestic abuse, consider next steps and streamline the criteria for referral to MARAC. A domestic abuse specialist will be trained in using the DASH RIC, however it is designed for all agencies to be able to use.

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

The checklist is available to download, complete with guidelines, on the **Safelives website**.



Safety Planning

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

Staying in the situation	Preparing to leave	Preparing to leave
<ul style="list-style-type: none"> › Knowing who to call in an emergency. Consider agreeing a code word so they know you are in danger and can call the police if needed › Keeping a separate phone that the abuser is not aware of › Keeping a panic alarm on and charged › Considering which parts of the home are more dangerous than others (eg kitchens or bathrooms) › Telling supportive people so they know what is going on and how they can help 	<ul style="list-style-type: none"> › Plan ahead. This is the time when risk can escalate very quickly › Pack a bag if possible and keep it safe or with trusted friends › Consider finances, setting aside money in preparation for leaving › Consider housing options and what may be available in an emergency › Consider what access needs you have and whether you will need increased care › Tell services and supportive people what is happening and any concerns you have so they can be involved with the plan 	<ul style="list-style-type: none"> › Consider injunctions and measures available through the civil or criminal justice system to give you more protection › Avoid revealing any information of your whereabouts to those connected to the perpetrator › Consider digital safety, any passwords the abuser may be aware of and whether you can be traced through social media activity. Remember mutual 'friends'

What support is available?

- Domestic abuse helplines at a national and local level are available for advice and support for survivors and professionals
- Refer to local IDVAs (Independent Domestic Violence Advocates) or ISVAs (Independent Sexual Violence Advocates)
- Specialist domestic abuse support may be available through health care (IDVAs based in hospital)
- Legal advice for civil and criminal matters (including access to Legal Aid if eligible)
- Police can support by attending in an emergency, taking reports of domestic abuse and initiating criminal investigations
- Refuges are available as an emergency accommodation option and domestic abuse services will have the ability to refer to them if needed.

- Injunctions are a protective measure that a survivor can get through a civil (non molestation orders and occupation orders) or criminal (restraining orders) court process. A court can use the order to instruct an abuser to stay away from the survivor, to vacate the property and not make contact, with legal consequences for any breach.
- Sanctuary schemes are locally co-ordinated schemes involving housing and domestic abuse services to install protective measures in properties to make them physically safer eg reinforced doors, extra locks, panic rooms. They may also include supplying a survivor with a panic alarm or flagging their

address for domestic abuse in the event of a police call.

- Local authority housing departments have a duty to support survivors of domestic abuse. A survivor may be eligible for assistance under the 1996 Homelessness Act due to their experiences of domestic abuse and their home being unreasonable for them to occupy. If a survivor is found homeless as a result of domestic abuse, they may be eligible for emergency temporary accommodation.
- Longer term housing options include transfers, mutual exchanges and referral to sheltered or supported accommodation.

Older survivors and access to housing options

- Refuges usually have only shared rooms available, are frequently set up for women with children and are inaccessible to those with mobility needs or those who need high levels of care
- Many temporary accommodations available on an emergency basis will not be suitable or specially adapted for those with access needs, and often requires the survivor to travel a long distance
- Council housing is increasingly difficult to access due to nationwide shortages
- A survivor who owns her property will not normally receive support from her local authority to access longer term housing, even if she can receive emergency assistance.

Best practice

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

Child to Parent Violence

Child to Parent Violence (CPV) is affecting increasing numbers of families across the UK and worldwide. The majority of the research on domestic abuse has focused on intimate partner violence, a concern which has dominated mainstream services. In attempts to support these older survivors, professionals may find that the majority of the information available on CPV is limited to discussions of abuse perpetrated by children or adolescents under the age of eighteen. However, the studies that consider a more detailed evidence base for the experiences of older women find a substantial number experiencing abuse at

the hands of adult children or grandchildren. The cross-government definition of domestic abuse makes it clear that family members over the age of 16 can be perpetrators, and while there is no legal definition for domestic abuse involving those under the age of 16, there is an information sheet from the Home Office which recognises Adolescent to Parent Violence and Abuse (APVA). One in four homicides by a loved one involve a victim aged 60 and over, and of these they will have an almost equal chance of being killed by a partner or spouse as by an adult child or grandchild.

Why are older survivors affected?

The dynamics of the parent-child relationship are unique and last until either a parent or child dies. As survivors and their children age, their relationship has the potential to change dramatically as they take on different roles and responsibilities, for example as

the child becomes independent or as the parent requires increased care and support. The dynamic can be complicated further by a history of domestic abuse in the family, violence between siblings, drug and alcohol abuse and mental health issues.

How are older survivors affected?

- Many survivors report feeling responsible for their child's behaviour, or view their actions as entrenched and unavoidable.
- Older survivors who have experienced children's social care family interventions may have had their parenting criticised when trying to seek support for abuse from their child, making them reluctant to seek help in future.
- CPV is underreported as survivors may be less likely to call the police when experiencing violence from an adult

child, fearing that they will 'give' their child a criminal record.

- Survivors reliant on their children for care and support may fear retaliation in the form of having support withdrawn, being denied contact with grandchildren or being put in a care home.
- Survivors may have more difficulty expressing what is happening to other members of the family, leading to increased isolation.

- Survivors are more likely to ask for support for their child than for themselves. However, there is a very different service response to children and young people who use violence, where the family may be offered holistic support to change the situation. This response is largely unavailable and inappropriate for the majority of adult perpetrators, though the feelings of responsibility for the survivor and concern for their wellbeing may continue into their child's adulthood.

- The loss of a social network may have more of an impact for an older survivor and they are more likely to want to maintain contact with a perpetrator who is an adult child.
- The shortage of affordable housing and general austerity has led to a rise in intergenerational living situations across the UK. This creates additional barriers to survivors being able to 'leave' abusive situations or feeling reluctant to 'make' their child homeless.

Supporting older survivors affected by CPV

- Be direct in addressing any self-blame experienced by the survivor and make it clear that the abuser is responsible for their behaviour. Do not excuse abusive or controlling behaviour on the basis of the abuser's own support needs or vulnerabilities.
- Challenge the assumption that abusive behaviour is 'caused' by bad parenting, as there are many situations where abuse has no particular cause.
- Offer support to name CPV as domestic abuse as many survivors do not view it as such
- If a survivor is reluctant to call the police, explore whether they would be comfortable with another person doing so on their behalf (neighbours calling the police in an emergency or trusted family and friends knowing a code word)
- Discuss housing and legal options with the survivor without assumptions about what they will want to do.
- If appropriate, involve other agencies to explore whether support is available for the abuser.
- If you are working with an adult child using abuse and become aware of risks, share your information with other professionals. Make a referral to MARAC or take measures to give the survivor access to confidential support from a domestic abuse organisation.
- If the abuser is providing care, explore whether this care can be provided independently and ensure any care providers are aware of domestic abuse risks.
- Specialist training should be undertaken before assessing perpetrators of domestic abuse or providing interventions to address abusive behaviour.

Abusers with care and support needs

Care and Support Needs

The dynamics involved with giving and receiving care can create dependencies between people. If the relationship between two people is abusive and involves a power and control dynamic, there are opportunities to exploit care and support needs to continue

and disguise abuse well into later life. This can be true for an abuser who has dementia or other care and support needs of their own, as well as a survivor who is dependent on an abuser to meet their needs.

If the survivor has care and support needs:

- Consider the impact of domestic abuse on the victim (anxiety, low self-esteem) and look out for warning signs in the perpetrator (over-attentiveness, manipulation) without regarding this as an inevitable consequence of the situation
- Listen to the survivor about what they feel is a risk to their safety and what they feel would make them more safe
- Realise that perpetrators of domestic abuse may present as believable and concerned to professionals, who themselves might be manipulated or intimidated by his behaviour
- Be aware of pre-conceived notions of a survivor's credibility that are informed by prejudice. For example, that a vulnerable person or somebody who has memory issues cannot be relied upon to tell the truth.
- Do not make assumptions about what

is the best outcome for the survivor. Listen to what a good outcome would look like for her and what her priorities are at that time, while staying aware that they may change

- Consider involving supportive family and friends, adult social care and other services in the survivor's care as a protective measure.
- Referral to an Independent Mental Capacity Advocate (IMCA) can be used in a situation where a person does not have capacity in relation to making relevant decisions about their safety from abuse, whether or not they have relatives who say they can speak for the person.
- In relation to coercive control, speak to your manager and seek legal advice if you believe a person has mental capacity but may not be in a position to make 'capacitated decisions' due to the abuse.

If the perpetrator has care and support needs:

- Consider the variety of abusive behaviours. Even if the risk of physical violence has reduced with age and/or frailty, the risk of coercive control may remain high.
- If it is unclear whether the abuse is related to pathology, ask more questions. Consider whether the abuse could have begun much earlier in the relationship and not been disclosed. Find out whether there is a pattern to the behaviour, whether they behave the same way with everyone and what things were like before the abuser became vulnerable.
- Explore what support is available for the abuser and whether adjustments can be made in their care to protect the survivor (medication reviews, involving a dementia specialist, respite care for the survivor).
- If you are working with an abuser who is vulnerable and become aware of risks, share your information with other professionals. Make a referral to MARAC or take measures to give the survivor access to confidential support from a domestic abuse organisation.
- Recognise that the survivor may want to remain living with the abuser, or return if the abuser becomes unwell.
- Specialist training should be undertaken before assessing perpetrators of domestic abuse or providing interventions to address abusive behaviour.



Further Reading and Resources



Further reading and resources

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

Violence against women and girls ends here.



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