



# Bury Integrated Safeguarding Partnership



## 7 Minute Briefing: Domestic Violence & Older People

Bury Integrated Safeguarding Partnership produces 7 minute briefings on various current safeguarding issues and learning from reviews. They are intended to be simple so that the reader can absorb the information easily and teams can use them within meetings as a team based learning exercise.

They are based on a technique developed from the FBI. The content of the briefings will be a mixture of new information or a reminder/repeat of basic information which can help teams think about the application to practice.

### 1. Background

Each year 2.1 million people experience domestic abuse in England and Wales (66% female, 33% male). There is a false assumption that domestic abuse ceases above a certain age. However, a thematic analysis of DHRs completed by Safe Lives (2016) found that 1/4 involved the death of an older women (> 58 years). The report also found that:

- Only 3% of victims > 60 years access an IDVA.
- 1/3 of victims > 60 years had a physical disability.
- Coercion and control is a significant factor in the abuse of older victims.
- 1/4 of older victims had live with domestic abuse for more than 20 years.
- In 44% of cases, the perpetrator of domestic abuse with older victims is an adult family member such as an adult child or grandchild.

### 2. Definitions

#### Domestic Violence & Abuse

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. Can encompass, but is not limited to psychological, physical, sexual, financial and emotional 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 for personal gain, depriving them of their independence and regulating their everyday behaviour.

#### Coercion

Single act or pattern of behaviour including assault, threats, punishment, humiliation and intimidation designed to control the victim.

## Seven Minute Briefing

### 3. Risks & Indicators

Specific risks identified in relation to older victims of domestic abuse:

- Less visibility to services than younger women, or women with children
- Greater social and financial dependency between the perpetrator and the victims
- Victims more likely to have grown up in a time where it was unacceptable to discuss private matters outside of the home
- Victims may be less aware of services that are available to support them due to poor IT literacy or limited exposure to the internet/social media.
- A greater imbalance of power between the carer and the person being cared for.



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### 4. Recognition & Response

As professionals, there is a duty to make sure that people being cared for are safe and living a life free from abuse and neglect.

All professionals have a responsibility to undertake routine enquiry, identify signs of domestic abuse and ensure appropriate safeguards are in place for the victim. Safe, routine enquiry should involve the adult being spoken to alone, in a space where they feel safe and are able to speak freely (or communicate in whichever way they are able).



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### 5. Professional Challenges

Routine enquiry is more than asking questions about domestic abuse. **Listen, Persist and Enquire** involves tuning in to the subtle signs that a person may be being harmed and recognising changes in emotional and/or physical health that could indicate a cause for concern. Around 50% of older victims who make a disclosure of domestic abuse attend a health service in the 12 months prior.

Subtle signs include:

- Frequent appointments for 'vague' symptoms
- Non-compliance with treatment/early discharge from hospital or not wanting to go home when medically fit.
- Multiple injuries at different healing stages with inconsistent or no explanation as to how they have occurred
- Headaches, gastro-intestinal symptoms, long term pain, UTIs, deterioration of mental health, loss of appetite and/or poor sleep routine
- Family/carer influencing decision making in relation to health care that is not in the person's best interest.



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### 6. Assessment Tools

If a person is felt to be at immediate risk of harm then the police should be called. If the person indicates that they would like to talk but are not able to e.g. perpetrator is close by, then you must persist and creatively consider how a safe conversation could take place at a later date. Consider:

- Both the victim and perpetrators capacity in the context of care and support needs as well as factors of coercion and control
- Completing a safe lives DASH risk assessment, referring to MARAC if indicated
- Seeking specialist support and advice from a safeguarding practitioner within your agency.



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### 7. Next Steps

Please discuss this in your next team meeting and have a reflective discussion around implications for your practice.



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