

Norfolk Safeguarding Adults Board

# Domestic abuse and older adults

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## Key Points

The Covid-19 pandemic and varying levels of restriction has increased domestic abuse contacts in relation to safeguarding adults in all age groups across the country.

Norfolk Safeguarding Adults Board (NSAB) has also noted an increase in contacts to statutory and voluntary organisations from older adults experiencing domestic abuse, including those with care and support needs which would mean that safeguarding adult duties apply.

Outside of the pandemic pressures, supporting older people to engage with domestic abuse services has some specific barriers and challenges which are set out below.

Domestic abuse is considered more hidden in this age group and is complicated by often having a range of care needs and wider relationship issues. Prevention is dependent on recognition and early intervention, especially in situations where carer stress is evident.

Professional curiosity is needed to be alert to the signs of possible domestic abuse, and to follow up on concerns by asking questions and trying to see the person alone.

It is important to work in partnership with other agencies in domestic abuse cases and link with specialist services. It is also essential to share information where you are concerned that a person is at risk of serious harm.

## 1. Background

According to the [COVID-19 Safeguarding Adults Insight Project | Local Government Association](#) (LGA/ADASS, 2020), the pandemic and subsequent lockdowns have increased domestic abuse reporting through safeguarding adult pathways across all age groups – due to increased pressure on families and a reduction in contact with other people and services.

There are particular issues for older people experiencing domestic abuse. They may have been subjected to many years of prolonged abuse; rely on their abuser for care; be physically unable to leave, even for some respite from the abuser or struggle to use technology to communicate with others, meaning they are isolated within their communities. Mental capacity may also be a factor. This can mean that for those with care and support needs, domestic abuse remains hidden.

Access to usual services in recent times has been more limited, or suspended,

meaning that neither the cared for person, and any family or unpaid carer, are having a break from what can be pressured or stressful home environment.

A recent report by Age UK highlights the scale and impact of the domestic abuse faced by older people, as well as the challenges and barriers that prevent victims from accessing the help and support they need.

The report identifies that in 2019 over 280,000 people aged 60 to 74 (3.1%) experienced domestic abuse in England and Wales and one in five (22%) victims of domestic homicides were over the age of 60 – 68% of victims were female.

Men can also experience domestic abuse from their partner (male or female), grown-up child or carer, and domestic abuse also occurs in same-sex relationships. The report calls for better reporting of domestic abuse against older people and training for health care practitioners, including GPs and practice nurses, who work with older people, particularly during hospital admission and discharge. ([No age limit: Domestic abuse campaign | Age UK](#))

In safeguarding adults work, domestic abuse is likely to overlap with other categories of abuse, or link with care and support needs – it can be missed as professionals focus on one issue relevant to their role – e.g. financial abuse but not seeing the control and coercion; recognising neglect but not the physical abuse; not holding the whole picture in the context of domestic abuse.

## **2. What might be different for older people**

Elements of control within marriage have historically been commonplace, and what we now consider to be domestic abuse, sexual violence, and coercion within relationships, is often not recognised by the individuals, their families, or people working with them.

Normalised by social and cultural views of decades past, people now in their 70s and 80s grew up and married in the 1940s, '50s and '60s, where it was traditional for women to look after the home, raise families, be the obedient wife. Men went out to work and routinely held financial control. Marriage vows were to 'love, honour and obey'; marriage was considered lifelong.

Did you know:

- A woman couldn't open a bank account in their own name without a male relative's permission until 1975

- Until 1982 it was legal for pubs (seen as traditionally male places) to refuse to serve women
- Wives have only been taxed independently from their husbands since 1990, before this any money they earned wasn't technically considered their own but rather an addition to their husband's
- Marital rape was not recognised as criminal until 1991, and only became a specific crime in the Sexual Offences Act 2003?  
([What women couldnt do in 1960.pdf \(nwr.org.uk\)](#))

Relationships have typically lasted a long time, often many decades, and older people are less likely to see themselves as either victims or perpetrators. This may be especially true where the perpetrator is an adult child or other family member.

Research by SafeLives indicates that people over 60 are much more likely to experience domestic abuse from an adult family member than those under 60. On average, older victims experience abuse for twice as long before seeking help as those aged under 61 – also 48% of older victims have a disability. However older people are still “hugely under represented among domestic abuse services”  
([Spotlight #1: Older people and domestic abuse | Safelives](#))

### **3. Domestic Homicide Reviews (DHRs)**

One very serious outcome of domestic abuse can be death. When someone dies and it appears to be as a result of neglect, violence or abuse by someone they were related to, living in the same household, or in an intimate relationship with, a Domestic Homicide Review is held to consider the circumstances of the death. This is a multi-agency process that must take place by law (section 9, Domestic Violence, Crime and Victims Act 2004 - came into force 2011), and they are intended to identify any lessons for agencies to improve responses in the future.

In a study completed by the Home Office in 2016, a review of 33 DHRs relating to intimate partner homicide found that there were “24 cases (73% of those sampled) where victims or perpetrators presented to agencies with possible signs of domestic abuse and/or domestic violence, but this was not recognised or explored further.”

[Home office - Domestic Homicide Reviews - KEY FINDINGS FROM ANALYSIS OF DOMESTIC HOMICIDE REVIEWS \(publishing.service.gov.uk\)](#)

The most common age group of those involved was 51-60 years. Four of the 33 were aged 60+.

In Norfolk we have had two DHRs in 2020/21 which have involved older couples. With the case of [Mary - published October 2020 » Norfolk Safeguarding Adults Board](#), the impact of dementia, independence and isolation were key themes identified. In this case, there was no historical abuse but there were “elements of behaviour within their relationship that relate to traditional gender roles not uncommon in older people but are now understood to be indicative of a level of coercion and control”.

In a joint DHR/Safeguarding Adult Review published in Cornwall in January 2021, ‘Margaret’ was 88 when her 89 year old husband killed her following a period where she had become increasingly dependent on him for physical care support; both showed signs of dementia, and he was subsequently diagnosed with Alzheimer’s.

The review noted the ‘traditional’ nature of their relationship, elements of control, reluctance to participate in assessments or accept support. You can read more on the NSAB website: [SARs published by other Safeguarding Adult Boards](#)

#### **4. Barriers to recognising older people who are experiencing domestic abuse**

Two polls conducted by Hourglass in 2020 reported that, from around 5,000 members of the public surveyed, “at least 1 in 3 (35%) don’t believe that ‘inappropriate sexual acts directed at older people’ count as abuse; nearly a third (30%) don’t view ‘pushing, hitting, or beating an older person’ as abuse, while likewise nearly a third (32%) don’t see ‘taking precious items from an older relative’s home without asking’ as abuse.” [Safer Ageing Press Release | Hourglass \(wearehourglass.org\)](#)

This indicates a widespread issue with public perception – domestic abuse and sexual violence are often seen via the media as mainly affecting younger women and those with children; most services have developed to offer support to this group too.

There is also limited recognition at a national level. Age UK has now successfully campaigned for the Office for National Statistics (ONS) to collect data on domestic abuse of people over the age of 74, which had been a cut-off point for the last 3 years – before that the cap was 59. It is hoped that more data will support better understanding and increased services for older victims and perpetrators.

Recognition by professionals needs to improve. The NSAB website has a link to Essex SAR ‘Adult B’ – a 94 year old woman (Adult B) who died in 2017 found to have 26 unexplained injuries when admitted to hospital – she had been living with her son and his family. This case particularly considers mental capacity and coercion and control. It also gives a very good example of professional curiosity – a

community nurse noticed the thick makeup Adult B was wearing on a visit, asked to wipe it off, and found significant bruising on her face, which along with her poor health led to her admission.

Professionals may focus on a main presenting issue e.g. care or health needs, without considering the history/context on a home situation. We recognise carer stress as a significant factor in many incidents, and support for carers is a key part of prevention and intervention, but this should not disguise the fact that abuse may be occurring.

Abuse is not always physical – financial abuse by family members can be common, as is emotional abuse, or neglect.

Abuse is not always intentional – we recognise carer stress as a significant issue in relationships where care and support needs are involved, but this can mask what is actually domestic abuse. Older people being hit by a partner who has dementia, or someone with dementia being hit by a stressed family member, is still physical assault in a domestic context. Even if the criminal route feels disproportionate in certain circumstances, we still need to recognise the impact and be very aware of any escalating risk of serious harm.

## **5. Barriers to older adults reporting domestic abuse**

Studies have shown that older people are more likely to remain in an abusive situation even longer than those under 65. There are several possible reasons to consider why they are so under-represented in reporting statistics (besides the ONS reason above):

- Deep emotional attachment because of the length of the relationship. Love of the abuser, whether a partner or family member; not wanting to 'break up' the family
- Acceptance/normalisation – seeing it as part of the duties of marriage, or normal for women of their generation
- Being isolated – the effect of this increase as we age, and social networks decline or become harder to access
- Being unaware of other options – or feeling that services are only for younger women, or not suited to someone with care and support needs
- Being financially reliant or depending on the abuser to provide physical or practical support and care
- Worry they will not be believed; shame or embarrassment

- Frightened about what may happen next – loss of their home, routines, care, family relationships
- May feel it's not the other person's fault, especially if they are unwell or living with dementia

## 6. Mental Capacity and domestic abuse

Every adult has the right to make decisions about their own lives and relationships and some of these may be seen as unwise by others around them. However, it is important to be sure that the person has all the right information and is supported to understand it; about the options they have, to make that decision. We need to understand the things that are most important to the individual, so that support is offered in a meaningful way to them.

Where either party has a known or possible impairment to their mental capacity: explore how this might impact their situation and decision-making – especially in terms of keeping themselves safe or harming others.

A person may choose to remain in an abusive home situation, but this should not mean that support and contact stops, as data clearly shows us that victims of domestic abuse experience an average of 50 incidents of abuse before getting effective help ([How long do people live with domestic abuse, and when do they get help to stop it? | Safelives](#))

Mental capacity may change over time or be impacted by ill health – remember capacity is time and decision specific, revisit decisions where you continue to have concerns and consider how a diagnosis or progression of dementia may change the view of a relationship and impact on decision-making.

## 7. Key points for practice

When working with people with care and support needs who may be experiencing domestic abuse:

- **Always use professional curiosity.** Follow up on any indicators - ask questions to find out more, don't make assumptions and be alert to the possibility that domestic abuse may be occurring and the victim/perpetrator may be of any age, gender or family relationship.
- **Remember domestic abuse is not just physical.** Think about emotional, psychological, sexual abuse - levels of control e.g. financial control – does a

- person have access to their money, and can they spend it as they want to? If their main carer manages the household finances are they using the person's money appropriately for the care and support they need?
- **Be aware of the cultural / social context.** What is 'normal' for the person? Are they very private or independent or are they very reliant on someone else for day to day support?
- **Try to see the person alone** but if this is not possible, work with multi-agency colleagues to try and find a way for a professional to see the person on their own, for example via a GP or practice nurse appointment, or a visit in a neutral setting.
- Consider the person's **mental capacity**. If they lack capacity about keeping themselves safe, formal intervention may be needed.
- At the point of disclosure, **consider the person's safety** and take appropriate action to ensure this.
- Some professionals will be able to complete a Domestic Abuse Stalking and Harassment (DASH) risk assessment tool if domestic abuse is disclosed or you suspect it may be occurring. The police will advise on whether the case meets the threshold for a Multi-agency Risk Assessment Conference (MARAC), but be clear if you are very concerned as they may override a lower scored DASH if a practitioner can articulate serious concerns. [Training on completion of the DASH](#) is available via Norwich Connect.
- If you are asked to attend a MARAC this should be prioritised. Be able to share the following information:
  - Details of any current and historical adult safeguarding enquiries or issues that you or your organisation are aware of, and an outline of any concerns.
  - Details about the capacity of both the victim and the perpetrator, where appropriate.
  - Dates of upcoming or recent safeguarding meetings.
  - Details of any current services, care packages/plans in place.
- A best practice response will combine **adult safeguarding and domestic abuse expertise** (such as independent domestic violence advocates), along with other partner agencies if appropriate, coordinated by a single point of



- contact and tailored to the person’s needs. It is important to involve the person in the process as much as possible.
- Make sure you consider ‘domestic abuse’ is considered as a category of abuse in addition to other types of abuse that may be evident (such as physical, financial, emotional or sexual).
- Remember that **it may not be safe for the person to leave immediately**. People can be most at risk when they leave a relationship where they have experienced domestic abuse, as evidenced in the case of Claire Hart who, along with her daughter Charlotte, was shot by her husband when they left the family home (Luke and Ryan Hart have delivered a number of seminars for NSAB about coercive and controlling behaviour).
- The person **may not want to leave their home for a variety of reasons** such as fear, worry about how the perpetrator will cope, how they will manage financially or potential loss of home/family relationships/pets/lifestyle or independence. Work may be needed with the person longer term to support them to plan for the future and keep themselves safe.

### References, links & acknowledgement:

[Domestic abuse during the coronavirus \(COVID-19\) pandemic, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

[COVID-19 Safeguarding Adults Insight Project | Local Government Association \(LGA/ADASS, 2020\)](#)

[NSAB-GUIDANCE-INFOSHARING-final1.pdf \(norfolksafeguardingadultsboard.info\)](#)

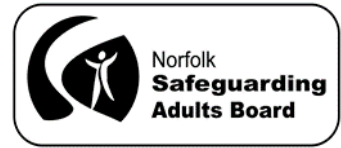
[7-golden-rules-for-info-sharing.pdf \(norfolksafeguardingadultsboard.info\)](#)

[End femicide: 278 dead – the hidden scandal of older women killed by men | Society | The Guardian](#)

[Domestic Abuse | Norfolk Constabulary](#)

[Leeway | Helping You Break Free from Domestic Abuse \(leewayssupport.org\)](#)

[Pandora Project - Supporting vulnerable women in Norfolk](#)



## Thanks

With thanks to Norfolk County Council's head of adult safeguarding, Helen Thacker, for permission to use material she had developed for Adult Social Care within this guidance.