

# Older People and Domestic Abuse

Online training

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# Introduction to IDAS

- The leading specialist domestic abuse charity in Yorkshire
- Provide expert advice and support to people affected by domestic abuse & sexual violence
- Confidential helpline
- Safe accommodation
- Practical and emotional support
- Training for professionals.

safe lives, free from abuse and violence



# Learning agreement

- Mics off unless speaking
- Confidentiality
- Time out - look after your wellbeing
- Questions and contributions welcome - speak up!
- Share your experience and knowledge
- Challenge respectfully
- Take responsibility for your own learning
- Avoid taking calls/emails - phones on silent
- Handouts will be e-mailed out.

# Aims and objectives of today

- Exploring older people as **hidden victims**
- Understanding the **challenges** faced by older victims of domestic abuse and the impacts of these
- **Tailoring your approach** for older victims
- **Barnsley pathways** for referring to domestic abuse services in the local area



# What is domestic abuse?

**Domestic Abuse Act 2021:** Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The Act **recognises children in their own right**, extends the definition to **post-separation** and includes economic abuse.

The DA definition includes forced marriage, 'honour' based violence, female genital mutilation (FGM) and victims are from **all ethnic groups and genders**. Domestic abuse can encompass but is **not limited to** the following types of abuse:



# Controlling behaviour

A range of acts designed to make a person **subordinate and/or dependent** by:

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



# Coercive behaviour

An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to **harm, punish, or frighten a victim.**

**Coercive and controlling behaviour is a criminal offence.**









# Consider: How might older people view domestic abuse?



# Facts & figures

- **80% of older adults** are not visible to services
- Of those visible to services, **a quarter** live with abuse for more than 20 years
- While the majority of older clients are female, there are much higher proportions of older men experiencing abuse (**20%**) compared with those **under 60 (4%)**
- Over half (56%) of older male victims were abused by an **adult family member**
- It has been estimated that nearly **half a million victims and survivors** of domestic abuse seek assistance from medical professionals every year.
- Health settings are trusted environments which can reach people “from every background and walk of life subjected to domestic abuse”

# Facts & figures

- Lack of knowledge: surveys, campaigns and studies around domestic abuse tend to **exclude over 60's**
- Older victims' experience of abuse is different from those in younger age groups. These differences have not been adequately acknowledged or accounted for.
- Between 2009 and 2018, 14% of femicide victims were aged 66 and over. Of these, 34% were killed by intimate partners, and 25% by their sons (Femicide Census, 2020).

# Spotlight #1

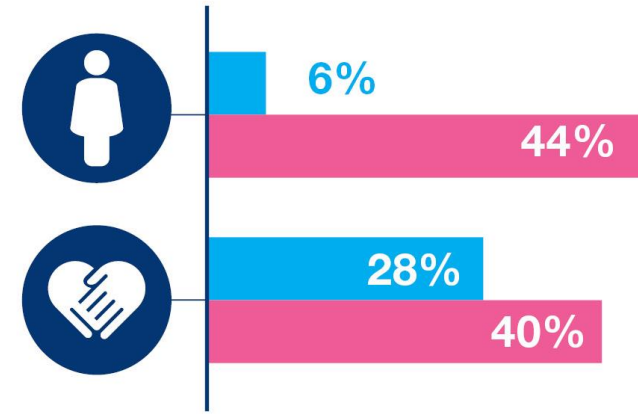
## Older people and domestic abuse

Source: SafeLives Insights, 2015-16

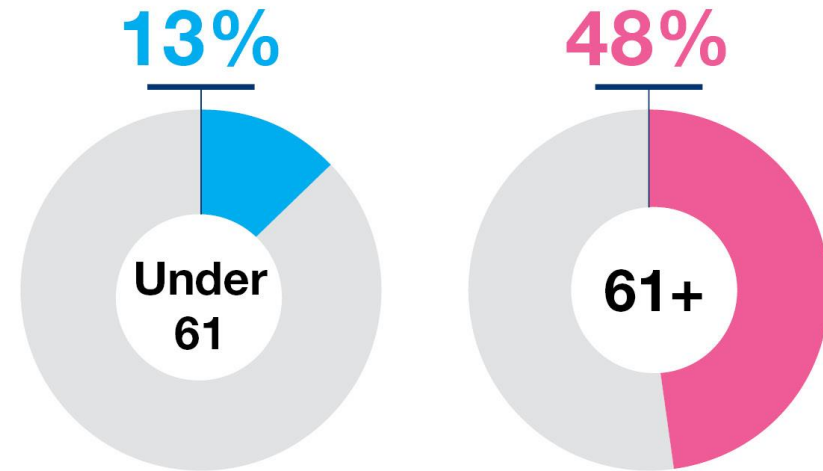
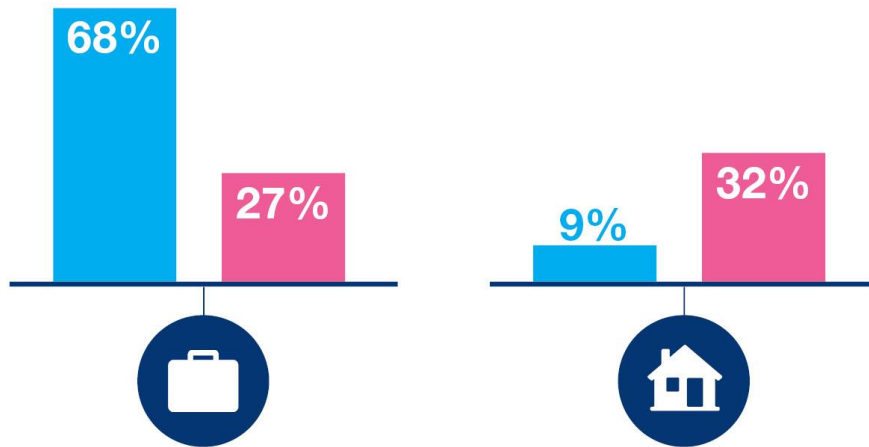


Victims aged 61+ are much more likely to experience abuse from an **adult family member** or **current intimate partner** than those 60 and under

- Victims aged 60 and under
- Victims aged 61+



Older victims are **less likely to attempt to leave** in the year before accessing help, and **more likely to be living with the perpetrator** after getting support



Older victims are significantly **more likely to have a disability** – for a third, this is physical (34%)

## SafeLives (2016) Safe Later Lives: Older people and domestic abuse.

Profile of clients	60 and under	Over 60
Perpetrator is current partner	28%	40%
Male clients	4%	21%
Adult family member is the primary perpetrator	6%	44%
Multiple perpetrators	9%	7%
Attempted to leave the perpetrator	68%	27%
Average length of abuse	4 years	6.5 years
Physical health & mental health	6 & 7	6 & 6
Physical abuse	69%	69%
Sexual abuse	25%	10%
Harassment and stalking	73%	57%
Jealous and controlling behaviours	83%	73%

# Discussion: What potential signs of domestic abuse might you see?





# Potential signs of domestic abuse

- Physical injuries including black eyes, bruising to upper arms, neck and chest
- Implausible or unlikely excuses for frequent injuries
- Self blame, stress, anxiety or depression – mental health impacts
- Exacerbation of existing health concerns or seemingly unrelated issues
- Regular attendance at appointments/health settings
- Mentions of coercive or controlling behaviour: "I'm not allowed to..."
- Absent from or changes to work and social patterns, or missing meetings/appointments
- Personality changes – being jumpy or nervous

# Potential signs of domestic abuse

- Visible fear of another person/people
- Not taking part in activities which they find enjoyable
- Isolation from others
- Low self-esteem, difficulty making decisions or communicating their needs
- Lack of independent communication, or an intrusive other person in consultations
- Increased alcohol or drug use
- Lack of money, potentially a sign of financial abuse, an allowance etc.
- Damage to property.

# Different types of abuse

- **Abuse grown old:** abuse through the years
- **Recent abuse:** new relationship in older age that is abusive
- **Late onset domestic abuse:** starts in later life but with the same partner
- **Adult familial abuse:** Perpetrator is an adult child or family member

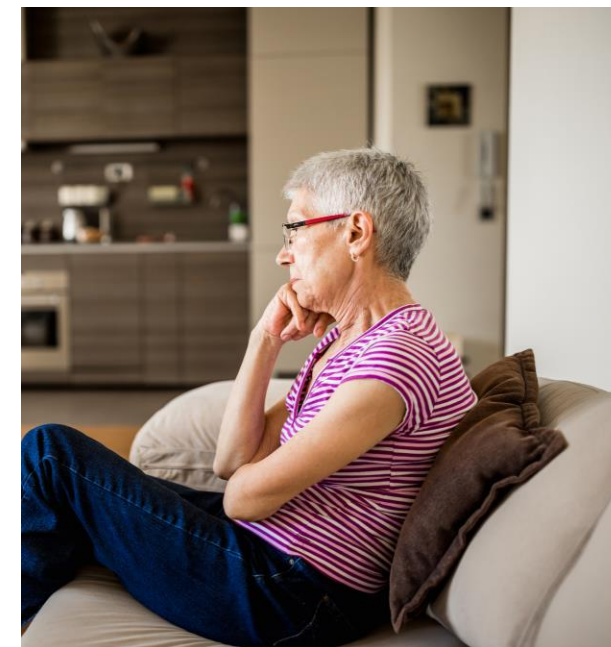


# Consider: Why might abuse of older people remain hidden?



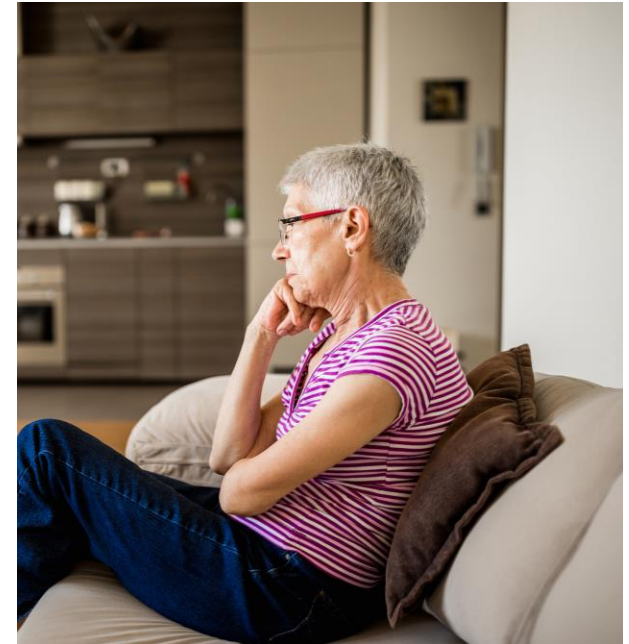
# Older people as hidden victims

- Generational views on how relationships 'should be'
- Privacy: no third person should know what happens in the relationship
- Generational acceptability of abuse and patriarchy/male dominance
- Fear of the consequences of disclosing
- Added health problems – abuser may be their carer.



# Older people as hidden victims

- Adult child may be the abuser – complex relationships
- Not wanting abuser to go to prison or get into trouble with the police
- Perceived reluctance to bringing an older person, often frail, through the criminal justice system.
- Reluctance of starting again once over 60 – including going to a refuge.





# Additional challenges for older people

- Potential additional **physical and mental health issues** – victim & perpetrator
- Added complexities if abuser is the adult child of the victim
- Abuse has potentially gone on throughout the relationship, which could be decades long
- **Lack of research** leads to limited understanding – lower reporting
- Often victims have extremely low confidence
- Victims may be unaware of what support is available, or don't want to 'be a burden'
- Potential for **trauma bonding** to impact on their ability to make safe decisions/end the relationship etc

**Different risk assessments can change the focus of the support that is needed. Ensure the domestic abuse risk assessment is part of a wider needs assessment of vulnerabilities.**

# Barriers to reporting: older people

- Perception by older people that services are for younger people
- Generational, cultural or societal attitudes:
  - *Marriage is for life*
  - *'I've made my bed, I must lie in it'*
  - *What happens in the home is private*
- Family dynamics
- Health issues
- Financial worries or lack of independence
- Housing concerns – not wanting to uproot
- May not recognise their own experience as abuse
- Longstanding abuse may lead to feelings of isolation, poor self esteem, lack of career or independent income
- Not knowing who or how to ask
- Relying on their abuser for care
- Providing care to their abuser
- Lack of a strong support network – absent family, friends

# Let's take a break



# What can we do?

- Have **better coordination** between services, particularly Adult safeguarding and health and DA services
- Older people may require **more tailored responses and interventions**, so you need to think out of the box
- Routine enquiry – asking the question as a matter of course
- **Advise clients** of the services available that can support them
- Embed **domestic abuse champions** within your sector
- **ALWAYS** complete a **DASH Risk Assessment**



# Always remember

- Abusive relationships have complex dynamics. They are not easy to leave.
- Abuse is not always physical.
- The levels of abuse and harm can be no less serious than that seen in younger people.
- Professionals need to be alert to domestic abuse, name it, and offer support to victims.
- **ALWAYS complete the DASH**



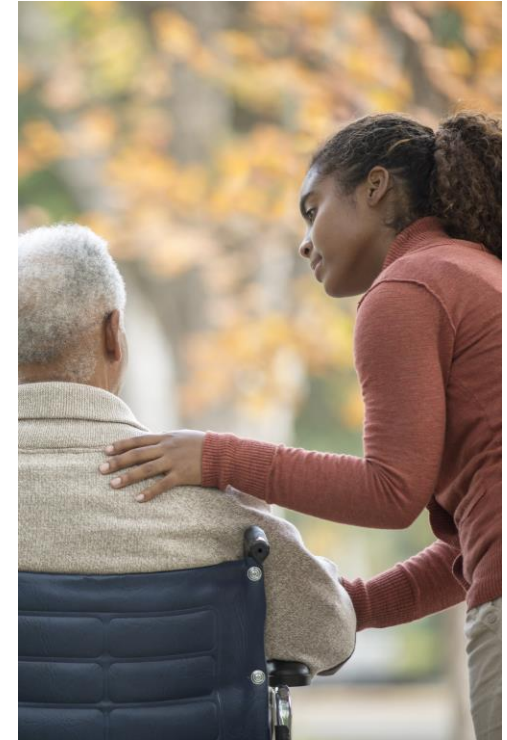
# Safeguarding adults: the 'new' definition

## The Care Act 2014

Protecting an adult's right to live in safety, free from abuse and neglect.

### The adult:

- Has needs for care and support (whether or not the Local Authority is meeting any of those needs) and:
- Is experiencing, or at risk of, abuse and neglect; and:
- As a result of those care and support needs is **unable to protect themselves** from either the risk of, or the experience of abuse or neglect





# Asking the question

**It is hard for someone to disclose that they are experiencing abuse. They need to feel that the person asking:**

- is genuinely interested
- will be non-judgemental
- will know how to respond if the answer is yes

Like many victims, older people **may not use the label 'domestic abuse'** for their experiences. They may not be familiar with the term (especially if they are speakers of other languages), or they may think that it only applies to physical violence.

**It is important to think about how to ask about DA.**



# Broaching the topic

I've noticed you seem a bit down, has anyone upset you?

Do they always talk to you like that?

We haven't seen much of you recently, is everything ok?

What would happen if you disagreed with some of the rules put in place for you?

I'm worried about you... I saw the way they looked at you and you seemed scared.

I just want you to know that if you ever want to talk to me about your situation, you can.

# Domestic Homicide Review: Adult F

- Independent 93 year old
- Daughter travelled to Sheffield to care for her mother
- Adult F had a fall, admitted to hospital with broken ribs and chest infection
- Discharged to the care of her daughter after 10 days in hospital
- Daughter had history of severe depression and consulted her mother's GP with increased anxiety, weight loss, exhaustion and sense of not coping
- GP advised to increase dose of anti-depressants
- 6 weeks later Adult F was found dead by police in her home
- Daughter was arrested and admitted manslaughter on the grounds of diminished responsibility.



# What happened next?

- Agencies involved had no cause to raise safeguarding concerns
- Adult F wanted to remain independent, she resisted additional help
- Daughter didn't understand why help couldn't be imposed despite Adult F's resistance and was overwhelmed by the stress of caring
- Agencies involved underestimated the stress of short term/temporary caring responsibilities
- Failure to recognise caring at a distance from one's own home may introduce additional stress
- Failure to carry out a holistic risk assessment including the daughter's needs



# Adult F: The learnings

- **Be aware of the stress** involved in short term caring and assess all those involved in the situation. Are there other family members who could help?
- Some carers are themselves vulnerable for reasons including their own **mental or physical health problems** and may find it difficult to acknowledge their own needs.
- If a carer is depressed, make sure you ask them about risks to self and others, document that risk and take appropriate action to address it.
- Be mindful of the **distinction (and potential conflict)** between decisions that a carer is in a position to make and the decisions that the person they are caring for is in a position to make. Comply at all times to the MCA, but acknowledge that a carer and the person they care for may not agree on decisions, leading to potential conflict. Careful sympathetic explanation to the family may be necessary in this situation.

# Carer stress

- Caring can cause stress in many areas of a carer's life and it is not only short-term or temporary caring and/or caring at a distance that is stressful.
- Where any carer is identified (i.e. known to be supporting someone) – not just when there are indications of stress - signposting them to sources of information and support as a matter of course and as early as possible is crucial.





Adults providing unpaid care to an adult relative or friend are entitled to have a detailed assessment of their needs as a carer. The assessment looks at how caring affects their life physically, emotionally and practically.

Barnsley Adult Social Care provide carer's assessments and support for carers.

**Carer's Assessment:** (01226) 773300

# Support in specific situations

## Health and mobility issues affecting accessing services

- Be practical in how you offer support (use GPs, day centres)
- Consider need for interpreters, services for deaf people
- Visit clients in their own home if possible – ensure privacy
- Be aware of refuges that may be able to accommodate older adults



# Support in specific situations

## Victim has limited eligibility for housing, legal or financial support

- Link up with local housing associations
- Be aware of local solicitors who can offer services pro bono and willing to meet the client either at home or in a safe location
- Consider finding out about benefits or pensions that older people may be entitled to
- Older people and carers can ask for a Community care assessment leading to more joined up work with services



# Support in specific situations

## The perpetrator is elderly or has health issues of their own

- Where possible and safe, look for support services for the 'vulnerable' perpetrator as this may be the only way to ensure the victim's safety
- Recognise that your client may want to maintain the relationship and help the abuser. You must always support any decision they make.



# Support in specific situations

**Victim reluctant to leave, or has complex needs that make leaving difficult**

- **Respect your client's autonomy** and the right to make their own decisions
- Address any isolation by suggesting local befriending services, local activities, day/care centres. Support them to attend - low self-esteem, mood and confidence
- Give as much assistance and support and information as possible without overwhelming them, help them make informed choices.



# Support in specific situations

## The abuser is the victim's adult child or grandchild

- Explore alternative solutions to help clients get support eg, often clients were happier if neighbours called the police rather than them doing it themselves – code words.
- Speak to other local domestic abuse services to find out about their experiences of this type of abuse. What worked for them?
- Link in with specialists such as drug and alcohol services, housing and social care. If the person causing the harm is under 18, follow the YP pathway.



# The DASH risk assessment



**Primary purpose is to gather:**

- **Relevant risk** information so that immediate safety advice can be offered and the relevant information shared with IDVAS/Police/Social Care etc
- *Relevant* information may come from '3rd Parties' as well as the victim, ensure you have considered whether you need to make further checks
- **REMEMBER** – Risk Management and Safety Planning are most effective when responding to the identified risks – if we don't ask, we don't know
- Current incidents – usually within the last 4 weeks but this is not a hard and fast rule
- Ask ALL the questions and where you have ticked yes, provide dates and details/examples

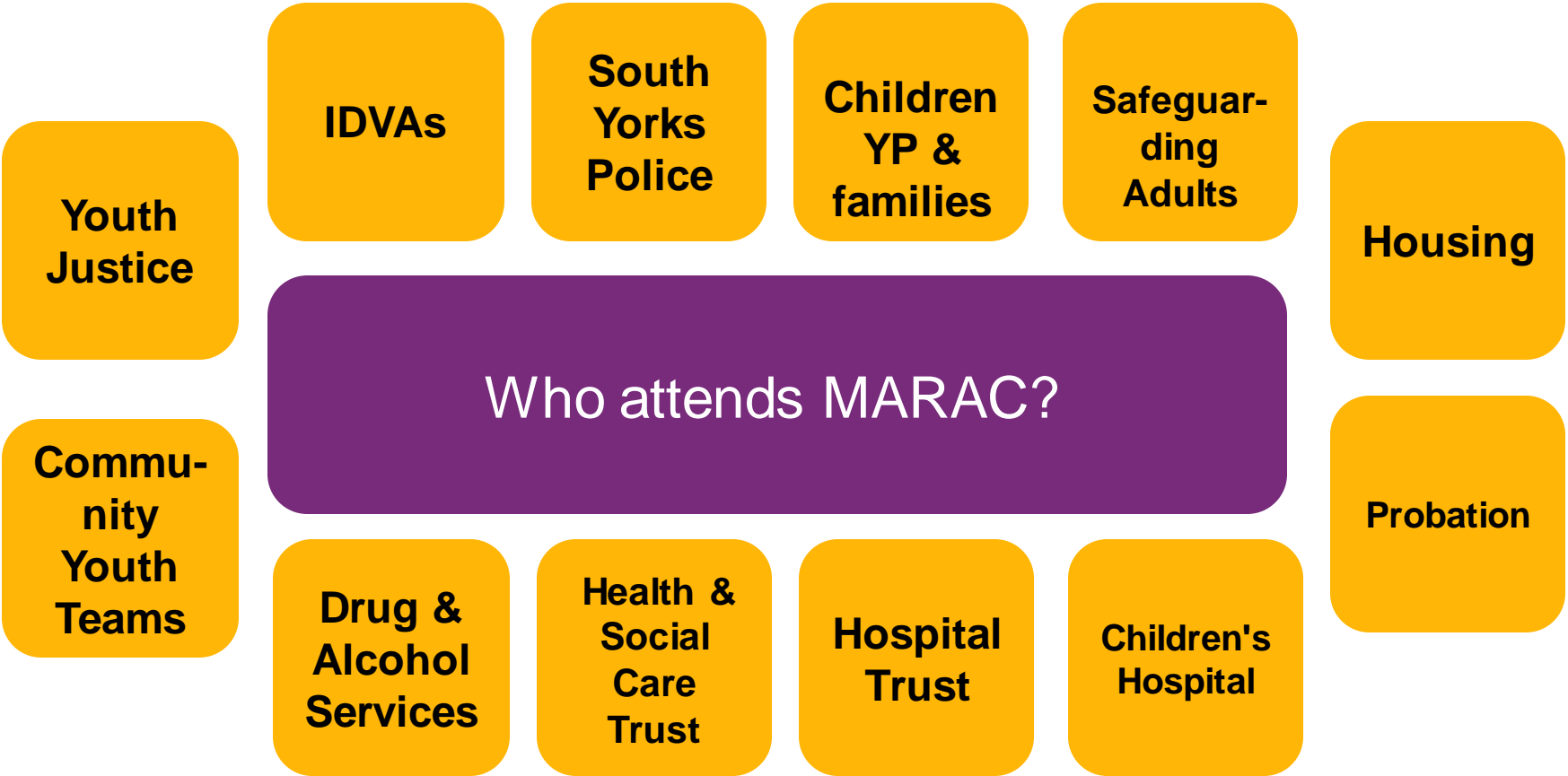


# Safety planning

- Ensure client has emergency contact numbers (police, helpline, housing, Out of Hours housing)
- Establish safe methods of contact i.e. safe contact number/address, via a friend/family member, other agencies, safe times to call/when offender is at work
- Discuss address tag and immediate police response
- Discuss informing neighbours or agreeing code words with family/friends to alert someone else if they are in danger
- Encourage reporting to police
- Removing self from area of an incident
- See GP/Health professional if any injuries are sustained
- Referrals for target hardening/emergency lock change via Sanctuary Scheme
- Encourage to keep phone on and fully charged at all times
- Discuss changing routes/routines offender is aware of



# MARAC – Multi-Agency Risk Assessment Conference



# MARAC

- Representatives from partner agencies - Statutory and Voluntary sector
  - Aim is to discuss current risk, its presentation
  - Action plan to reduce the risk as safely and swiftly as possible
- Actions agreed with representatives and taken back
- MARAC is the referral process - Reps cannot un-hear what they hear



**These cases are best managed through an integrated response which combines adult safeguarding and high-risk domestic abuse expertise, particularly in relation to risk assessment and safety planning.**

# MARAC vs. Safeguarding

## How does the new definition impact on MARAC?

- MARAC is about **managing the risk** and is a safety net that needs to stay in place, ensuring that people don't 'fall through' gaps in services

### In addition:

- It ensures that relevant information about the victim *and* perpetrator is **shared with other agencies**
- It can 'feed' into any future Risk Assessments/Safety Planning involving either party
- It ensures *all* the relevant information is stored by one agency, i.e. IDVAs.

# IDAS service model



One front door



Holistic  
assessments



Safety first



Expert staff



An end to end  
service

# IDAS referral process

03000 110 110

All referrals received at our referrals HUB (Helpline):

Telephone – 03000 110 110

DASH Risk Assessment - [idva.service@barnsley.cjsm.net](mailto:idva.service@barnsley.cjsm.net)

Online Referral – [www.idas.org.uk](http://www.idas.org.uk)

Live Web Chat – [www.idas.org.uk](http://www.idas.org.uk)\*

Referrals can be made either directly (self-referral) or via partner agencies

**NOTE:** Consent is required for **all referrals** that do not meet the high risk threshold

\*Webchat available 4pm-6pm weekdays, monitored by regional staff in Barnsley & North Yorkshire



# Support for older people

- **Age UK** Practical, financial and community support, befriending services  
[www.ageuk.org.uk/barnsley](http://www.ageuk.org.uk/barnsley) **enquiries@ageukbarnsley.org.uk**
- **Royal Voluntary Service** Support at home and social activities  
[www.royalvoluntaryservice.org.uk/get-help/support-at-home](http://www.royalvoluntaryservice.org.uk/get-help/support-at-home) **0845 608 0122**
- **The Silver Line** Free confidential helpline, befriending, protection from abuse and neglect  
[www.thesilverline.org.uk/](http://www.thesilverline.org.uk/) **0800 470 8090**

# Support for older people

- **Dementia Support Barnsley (Alzheimer's Society)** Support, groups and support for carers [www.alzheimers.org.uk](http://www.alzheimers.org.uk) 01226 296301
- **Barnsley Blind & Partially Sighted Association** Support and friendship [www.bbpsa.co.uk](http://www.bbpsa.co.uk) 01226 200618
- **The British Legion** Befriending service [www.britishlegion.org.uk](http://www.britishlegion.org.uk) 0808 802 8080

# National resources

**Women's Aid:** Resources to support women including Survivor's Handbook in community languages

**Men's Advice Line:** Support for male victims, including freephone domestic abuse helpline: **0808 801 0327**

**Galop:** Resources and support for LGBT+ victims including freephone domestic abuse helpline: **0800 999 5428**

**The Hideout:** Resources to support work with **children & young people** & Expect Respect Toolkit

Resources for **risk assessment, good practice guidance, MARAC agency toolkits, training:** [www.safelives.org.uk](http://www.safelives.org.uk)

Resources for **legal and civil matters:** <http://rightsofwomen.org.uk/> and <https://www.gov.uk/injunction-domestic-violence>



# Questions & answers



Thank you for attending, and for your contributions.