



DOMESTIC ABUSE, SEXUAL VIOLENCE AND OLDER PERSONS

Background information

This resource has been compiled as a recommendation of Domestic Homicide Review to provide information on domestic abuse for older persons.

An absence of data, compounded by generational norms that view abuse as a private matter, have often led to older age being considered a protective factor against abuse.

However, recent data shows that at least one in six UK adults aged 60 and over (equating to around 2 million older people) experience some form of violence and abuse each year.

‘On average, older victims experience abuse for twice as long before seeking help as those aged under 61. And nearly half have a disability. Yet older clients are hugely underrepresented among domestic abuse services’. – SafeLives

Immediate danger

If you need urgent police help through the 999 service but cannot speak, call 999, you will be connected to a phone operator who will ask which service you need.

On a mobile:

- If you can't speak but the operator hears something suspicious, they'll connect you to a police call handler
- If you can make some noise, whispering for example, the operator will connect you to the police
- If you can't speak, and the operator can't tell what service you need, they'll transfer you to the Silent Solution system. This runs a 20 second automated message, and that will ask you to press 55, to be put through to the police

On a landline phone:

- If you cannot speak and the operator can hear only background noise, they'll connect your call to the police

Understanding domestic abuse in older adults

Domestic abuse is any abusive behaviour by a person towards another person by someone who is personally connected to them. It can include:

- Physical or sexual abuse
- Control (e.g. not being allowed to go where you want, when you want)
- Coercive behaviour (e.g. being forced to do things you don't want to do.)
- Violent or threatening behaviour
- Economic abuse
- Psychological, emotional or other abuse.

Anyone can be a victim of abuse regardless of age, race, income, religion, belief, sex, disability, culture or sexual orientation. The abuser may be a family member or someone they are in or have been in a relationship with.

Older people may have different experiences of abuse, such as:

- The abuse is as likely to be perpetrated by family member as an intimate partner.
- Long-term abusive relationships which may require prolonged interventions from services.
- A dependence on the abuser for care or housing.
- Health-related vulnerabilities (e.g., dementia, limited mobility).
- Support services which are not targeted at older people and do not always meet their needs.
- Men are at an increased risk of domestic abuse as they age.

Identifying abuse

Behavioural signs of a perpetrator

Refusing independence, taking control of means of contact, and threats to withdraw care

Physical signs

Bruises, burns, or fractures

Financial signs

Unexplained bank withdrawals, changes in wills, or unpaid bills.

Neglect signs

Poor hygiene, bedsores, or untreated medical conditions.

Behavioural signs of a victim

Withdrawal, fear, anxiety, or depression, stopping attending clubs or social activities.

Barriers to reporting and seeking help

- Fear of losing care or housing.
- Older adults may feel ashamed about disclosing abuse, particularly when the abuser is a family member.
- Older adults may not recognise certain behaviours (e.g., financial exploitation) as abuse, most campaigns around domestic abuse awareness have focused on younger victims/survivors.
- Older adults may be reluctant to engage with domestic abuse services as they feel that they do not meet their needs or are inaccessible.
- Older adults may have trouble using computers, smartphones or the internet making it harder for them to access support services which are increasingly available online.

Risk factors and vulnerabilities

Age-related factors:

- Health issues (including of the perpetrator).
- Cognitive decline.
- Physical dependence.
- Social isolation.

Cultural and social factors:

- Attitudes towards aging and family roles.
- Discouragement of discussing private matters.
- Shame or pressure to remain silent, particularly in religious communities.

Economic vulnerabilities:

- Fixed incomes or financial dependence on family members.
- Joint tenancies

Myths and misconceptions about domestic abuse

Myth	Research
Domestic abuse and sexual violence happens less amongst older people.	Like younger people, <u>older people may be subjected to domestic abuse</u> that is physical, sexual, emotional, or economic. Signs may include: controlling finances, denying access to support services, and physical assault. Find out more information on the signs of domestic abuse amongst older people <u>here</u> .
Bruises happen all the time because of age-related conditions, there's no need to ask more questions	As people get older, the skin becomes thinner and loses some of the protective fatty layer that helps cushion blood vessels from injury. Older adults with bruises should always be asked about the cause of the bruises.
Domestic abuse always involves physical or sexual violence	Domestic abuse may not always present as physical or sexual violence. <u>Other abusive behaviours</u> include coercive control, financial control or harassment.

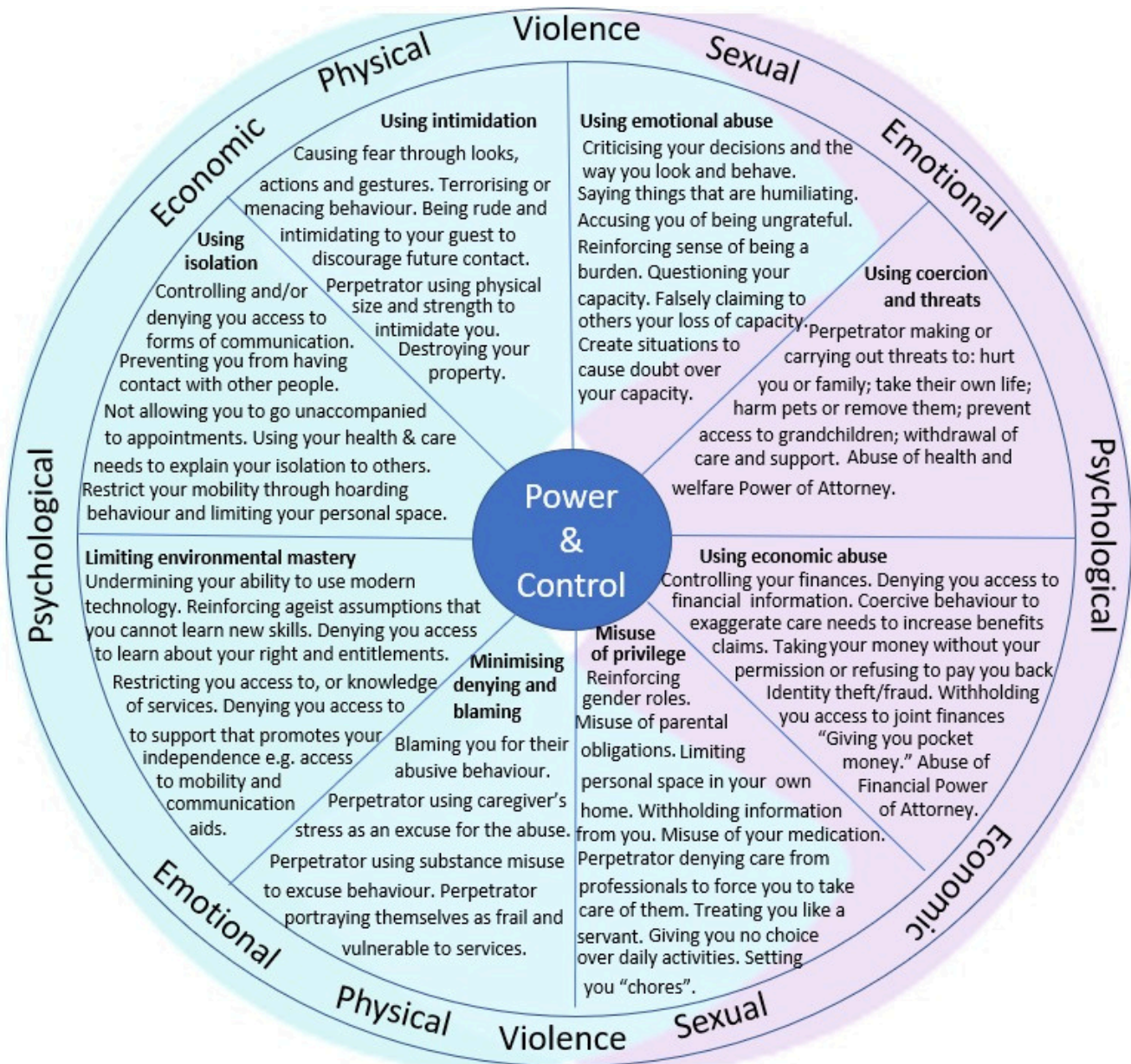


Figure 1: Duluth Power and Control Wheel

Figure 1: The Duluth Power and Control Wheel was originally created by Ellen Pence and Michael Paymar as a tool to help explain the variety of ways perpetrators use power and control manipulate and abuse that may not be physical in nature. Dewis Choice have adapted the Duluth Wheel based on their research examining the lived experiences of over 90 older victim-survivors that engaged with the Dewis Choice Initiative.

Carer issues: carer as an abuse victim

- A victim of domestic abuse may become a caregiver for the perpetrator which can increase the risk of harm.
- Increasing care needs and dependency on the victim-survivor can mark a shift in the relationship and a fear of a loss of control for the perpetrator, which may mark an increase in coercively controlling behaviour.
- Caring responsibilities can lead to increased isolation, with the older person feeling they cannot longer leave the home to pursue activities they enjoy that provide respite from the abuse.

Carer issues: carer as an abuse perpetrator

- Partners and family members can unintentionally harm those they care for due to a lack of understanding of the care needs of an individual, or through an inability to cope with providing care.
- Where genuine care-giver stress occurs, additional support and respite may help resolve the situation.
- Abusive behaviour from carers may start unintentionally and then become intentional over time.
- Practitioners should never presume harm caused by a caregiver is unintentional and always explore the possibility that the relationship may have always been coercive, controlling and abusive.
- Adult family members may use their position as a carer to financially abuse the older person, by taking control of their finances, denying them access to bank statements and debit cards.
- For an individual who is experiencing abuse from a partner or family member who is also their carer, time spent alone with a practitioner may be the only opportunity they have to disclose what is happening to them. **Therefore, it is extremely important for practitioners to create a safe space away from partners and family members.**

Support for carers



- You can ask for a free Carer's Assessment if you need support in your caring role.
- Well Aware is a local directory of health and wellbeing services.
- CarersLine is a confidential phone and email information and support service for carers in Bristol and South Gloucestershire. Call 01179652200 or email carersline@carersbsg.org.uk.
- You can get support to take a break from caring whether it's for an hour, a day, or a week.
- We Care offer home improvement support to older and vulnerable people.
- Avon Fire & Rescue Service offer Home Fire Safety Visits to vulnerable people.

Consent and Mental Capacity

If you suspect an adult in Bristol with care or support needs is at risk of harm from others due to abuse please report your concerns here.

Some victims of domestic abuse may lack capacity to take certain decisions for themselves, for example if they are affected by a mental health problem, illness, injury, or the effects of medication. They will need additional help to support and empower them within a legal framework: the Mental Capacity Act 2005. For more information on the MCA, please see Appendix 1.

What to consider when there are concerns around domestic abuse and mental capacity:

- Make sure you record as much information as possible on the decisions you are making and why, ensuring they are time specific.
- Consider if the individual has any protected characteristics which may increase their risk.
- If in doubt, seek support from specialist services or call a professionals meeting.

Coercive control and capacity

- Coercive and controlling behaviour can impact on decision making.
- Be aware that the person will be adapting their behaviour and decisions to minimise their risk. They may be fearful of the consequences of resisting, and fearful of the possible negative impact that outside intervention may have on them.
- Remember the person knows the situation best and knows the level of risk they are facing. Do not try to impose or force a decision (e.g. to leave a relationship); instead, focus on building trust.

In extreme cases where there is a risk to life, local authorities can commence proceedings to safeguard people who do not lack capacity, but whose ability to make decisions has been compromised because of coercion and control.

Older Persons (60+) DASH risk assessment

Older people's experiences of domestic abuse have some unique features compared to younger victims/survivors.

This can mean that using the standard Domestic Abuse, Stalking & Honour-Based Violence (DASH) Risk Assessment Checklist results in a lower risk score for older victims/survivors so professional judgement becomes paramount, however professional judgment can vary depending on the knowledge of the practitioner.

The Older Persons DASH (60+) can be found [here](#).

Bristol MARAC will accept Older Persons DASH Risk assessments.

The Dewis Choice Project has developed a [toolkit](#) for practitioners working with people where there is domestic abuse and dementia.

Sexual violence and older persons

Background information

People can experience sexual violence at any stage of their life, yet there is a commonly held misconception that rape, sexual assault and sexual abuse is something that only happens to younger people.

Older persons are less likely to access specialist services for their experiences of sexual violence than younger people.

Sexual violence is defined by Rape Crisis as any kind of unwanted sexual act or activity, including rape, sexual assault, sexual abuse, and many others. Sexual violence and abuse can occur both within intimate partner relationships and outside of them.

Older people may have different experiences of sexual violence, such as:

- Physical evidence such as bruising may be overlooked as 'normal' markings on an older body.

- People working with or supporting older people may not identify that physical or mental ill-health issues are linked to sexual violence.
- Some people may have experienced sexual violence as a child or when they were younger and lived with the trauma for many years, they may believe they should be 'over it by now' – but the impact can be devastating and life long no matter how much time has passed.
- Potential impact of the menopause on women who are victims, may trigger Post-Traumatic Stress Disorder (PTSD) connected to sexual violence and abuse.
- Framing of sexual violence affecting older people as 'elder abuse' compounds ageist perceptions that older people are asexual and sexually undesirable and suggests the nature of the violence differs dependent on age.

Further barriers to reporting and seeking help

- Law changes: in the UK the law changed to make rape in marriage a crime in 1991, those who grew up in generations before this change may find it difficult to see what happened/is happening to them as a crime.
- Societal and cultural factors: previous limited societal awareness of what constitutes sexual violence and downplaying of abuse due in part due to the myth that sexual violence is about gratification rather than power and control.
- Concern for how others might react.
- Concern that their disclosure will be misinterpreted or dismissed as part of dementia/mental-ill health, especially if previous disclosures have been dismissed.
- Not identifying themselves as victim/survivors of sexual violence due to difficulty acknowledging their own experiences or considering them 'serious enough'.
- Perceived lack of appropriate specialist services.
- Relying on the perpetrator for care, particularly if this is general or intimate care or they have a cognitive vulnerability.

Identifying sexual violence and abuse

Physical signs

Bruises

Damage to clothing

Problems urinating

Unexplained difficulty walking or sitting

Missing items, such as underwear

Emotional signs

Anger

Withdrawal

Refusing help from carer with intimate needs

Increased anxiety

Increased levels of confusion

Adult Safeguarding Referrals

The Care Act 2014 sets out responsibilities for any Local Authority to support those who might be experiencing significant harm, including through domestic abuse or sexual violence. If yourself or some you know who lives in Bristol is experiencing domestic abuse or sexual violence, Bristol City Council may have a duty to support via an Adult Safeguarding process. Bristol City Council can be notified by the following online form for members of the public. There is also a Professionals form to report when abuse of an adult in need of care and support has been discovered, suspected, or disclosed. These responsibilities take the form of conducting further enquiries into the abuse that has taken place and will often involve making sure that the person who may have experienced sexual violence or domestic abuse is aware of the resources above and how to access them. These enquiries may also include conducting assessments of the person's care and support needs.

The Bristol City Council has a duty to make further enquiries under s42 of the Care Act 2014 if the Local Authority has reason to believe that the following are true:

- i. That the person named in the referral has needs for care and support,
- ii. that they are experiencing, or is at risk of, abuse or neglect, and
- iii. as a result of their needs for care and support, the person is unable to protect themselves from abuse or neglect.

If a referral is submitted through the forms above, the Bristol City Council Safeguarding Team will try to contact the person who may be experiencing Sexual Violence to gain their views regarding what support might be available to them. One of the other ways that Bristol City Council can Support is by holding a Safeguarding Meeting to make a plan about how best to support the person who is experiencing domestic abuse or sexual violence.

Multi-Agency Safeguarding Hub (MASH)

The MASH meets three times per week as an opportunity for Statutory Agencies and Voluntary Organisations alike to meet together to discuss recently referred Safeguarding concerns where the person appears to be at high risk of significant harm and also requires a response from multiple agencies in order to reduce the likelihood or severity of that harm. It is one of the Safeguarding Meetings that Bristol City Council might hold in order to establish how best they can support someone who is experiencing domestic abuse or sexual violence. Information about the concerns will be shared with the Police, the person's GP surgery and Nextlink in order that they can advice on how best to support that person. Other agencies who know the person well may also be invited.

Before the meeting, the person who the meeting is about will be contacted to inform them that this meeting is taking place and to ask them for their views. A plan will be made at the meeting as to how the person could be support. This plan will be shared with the person, usually by a Social Worker, to give them an opportunity to hear about what other agencies are able to do to respond to their situation. The Social Worker will agree next steps with the person and ensure that they have a point of contact for questions.

Support Services

- Next Link (Domestic Abuse): please call 0117 925 0680, or text 07407 895620, or email enquiries@nextlinkhousing.co.uk, or chat online.
- SARSAS (Somerset and Avon Rape and Sexual Abuse Support): please call 0808 801 0456.
- The Bridge (Sexual Assault Referral Centre): Please call their 24/7 for 365 days helpline on 0117 342 6999, or email: Thebridge@uhbw.nhs.uk
- Hourglass is a support service for older victims of abuse. Please call 0808 808 8141.
- AgeUK: please call 0800 678 1602.
- Karma Nirvana is a Honour-Based Violence and Forced Marriage support service. Please call 0800 5999 247.
- Restored is a support service for Churches and Christian survivors.

Resources

- Hourglass have a Knowledge Bank with advice and data on the abuse and mistreatment of older people, ageism and safer ageing.
- Working with Older LGBTQ+ Victim-Survivors of Domestic Abuse
- Mental Capacity Act 2005.
- Local Government Association Guide to Adult Safeguarding and Domestic Abuse.
- Support for those experiencing coercive control.
- Safeguarding and Dementia.
- Domestic Abuse and the Co-Existence of Dementia.
- Guidance on Decision Making and Mental Capacity.
- 'The Chilling Silence' is a briefing paper on sexual violence against older women in the South West of England.
- Sexual Violence and Older Women.
- SARSAS Survivor Pathways.

There are additional resources on the Keeping Bristol Safe Partnership [website](#).

Thank you for reading this resource on Domestic Abuse, Sexual Violence, and Older Persons. Please send any feedback to the the main KBSP inbox: KBSP@bristol.gov.uk

COMMUNITIES

ADULTS

CHILDREN

How to find us



KBSP@bristol.gov.uk



[@KBSPPartnership](https://twitter.com/KBSPPartnership)



www.bristolsafeguarding.org



[Keeping Bristol Safe Partnership](https://www.linkedin.com/company/keeping-bristol-safe-partnership/)

Appendix 1: Mental Capacity Act 2005

The 5 main principles of the Mental Capacity Act.

- Always assume the person is able to make the decision until you have proof they are not.
- Try everything possible to support the person make the decision themselves.
- Do not assume the person does not have capacity to make a decision just because they make a decision that you think is unwise or wrong.
- If you make a decision for someone who cannot make it themselves, the decision must always be in their best interests.
- Any decisions, treatment or care for someone who lacks capacity must always follow the path that is the least restrictive of their basic rights and freedoms.

It's also important to remember that a person may have capacity for some decisions but not others, or they may not have capacity right now but may regain it in the future with support. This means all capacity decisions should be regularly reviewed to make sure they still reflect the person's ability to make decisions.

Before deciding that someone lacks the capacity to make a decision, all practical and appropriate steps must be taken to help them make the decision themselves.

The Mental Capacity Act Code of Practice includes four main points to help someone make a decision.

- Provide relevant information.
- Communicate in an appropriate way.
- Make the person feel at ease.
- Support the person.

Mental Capacity Assessment

Assessing capacity can be particularly challenging in domestic abuse situations, where the person is cared for by or lives with the abuse perpetrator and is seen to be making decisions which put or keep them in danger.

To have capacity to make a particular decision **at a given time** a person must be able to:

1. Understand the information relevant to the decision, including the consequences of making or not making the decision.
2. Retain that information long enough to make the decision.
3. Use or weigh the information as part of the decision-making process.
4. Communicate the decision in any recognisable way.

Failing any one of the above means the person lacks the capacity to make this decision on this occasion.

After all steps have been taken to support someone to make their own decision, if the person is assessed as lacking capacity to make that particular decision, then a 'best interests' decision must be made.

The Mental Capacity Act sets out a best interest's checklist, which must be followed when making a best interest's decision:

- Will the person regain capacity?
- Involve the person.
- Consult all relevant people.
- Consider all the information.
- Do not make any assumptions.
- Consider past, present and future wishes.
- Always pick the very least restrictive option.

When a best interest's decision is being made, the person must still be involved as much as possible.

Lasting Power of Attorney

The MCA allows people over the age of 18 to formally appoint one or more people to look after their health, welfare and/or financial decisions, if at some time in the future they lack capacity to make those decisions for themselves.

The Office of the Public Guardian is there to protect people who lack capacity from abuse and maintain a register of attorneys.

Court of Protection and Deputies

The Court of Protection is there to protect people who lack capacity and to supervise those making decisions on their behalf. The Court is able to appoint a Deputy, for example, because a person has an ongoing lack of capacity. The Court will tailor the powers of the deputy according to the circumstances of the individual.

The Office of the Public Guardian have a register of the Court-appointed Deputies and is responsible for supervising them.

Contact the Office of the Public Guardian if you have concerns about:

- a registered lasting power of attorney
- a registered enduring power of attorney
- a deputy appointed by the Court of Protection
- a guardian for someone who is missing

Your concern could be about, for example, the misuse of money or decisions that are not in the best interests of the person they're responsible for.

Appendix 2 – Safeguarding Processes

Domestic Homicide Reviews

The Keeping Bristol Safe Partnership will carry out a Domestic Homicide Review (DHR) when someone aged 16 or over dies as a result of violence, abuse or neglect by a relative, household member or someone they've been in an intimate relationship with.

Domestic Homicide Reviews were established on a statutory basis under the Domestic Violence, Crime and Victims Act (2004). The Home Office have published Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews.

To find out more about Domestic Homicide Review processes please following the link to the KBSP website.

Multi-Agency Risk Assessment Conference (MARAC)

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.

After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other for a to safeguard children and manage the behaviour of the perpetrator.

At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety.

The victim does not attend the meeting but is represented by an IDVA (Independent Domestic Abuse Advisor) who speaks on their behalf.

KBSP MARAC Guidance (2020).

Bristol MARAC Referral Form (2022).

Bristol MARAC Referral Criteria and Referral Guidance (2021).

Safe Lives DASH risk checklist

MARAC Leaflet for Victims (2021).

MARAC Leaflet for Professionals (2021).