



Risk Assessment for older victims of domestic abuse in Cambridgeshire and Peterborough – October 2022

When assessing risk to victims of domestic abuse, the Domestic Abuse, Stalking & Honour-Based Violence (DASH) Risk Indicator Checklist is most commonly used in England and Wales. The DASH Risk Indicator Checklist was developed by CAADA (now Safe Lives) several years ago and is an actuarial risk assessment with an element of professional judgement which was designed to pick up Intimate Partner Violence.

In recent years, research into the prevalence and impact of domestic abuse on older people has found that people over 60 experience different risk issues to those under 60. Data collection is hindered by the Crime Survey for England and Wales being capped at age 59 for many years and only recently having the cap extended to age 74. From 2022 the age cap is removed completely. Research from Dr Hannah Bows at Durham Universityⁱ concluded in Violence Against Older Women 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 – 2020ⁱⁱ 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 Programmeⁱⁱⁱ 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') with input from representatives from Adult Social Care, Adult Safeguarding and Safeguarding Boards. The OP DASH is based on the

standard DASH Risk Indicator Checklist, but includes questions reflecting specific risks to this client group (ie around care and support needs) and to remove those less relevant (ie around pregnancy). Alongside the OP DASH, we were given permission by the Dewis Choice^{iv} project to adapt their guidance documents around supporting older people experiencing domestic abuse to reflect local services. There is some debate around what age someone becomes an ‘older person’ or ‘elderly’ – adult social care sets the age threshold at 65 but third sector organisations often use age 60 as the minimum age to access services. It was decided to use the OP DASH for victims aged 60 plus. The DASH used in Cambridgeshire has 27 questions so the OP DASH retained the same number to ensure risk categories remained consistent.

The OP DASH and accompanying guidance was circulated to professionals across Adult Social Care and Health services and its use was promoted at the Adult Safeguarding and Domestic Abuse training delivered by Cambridgeshire County Council’s Learning and Development team. It was also included in articles in the monthly newsletter from the Cambridgeshire & Peterborough Domestic Abuse & Sexual Violence Partnership.

Methodology

The OP DASH was piloted in Cambridgeshire and Peterborough for one year from 1 August 2021 to 31 July 2022. During this period, the Cambridgeshire Independent Domestic Violence Advisory Service (IDVA Service) received referrals for 77 victims aged 60 or over.

These cases were all reviewed as part of this report. For 21 referrals, the victim had none of the additional risk factors so application of the OP DASH would not have added any value.

At the six-month review of the pilot, two questions on the OP DASH were amended to better capture risk:

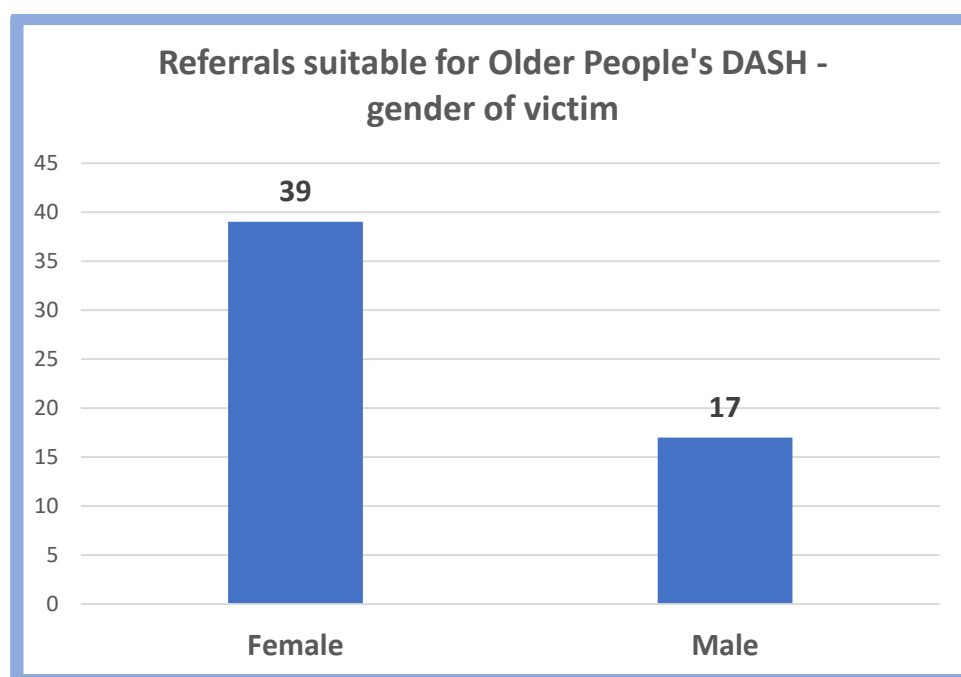
- Q1 was amended to include historical physical injury – this is because in long-term abuse the method of abuse may change, so it could have been more

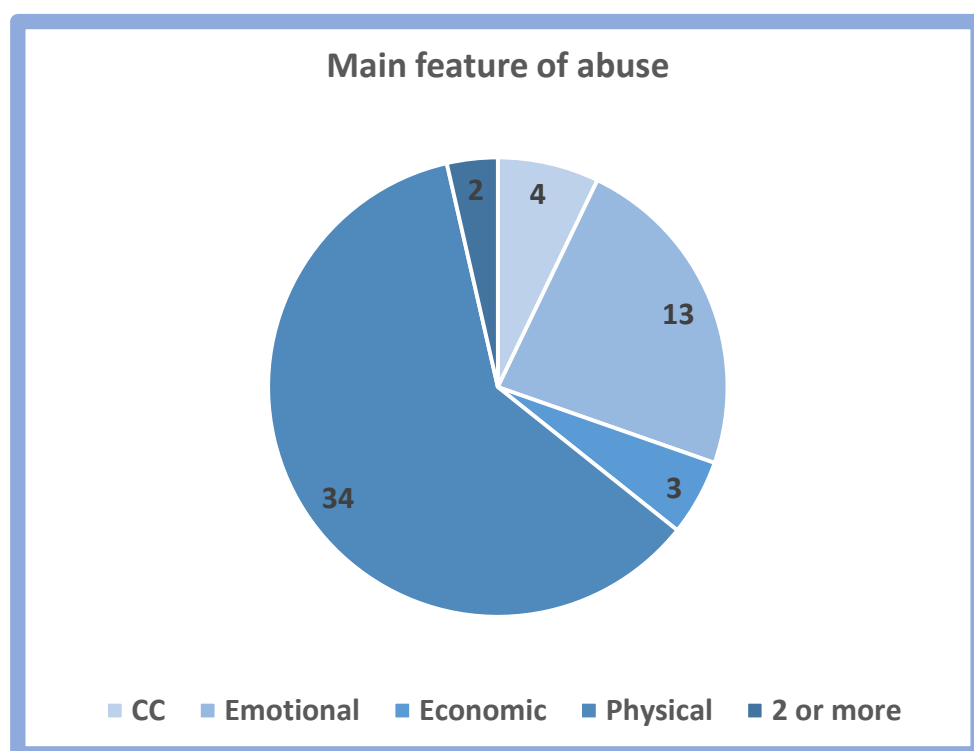
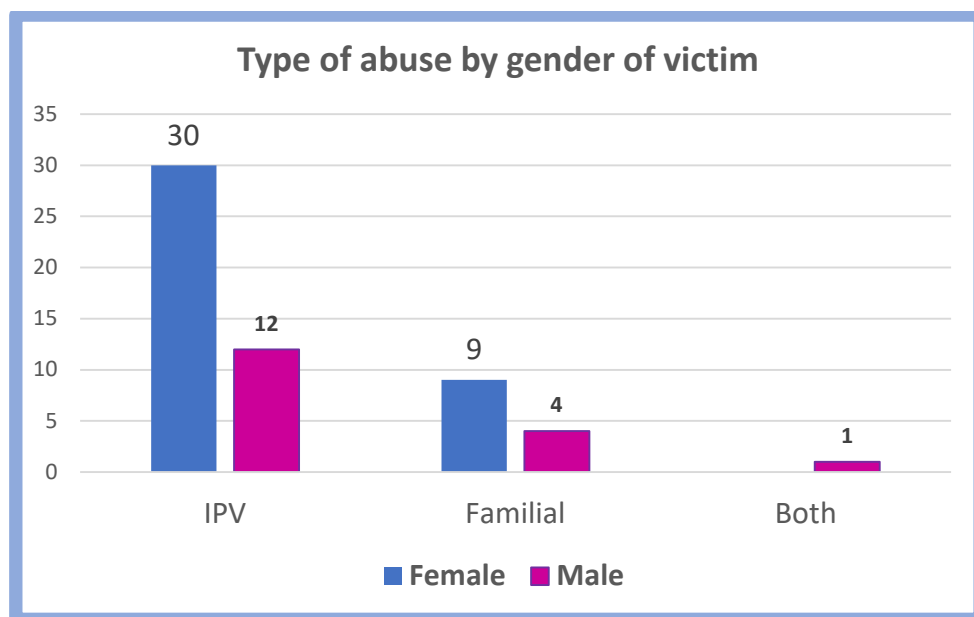
physical when the victim and perpetrator were younger but become more emotionally abusive as they get older.

- Q21 has been amended to ask if the victim is providing care for the perpetrator (it previously asked only if the perpetrator was providing care to the victim).

Key Findings

Of the 56 individuals where age had relevance to risk, the charts below show the breakdown by gender, type of abuse, main feature of abuse and referral source.



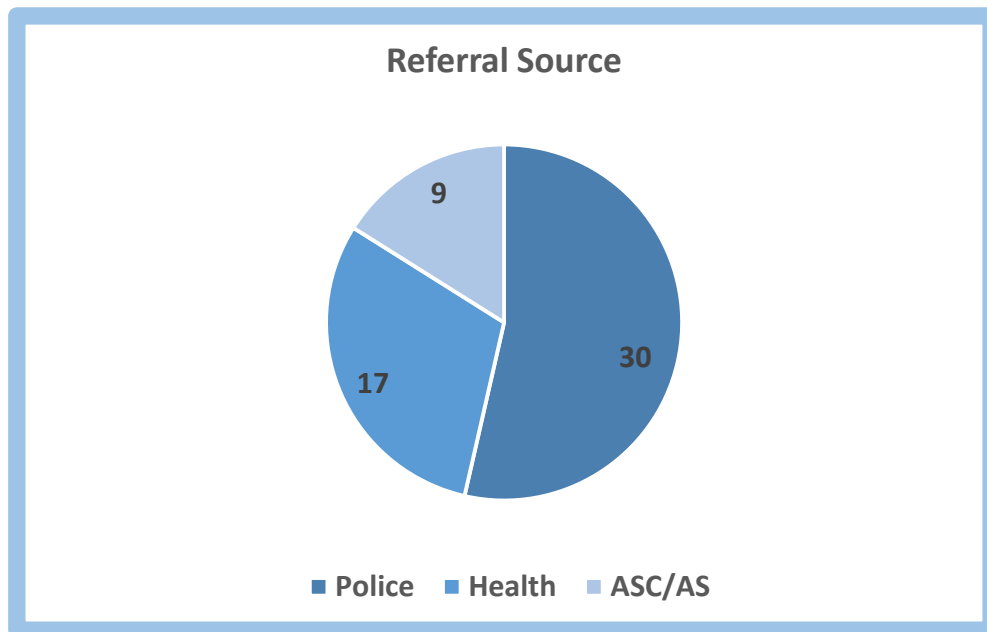


Analysis

Referral sources

The majority of IDVA referrals come from police who were not involved in the OP DASH pilot due to operational capacity. It should be noted that Cambridgeshire Constabulary do not use the DASH to assess for incidents of familial violence. However, the DASV Partnership is undertaking a multi-agency Familial Abuse

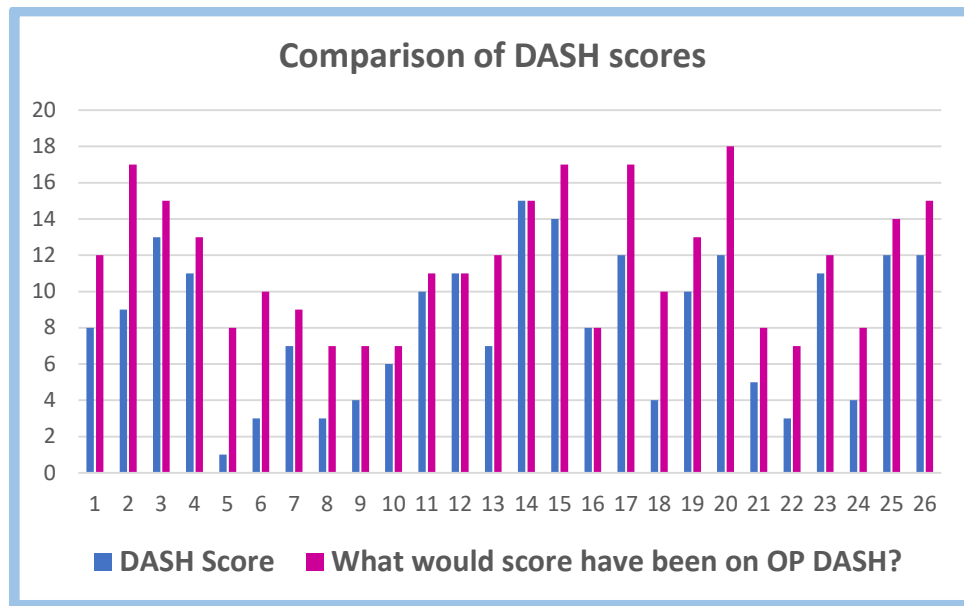
Project to explore ways of improving data and outcomes around familial abuse where the victim is aged 16+. The next highest source of referrals was from providers of Health services – this includes GPs, hospitals, mental health services, midwifery or any other Health professional. The only other referral source was from Adult Social Care and Adult Safeguarding – it should be noted that these may have come via these sources from another original source such as Ambulance Services or care providers.



Identification of Risk for Intimate Partner Violence (IPV)

For the individuals experiencing Intimate Partner Abuse, where a standard DASH RIC was completed, the OP DASH has been applied according to the information provided at initial referral.

The chart below shows the standard DASH score for the 26 cases analysed where a standard DASH RIC had been completed, and what the case would have scored on the OP DASH. Nearly all of the cases would have indicated higher risk if the OP DASH was used.



For the individuals experiencing familial abuse, each case was run through the OP DASH according to the information available at the time of referral. The scores on the OP DASH for these cases range from 6 to 15 which in all cases is higher than the risk identified on the standard DASH RIC.

Additional Findings

Carers

In the Home Office Themed Review of Domestic Homicide Reviews for the period October 2019 – September 2021^v, of the 124 cases analysed 13% of perpetrators were providing care to the victim and 8% of victims were providing care to the perpetrator. We have also been aware of the issue of abuse of and by carers in Cambridgeshire as this has been a feature in several Domestic Homicide Reviews and Safeguarding Adults Reviews

The cases analysed as part of the OP DASH pilot found that 29% (n16) of victims were providing care of some kind for the perpetrator, and 23% of abusers were providing care to the victim (n13). It should be noted that not all of these individuals would have identified themselves as a carer. National research from the Carers Trust says that many carers do not identify as such, rather they see themselves as wife, husband, child, parent or family member and wouldn't use the term 'carer' to describe themselves. In order to determine if someone was a carer for the

purposes of the OP DASH pilot, case notes were studied to locate any mention of support being provided with everyday tasks such as help with medication, personal care, help to attend appointments etc.

The Home Office are currently undertaking a Safe Care at Home Review as part of concerns raised by service user groups around the Domestic Abuse Act excluding carers from the definition of persons who can perpetrate domestic abuse. It is hoped that findings and recommendations from the review will be published in Winter 2022.

Currently, there is very little data or research around the subject of carers as victims or abusers.

Dementia

Following publication of guidance from the Dewis Choice Project around the additional risks of domestic abuse when either the victim or abuser, or both, have dementia the DASV Partnership worked with the Peterborough branch of the Alzheimer's Society to develop awareness sessions for professionals. The sessions were delivered as part of the Domestic Abuse and Sexual Violence Champions Network in July 2022 and 116 professionals attended from a range of organisations including social care, mental health, primary care and the voluntary sector. The sessions are being delivered to Vulnerability Focus Desk staff at Cambridgeshire Constabulary in September.

Of the 56 cases analysed for the OP DASH, 2 victims and 7 perpetrators had a diagnosis of dementia. Possible dementia symptoms were mentioned in other cases but there was no formal diagnosis.

Adult Social Care involvement

Only one case was previously known to Adult Social Care. A small number of cases were referred to ASC during the process of supporting the victim but it is not known how many of these went on to receive long-term support from ASC. Similarly, only a small number of the cases met the Adult at Risk criteria to receive support under Safeguarding Adults.

Feedback from Adult Social Care Practitioners

Feedback on the OP DASH was gathered from the Cambridgeshire Adult Social Care Safeguarding Adults and Domestic Abuse learning and development courses. Responses from practitioners were positive even if the practitioner did not work directly with older people. It was felt that the amended questions from the general DASH were particularly useful if domestic abuse is not their area of expertise - the amended questions prompted practitioners to expand on their professional judgement of risk in areas they may not have initially thought to include in a general DASH RIC. These tailored risk prompts generally led to an increase in scoring and a justification for practitioners to seek further guidance such as discussion with their line manager, Adult Safeguarding or the IDVA Service, therefore also encouraging practitioners to respectfully recognise the limitations of their knowledge.

In conclusion, there was fervent agreement from all practitioners that the tailoring of the older people's DASH RIC was an extremely useful and helpful tool to use within their practice, with a keenness for this to be developed in other specialist areas of care and support, particularly learning disabilities.

Conclusions

The Older People's DASH was used by a range of agencies, including Adult Social Care, specialist Domestic Abuse Services and Health settings to demonstrate risk to the individual that was increased due to their age. Feedback from professionals is that the OP DASH highlighted the risks specific to some older people and that they would not have considered these as additional risk factors previously. This enabled them to further expand their knowledge and pursue better outcomes for victims by liaising with domestic abuse specialists where they may not have done so before as risk appeared low.

The numbers of carers as victims and perpetrators indicates that more work needs to be done around the dual identification of carers - as carers and victims of abuse or as carers and perpetrators of abuse, alongside data collection in this area. There is a need to work with commissioners and carer support organisations to develop

referral pathways for carers experiencing abuse where they can receive support from professionals who are aware of the complex nature of caring.

The Older People's DASH will be remaining as a resource available to professionals in Cambridgeshire and Peterborough and the findings will be shared more widely.

For any queries, please contact Amanda.Warburton@cambridgeshire.gov.uk

www.cambsdasv.org.uk

Cambridgeshire & Peterborough Older People's Domestic Abuse Risk Assessment

Date Completed:

CURRENT SITUATION THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THE QUESTIONS HIGHLIGHTED IN BOLD ARE HIGH RISK FACTORS. TICK THE RELEVANT BOX AND ADD COMMENT WHERE NECESSARY TO EXPAND.	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
1. Has the current incident resulted in injury or has there been injury in the past? (please state what and whether this is the first injury)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>
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) <div> Kill: <div>Self <input type="checkbox"/></div> <div>Children <input type="checkbox"/></div> <div>Other (please specify) <input type="checkbox"/></div> </div> <div> Further injury and violence: <div>Self <input type="checkbox"/></div> <div>Children <input type="checkbox"/></div> <div>Other (please specify) <input type="checkbox"/></div> </div> <div> Other (please clarify): <div>Self <input type="checkbox"/></div> <div>Children <input type="checkbox"/></div> <div>Other (please specify) <input type="checkbox"/></div> </div>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you feel isolated from family/ friends i.e. does (name of abuser(s).....) try to stop you from seeing or talking to friends/family/GP or others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any health issues that make it hard for you to protect yourself? (please state what)	<input type="checkbox"/>	<input type="checkbox"/>

<p>8. Does (.....) display any of the behaviours below? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done)</p> <p>If answer is yes, ask the following questions. If No, continue to Q9</p> <table border="1" data-bbox="136 429 1606 874"> <tr><td>A. Is there a previous domestic abuse and/or harassment history? <input type="checkbox"/></td></tr> <tr><td>B. Had the perpetrator vandalised or destroyed property? <input type="checkbox"/></td></tr> <tr><td>C. Does the perpetrator often turn up unannounced? <input type="checkbox"/></td></tr> <tr><td>D. Has the perpetrator threatened physical or sexual violence? <input type="checkbox"/></td></tr> <tr><td>E. Has the perpetrator been harassing any third party since the harassment began? <input type="checkbox"/></td></tr> <tr><td>F. Has the perpetrator acted violently towards anyone else? <input type="checkbox"/></td></tr> <tr><td>G. Has the perpetrator engaged others to help? (wittingly or unwittingly) <input type="checkbox"/></td></tr> <tr><td>H. Is/has the perpetrator abusing/been abusing alcohol/drugs? <input type="checkbox"/></td></tr> <tr><td>I. Has the perpetrator been violent in the past? (physical & psychological) <input type="checkbox"/></td></tr> <tr><td>J. Does the perpetrator insist on staying with you for medical appointments or other meetings? <input type="checkbox"/></td></tr> </table>	A. Is there a previous domestic abuse and/or harassment history? <input type="checkbox"/>	B. Had the perpetrator vandalised or destroyed property? <input type="checkbox"/>	C. Does the perpetrator often turn up unannounced? <input type="checkbox"/>	D. Has the perpetrator threatened physical or sexual violence? <input type="checkbox"/>	E. Has the perpetrator been harassing any third party since the harassment began? <input type="checkbox"/>	F. Has the perpetrator acted violently towards anyone else? <input type="checkbox"/>	G. Has the perpetrator engaged others to help? (wittingly or unwittingly) <input type="checkbox"/>	H. Is/has the perpetrator abusing/been abusing alcohol/drugs? <input type="checkbox"/>	I. Has the perpetrator been violent in the past? (physical & psychological) <input type="checkbox"/>	J. Does the perpetrator insist on staying with you for medical appointments or other meetings? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section)	YES	No										
9. Are there any children, (ie Grandchildren/Great grandchildren) in the household or who visit regularly?	<input type="checkbox"/>	<input type="checkbox"/>										
10. Has (.....) ever hurt the children or been abusive in front of them	<input type="checkbox"/>	<input type="checkbox"/>										
DOMESTIC VIOLENCE HISTORY	YES	No										
11. Has the abuse been happening for a long time?	<input type="checkbox"/>	<input type="checkbox"/>										

12. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>
14. 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 stalking and specify the behaviour)	<input type="checkbox"/>	<input type="checkbox"/>
15. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has (.....) ever threatened to kill you or someone else and you believed them?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does (....) do or say things of a sexual nature that physically hurt you or that you don't want? (Please specify who and what)	<input type="checkbox"/>	<input type="checkbox"/>
19. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who)	<input type="checkbox"/>	<input type="checkbox"/>

20. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>
ABUSER(S)	YES	NO
21. Is the person that is abusing you also providing care for you (formal or informal) or are you caring for them?	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the person that is abusing you an immediate family member? (please indicate) Partner (or ex) <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Son-in-Law <input type="checkbox"/> Daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> (please state if abuser under 18)	<input type="checkbox"/>	<input type="checkbox"/>
23. Are there any financial issues? For example, are you dependent on (.....) for money or are they dependent on you for money?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Including dementia related illness) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has (....) taken money from you without your consent, or pressured you into giving them money?	<input type="checkbox"/>	<input type="checkbox"/>
26. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>

<p>27. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify)</p> <p>DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>Professional Judgement:</u></p> <ul style="list-style-type: none"> • Other relevant information (from victim or professional) which may alter risk levels? • Consider the victim's situation in relation to disability or health issues, substance misuse, and mental health concerns? • Consider if the victim is reliant on the abuser for care of any sort (including help with managing the household, collecting shopping or medication as well as personal care), consider the impact of losing this support on the victim • Cultural/language barriers, 'Honour based' systems, geographic isolation and minimisation? • Consider the abuser's occupation/interests/ criminal associates/lifestyle habits, including access to firearms/weapons? • What are the victim's greatest priorities to addressing their safety? <p>Please note that the current threshold for Cambs MARAC referrals: 17 or above on attached Safe Lives Dash risk assessment or on evidenced professional judgement which should be evidenced by your stating additional risk factors that are not asked about in this assessment form. Please refer to attached guidance notes on risk indicators to assist you in completing this form. If you need any further assistance please call the MARAC Co-ordinators or a Duty IDVA on 01480 847718.</p>		

<u>Any other relevant risk led information.</u>		
<u>Are any other professionals or services involved with the victim? In some cases it may be appropriate to liaise with all services that are working closely with the victim to help with safety planning</u>		
<u>Has a referral been made to the Adult Safeguarding Team?</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Outcome of Adult Safeguarding Referral (if known)</u>		

ⁱ [Dr Hannah Bows - Durham University](#)

ⁱⁱ [A Review into Domestic Homicide and Safeguarding Adults Reviews Relating to Victims with Additional Vulnerabilities - Shaping Our Lives](#)

ⁱⁱⁱ [Domestic Homicide Project - Older Victims Feb 2022 AC \(vkpp.org.uk\)](#)

^{iv} [The Centre For Age Gender and Social Justice - Centre For Age Gender and Social Justice \(dewischoice.org.uk\)](#)

^v [Key findings from analysis of domestic homicide reviews - GOV.UK \(www.gov.uk\)](#)