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Consultation Document

Information and guidance on domestic abuse and sexual violence

Safeguarding older people (60+) in Wales.

Date of issue: 7 December 2015

Action required: Responses by 29 February 2016

Overview	The Welsh Government has developed this guidance, in partnership with the Older Peoples Commissioner to raise awareness of older peoples experience of domestic abuse and sexual violence and to offer practical advice on how to provide effective services to this client group.
How to respond	This is a written, electronic consultation. Questions are summarised in a questionnaire at the end of this document, please use this questionnaire to provide your feedback. Responses can be e-mailed/posted to the contact details below.
Further information and related documents	Large print, Braille and alternative language versions of this document are available on request.
Contact details	For further information: Violence Against Women and Domestic Abuse team Community Safety Division Welsh Government Merthyr Tydfil Office Rhydycar Merthyr Tydfil CF48 1UZ e-mail: VAWdateam@wales.gsi.gov.uk Tel: 029 2080 1064
Data protection	How the views and information you give us will be used. Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations.

The Welsh Government intends to publish a summary

of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

Consultation Response Form

Your name:

Organisation (if applicable):

email / telephone number:

Your address:

Question 1: This guidance states an intention to provide good practice information. Does it go far enough in this regard? What additional information is required?

Question 2: What examples of good practice are available across Wales which should be referenced in this guidance? Please consider examples of service provision, tools, documentation and partnership arrangements.

Question 3: It is important that services for older people experiencing domestic abuse and sexual violence integrate with existing statutory safeguarding processes. What more should this guidance include to clarify practice around these issues?

Question 4: How could this guidance provide opportunities to use the Welsh language? Do you have concerns this guidance could have an adverse effect on opportunities to use the Welsh language?

Question 5: If you have any related issues which we have not specifically addressed, please use this space to report them:

Please enter here:

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

Ministerial foreword

The Welsh Government is committed to tackling violence against women, domestic abuse and sexual violence. Over the last year, we have worked with other public sector organisations and the third sector, to develop a range of initiatives and actions to tackle the issue. Our ground-breaking Act, the first of its kind in the UK, received Royal Assent in April 2015.

In the months and years to come, we have much more to do. We have appointed a National Adviser to develop our first national strategy and support local organisations to develop their own, local strategies. We have a package of awareness raising and education measures to change attitudes to violence against women, and start to influence behaviours. And we are putting together statutory guidance on a range of issues to tackle particular issues, or target our prevention, protection and support towards particular groups.

Older people are one such group.

This guidance has been developed with the Older Peoples Commissioner, to raise awareness of violence against women, domestic abuse and sexual violence in older people. But, just as importantly, it offers practical advice on how to develop and deliver effective services to older people to prevent violence and abuse and protect and support victims and survivors. We must work together to prevent victims of abuse from falling between the systems which are designed to protect them, for example due to confusion between the experience of domestic abuse in later life and “elder abuse”.

I look forward to receiving your comments and suggestions through the consultation period, to make our guidance even better before we publish it next year.

Leighton Andrews AM/AC
Minister for Public Services

Older People's Commissioner for Wales Foreword

I am delighted to have worked with the Welsh Government in publishing this document, which will provide front-line professionals with user-friendly guidance on how to recognise, respond and provide support to disclosures of abuse.

I want Wales to be a good place to grow older, not just for some but everyone. As the independent voice and champion for older people across Wales I want to ensure that older people have a voice that is heard so that they have choice and control.

Safeguarding older people is essential to protect their right to life and their right to live free from inhuman or degrading treatment, as well as their rights to privacy, to a family life and to make their own decisions free from coercion or undue influence.

A coordinated community approach has proved to be the most effective response in tackling this problem. Your positive actions could help to save a life or put a stop to any ongoing abuse.

Sarah Rochira
Older People's Commissioner for Wales

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A note on language

This guidance focuses primarily on the experience of domestic abuse by older people. A full list of definitions is provided in appendix 1. This section outlines briefly the main terms used throughout the guidance.

Older people

The United Nations has agreed that 60+ years may be usually denoted as old age and is the first attempt at an international definition of old age. The World Health Organization has also agreed to follow the lead of the United Nations.

This guidance is primarily targeted at those aged 60 years and over in order to align with this international definition. However, the guidance herein should be taken into account, regardless of the age of the victim of the abuse if the victim shares characteristics of a person aged 60 or over. Equally it will be relevant in all cases where similar considerations, as outlined here in relation to older people, are present. For example, if a primary concern relating to an older persons experience of violence and abuse is their additional frailty (although this will not always be the case) the guidance may also be relevant to victims who are under 60 but also frail.

Elder abuse

At times throughout this guidance the term elder abuse will be used. Elder abuse is not defined by the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. It is used to describe the abuse or neglect of an older person within any context or relationship and includes abuse within institutions or as part of a care giving arrangement. As an umbrella term elder abuse can include domestic abuse and sexual violence. It is important to note, however that the definition of domestic abuse within the 2015 Act did not extend to include abuse within institutions or care giving settings. This guidance is not issued under this Act, however, it does not aim to address wider forms of elder abuse – it specifically relates to domestic abuse.

The term elder abuse will generally only be used to refer to existing research or policy guidance which uses this term.

Domestic abuse

Abuse where the victim of it is or has been associated with the abuser;

A person is associated with another person for the purpose of the definition of “domestic abuse” if:

- (a) they are or have been married to each other;
- (b) they are or have been civil partners of each other;
- (c) they live or have lived together in an enduring family relationship (whether they are of different sexes or the same sex);

(d)they live or have lived in the same household; and for this purpose a person is a member of another person’s household if—

(i)the person normally lives with the other person as a member of his or her family, or

(ii)the person might reasonably be expected to live with that other person;

(e)they are relatives;

(f)they have agreed to marry one another (whether or not that agreement has been terminated);

(g)they have entered into a civil partnership agreement between them (whether or not that agreement has been terminated);

(h)they have or have had an intimate personal relationship with each other;

(i)in relation to a child, each of them is a parent of the child or has, or has had, parental responsibility for the child.

(3)If a child has been adopted or falls within subsection (4), two persons are also associated with each other for the purposes of the definition of “domestic abuse” in subsection (1) if—

(a)one is a natural parent of the child or a parent of such a natural parent, and

(b)the other is—

(i)the child, or

(ii)a person who has become a parent of the child by virtue of an adoption order, who has applied for an adoption order or with whom the child has at any time been placed for adoption.

A child falls within this subsection if

(a)an adoption agency, within the meaning of section 2 of the Adoption and Children Act 2002 (c.38), is authorised to place the child for adoption under section 19 of that Act (placing children with parental consent) or the child has become the subject of an order under section 21 of that Act (placement orders), or

(b)the child is freed for adoption by virtue of an order made—

(i)in England and Wales, under section 18 of the Adoption Act 1976 (c.36), or

(ii)in Northern Ireland, under Article 17(1) or 18(1) of the Adoption (Northern Ireland) Order 1987 (S.I. 1987/2203), or

(c)the child is the subject of a Scottish permanence order which includes granting authority to adopt.

Sexual violence

Sexual violence may be perpetrated within or external to any existing relationship or acquaintance and includes any unwanted sexual act or activity. There are many different kinds of sexual violence, including but not restricted to: rape, sexual assault, child sexual abuse (including historic), sexual harassment, trafficking and sexual exploitation.

For the purposes of this document, sexual violence is considered mainly within the context of domestic abuse.

Victim

The term victim is used throughout this guidance to reflect the experience and vulnerability associated with the violence, abuse and neglect discussed throughout the document. Professionals may prefer alternative language such as survivor, especially where a client no longer has risk or support needs associated with abuse. In all cases it is appropriate to ask a client the language they prefer.

Any references in this guidance to “violence against women, domestic abuse and sexual violence” should be read to capture all forms of gender based violence, domestic abuse and sexual violence as defined in section 24 of the 2015 Act.

Introduction

This guidance provides advice to practitioners about protecting older people in Wales from the devastating impact of domestic abuse and sexual violence.

The purpose of this guide is to enable practitioners and managers working across the Welsh Public Service to work more effectively with older people who are experiencing or who have experienced domestic abuse. This involves working closely with partner agencies who are engaged either directly or indirectly with supporting older people irrespective of their additional care and support needs, or whether their circumstances make them vulnerable.

It is hoped that this good practice guidance will lead to a greater understanding of the experience of domestic abuse by older people and better outcomes for older people. In particular, this guidance sets out to:

- offer practical advice to staff and managers to ensure that older people who are experiencing or who have experienced domestic abuse have access to the best support and advice available;
- improve recognition and develop an understanding of the context in which adult safeguarding and domestic abuse of older people takes place and the subsequent responses that should be considered;
- contribute to the knowledge and confidence of professionals so that they can address the complexities of working with older people who need care and support as a result of domestic abuse, but who also require professionals to respond to their other care and support needs.

Older people are not a homogeneous group and individually each experience will be different. Although stereotyping older people is to be avoided, experience shows that some older people may feel less able to access services; they may be less aware than younger people of the services and options available to them; or they may believe that services are only for younger people, or people with children.

Older people with no formal education or economic resources are also likely to be more economically vulnerable and more likely to be financially dependent on their abuser than younger people. They may have suffered abuse for many years in a long-standing relationship and feel shame or embarrassment from years of accepting abuse without apparent complaint.

It can be very difficult for some older people to accept help – they may need more time, more reassurance and more confidence in what might happen and the services available, before they disclose abuse and accept help to move forward.

1. An exploration of older people's experience of domestic abuse

Prevalence

There is currently no reliable national dataset on the prevalence of domestic abuse. Within this context, previous studies focussing on domestic abuse have often neglected to include the experiences of older people.¹ The Crime Survey of England and Wales only includes those up to age 59, however it is becoming apparent, as shown below, that domestic abuse in older people is a significant and under-recognised issue.²

Research suggests that older people's experiences of domestic abuse may be different from younger people and that these differences may not have been adequately acknowledged or accounted for both in policy development and service delivery^{3, 4}.

Domestic abuse is a serious and significant social issue. It affects 11% of women and 5% of men in Wales⁵. Domestic abuse is a significant issue for older people and, as with other victims of violence and abuse, this experience can be complicated by other vulnerabilities and additional complex needs such as mental illness and disability.

In the first representative study of its kind, a national prevalence survey of people aged 66 years or more published in 2007, found that 2.6% of people surveyed indicated abuse by a family member, close friend or care worker in the last year. Neglect was the most prevalent form of abuse, followed by financial abuse, and women were more likely to report an experience of abuse or neglect.⁶

According to the same report the rate of reported elder abuse in Wales is 3.1%. Using Census 2013 population estimates, this equates to around 26,000 older people with capacity in Wales experiencing some form of abuse and neglect.

The "Access to Justice" study undertaken in Swansea where 25% of the population are older people, mapped incidents of elder abuse based on referrals to local agencies.⁷ The study indicates that, as with other forms of abuse and violence, older victims of abuse are significantly more likely to be women; of the 131 victims identified, 95 were female and 36 were male. Nearly one third of victims had a disability.⁸

¹ Zerk, R. (2015) 'Barriers to disclosure in later life', paper to be presented at the XXXVIII International Congress on Law and Mental Health, Vienna, 15th July 2015.

² User guide to crime statistics for England and Wales (Oct 2015) www.ons.gov.uk/ons/guide.../crime.../user-guide-to-crime-statistics.pdf

³ Blood, I. (2004) Older women and domestic violence, London: Help the aged.

⁴ Greenan, L. (2004) Violence against women a literature review commissioned by the national group to address violence against women. Safer Scotland: Scotland

⁵ Robinson (2012) Task and Finish report for the Welsh Government on legislation to end violence against women, domestic abuse and sexual violence. Figures are disaggregated from the Crime Survey of England and Wales (CSEW) Formerly the British Crime Survey.

⁶ <http://assets.comicrelief.com/cr09/docs/elderabuseprev.pdf>

⁷ Clarke et al (2012) referenced in Berry V (2014) (Building Effective Responses: An Independent Review of Violence against Women, Domestic Abuse and Sexual Violence Services in Wales).

⁸ (Walby and Allen, 2004; Hester, 2013).

A further report examined data gathered from police files about intimate partner violence incidents involving women aged 60 years and older. This study did not aim to provide reliable prevalence data about the scale of older people being abused, but did examine the intersection between this type of abuse and other vulnerabilities, for example, mental and physical illness, alcohol abuse, etc. and found a significant overlap between elder abuse and these issues.⁹

Older people with dementia are more likely to experience abuse than older people who do not have this condition.¹⁰ The likelihood is so significant that this should be seen as a risk factor linked to the likelihood of abuse (see section on risk identification on page 25).

Emerging Domestic Homicide Review (DHR) data indicates an increasing number of older people (aged 60+) are victims of domestic homicide. In 2013/14 there were 20 female and 5 male victims in England and Wales aged 60+, representing 21.3% of all DHR's (compared to 16 in total in 2011/2012 and the same number in 2012/2013).¹¹

In older people, abuse may also involve adult child to parent abuse, in-laws, intimate partners or ex-partners, and grandchildren. In a study in the United States by Smith 2013 involving a sample of N=13,220, three out of ten elderly victims aged 65 years or older were abused by their own child or grandchild. A smaller, qualitative study (N=131) in Wales¹² indicated that adult sons and daughters were intentionally targeting their parent(s) and 21% of the sample were documented as experiencing more than one type of abuse.

⁹ (Penhale and Goreham, 2013) referenced in Berry V (2014) (Building Effective Responses: An Independent Review of Violence against Women, Domestic Abuse and Sexual Violence Services in Wales).

¹⁰ Downes, C et al (2013) Abuse of Older People with Dementia: A review. NCPOP, University College Dublin.

¹¹ Source: Homicide Index, Home Office

¹² Clarke, A., Williams, J, Wydall, S. (forthcoming 2015) 'Access to justice for victims-survivors of elder abuse' Social Policy and Society Cambridge Journal see

link: <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9709678&fileId=S1474746415000202>

The characteristics of domestic abuse as experienced by older people.

All forms of domestic abuse have a profound effect on those who experience it, resulting in short and long term consequences for the individual's mental health and wellbeing, an increased risk of physical injury and in some cases, death. The consequences of abuse can lead to homelessness, isolation and long term social exclusion.

The abuse experienced by older people can vary from emotional abuse, to physical, sexual, financial, psychological abuse and neglect. Many victims will often experience a combination of these behaviours. Domestic abuse has the highest rate of repeat victimisation of all violent crimes.¹³

The Duluth Wheel (below) highlights the numerous strategies abusers may use to control older victims of abuse. It is a helpful illustration of the common dynamics of abusive relationships.



Domestic Abuse Intervention Project, Duluth, Minnesota. Adapted for Sojourn, 1992.

Domestic abuse, like child abuse is often referred to as a 'hidden' harm because victims of abuse are often afraid to report the abuse for fear of repercussions by the abuser. Perpetrators of abuse will attempt to reassert their control over the victim if they sense a change in behaviour. Victims often stay in a relationship

¹³ Home Office, July 2002;

because they are afraid of what the perpetrator may do to them or other family members should they attempt to leave. Many victims of abuse also feel a sense of relief during the times where the abuse stops and hope that their circumstances will improve and the pattern of abuse will stop. The risk of death peaks at the point victims try to leave the abuser¹⁴ and for a period after separation.

The experience of domestic abuse amongst older people varies; for some they will have experienced abuse at the hands of their partner for many years, for others the abuse may be a characteristic of a new relationship started in later life, they may be being abused by a family member and, for some the abuse may have started as they've reached older age and/or become frail or cognitively impaired.

As with other forms of domestic abuse, violence and abuse experienced by older people can and often does involve coercive control.

Controlling or coercive behaviour can take a range of forms but often involves a pattern of continuing and repeated abuse. This abuse may appear routine or "low-level" to the outside observer but its hidden significance to the victim will often cause anxiety and fear. It can also create an environment in which increasingly harmful conduct is accepted as normal by the victim.

Abusers can be imaginative in the ways in which they control, abuse or humiliate their partners and also in the consequences that result from disobeying. Staff dealing with domestic abuse incidents should be alert to patterns of behaviour that could be controlling or coercive.

Coercive control is usually personalised, in that it means something to the victim even when the meaning is not apparent to anyone else. Individual characteristics such as a disability, membership of a closed or marginalised community, or being a non-English speaker can increase the risk of isolation for a victim and make it easier for a perpetrator to establish controlling or coercive behaviour.

Examples of controlling or coercive behaviour include¹⁵:

- constant criticism;
- humiliation;
- jealous or possessive behaviour, e.g. frequent phone calls to check where the victim is and what they are doing, or checking activity on the victim's phone or e-mail;
- threats of suicide/homicide/familicide;
- threats or actual self harm;

¹⁴ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., ... & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American journal of public health, 93*(7), 1089-1097.

¹⁵ Please note this list is not intended to be exhaustive but illustrates common examples of coercive behaviour.

- threats of harm to pets;
- controlling family finances, withholding or restricting the victims access to money;
- isolating the victim by not allowing them to visit friends and family or for family and friends to visit them;
- restricting a victim's movements, e.g., confining them to a room, being made to account for their time;
- dictating what a victim wears or how they do their hair;
- dictating a victim's routine or schedule, e.g. timing of shopping trips;
- intercepting communications, e.g. letters, messages or phone calls.

The acknowledgement of coercive and controlling behaviour as part of domestic abuse of older people is very important. However whilst some perpetrators may be coercive and deliberately premeditated in their actions, others may be reacting in circumstances where they are unable to cope with the level of care their partner or parent requires, or perhaps there is a clinical causality – as a result of dementia/Alzheimer's disease. The use of coercive control techniques may feature less prominently where abusive behaviour is a consequence of unintentional neglect or the emotional situational stress experienced by the carer.

Those who care and experience abuse

It may be the case that an older person may be the carer of the abuser, and feel a sense of obligation to continue this care, despite the abuse.

Whilst this situation may occur due to the commonly understood dynamics of domestic abuse and may be pre-existing to the caring role, its likelihood increases where the person who is being cared for:

- has health and care needs that exceed the carer's ability to meet them, especially where of some duration;
- does not consider the needs of the carer or family members;
- treats the carer with a lack of respect or courtesy;
- rejects help and support from outside; including breaks;
- refuses to be left alone by day or by night;
- has control over financial resources, property and living arrangements;
- engages in abusive, aggressive or frightening behaviours;
- has a history of substance misuse, perceived to have unusual or offensive behaviours;
- does not understand their actions and their impact on the carer;
- is angry about their situation and seeks to punish others for it;
- has sought help or support but did not meet thresholds for this;
- the caring situation is compounded by the impact of the nature and extent of emotional and/or social isolation of the carer or supported person.

Living in a violent home

An older person may not experience abuse directly but be exposed to it in their family environment, for example older people living in the family home where another family member is the primary victim, or when targeted by a perpetrator who is abusing a member of their family. It is important to recognise that such exposure to abuse can still present serious short and long-term harm or even death. It is also an important reminder that a holistic, whole family approach is optimum for professionals in order to address the needs of all members, including those with care needs.

Independence and self-esteem

Whilst loss of independence and low self-esteem affects many older people who suffer domestic abuse, people with care and support needs who are coerced and controlled by carers or family members may have more difficulties in recognising their experience as abuse.

They are more likely to blame themselves or their needs for the abuse. They may also fear losing hard won independence; or fear loss of pride and fear of failure to manage their condition.

In addition, people reliant on packages of care or personal assistants may feel that their options are even more severely limited, fearing that it will be impossible to take services with them if they leave a relationship and/or move area.

Confidence in services

Some older people will have good and trusting relationships with professionals who can support them to report and deal with domestic abuse. However, others may not trust agencies to respond effectively or will fear further loss of independence or change. Older people with these concerns may need more time and to build trust and confidence, and a positive indication that they will be supported before they disclose to professionals, and move on to consider their options.

Vulnerability and stigma

With age stereotyping, older people are often seen to be injured, unhappy, depressed or have other difficulties, due to health or social-care needs. Using a holistic approach, professionals should take great care to assess older people in a way which avoids a rush to judgement based on their own expectations of the needs of older people and the services they require.

Older people may be more physically vulnerable, more socially isolated and feel less able to escape than those who are younger. The abuser may also be constantly present.

Where an older person's additional vulnerabilities may have brought them into close contact with professionals, if they haven't disclosed the abuse (because they weren't asked, weren't ready or the abuse has escalated) they may be embarrassed to approach the subject now. Where the abuse has been ongoing for a lifetime the person may experience shame or stigma for having kept it a secret for so long.

Those who use abuse against older people

Whilst older people may have experienced abuse at the hands of a partner throughout their life or in new relationships, up to a third of abuse experienced by older people is perpetrated by family members other than partners or ex partners.¹⁶

This may be related to a shift in relationship dynamics between an adult child and the older parent, it may be linked to co-dependency and a reliance of an older on the abuser for their fulltime care. Transitions in living arrangements may lead to the older person being targeted by more than one perpetrator, for example a son and a daughter in law.

The majority of the literature on domestic abuse perpetrators focuses on premeditated coercive behavior and this definition applied to many older peoples experience of abuse. However when exploring the victim - perpetrator dynamic in the Access to Justice Evaluation, two broad types of perpetrator behaviour were identified: reactive perpetrator behaviour (unintentional, caused by family members struggling to cope with the care of a family member)and pro-active perpetrator behavior (intentional and potentially coercive), Such findings have been repeated in subsequent research.¹⁷

Reactive perpetrator behaviour describes abusive behaviour resulting from perpetrators responding negatively to their own general life circumstances and/or being unable to cope with caring for an older person on a daily basis. In the small research sample, 48% of sons and 40% of daughters fell into the reactive category.

The impact of domestic abuse on older people should never be underestimated, whether the perpetrators behavior is either pro or re-active. Services should be provided for the older person in either case.

Services for the perpetrator should also be considered. For those whose behaviour is reactive this may involve re-assessing care arrangements and additional support. In all cases consideration should also be given to specialist domestic abuse perpetrator interventions.

¹⁶ Smith 2012

¹⁷ Clarke, A., Williams, J, Wydall, S. (forthcoming 2016) 'Access to justice for victims of elder abuse' *Social Policy and Society Cambridge Journal (now in early view)*; Davies, R., Collins, M., Netana, C., Folkes, L., Jenkins, R., Tombs, M., Kaye, A. Stackhouse, B. and Evans, C. (2011), Exploring the Motivations of Perpetrators Who Abuse Vulnerable Adults, Newport: University of Wales, http://udid.research.glam.ac.uk/media/files/documents/2012-10-11/Final_Report_post_peer_review_June_2012.pdf (accessed 26 March 2013).

Domestic Violence Prevention Programmes (or domestic violence perpetrator programmes, as they're otherwise known) are behaviour-change programmes for men who use violence and abuse towards their (ex) partners. They run in small groups aiming to:

- help men stop being violent and abusive
- help them learn how to relate to their partners in a respectful and equal way
- show them non-abusive ways of dealing with difficulties in their relationships and cope with their anger
- keep their partner safer

Every domestic violence perpetrator programme should have an attached service for partners offering information and support. In fact, a domestic violence perpetrator programme without such a service for the woman who has suffered the abuse is likely to increase the risks towards her rather than promote her safety.

Most domestic violence perpetrator programmes have been designed for men in heterosexual relationships. Some of these programmes also work with women (in heterosexual or same-sex relationships) and with gay/bi men. For more information call the Respect Phonenumber on 0808 802 4040.¹⁸

¹⁸ <http://respect.uk.net/work/work-perpetrators-domestic-violence/>

Diverse and marginalised groups

BME older people

There is under-reporting of domestic abuse and sexual violence of older people from Black and Minority Ethnic (BME) communities in the general population. Some of the additional barriers to reporting faced by them could be:

- language barriers;
- family honour, shame and stigma;
- fear of confidentiality being broken;
- racism, perceived or actual;
- cultural beliefs and practices; fear of rejection by their community;
- fear of so-called 'honour' based violence.¹⁹

Lesbian, Gay, Bisexual and Transgender older people

LGBT people tend to under-report forms of violence and abuse. There is limited evidence available relating to older LGBT people but it is thought some of the additional barriers to reporting faced by LGBT people generally are:

- professional's perceived or actual lack of knowledge and recognition of abuse occurring in LGBT people's relationships;
- lack of knowledge and connectedness to LGBT – friendly services;
- Older people's historical experience of homophobia being the norm and of their sexual lives having been illegal (gay and bisexual men);
- lack of certainty about their sexual orientation or gender identity and/or ability to be open about this to others;
- self-blame in relation to their experience of abuse;
- experiencing controlling tactics from the perpetrator which are focussed on the individuals sexual orientation or gender identity, such as threats to "out" someone;
- concern that accessing services may inadvertently "out" them to others and lead to forms of abuse, such as hate crimes or homophobic/biphobic/transphobic abuse from other people where they live;
- assumed heterosexuality within service provision – heteronormative provision;
- perception of inadequate level of professional diversity knowledge and skills;
- perception of service provider's minimisation of LGBT people's experience of abuse.²⁰

¹⁹ Section taken from (2015) LGA and ADASS, Adult Safeguarding and domestic abuse: A guide to support practitioners and managers. Second addition. P.20

²⁰ Harvey S (2014) Barriers faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking, Harassment and Sexual Violence Services, Welsh Government.

2. Providing an effective response to older people experiencing domestic abuse

The flowchart below seeks to align existing or forthcoming statutory duties which may relate to older people, with good practice in relation to domestic abuse.

The flowchart refers to the “duty to report” and the “duty to enquire” under the Social Services and Well-being (Wales) Act 2014 (“the 2014 Act”). The relevant statutory duties and requirements under the 2014 Act will come into force in April 2016.

These duties are supplemented by a power to apply to the courts for an Adult Protection and Support Order. The Order will enable an authorised officer with the requisite skills and experience to secure entry to premises in order to speak in private with the adult suspected of being at risk to determine whether they are making decisions freely, whether they are at risk and what, if any, action should be taken.

Before making an Order, a justice of the peace must be satisfied that there is reasonable cause to suspect that the adult is at risk; that it is necessary to gain access to assess the risks; and that exercising the power of entry will not result in the adult being at greater risk of abuse or neglect.

The flow chart could also be used when working with any adult who meets the definition of an “adult at risk” under the 2014 Act.

Section 126 of the 2014 Act defines an “adult at risk” as an adult who:

- (a) is experiencing or is at risk of abuse or neglect,
- (b) has needs for care and support (whether or not the authority is meeting any of those needs), and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

If a local authority has reasonable cause to suspect that a person within its area (whether or not ordinarily resident there) is an adult at risk, it must:

- (a) make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken (whether under this Act or otherwise) and, if so, what and by whom, and
- (b) decide whether any such action should be taken.

Section 128 outlines the duty to report adults at risk:

- (1) If a relevant partner of a local authority has reasonable cause to suspect that a person is an adult at risk and appears to be within the authority’s area, it must inform the local authority of that fact.

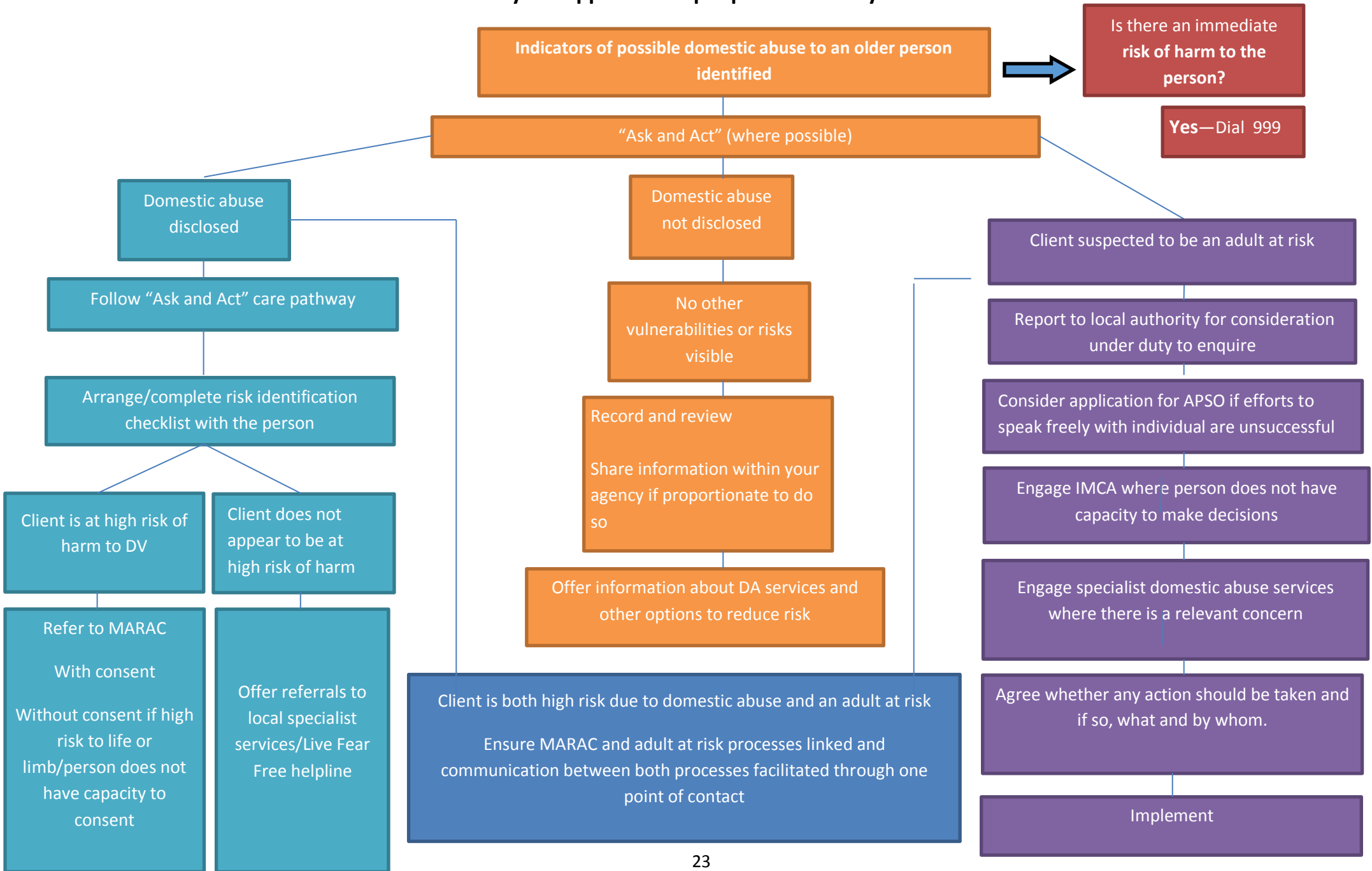
(2) If the person that the relevant partner has reasonable cause to suspect is an adult at risk appears to be within the area of a local authority other than one of which it is a relevant partner, it must inform that other local authority.

(3) If a local authority has reasonable cause to suspect that a person within its area at any time is an adult at risk and is living or proposing to live in the area of another local authority (or a local authority in England), it must inform that other authority.

As outlined in section 162 of the 2014 Act, a relevant partner of the local authority includes:

- the local policing body and the chief officer of police for a police area any part of which falls within the area of the local authority;
- any other local authority with which the authority agrees that it would be appropriate to co-operate under this section;
- the Secretary of State to the extent that the Secretary of State is discharging functions under sections 2 and 3 of the Offender Management Act 2007 in relation to Wales;
- any provider of probation services that is required by arrangements under section 3(2) of the Offender Management Act 2007 to act as a relevant partner of the authority;
- a Local Health Board for an area any part of which falls within the area of the authority;
- an NHS trust providing services in the area of the authority;
- the Welsh Ministers to the extent that they are discharging functions under Part 2 of the Learning and Skills Act 2000;
- such a person, or a person of such description, as regulations may specify.

Pathway to support older people affected by domestic abuse



a. Identifying abuse

Older victims of domestic abuse will not usually voluntarily disclose the abuse to a professional unless they are directly asked. Fear of the perpetrator, shame or coercive controls all form barriers to voluntary disclosure. Older people (and many other victims of domestic abuse) often hope that someone will ask them if they are suffering and professional enquiry of this kind is known to increase identification of domestic abuse. It is therefore important that those who work with older people are trained to “Ask and Act”.

b. “Ask and Act”

The Welsh Government has recently issued a public consultation on “Ask and Act”; a process of targeted enquiry to be practiced across the Public Service to identify violence against women, domestic abuse and sexual violence. The term targeted enquiry describes the recognition of indicators of violence against women, domestic abuse and sexual violence as a prompt for a professional to ask their client whether they have been affected by any of these issues.

For more information on “Ask and Act”, please see “A consultation on draft statutory guidance on “Ask and Act” under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and section 60 of the Government of Wales Act 2006.”²¹

The aims of “Ask and Act” are:

- to increase identification of those experiencing violence against women, domestic abuse and sexual violence;
- to offer referrals and interventions for those identified which provide specialist support based on the risk and need of the client;
- to begin to create a culture across the Public Service where addressing violence against women, domestic abuse and sexual violence is an accepted area of business and where disclosure is expected supported, accepted and facilitated
- to improve the response to those who experience violence against women, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health; and
- to pro-actively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm.

Applying Ask and Act with older people

“Ask and Act” should be applied with older people who display potential indicators of domestic abuse. These indicators are provided in detail in the draft statutory guidance on “Ask and Act”. The indicators include medical symptoms (such as depression, anxiety or medically unexplained pain), signs linked to the demeanour and behaviour of the client, including attitudinal change or a piece of information or

²¹ <http://gov.wales/consultations/people-and-communities/draft-guidance-on-ask-and-act/?skip=1&lang=en>

pattern of behaviour which merits enquiry (known as “cues”). There is also evidence which suggests in some settings routine enquiry is appropriate as the reason for the client’s engagement within the setting is also a trigger for enquiry in relation to violence against women, domestic abuse and sexual violence. These settings include maternity and post partum, mental health and child maltreatment settings.

Professional ability and confidence to enquire safely about the potential experience of domestic abuse or sexual violence is very important when working with older people. It is an important intervention even when it does not result in disclosure as:

- it demonstrates that the professionals and the organisation take the abuse seriously,
- it provides an opportunity for the victim to take information away with them to consider and inform themselves
- it provides an opportunity to offer specialist service information whether a disclosure is made or not.

In order to “Ask and Act” effectively with older people it is crucial that professionals consider carefully the barriers which older people may experience to disclosure.

Ageist attitudes

Ageist attitudes towards older people can contribute towards domestic abuse in older people not being accurately identified by professionals. A failure to recognise and effectively respond to domestic abuse in an older person may lead to inappropriate referrals and potentially unsafe outcomes²². It is important that practitioners do not stereotype or make judgments in relation to older people and that they explore all potential experiences of older people in transparent and open minded ways.

Fear that disclosure will exacerbate the abuse.²³

Although this is a general barrier for all victims of abuse, older people are often more emotionally, financially and physical dependent on the abuser(s) than their younger counterparts because of age related health issues. A consequence of this dependency means that older people are reluctant to report abuse because there is a fear that they will be institutionalised and placed in a care home. This may also influence how much they disclose about their experience and their likelihood of minimisation.^{24 25}

²² Wydall, S., Zerk, R. Newman, J. 2015. Crimes against, and abuse of, older people in Wales: Access to support and justice working together. Report submitted to Older People’s Commissioner for Wales. Available online at: <http://bit.ly/1GWvw5A>,

²³ Womens Aid (2007) *Older women and domestic violence: An overview of the literature*

²⁴ Zerk, R. (2015) ‘Barriers to disclosure in later life’, paper to be presented at the XXXVIII International Congress on Law and Mental Health, Vienna, 15th July 2015.

²⁵ Scott, M., McKie, L., Morton, S., Seddon, W., Wosoff, F. (2004) *Older women and domestic violence in Scotland: ‘and for 39 years I got on with it.’* Produced for Health in Scotland by the Centre for Research on Families and Relationships (Edinburgh: Health Scotland).

A study, conducted in 2007²⁶ with 134 participants of older victims and older people representatives, the majority of women expressed a fear that if they were to discuss their abuse with their family members they would not receive a supportive response.

Using “Ask and Act”, professionals should explore all aspects of potential abuse with older people, be confident to ask on repeated occasions where necessary and ensure they have information to hand to offer to older people and allay their fears. This should not be taken to mean that anyone who is asked should be interrogated, but to acknowledge that any potential victim’s willingness and opportunity to disclose will vary over time.

Notions of privacy surrounding the home and intimate relationships.²⁷

Older people, more so than their young counterparts do not want to involve agencies in their private affairs because of the shame associated with abuse by a family member and a perceived lack of entitlement to receive help. As with all potential victims, older people may feel more confident to disclose as their relationship with a practitioner develops and their trust in them grows.

Loyalty to the person using violence and abuse.

A study in 2006²⁸ found that older women’s unwillingness to disclose abuse to their GP or other health professionals was related to perceptions of loyalty, especially if the abuser or the victim was a carer.

Moreover, other studies have shown that families of older victims of domestic abuse may deny the abuse, blame the victim or be hostile to the idea of “breaking up the family”.²⁹ Further studies have noted that victims may not have confidence in either informal or formal support systems to understand the complex relationship dynamics between them and the perpetrator.³⁰

In order to go some way in mitigating these barriers, the following points should be considered when “Asking and Acting” older people who have experienced domestic abuse:

- A professional should only “Ask and Act” following appropriate training³¹;

²⁶ Beaulaurier, R., Seff, L., Newman, F., Dunlop, B. (2007) External barriers to help seeking for older women who experience intimate partner violence, *Journal of Family Violence*, 22 (8), 747-755.

²⁷ Yan, E., Chan, K. L., & Tiwari, A. (2015). A systematic review of prevalence and risk factors for elder abuse in Asia. *Trauma, Violence, & Abuse*, 16(2), 199-219.

²⁸ Wong, S., Jonge, A.D., Wester, F., Mol, S.S.L., Romkens, R.R., Lagro-Janssen, T. (2006) Discussing partner abuse: Does doctor’s gender really matter? *Family Practice*, 23(5), 578-586.

²⁹ Yan, E., Chan, K. L., & Tiwari, A. (2015). A systematic review of prevalence and risk factors for elder abuse in Asia. *Trauma, Violence, & Abuse*, 16(2), 199-219.

³⁰ Fugate, M., Landis, L., Riordan, K., et al. (2005). Barriers to domestic violence help seeking. *Violence Against Women*, 11(3), 290-310.

³¹ See the Welsh Government consultation on draft statutory guidance on “Ask and Act” under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and section 60 of the Government of Wales Act 2006.”

- Always ensure you are alone with the person before enquiring into possible abuse – never ask in front of a carer, partner, friend or child;
- Be clear about the limits of your organisations confidentiality policy;
- Make sure that you can't be interrupted, and that you – and the person – have sufficient time;
- Only use professional interpreters;
- Do not pursue an enquiry if the person lacks capacity to consent to the interview;
- Document the person's response;
- Ask the person if there are any recording devices in the room or anything else that would prevent them from being able to disclose fully their situation;
- Ask the person about previous events, not just the event which has prompted completion of the risk identification checklist;
- Coercive and controlling behaviour is a pattern of behaviour which produces a generalised sense of fear in the victim. Identifying this generalised sense of fear of consequences is very important in deciding if coercive control is being used in the relationship.

It is crucial that professionals make it clear to the victim (as in all cases of abuse) that the abuse is not their fault and that they have a right to be protected and consider what their options are.

c. Making an assessment of risk and need

Should an older person experiencing domestic abuse disclose violence and/or abuse it is important that this disclosure is followed by activity which assesses and subsequently addresses the risks they face and their needs. These risks and needs will relate to both the experience of abuse, the nature of the abuse and any needs arising from additional vulnerabilities. This area of practice is very complex and advice should be sought from experienced and knowledgeable practitioners such as specialist domestic abuse services.

Unwise decisions and decision taken under duress

When assessing an older person's risk of harm and need it may be necessary to assess their capacity to make a particular decision and this should be performed by an appropriately qualified professional.³²

Assessing capacity can be particularly challenging in cases involving domestic abuse and sexual violence. It may be the case that the person is cared for by, or lives with, a family member or intimate partner and the person makes decisions relating to these relationships which appear to place them in danger.

In such cases it will be necessary to seek to understand whether these decisions are 'unwise decisions' which the person has capacity and freedom to make, or decisions

³² See Mental Capacity Act 2005 Code of Practice <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

not made freely, due to coercion and control, and therefore part of the abuse. Skilled assessment and intervention is required to make this consideration.

If professionals decide on the information available and time spent with someone that the person has made an 'unwise decision' for which they have mental capacity, then it may not appear necessary to offer them the options available to them in relation to domestic abuse. This would be a missed opportunity if the person is at risk of or experiencing abuse. Professionals should consider and offer the same options to those experiencing domestic abuse as they would for any other individual, regardless of the complexity of other needs or vulnerabilities.

Judgements about capacity must be decision specific; someone may have mental capacity to make one decision and execute it, but not another. Judgements should also take account of fluctuating capacity.

This area of practice is often one of the most complex issues to consider when working in the field of safeguarding older people experiencing domestic abuse. Specialist advice and support should be sought to ensure appropriate considerations are made during assessments. In certain circumstances, for example where all other steps have been exhausted or where there is a serious risk of immediate harm, a local authority may wish to consider initiating court proceedings and seek to invoke the inherent jurisdiction of the High Court for the protection of a vulnerable adult, including where the victim's ability to make decisions has been compromised because of, for example, constraints in their circumstances, coercion or undue influence. However, the appropriate steps will depend on individual circumstances and should be considered on a case by case basis in light of specialist advice.

Care and support needs

Older people may have additional needs related to care and support. These may be prompted by physical frailty, mobility issues, issues related to sight and hearing or the impact (and potential misuse) of prescribed medication.

As part of an assessment of risk and need, a practitioner should consider whether an older person's care and support needs are being met. Consider whether they have full access to food, clothes, medication, glasses, hearing aids and medical care and whether anyone prevents them accessing these.

d. Risk identification relating to domestic abuse

The identification of risk for individuals experiencing domestic abuse is an evolving process. Early risk identification tools were originally developed in South Wales and in some parts of England during the early 2000s. However there was a clear understanding and recognition that further development of the tool would be required as increased sector knowledge in this area increased.

The DASH Risk Identification Checklist (DASH RIC) is the most commonly used risk identification tool in Wales. It (or something very similar) is used throughout the public service, by every police force and by domestic abuse specialists. The Risk

Identification Checklist is based on the conclusions of many domestic homicides and serious case reviews and highlights the commonly identified factors found in cases resulting in death or serious harm. For the purposes of brevity the Risk Identification Checklist is not reproduced in this guidance, however a link to the tool is provided in the footnote below.³³

Professionals will need to consider which risk tool is most appropriate for them to use to help identify the level of risk. This guidance does not dictate which tool is to be used. However, it does provide the links to those which are currently available for your consideration.

The purpose of the Risk Identification Checklist is to provide a consistent and simple tool for practitioners who work with adult victims of abuse to identify known risks, take action to mitigate or address these risks and to facilitate appropriate referrals into the Multi Agency Risk Assessment Conference (MARAC).

The Risk Identification Checklist should form only a part of risk assessment work. It can assist in identifying the most common risk factors and is based on the experiences of those who are most likely to experience severe violence and abuse – women. It cannot reflect all of the characteristics of an individual’s situation.

As with every client; when using the Risk Identification Checklist with an older person a professional should use the tool to guide their professional judgement. Professional judgement is the consideration of the whole situation, not just the result of the risk identification checklist.

There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose information that might highlight their risk more clearly. This could include extreme levels of fear, frailty of a victim, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of so called ‘honour’-based violence.

In some cases it can be difficult to articulate this judgement; it can be a sense that something is “not right” or a gut feeling of a professional. In making professional judgements, practitioners should be mindful that there may be more than one person at risk, including any children, other vulnerable adults who may need to be referred to children’s or adult safeguarding services.

Support is available to professionals through the Live Fear Free helpline: 0808 80 10 800.

Using a risk identification checklist with older people experiencing domestic abuse

³³ <http://safelives.org.uk/sites/default/files/resources/Dash%20with%20guidance%20FINAL.pdf>

There is emerging evidence of risks and issues, specifically associated with the experience of domestic abuse by older people which must be considered when working with this client group and forming a professional opinion on their situation.

The Older Peoples Commissioner is conducting further work in this area, including the pilot of an amended Risk Identification Checklist. Links to this work are provided below.³⁴

This emerging evidence, based on multi-agency responses to older people experiencing domestic abuse, which has found that risk assessment work with older people results in lower scoring than might be expected in 20% of 131 older victims.³⁵ Professionals involved in the study attributed inaccurate risk assessment to be the result of:

- Gaps in service provision,
- A lack of knowledge and training about the diversity of domestic abuse,
- Societal Perceptions of older people.³⁶

The identification of the risks facing older people who are experiencing abuse is fundamental to good practice and leads to improved outcomes for older people. A comprehensive and thorough understanding of risk will assist professional understanding of the experience of the victim and to any others exposed to the abuse. It should also inform a plan to improve that person's safety, their referral options and involvement of partner agencies. Risk assessment should always be considered holistically as escalation can occur very quickly. It is also very important that appropriate services are available to those at all levels of risk.

Professionals will need to assess a range of considerations when completing a risk identification checklist. These include questions related to physical, sexual, emotional and economic abuse, as well as considering if there is any evidence of coercion, threat or intimidation evident.

Appropriate and robust assessment of risk is heavily contingent on the relationship between the assessor and those being assessed. Building a trusting relationship with the victim of the abuse is likely to lead to increased transparency by the individual about their circumstances.

When undertaking a Risk Identification Checklist, the professional will also need to take into account the specific heightened risk 'triggers' that are associated with the family composition in question and also the characteristics of the individual at risk of abuse, e.g. where the individual is an older person, Are there children present? Are there cultural factors to consider?

³⁴ http://www.olderpeoplewales.com/en/adult_protection/ric_checklist.aspx

³⁵ Based on examination of information available at the point of contact.

³⁶ Clarke et al, 2012; An Evaluation of the Access to Justice Pilot Project

Situational and temporal dimensions should be considered and specific questions should be asked if the suspected victim or the perpetrator is an older person, or if there are children in the home (including in kinship care arrangements).

Professionals should also note that the motivation to seek help in older people is often the result of:

- The abuse becoming so serious the older person can no longer tolerate it
- Heightened fear of homicide
- Concerns about the well-being of the abuser³⁷

Hence it is important that should an older person disclose abuse by a family member, professionals must take the concerns of the older person seriously, undertake a thorough risk assessment and be pro-active in developing a safety plan.

The process of risk identification requires time and sensitivity. The person at risk, or their trusted advocate or Independent Mental Capacity Advocate (IMCA) (if the person lacks capacity) should be involved in the process to ensure the work is accurate, comprehensive and well informed and provides an opportunity for the older person to identify, describe and understand the risks for themselves.

Effective risk identification is not possible when myths, stereotypes and flawed beliefs are held by professionals about the nature of domestic abuse. The professional must have an open mind and take an empathic, non-judgemental approach.

It is important that the professional helps the person to disclose their own responses to coercive and controlling behaviour by the abuser. This may be difficult as they may fear judgement and consequences. For example a person who has been subject to degrading behaviour and humiliation may be embarrassed to discuss what they have experienced.

This is often the biggest barrier to effective risk assessment and management and a frequent theme in Domestic Homicide Reviews and needs to be tackled through effective staff supervision and training and should be a priority for any service.

Risk identification should only be conducted in a safe and confidential environment.

Additional factors to consider when using a risk identification checklist with an older person.

The experience of abuse impacts on older people in some of the same ways it affects other victims of any age. But there are differences. This section outlines the types of considerations which professionals should explore when working with older people and when forming a professional judgement of the risks they face.

Increased risk of serious injury

³⁷ Yan 2015

Older women and men are more likely to suffer severe physical injuries than younger women and men. Such injuries are often exacerbated by pre-existing health conditions linked to age, such as arthritis, diabetes or osteoporosis.³⁸

Physical and sexual assault in older victims is more likely to result in serious injury than with other age groups because of physiological changes in the body. For example; sexual assault in post-menopausal women has been found to lead to a greater likelihood of sustaining genital injury due to age related changes.³⁹

Acknowledging the risk and potential experience of sexual abuse.

Practice based feedback is that older people are often viewed as asexual and as a result professionals are unlikely to see older people as potential victims of rape. Sexual violence may well form part of the violence and abuse experienced by an older person and this should be acknowledged and addressed during the risk identification process.

Disability (including sensory impairment)

Disability related to ageing is common. Disability can result from domestic abuse and in those who are frail; a marked decline in physical and mental function can result from apparently low-level incidents.

Disability is also known to increase the likelihood of a person experiencing abuse. Disabled women are twice as likely to experience violence and sexual abuse than non-disabled women⁴⁰.

Being disabled strongly affects the nature, extent and impact of abuse. Older people's impairments are frequently exploited as part of the abuse. Some forms of abuse will focus specifically on the impairment and deliberately worsen it. Abuse may also include misuse of prescribed medication.

Many abusers deliberately emphasise and reinforce dependency as a way of asserting and maintaining control. The impact of domestic abuse and sexual violence is often especially acute where the abusive partner is also the main carer, the carer has considerable power and control and the victim has total reliance on them.

Disabled older people may be reluctant to leave their own housing if it has been adapted for them. They may also fear that institutional care could be forced upon them if they leave an adapted home and their abusive carer. Older people with care and support needs should never be placed in residential institutions as a solution to domestic abuse (unless they wish this outcome). Any decision regarding the accommodation of a person must adhere to the relevant legislative framework.

³⁸ Lazenbatt A (2013) Older Women living and coping with domestic violence. Institute of Sociology, social policy and social work. Queens University, Belfast

³⁹ Poulos, C. A., & Sheridan, D. J. (2008). Genital injuries in postmenopausal women after sexual assault. *Journal of elder abuse & neglect*, 20(4), 323-335.

⁴⁰ Magown 2004)

Dementia

Older people with dementia are at higher risk of abuse due their impaired ability to seek help, advocate for themselves or remove themselves from potentially abusive situations.

The Alzheimer's Society estimates there are approximately 44,000 people in Wales with diagnosed and undiagnosed dementia.⁴¹ A significant proportion of these people live in the community where care is provided, in the main, by family caregivers.

It is well accepted that the effect of dementia can render older people more susceptible to exploitation by others and can severely impair their ability to seek help, advocate for themselves or remove themselves from potentially abusive situations. This vulnerability is further reinforced by the cognitive impairment, depression, behavioural difficulties, social isolation and dependency associated with dementia.

In some cases, family caregivers of older people with dementia may be unaware that their actions are abusive. Research indicates that a high number of those with dementia will be physically abused by their family carer and that in many of these cases this is related to a failure to cope with a difficult and demanding situation.

Whilst professionals need to be mindful that some of these situations can result in tragic outcomes including death, such cases are normally best dealt with through adult at risk processes. Early recognition, intervention and appropriate support can be effective in reducing the risk of harm and preventing a tragedy.

Where care is provided by a family carer this risk is increased where the carer:

- has unmet or unrecognised needs of their own;
- is themselves vulnerable;
- has little insight or understanding of the vulnerable person's condition or needs;
- has unwillingly had to change his or her lifestyle;
- is not receiving practical and/or emotional support from other family members;
- is feeling emotionally and socially isolated, undervalued or stigmatised;
- has other responsibilities such as family or work;
- has no personal or private space or life outside the caring environment;
- has frequently requested help but problems have not been solved;
- is being abused by the vulnerable person;
- is feeling unappreciated by the vulnerable person or exploited by relatives or services.

Some of the situations that place family carers more at risk of harm also have within them factors that increase the risk of family carers themselves causing harm. (e.g. hitting back in retaliation, restricting or over use of anti-psychotic medication, using non-physical controlling measures which could be emotionally damaging).

⁴¹ Wales Dementia Diagnosis (2013-14).

Financial abuse

Financial abuse is a common form of domestic abuse experienced by older people. However, this is not always recognised by some professionals. The following considerations should form part of risk identification:

- Has the older person been asked, coerced or forced to sign papers against their will?
- Does anyone else control their finances? If so this might include:
 - spending their money without permission;
 - failing to make them aware of how much money they have available;
 - failing to provide access to their finances;
 - abusing an Enduring/Lasting Power of Attorney;
 - stealing their money or possessions;
 - taking control of their accounts and bills;
 - creating debt in their name.

Emotional and psychological abuse are other forms of abuse commonly experienced by older people which is often missed by professionals. It is important to consider if anyone has upset them by talking to them in a way that made them feel ashamed or threatened.

Children who are abusive

When a person is experiencing abuse from their child; either an adult or young person, feelings of shame or embarrassment can be very strong and difficult to overcome. Those who are parents to their abusers describe feeling a sense of failure, shame and self-blame that they face this situation. It also means they are less likely to involve statutory agencies for fear of getting their children in to trouble. These relationships can also increase the pressure to remain silent or remain in the abusive situation.

Abuse perpetrated by those who are also carers

Older people who are ill, frail, disabled or experiencing mental health or substance misuse problems may receive care from family members. Such care is often seen as an invaluable contribution to society; the support of carers is often seen as integral to the way agencies seek to work.

However, where a carer is also the person abusing, the isolation of the older person and the level of control they face is strengthened as they rely on the abuser for their care and independence. Depending on their particular circumstances and care and support needs, older people may fear the consequences of intervention if they report domestic abuse by their family carer, for example loss of contact with relatives such as children or grandchildren, loss of financial support, or fear of being placed in a care home.

The rule of optimism

It can sometimes be the case that professionals place undue confidence in the capacity of families to care effectively and safely for their relatives. This confidence can mean that abuse, violence or neglect is incorrectly assessed as a one off incident resulting from considerable stress or the confused notions of an older person with dementia, for example. Such cases are often dealt with in a multi-agency approach without any criminal justice interventions.

This is known as the 'rule of optimism' and it can result in cases of ongoing abuse and neglect being missed. Such cases are the exception but they exist and have been identified through serious case reviews and/or adult practice reviews. If deliberate acts of harm or omission leading to neglect are suspected, safeguarding procedures and police referral in accordance with the relevant legislative framework would follow.

Points to consider are:

- Is the violent or abusive behaviour an isolated incident or part of a pattern of incidents, which could be described as controlling or coercive?
- Is there a history of violent or abusive behaviour or domestic abuse referrals?
- Has the perspective/opinions of the victim and other family members been sought independently and in private? (From April 2016 an Adult Protection and Support Order will be an available option to enable a Local Authority authorised officer to satisfy themselves that a person at risk is able to speak freely).

It is also important that professionals try to avoid the following:

- making generalised assumptions about 'carers';
- uncritical efforts to see the best in those performing a carer role;
- avoiding intervention for fear of the consequences;
- minimising concerns;
- not seeing emerging patterns;
- not ensuring there is a consistent focus on the person at risk.

e. Referral options and aligning overlapping safeguarding processes

This section considers the options available for professionals to utilise should they become aware that an older person is experiencing violence and abuse. It considers first the basis on which any referral can be made (the consent of the victim), how existing safeguarding processes can be utilised appropriately and the additional referral options outside of the statutory system which can benefit older people experiencing domestic abuse.

Consent

Where an older person discloses that they are a victim of domestic abuse, to seek to provide the victim with care and support, it may be necessary to share their information with other professionals or agencies. In such circumstances, the explicit consent of the older person (provided that they have mental capacity to give consent) must be sought before information is shared. To assist in this process, a professional may wish to explain the reasons for sharing the information, emphasising the intention of seeking to protect the victim by providing support. This should be done in a sensitive manner.

Where consent is not given specialist advice should be sought to assist in determining what information, if any, can and should be shared. This will vary on a case by case basis.

Due to the incidence of age related illness and disability, many older people who are experiencing domestic abuse have health or social care needs and may fit the definition of an Adult at Risk under The Social Services and Well-being (Wales) Act 2014 which will become relevant on 1 April 2016.

Where a person is identified as an “adult at risk” under the Social Services and Well-being (Wales) Act 2014, the Local Authority will have a responsibility to make, or cause to be made, whatever enquiries it considers necessary to enable it to decide whether any action should be taken and, if so, what and by whom.

A person exercising functions under the 2014 Act in relation to a person who has, or may have, needs for care and support must in so far as is reasonably practicable, ascertain and have regard to the individual’s views, wishes and feelings, and must have regard to the importance of beginning with the presumption that the adult is best placed to judge the adult’s well-being. However, if the Local Authority is satisfied that an adult lacks capacity to decide whether to refuse a needs assessment but there is a person authorised under the Mental Capacity Act 2005 to make the decision on their behalf; or, where there is no such authorised person, that it would be in the best interest of such an adult; or where the Local Authority suspects that the adult is experiencing, or at risk of abuse or neglect, the local authority must carry out a needs assessment.

Aligning safeguarding processes

Where an older person is an “Adult at Risk” all agencies should utilise the statutory safeguarding processes.

If a case includes disclosed or suspected domestic abuse, it is important that the safeguarding process also draws in expert resource relating to domestic abuse and where appropriate utilises additional multi agency forums which can assist. This should involve completion of a Risk Identification Checklist, relating specifically to the domestic abuse and a referral to the local Multi-Agency Risk Assessment Conference (MARAC) where the threshold is met.

Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings which discuss how to help victims at high risk of murder or serious harm due to domestic abuse. A domestic abuse specialist, police, children’s social services, adult social services, health and other relevant agencies discuss and share information on each victim, their abuser and any relevant children in relation to their risk of murder or further abuse. Once this has occurred the chair (usually the police public protection lead) of the MARAC will outline each risk and seek action from the agencies to reduce and/or eradicate that risk. The actions will relate to the victim, abuser and children. These actions form an action plan.

Safeguarding plans, initiated by adult social services may be referenced and added to during the MARAC if further actions to reduce levels of risk are identified.

Utilisation of both safeguarding and domestic abuse pathways should ensure that the older person receives the safeguarding resources appropriate to the characteristics of the abuse. It is, of course, important that roles and pathways are discussed at strategic and operational levels to determine which cases would benefit more from one process than another, and at what point an integrated approach should be adopted.⁴²

Findings from the Access to Justice pilot found improved welfare and justice based outcomes in cases discussed at MARAC in contrast to the more holistic approach that was perceived by Protection of Vulnerable Adults (POVA) practitioners, for example where a care package was indicated.⁴³ Establishing aligned pathways will provide for the most effective response for older victims of domestic abuse and provide clarity in relation to referral guidelines for practitioners.

Where MARAC thresholds are not reached (they are only available to those at high risk) a referral should also be considered to a local specialist domestic abuse service. A local specialist domestic abuse practitioner should be included in any

⁴² Wydall et al (2015)

⁴³ <http://gov.wales/statistics-and-research/evaluation-access-to-justice-pilot/?lang=en>

Adult Protection strategy meetings, investigations and case conferences in order to ensure the meeting benefits from this expertise and domestic abuse services are identified and included in any protection plans.⁴⁴

⁴⁴ *ibid*

f. Meeting safety and support needs

Once an older person has disclosed abuse, the risk they face and their needs have been assessed and appropriate referral routes have been offered, it is important that action is taken to address the situation they are in. This section outlines the options which may prove useful in this regard.

Intentional and unintentional harm

As noted in section 1 there can be a distinction between intentional and unintentional harm caused to older people, especially where a caring relationship is ongoing.

Where the risk of harm is caused unintentionally e.g. because a carer does not know how to meet the needs of a person with dementia or other illness or where risk arises from a lack of coping skills or unmet needs safety planning can focus on actions that enable the carer to care effectively or for others to provide care on a respite or more permanent basis. A carers assessment is a useful tool to achieve this.

A referral to the Adult safeguarding procedures can be a useful way of bringing professionals together on a multi-agency basis to ensure the person at risk is safe and both their needs and the carers needs are being addressed.⁴⁵

Unintentional abuse may cause harm through action or inaction. It can have a serious impact on the Adult at Risk and should not be ignored.

Safeguarding

As outlined earlier in this guidance, making the links between safeguarding older people and domestic abuse is vital to make sure that people get access to the best help that can be offered, are treated with dignity and respect, and are supported to achieve the best outcomes for them. The guiding principles for working with older people who need to be safeguarded are:

- empowerment;
- prevention;
- protection;
- proportionate responses;
- partnership working;
- appropriate, accessible specialist support.

In safeguarding older people, as in all kinds of health and social care support, the principle of empowerment means that outcomes are at the heart of everything that is done to support the person, and that is demonstrated through a 'person-centred approach' – what does the person who has been harmed want to happen?

⁴⁵ http://ssiacymru.org.uk/home.php?page_id=8297

These principles are equally valid for working with older people experiencing violence and abuse.

Finding a common language and better working definitions that can be shared across different contexts will also strengthen links. Terms like ‘victim’, ‘perpetrator’ and ‘survivor’ may not be appropriate in adult safeguarding work generally but are appropriate when used in the context of domestic abuse and sexual violence.

Support and planning needs in relation to violence and abuse

Many of the support and safety planning needs of victims of domestic abuse are broadly similar across age groups – for instance, the need for secure housing and financial support. However, issues related to physical and mental health or substance use are often more severe in older women.⁴⁶ Older people are also less likely to report abuse and their service needs tend to be broader, with a large selection of support services including long-term counselling, help with alcohol or drugs and assistance with finances – many older women may not have worked, or had any access to money.⁴⁷

There are many options available to people who are being subjected to domestic abuse:

Criminal justice options

In many cases, the abuse being committed by the perpetrator/s is criminal. Where a criminal offence has been committed or is suspected, the police have a duty to investigate. The police have a policy to take ‘positive action’ in cases of domestic abuse and the alleged perpetrator may be arrested and prosecuted where there is sufficient evidence.⁴⁸

Crimes are reported and dealt with through the criminal justice system which is made up of a number of key agencies: the police; the Crown Prosecution Service (CPS); the courts (magistrates’ courts and Crown court); and the probation service. Depending on the conclusions drawn through the Criminal Justice System, a number of protective options may be available to the older person including restraining orders and protection orders.

Civil justice options

Civil justice remedies, such as an injunction, non-molestation order or a restraining order, can also be considered where appropriate and where this is felt would be helpful in protecting those subject to abuse.

Specialist services

Local specialist domestic abuse services are available across Wales and can offer a range of services to provide on-going support and advice. These are further explored below.

⁴⁶ Bows H (2015) Domestic violence “grown old”. The unseen victims of prolonged abuse. <https://theconversation.com/domestic-violence-grown-old-the-unseen-victims-of-prolonged-abuse-43014>

⁴⁷ Ibid

⁴⁸ http://library.college.police.uk/docs/npia/Domestic_Abuse_2008.pdf

Services can be accessed directly or through the Welsh Government Live Fear Free helpline.

In cases involving sexual violence, independent, confidential advice and support can be sought from a local Sexual Assault Referral Centre (SARC) or a sexual violence service.

Where an older person is deemed to be high risk, they should be referred to a MARAC for a multi-agency response (see page 33).

Independent Domestic Violence Advisors

The main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children.

Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

They are pro-active in implementing the plans, which address immediate safety, including practical steps to protect themselves and their children, as well as longer-term solutions. These plans will include actions from the MARAC as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations.

IDVAs support and work over the short- to medium-term to put them on the path to long-term safety. They receive specialist accredited training and hold a nationally recognised qualification. Since they work with the highest risk cases, IDVAs are most effective as part of an IDVA service and within a multi-agency framework.

The IDVA's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings. Studies have shown that when high risk clients engage with an IDVA, there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse.⁴⁹

Refuge

Refuge provides safe, secure, gender sensitive accommodation for women, men and children escaping domestic abuse. The accommodation is either in a shared environment (shared utilities with personal rooms), in self-contained accommodation within the same building or "dispersed units" in separately appointed accommodation. Depending on their age, accommodation in refuges – which is often based around the needs of women with children – may not be appropriate, due to older women's difficulties with stairs, for example, or because conditions are too

⁴⁹ <http://www.safelives.org.uk>

loud.⁵⁰ However there is a wide range of options available across the Wales refuge network.

Temporary Supported Housing

In addition to the above, many support providers across Wales also provide temporary supported housing. Again the accommodation is fully self-contained in flats or houses, and is usually let on a 6 months Assured Short hold Tenancy. The accommodation can be either grouped together in a small cluster or dispersed within the community. As part of the provision the tenant would also receive a package of support to address their needs.

Support in the Community – Outreach / Floating Support.

Floating support services are offered to service users who have a housing related support need and wish to remain in their own homes. Support can be offered irrespective of whether they are still in a relationship with their abuser. The support will either take place in their homes, when safe to do so, or in a more public place in the community. The provision of floating support is established to meet local needs and can vary across Wales.

Outreach Support is available in some localities across Wales to anyone who has experienced domestic abuse. Outreach support is similar to Floating Support and the support can be provided in their own homes, when safe to do so, or in a more public place in the community. Outreach workers provide emotional support and practical information for adults who are experiencing domestic abuse.

Domestic Abuse One Stop Shop Services

Usually located in town centres and therefore often accessible for older people using public transport, a One Stop Shop will have a number of partner agencies co-located within them and therefore these can provide a wide range of information, advice and guidance to anyone experiencing domestic abuse. They also often have access to a number of services delivered from the One Stop Shop such as legal advice, counselling and a variety of support groups.

The Live Fear Free helpline – 0808 80 10 800

The Welsh Government fund a national, 7 days a week, 24 hour helpline for those experiencing domestic abuse, sexual violence and other forms of violence against women and gender-based violence.

⁵⁰ Ibid

The helpline is a gender-neutral information and support service for women, men, children and professionals who want to know more about the support services available to victims in Wales.

The line is a confidential, bi-lingual service. The number is free to call from landlines and most mobiles. A language line translation facility can also be provided for callers whose first language is not English.

It may be the case that older people will have differing support and safety planning needs to other service users which should be considered. These are outlined below:

Awareness of services

Older people may be less aware of the spectrum of specialist service options on offer to them and this can often be a barrier. This is made worse by a lack of societal awareness that domestic abuse affects all age groups and a lack of specific support for older victims.⁵¹

Group programs

Years of abuse can erode older peoples confidence and as a consequence they may find it more difficult to join in group sessions, particularly when the other people are younger. One to one work may be preferable for the older client group and provision should be made for this wherever possible.⁵²

Accommodation

Accommodation and physical accessibility can be significant barriers for older people in seeking help. Research indicates that many older people believe they could not be accommodated according to their needs if they left a violent relationship. However, some areas of Wales do have facilities for those who are disabled and professionals should make themselves aware of what is available in their area.

The care relationship

If the victim of abuse is also the perpetrator's primary carer, it will be important to consider how each person's care needs will be met. It is also likely that the victim will require reassurance that the perpetrator's care needs can be met in an alternative way and that any transitions can be well-managed.

The perpetrator may need information about care and support services and may also require a safeguarding response in line with multi-agency procedures. Information and services offered may include advocacy services, substance misuse or mental health services, specialist domestic abuse services or perpetrator programmes.

⁵¹ Ibid

⁵² Ibid

As with other perpetrators, only specialists in the field of domestic abuse should attempt any behavioural work.

Definitions and relevant legislation

Relevant legislation

This section brings together the legislative framework relating to areas most relevant to work with older people experiencing domestic abuse. It is by no means exhaustive but references several areas of Welsh and UK wide legislation.

Welsh legislation

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (“the Act”)

The Act focusses on the prevention of these issues, the protection of victims and support for those affected by such issues.

The Act introduces requirements for

The Welsh Ministers to:

- prepare and publish a National Strategy which specifies objectives that will contribute to the pursuit of the purpose⁵³ of the Act.
- appoint a National Adviser on Violence against Women, Domestic Abuse and Sexual Violence;

Local Authorities, Local Health Boards, Fire and Rescue Authorities and NHS Trusts (the relevant authorities) to:

- prepare and publish strategies specifying objectives the relevant authorities consider will, if achieved, contribute to the pursuit of the purpose of the Act; identify the actions the relevant authorities propose to take to achieve the specified objectives and the time that this will take.

Under the Act and the Government of Wales Act 2006 guidance will be issued in relation to:

- A National Training Framework on violence against women, domestic abuse and sexual violence;
- A principles based approach to targeted enquiry for these issues across the Public Service known as “Ask and Act”;
- Improved multi agency collaboration in relation to violence against women, domestic abuse and sexual violence;
- Improved commissioning of specialist violence against women, domestic abuse and sexual violence services.

⁵³ The purpose of the Act is set out in section 1: to improve – (a) arrangements for the prevention of gender-based violence, domestic abuse and sexual violence; (b) arrangements for the protection of victims of gender-based violence; domestic abuse and sexual violence; and (c) support for people affected by gender-based violence, domestic abuse and sexual violence.

The Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 introduces a number of key safeguards for adults through the introduction of a new duty to report to the local authority someone suspected to be an adult at risk of abuse or neglect. The Act introduces a definition of “adult at risk” and also introduces a new duty for the local authority to make enquires, or cause enquiries to be made, to determine whether any action is required to safeguard vulnerable people.

This duty is supplemented by a power to apply to the courts for an Adult Protection and Support Order. The Order will enable an authorised officer with the requisite skills and experience to secure entry to premises in order to speak in private with the adult suspected of being at risk to determine whether they are making decisions freely, whether they are at risk and what, if any, action should be taken.

Before making an Order, a justice of the peace must be satisfied that there is reasonable cause to suspect that the adult is at risk; that it is necessary to gain access to assess the risks; and that exercising the power of entry will not result in the adult being at greater risk of abuse or neglect.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 is designed to protect individuals who lack the mental capacity to make their own decisions about care and treatment. It applies to individuals aged 16 and over and contains a range of safeguards. Where the victim also lacks mental capacity the Mental Capacity Act 2005 may be used to support older people who are suffering domestic abuse.

The Mental Capacity Act 2005 applies five principles:

- start from the assumption that a person is able to make their own decisions, and has the capacity to make the specific decision in question
- ensure you are able to show that you have made every effort to encourage and support the person to make the decision themselves
- making a decision you consider to be unwise or eccentric does not necessarily mean the person lacks capacity to make the decision in question
- anything done for or on behalf of a person who lacks capacity must be done in their best interests
- if acting on behalf of a person who lacks mental capacity, weigh up the intervention to ensure that you act in a way which interferes as little as possible with the person’s rights and freedoms.

If an older person who is experiencing domestic abuse does not have capacity to make decisions about their safety then “best interests decisions” may be made on their behalf as to how to protect them from the risk of abuse or neglect. A best interest decision must take into account the known views of the person at risk and any actions taken must be proportionate to the level of risk.

A mental capacity assessment is used to assess capacity and should be performed by a person who has the relevant expertise to make that assessment. If someone

lacks mental capacity to make a particular decision about their life and the lack of capacity results from an “impairment of mind” such as:

- a stroke or brain injury;
- a mental health problem;
- dementia;
- a learning disability;
- confusion, drowsiness or unconsciousness because of an illness or the treatment for it;
- substance misuse;

The Local Authority has the power to invoke an Independent Mental Capacity Advocate (IMCA) to help make decisions about situations where a person without mental capacity is at risk of abuse.

Safeguarding Vulnerable Adult procedures are likely to be used in the majority of situations where an Adult at Risk does not have mental capacity to make decisions about their safety. The IMCA should represent the best interests of the person at relevant meetings.

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.”

Definitions

Abuse (as defined by the 2015 Act): Physical, sexual, psychological, emotional or financial abuse

Adult at risk: Section 126 Social Services and Wellbeing (Wales) Act 2014 defines an 'adult at risk' as being an adult who –

- (a) is experiencing or is at risk of abuse or neglect
- (b) has needs for care and support (whether or not the authority is meeting any of those needs), and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

If a local authority has reasonable cause to suspect that a person within its area (whether or not ordinarily resident there) is an adult at risk, it must –

- (a) make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken (whether under this Act or otherwise) and, if so, what and by whom, and
- (b) decide whether any such action should be taken

Domestic abuse: abuse where the victim of it is or has been associated with the abuser;

A person is associated with another person for the purpose of the definition of "domestic abuse" if:

- (a) they are or have been married to each other;
- (b) they are or have been civil partners of each other;
- (c) they live or have lived together in an enduring family relationship (whether they are of different sexes or the same sex);
- (d) they live or have lived in the same household; and for this purpose a person is a member of another person's household if—
 - (i) the person normally lives with the other person as a member of his or her family, or
 - (ii) the person might reasonably be expected to live with that other person;
- (e) they are relatives;
- (f) they have agreed to marry one another (whether or not that agreement has been terminated);
- (g) they have entered into a civil partnership agreement between them (whether or not that agreement has been terminated);

- (h) they have or have had an intimate personal relationship with each other;
 - (i) in relation to a child, each of them is a parent of the child or has, or has had, parental responsibility for the child.
- (3) If a child has been adopted or falls within subsection (4), two persons are also associated with each other for the purposes of the definition of “domestic abuse” in subsection (1) if—
- (a) one is a natural parent of the child or a parent of such a natural parent, and
 - (b) the other is—
 - (i) the child, or
 - (ii) a person who has become a parent of the child by virtue of an adoption order, who has applied for an adoption order or with whom the child has at any time been placed for adoption.

A child falls within this subsection if

- (a) an adoption agency, within the meaning of section 2 of the Adoption and Children Act 2002 (c.38), is authorised to place the child for adoption under section 19 of that Act (placing children with parental consent) or the child has become the subject of an order under section 21 of that Act (placement orders), or
- (b) the child is freed for adoption by virtue of an order made—
 - (i) in England and Wales, under section 18 of the Adoption Act 1976 (c.36), or
 - (ii) in Northern Ireland, under Article 17(1) or 18(1) of the Adoption (Northern Ireland) Order 1987 (S.I. 1987/2203), or
- (c) the child is the subject of a Scottish permanence order which includes granting authority to adopt.

Gender-based Violence: (a) violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation;

(b) female genital mutilation; (c) forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage (whether or not legally binding);

Harassment: A course of conduct by a person which he or she knows or ought to know amounts to harassment of the other; and for the purpose of this definition:

- (a) a person ought to know that his or her conduct amounts to or involves harassment if a reasonable person in possession of the same information

would think the course of conduct amounted to or involved harassment of another person; and
(b) “conduct” includes speech.

Independent Domestic Violence Adviser (IDVA): Trained specialist worker who provides short to medium-term casework support for high risk victims of domestic abuse

Local Authority: A county or county borough council. (as defined in the Act)

MARAC: Multi-Agency Risk Assessment Conference

Older people: The United Nations has agreed that 60+ years may be usually denoted as old age and is the first attempt at an international definition of old age. The World Health Organization has also agreed to follow the lead of the developed worlds,

For the purpose of this guidance, an older person is defined as being any person who is aged 60 years and over.

This guidance is primarily targeted at those aged 60 years and over in order to align with this international definition. However, the guidance herein should be taken into account, regardless of the age of the victim of the abuse if the victim shares characteristics of a person aged 60 or over. Equally it will be relevant in all cases where similar considerations, as outlined here in relation to older people, are present. For example, if a primary concern relating to an older persons experience of violence and abuse is their additional frailty (although this will not always be the case) the guidance may also be relevant to victims who are under 60 but also frail.

Perpetrator: either convicted or non-convicted individuals who use violence and abuse towards partners, ex partners or family members (in line with the definition of domestic abuse).

Relevant authorities: county and county borough councils, Local Health Boards, fire and rescue authorities and NHS trusts.

Sexual exploitation (as defined by the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015): something that is done to or in respect of a person which

- (a) involves the commission of an offence under Part 1 of the Sexual Offences Act 2003 (c. 42), as it has an effect in England and Wales, or
- (b) would involve the commission of such an offence if it were done in England and Wales;

Sexual Violence (as defined by the Act): sexual exploitation, sexual harassment, or threats of violence of a sexual nature.

Violence against women: The experience of gender-based violence, including domestic abuse and sexual violence (as defined in the Act) by women.

Welsh public sector: All relevant authorities as defined by section 14 of the Act.