



About Dewis Choice

Dewis Choice is a practice-based Welsh initiative designed and implemented by older people to deliver support to older victims-survivors of domestic abuse. Since 2012, our work in communities¹ and our research² has identified that there are insufficient specialist services available in Wales to ensure equity in provision to support and protect older people by effectively denying access to domestic abuse resources available to younger victim-survivors. Existing responses are also not equipped to address older male victim-survivors, older LGBTQ+ groups and the most high-risk group where domestic abuse co-exists with dementia. Our direct work with older clients and our longitudinal research has found that during the Covid-19 pandemic these inequalities have been magnified.

Domestic abuse in late life

Within Wales, it is estimated as many as 40,000 older people experience abuse by family members or intimate partners each year. Domestic homicide of older people is rising, with one in four homicides involving a person aged sixty years and over. Practitioners often do not recognise domestic abuse within this age group; risk assessment processes are designed for younger people and there is a lack of specialist service providers to meet older people's needs. Our research evidences that there is significant well-being and human rights deficit concerning protection, private life and justice.

Inquiry into COVID-19 and its impact on matters relating to the Equality, Local Government and Communities Committee's remit

We welcome the opportunity to provide input into the inquiry on Covid-19 and its impacts on matters related to equality, local government and communities committee. As an initiative co-produced with older people to improve the lives of victim-survivors aged 60 years and over, who experience domestic and sexual violence, we would like to take the opportunity to respond.

Summary of response

¹ The Dewis Choice community engagement programme, involving nearly five thousand people in the last four years, provides evidence that older people do not feel current services are suitable for them because awareness-raising material, guidance, risk assessments and service provision is aimed at younger women with families.

² See our website for research publications: <https://choice.aber.ac.uk/research/>

Our response lays out four points concerning older victim-survivors that have been exacerbated during the Covid-19 pandemic. Each point will be discussed in terms of actions required for intervention in the short and long-term actions.

1. Help-seeking in the context of Covid-19
2. Lack of appropriate housing provision
3. Impact of Covid-19 on older victim-survivor's mental health and recovery
4. Intersectionality

1. Help-seeking in the context of Covid-19

During the pandemic, many services are now operating online or via phone and text messaging services including public health information, safety planning advice and support.

Not all people aged 60 years and over are digitally connected. Therefore, gaining help and support for prevention, protection and recovery online during Covid-19 is challenging. Interactions with health professionals have been evidenced as a key area where older victim-survivors seek help and support. During the pandemic, face-to-face access has been minimised in favour of telephone consultation.

Older people and people living with disabilities are disproportionately affected by the digital divide. Providing services via phone only has added challenges working with older people who have cognitive impairments. Assistance in accessing information about rights and entitlements, filling in online applications, for example, applying for an occupation order, benefits requires face-to-face support.

Short-term actions

Comparable services must be made available for those who are not able to access help and support digitally.

Long-term actions

Adequately resourced outreach provision that enables face-to-face contact is valued by older people and helps to develop a relationship of trust with a hard to reach population is essential.

2. Lack of appropriate housing provision

During Covid-19 restrictions, Dewis Choice has seen an increase in older people fleeing abuse and in need of immediate emergency accommodation. Emergency housing for victim-survivors fleeing and/or made homeless by domestic abuse is not designed or equipped to meet the needs of older people, particularly those who have complex needs or care needs, for example, limited mobility, disability and health conditions. The majority of refuge provision is multi-occupancy with shared access to kitchen facilities and does not afford the ability for older people identified as at increased risk from Covid-19 to shield or social distance. Adapted, ground-level refuge spaces are limited and not equipped to accommodate an older person with care and support needs, therefore, there is a reluctance by domestic

abuse services to accept referrals where a victim-survivor has care and support needs.

Older victim-survivors who are owner-occupiers face additional barriers, including having to fund a Refuge space whilst keeping up payments on jointly owned property. Alternative suitable local authority housing is not readily available immediately at the point of fleeing, particularly during Covid-19 restrictions where there has been an additional strain on housing resources.

The response so far

In April 2020, the Welsh Government issued guidance on self-isolation and social distancing to refuge providers Wales. However, this did not take into account the additional needs of older victim-survivors or the facility to shield.

Short-term actions

Additional funding has been made available for resources for victim-survivors of domestic and sexual violence, with funds allocated to secure emergency accommodation. However, there is still a lack of suitable accommodation available and policy is needed for Local Authorities to broker appropriate accommodation, which could include the use of self-catering holiday rental accommodation currently not accessible due to restrictions.

Long-term actions

Future planning for emergency housing provision should take into consideration the provision of accommodation specifically for older victim-survivors and those with complex needs. Ensuring there is a combination of adequate accessible refuge provision and accessible self-contained units.

3. Impact of Covid-19 on older victim-survivor's mental health and recovery

Dewis Choice research has found a lack of recovery programmes and counselling resources for older victim-survivors of domestic abuse. Existing domestic abuse recovery programmes are designed for younger women and women with children, fleeing a heterosexual relationship. Older victim-survivors engaging with Dewis Choice have reported a significant impact on their mental health including, depression, anxiety, suicidal ideation, PTSD and isolation. During Covid-19 restrictions existing coping strategies and social connections that give time and space from abuse have been significantly reduced.

The response so far

Organisations supporting older people have increased provision of telephone services, for example, Age Cymru's check-in and chat. Services working with older people have reported an increase in service users reporting anxiety and isolation. The Older People's Commissioner for Wales has formed a response group with representatives of specialist services to raise awareness of all forms of abuse with services and community responding to older people during Covid-19. Dewis Choice

has provided free training in an online format to individuals and services responding to older people. The Welsh Government have made "Ask and Act" training on domestic abuse available in an online format.

Short-term actions

Services in contact with older people during Covid-19 restrictions should be made aware of the impact of domestic abuse on mental health and equipped to respond. Increased availability of telephone counselling service is needed for older people identified with significant mental health needs.

Long-term actions

Increased recognition and identification are needed on the impact of domestic abuse on older victim-survivors of domestic abuse and practitioners responding to older victim-survivors should have access to specialist training. The development of specialist recovery programmes and support targeted specifically at the needs of older victim-survivors is needed.

4. Intersectionality

The older population represent one of the most diverse age groups in society, spanning three generations with multiple needs and values. This point needs to be at the forefront when designing, delivering and funding initiatives for older communities.

Our research shows that rates of domestic abuse are higher in older males than in the younger cohort. Yet, there are limited services available that also address the needs of older men.

For older LGBTQ+ people, the negative experience of services is compounded not only by their age but also by their sexuality or gender. Older LGBTQ+ victims-survivors are not only invisible within services but also in their communities, experiencing double discrimination.

The co-existence of domestic abuse and dementia is often not recognised and domestic abuse practitioners report feeling unskilled to respond. This leads to victim-survivors living with dementia being considered solely within safeguarding processes rather than wider domestic abuse/safeguarding framework.

Short-term actions

Practitioners working with high-risk older victim-survivors must have access to specialist training to respond to the specific needs of this demographic, particularly as there is a lack of training available specialising in responding to victim-survivors of abuse from adult family members, male victims, LGBTQ+ groups and people experiencing domestic abuse whilst living with dementia.

Long-term actions

The evidence above supports the need to develop more equal and inclusive responses that address the needs of all older victim-survivors and have sustainability. Greater acknowledgement is needed on how race, ethnicity, sexuality, as well as age-related illnesses and disabilities, intersect to create complex and unique experiences for LGBT victims. Greater consideration is needed into poly-victimisation and polyamorous relationships. 1