

Series 2 Episode 5

Domestic abuse and older people: A
Conversation with Sarah Lonbay and
Carole Southall



[00:00:00] **Lesley:** Hello and welcome to the Portal Podcast, linking research and practice for social work. I'm your host and my name is Dr Lesley Deacon.

[00:00:13] **Sarah:** And I'm your other host and I'm Dr Sarah Lonbay. So we hope you enjoy today's episode.

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Introduction to Episode Series 2 Episode 5

[00:00:28] **Lesley:** Hi, so welcome to today's episode, I'm Lesley. So I'm your host today and with me as a joint co-host is Angie, and you're going to guest today because we've got Sarah sitting, although in your usual seat, you are now in a different position today because you're going to be presenting on *your* research, which you've conducted with Carole, and this is going to be about domestic abuse experiences of older people. So would you like to introduce yourselves and tell us a little bit more about the research?

[00:01:00] **Sarah:** Definitely. Well, I'm Sarah Lonbay, you know me because I'm normally hosting and as Lesley said today I'm a guest and I'm with...

[00:01:07] **Carole:** Dr Carole Southall from Northumbria University.

[00:01:10] **Sarah:** And I'll let Carole introduce where the research came from because it came through you and then you got me involved, didn't you?

[00:01:18] **Carole:** Yeah, because I sit on a Local Authorities Safeguarding Adults board, and some years ago, probably about four or five years ago, there'd been a number of cases within the region, where there'd been concerns

around domestic abuse, where there'd been a death, and it was an older person and they just wanted really to try and get some sense of where they were in ensuring that they responded to domestic abuse in the older population, and wanted to just get a little bit of flavour about what was going on with the agencies and how they perceived it and a little bit about service delivery and things. So Sarah and I set up this project, didn't we? A relatively small-scale project, but it did involve us talking to people from a range of agencies, from the board, and a couple of female survivors of domestic abuse who'd been subject to abuse in that 'older' timeframe. And it just proved to be extremely interesting, really. I think that it helped us understand, I think, what the challenges are, but also how difficult it can be to help move things forward, I think. It's very, very complex getting a lot of organisations to respond in a coherent way. And I think actually they do very well, but there are specific things that our research highlighted that supported previous research actually as well, didn't it, Sarah? Around service delivery and identification of abuse particularly. And I think we, well we'll discuss it as we go on, but certainly we found that the interplay between eligibility criteria for the Care Act and domestic abuse services and things like that could get quite difficult. And it means that people could be perceived in different ways. So I think that that was probably, I think, one of the things that I found most interesting, because my background is as a social worker because, you know, I'm a qualified social worker, so it had some resonance, I think, with my experience around how you get people into services or how they can be excluded from services because of the criteria that are required. So I think that has been one of the particularly interesting areas.

[00:04:08] **Lesley:** Yeah, because obviously we accessed your, you did a CASS seminar, didn't you? So we'll put that in the show notes, and put a link to that so people can see that as well. But because that's the thing, what I was really aware of is that this is a complicated issue. So there's lots of things going on, which I think is what we're going to try and explore in this. podcast today. So I'm going to go to the statistics, Sarah's ready with her information.

[00:04:38] **Sarah:** I'm ready with this.

[00:04:38] **Lesley:** Are you ready? Because we've got lots of complexity haven't you going on here, but do you want to just share with the listeners about what the context is around older people in relation to domestic abuse?

Prevalence of domestic abuse in later life

[00:04:52] **Sarah:** Yeah, so I think one of the key things to say about this is that it's very much been a hidden issue, and Carole alluded to some other research which does exist, and our research really supported some of those findings and came up with some new things as Carole's already talked about a bit. But it's very limited and it hasn't been looked at particularly. So when people think about domestic abuse, they tend to think about predominantly younger women as being the victim survivors. So older people experiencing this has been very much what we could frame this as a hidden issue, it's not been talked about or recognised both in the academic literature or in practice, really. And there's lots of things that contributed to being a hidden issue, and I think we're going to explore some of those through this conversation. But part of it is around the lack of data that actually demonstrates how many older people might be victims or survivors of domestic abuse.

[00:05:49] **Sarah:** So the British Crime Survey previously didn't collect any information or data on people over a certain age. In 2020 they did start to collect data over the age of 74 for the first time, so even when we're looking at those kinds of data sets, older people as victims were not visible within them. So it was very difficult.

[00:06:06] **Lesley:** Were they just not collecting it?

[00:06:08] **Sarah:** Just weren't asking, just didn't have it, didn't consider it, it wasn't part of it. And prevalence studies are notoriously very difficult anyway, so if we think about elder abuse more broadly, so that's abuse against older people, that could be perpetrated by anyone, not just partners, family members or people who are personally connected, which is what domestic abuse would be. The only large prevalence study in the UK was carried out quite a while ago, and that was only community dwelling older adults as well. So we do have a little bit of data on the prevalence of elder abuse in the UK, but it's quite a limited picture. And then when you narrow that down to thinking about domestic abuse only, it's even more limited. But Age UK have just published something based on these new statistics where it is collected for over 75, and it shows that 1 in 30 people aged 60 to 74 and approximately 1 in 50 people aged 75 plus have been subjected to domestic abuse in the past year. So that's more than 400,000 older people to put that into context. And as we know about anything like this, that will probably be the tip of the iceberg. Because these things don't actually necessarily gather everybody's experience or show us everybody who might be experiencing that. And that is in England and Wales alone I should point out, that data.

[00:07:31] **Sarah:** So we know that there are hundreds of thousands of older people every year experiencing domestic abuse in the UK, but as we'll explore in this conversation, there's not really the responses there. There's not the identification of it in the first place, that's lacking, and as Carole said the service provision and the support that should be there is a bit limited too.

[00:07:54] **Angie:** I think what you've touched on in terms of prevalence as well is we know, like you've said, it's the tip of the iceberg. And I think for older people, if they're monitoring 74 and over, if it's done digitally, there's going to be a lot of older persons who don't have access to digital technology as well, and I think some of the questions around collation, I think it's really interesting in terms of that, and what you've come to in terms of your research, it's going to be much broader, isn't it?

[00:08:15] **Carole:** I mean, I just think it was really interesting that they actually didn't bother to collect any statistics on it at all, as if domestic abuse stopped at a certain age. And that suggests a certain attitude and thinking about violence between older people, doesn't it really? So I suppose one of the things we were interested in as well was how much that attitude permeated down really through different organisations, and obviously they have corrected that now and they're now collecting that data, so that's a positive move, isn't it, in the right direction. But that is very, very recent, I think it's within the last couple of years.

[00:08:52] **Sarah:** Yeah they only started collecting that in 2020, I think, and there's only recently been data published.

[00:08:58] **Carole:** So I think that suggests there's some work to be done.

[00:09:00] **Angie:** Definitely.

Understanding elder abuse and domestic abuse

[00:09:01] **Lesley:** It sounds as if this, it seems to me, when I was reading it, I was thinking, well surely we should already be knowing about this because it seems strange that you just stop and think, oh, well either it doesn't exist or it's not that, it's something else. Because you were mentioning Sarah about the the difference between what would be defined as 'elder abuse' and 'domestic abuse'. So do you think it's been hidden within that, potentially? Or is that not where your research went?

[00:09:33] **Sarah:** Well, no, I think that could be part of the issue. I think even elder abuse more broadly, so domestic abuse would fit within the definition of elder abuse, but it is something distinct as well. I mean if we think about policy frameworks for elder abuse, we've only actually had things in place relatively recently. So there was a policy document published in 1993, and that was the first formal recognition of that in policy around the abuse of older people. And that was, again, just older adults living in the community I think, the *No Longer Afraid*. Then we had *No Secrets*, which started our adult protection and safeguarding frameworks, but it was only in 2014 that adult safeguarding more broadly got put on a statutory footing. And older people, although they're the most highly represented within that group, their experiences are often neglected. So we can see the abuse of adults, more broadly, being neglected but for older people within that as well, even more so. So I think you're right that elder abuse itself, even if we take that more broad definition, hasn't necessarily developed or been responded to very well. I think for me personally, I don't know if I can speak for Carole, but I think ageism plays into this a lot, our attitude about the older generation, how we value them, I probably do speak for you saying that, but I didn't want to assume.

[00:10:53] **Carole:** Yes, definitely, I think there are assumptions made, I think. I think some people, some organisations work very hard to make sure they don't make ageist assumptions, but I think we all make assumptions to some extent in our day-to-day lives, and that that can impinge in terms of professional decisions as well. But yeah, I would say that there are some assumptions made around older people, their relationships, and particularly when it comes to things like sexual abuse, this concept of older people just don't engage in sexual activity and all that sort of thing. So I think, and this is one of the things that I think our research does support, is this sense that if there is violence in a relationship between older people is that it wouldn't be domestic abuse, it would be elder abuse, is how it would be categorised. And this is how the domestic abuse then becomes submerged really under that, under the alternative label. But just following on from what Sarah was saying about really we only got a legal framework in 2014 for adult abuse, it was also in the same legislation, the Care Act, that in fact domestic abuse was created as a category of abuse. So prior to that, under *No Secrets* and the others, that domestic abuse wasn't identified at all either. So it's only in 2014 that domestic abuse has actually gone into that list of categorisation. So we are talking about very recent developments, really, in terms of recognising that domestic abuse should be a category and statistics being collated and stuff. So there's some catching up being done, certainly, but it can take quite a long time for things to

then be picked up and developed in terms of professional practice and policy as well. So I think our research has reinforced some of the previous research, but also I think it's taken us a little bit further into understanding that, I think.

[00:13:13] **Sarah:** Yeah.

[00:13:13] **Lesley:** What impact do you think that has on the social work practitioners who were then trying to work out what to do? Do you think that because it's that lack of clarity between it being yes, elder abuse, but it's actually very *specific* type of abuse that needs to be addressed. Do you think that social workers then will struggle to manage that in everyday practice?

Practice issues

[00:13:33] **Sarah:** I think that's one of the things that we did find in the research, that actually it's not that they necessarily struggle, but actually framing it as domestic abuse doesn't really happen. So when it's an older person, particularly if there are health and social care support needs or whatever, that that framing becomes "this is an adult safeguarding issue and therefore we will respond to it through an adult safeguarding framework". Which is a very different framework from a domestic abuse framework. So that's framing it as a welfare issue. And the kinds of support and the kinds of responses might look quite different from if it was framed as a domestic abuse issue, which is where it becomes problematic because then you've got a group of older people who are not getting access to the specialist support and services that other younger victim survivors of domestic abuse would be offered and would receive.

[00:14:28] **Carole:** I think social workers generally, and I think certainly the ones we spoke to, they were certainly very alert to abuse and understanding when people needed protection. But I think they also did recognise, and certainly fed this back to us, that the services aren't always fully geared up to dealing with the needs of older people. And they have then a bit of a difficult role because they might be presented with somebody who clearly has needs, they may even recognise that it's more of a domestic abuse issue than an adult abuse issue generally, but if they're going to offer some service and some support, then the person's going to need to hit the eligibility criteria under section 13 of the Care Act. And for that they need to have either health or social care needs. And it could be that they're dealing with an older woman who is emotionally and psychologically distressed, but the eligibility criteria

tend to focus on physical disability. Now I'm not saying everything else is ignored, because certainly it isn't, and obviously anybody with a mental health problem, for example, should be addressed and their needs should be met under the Care Act. But I think that sometimes emotional and psychological issues perhaps aren't given the same priority, and therefore how those thresholds are set, as to whether somebody is coming into the criteria or not, I think can be quite subjective. And maybe not entirely consistent, because it might be down to different workers' decisions or their manager's decisions and this sort of thing. So I think that can be difficult for workers because they might have somebody and think, "well I think this person really needs some help, I'm not sure how I can fit them into the eligibility criteria". Or "can I squeeze them in somehow and argue the case?" And sometimes it might come down to how good the social worker is to arguing the case. And so I think that is a real challenge for them and can be really very, very difficult. Because, I mean, the social workers role ultimately is to engage other services to support the person. And hopefully they can do that, but if they actually need financial resources then they're going to have to hit the eligibility criteria. So you often then get a reliance on voluntary organisations and other support organisations. And some of them can be very effective, but they're all struggling as well, is one of the things that we found out, didn't we Sarah, in the research? That inconsistencies in funding and uncertainties about funding mean that they haven't been able to develop their services in the way that they would like, or they can't plan ahead in the way that they would like. So it can be difficult to have those reliable services in the community sometimes.

[00:17:34] **Sarah:** I think the invisibility of this issue contributes to it as well, doesn't it? Because if people are not aware that this is a service that older people will need, then those services are not developed. So what we found is they just don't exist. And actually if it is identified as an issue, domestic abuse for an older person, the tools and the services are not appropriate for their needs a lot of the time.

[00:18:01] **Angie:** I think as well, thinking about the complexity for social workers as well is if you've got the perpetrator, who's got needs and who has mobility and needs in terms of that, I suppose they've got a duty to that other person as well. Does that cause any complexity, does that add to it? Because I suppose they've got to take that into consideration as well, in terms of how they deal with that case as well.

[00:18:25] **Sarah:** Yeah, definitely. I think the caregiving dynamics in the relationship was something that came up as one of the complexities, because you're more likely to see that in an older population, in an older relationship than you are in a younger one. And I think the complexity of that was partly around how it might mask the domestic abuse because people might assume that the abuse has occurred as a result of the pressures of the relationship. There's theories about caregiver stress, which are not really supported, but I think sometimes that thinking is through that lens anyway. And I think sometimes what we found is that can mask people recognising it as a domestic abuse issue or something that might be historic. So actually that abuse might have been ongoing for a number of years in the relationship, but it comes to the attention of services when there are caregiving needs and they're more involved in that relationship perhaps. And those dynamics can shift the power balance in the relationship as well, potentially. So it does create a lot of additional complexity that you might not see.

[00:19:27] **Lesley:** That's quite tricky to differentiate that out, isn't it? Because if they're just becoming involved, like you said, because of potentially the care needs, then to actually have the time to investigate and understand actually it's not that, there's something else going on here, there's some concern about this relationship that's maybe been hidden for a long time, or even if it hasn't you know? I'm thinking about information sharing and whether or not you would even know if those things have gone on anyway. Really complicated, all I can think is it's really complicated!

[00:20:01] **Sarah:** I think that's the thing though, isn't it? Because I think, and Angie you'll be able to speak to this as well, but with domestic abuse the lens is very much about gender. And in adult safeguarding, if we're talking about older people, the lens is the age. So I think if you are going into a situation and there's a caregiving dynamic between two people where there's abuse, and they're older, then the lens that gets looked at by professionals is the age lens, I think, and the disability lens, or whatever it might be. And then that takes them down a particular way of responding to it, doesn't it? That takes them away from perhaps thinking about it as a domestic abuse thing.

[00:20:37] **Carole:** Yeah, and it's an interesting point that Lesley really, because one of our respondents, I think it was one of the ladies from the refuge, actually said, "well, the only way you can differentiate is by asking". And this focus on asking the right questions really, and not perhaps just taking it a particular incident at face value, and delving a bit further. And you're right. It

can take time to actually unravel what's actually going on in this situation, you know?

[00:21:05] **Lesley:** Because it's people's lives, isn't it? And people's lives are complex and I'm really conscious of when practitioners are going in, they've got so much pressure on them in terms of time, in terms of resources, and a lot of the issues that we're exploring are really about, they need time to be able to explore it and do justice to it. Because I'm thinking about the things that Angie, for you as well in the research that that you've been doing, is that issue of there are these things going on and we just don't really know about them. But then even when we do know what on Earth are we doing? What can we do?

[00:21:43] **Sarah:** I think those were a couple of the recommendations that really came out of our work for social workers. One of them was about time and reflection, wasn't it? And the other was about professional curiosity and the importance of that. But we know that that's a challenge, that's another practice challenge because you talked about the eligibility criteria, but when you've got loads of referrals coming in, and you've got to quickly deal with all of them, and you're short-staffed in the team, taking the time to take a deeper dive with those cases is really tricky.

[00:22:14] **Carole:** Teams are under a huge amount of pressure, more so than when I was in practice, and having time to build a relationship, get somebody's confidence so that they will perhaps disclose and talk to you I think is really, really challenging for workers. But you see a lot of very, very good practice, but I think any social worker will tell you just how much pressure they're under to move people through quickly, follow procedures and things like that.

[00:22:49] **Lesley:** And to find there's no service there afterwards as well. Where's the support? You identify, potentially, that there is a problem here, then what do you do? But then I suppose without doing that, we, we don't know.

[00:23:04] **Sarah:** Yeah, I think what does happen at the moment is, what we found, is that there are refuges for women, and older people can be referred into those, but they're not always appropriate referrals, are they? But partly if there are any additional care needs those refuges are not set up to respond to them or manage them. Even if that's not the case, what we found the two older women that we spoke to and some of our other participants talked about how difficult it can be for an older person to be in that community where

they're with all younger women and their families. So one participant was talking about how she felt like she had to be a mum to them and she'd worry about them when they weren't there. So there were those kinds of dynamics that took her away from looking after herself and dealing with her own needs. It was too noisy, so there were issues around that, and perhaps a preference to be with people their own age who understood their situation more than the younger women did. So there were a number of reasons that, although yes, these services do exist, they're not necessarily appropriate for all older people.

[00:24:18] **Angie:** I think if anybody from the Government listens to these, we need funding. We need more funding, and I think that's key from every podcast that we listen to that's what we need.

[00:24:27] **Lesley:** I mean, it is about that, isn't it? It does feel that services are getting squeezed to the limit. I've been thinking about how simple, well *seemingly* simple things like just administrative functioning has been decimated, which means to me that the people who are the professionals who need the time are then bogged down with everything else that they've got to do. And I feel like that's quite, I could start ranting, Angie you've set me off!

[00:24:56] **Sarah:** But it is, and it's all those extra things that, I hope this story's okay to share, because I'm not going to share any names, but I was teaching social workers the other day, about this topic in fact, but one of them was, well they all shared stories, but one of them stuck with me about someone moving from their home and into a care home and the social worker, they couldn't afford removals to bring their belongings with them, and the social worker took time out of their day to do that for them so that they had their things with them in the home. And it's all those extra things that if that person didn't do it, they wouldn't have them. And we know how important that is to help someone's transition into that home. And if it was a domestic abuse scenario that is one of the things that we found as well, that it's very difficult if, particularly for older people, for anyone in this situation, but if you think about an older person who may have been in the relationship in that home, raised their family, have all their possessions there and a lifetime of memories, to move away from that is incredibly difficult, under *any* circumstance. But to have to leave suddenly, for example is very difficult.

[00:25:59] **Lesley:** I'm very pleased to hear about that practice, because that sounds fabulous.

[00:26:03] **Angie:** But it's someone going above and beyond, isn't it?

[00:26:05] **Lesley:** But it's above and beyond.

[00:26:06] **Sarah:** It's good, but it is, and that's it, because it then puts additional stress because then that social worker's not doing all the other millions of things that they're supposed to be doing. But the impact that that would've made for that one person.

[00:26:16] **Lesley:** It would have been huge for them.

[00:26:18] **Sarah:** But we can't rely on services being run on people's goodwill, and willingness to go above and beyond. That's the issue, isn't it? Because then people break and leave.

[00:26:30] **Carole:** That's it. But I do think a lot of social workers find that they are having to go above and beyond just to try and make sure that people are settled into a safe environment, or that their needs are met in some way, or just doing little things that they just don't seem to be able to get anybody else to do. So yeah, it is good to hear that that people will still do that, but I think that, as I say, it does mean they'll often end up having to do some of their other work in their own time and that's problematic.

[00:27:04] **Lesley:** I've been doing some work with current practitioners at the moment, and one of the issues that connects with what you're saying is the fact that people don't understand what social work is, what social workers do. Because those kind of things, to me well absolutely that is what should be getting done, and they should have the time. I know there's a practical element to actually, you should have someone who can practically go and collect the stuff, but the fact that that person needs it, that is important that social workers are identifying that and saying "this is important for that individual, that they have their things, that we make sure we do that". So I think those are the things that I think, outside of the profession, people don't realise that that *is* what social work is about.

[00:27:45] **Sarah:** It should be.

[00:27:46] **Lesley:** But you can't quantify it, how do you quantify that in money?

[00:27:49] **Sarah:** I think that role is squeezed, isn't it?

[00:27:49] **Lesley:** It is squeezed.

[00:27:50] **Sarah:** I think Carole and I, not to just plug our work, although that is...

[00:27:53] **Lesley:** That's why you're here!

[00:27:55] **Sarah:** But there was another paper that we wrote a few years ago that talked about that a bit, didn't it? In terms of the squeeze between the policy expectations and the realities of the role and how very different those two things can look, and that puts a lot of pressure on social workers too, because you're right it is part of the job, but I think really it's not...

[00:28:17] **Lesley:** It's them highlighting it, but it's not for them to then have to *do* it, because the amount of hours that that would take. But those are the kind of things that I think social workers and practitioners *do* think about, because it's that bit that's about somebody's life and what's important to them and making sure that you can support them moving forward by thinking about what's important to them and what do they need. And I think social workers *do* think about that.

[00:28:43] **Carole:** I think it's retaining that level of humanity isn't it really? And recognising just what impact you can actually have on people's lives, in either a positive or a negative way.

[00:28:56] **Angie:** I think it's emotional transition as well, isn't it, not just for the victim but for the social worker as well, knowing that what they've done has helped that emotional side of it, I suppose, as well. Like you say, it's that humanistic approach, isn't it?

[00:29:09] **Lesley:** Was there anything, I'm just curious, obviously we had some of the, not all of it I know, but some of the differences around the experiences for older people as opposed to younger people, was there anything different you found in terms of the abuse? I know you were saying taking that care lens focus to it meant it wasn't seen, were there differences around what it might look like?

Characteristics of domestic abuse in later life

[00:29:33] **Sarah:** We didn't explore the experiences of abuse itself, because the research was very much focused on how it's identified and responded to. But I have seen another piece of research that looked at domestic abuse across the life course and showed that it can change as people age. So that was quite interesting. But that's not something we specifically explored.

[00:29:55] **Carole:** But I think there were characteristics that I think you would need to take account of. So for example, one of the things that's quite interesting, which other research has highlighted as well, but ours did, was that the dynamic of the situation might be different from a younger woman. So, with a younger woman, there might be questions asked about child safety, where the children can reside and all this sort of thing, and what's the mother's attitude to protecting children. But with an older person you've got the *adult* children and therefore it's how are *they* responding to it? Are they even aware of it? If they are aware of it, what stance are they taking? So are they encouraging the person who's being abused to stay where they are or are they trying to encourage them not to? Because that can be really important, you know, the influence of other family members, particularly children. Adult children, I should say. So that could have quite a significant influence on what happens next, really. So it does affect the dynamic, and it would be another element that perhaps professionals would need to deal with because they're also managing the family which can often be challenging.

[00:31:07] **Lesley:** So are they protective factors or are they actually more problematic?

[00:31:09] **Sarah:** Adult children can be the perpetrators as well of course.

[00:31:12] **Carole:** Well that's the other thing of course as well, yes. So there could be a much wider range of people who could be perpetrating the abuse. So there's that element of it, and I think Sarah touched on earlier that there's the different elements around security and financial arrangements, if they're very enmeshed. And I think as well, an older person, I think with a younger person you've got the possibility of thinking "I'll get settled, I'll get a job, I can secure myself financially". With an older person who's past retirement age, they haven't really got that route open to them, so things become very much focused on pensions and how would that unravel, and what the person would be eligible for or not eligible for, how's that going to affect their lifestyle or whatever? And you may have your attachment to a place as well, the family home and that sort of thing. I think one of the things that was quite interesting

was there wasn't absolute agreement between all the people we interviewed around some of those issues, was there? Because I think certainly one of the ladies, one of the refugees, did say, well, yes, those can be issues, but people mustn't make *assumptions* that because all those things are there that they still don't want to get out of that situation. So I think given that we undertook a fairly small study, it was interesting the differences of opinion, and that again shows the challenges because a lot of people didn't agree with each other. And so that, again, just reflects how complicated it could be.

[00:32:47] **Sarah:** I think that was a key difference in opinion, wasn't it? Around the fact there was this idea from some that older people don't want to leave, and that was challenged by other participants who said you can't assume that, that's an ageist assumption to make, and that actually lots of older people do. But as Carole's just said, some of the complexities can make it harder. So we know that there's a lot of poverty and isolation in in later life. With the older generation now, the man is more likely to have controlled the finances, so that can make it harder for a woman to have access to financial means to move. There are different generational attitudes that are still prevalent among some of the older generation around marriage and the privacy of what goes on in the home and things like that. And that's not the same for everyone, and it is obviously changing, but I think that's a barrier too. But just because those things are there, we can't make the assumption that someone's not going to want to leave that relationship. Those options should be open for anyone regardless of their age. I think one of the things that really struck me, and this actually was something we found in the literature rather than what we were directly told in our own research, was again related to ageist assumptions and the fact that older people, older women particularly, don't get routinely asked about domestic abuse in the same way that younger women might. But not only that, that actually signs and symptoms that there may be abuse occurring are more likely to be dismissed in the older population. So if someone has a bruise or something that might trigger a question in a younger women, it could be attributed to age-related falls and things like that in an older person and that question not get asked. So their opportunities to disclose might be smaller if their social circle or access points are smaller. But then even when they do have those opportunities, they might be missed because, again, of the lack awareness.

[00:34:41] **Lesley:** Were they getting dismissed or were they not asking about the bruise, or were they making an assumption?

[00:34:45] **Sarah:** They wouldn't ask. So yeah, it was written that the assumption would be that it would be linked to a fall or something like that.

[00:34:53] **Lesley:** So they would expect to see bruising because of age.

[00:34:55] **Sarah:** Yeah, so whereas someone else they might think, oh what's happened here? Or just explore it a bit. And with the service side of it as well, the way that that's presented to older people, so the things that you see about refuges and support for domestic abuse it might have a picture of a younger woman on, with a family, so older people may see those things and think, well, that's not for me, that's not a space that's there and available for me to access as well.

Suitability of assessment frameworks

[00:35:27] **Carole:** And we had some discussion as well about assessment documentation and forms, like the assessment framework that's used for domestic violence is called the DASH framework, and I've forgotten what that stands for, is it domestic abuse, stalking and harassment, that's it. And if you look at that, it's geared very much more towards younger women. It doesn't really address some of the risk factors that might be there for an older person. So it's immediately either partly not relevant, and therefore the whole assessment's skewed really because it's not adjusted in any way. So one of the things that we talked about in relation to that was actually would it be useful for the DASH to be adjusted according to the age group? Because some of the questions around drug abuse and risk of pregnancy, would you ask those of a 75 year old? Well, you might ask about alcohol misuse, for example, or misusing prescribed medication, perhaps a little bit less likely for it to be illicit drug use, but one again mustn't make assumptions. But you know, questions around pregnancy and things rather than around the caring dynamic, perhaps, and the role of adult children and that sort of thing. So I think there's probably some developments that could progress in that area in relation to making assessments more pertinent. And I think some of the practitioners recognise that as well, they raised these issues, they were saying, well actually you're going through a DASH assessment, this isn't really that helpful for this particular individual. So really for the assessment process to be a little bit more individualised?

[00:37:22] **Angie:** I think it's really interesting, and you've answered some of the questions that I wanted to ask, but I just think there's a big piece of research here.

[00:37:29] **Sarah:** We are planning some follow-up.

Coercive and controlling behaviour

[00:37:31] **Angie:** I mean, some of the work I did for my thesis, and I incorporated a sample of older people, middle-aged people, and I'm racking my brains as I remember reading an article that said people historically who'd experienced domestic abuse, upon retirement it became their most dangerous point, but we seem to seem to dismiss that. Yes, they were aware and on the radar, but once they got to retirement age, it was fine, we'll sort of push them to one corner they'll sort it out. And some of the women I'd spoken to, where it was about that coercive and controlling behaviour, of being told "you're having this every day for your tea, you're wearing this dress", that was routine for them. And a few of them had pointed out how it became more angry and aggressive after retirement, because everything you'd done in the home wasn't right. The salt and pepper wasn't put back, or the milk jug wasn't put back in the fridge at a specific point. And we just seem to have, all of that seems to be disregarded in terms of what you said, in terms of how we risk assess it and look at those. And I think there's just... oh gosh, my head's, I'm like, all these things I think there's just so much, it's frustrating and there's so much work that can be done in that.

[00:38:30] **Sarah:** I'll link to this in the show notes because there was some work done in Oldham with an organisation called Made by Mortals, where they did some work with older people who had experienced domestic abuse. And they produced a video, and it's incredibly powerful and it touches on a lot of what you've just said. And particularly around the coercive controlling elements of domestic abuse. And so we can share a link to that video.

[00:38:54] **Angie:** I'd be interested in that, yeah definitely.

[00:38:56] **Carole:** I think that's interesting, that whole coercive element as well, isn't it? Because again, you often might not necessarily have that physical evidence. So again you're into these much more tenuous emotional, psychological impact type of situations and fewer triggers for practitioners to pick upon and start asking questions about.

Leaving the relationship

[00:39:20] **Angie:** But I think even in finances, and my parents probably won't mind me saying this, but even in older life, my mum and dad are in their late eighties, but everything, my mum and dad, their pensions are fine, but everything they're claiming is through my dad. So my mum doesn't have a pension, I said, "but you do", she went, "no, no, your dad just does everything". Not that there's anything there, but I just thought that makes me start to think but what about people who are in an abusive relationship? Like you said, that financial side, because over a certain age, yes, the indicators have changed once you get to a specific age, but those who are late eighties and that much older they're still encompassed in that framework, and women might not know any other, that they *can* actually go out and claim it off their own back. And I think there's just so much out there that we tend to just ignore, or it's easier just to ignore it than actually deal with it.

[00:40:07] **Sarah:** Yeah, I think older people generally their experiences in these kinds of ways are ignored, they've not been made visible, and even more than that I think the experiences of older people from different communities, from BAME communities, from LGBT communities, it's even less visible and there's even less research that explores that. So we don't really understand from their perspective very much. We spoke to two older women, and I'm aware of another study where they had some older participants as well, but that was a small group too.

[00:40:43] **Carole:** I think one of the things that came across from one of the ladies we interviewed was that it's really important that they feel in control as well, of decisions. And she told us a little bit about her experience, she said she had an excellent GP who knew the situation and had offered support, and the police were aware of her situation as well, that she was living with an abusive partner. They had encouraged her to leave, she hadn't wanted to, and I just thought it was really important one of the things that she said was, "I knew they all wanted to help me and they wanted me to leave and they were giving me advice with the best of intention", she said, "but in the end, the decision had to be mine when I felt ready to do that". So obviously she had tolerated that abusive situation for a long period of time, and it wasn't that nobody knew about it, people *did* know about it, but she felt – it did get to a point where eventually she did leave, but she had to get to that point herself.

[00:41:47] **Lesley:** The focus is then on her leaving, isn't it? As well. And that's such a huge thing for somebody in that situation, isn't it? So obviously with the best of intentions professionals say you need to leave that, but 'leave' means that they have to be able and willing to get out of *everything*. And everything is not just that relationship, is it?

[00:42:08] **Carole:** Absolutely.

[00:42:09] **Sarah:** No, she talked about having to leave her dogs.

[00:42:13] **Angie:** See this really... why aren't we moving the perpetrator? I just think it's always the victim that has to take everything and leave. And I think we come back to it constantly. The victim's getting secondary victimisation of having to take everything away, why aren't we dealing with this perpetrator? And I think that's one of my... I won't get started on that one...

[00:42:35] **Lesley:** I thought you were going to go down the animal route, because you do panic about that don't you?.

[00:42:41] **Sarah:** You're right Angie. It's always about why doesn't the victim do this or do that? They're not the one doing something wrong.

[00:42:48] **Lesley:** Why is the interception then not about the perpetrator? I know I appreciate 'alleged perpetrator' at that moment in time, or however you want to refer to them, but yeah it is always about, because my experience is working in child protection, so I'm supporting a student doing some research around the re-victimisation of mothers in that process. Because not only is it then about why did they not leave, it was then about why did you not protect your child? As if it's about then *them*, rather than about, actually, hang on a minute...

[00:43:21] **Angie:** It was him. It's the dad.

[00:43:22] **Sarah:** Why are people doing those things?

[00:43:27] **Lesley:** Oh, we could head off somewhere... I'm just looking at my little notes there because I was just wondering, I think at one point you talked about inappropriate use of care home placements, and I was just wondering how were they being used then, or not used, with the people that you were talking to?

[00:43:48] **Sarah:** Yeah, so a couple of people spoke about that, didn't they? In terms of if someone is wanting to remove themselves from that situation where do they go? And that sometimes that was the only option, but it wasn't the appropriate option for that person or the best place for them to be.

[00:44:04] **Carole:** I think one of the social workers mentioned that as well, they'd had experience where they'd had to move a lady into a care home just for accommodation purposes really, because it wasn't felt the refuge would be ideal, but then they knew the care home wasn't ideal either. So they knew they didn't have a good solution, but it was safe. And of course they did eventually manage to get her out into her own place again, so it was a temporary measure, but it was still a very difficult experience for the person, because she didn't really have any health or social care needs. Now you could say, well, the positive is well at least the funding was made available to get her into a safe place in the face of the fact that there wasn't anywhere else more appropriate, so that's really positive in that sense. But they knew. I mean the social worker was saying it wasn't really a suitable place, I wouldn't have chosen that facility for her if it wasn't for the fact that we didn't have anything else.

[00:45:02] **Lesley:** It's so difficult, isn't it? Because it ends up coming to be about what's the most pressing need at that moment in time. And when it comes to their safety, it becomes about that. And that's when you start noticing, actually there's nothing here, and we can't do things, so is it better that they remain in that or go somewhere that's not the right thing but safer. And that might be fine for a short term situation, but do you know if that person was able to go home or able to leave that?

[00:45:35] **Carole:** They certainly were settled out independently, whether they went back to their original home or whether they went to a new home, I'm not sure.

[00:45:45] **Lesley:** I was just curious. I was just curious about that one.

Decision making

[00:45:48] **Angie:** I'm just thinking, you know when we were talking about the siblings and younger families that don't have children, but did you come across any children, or adult children, who did support parents or moved a parent in with them or went against a father? It's very difficult when you've got elderly parents, you've got two elderly parents that you're possibly caring for, and

you've got to try and make a decision as to who you want to help. And if you know it's a violent situation, I'm just thinking in terms of mine I don't know how you would move forward on that. Would you move one and... did you find there was any? Or did they just not want to know or?

[00:46:18] **Sarah:** We didn't speak to any adult children as part of the research, so I can't speak to that specifically in regards to the domestic abuse project. But I did another project a few years ago, it was my PhD actually, that was about older people safeguarding, so more broadly about adult abuse rather than just domestic abuse. And it did come up in that in terms of the complexities of working with adult children. If they're not the perpetrators, if we take that out of the picture, just in terms of that they might want what's best for the person, but that might not reflect what that person needs, wants, and sometimes they're listened to over and above the older person. And again, I think sometimes a bit of ageism can play into that. And sometimes they're very good at advocating and supporting the parent to make decisions within the process. So I think it can go any one of a number of ways, it just depends on the person and that family and that situation. But it can be complicated, definitely, particularly if there's more than one sibling and they don't agree and they're trying to make decisions about things.

[00:47:22] **Carole:** I think that was one of the things that the social workers mentioned could be challenging as well, was often actually having to deal with the other family members, their views and things.

[00:47:32] **Angie:** And if they've got power of attorney, or anybody has power of attorney, I think that's an also difficult concept in terms of that as well, isn't it?

[00:47:38] **Sarah:** And in our lives now as well, adult children often don't live near the parents and there may actually be other people who know them better. But the children still want to be a part of those decision making processes. So it's really complicated.

[00:47:52] **Carole:** I mean it's interesting you should mention power of attorney, because one of the other things that did crop up was the question around mental capacity, and obviously if a person has mental capacity and they make their own decisions that's fair enough, they can be supported in whatever decisions they make. But if it was felt that the person *didn't*, then obviously decisions would then have to be made under the Mental Capacity

Act, Best Interest Capacity Assessment, and again that can then become, well I think it's difficult, in some ways for a practitioner it becomes easier because you've got a legal framework whereby you can intervene under Best Interests, but it can be more difficult if you're still dealing with a whole lot of people who disagree or have different views. And the persons may have their own view as well, and you may not agree with that, and that's an incapacitated preference, so how much weight do you give that? Because just because somebody has been deemed to be incapacitated in relation to a particular decision, perhaps to stay at home or not stay at home, should it be dismissed just because they're deemed to lack capacity to make that decision? And I think the general feeling is actually, well no, it shouldn't be, because their wishes should be respected. But then you're in that balancing act between respecting their preference, risk, safety, you know, the old seesaw really of balancing your different duties and responsibilities.

[00:49:28] **Sarah:** Yeah, very, very difficult to navigate.

[00:49:30] **Lesley:** It's always been much more complex when you're dealing with adults because of that, rather than my experience with children because of that issue of where's that balance? Where is the middle ground?

[00:49:42] **Carole:** Do you know, I absolutely agree with you that I always think that situations with adults are more complicated than situations with children, in terms of the application of the law. And people say, "oh really do you think so?" And I say "yes".

[00:49:53] **Lesley:** Well my background's child protection and I would agree, I mean apart from the fact that when I was practicing it was prior to the Care Act coming in and tidying up a lot of the legislation for adults, I remember sitting and learning about all the difference between adult law and children law and the amount of different pieces, it was so complicated. But that balance with the right of an adult to make a decision for themselves, whatever that might be, because we have to be so careful otherwise you're just taking over and controlling. And it *is* more complicated, I think, I would agree. Listeners might not, listeners might say, we're hoping we have listeners!

[00:50:33] **Angie:** The government's listening anyway, to get us that funding.

[00:50:36] **Lesley:** You're determined aren't you Angie?.

[00:50:37] **Sarah:** That for me though is the really interesting thing that this project shines a real spotlight on, because I think there is a tendency in adult safeguarding, that balance, that empowerment versus protection balance is really tricky. And I think the way that safeguarding has developed we've positioned people as 'vulnerable' and 'unable to protect themselves'. So there is that tendency, and there has been historically a tendency to be more paternalistic, and perhaps not to give people as much choice and control as they might otherwise have. Whereas that isn't necessarily the way that domestic abuse has been set up and framed, and how those services have developed. So I think in terms of how much capacity, not capacity because that's not what I'm talking about here, but how much the person is able or given the option to make choices and take control over the situation, I think that could look different depending on how that situation is framed and what response comes out of that, and what kind of services they then access. Because going back to what I said earlier about that difference in framing between gender versus age being the defining lens, domestic abuse services tend to do more work around empowering the victim and survivor, those kinds of things, and thinking about the power dynamics of that situation and how that's played into what's happened. But safeguarding doesn't really operate in that way, does it? So that empowering response, I would say, is more likely to happen if it is picked up as a domestic abuse issue than as a safeguarding one.

[00:52:08] **Carole:** I mean, everybody should be empowered whatever process that you're dealt with under, but it can be a bit variable depending on the context.

[00:52:16] **Sarah:** It's a key principle of adult safeguarding, and I think we've made a lot of steps to move it more towards that.

[00:52:23] **Carole:** Just going back to the capacity issue, Sarah knows this is my pet subject, I just found it fascinating the whole issue of can somebody make a capacitated decision if they're subject to coercive control? And I mean there's been cases along those lines in the courts as well, you know? And I think again it's just another layer of complexity that a practitioner will have to try and unravel as to just how much control is that person's decision, how much control are they under in terms of the decision they're making? Or are they actually making a free capacitated decision, you know?

[00:53:04] **Angie:** Yeah, that's interesting.

[00:53:06] **Lesley:** I could go off with you on that point as well. Because I'm doing some research at the minute with practitioners around people, it's actually around families giving consent to services. And we're actually investigating, but what did they actually think they were agreeing to? And how much free choice did they feel they had to say, what if they're going to say no? So when that idea of coercion, it's there across the board in a lot of things, because I actually know you don't get access to that if you don't agree. So then that's coercion and that's control, isn't it? Ooh I could head off...

[00:53:42] **Sarah:** Maybe we need another episode on that.

[00:53:44] **Lesley:** I'm just looking at my little notes and thinking if we maybe try and pull this towards a conclusion? Unless you've got anything Angie.

[00:53:52] **Angie:** No, I think they've said that you're going to do future research on this, aren't you? It's going to be an area.

[00:53:56] **Sarah:** We're literally writing a bid right now.

[00:53:58] **Angie:** We'll look forward to that then, brilliant.

[00:53:59] **Sarah:** So we'll have all that forthcoming, hopefully.

[00:54:01] **Lesley:** I just wondered if, just two parts to it, one is what do you think, for the practitioners who are who hopefully listening, we've maybe got some active practitioners listening, what do you think, what would be your key message for them? And then to policy makers as well, what do you think, what's your key message that you'd like to say?

Messages for practitioners

[00:54:19] **Sarah:** Well we've developed a policy brief and practitioner guidance off the back of this research, so we can tell you exactly what we've said, because hopefully we've already tried to say it to a few people. But for practitioners, we've touched on this already, I think one of the key things is around that professional curiosity, and when you are presented with a case to just dig a little deeper and ask the right questions and take the time to develop that relationship, I think particularly around exploring whether the abuse is historical or whether it's recently emerged. And some of the other

complexities that we've talked about, the time and the reflection as well being important.

[00:54:55] **Carole:** That's it. And I think the other key thing is not making assumptions about people on the basis of their age, no matter how inadvertently, sometimes we can discriminate by doing that. So just being very alert about if you've got an idea in your head, where's that come from? Is it appropriate, is it because of the person's age rather than their context or whatever? So that's certainly one of the other key areas. And also just making sure that they access training or ask their employers for training in that particular area. I'm aware one of the Local Authorities in the region certainly has got some of that set up, some specialist training actually. But I think it's how many people who can access that, and I think it should be, you know, domestic abuse training isn't mandatory across health and social care, and domestic abuse training in relation to older people, therefore is not mandatory either. So I think that's something that needs to be addressed, perhaps on a wider, obviously individual practitioners can address that, but certainly their employers could, or there could perhaps be some more national guidance around that.

[00:56:09] **Sarah:** And just generally awareness raising of this as an issue for older people. I think in terms of policy and more strategic messages that we have, a big one was around the service development and the need to really think about the fact that there is a critical need for refuges for older people. So commissioners need to think about that when they're commissioning services and thinking about how they're allocating resources, because there is a big gap. Pathways to alternative housing perhaps could be something that could be developed, and long-term funding as well to allow for suitable planning, because that was a big one that came out. A lot of the support that's available, the general support, we know it's made available through the third sector, but they're constantly battling and they don't know if they've got funding to open the following year, so that long-term funding doesn't exist for them, and people are constantly having to fight and to keep competing for money to keep their doors open. And that's not sustainable. It doesn't allow people to plan. Awareness raising I've mentioned again, but I think just ensuring that tools and support are fit for purpose as well. So we mentioned the risk assessment, the DASH and things like that. And we know that there are some gaps in our knowledge, that we started off saying that this was quite a small project, so there is a need for ongoing research as well, and we're looking at doing some

further work. So perhaps we can come back and talk about it if that goes ahead... Just schedule myself in!

[00:57:56] **Angie:** Just put me on the list to help.

[00:57:58] **Lesley:** That's great. Thank you so much. Thanks Carole, thank you Sarah, and thank you Angie for co-hosting.

[00:58:03] **Angie:** I've enjoyed it.

[00:58:04] **Sarah:** Thank you Angie, it's been really nice to be a guest as well and have a different role in the room.

[00:58:10] **Lesley:** So thank you so much, and I don't know what we're supposed to say at the end because I know we have a little blurb at the end.

[00:58:15] **Sarah:** We have a little closing, I think we just wish each other well and say goodbye.

[00:58:20] **Lesley:** Thank you very much, it's been an absolute pleasure as always. Thank you.

[00:58:25] **Angie:** Bye.

[00:58:25] **Sarah:** Thanks.

[00:58:25] **Lesley:** Bye.

[00:58:26] **Carole:** Bye.

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[00:58:28] **Sarah:** You have been listening to the Portal Podcast, linking research and practice for social work with me, Dr Sarah Lonbay.

[00:58:36] **Lesley:** And Dr Lesley Deacon. And this was funded by the University of Sunderland, edited by Paperghosts, and our theme music is called, *Together We're Stronger* by All Music Seven.

[00:58:46] **Sarah:** And don't forget that you can find a full transcript of today's podcast and links and extra information in our show notes. So anything you want to follow up from what you've heard today, check out there and you should find some useful extra resources.

[00:59:00] **Sarah:** See you all next time.

[00:59:01] **Lesley:** Bye.