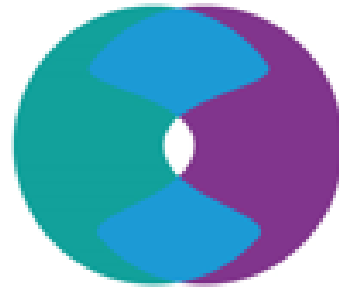


Coercive Control & Older People



Dewis Choice

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Outline

- Key points to be aware of in practice;
- Impact and indicators of coercive control;
- Harmful and coercive practices;
- Working directly with clients;
- What different agencies can do;
- Good practice.



Key Points : Older Adults and Abuse

- Three generations: under 70 yrs.
70-85 yrs and over 85 yrs;
- Diversity within and across
chronological age priorities and
values (conjugal roles, marriage);
- Abuse by other family members
more prevalent than current IPV;
- Shifts in circumstances - e.g. near
death and how the family support
network responds.



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Individual Level

Lack of sense of entitlement

Feeling responsible –
directly or
indirectly- for the
abuse

Socially and economically
dependent on the
perpetrator

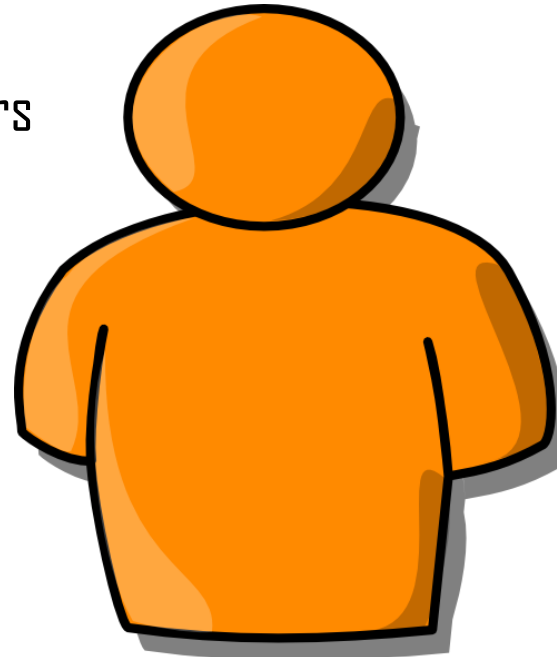
Fear of not being
believed

Generational factors

Meanings of the
home

Stigma attached to statutory agency involvement

Age-related factors



Fear of repercussion from
the perpetrator

Feeling that they
would rather live
with the abuse than
lose a family
member

Fear of the negative
family consequences

Creating Extreme Dependency - Limiting Freedoms

Indicators:

The harmer(s) is the main influence in a person's life;

Restricts relationships where the older person values the interaction e.g. close family, extended family, friends, pets, informal acquaintances in the community.

Impact of coercive control:

Social isolation

Behaviour / symptoms should not be seen as a feature of ageing / lack of mental capacity.



Creating Extreme Dependency

Indicators:

Restricts relationships that are a resource to the older people, that may be health promoting / financial e.g. Professionals, key worker, carer, GP, bank, housing, public sector bodies;

The harmer may project an image they are indispensable to the outside world and to the person they are harming;

Constant surveillance and scrutiny.

Impact of coercive control:

Social isolation

Behaviour / symptoms should not be seen as feature of ageing / lack of mental capacity.

Long Term, Late Onset, New Relations

Indicators:

- Harmer's entitlement e.g. finances and material possessions;
- Sleep deprivation;
- Undermining decision-making;
- Exploiting elements of ageing (exploiting memory loss, changes in weight, restricting food, bruising);
- Limiting an individual's ability to afford everyday goods and engage in activities.

Impact of coercive control:

A slow or significant shift in the persons health and wellbeing:

- things we often associate with changes in lifestyle e.g. onset of depression, think about exploring family dynamics.

Long Term, Late Onset, New Relations

Indicators:

- **Neglect**, for example, malnutrition, poor hygiene and appearance;
- Harmers can use the individual's **dependency** on them to manipulate and perpetrate abuse, for example, by putting their wheelchair out of reach, leaving a room deliberately too hot or cold under, over medicating;
- Harmers do not respect the **privacy and dignity** of individual e.g. leaving toilet door open when the individual can not reach to close it;
- Never being left alone or their partner always **speaking on their behalf**.

Impact of coercive control:

A slow or significant shift in the persons health and wellbeing:

- things we often associate with changes in lifestyle.

What Practitioners Can Do?

Coercive control - surveillance and isolation:

Social networks:

- Increase social contact opportunities;
- Identify safe people in informal and formal social networks;
- Use of passwords / signs to protect safety;
- Promote engagement with positive social ties;
- Space and time away from abuser;
- Positive ties can help promote wellbeing.
- Information giving and informed choice;
- Do not infantilise;
- Male and female victims - believe, listen to and take seriously;
- Help people reframe and build an empowered narrative based on their knowing that they are not to blame and the harmer is the wrongdoer;
- Validation is key.

DASH RIC – Additional Considerations

3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children).

*Prompt being told you can't see your grandchildren or being threatened with this?

Comment:

12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.)

*Prompt: Having your use of a telephone controlled and your letters opened against your wishes?

4. Do you feel isolated from family/friends i.e. does (name of abuser(s)) try to stop you from seeing friends/family/doctor or others?

*Prompt: Your partner or relation making friends and family members feel uncomfortable or unwelcome when they visit, so they stop visiting?

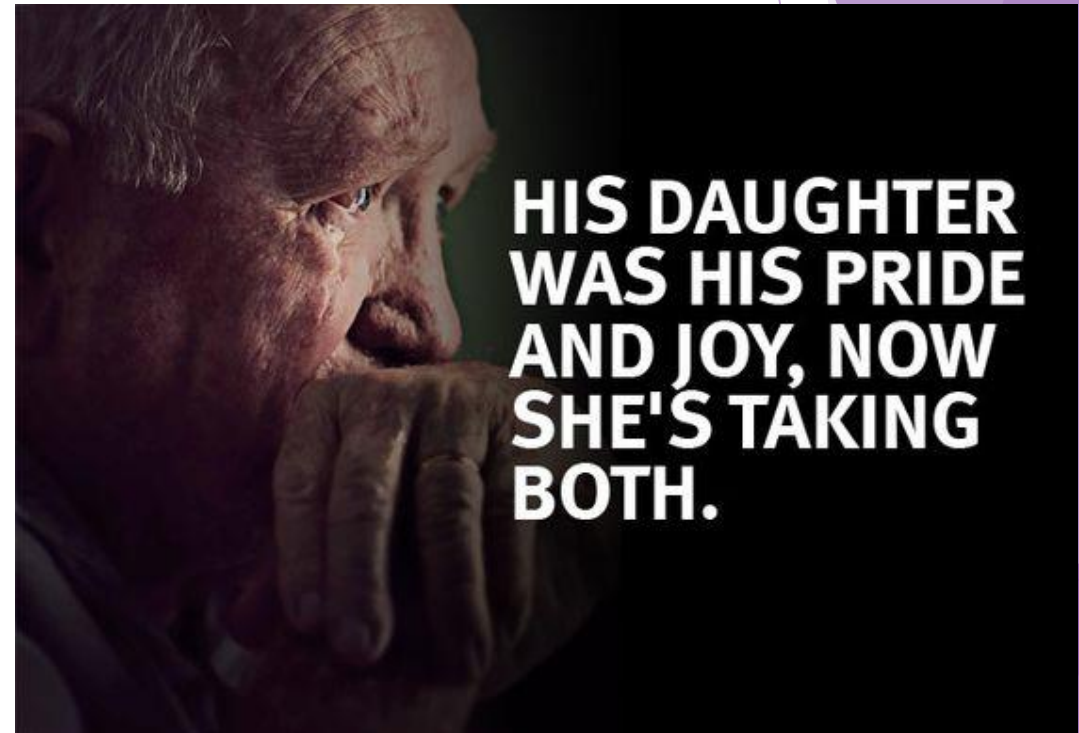
Comment:

20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?

*Prompt: not having your name against the mortgage on the family home, or any access to Joint accounts or savings
Being stopped from working (either paid employment or voluntary work)

Male Victims

- Domestic abuse as a gendered crime (Scott et al., 2004; Brandl et al., 2003; Mears, 2002);
- National data set showed a significantly higher number of older male victims compared to their younger counterparts (Safe Lives, 2015-16);
- Out of 131 cases 27% involved a male victim (Clarke et al., 2012);
- Health and Social Care Information Centre's Annual Report on Safeguarding Adults return for 2013-2014 claims that 40% of safeguarding referrals were men (ADASS, 2015).



An Inclusive Strategy

- Safeguarding and domestic abuse - invites to attend meetings and integrate cases;
- Construct a language that resonates with older people in promotional material - Live Fear Free helpline;
- Beyond the individual - discuss family relations;
- Develop a policy with high street health providers;
- GP surgeries and health professionals are key.



Without cross-agency commitment at regional & national level, exclusionary practice will continue.

Our Research in Wales

- Observing police, statutory bodies & third sector;
 - The best outcomes those that were DASH RIC, entered into MARAC process and /or a multi-agency co-ordinated community response;
 - Use IMCA/IDVA;
 - Mental Capacity Act 2005.
- Initially saw Non-IPV as other crimes e.g. thefts rather than looking into case and identifying coercive control where financial abuse was a feature;
 - Not victim-blaming;
 - Visited more than once and used Cocoon watch;
 - Avoided silo working.



Llywodraeth Cymru
Welsh Government



Institutional and Organisational Harms

Stereotype of the
'perfect victim
and witnesses'

http://www.cps.gov.uk/legal/d_to_g/domestic_abuse_guidelines_for_prosecutors/#a76

Terminology

Existing services not
suitable for older
people

Ageism



Discriminatory
practices

Paternalistic
responses

Identifying and
responding to
domestic abuse

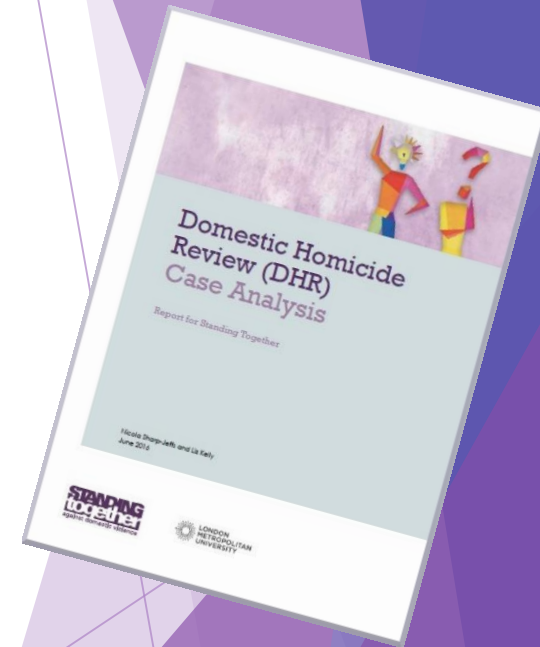
Control Over Decisions

'...For older person, being in control, knowing what is going to happen well in advance, is very important. With the statutory sector, it can feel, unless carefully handled, as though decisions are made without them. The voice is not central to the process. You go rushing in there and they won't want to know.'

(Senior Criminal Justice Manager)

Training - Older Adults, Training should be Mandatory and Cyclical

- Ageist/ disablist / sexist multiple forms of discrimination;
- Not simply IPV but also other people within family and may be more than one harmer / victim-survivor;
- More likely to be living in the same house.
- Concerns about how harmers use individual's perceived vulnerability against them - so with onset dementia forgetfulness, with wheelchair user - their disability;
- Highlight gender sensitive nature of harm;
- Prioritise advocacy/befriending.



Agency - The Role of Housing and Health

Structural harms:

- Key issue of diverting individuals away from domestic abuse services and pathways;
- Managers need to adopt 'whole systems' approach and embed knowledge through organisations;
- Housing RSLs & HA 'eyes and ears' they must use their powers;
- Adopt a holistic health model and move away from biomedical approach (inclusion of MH capacity);
- Early intervention / prevention: opticians and chiropodists, dentists.
- Our two studies ATJ / CAAOP found underuse of adapted DASH RIC (specific tool for risk assessment);
- Harmed through inappropriate action or inaction of practitioners;
- Harmed through ageist assumptions about older people;
- Avoiding stereotyping, negative working practice than becomes entrenched in an organisation - 'we didn't want to trouble her' 'don't involve the police' etc.



Agency focus - Health

Quality and choices at the end of life

- GPs - issues of continuity and consistency;
- Harmed through attributing situation to age - wrongly perceiving age as a period of inevitable decline;
- End of life care - hospice / nursing home.
- Depicting diversity age/disability/gender/background;
- Help staff to think of ways to enable person maintain control and remain safe;
- Be wary of assuming changes are age- related /illness related;
- Identify source(s) of stress and fear;
- Ask about social networks/the nature of the links with family.



Police: Serious Crimes Act 2015 s.76

Coercive Control

- Police most likely group to come by DA/despite health services having greater access by way of health services - practitioners must recognise non IPV and use the DASH RIC
- Coercive control : after Dec 2015
- If it causes individual to fear, on at least two occasions, that violence will be used against them - s.76 (4)(a); or
- If it causes individual serious alarm or distress which has a substantial adverse effect on their day-to-day activities - s.76 (4) (b).
- Note also underuse of DVPN/O and APSOs
- The phrase 'substantial adverse effect on individual's usual day-to-day activities' may include, but is not limited to:
 - Stopping or changing the way someone socialises
 - Physical or mental health deterioration
 - A change in routine at home including those associated with mealtimes or household chores
 - Attendance record at appointments (DHR)
 - Putting in place measures at home to safeguard themselves/ other family members
 - Changes to work patterns, employment status or routes to work
 - Do not assume that compliance, dependence, denial and other responses are collusive



For further information:

http://www.cps.gov.uk/legal/a_to_c/controlling_or_coercive_behaviour/

Safeguarding and Social Services

- Engage in the DASH RIC process;
 - Use IDVA/IMCA service;
 - Look deeper and wider beyond just IPV couples into family groups;
 - Harmers target wider family too;
 - If third sector - safeguarding concern use email, seek confirmation of receipt and subsequent action.
- Social Services - areas are beginning to integrate processes but not as and when appropriate for the person;
 - Use a strength-based approach;
 - Complexity of coercive control will be managed better with involvement of more than one agency.

Links to our Dewis Choice Project & our Research

What our services offers in Carmarthenshire and Cardiff:

[A trained support worker](#)

[Family wellbeing meetings](#)

<http://choice.aber.ac.uk/choice-initiative/>

Our research findings in Wales:

<http://choice.aber.ac.uk/research/>

Directory of Services:

<http://choice.aber.ac.uk/directory/>

Helplines:

<http://choice.aber.ac.uk/directory/helplines/>

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