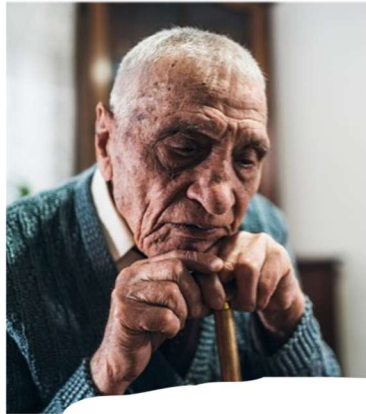


MAKING A DIFFERENCE

Older People's Community Engagement Project 2022/23

Report



Older People and Domestic Abuse

**A Group of People Experiencing
Service Poverty**



Acronyms

AFV	Adult Family Violence
ASC	Adult Social Care
CIOS	Cornwall and Isles of Scilly
CSA	Child Sexual Abuse
DASH	Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment
DASV	Domestic Abuse and Sexual Violence
DHR	Domestic Homicide Review
GRT	Gypsy, Roma and Traveller
LGBTQ+	Lesbian, gay, bisexual, transgender, queer, questioning and others
MARAC	Multi-Agency Risk Assessment Conference
OPP	Older People's Project
SAR	Safeguarding Adult Review
VAWG	Violence Against Women and Girls
VIST	Vulnerability identification Screening Tool

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Executive Summary

This interim report documents the rationale, background, approach, activities and findings of the multi-agency 'Making a Difference, Older People's Community Engagement Project' developed and supported by Age UK Cornwall, Safer Cornwall and the Women's Centre Cornwall.

The project was a result of recognition and concerns about the lack of understanding of older people's experiences of domestic abuse and sexual abuse - often overlooked by professionals and underrepresented among service providers.

The intention of the project is to: contribute to better understanding the experiences and thoughts and beliefs of older victims/survivors who are living, have lived in Cornwall or are associated with the county; develop a better understanding of what older people want from engagement and services; what the current barriers are locally; how we can better communicate with and improve responses to older people impacted by DASV.

At the heart of this report is the belief that older people must have a voice in explaining what the impact of domestic abuse and/or sexual abuse/violence has been on their lives, telling us about what has been helpful but also what was not.

The OPP team made efforts to speak to survivors from protected characteristic groups and encouraged men to participate to ensure that their experiences and views were heard. The team spoke directly with 33 participants, consulted with 30 professionals and ran 10 introductory presentations for a range of groups. We also compiled and conducted an online survey and received 47 responses.

The project findings evidenced that the impact of DASV can be diverse and devastating for older survivors. The abuse experienced by older people, as with others, can vary from emotional abuse to physical, sexual, financial, psychological abuse and neglect. Many victims will often experience a combination of these behaviours.

In our conversations, 22 older people out of 33 participants identified living as children with abuse - a range of all the different types. All 33 participants in our 121 conversations talked about a wide range of impacts on their mental and physical health and wellbeing.

All of this complexity surrounding older people and DASV needs to be understood by professionals and risk assessments used that specifically factor in older people specific issues. The report:

- Raises concerns about the current tools used to assess risk of domestic abuse and sexual violence experienced by older victims/survivors and offers recommendations for improvements.
- Highlights complex issues and lack of understanding around dementia and domestic abuse. The report finds that pathways for support were undeveloped or not working smoothly and there is a need for appropriate awareness raising and skills-development training for staff.
- Identifies a specific issue for older people in that their abusers are almost as likely to be an adult family member as an intimate partner. Requiring a specialist understanding and response from service providers.
- Shows that coercive control was prevalent in the majority of the lives of the people we interviewed. They found it hard to recognise that coercive control was domestic abuse. Without specific training, it is not always easy to spot if a person is experiencing coercive and controlling behaviours. This lack of recognition from others that there is a problem means an abusive partner can easily become isolated from outside support, enabling the perpetrator to continue this pervasive form of abuse. Sadly, coercive control is recognised to be at the heart of many domestic homicides of older people.
- Confirms that DASV services do not work with the high numbers of older people that experience DASV, that older people are accessing DASV services less than younger people, and that most victims/survivors aged 60+ did not access DASV services despite all experiencing DASV.

A strong theme came from our participants' voices that they weren't aware of the services on offer and that key professionals (GPs, police, social workers) have not provided them with DASV leaflets/information.

The suggestions from OPP participants are incredibly comprehensive and contribute towards developing a responsive co-ordinated community response to working with older people experiencing DASV.

The report also includes useful resources and recommendations for providers and professionals.

The OPP team would like to acknowledge all the victims/survivors and professionals who took part in the project to date.

All those participating did so because they 'wanted to make a difference' so that services improve for older people currently facing DASV - but also to contribute to a safer, less violent life for all.

A1. Introduction

There is evidence both nationally and locally that older people and their circumstances are often overlooked in both domestic abuse and sexual abuse/violence.

Domestic abuse and sexual abuse/violence can happen at any age. In 2017 over 200,000 people aged 60 to 74 experienced domestic abuse in England and Wales and one in four (23%) victims of domestic homicides are over the age of 60.

There are no reliable figures for people older than 74 as the data has not previously been gathered – therefore, their issues do not appear to count. Many older people suffer in silence as there are so many barriers to their voices being heard. Reluctance or inability to report abuse, caused by a variety of reasons, means the figure is likely to be much higher and this can make older people particularly vulnerable.

The statistics on older victims of domestic abuse are stark:

- According to the Crime Survey for England and Wales for 2017/18, approximately 139,500 older women and 74,300 older men experienced domestic abuse in England and Wales.
- The majority of domestic homicide victims are female (67%), and perpetrators are male (81%).
- Older people are almost equally as likely to be killed by a partner/spouse (46%) as they are their (adult) children or grandchildren (44%).

It is increasingly recognised that violence against women and girls, and domestic abuse and sexual violence can and do affect anyone in society. However, the experience of some groups may not be so visible and, unless we work to raise awareness and understand these groups' experiences, we will fail in our endeavours to protect those at risk.

Older people are one such group: On average, older victims experience domestic abuse for twice as long before seeking help as those aged under 61, yet they are hugely underrepresented among DASV services.

It is wrong to homogenise older people and collude with myths such as labelling older people as 'vulnerable' or 'frail'. Some may be but many will not be, but they may be at risk because of the abusive behaviour they experience.

It is important that we are prepared to offer a suite of support which addresses all of the issues facing an older person experiencing violence and abuse.

The Older People's Community Engagement Project (OPP) contributes to our understanding of the experiences and thoughts and beliefs of older people who are living, have lived in Cornwall or are associated with the county.

Demographic data shows why we need to work to develop DASV services in Cornwall that are relevant to older people:

- **Over 11 million people – 18.6% of the total UK population – were aged 65 years or older on Census Day in 2021,** compared with 16.4% at the time of the previous Census in 2011.
- Figures published by the Office for National Statistics reveal there were **144,200 people aged 65 and over living in Cornwall at the time of the 2021 Census** – up from 115,241 in the 2011 Census.
- **The proportion of over-65s living in Cornwall is 25.3% as of 2021, which is a rise from 21.7% in 2011. This is 6.7% higher than the national average.** (28 June 2022).

A2. Background to the Older People's Project

Evidence suggests that older women experience DASV at similar rates to younger women, but older people are underrepresented as victims of crime.

8% of recorded domestic abuse crimes and 2% of sexual violence crimes involve a victim over the age of 65 years. In comparison, 25% of the population in Cornwall is over 65 years.

In 2019, only 0.1% of people supported by specialist, local DASV services were over the age of 60 years in Cornwall.

A review of **Domestic Homicide Reviews (DHRs) in Cornwall and the Isles of Scilly (CIOS)** from 2012 to 2022 shows that eight (47%) of DHRs involved victims aged 60 or over and ten (59%) involved victims aged 50+. Five DHRs (30%) in this time were cases with a victim aged over 74, which is particularly notable given that national data on the abuse of older people in the UK has only included people aged 75 and over since 2022. **The average age of a victim of a DHR in CIOS between 2012 and 2022 was 60.**

From the DHRs involving a victim aged 60 plus, three (38%) were cases of adult family violence (AFV) and three (38%) were cases where the perpetrator and / or victim had a form of dementia. It is unknown how many cases of accidental death of an older person may have actually been a homicide given the lack of understanding around older people and DASV, and that the cause of death may have been incorrectly surmised to be due to older-age related frailty.

In 2021, a joint DHR and Safeguarding Adult Review (SAR) in CloS was published that highlighted the need to improve our response to older people impacted by DASV. As a result of this, a number of workstreams are being progressed to improve our response to older people impacted by DASV, with the Older People Project being central to this approach.

The multi-agency Older People's Pilot was set up in Newquay in May 2022 with the aim of improving our response to older people impacted by DASV.

The pilot aims were to:

- Develop a better understanding of what older people want from engagement and services and what the current barriers are locally.
- How we can better communicate with older people (who may not use technology).
- How can we better target our communications to engage with older people.

Safer Cornwall commissioned this project, supported in part by £5000 funding from the **Safeguarding Innovation Fund**.

Stage 1 of the pilot (March-December 2022) focused on engagement with older people to get a better understanding of what they have experienced, barriers to access and what they need and want from services.

Safer Cornwall's commissioning has enabled a partnership between **Age UK Cornwall** and **The Women's Centre Cornwall** to employ four facilitators who are experts by experience. Their role is to:

- Facilitate conversations with older people who have been impacted by DASV to improve our understanding of their experiences.
- Co-develop an initial training module around older people and DASV.
- Explore communications that are useful for the older community.
- Work with services to understand their current response to older people impacted by DASV.

A3. Community Engagement

At the heart of this report is the belief that older people must have a voice in explaining what the impact of DASV has been on their lives, telling us about what has been helpful but also what was not. In addition, to contribute to the planning of what would be an ideal service from their perspective.

We initially planned to focus on Newquay and surrounding geographical areas, however, despite serious efforts to reach older people in this area, we were unable to engage the number of participants that we needed to talk with.

We therefore responded to the community in issue terms rather than locality terms in that the participants all share certain factors - they are over 60 years and are victims/survivors of domestic abuse, sexual abuse/violence and/or childhood sexual abuse (CSA).

In many ways, the difficulties we faced contacting survivors over 60 highlights a number of issues to which this report speaks – the hidden nature of abuse, shame, ageism, invisibility, pain and lack of recognition of abusive behaviours, particularly coercive control.

We made efforts to speak to survivors from protected characteristic groups and made the decision to talk with representatives of particular groups who would have found it hard to talk with us directly. These include the following - Gypsy, Roma, Traveller (GRT), Deaf and Hearing Loss Cornwall, lesbian, gay, bisexual, trans and queer or questioning (LGBTQ+) and Autistic people.

We also recognised the additional difficulties for gaining access to older people living in residential or Care homes. Due to the support of Anchor Housing, however, we were able to hold 2 x Coffee/Tea & Chats. We spoke with 5 x women in Session 1 (Newquay) - and 8 x women and 3 x men in a Focus Group in Session 2 (Redruth).

We were keen to encourage men to participate to ensure that their experiences and views were heard. Therefore, we included 2 x male participants from Devon who have not lived in Cornwall.

In total we spoke with 27 x women and 6 x men.

We spoke directly with 33 participants.

Their views are highly valued and contained throughout this document. Indeed, their voices are the most important as they provide real experiences and great clarity over the breadth of issues that need to be addressed. In the words of one participant (who captured the views of the majority of participants) talking about what needs to change:

***“People over 60 need the right information out there and put out there in lots of different ways. It’s got to mean something to a wide range of people and for support to be provided in a safe place.*”**

***“Older people do not see themselves covered by the publicity that is currently available about domestic abuse and sexual violence services.*”**

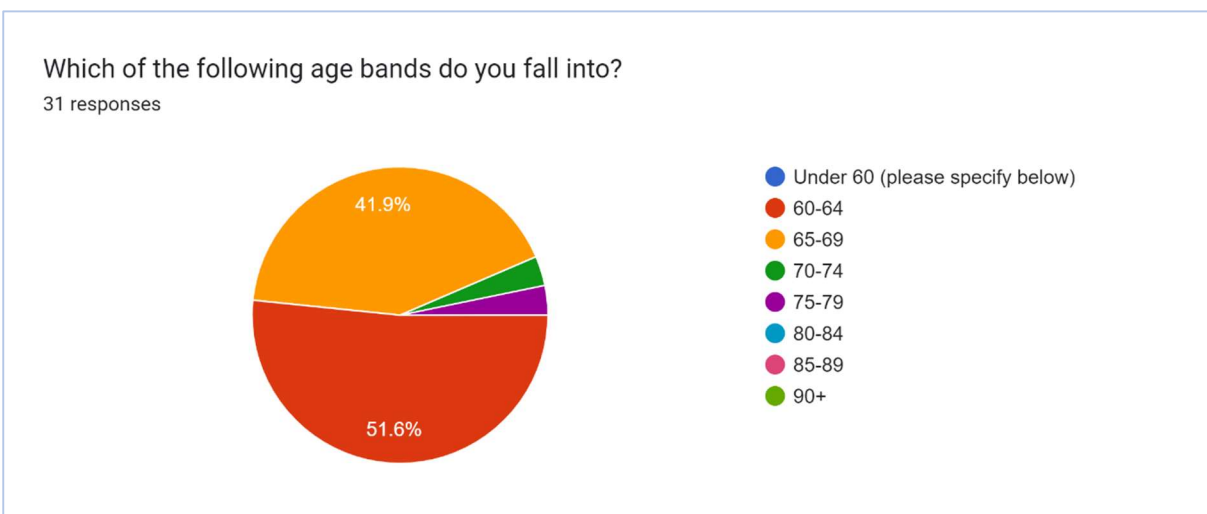
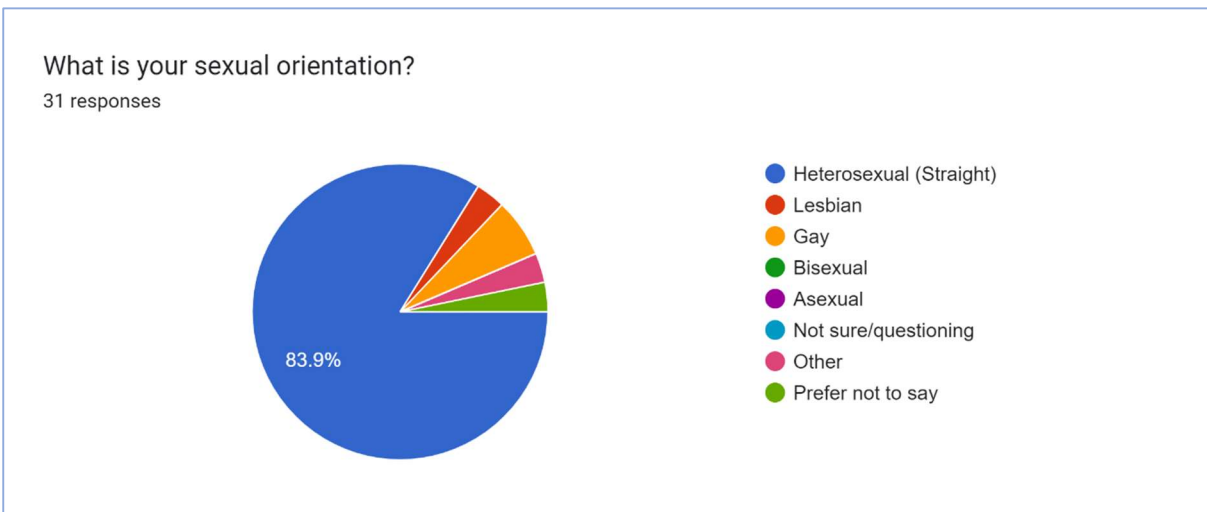
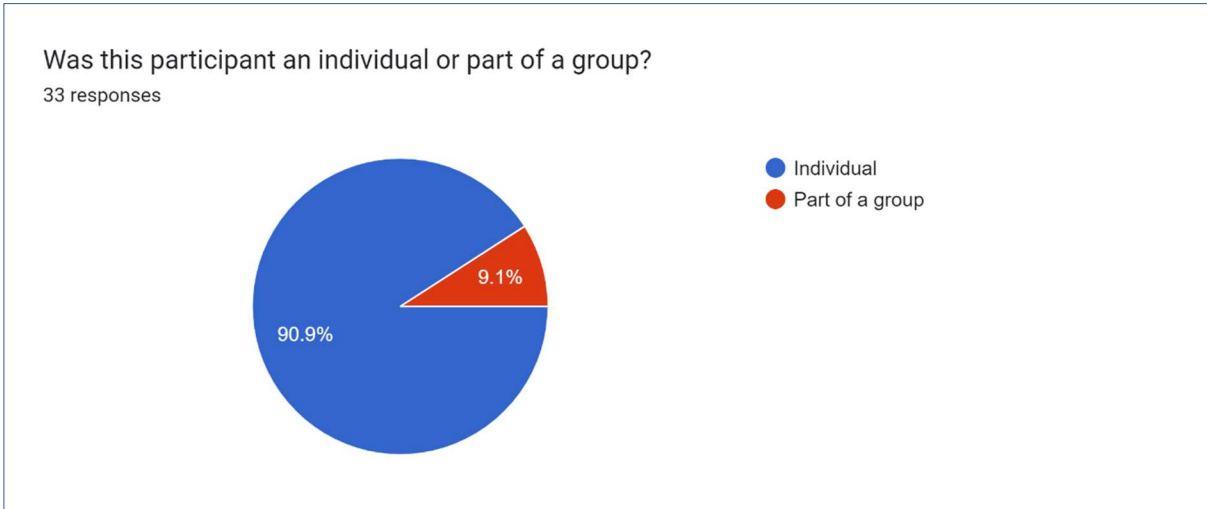
“We should be involved in writing it – making it real.”

We also compiled and conducted an online survey asking similar questions. We received 47 responses, which will be collated to form an Appendix to this report. In summary, the survey is wholly consistent with the findings from the participant interviews.

We greatly appreciate and thank all the women and men who participated for their courage and for giving their time freely. They shared very personal and traumatic stories. All are clear that they want things to be different - for older people to be able to access DASV services that they feel are relevant to their needs.

A4. Demographics

Participants in one-to-one conversations



All those participating did so because they 'wanted to make a difference' so that services improve for older people currently facing DASV - but also to contribute to a safer, less violent life for all.

A5. Hearing from professionals

We contacted a range of experienced practitioners and managers about the strengths and weaknesses of the current services for older people when addressing DASV.

We consulted with 30 professionals and ran 10 introductory presentations for a range of groups including:

- Age UK Service Spotlights;
- Memory Café Way Finders;
- Dementia and Older Persons Mental Health Service;
- Newquay and Bodmin Safe;
- 2 x Anchor Housing Residential Homes;
- and attended various community events.

The information gained through these conversations has contributed to the content and the recommendations contained in this report.

We are grateful for the support and contributions from professionals who took part in the project.

B1. Summary of key issues identified in national research and supported by findings from the OPP

All forms of domestic abuse have a profound effect on those who experience it. It can result 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 many social issues including homelessness, isolation, substance misuse, and long-term social exclusion.

The issues detailed below are recognised nationally in a body of national research and are unequivocally highlighted within the conversations we have had within our Community Engagement Project. The abuse experienced by older people, as with others, 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.

Multiple factors influence victim/survivors physical and mental health including the nature, frequency and length of the abuse, and the relationship to the abuser/s.

Traumas across the lifespan, including past abuse, bereavement and loss can also impact on how victim's/survivor's experience and respond to abuse.

Victims/survivors taking part in our project describe living with different combinations of all types of abuse.

In our conversations, 22 older people out of 33 participants identified living as children with abuse - a range of all the different types.

B2. Risk

There is evidence from criminal cases, Domestic Homicide Reviews and historic Serious Case Reviews that domestic abuse issues for older people often go unrecognised. This means that protective or supportive measures that may have reduced the risks of harm are not put in place.

In Cornwall, DHR numbers 7 and 9 were both in respect of victims over 60 years of age. It was identified that the following issues were of concern as contributory factors to the loss of life:

- Lack of awareness of domestic abuse among older people and the links with age related cognitive impairments.
- Lack of understanding of the links between dementia, older people and domestic abuse.
- Focus on health needs, often mean domestic abuse gets missed.
- Lack of accessibility of services.
- And lack of routine enquiry.

Our participants asked us to get the following message out:

“It is essential for all people coming into contact with older people to understand domestic abuse and the factors involved with increased risk for older people. And to be careful not to be caught up in a ‘rule of optimism’: Not all partners or families offering care are without hidden agendas.”

And nationally, research tells us that

‘Older people may also be particularly affected by what may be perceived as ‘low level’ individual incidents which can, as part of a longstanding pattern of cumulative abusive behaviour have consequences that can equal or surpass any individual incident.’

The experience of domestic abuse amongst older people varies:

- Some 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.
- For some, abuse may have started as they've reached older age and/or become frail or cognitively impaired.

All of this complexity surrounding older people and DASV needs to be understood by professionals and risk assessments used that specifically factor in older people specific issues.

Concern has been raised about the current DASH Risk Assessment:

Research from Dr Hannah Bows at Durham University concluded in '*Violence Against Older Women*'¹ that **current tools used to assess risk from domestic abuse cater more for younger victims**, with several questions being around children and pregnancy.

Research by *Amanda Warburton-Wynn into Domestic Homicide Reviews and Safeguarding Adults Reviews across the Eastern region from 2013 – 2020* identified that **dual intersections of vulnerability caused by disability or older age, plus risks from domestic abuse, were not being considered when undertaking the DASH Risk Indicator Checklist.**

Research published more recently by the *Vulnerability Research and Practice Programme* indicates that there were **more older victims (aged 65+) of domestic homicide during the Covid-19 pandemic** and **recommends that agencies should ensure risk assessment tools sufficiently recognise the risk posed to older victims of intimate partner and adult family abuse.**

To try to capture some of these specific risks to older victims, **Cambridgeshire & Peterborough Domestic Abuse & Sexual Violence Partnership developed an Older People's DASH ('OP DASH')**² with input from representatives from Adult Social Care, Adult Safeguarding and Safeguarding Boards. The findings show that the new Risk Assessment raises the identified risk when compared to the results obtained using the existing model. Details of the pilot and the new risk assessment can be found in the link below.

¹ <https://link.springer.com/book/10.1007/978-3-030-16601-4>

² https://www.cambsdasv.org.uk/web/older_people/567583

B3. Adult Family Violence

Reports of adult family violence (AFV) are increasing across the UK and worldwide.

The Home Office definition of domestic abuse includes abuse perpetrated by adult family members, aged 16 years or over. However, research and funding has primarily focused on intimate partner violence, a concern which has dominated mainstream services.

Research that captures the experiences of older people find **a substantial number who experience domestic abuse from adult children or grandchildren and in-laws**. Research from SafeLives (2016)³ and Dewis Choice⁴ (2012, 2015, and 2018) suggest **up to 50% of domestic abuse in later life is perpetrated by adult family members, and this often involves more than one family member.**

As survivors and their adult children age, their relationship has the potential to change dramatically as they take on different roles and responsibilities, for example, as the parent requires increased care and support.

The dynamics of the adult child to parent relationship are unique and often last until either a parent or child dies. In some cases, Dewis Choice research has also seen the dynamics of the relationship shift over time. Their research also found that where abuse is perpetrated by adult children, parents do make difficult decisions over their relationship with their adult children/grandchildren and some do decide not to remain in contact.

Their research also found that where abuse is perpetrated by adult children, parents do make difficult decisions over their relationship with their adult children/grandchildren and some do decide not to remain in contact.

The dynamic can be complicated further by co-dependency, physical and mental health issues, and a history of abuse within the family including, economic abuse, violence between siblings, drug and alcohol abuse and mental health issues. **Please see Solace Toolkit p40-43 for more detail.**⁵

³https://safelives.org.uk/sites/default/files/resources/SafeLives%20Annual%20Impact%20Report%202016-17_web.pdf

⁴ <https://dewischoice.org.uk/about-us/>

⁵ https://www.solacewomensaid.org/sites/default/files/2021-11/SOLACE_SupportingOlderSurvivors_v1.6%5B1%5D.pdf

B4. Dementia and domestic abuse

An individual can experience domestic abuse from an intimate/ex-intimate partner and/or an adult family member or multiple family members at any stage of their life and this is no different for people living with dementia.

Dewis Choice, a Welsh initiative based at the Centre for Age, Gender and Social Justice at Aberystwyth University (see Footnote 4) produced research that highlighted three types of relationships where dementia featured:

- 1) The client(victim) was caring for a perpetrator who has a diagnosis of dementia.
- 2) The client experiencing domestic abuse was living with dementia and being cared for by the abuser.
- 3) Both the victim and the perpetrator had dementia.

In all three types of relationships where dementia featured, the individuals, particularly those in a caring role, struggled to find appropriate help and support from services prior to a referral to the Dewis Choice service.

Their bespoke service has been designed by and for older victim-survivors of domestic abuse, offering long-term intensive support for up to three years and providing a service for all older people (except for those receiving in-hospice care). It represents a response to the gap in service provision for this age group.

Dewis Choice have developed a toolkit⁶ which aims to address gaps in practitioners' knowledge on the co-existence of domestic abuse and dementia.

The toolkit offers practical advice to professionals and includes a safety planning tool.

The OPP facilitators were unable to interview any victim/survivors with dementia or a family member/carer. However, we did hold 2 x awareness-raising and training sessions with Way Finder staff from the Memory Café network.

It was clear that this was an important and complex area and it felt that the pathways for support were undeveloped or not working smoothly.

⁶ https://dewischoice.org.uk/wp-content/uploads/2022/02/Dewis-Choice-Dementia-and-DA_COMPRESSED.pdf

Memory Café Case Example 1

A man who lives alone and appears to not have a close relationship with his children who do not live in Cornwall.

He told the Way Finder that his long-lost daughter found him, that she just turned up on his doorstep. The Way Finder asked him how he knew she was his daughter as he could be vulnerable to scams/exploitation. He told her that he did have a daughter who he lost contact with about a month after her birth. The Way Finder found this of concern because she had herself experienced difficulty finding his house as it is not on Google Maps. The worker searched for his other daughter's number and was attempting to contact her, but at that point in time had not managed to do so.

Also, when discussing his future, he told her that his son had got heavily involved and that he now had a Will but that he wasn't very happy because he wanted to leave some of his money to his cousin, but his son would not let him.

The worker felt these two conversations raised issues about the ability of the man to make safe decisions and his risk of being exploited.

Memory Café Case Example 2

A woman been attending for about one month. She had recently moved to Cornwall.

She told the worker that she and husband had sold their house as their daughter said she would move in with them and help take care of her husband who was very elderly. She said this did not happen, and she barely got support from her daughter.

After her husband died, her daughter moved closer next door so that she could help her more. The woman then started to cry and say she didn't understand why her daughter was so mean to her. She revealed that her daughter would not let her bath when she wanted to, controlled her life and who she saw and what she did. The woman is extremely isolated and has few social engagements. Her only regular social engagement is at the Memory Café.

Both case examples highlight the complexity of working with older people where dementia is co-existing with possible domestic abuse/coercive control.

The staff were clear that they felt ***they did not have the appropriate training to recognise DASV issues (especially coercive control) or to provide appropriate support where DASV is possibly co-existing with dementia. They are very keen to develop their skills in this area and to understand the pathways for support in this work.***

We also **received an extremely positive response from the Dementia and Older People Mental Health Service.** We provided Awareness Raising sessions to a range of teams within the service:

- Psychology and Psychological Therapies Forum
- Community Psychiatric Nurse Forum
- Dementia Liaison Nurse Forum
- Health Care Assistants Forum

Following on from these sessions we spoke individually to some key managers and practitioners from the services. Some of their views detailing issues and solutions are contained later in this report.

B5. Coercive and Controlling Behaviour

As with other forms of domestic abuse, violence and abuse experienced by older people can and often do involve coercive control. Coercive behaviour is a criminal offence (section 76 of the Serious Crime Act 2015). It can take a range of forms but often involves a pattern of continued 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.

Coercive or controlling behaviours restrict a person’s freedom to make autonomous decisions about how they live their life and their ability to enact their choices without fear of reprisal. Perpetrators use abusive behaviours to attack a victim/survivor’s identity, affecting their sense of self-esteem and confidence.

In isolation, individual incidents of abusive behaviour may be hard to identify. Domestic abuse is rarely restricted to a single incident. In many cases, the abuse consists of a pattern of behaviours, where the perpetrator seeks to establish and

maintain power and control over their partner/ex-partner or family member, which can significantly impact multiple areas of a person's life.

Abusers use all forms of manipulation, deception and psychological cruelty in the ways in which they control, abuse or humiliate their partners and also in the consequences that result from disobeying.

All public-facing staff working with older people should be alert to patterns of behaviour that could be controlling or coercive and not just see this as "a traditional marriage."

The concern where there is a co-existence of domestic abuse and dementia is that domestic abuse may not be recognised and responded to effectively, increasing the risk of harm to the older victim/survivor.

Also, practitioners may believe the myth 'they won't want to leave at their age'. An older survivor's decisions to remain in the relationship with the perpetrator is often easily accepted by professionals without exploration as to why this decision has been made. There is often the misconception that survivors stay because they love the perpetrator, but research by Dewis Choice (2020) shows the reality is that survivors often feel trapped in the relationship due to economic, cultural and organisational shortfalls that hinder help-seeking.

Alternatively, older survivors have told us that they felt if they spoke about the abuse they might be forced to leave and that was not what they wanted. Consequently, they did not seek help.

A person-centred assessment would support the informed decision-making of the victim, but they need to know that there are options and choices of which they are in control.

Older survivors are not always fully informed of resources available to them and there is a lack of resources to meet complex needs associated with the impact of abuse, ageing and intersectionality.

C1. Key Findings

The findings below summarise conversations with victims/survivors, representatives of protected characteristic groups and a range of professionals.

It is of note that the 33 people that we interviewed were contacted through our team reaching out through their personal networks. None of the people interviewed were referred to us by any of the organisations that were contacted about the project. This includes DASV specialist and non- specialist.

We believe this might be illustrative of the lack of numbers of older people within DASV services and the lack of DASV focus within the non DASV specialist organisations. But also, it might relate to the older people who have been supported being viewed as service users and that professional boundaries are not supportive of empowering older people's voices to be heard.

C1.1. Access to DASV services by older people does not reflect the numbers actually affected

DASV services do not work with the high numbers of older people that experience DASV and older people access DASV services less than younger people.

Older women are less likely to access domestic abuse services and resources than younger women and older men less so than younger men for the following reasons:

- Lack of recognition that the relationships they are in are abusive.
- Belief that services are only for younger people or people with young children.
- Belief by men that services are for women and not for men.
- Limited awareness of the formal services and options available to them.
- Reluctance to share services, particularly housing, with younger women/men.
- Feeling that they would not be believed if they spoke out about domestic abuse.

- Stigma and embarrassment in contacting services or disclosing abuse to practitioners.

We heard from our participants:

“I didn’t see the relationship as abusive at the time. I had no understanding of healthy relationships or how to be in one. I only recognised it was abusive after seeking out therapy for my anxiety and depression.”

“I didn’t really know who to get advice or support from- I was too ashamed to ask.”

“I didn’t ask for support as I was in shock, and I didn’t know of any available services

A retired CPN who was interviewed commented that:

“CPNs often failed to recognise the abuse and the impact that the abuse was having on their patients. And concentrated on other issues leaving the victim without appropriate intervention.”

Additionally, OPP participants identified the following barriers that they experienced regarding getting DASV help:

- They did not know who or where to go to seek help.
- They feared repercussions from the abuser.
- They felt the help would not be relevant to their needs – black and minoritized women, LGBTQ+, Autistic, GRT, Deaf and Hearing Loss, Disabilities, Mental ill Health, Substance Use etc.
- Ageism - they fear services feeling that they were wasting their time supporting them (*‘I’ve had my time’*) or the fear of not being believed by services or having a bad experience with services in the past.
- Long-term isolation from others so an older survivor believes the abuser’s narrative (*‘It’s all my fault’*).
- Social and geographic isolation, being far away from their supportive relationships, or not having any support networks.
- They have special care needs or disabilities that are not catered for in current service provision and the lack of specialised services for victims

with disability reduces their choice and pushes them to stay in abusive relationships.

- Not wanting to leave an abuser who has developed ill health and needs care.
- Losing my home, friends, reduced income and not being able to cope on my own. Especially felt that Refuge is not a good option and other suitable accommodation including to address mobility and additional needs is not available.
- Families pressuring a victim to stay with the abuser - their parent/grandparent.
- Professionals not identifying that the person they are working with is living with DASV and the issues that they're dealing with are caused by the impact of the abuse. They are not recognising the abuse and not helping the victim to think about accessing DASV specialist support.

And in our focus groups with the residents at a care home we learnt that none of the residents knew how they could find out information about domestic abuse or where to get help.

C1.2. Lack of understanding by professionals about older people and DASV

Older people and DASV remain a little understood area of work. Most of our participants did not access DASV services despite all experiencing DASV. Professionals are not recognising or reaching out to older victims and older victims are not seeing services as relevant to their needs.

This lack of contact by services with older people encourages a '*group think*' based on a myth that older people do not experience DASV. The limited experience that professionals and the community have in understanding this issue leads to a perfect storm:

A strong theme came from our participants' voices that they weren't aware of services on offer and that key professionals (GPs, police, social workers) have not provided them with DASV leaflets/information. One participant said:

"I think it would have helped make a difference to my situation if anyone had ever named it to me, rather than me blaming myself for his 'selfish' behaviour. Sometimes when you can't see the light anymore you just need a third voice."

Another participant, in the last 18 months, had police, a solicitor and counsellors involved but she was not given any information about DASV support services. And she didn't look because:

"I just didn't realise that I was in an abusive relationship. I just thought all the manipulation and lies were an unhappy marriage. It took a violent incident for me to reach out and luckily, I found The Women's Centre. This proved brilliant as I felt believed and not judged."

It was also clear from our participants that professionals who could have referred or signposted had not done so although some of them provided a level of support that was welcomed but did not address DASV.

Additionally, research by Safe Lives suggests that as a consequence of so few older victims accessing domestic abuse services from any background, professionals tend to believe that domestic abuse does not occur amongst older people.

These assumptions may encourage health professionals to link injuries, confusion or depression to age-related concerns rather than domestic abuse and/or sexual violence. An issue with serious consequences as identified in DHR numbers 7 and 9 in Cornwall.

All professionals working directly with people of all ages should be required to provide information about DASV and the services available. It is important for GPs, nursing staff, Social Workers to move to asking all the people they support if they are frightened of anyone or don't feel in charge of their life:

"I think the best way to reach older people is through the GPs and health workers at surgeries. But GPs need to up their game and deal with the real issues (DASV and trauma) and not just keep prescribing anti-depressants."

C1.3. Lack of understanding about coercive control and that domestic abuse is not just physical violence

Given the nature of DASV, there are many barriers to accessing support for survivors of all ages. Power and control dynamics can become entrenched very quickly and

abusers are intentional in the way they exploit the identity, potential vulnerabilities and dependencies of survivors.

Coercive control is pervasive and hides the fact from the victim and others that the victim is living in an abusive relationship. Therefore, whilst being very unhappy and experiencing a range of ill health issues the victim does not realise that she/he needs DASV specialist support. When we asked participants what they would like from services in future, we heard:

“Let people know about coercive control. I didn’t know this; I didn’t recognise it. I just thought domestic abuse was physical violence.”

“It is vital to get the message out that domestic abuse is so much more than physical abuse.”

Education and training are needed for professionals across all sectors in health, education and social work, as well as all services working with older people including Age UK, carer’s groups and safe accommodation providers. We heard from our participants that:

“As an older woman I feel the greatest barrier is shame. I need to know that I am believed, and I might then feel able to accept help. I need to trust the organisation that’s contacting me.”

“Police need training in understanding coercive control and not making assumptions that the person who calls them is the actual victim.”

Our OPP participants felt strongly that:

- Acknowledgement of coercive and controlling behaviour as part of domestic abuse of older people is crucial if older people are to receive support to live a safe or safer life.
- If recognition of coercion and control is not made it could lead to a missed opportunity to identify abuse and violence.

They are concerned for the many people experiencing coercive control that their lives are getting increasingly smaller with a range of negative consequences but not understanding that they can seek help.

They saw this as a massive gap/barrier as the majority of participants in our survey had not understood that domestic abuse was more than physical violence. They didn’t recognise the abuse they were experiencing until a trigger event occurred that pushed them to get help; often not from DASV services.

They make a strong plea for better training of all people dealing with the public but particularly health staff (GPs, nurses, occupational therapists, etc), police, social workers, carers, age-related organisations such as Age UK.

Additionally, they made a plea for **regular communication campaigns to get the understanding of coercive control into the hearts and minds of the general public using materials relevant for people over 60.**

C1.4. Lack of awareness by older people of DASV services

It was very clear that the participants in OPP were largely unaware of what DASV services were available and felt that the services were only catering for younger women. And the men felt that services did not cater for them as victims.

“Older People do not see themselves covered by the publicity that is currently available for support services. We should be involved in creating and delivering the messages.”

As stated above, many participants did not recognise they were in a domestic abuse relationship until the situation became very abusive. And even if they took action to leave the abuse, they did not seek specialist support from DASV services.

They sought support for their unhappy situation from family and friends (19), counselling /therapy (8), GP (8), police (4), and eventually specialist DASV services (5) after trying other options.

C1.5. Lack of relevant services and understanding of protected characteristics groups

The barriers to accessing support for older people affected by DASV are even greater when considering other protected characteristic groups and multiplied by intersectionality.

All of the groups we spoke with felt that they faced additional barriers in gaining access to specialist DASV support in large part because they felt the practitioners would not understand them and their specific needs and that they would not receive a good empathetic service:

“No one advised me of domestic abuse support organisations for men or for gay men. The first time I heard of Broken Rainbow was

when I applied for a job with them. And that was after the abusive relationship - if I had been given a leaflet or a number to call, I would have called it. It might have prevented me from attempting to kill myself."

An OPP participant who is a **health service professional but also over 60, autistic, bi-sexual and a survivor of DASV** raises important issues about lack of relevant services. He wants professionals to understand that there is a high proportion of older people where this is an overlap between neurodiversity/ LGBTQ+/abuse. This is borne out in research data:

"I see a lot of widespread institutional or individual partner abuse in older autistic people due to the general ignorance of neurodiversity- this is very difficult for older people to have that acknowledged. The first barrier is often their GP - they are gatekeepers who do not operate from a position of understanding or knowledge.

"Risk is high as autistic people get older as they cannot keep themselves as safe as they should be. They are more vulnerable but still neurodiverse and isolated."

An OPP participant from **TravellerSpace** told us:

"DA and SV are quite prevalent in the GRT community - more common than other communities. This is due to strict gender roles, living in a small space (which means that there is no privacy). Some of our referrals have come from neighbours.

"We don't have much of a community of over 60s as there is a high mortality rate amongst GRT and Irish Traveller communities and people die earlier. This is because of poor conditions and lack of access to good health services.

"Women are expected just to accept their situation and just put up with it and get on with it. These are attitudes from previous generations and culture. I know of some young women whose parents have taken them back if they are in abusive relationships. This is a change in practice. Most women know this won't happen to them. In my opinion the term DV doesn't go anywhere near to covering what can happen to GRT women-some of whom experience

horrendous violence and can be in danger of their lives if they leave their husband and community.

“Professionals almost normalise the experience of DASV in Gypsy, Roma, Traveller families. They therefore do not take it seriously and invalidate the experience of victims.”

An OPP participant from **Hearing Loss Cornwall** describes her experiences of working with deaf and hard of hearing people experiencing DASV:

“Information sharing on issues such as DA and SV is a real problem for people with hearing loss. This is because they find it hard to keep things confidential - especially from partners and carers. They also struggle with technology.

“The deaf community is very small and they all know each other so there are very few secrets. The lack of interpreters is a real issue exacerbated by age and vulnerability. There are several cases when a partner/carer has sold the family home without letting the deaf person know and kept the money. Hearing children hold a lot of power over a deaf parent/sibling and this affords opportunity for abuse.

“Deaf people do not share with other deaf people due to their fear of lack of confidentiality through BSL and fear of consequence if anything gets back to perpetrators or family. When deaf women are abused, age old myths about DA and SV still apply. Patriarchy is very prevalent in the deaf community. Traditional gender roles persist. I think that there is a very big need for DASV services and health services to work closely with the deaf and hearing loss community to build up trust.”

C1.6 Friends and family were main support

OPP participants were asked: ***“Is there anything or anyone who really helped you and made a difference...and what did they do?”***

The responses were wide ranging and included GPs, counselling, therapy, The Women’s Centre Cornwall, West Cornwall Women’s Aid and solicitors, but the

main 'help' identified was from family and friends. Having someone they trusted to talk to and to provide them with help, was the key thing that made a difference both emotionally and practically:

"My sister was a great support. She was always there when I needed her or to get away from my husband. Friends were very supportive too as they could see what was happening. My eldest child supported me and always stood by me and up for me."

"Only my grandmother and aunty helped me by letting me stay with them. They weren't aware they were helping me but staying there really did help me."

"My friend loaned me money for rent. Made all the difference to me staying away from him. And my gran helped because when I was with him, I secretly did some training to help my job prospects and she paid for the course. I didn't tell him because he would not have allowed me to do it. And I had no money to pay for it myself."

There was, however, a recognition that family and friends might not understand DASV and try to 'fix' the relationship or that helping might put family /friends at risk.

C1.7 The importance of 'By and For' support

There was a clear ask for support from someone who is 'like me' ('By and For'):

"Support from a deaf person to a deaf person. Mental health services need to be more aware of issues of violence and abuse of deaf people and be able to identify and intervene"

"Support from our own people that we can trust and from our culture would really help. And to be able to speak in our own language not necessarily through an interpreter."

"As a man I would like to have the option of speaking to a man"

"Gypsy, Roma, Traveller women need a trusted person they know to talk to and someone who understands their language, situation and experience and who is able to challenge and say, "it's not OK and I

wouldn't put up with that". They have to have the right person to talk to. If they use a Helpline, they need to be able to speak to a Gypsy, Roma, Traveller person."

"I found The Women's Centre. I was comfortable being with other women who had experienced abuse and had experiences like me. Before that I thought I was going mad. I felt safe and did not have to explain myself."

C1.8. Lack of awareness and services around recovery from trauma and the long-term impacts of DASV and CSA

We heard from participants that communication was needed more widely about Childhood Sexual Abuse (CSA) so that victims and survivors know they are not the only victims and that trauma responsive support is available:

"I found it really hard to work out who I could contact for help. It made me feel abnormal because there was no obvious place to go."

Longer term support for people recovering from the physical and emotional trauma of abuse is also needed:

"It is vital to have individual support to help people recover from abuse and to re-build their lives."

"We are often broken and need long term support for us to re-build. We can't magically be fixed and feel like we don't have the resources at our stage of life to face so many challenges."

C2. The impact of domestic abuse, sexual abuse/ violence and childhood sexual abuse for older survivors

National research demonstrates the devastating and complex impact of older people living with DASV and confirms our findings.

All 33 participants in our 1:2:1 conversations talked about a wide range of impacts on their mental and physical health and wellbeing. Their stories are painful to hear, and all describe serious and long-term harm.

The Impact of DASV identified by project participants:

1.	Low self-esteem / confidence	28
2.	Mental ill health	22
3.	Depression and anxiety	18
4.	Physical injury	18
5.	Intimacy and trust issues	15
6.	GP and medication	12
7.	Shame and guilt	9
8.	Eating disorder	7
9.	Suicidal ideation	7
10.	Cultural pain	2

The following small sample of quotes from participants graphically and tragically illustrate the extent DASV has impacted their lives:

“We tell ourselves we will forget over time. But our impacts have been shame, guilt, depression, anxiety, and suicidal thoughts. We knew we had to comply.

“We worried a lot about getting things wrong for our families - not just here but back home as money was sent to them from our husbands. We could not risk that.....”

(Women ‘trafficked’ to the UK when aged 14 years)

“Following the physical abuse, I was unable to have any more children and I have lesions in my rectum. I became bulimic. I became depressed and anxious. I secretly started drinking and this is significant because I also had three very violent relationships once I left my abusive husband.

“From one of the later relationships I sustained a head injury, got hearing loss and have been diagnosed with PTSD. I have very low self-esteem and self-worth and no confidence.

“He made me totally obedient and compliant to his needs...I have no confidence or self-esteem. I don’t trust anyone – especially men. I can’t make eye contact or go out in public.”

“How could I have been so stupid and turned into someone I didn’t recognise. I felt weak and powerless. I did wonder if I was going mad as that was what he constantly told me.

“Definitely impacted my mental state. I developed depression and anxiety. I have recently been diagnosed with autism which has helped me make a lot of sense of who I am.”

“I have had to leave my home and friends in Cornwall to start a life far away.... I have lost my career. I have lost all confidence and my love of life. It feels so unfair. I am having to start again at my age. I still can’t believe this has

For a very long time I didn't know my mental health issues had anything to do with my childhood sexual abuse. I had mental health problems for 12 years before linking CSA and trauma. I talked to a psychiatrist who told me I needed homosexual conversion therapy; but I am not gay. I suffered from anxiety and suicidal thoughts. I had psychiatric inpatient treatment, CBT but no one worked with my trauma from the abuse. I spent 12years in mental health services but not getting the support I needed.

I was really scared. I had a bit of a breakdown. My ex- girlfriend continually contacted me saying things like- 'you'd better sleep with one eye open, you're going to get it. And 'I don't have to come down to get you. I can send somebody'. I lost two stone in weight. It has really impacted me and my trust levels both in others and in my own judgement. I am re-evaluating my life. I have decided to take retirement whereas previously I might have carried on working.

All our participants have experienced substantial levels of **trauma** because of the impact of DASV. Thus, understanding trauma and the ways it can impact an individual is crucial to providing empathic and effective support to survivors of current and/or historical DASV. It is important to remember that a range of non DASV practitioners will have contact with survivors who have experienced trauma.

Being aware of the impact of trauma and specifically the trauma associated with DASV and being professionally curious of survivors' experiences will be crucial in supporting the older survivor and ensuring referral to specialist DASV trauma responsive services.

C3. Gaps identified by professionals engaging with the project and learning opportunities

We have included some comments from professionals on page 10 of this report as they were relevant to an earlier topic. The information below reflects input from only a small number of professionals and others who have come forwards to have conversations with us following the different events where we presented the OPP.

We are continuing to engage with different services including Adult Social Care, Safer Futures, police, carer organisations, accommodation providers and others to both promote awareness and to understand any barriers and gaps in services.

Some organisations have not felt that they have much to contribute to the discussion and/or have no capacity. We would hope that this changes as the topic receives more publicity and awareness is raised across Cornwall.

One study quoted by Safe Lives describes the 'ideological gulf' that exists between individuals providing domestic abuse services and those in older people's services.

This is a theme that is often repeated, with domestic abuse practitioners and health practitioners recurrently speaking of the challenges faced when attempting to work with local agencies, particularly a lack of coordination between domestic abuse services and adult safeguarding services.

This experience is also recognised by Dewis Choice as a significant issue and also by the people we talked with locally. There is a need for greater coordination and leadership to ensure agencies and workers understand the issue and their roles within delivering an effective and sensitive response to older people and DASV.

The following are comments and recommendations from service providers.

Dementia and older people's mental health service:

- Need to recognise the different beliefs in people over 80, over 70 and over 60. Individual assessment is essential.
- It's still a 'taboo' subject. There is a question about domestic abuse in the assessment process but really this only picks up the physical harms. Often a patient starts to say something but then stops and won't be drawn further.

- The DA question could be re-drafted using DASV older people specialists and DOPMH specialists working together on developing it and some practice guidance.
- DASV and older people is a real training need for the DOPMH services - DASV is being missed.
- A need to challenge ageist attitudes- too many think that because they are older patients, they won't want to do anything.
- A need to challenge the view of optimism about partner's and family's ability to provide safe, non -abusive care.
- Understanding that a full family history is needed to fully assess the nature of any abuse i.e., longstanding or dementia related & the impact of Coercive Control.
- Understanding dementia and supporting people who disclose DASV needs to be a training development area involving DOPMH, Adult Social Care and DASV specialists.
- Pathways need to be clarified and different professional's roles better understood. Some thought that Social Workers could be more pro-active in identifying DASV rather than seeing a case as 'complex Care management' needs of any older patients referred.
- There is a concern that the commissioned DASV service will not be able to respond the needs of older people that they refer particularly those with dementia.
- There is a concern about the lack of support and specialist resources available if a patient did want to leave an abusive situation.
- A question was raised about the role of the police in older people DASV cases. Some concern that ageist responses were used and the risk of harm being underplayed: *"Let's calm down, sit down and have a cup of tea."*
- An offer by some members of staff to support the training and practice development.

Adult Social Care:

- Issues about the current DASH Risk Assessment not being fit for use with Older People.

- DASV commissioned service would benefit from training and specialising in working with older people particularly regarding Adult Family Violence, Dementia and Carer issues.

Safer Futures:

- The GP liaison workers support a GP to receive DASV training that includes a focus on older people and DASV. They would like to increase the uptake of the training by GPs and to be able to work with partners to develop an older people's DASV training module.
- The Community Outreach workers support some older people and recognise the value of partnership working to deliver a holistic service. They would like to see a single point of contact for supporting queries about DASV and older people.
- There was a concern expressed about the high level of thresholds held by Adult Social Care which excludes victims from receiving a service; based on intervention and risk assessment models structured around an outdated concept of domestic abuse as an unambiguous violent event/s. There was a view that frontline services lacked understanding of the power dynamics inherent in controlling relationships.

Devon and Cornwall Police:

- The police are aware at senior management level of the risk of DASV and older people (Death and Serious Harm) and this is addressed in the Vulnerability identification Screening Tool (VIST) assessment.
- There is concern over the current DASH risk assessment which does not address the complexity of older people and DASV and can lead to risk being under played.
- It is recognised that there has been little training around DASV and older people and that this can lead to inconsistencies of approach when responding to call outs.
- They recognise that a specific DASV and Older People Training module would contribute to safety of older victims and consistency of approach.

Age UK Cornwall:

The team at Age UK are committed to working to raise the profile amongst all their staff and volunteers. They are wanting to ensure that all staff are able to:

- **Recognise** domestic abuse;

- **Respond** with concerned curiosity and empathy;
- and **Refer or Report** concerns to appropriately trained DASV services for older people or to Safeguarding Adults.

They would offer to be involved with developing training to support this aim.

Comments

- An overriding impression from the above conversations is that there are agencies and individuals providing domestic abuse services and those in older people's services (Adult Social Care (ASC), Health) all committed to delivering their roles well but not recognising the gaps that exist between them. This leaves older victims/survivors of DASV often receiving a fragmented service but at worst this can lead to serious harm.

For example, in their DHR Case Analysis, **Standing Together** finds that 'a significant proportion of adults who need safeguarding support do so because they will also be experiencing domestic violence. Yet despite the overlap, the two have developed as separate fields.'

- There is also a skills and knowledge gap regarding key issues for Older People and DASV.
- There is a lack of co-ordination between services and no obvious pathway for sharing of best practice.
- There is no regular monitoring and review of practice in working with older people and DASV. This should include dip sampling of older people's cases where no DASV is identified as a presenting issue.

Specialist Older People and Abuse Agencies contacted by the project:

HourGlass⁷ is a UK charity specifically dedicated to supporting older people and campaigning for Safer Ageing. They offer a free and confidential 24/7 Helpline for those experiencing or concerned about the abuse of an older person.

In 2022 they have supported 22 cases from Cornwall through their helpline. They are looking to expand the volume of calls supported. They also provide a small number of community services which are based on an IDVA model of intervention. They are looking to expand this but are reliant on accessing funding to do so.

The Dewis Choice initiative was launched in Wales in 2015. Dewis Choice is a co-produced initiative consisting of a bespoke service designed by older people and a

<https://wearehourglass.org/>⁷

longitudinal research study, capturing the lived experiences of older people seeking help and justice.

Dewis Choice provides a dedicated 'whole family' service for women and men aged 60 years and over, who have experienced DVA from an intimate partner, ex-intimate partner and/or adult family member(s). Adopting an inclusive approach, the service also supports older LGBTQ+) clients, and cases where DVA and dementia co-exist:

- This is an established service with a clear evidence base. The community engagement element has been central to the service and has supported the co-production of the service.
- They advise that we continue to build on our community engagement model to reach out to community groups across Cornwall to raise awareness of Healthy Relationships in Older Life. This language being more palatable to older people.
- They explain that the majority of their referrals come from Adult Social Care, Police and MARAC. The development of this service in Wales has required multi-agency training to develop in depth understanding of DASV and older people and to clarify support pathways and clarify roles.

They recommend that, for any area developing a service for Older People, at a minimum Adult Safeguarding and DASV specialist services need to be involved in joint planning of the service. They advocate involving Health and the police too.

Please note: Accommodation Providers and Carers organisations are being consulted in early 2023.

D. Providing an effective response to older people experiencing domestic abuse and sexual violence

We asked participants: “What would you want to be included in an ideal service for older people experiencing DASV?”

A summary of responses is captured below:

Participant responses	Recommendations
<p><i>‘It is vital to get the message out that Domestic Abuse is so much more than physical abuse.’</i></p> <p><i>‘The benefits of getting help should be more known and advertised.’</i></p> <p><i>‘Older People do not see themselves covered by the publicity that is currently available for support services. We should be involved in creating and delivering the messages.’</i></p> <p><i>‘Let people know about coercive control. I didn’t know this; I didn’t recognise it. I just thought Domestic Abuse was physical violence.’</i></p> <p><i>‘I would like to see Older People’s DASV/ Healthy Relationships posters, leaflets in GP waiting rooms, hairdressers/nail bars, church groups, supermarkets, toilets and public areas.’</i></p> <p><i>‘Include messages for protected characteristic groups to encourage them to make contact’</i></p> <p><i>‘More Government Funding’ for services and voluntary organisations working in the community’</i></p>	<p>Communication strategy and review process.</p> <p>Strategy to be co-produced with Experts by Experience</p> <p>Use of language- meaningful to older people</p> <p>Coercive control information campaign using straightforward language that general public can understand</p> <p>Work with trusted agencies of all protected characteristic groups to include them in the planning and delivery of the communication strategy</p>

<p><i>All agencies to be required to provide information to people they see about DASV and the services available.</i></p> <p>It is important for GP's, nursing staff, Social Workers to move to asking all the people they support if they are frightened of anyone or don't feel in charge of their life.</p> <p><i>'I think the best way to reach older people is through the GP's and health workers at surgeries. But GP's need to up their game and deal with the real issues (DASV and trauma) and not just keep prescribing anti-depressants.'</i></p>	<p>Provision of DASV Information and Services available (and what they do) in clear language meaningful for older people.</p> <p>Implement Routine Inquiry/ Sensitive Inquiry for GP's, Health and Social Care Sector</p> <p>Monitor and evaluate effectiveness and impact</p>
<p><i>'Police need training in understanding coercive control and not making assumptions that the person who calls them is the actual victim'</i></p> <p><i>'As an older woman I feel the greatest barrier is shame. I need to know that I am believed, and I might then feel able to accept help. I need to trust the organisation that's contacting me'</i></p> <p>Education and Training across all sectors in Health, Education and Social Work. And all services working with older people including Age UK, Carer's groups, Accommodation providers.</p> <p><i>'I felt that the professionals involved weren't talking to each other so consequently lots of actions were missed and nobody seemed to really know what was happening. I didn't feel safe, and I wasn't kept well informed.'</i></p> <p>Education for people- start in school and keep this going into college/university</p>	<p>Training Police, Health Education, Social workers in:</p> <ul style="list-style-type: none"> -Coercive Control -Domestic Abuse -Sexual Violence -Childhood Sexual Abuse -Healthy Relationships <p>Specialist training focused on particular issues impacting older people. And developed in consultation with Experts by Experience. Not just as part of DASV general training. e.g.. Dementia, Adult Family Violence, Carers, Age Related Risk</p>

	Improved co-ordinated partnership working.
<p>Good Access to legal support and social housing.</p> <p><i>'If I had not had money, I would not have been able to fight the case with the police.'</i></p> <p><i>'Make sure victims have appropriate safe houses where they and their children can live. Not just Refuges. It would feel embarrassing to go to a Refuge. I wouldn't have wanted my kids to go through that'</i></p> <p>Provision of accommodation that meets the different access needs of all older people</p> <p><i>'You need to develop access to lots of different types of accommodation like hoists, wheelchair, emergency call buzzers. The amount of help I give my 96-year-old mom is substantial. She has hearing loss, poor mobility, and other health conditions for which she needs daily support'</i></p>	<p>Quick Access to: Advocacy Services; Financial support; Legal advice</p> <p>Appropriate safe social housing and accommodation</p> <p>Ensure all access needs (physical, financial and emotional) are identified and addressed.</p>
<p><i>'To make information available in care and residential homes. And to train staff to recognise DASV and trauma associated with having experienced it. Also, how and who to signpost or refer residents for support.'</i></p> <p><i>'Whistle blowing policies should be in place.'</i></p>	<p>Training and awareness raising for Care and Residential Home workers in:</p> <ul style="list-style-type: none"> • Recognising DASV, Respond and Refer • Referral Pathways
<p><i>'To set up a service designed to meet the needs of older people where staff can respond to the trauma of abuse and be clear that it is available for all types of abuse including CSA.'</i></p>	<p>Specialist Older People's Service</p> <p>Communication Strategy</p>

<p>A women's only space. <i>'I am uncomfortable being with men.'</i></p> <p>More Women's Centres</p> <p><i>'I feel more small groups would be good. Sharing experiences was a good starting point for me with other women who understood.'</i></p> <p><i>'I can't explain how I was able to breathe and begin to heal. Being with other women at the Women's Centre was life changing for me. And for others I was meeting.'</i></p>	<p>Safe women only services</p> <p>More Women's Centres or safe spaces for groupwork</p>
<p><i>'Access to people with different attitudes to help me understand what Healthy Relationships are.'</i></p> <p>Make services relevant to different protected characteristic groups.</p> <p><i>'Show us that LGBTQ+ people are welcome, neurodiverse people and black and minoritised people. And that their issues are understood and can offer real support'</i></p>	<p>Specialist groups offering safe, DASV, trauma informed spaces for people from protected characteristic groups and other excluded groups.</p> <p>Healthy Relationships awareness and information</p>
<p>Messages put out in the community from survivors explaining the benefits of seeking and getting help.</p>	<p>Community Messages</p> <p>Accessible, free and available therapy, counselling and awareness raising.</p>
<p><i>' is a need for a service for older male victims. Men need to know that the service is available and supportive of their needs.'</i></p> <p>A choice of a male or female worker who are trained in DASV and working with older men.</p>	<p>Specialist Older Person's service for men or explicitly ensuring support service workers are trained to work with older male victims/survivors</p> <p>A service providing a choice of male or female worker.</p>

<p>More communication to get out there about Childhood Sexual Abuse (CSA) so that victims and survivors know they are not the 'only' victims and that trauma responsive support is available.</p> <p><i>'I found it really hard to work out who I could contact for help. It made me feel abnormal because there was no obvious place to go'</i></p> <p>Separate service for women and for men. Or clear messaging about the offer and attention to safety.</p>	<p>Communication/Information Strategy to raise awareness of CSA and where to get help</p> <p>Separate service for women and men; or clear messages offering specialist sex/gender informed services.</p>
<p>A space to meet and talk and get support but that isn't labelled as SDVC. Concern that their experience of abuse isn't serious enough.</p> <p><i>'Like a coffee morning but with people who understand DASV. Easy to access and non-threatening. There's a big difference between what you experience and what you feel would be the experience that you would need to contact an DASV service. There's got to be something closer/easier to speak with someone'</i></p> <p><i>'Recruit staff and volunteers that look like us'</i></p>	<p>DASV informed Community Healthy Relationships group- not specifically labelled as DASV such as 'healthy relationships in later life'</p> <p>Community Engagement activities</p> <p>DASV community volunteers training</p> <p>Inclusive Recruitment policies-regularly monitored and evaluated</p>
<p><i>'It is vital to have individual support to help people recover from abuse and to re-build their lives.'</i></p> <p>There should be longer term support for people recovering from the physical and emotional trauma of abuse.</p> <p><i>'It must be free. I paid for my therapy but that will exclude so many victims. They must have access to DASV informed therapy and counselling.'</i></p>	<p>Support for DASV survivors to be flexible in terms of intensity, type and duration.</p> <p>Multi layered and multi -agency but with a lead worker co-ordinating</p> <p>To be survivor led and based on an empowerment and rights model.</p> <p>Ensure a range of accessible methods are available. E.g., face to face, virtual (zoom,</p>

<p><i>'We are often broken and need long term support for us to re-build. We can't magically be fixed and feel like we don't have the resources at our stage of life to face so many challenges'</i></p> <p><i>'There must be available good trauma therapy, long term support and support groups. We need short and long trauma work, peer and survivor support groups. Social meetings and good DASV informed support when you need it (helplines, text, email services).'</i></p> <p><i>'Older survivors are likely to be isolated and we need social relationship opportunities'</i></p>	<p>Facetime, WhatsApp etc), phones, emails etc.</p> <p>Flexible support packages needed</p> <p>Linking into social networks in the community</p>
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The suggestions from OPP participants are incredibly comprehensive and contribute recommendations towards developing a responsive co-ordinated community response in working with older people experiencing DASV.

This approach is supported by the guidance outlined by the Welsh Government's Information and guidance on domestic abuse: Safeguarding Older People in Wales⁸. This document contains detailed practice and management guidance to support effective working with older people experiencing DASV in Wales. The findings are transferrable to our work in Cornwall.

Similarly, the findings and recommendations of Safe Lives (SafeLater Lives, 2016. Pages 22-26)⁹ also support the recommendations from the OPP participants.

⁸ <https://www.gov.wales/sites/default/files/publications/2019-06/safeguarding-older-people-in-wales.pdf>

⁹ <https://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf>

E. Key Recommendations

1. Co-produce an overarching OP Charter to support older people affected by DASV with accompanying action plans for all relevant agencies and organisations

This would engage all agencies and organisations who provide services to older people to deliver against key objectives. To be monitored by a multi-agency steering group with authority and status, to hold organisations to account and publicise good practice. To be supported by a group of experts by experience.

All organisations would be supported to develop their own individual action plans to identify the particular services they will deliver, reflecting the needs of older people. To include:

- Flexible support offerings- appropriate length of support, types of support, by and for services
- Workforce and recruitment strategy
- Actions/outcomes to be monitored and evaluated on a regular basis.

2. Develop and implement a specific older people's communications strategy.

This should address the following:

- Co-production with older people including from protected characteristics and marginalised groups.
- Use language meaningful to older people.
- Ensure formats and methods are accessible for older people.
- Raise awareness around coercive control and adult family violence with specific campaigns.
- Relevant and targeted materials and messaging.

3. Develop and deliver specific OP DASV training

For a wide range of professionals, which is relevant to their role and multi-agency upskilling to increase appropriate service delivery and partnership working, including:

- Non DASV professionals-Health, Social Care, Police, Carer's, Care Homes, Mental Health, Drugs and Alcohol
- DASV specific professionals
- Community groups/organisations

To address:

- Cultural issues of ageing and DASV
- Coercive Control
- Adult Family Violence
- The importance of routine/sensitive inquiry
- Specific training for professionals on the incidences of abuse within a caring relationship, and/or where dementia or other mental/physical disabilities are present.
- Specific training for non DASV organisations such as Age UK Cornwall, Gateway providers- Recognise, Respond (sensitively) and Refer
- And to ensure current DASV training is linked to OPP training content and references key learning from it.

4. Improve multi-agency practice and working together, especially implementing routine/sensitive inquiry and understanding the importance of this

- Services to be aware that older people may be less likely to disclose and thus ensure they ask the appropriate questions and give victims the space and opportunity to talk (sensitive/routine inquiry). A focus on this to be paramount within the development of training on OP and DASV for professionals.
- Services to understand how to help older victims identify their situation as abuse.

- Services to embed domestic abuse champions.
- Services to understand referral pathways and support referrals on.

5. Develop a risk assessment for older people to be used by professionals that factors in older people's specific issues.

Update the risk processes used for older people and DASV as we are still working from outdated approach to DA and going from single events rather than looking at pattern of abuse. Many relationships between older people are seen as 'traditional marriage' and risk assessment needs to be much more person-centred assessment over time. The DASH, which is currently used, is not fit for older people and asks questions about pregnancy etc.

To assemble a working group to review and adapt the **Cambridgeshire & Peterborough Domestic Abuse & Sexual Violence Partnership developed an Older People's DASH ('OP DASH')**¹⁰ with input from representatives from Adult Social Care, Adult Safeguarding and Safeguarding Boards. The recommendation is to pilot a trial usage of an updated DASH in Cornwall based on the Cambridgeshire model for the year of 2023/24.

6. Ensure safe accommodation provision for older people that is relevant and responsive to their needs

It is acknowledged that housing is a major barrier for people attempting to leave abusive situations. This was a feature for many of the participants in this study. A survivor's ability to access safe housing and other economic resources is a key factor in the decision about whether to leave an abusive situation.

This makes domestic abuse very much a housing issue. Access to safe accommodation options for older people, along with the right kind of support and assistance, is critical to enable older survivors of domestic abuse to move on safely from situations of abuse. Areas that have developed specialist accommodation for older people leaving abusive situations have seen an increase in referrals from older people and the development of associated older people's services.

The Domestic Abuse Act 2021 aims to address this situation, by ensuring that a range of safe housing and support options are available at the local level. The OPP project

¹⁰ https://www.cambsdasv.org.uk/web/older_people/567583

team is currently working with providers in Cornwall to understand the current offer and to look at ways of building on good practice.

7. Continue and extend community engagement

Community Engagement to link into existing community groups where older people spend time, recruit and train DASV OP champions, develop and deliver Healthy Relationships workshops.

If we want to achieve change, we have to continue to reach out, engage with and listen to the voices of older people.

F. Summary conclusion

We know that the impacts of domestic abuse, sexual violence and child sexual abuse are damaging on every level. Hearing from the OPP victim/survivors has reminded the OPP team of the depth of damage that is experienced by each and every person we have listened to.

Much of the detail is not reproduced in this document but as a team we empathise and want to acknowledge our respect for our volunteer-participants, they are indeed experts by experience. Their voices must continue to be heard and their hope turned into positive actions.

They have been courageous in speaking out about the harm they have experienced but generous in their commitment to wanting to contribute to developing a more sensitive, age appropriate DASV service for older people. Their humanity is immense.

It has become clear that through the insights of the OPP participants (Experts by Experience and professionals) we have a good basis on which to develop a plan and to take action on delivering an effective service.

We have further work to do: including understanding in more detail the availability and appropriateness of accommodation provision for older victim-survivors; understanding issues for carers and older people and DASV; developing a range of relevant training. But overall, we need to work together with leaders and commissioners and experts by experience to develop our vision into a functioning holistic, accessible and relevant service for older people living with or having experienced DASV.

We recommend to the Steering Group that we have as our gold standard the aim to develop a bespoke Older People's service for Cornwall based on local issues, using the OPP recommendations above and Practice and Policy Guidance contained in the Welsh Government and Safer Later Lives paper and developed to meet local needs.

However, whilst it is recognised that current resources would not support such a transformation, it is possible to develop a best practice model in Cornwall based on committed multi-agency partnership working. To achieve this goal, we need to develop a road map and some clear milestones to build an Older People's Service that ensures older survivors feel valued and supported in ways which are person centred and meets their needs. And most importantly is developed in partnership with Older People who are survivors-experts by experience.

Dina Holder and the Older People's Community Engagement Project Team

03.01.23