

Opening Doors: Understanding the experiences and responses to older victims of domestic abuse in Oldham

A research report by the
Oldham Safeguarding Adults Board and
Oldham Domestic Abuse Partnership

Full Report

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"We need to keep our willpower up and believe in ourselves that we don't need to show other people that we're good enough for them. We need to show, us, that we're good for ourselves."

- Older survivor, Oldham

With thanks to every survivor of domestic abuse who shared their story and took part in the engagement activities to support this research.

Thanks also to the multi-agency project team whose passion and determination to support this work has enabled us to amplify the voices and experiences of older survivors in Oldham.

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Part 1: Summary

Facts and Statistics



34% of the population in Oldham are aged 50 or over.

Based on national trends it is estimated that around **3,307** people aged 50 or over in Oldham will experience domestic abuse every year.



40% of professionals in Oldham feel there is **not enough awareness raising** about what professionals should do when they identify an older adult experiencing domestic abuse.

How do we compare? In 2021/22 Oldham supported a total of **3,414 adults** aged 50 or over who experienced domestic abuse. Of these, **997 were aged 65 or over.**

"It is a subject that is still taboo, especially with the older generation whose mindset is 'I've made my bed so I have to lie in it'"

- Professional in Oldham

Did you know?

The Crime Survey for England and Wales **only started collecting domestic abuse data on those over 59 in 2017.** They still do not collect data or recognise domestic abuse for adults aged 75 or over, leaving a huge gap in knowledge and visibility.

23% of recorded victims of **domestic homicides** in England and Wales are **aged 60 or over.**

"I knew she was very confused, and she put the knife to my throat, and I was frightened she would rip it across as the knife was touching me"

- Older survivor,

23% of older adults surveyed in Oldham said they **sought medical help for injuries** due to domestic abuse and a further **23% had had weapons used against them.**

Of which, **41% die due to stabbings.**

Key Messages

1. Older survivors often experience long term abuse, involving high levels of coercion and control

Interviews with older survivors of domestic abuse in Oldham show that the majority of cases involve a gradual escalation of abuse as part of a long term relationship. 45% of survivors said that the abuse got more coercive and controlling over time with perpetrators monitoring and restricting their social contacts, movements, and finances. Often, due to the subtlety of coercion and control, older survivors did not recognise the behaviour as abuse until it escalated to a point where the severity of it made it difficult to leave.

2. Older survivors can be reluctant to report abuse

The Oldham survey found that 67% of victims did not seek support from services or report the abuse to the police. This was supported by 66% of professionals who felt that older victims experienced additional barriers that prevented them reporting abuse. Barriers included isolation due to health and mobility issues, dependency on a perpetrator for informal care, financial dependency, cultural factors, and generational attitudes about discussing family life. Survivors said shame was the biggest barrier to disclosure in order to access help and support.

3. Older survivors can be reluctant to leave the family home or the abuser

Older survivors' responses to domestic abuse can be inextricably linked to wider family dynamics and dependencies that can make them reluctant to leave the perpetrator or the family home. National research shows that people aged 60 and over are less likely to attempt to leave the family home than those aged under 60.¹ This was reflected in the Oldham findings, with 50% of survivors stating that their top priority was support for 'the person using harmful behaviour to change', combined with data that shows only 13 homelessness applications were made by older adults in 2020/21 where the main cause was domestic abuse. Findings identified caring relationships as well as health and financial dependencies as key barriers to leaving a relationship.

4. Older survivors from minority ethnic communities can experience additional barriers to seeking help

Older survivors from minority ethnic backgrounds have different experiences of domestic abuse and face additional barriers to seeking help. This can be due to a range of factors including cultural expectations, language barriers, poor literacy, lack of social networks when moving to the UK and perpetrators using an adult's unstable immigration status as a tool for abuse.

5. Older survivors of domestic abuse can be at high risk of physical harm

Engagement with older survivors in Oldham shows that domestic abuse cases can involve high levels of risk with 23% of older victims experiencing abuse involving a weapon used against them and a further 23% experienced injuries which required medical care. Also, the fact that older victims are more likely to be living with a health condition means that health services play a vital role in the identification and signposting of older victims. However, nationally only 9% of older victims and survivors are referred for domestic abuse support by a health provider.¹

6. The quality, consistency and detail of domestic abuse data collected in Oldham needs to be improved

The collection of domestic abuse data for older adults is a challenge nationally and the main national source of data gathered by the Crime Survey for England and Wales still does not recognise domestic abuse for adults aged 75 and over. In Oldham, domestic abuse data is collected through separate data systems held by Greater Manchester Police and Oldham Council. The data is not routinely joined up or broken down by age or ethnicity. This means we do not have an accurate picture of the numbers or types of relationships involved in the domestic abuse of older people in Oldham which adds to the invisibility of older survivors.

7. More support is needed for front line professionals

40% of professionals in Oldham felt that there was not enough awareness raising to spot the signs of older adults experiencing domestic abuse and once identified, a lack of awareness of what professionals should do to support an older survivor. In addition, professionals felt that MARAC and DASH processes, set up to assess risk and protect victims of abuse, are not designed to identify risk that develops incrementally as part of longstanding abuse.

8. What does good support look like to older survivors?

We asked older survivors where they would go to for help and support and how it should be provided. Older adults said that specialist support should be available as part of other services offered within the community where they would not 'stand out' as a domestic abuse service. A good experience involves confidentiality, a listening ear, professionals proactively starting some of the hard conversations, and access to practical information and options. Survivors also said that awareness raising, and information should be readily available in a range of languages and promoted through non-traditional routes such as activity classes, mosques and to grandparents at school pick up points.

Section 1: Introduction and Background

1.1 About the project

1.1.1 Background

Domestic abuse can happen to anyone, at any age, but domestic abuse in older age often comes with greater complexity. Key life events and changes in people's circumstances as they get older, such as retirement, increased isolation, poor mobility, taking on a caring role, can trigger the start or escalation of abuse in a long-term relationship.

However, the lower reporting rates of domestic abuse by older survivors suggest that there are wider challenges to seeking help.² These challenges can stem from years of prolonged abuse or family dynamics that involve a caring relationship or financial dependency. For older survivors, these factors can be further compounded by ageism, generational assumptions, long term health conditions, language barriers and/or cultural issues.

Commissioned jointly by Oldham Safeguarding Adults Board (OSAB) and Oldham Domestic Abuse Partnership (ODAP) the research findings and first-hand experiences captured in this report will be used to help improve Oldham's whole system response to the identification and support of older survivors. The learning has also supported the co-production of a short film to raise awareness of coercion and control ([view the 5-minute 'Eggshells' film online](#)) and informed the production of domestic abuse training resources for practitioners across Greater Manchester.

1.1.2 Methodology

The Opening Doors Domestic Abuse Project was designed and delivered by representatives from local agencies, partnerships forums and community groups in Oldham including:

- Oldham Safeguarding Adults Board
- Oldham Domestic Abuse Partnership
- Oldham Domestic Abuse Service
- Oldham's Safeguarding Training Consultant
- KeyRing Independent Living Network
- BAME Connect Project (part of Oak Community Development)
- SAWN – Support and Action Women's Network
- Age UK Oldham
- Healthwatch Oldham
- Made by Mortals CIC
- Northern Care Alliance
- NHS Oldham CCG
- Adult Social Care

Working with Davis and Associates, the project team identified a range of engagement methods designed to capture the stories of adults living in Oldham, aged 50 and over, who had experience of domestic abuse.

Once the engagement methods were agreed the team developed and piloted interview questions for the online survey and interview scripts for the Focus Group and one to one discussions. Following training provided by the Safeguarding Training Consultant on how to conduct trauma informed interviews members of Healthwatch Oldham and Age UK Oldham conducted the in-depth interviews. Overall, we heard from 42 older survivors in Oldham.

As well as direct engagement with older adults, the project team spoke to professionals across the system to understand their perceptions and experiences of working with older survivors of domestic abuse. Overall, we heard from 99 professionals in Oldham.

Our engagement activities are summarised below.

Method	Details
Online survey	The online survey provided an anonymous option for older survivors to share their experiences. The survey was designed to improve the teams understanding of the different types of abusive relationships, people's experiences, and the type of support survivors felt should be in place. The survey was promoted across key agencies in Oldham and a total of 16 survivors, aged 50 and older, completed the survey.
One to one interview	The interviews were designed to explore people's experiences in more depth to improve the teams understanding of the barriers older people face in accessing help and support. The interviews were conducted and transcribed by Age UK Oldham and Healthwatch Oldham and the findings thematically analysed by Davis and Associates. In total the team interviewed 7 survivors aged 50 and over.
Focus Group Discussions	The focus group discussions provided a forum for people who were more comfortable talking within a group setting where they knew the other people. This approach enabled a more diverse participation and explored a much wider range of situations where older adults experienced abuse. The focus groups were organised and facilitated by Healthwatch Oldham and Age UK Oldham and the findings were thematically analysed by Davis and Associates. Overall, 19 older adults participated in focus groups.
Professionals Survey	As well as direct engagement with older adults the team designed an online survey for professionals working in Oldham. The aim of the survey was to improve the teams understanding of what is working well locally, the appropriateness of MARAC and DASH assessments and any recurring barriers to supporting older survivors. A total of 99 professionals completed the online survey.

In total 42 older survivors of domestic abuse shared their experiences of the following forms of abuse in Oldham:

- Long standing abuse by an intimate partner that escalates with age
- Abuse of an older person by an adult child
- Abuse of an older adult by another family member
- Abuse of an older adult within a care giver relationship
- Abuse of an older adult by an intimate partner due to a brain condition

The following report provides a summary of the feedback and learning from both the public and professional engagement processes.

Section 2: Understanding the Local Picture of Older Adults' Experiences of Domestic Abuse

2.1 What is Domestic Abuse?

2.1.1 Defining domestic abuse

The new Domestic Abuse Act (2021) has created, for the first time, a cross-government legal definition of domestic abuse, to ensure that domestic abuse is properly understood, there is a consistent understanding of what constitutes unacceptable behaviour, and for these behaviours to be actively challenged across statutory agencies and in public attitudes:

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if:

- A and B are each aged 16 or over and are personally connected to each other, and
- the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following:

- physical or sexual abuse.
- violent or threatening behaviour.
- controlling or coercive behaviour.
- economic abuse (see below).
- psychological, emotional, or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.

“Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to:

- acquire, use, or maintain money or other property, or
- obtain goods or services.

For the purposes of this Act A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

For the purposes of this Act, two people are “personally connected” to each other in the following circumstances:

- they are, or have been, married to each other or civil partners of each other.
- they are, or have been, in an intimate personal relationship with each other.
- they each have, or there has been a time when they each have had, a parental relationship in relation to the same child.
- they are relatives.

In the context of older adults, it is vital to understand the range of people who may perpetrate domestic abuse towards them which could include both intimate partners as well as wider family members, including children. In terms of the latter, this can raise particularly complex challenges around family members with caring responsibility who may use their position to abuse older parents. However, it should be noted that in cases of abuse where an adult has a caring role for another older adult, **but they do not meet the ‘personally connected’ criteria**, the harm would not be considered as domestic abuse but a separate form of safeguarding abuse or neglect.

2.1.2 What does the Care Act (2014) say about older people and domestic abuse?

The Statutory Guidance issued under the Care Act, published in October 2014, states that adult safeguarding ‘*means protecting an adult’s right to live in safety, free from abuse and neglect*’ (Section 14.7). Safeguarding duties apply to an adult who:

- ‘has needs for care and support (whether or the not the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect
- and as a result of their care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect’. (Section 14.2)

The Care Act specifies that freedom from abuse and neglect is a key aspect of a person’s wellbeing and their human rights, and defines the key forms of abuse and neglect as:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

Domestic violence is a category of abuse which was added to the existing list of categories following consultation on the draft Care Act guidance. Defining the different forms helps to identify abuse however the challenge for professionals is that the term Domestic Abuse can encompass several different categories and is not always accompanied by physical violence.

“I think the issue that we have seen through the safeguarding adult reviews is that ... psychological abuse and coercion and control isn’t always recognised under the domestic abuse banner as meeting a safeguarding concern. So, they are often filtered out, and they don’t go through to a safeguarding enquiry”.

- Professional, Oldham

2.2 What does the data tell us?

2.2.1 National trends about older people and domestic abuse

In the UK, one of the largest sources of data about the needs of the population is collected through the annual Crime Survey for England and Wales (CSEW). In April 2017 the age range

for respondents eligible for the self-completion module of the survey was expanded, changing the criteria from adults aged 16 to 59 years to adults aged 16 to 74 years living in households in England and Wales. From this data we know that in 2019 there were 280,000 people aged 60 to 74 who experienced domestic abuse in England and Wales, showing an increase of 40% since the data was initially collected in 2017. **However, the fact that the recording of domestic abuse only covers people up to the age of 74 means that nationally there is no data on older victims and survivors of domestic abuse aged 75 and over.**

What we do know nationally about older people and domestic abuse is **that it can be considerably high risk** with one in four (23%) victims of recorded domestic homicides involving adults over the age of 60.⁴ Older people are **as likely** to be killed by a partner/spouse (46%) as by an adult child or grandchild (44%) and of those killed in their own home, the most Common cause of death was as a result of being stabbed (41%).³

National evidence also suggests that older people are less likely to report abuse or seek help.¹ In 2019 only 6% of domestic abuse self-referrals were being made by those aged 61 and over compared with 14% for those aged 60 and under. Both the cut off age of 74 and lower reporting rates means that nationally, we do not have a true picture of the prevalence of older people experiencing domestic abuse within national reporting frameworks.

2.2.2 Prevalence of domestic abuse for adults aged 50 and over in Oldham

About the older population in Oldham

In 2020, Oldham's population was 237,638 making it the seventh largest borough in Greater Manchester.¹⁰ In total **there are 81,651 people aged 50 or over** in Oldham which makes up 34% of the population.⁶ This is slightly lower than the national picture in which 38% of the population are aged over 50.

Table 2.2a: overview of the older population in Oldham

	Age 50 to 54	Age 55 to 59	Age 60 to 64	Age 65 to 69	Age 70 to 74	Age 75 to 79	Age 80 to 84	Age 85 and over	Total
Male	8,036	7,080	6,035	5,290	4,920	3,378	2,297	1,704	38,740
Female	7,831	7,723	6,377	5,459	5,593	4,182	2,956	2,790	42,911
Total	15,867	14,803	12,412	10,749	10,513	7,560	5,253	4,494	81,651

Prevalence of domestic abuse amongst older adults in Oldham

In total, based on the prevalence rates from the Crime Survey for England and Wales, we can estimate that there will be around 3,307 victims of domestic abuse aged 50 and over in Oldham each year. Of those 1,647 will be aged 50-59 and 1,660 will be aged 60 and over.

In 2021/22, the actual number of people aged 50 and over in Oldham reported as experiencing domestic abuse was **3,414 and of these, 997 were aged 65 or over.**⁷ These figures are slightly higher than the CSEW estimate for Oldham of 3,307 victims of domestic abuse.

2.2.3 Identification of domestic abuse across services in Oldham

Adult Social Care

There has been a significant increase in reporting domestic abuse as part of an Adult Safeguarding Concern. Of the 3,414 cases in 2021/22, 64 of the survivors were assessed by

Adult Social Care as having care and support needs.⁶ This is a significant increase from 2019/20 where 37 domestic abuse safeguarding concerns were assessed by Adult Social Care as having care and support needs. This could be due to improved data collection and flagging of domestic abuse cases, or an increase in prevalence amongst older people.

Refuge Accommodation

The figures for adults aged 50 and over being referred to Oldham Refuge remain low. In 202/21 the Refuge received 99 referrals for crisis accommodation relating to domestic abuse. Of these, only 3 referrals related to adults aged 50-64 to the Refuge, and there were no referrals for adults over the age of 65.

Homelessness Applications

In 2020/21 a total of 1,367 households presented as homeless and of these 224 (16%) of the applications were for victims of domestic abuse (i.e., where domestic abuse was the primary cause of homelessness). Of the 224 homelessness applications involving domestic abuse **only 13 applications were for adults aged 50 or over**. This accounts for less than 1% of Oldham's 3,414 reported domestic abuse cases involving adults aged 50 and over and only 6% of homelessness applications where domestic abuse was a primary cause.

Table 2.2b: Age and sex of lead homelessness applicant (by DA age 50+).

	2018-19		2019-20		2020-21	
	Female	Male	Female	Male	Female	Male
50-54yrs	4		3		6	
55-64yrs	2	1	2	1	4	2
65-74yrs						1
75yrs +						

This data suggests that older people experiencing domestic abuse are less likely to access homelessness pathways and, in line with national and local research findings, are more likely to remain in a long-term relationship with their abuser.¹

In line with national trends, Oldham's data shows that despite the total number of recorded cases there is little visibility of older survivors within local services.³ This plus the fact that older people have generally been invisible within statistics and research about domestic abuse, means that when we think about domestic abuse we tend to think about younger adults.

However, the expected doubling of people aged 85 years and over within the UK population by 2045,⁵ means we can expect increasing prevalence and demand for services that support older survivors and victims of domestic abuse.

Section 3: In-Depth Interviews with Older Survivors In Oldham

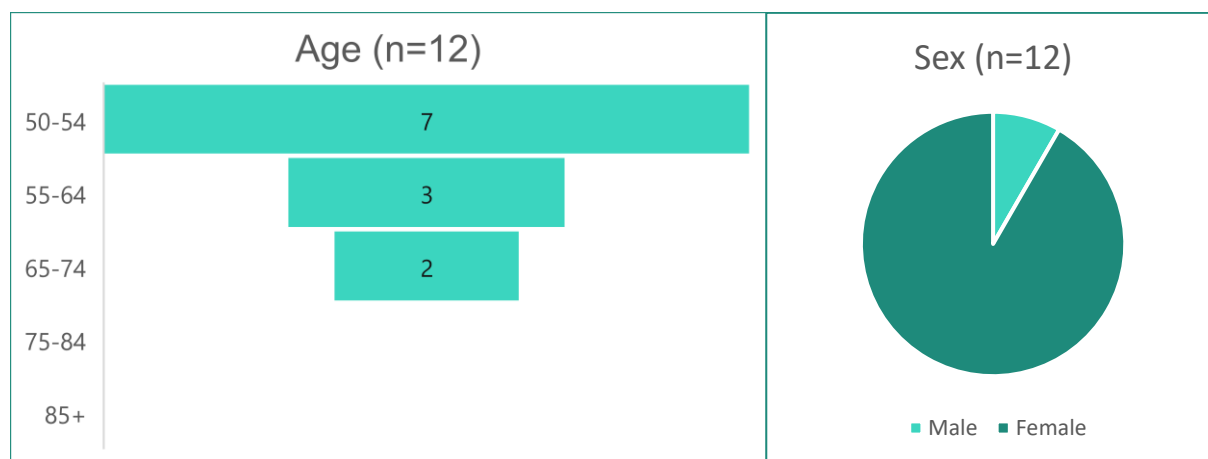
3.1 Feedback: Demographics of Respondents

This section sets out the feedback from the 42 adults aged 50 and Older in Oldham who shared their experiences of domestic abuse. The results are broken down by each interview methodology covering the results from the online survey, one to one interviews and focus group discussions conducted by Healthwatch Oldham and Age UK Oldham.

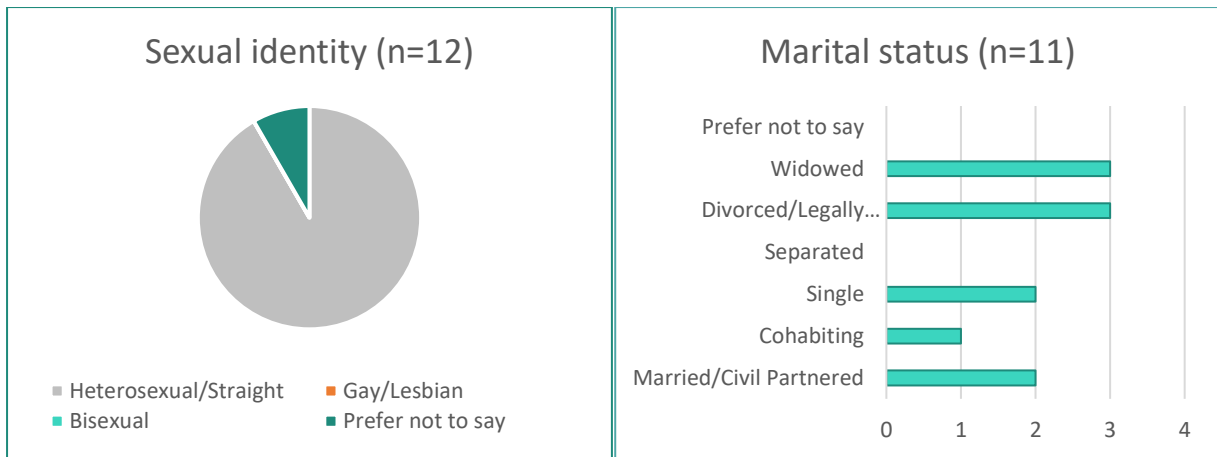
3.1.1 Online Survey: demographics of respondents

In total, we had 16 responses to our online survey and in five instances the survivor was supported by someone else to complete the survey. Please note that not all the questions were mandatory, allowing people to skip any questions that may be triggering for survivors. Throughout our analysis we have highlighted the number of respondents per question (n=x), and this is reflected in the percentages for each question.

This section provides an overview of the demographics of those that responded to the survey. Overall, of those who answered the question (n=11) the majority were female with one male identified and 58% were aged 50-54, meaning that females aged 50-54 made up the majority of respondents. It is notable however that only 12 of the 16 respondents completed the demographic section, so our diversity may be broader.

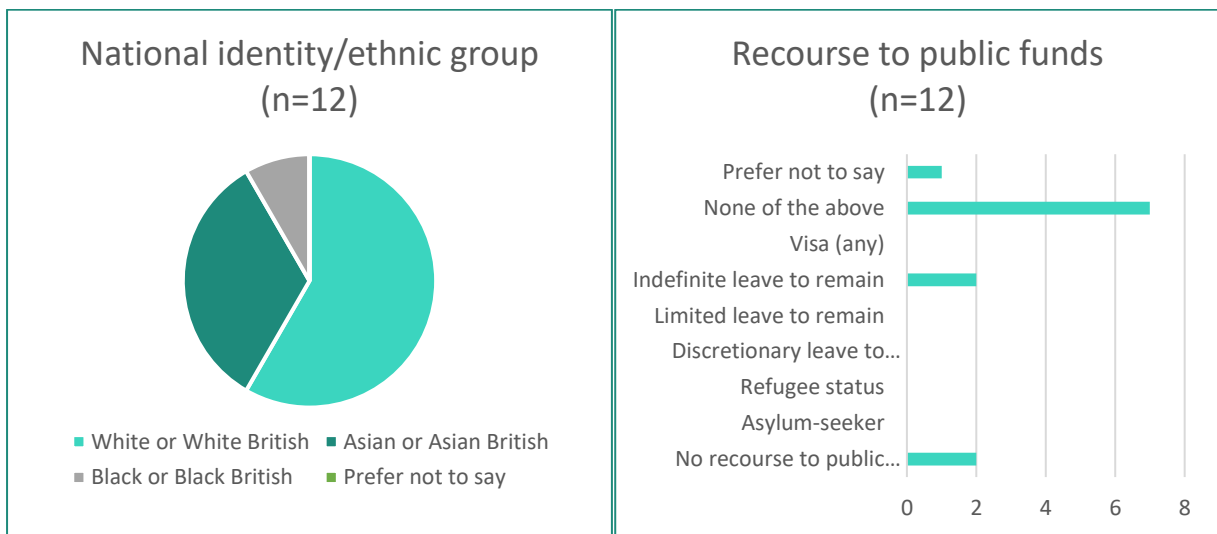


Over 90% of responses identified as heterosexual with one individual who preferred not to say. We had a variation in terms of marital status which is positive as this support our understanding of the impact that marital status has on experiences of abuse.



The majority (59%) of respondents reported a disability with a long-term health condition being the most common (33%). Interestingly only two respondents did not have children living within the household which probably reflects the age of respondents with most older adults who responded being in the younger age category (50 to 60).

Most (58%) of the respondents identified as White or White British, however there was a good level of representation from some wider cohorts including 33% who identified as Asian or Asian British and one response from an individual who identified as Black or Black British.



Two respondents did not have recourse to public funds with a further two being granted indefinite leave to remain so would have full access to public funds. The feedback will show that this can be a factor in people's experiences of domestic abuse. Finally, we asked respondents about their current and previous occupation to give us some insight into their opportunities for help seeking help, particularly access to economic resources. Overall, both currently and previously, most respondents were employed, on either a full or part time basis.

The following section focuses on the quantitative analysis from the online survey and where appropriate, relevant quotes from the qualitative interviews have been added to provide further insight.

3.2 Summary feedback: online survey

At the beginning of the survey, we asked older survivors to tell us about their experiences of domestic abuse. Victim Focus (2021) highlighted a methodological challenge that occurs often in research when survivors are asked about domestic abuse broadly which is; how survivors define abuse can differ significantly and can mean abuse types considered 'lower level' might not be captured. As such we asked about the specific behaviours perpetrators of abuse had used against older adults in Oldham, and how often, to understand the true nature and scale of domestic abuse. We asked questions in three broad categories:

- Non-physical abuse
- Physical violence
- Sexual abuse and violence

It is vital that this section is read contextually. There is no intention within this section to consider any form of domestic abuse as 'lower level' and the experiences of abuse as the impact on survivors can be detrimental irrespective of the type of abuse they have experienced. Rather, the aim of this section is to understand the nature of abuse so we can begin to understand and respond to the needs of survivors. When we use the term 'lower level' we mean behaviours where research has highlighted survivors might consider as less serious, or that would not be highlighted as a homicide risk factor on the DASH risk assessment.

3.2.1 Non-physical abuse

National research suggests that in many cases older survivors are more likely to experience non-physical forms of abuse and cases involving physical and sexual abuse within a relationship decrease with age (Zink et al. 2006). This creates a dual challenge as survivors of psychological abuse may find it difficult to identify this as abuse, and professionals can struggle to spot the signs.

Percentage experienced	Type of abuse
92%	Shouted at you
92%	Used or made nasty comments about you
85%	Humiliated you in front of others
77%	Unfairly controlled your access to money or how you spend it
69%	Isolated you from your friends and family
69%	Monitored your letters, phone calls, emails, texts or social media
69%	Stood over you or invaded your personal space
54%	Kept track of where you went or how you spent your time
54%	Forced you out of work, employment, or volunteering (inc. forcing you to retire)
54%	Made rules that if broken would lead to consequences / things you would dread
46%	Destroyed your property
46%	Made threats to harm you
46%	Threatened to tell your friends or family personal information about you
23%	Threatened to harm your friends or family
23%	Threatened to kill you
15%	Took credit, finance, mortgage or bills out in my name
0%	Made threats to harm pets

In our survey, the abuse most commonly experienced by older people in Oldham was:

- **Being shouted at (92%):** this was experienced frequently by survivors with 62% experiencing this more than 10 times, making it both the most common and frequently experienced form of abuse.
- **Having nasty comments used or made about you (92%):** this was equal to being shouted at, however it was slightly less frequently used as a tactic by perpetrators with 46% experiencing it over 10 times.
- **Being humiliated in front of others (85%):** a large majority of older survivors had experienced being humiliated by the perpetrator in front of others. Around half (54%) had experienced this between 1-3 times meaning it was not a frequently experienced form of abuse, but something perpetrators would do on occasions.

Interestingly there were some behaviours that were not commonly experienced by survivors, but when perpetrators do use these behaviours, they are likely to do so frequently within the relationship. These were:

- **Standing over you or invading your personal space:** Although only 69% experienced this of those individuals 67% experienced it over 10 times.
- **Isolation from friends and family:** Again, only 69% experienced this, but all of those who did experience it more than 3 times, with 56% experiencing it over 10 times.

3.2.2 Economic abuse

Economic abuse appeared to be prevalent across the sample. In total 77% of older adults had experienced a perpetrator unfairly controlling access to money or how they spend it and 54% said they had been forced out of employment or volunteering (including being forced to retire). Despite this, not all forms of economic abuse were prevalent with only 15% experiencing perpetrators taking credit, finance, mortgage or bills out in their name.

"Financial abuse from my son has got worse over time, which is my own fault because I allow him to do it. I am not strong enough to say no and let him learn the hard way when he gambles all his money. I did this once and he ended up living in dire poverty with no food, heating and sleeping on a mattress on the floor, this image haunts me and I can't let that happen to him again so when he spends all his wages on poker or FIFA and can't put electric or gas on the meter I can't walk away when he asks me for money, saying he will lose his job as he hasn't got the taxi money to get to work, or he has no electric. I end up paying his bills, which I know is enabling him to gamble and this vicious circle continues."

Older survivor. Oldham

3.2.3 Physical abuse and violence

Physical abuse and violence was a less common experience than non-physical abuse for older survivors, however it remains highly prevalent. From our sample the most common physical experiences were those that might be considered of 'lesser severity' such as pushing and grabbing. For example:

- **77% of survivors had been grabbed and 77% had been pushed.** Of those that had been pushed, 80% said this happened more than once and 20% more than 10 times.

The next most common forms of physical abuse and violence experienced was being hit, punched or slapped (38%) and having hair pulled (31%). Despite physical abuse and violence being less commonly experienced, where it was experienced by older survivors it is concerning to understand the scale of this violence which includes extremely high-risk behaviours:

- **23% of older victims had experienced having a weapon used against them.** In all of these instances they had only experienced this once. National research by the Home Office found that the most common form of domestic homicide for both men and women was by use of a weapon, namely a knife or other sharp object which accounted for 46% of domestic homicides.¹ As noted in section 2 of this report 44% of older victims of domestic homicide were killed through stabbing.
- **23% of older victims had experienced injuries which required medical care.** One victim experienced this 2-3 times. This is interesting as it highlights the vital role health services play in identifying older adults experiencing domestic abuse.

There were three types of physical abuse and violence which none of the older people who responded to our survey experienced. This included being forced or manipulated to use alcohol or drugs, having medication or access to healthcare withdrawn or being burned or scolded.

Percentage experienced	Type of abuse
77%	Pushed you
77%	Grabbed you
38%	Hit, punched, or slapped you
31%	Pulled your hair
23%	Caused injuries that you required medical support for
23%	Used a weapon against you
23%	Kicked you
8%	Strangled, attempted to strangle or choked you
0%	Withheld medication or access to healthcare
0%	Burned or scolded you
0%	Forced or manipulated you to use alcohol or drugs

3.2.4 Sexual abuse and violence

Based on our survey sexual abuse and violence was the least commonly experienced form of domestic abuse. However, of those that did experience sexual abuse or violence, rape and sexual assault was the most common.

- **38% of older adults in Oldham had experienced being manipulated into sex or sexual activity.** We have purposely avoided using terms such as sexual assault or rape within the survey as research has shown there is a considerable stigma attached to both. Instead, we asked victims about being either manipulated or physically forced into sex or sexual activity.

Concerningly levels of physically forced rape was also somewhat common amongst the sample with 23% experiencing having been physically forced into sex or sexual activity, although all noted this had only happened once.

Percentage experienced	Type of abuse
38%	Touched or kissed you without your consent
38%	Manipulated you in to engaging in sex or sexual activity
23%	Threatened to harm you sexually
8%	Physically forced you into sex or sexual activity
0%	Forced you to watch pornography
0%	Forced you to photograph or film sexual activity; or filmed you without consent
0%	Threatened to share sexual photographs or videos of you
0%	Shared sexual photographs or videos of you

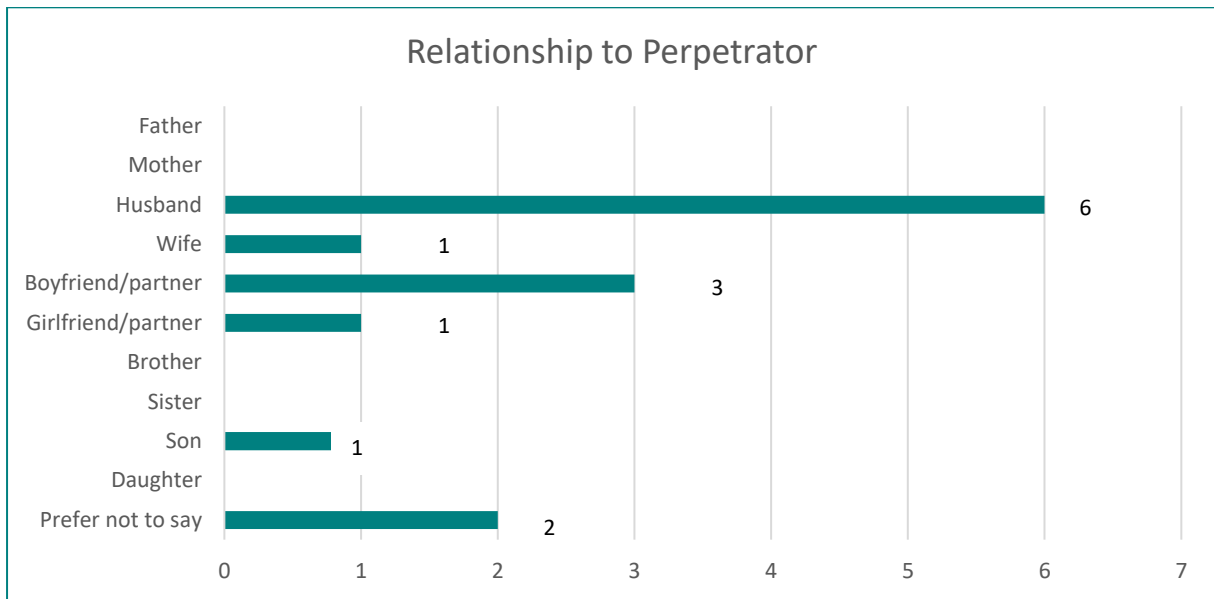
3.2.4 Survivors experiences

Survivors shared their experiences about the different types of abuse:	
Non-physical abuse	<p><i>"They try to put you down, you know, when you're strong. So, when you're strong they try to get in your mind and make you think like you're nobody"</i></p> <p><i>"But I think it's mental torture and sometimes it's like no matter what you say, your answer can never be correct"</i></p> <p><i>"He then said, 'Oh you do deserve this' and he would call me nasty words."</i></p>
Physical violence	<p><i>"When he attacked me, he broke my nose in three places and then turned up at the hospital to see me."</i></p> <p><i>"You get hit in your back from the abuse, you get pushed down the stairs."</i></p> <p><i>"He used to kick me and beat me up in the house. He broke my jaw."</i></p> <p><i>"It was the way he kept hitting me"</i></p> <p><i>"he says that he's allowed to because she doesn't have sex"</i></p> <p><i>"Whenever he loses money at the bookie, he gets really aggressive with me, and he start fighting and stuff like that."</i></p>
Physical intimidation	<p><i>"He's just very short-tempered and very loud and kind of aggressive"</i></p> <p><i>"He started locking me in a bedroom and feeding what he made me."</i></p> <p><i>"He would get other people involved as well, like. Even once at night I wouldn't let him near me. He would start opening the windows and the curtains. He woke all the kids up and he ended up shouting and screaming."</i></p>
Sexual abuse	<p><i>"He would rape me for sex. So, even that we had to go to court for, numerous times."</i></p> <p><i>"I was too scared tell anybody [...] that I'd been raped"</i></p>
Coercive control	<p><i>"And it was things that he was saying. Last year I lost my dad to COVID and my brother in the same and he wouldn't let me go and see my mum or anybody."</i></p> <p><i>"I'm not allowed to work and I do things hidden and especially in the lockdown it is mental. It was madness all day."</i></p> <p><i>"He wouldn't let me use the washer, I had to do it all by hand. But then I felt so trapped. There was nothing I could do."</i></p>

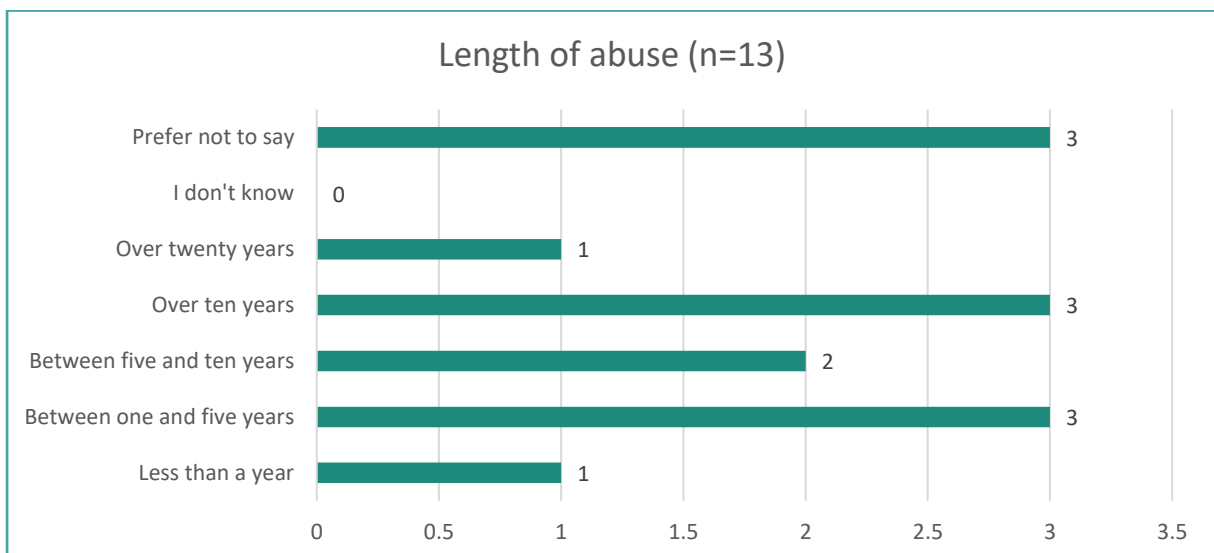
3.2.5 Profile of abuse over time

Of the survivors who responded to the survey, 50% had only experienced one abusive relationship, however repeat victimisation is seemingly common with a quarter (25%) experiencing abuse in more than one relationship. There were a high number of respondents who preferred not to answer this question (25%).

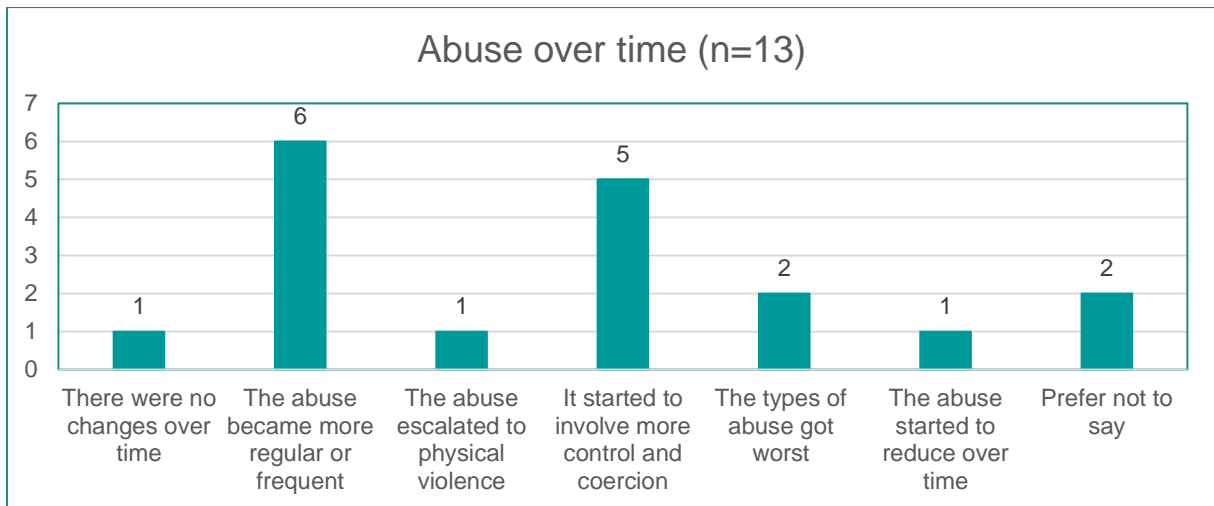
The perpetrator of abuse was most commonly a male partner (either husband or boyfriend) which likely reflects our female heterosexual sample.



There were no identified trends in the length of abuse older adults in Oldham were experiencing however it is notable that for some older people they have experienced abuse for a considerable period of time. Almost a quarter (23%) had experienced it for over 10 years, with one individual noting they experienced abuse for over 20 years. This is a key consideration in terms of older people's needs and can be linked to findings that suggest older survivors are less likely to seek support to leave a long-term relationship.



92% of those who responded felt their experiences of abuse had changed over time with one person noting there was an escalation to physical violence. The most common changes involved the abuse becoming more frequent (55%) and involving more control and coercion (45%).

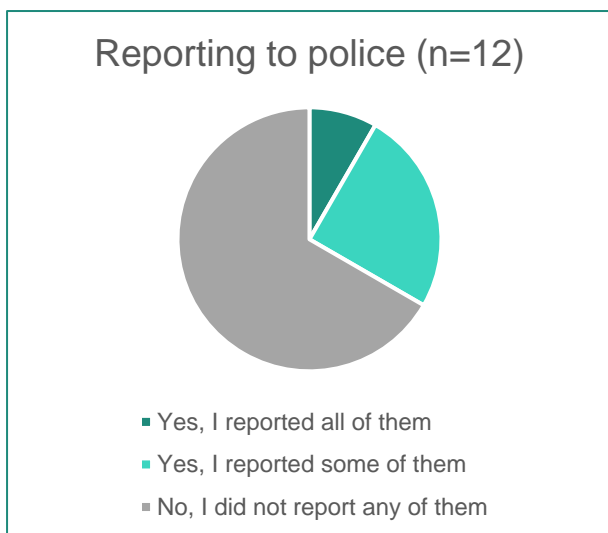


We asked older adults about these changes and if they felt there were any triggers which may have led to the changes in abuse. The key triggers for change included:

- *“Drinking”*
- *“Financial issues”*
- *“Moved to a town I did not know. No family or friends close by”*
- *“Son diagnosed with Autism and Mental health issues and has become more dependent on me to bail him out as he is addicted to gambling made worse through lockdown”*
- *“I became more assertive”*

3.2.6 Older adults in Oldham experiences of disclosure and help seeking

To ensure that services are designed and delivered to meet the needs of older survivors it is essential to understand the type of support older adults look for when experiencing abuse. This section explores how the older adults in our sample sought help, including who they told about the abuse and where they would go for help and support.



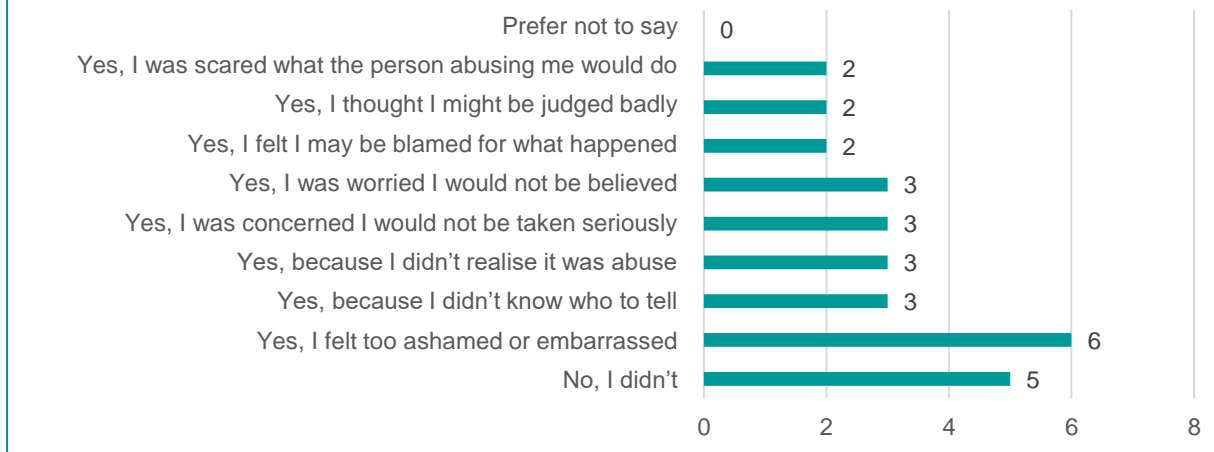
Our survey found that older adults were less likely to report their experiences of abuse and 67% stated that they had never reported any incidents to the police. Where survivors did disclose the abuse to an agency, they were most likely to tell:

- **Housing (25%)** – 2 local authority and 1 Housing Options
- **Health (17%)** – 1 GP and 1 mental health service

This highlights the need for professionals to understand the different types of relationship where abuse can happen, be able to spot the signs of abuse, and feel confident to ask the right questions to encourage disclosure.

We asked people if they experienced any barriers to disclosing their abuse:

Barriers to disclosure and help seeking (n=12)



The responses highlight several barriers to disclosing and seeking help from agencies. Many older survivors related to feelings of shame and embarrassment. This is an important learning point for professionals across Oldham to understand the impact of shame on reporting and to challenge this through campaigns to normalise domestic abuse as something that can happen to anyone. Specifically, this should include imagery and examples of older peoples experiences so that campaigns are not focussed primarily on younger adults. We also heard several examples of survivors accessing services but not feeling as though they were believed, which exacerbated feelings of shame:

"The police officer who first attended my family home to speak with me said it sounded like a bad divorce, he completely brushed off what I was trying to tell him about how scared I was. It was a male officer. I had my sister present and if she had not assisted me to hold firm I would not have continued to push for help. I felt like he didn't believe me and it made me feel silly for bothering them with my struggles and fear. I can understand why victims return to their abusive partners as unless you have physical proof/injuries people do not believe you"

Older survivor, Oldham

"I feel when I have turned to services for support it has made the situation worse and been used a reason to turn my children against me. Since divorce proceedings have started the children went to stay with him during the school holidays and have not returned home. My husband has used the police involvement and non-molestation breaches being enforced (leading to his arrest) as a platform to show the children it is all my fault which is an extension of coercive control and punishment. The social services are allowing this and not intervening to protect the emotional wellbeing of the children or me. They have even suggested I lift the non-molestation order so my husband can drop the children off at mine- it feels like they do not believe me"

Older survivor, Oldham

Of those who responded only 25% sought help from a specialist domestic abuse agency, and of those who did not access this support, 33% said it was because they did not know how to.

Survey responses also highlighted cultural barriers to disclosure. The next section looks at this in more detail but key barriers included literacy, language and cultural pressure about the shame that disclosing abuse would bring on the family from the wider community. More work needs to be done locally to understand the population-based barriers that may exist and embed findings within local awareness raising campaigns.

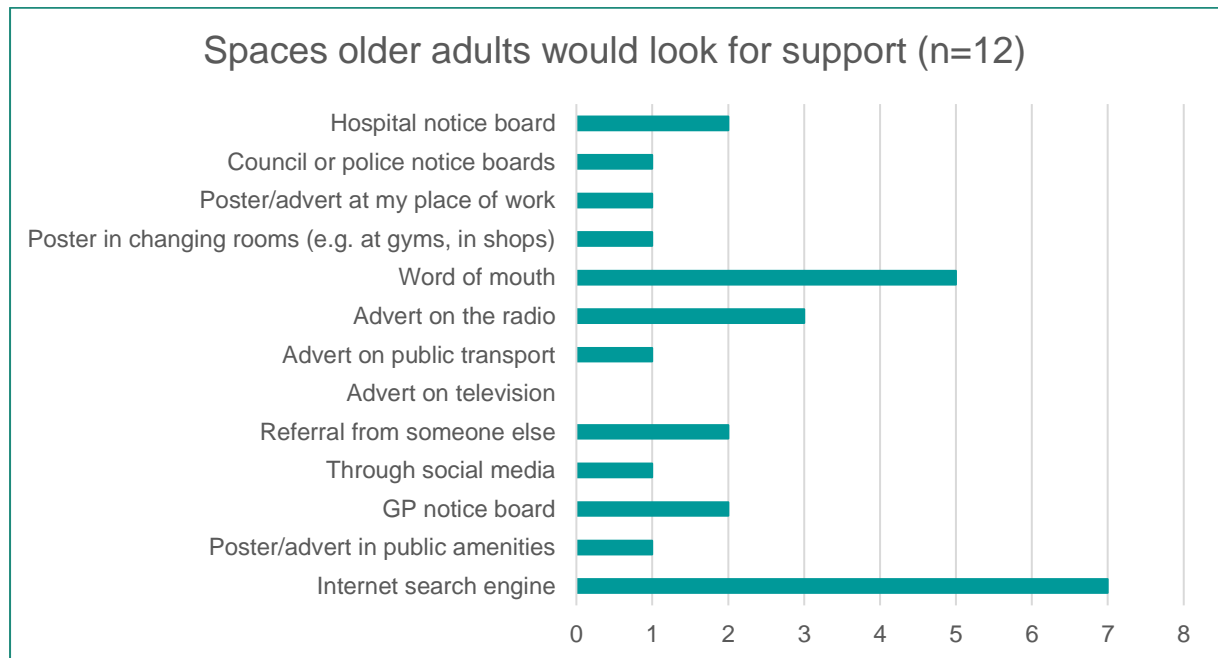
"It [disclosing] made matters worse. My family got involved and his family and said I had brought shame"
 - Older survivor, Oldham

"Age UK is only for white people. My family have tried to raise this with them but no activities or services are for Asian people. In addition, none of their staff speak Urdu"
 - Adult survivor, Oldham

As with the reluctance to disclose abuse to professionals, many older adults (33%) chose not to disclose to anyone within their community either. Where disclosures did happen, this was most likely to be to a friend (50%). **This highlights the need for local awareness campaigns to upskill the community around domestic abuse and address any problematic beliefs or attitudes around abuse** to ensure that where disclosures happen, victims receive the right response. This includes supporting communities to recognise that controlling behaviour is abuse.

3.2.7 Where would older survivors prefer seek help?

We also asked respondents where they would look if they did need support. The most common spaces older adults would go to in order to find support would be an internet search engine (58%), word of mouth (42%) and an advertisement on the radio (25%).



Other suggestions for highlighting information about support and services included:

“At the post office, older people still go and walk and go to the post office a lot so that's one place they do definitely go is the post office and the local shops”

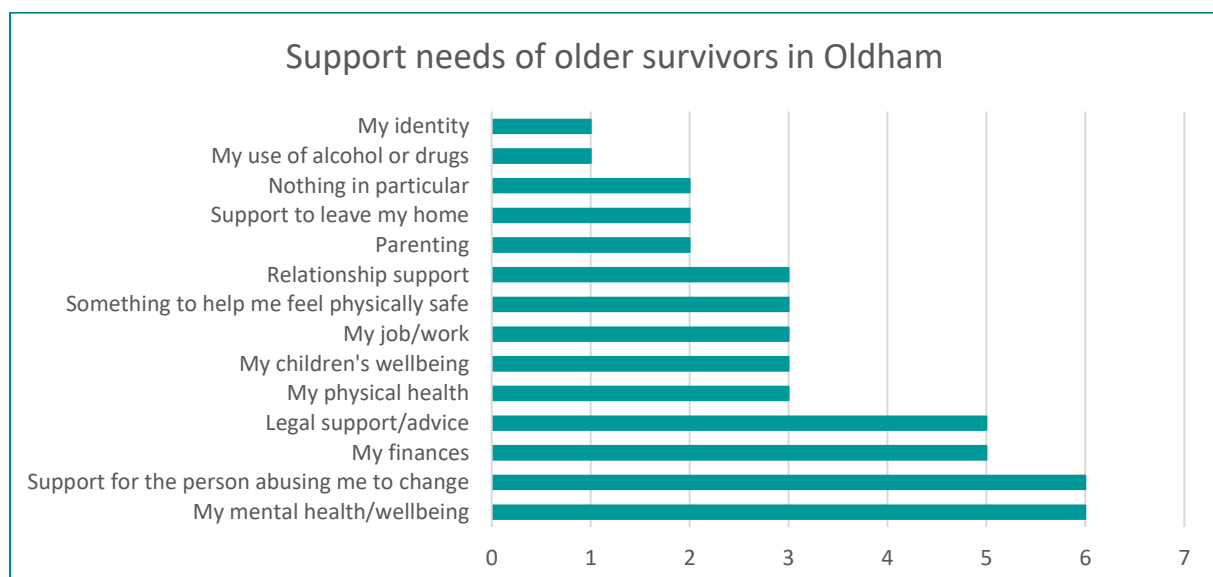
- Older survivor, Oldham

“More work within schools where parents / grandparents are dropping children off and that it can be something that is on display on a notice board or something like that”

- Older survivor, Oldham

Finally, we asked older adults in Oldham what support they would have liked to access and/or what support they currently need to help their situation. The most common needs were mental health and wellbeing (50%) and significantly, **support for the person using harmful behaviour to change (50%)**. This supports the theory that many older survivors face additional barriers to leaving an abusive situation which means they often remain in a relationship with the person abusing them for prolonged periods of time. In fact, our survey found that where older adults are abused by a family member, such as older children, they feel an element of responsibility. This is also the case where the individual is being abused by the person they care for who has dementia, which highlights the need for responses to domestic abuse in Oldham to include both support for perpetrators to change their behaviours and support to manage abuse within a care giving relationship.

Financial and legal advice were the next most common support needs highlighted by older survivors. This may be linked to the fact that older survivors in long standing relationships are more likely than younger victims to have joint and shared assets. However, drawing on previous responses to specialist domestic abuse services, survivors were not aware that these services could offer help in these areas. **This highlights the need to improve awareness about services that exist in Oldham, what they offer, and how to access them.**



Oldham Case Study 1

I want to tell you about my mum.

But first let me tell you about cocktail cherries. I was standing in the supermarket, the drinks aisle to be exact and a jar of cocktail cherry's caught my eye, so in my trolley they went. It has been a few months since my mum sadly died of a massive stroke and heart attack and as a way of getting through another grief riddled day, I poured myself a glass of Sherry when I got home and popped a few cherries in and that was it.

I was instantly transported to happier times. Times when my mum was free to have fun, free to have cocktail cherries with a snowball at Christmas when she was married to my dad. Free to have an opinion, a voice, free to associate with whom she liked, free to visit her family, free to attend family nights out at the local liberal club, free to be herself without fear of reprisals. When she married her second husband her freedom was curtailed, and her entrapment began. Here is my mums' story in a nutshell.

My mum was always considerate of other people's feelings and unfalteringly kind. Mum joined the army after school, she loved it and the army is where she met my dad. When my dad left her, she was broken hearted, in truth I don't think she ever got over him. Like many women of her generation, I think she was looking for a prince charming, a knight in shining armour but instead of entering a fairy tale she walked straight into a nightmare. A nightmare that would last over 40 years, with an egocentric, controlling and violent man. Like a ball of trip wire, he wrapped himself so tightly around my mum it was impossible for her to escape. Just the fact that she could still contribute to society is a testament to the human spirit, the fact that she could still hang onto her real self was testament to her.

And then she had a stroke, her husband displayed little concern regarding this but was still intent on having full control over her life. Most of the literature regarding women's health and domestic abuse understandably mentions age, A&E admissions, pregnancy, mental health, physical injury, and hospital based IDVAs etc. Stroke survivors are hidden victims. Private discussions to identify domestic abuse, as recommended in NICE guidelines, do not apply to people who have lost their capacity to talk or articulate and recall their experiences. It was only because I work in safeguarding and had the confidence and know how to raise an adult safeguarding concern that mum's experiences were recognised and taken seriously by the fantastic hospital staff.

Those cherries were a reminder that I had promised my mum that in her memory I would do something to help other victims of domestic abuse/coercive control who were also stroke survivors potentially left with no voice and much more vulnerable to the exploitation, terror, and cruelty of their abusers.

As a result of her experiences, and to honour her mother's memory, Catherine has developed the Carole Check Training Resources, Domestic Abuse Audit Tool and written a book to support children affected by domestic abuse.

3.3 Summary feedback from the one-to-one interviews

This section provides an overview of the key themes that have emerged throughout the listening exercise conducted with older survivors of domestic abuse. All quotes contained within this section will be presented verbatim so grammar may not always be accurate. Overall, 26 survivors took part, with 7 taking part in 1:1 interviews and 19 taking part in focus group sessions.

From the feedback we identified the following five key themes which we explore in the following section:

1. Recognition and impact of domestic abuse
2. Coping mechanisms
3. Leaving an abusive relationship
4. Experiences of services
5. The ideal response

3.3.1 Recognition and impact of domestic abuse

The start of the abuse

We sought to explore the processes that survivors went through to realise their experiences were abusive to help us identify patterns to help other survivors recognise abusive and harmful behaviour at the earliest point. Several of the survivors we spoke to discussed how the abuse started. For the majority, the abusive behaviour came out of nowhere and started with verbal abuse or controlling behaviour.

How it started	
Out of the blue...	<p><i>"He was brilliant, he was absolutely, he was so supportive. And then it just changed. It was like waking up to a complete stranger where I got out of bed he just started screaming at me"</i></p> <p><i>"First of all, he was calling me, I don't want to swear but, he was saying 'you are a fat cunt'"</i></p> <p><i>"My husband is very nice, but when he wants to it's as if he gets possessed of some sort and then I'm not allowed to work and I do things hidden"</i></p> <p><i>"It started with screaming at me for no reason, but then I started getting scared because I thought I've not seen this side of him."</i></p>
Key life triggers	<p><i>"[The abuse started] roughly when our first child was born"</i></p> <p><i>"Before the dementia we used to get on very well. But when the dementia came it was a case of [...] She say things like 'get out of the kitchen or I will kill you' and then she put a knife to my throat"</i></p> <p><i>"When I first came to the UK, that's when my abuse started"</i></p> <p><i>"With the lockdown it made it an excuse to just start things up again"</i></p>
Identifying abuse	<p><i>"But I didn't know whether it is abuse or not"</i></p> <p><i>"I did not realise to start with [that] it was control and not normal"</i></p>
Increasing in nature	<p><i>"At the beginning of the marriage it didn't actually affect it much, but as it went on it got worse and worse"</i></p> <p><i>"Something like this happens over time"</i></p> <p><i>"Started from slowly, slowly and then he is getting worse, worse. Mean things"</i></p> <p><i>"They want to test you with one thing, and if you meet that expectation then they want to test you with another thing. Then it's another thing"</i></p>
<h4>Key Learning Point 1</h4> <p>For many, the abuse was gradual and hard to identify at first, but key life events acted as a trigger for the abuse to start or increase the severity of their behaviour. Perpetrators created a sense of dependency to normalise abusive behaviour.</p>	

The impact of domestic abuse

The range of abusive behaviours used by perpetrators can lead to significant trauma and oftentimes the abuse will continue post separation. We asked people to explain the different impacts that the abuse had on their lives and wellbeing.

The impact of domestic abuse	
Emotional impact	<p><i>"I kept crying all the time"</i></p> <p><i>"Every time I tried to convince her she should come to xx or talk to my daughter but I think she's not ready, she's really bad, she's down. Sometimes she's, like, 'do you know what I think, Sister? I should just take medication and then die'."</i></p> <p><i>"The more down I was feeling it, it was affecting my children, my house environment, my daily life, and I shut myself down at home"</i></p> <p><i>"You can lose your confidence and it takes years off your life."</i></p> <p><i>"Around that time, I had a mental breakdown and was admitted into hospital."</i></p> <p><i>"I'm a strong person but I be looking like a ghost, but I'm stressed and depressed"</i></p> <p><i>"I was thinking, what have I done wrong?"</i></p>
Self-harm and suicide	<p><i>"But a time came where I used to, in some way or another I used to find things to harm myself, you know, like to make me feel better"</i></p> <p><i>"I did attempt taking tablets – overdosed on tablets. And then I have to be hospitalised for two, three days to get it all out of my system."</i></p> <p><i>"I took an overdose. It was the way he kept hitting me, and when he went off with that other women and I felt not really wanted."</i></p> <p><i>"I tried to kill myself when I was with him"</i></p>
Financial	<p><i>"When I got out, I knew I had nothing. Literally nothing."</i></p> <p><i>"When I came in here [referring to the service] I had nothing"</i></p>
Long term impact	<p><i>"You're not the person that you used to be and, you know, because you're not the person...it makes things harder for you."</i></p> <p><i>"I am like a robot even with my pain"</i></p> <p><i>"The more you talk about it sometimes the more it brings tears, because it's too much. It's a lot."</i></p> <p><i>"You keep remembering it all the time."</i></p> <p><i>"Even like now I want to talk, but I've just like come to the room and I'm making sure that my husband is not around. I'm actually looking outside if the cars around because it's that fear that's been created."</i></p> <p><i>"But the minute he left, I start putting away, everything starts changing, and then the depression it takes a bit of time, but you regulate it"</i></p>
<h3>Key Learning Point 2</h3> <p>The trauma of experiencing domestic abuse often has a long term negative impact on the survivor, even after they have left the relationship, and can include ongoing fear and negative financial impact. Some survivors made a connection between low moods and depression leading to self-harm and attempted suicide.</p>	

Experiences of ethnic minority survivors

We also heard from several survivors from minority ethnic communities who shared their experiences of domestic abuse. We have included this separately as people from minority ethnic backgrounds identified additional barriers to seeking help.

Additional barriers experienced by people from minority ethnic communities	
Threat of immigration	<p><i>"I said 'I don't have papers' and he said, 'I'll look after you'. And he gave me a home. Because I'm in that home the government says I'm not allowed to have government money, I'm not allowed to work."</i></p> <p><i>"They use it [immigration status] to frighten you."</i></p> <p><i>"He would always threaten me, I'll take this away, revoke your stay, I'll do this, I'll do that. At the end, he did revoke, burn my passport everything."</i></p>
Lack of support network	<p><i>"She came from abroad and her husband felt as though he can control her because she has no one here but also that she owes him favours for that."</i></p> <p><i>"It's hard again to even tell your own people that you know from back home. Because some of them, they look down on you... even will try to inform on you, to set you up"</i></p> <p><i>"I'm going to have all my family come down on me. It's not just going to be him."</i></p>
Cultural factors	<p><i>"But you know when it's family there is in Asian culture like no, you have to just stick with it and just go back with him. "</i></p> <p><i>"I think it's my culture. I don't think it's my family."</i></p> <p><i>"It's a cultural thing. It comes back to the woman that you got something wrong with you. "</i></p> <p><i>"I know that when there were people who used to come for help, they didn't want to disclose or they wanted to keep it hidden because it brings shame on the family"</i></p> <p><i>"The honour and respect it's a big thing in the culture"</i></p> <p><i>"People find it very hard; they want to just keep it in the family, keep to themselves, they find it is embarrassing, it's going to cause more problems in the family"</i></p>
Barriers to seeking support	<p><i>"Their main thing was they never knew who to go to, so the language was their barrier"</i></p> <p><i>"Some of the professionals who are not from the same culture, they are way off the mark of what's going on."</i></p> <p><i>"Language is a barrier to be able to get someone who speaks their language and people who are trained up properly"</i></p> <p><i>"If they need any help, without language you are disabled, you can't do anything."</i></p> <p><i>"They can't speak English, they can't ask questions they can't approach, no awareness."</i></p> <p><i>"Even if they go see a GP, before they used to provide an interpreter, now they go with a family member and they can't do that if a family member is present, and when they're living with them it's not easy to speak up."</i></p> <p><i>"I think the professionals as well need to be trained up as well into understanding people from the BAME community"</i></p>

Key Learning Point 3

Survivors from minority communities can experience additional barriers to seeking help and have different experience due to cultural expectations, often centred around traditional gender roles, that impact on disclosure. Some perpetrators also use an adult's unstable immigration status or lack of social networks when moving to the UK as a tool to abuse them.

3.3.2 Coping strategies

Survivors discussed the different coping strategies they used whilst they were experiencing domestic abuse, some positive and some negative.

Coping strategies	
Support networks	<p><i>“What helped me was sitting down and telling someone, a complete stranger, what had happened. I felt like then I’d just been relieved of all of it, you know, like I didn’t have to carry it and I knew I was safe and I knew he couldn’t get in here to get me.”</i></p> <p><i>“So, you always have to have a person, a rock, someone in your corner. “</i></p> <p><i>“You need somebody, you always need someone [...] you know, find somebody to talk to.”</i></p> <p><i>“I’m very fortunate that I’ve got in-laws that I can talk to and who haven’t told him that I’ve talked to them who then support me.”</i></p> <p><i>“I’ve got older and I’ve got a bit stronger and have managed to go out and have friends and she made me realise as well that what you’re going through is not right.”</i></p> <p><i>“I’m so glad I had amazing sisters in my life that encouraged me and that what I was doing wasn’t wrong.”</i></p> <p><i>“The group helped me as I was meeting carers who were looking after people with dementia as well and I could help others as well. “</i></p> <p><i>“The family was my main support.”</i></p> <p><i>“And my daughter and my other son, they’re all very supportive so I thought if he can get sorted in family so no point talking to a professional.”</i></p>
Specialist support	<p><i>“I was involved with Northern Degree and had a lot of help with the dementia courses, the course invited me to come along and talk about my experiences with my wife which really helped me.”</i></p> <p><i>“If it weren’t for Rose and Jovia I’d probably be on the street. I don’t know how I’d be. These are the places where you can see them and come and talk and express your feelings.”</i></p>
Positive mental attitude	<p><i>“I used to just get on with it really. And yeah, like everyone would tell me, it’s part of marriage. You’re supposed to just do it, support. You’re supposed to just be patient with it.”</i></p> <p><i>“We need to like keep our will power up and believe in ourselves that we don’t need to show other people that we’re good enough for them. We need to show, us, that we’re good for ourselves.”</i></p>
Food and exercise	<p><i>“I would say eating, comfort eating you know, like when you sit alone in the in the evenings or a certain time of the day and nobody is around.”</i></p> <p><i>“[Eating] was just a comfort because I wasn’t getting any comfort from anywhere else. I didn’t care what it was. It’s just comforting for me.”</i></p> <p><i>“That really helped me coming out to coffee mornings and get to know about the walks that really helped.”</i></p>

Key Learning Point 4

Survivors spoke about how family, friends and support groups allowed them to speak about the abuse which helped them to cope and help them to identify behaviours as abuse. Survivors praised the support workers and professionals from specialist services as having helped them through the experience. Again, the focus was on being allowed to express themselves and speak about the abuse and in some cases, to realise they are not alone in their experience. Exercise and coffee morning conversations were also beneficial as coping strategies.

3.3.3 Leaving an abusive relationship

Some of the survivors of intimate partner abuse who took part in the interviews were still in the relationship with the perpetrator. Where the survivors were no longer in contact/in the relationship with the perpetrator we explored their experiences of leaving that abusive relationship to understand barriers, challenges and any support needs they may have had at that point.

Leaving an abusive relationship	
Barriers to leaving	<p><i>"I used to think of ways of trying to get out. But the door was always locked. The dog was always in if he had to go somewhere. So, I knew, I knew that there was not a chance I was going to get out unless he either kicked me out or something else happened."</i></p> <p><i>"I was scared. It's just going to get worse for me. It's better to just be quiet and get on with it. "</i></p> <p><i>"I was so scared and I still am like if my marriage was to breakdown. What implications it will have on my children and the bigger picture of my children's lives that they will grow up without a dad"</i></p> <p><i>"I did think if I did speak about it, it's just going to make it worse for me."</i></p> <p><i>"They didn't know who to approach and then that fear if it came from then and the backlash"</i></p> <p><i>"I told my sister-in-law but she stuck up for him."</i></p> <p><i>"Just took me so long to get out of it, because for me it's been from day one since I got married, abuse from his family and him"</i></p>
The moment of leaving	<p><i>"The key was in the door. And it wasn't locked. And I stood 20 minutes debating whether to do a runner. And I thought it was a trap, he was trapping me. And I stood there crying thinking 'do I just do it? Do I just do it?' and then I thought 'what if he's on the other side of the door?' It was horrible. It took me 20 minutes to decide should I do it. And in the end, I thought 'what have I got to lose?' So, I did. And I've never run so far in my life. And when I stopped running, I just started crying and shaking. And that's when I went to the hospital. "</i></p> <p><i>"I realised that when I started having children like I had one or two children, I thought no, this is not the way it's not a solution to all this. We have to stop doing this and I have to work my way around all this."</i></p> <p><i>"I just got away from them, I had to move out."</i></p> <p><i>"I thought I'm not going to put up with this behaviour because obviously, end of the day, how much you can take, so how much you can avoid and ignore."</i></p> <p><i>"I said enough is enough. I said you have to move out, you can't live with me now. You have to move out I told them."</i></p>
<h4>Key Learning Point 5</h4> <p>Survivors identified a variety of barriers that act as a deterrent to them leaving the abusive relationship which ranged from practical reasons to emotional barriers and fears they had at the time. Survivors often spoke of a 'lightbulb moment' rather than a key trigger, where they knew they needed to leave.</p>	

3.2.4 Experiences of services

This section reflects on survivors' experiences of trying to access support. As many survivors were not aware of the support that was available, they did not seek specialist domestic abuse support. However, many did access support for other issues, such as housing, but did not speak to professionals about the abuse, partly due to concerns that it would make the abuse worse.

Agency	Experience
Police	<p><i>"He said he's not going anywhere because I'm not the one paying the rent, it's the government and you know he's like that, very abusive. I explained everything to the Police. The Police said 'no, the government's not paying the rent for you, the government's paying the rent for her, so you have to go. So, the Police tell him to go, and he went."</i></p> <p><i>"If you approach, they're not taking the case seriously and they should have police training."</i></p>
Health	<p><i>"I wanted to find somewhere I felt safe and the only place I could think of was the hospital."</i></p>
Specialist domestic abuse services	<p><i>"These are the places where you can see them and come and talk and express your feelings."</i></p> <p><i>"But I get support coming here. It makes me more strong knowing that... I can do anything."</i></p> <p><i>"This is like a safe net. I think places like this...it's a safe net."</i></p> <p><i>"I've been having my sessions and getting into, like, things that they do here. It does help because your mind's somewhere else, it's not focusing on what he did. ...if it hadn't have been for this place I think I really would have ended up somewhere pretty bad."</i></p> <p><i>"She was absolutely amazing and, I think on a few occasions, that she had tears in her eyes as well. And you don't see that. You don't see that in another professional when you're talking to them and telling them what's gone on."</i></p> <p><i>"For me, I think that's the comforting part that you know you're in good hands, you know you're safe, you know that you don't have to do that again, you don't have to go through that again."</i></p> <p><i>"It's all the team here. When I've gone to the office and felt a bit upset and I've asked to speak to someone. Two of them will come in and then you can say what you want, and I've learned now, over the months that I've been here, that I can talk without crying and getting worked up."</i></p> <p><i>"They've given me that light at the end of the tunnel that things can be better, things will get better. And you'll get better. "</i></p> <p><i>"Everyone was just so nice and making me welcome, listening, going to the office late at night if I couldn't sleep, going sitting in the office talking, and I think that's what I needed, just somebody to listen."</i></p> <p><i>"I think these have gone above and beyond with putting me back together and making me heal again."</i></p>

Key Learning Point 6

The experience of police services was mixed. Whilst some victims felt their response had been effective in holding the perpetrator to account and disrupting their abusive behaviour, others felt that more training around domestic abuse is needed. Whilst many survivors were not aware of the support available at first, once they did access it they had an overwhelmingly positive experience. All the survivors we spoke to mentioned how helpful support workers and professionals from specialist services were and how they helped them in feeling safe and able to express themselves.

3.2.5 The ideal response

Throughout the listening exercise survivors described what a good whole system response should look like. We have combined people’s comments under some common themes.

What does good look like?	
Specialist services	<p><i>“I think we need more grassroots like BAME connect and all these other organisations that are accessible and then it wouldn't stand out. And that those services are available in different languages.”</i></p> <p><i>“Something like BAME connect groups where people go where it's not known for Domestic Abuse support but known for supporting everybody, but there's an offer there.”</i></p> <p><i>“I could get a bit of guidance what are my options or financially I might think, could I survive on my own and that person that could then send me all the places that I could get those answers from.”</i></p> <p><i>“They should be asking “how is the situation at home at the moment?”</i></p> <p><i>“I need it to be confidential. I want to be able to talk to someone who doesn't even need to know my name. Who doesn't need to know anything about me.”</i></p> <p><i>“I don't want it to be that I say something that then they're going to say, oh, you could be at risk and now I need to have come and take you out of the situation No, I just want to sound off.”</i></p>
Raising awareness	<p><i>“It's just awareness, somehow people need to be aware that the service is available.”</i></p> <p><i>“When I was pregnant and I used to go to the maternity units and in the bathrooms and I loved it and that in the toilets they used to have the women posters that had serious stuff. Posters with little numbers which you could just peel a strip off and I really like that.”</i></p> <p><i>“BAME connect are now doing a Zumba activity and that during that session that we might informally put some leaflets out. Might plant a seed that'll be making them actually realise that we could talk to this person.”</i></p> <p><i>“There should be leaflets, but then again everybody can't read their own language, let alone English.”</i></p> <p><i>“I think in religious places, mosques, if went to Friday special prayer, there should be some awareness, from a religious point of view as well.”</i></p> <p><i>“A little signpost or something where they can access services and information in dual language. Dual language is very important.”</i></p> <p><i>“There needs to be more understanding of it and help from psychologists, doctors and nurses who are involved in the care.”</i></p> <p><i>“So, the professional that you come across in the doctor surgery, the dentist, the police station, the school, they should have a specialist, a person who is trained to deal with this.”</i></p>
Perpetrator support	<p><i>“I'd like to see something for men to get help like to let him know it's not right for you what you're doing it's not normal but they think in their head it's normal.”</i></p>

Key Learning Point 7

Survivors spoke about the need for specialist support to be visible and easily accessible. Key factors include information in a range of languages and available in everyday settings such as dentists, mosques and activity classes. Survivors want to be told of the practical options they have, so they can make a choice for themselves. Survivors also spoke about the way the support should be offered. Confidentiality was extremely important and the need for awareness raising of domestic abuse amongst professionals to enable them to ask the right questions. Support for the perpetrator to help them stop using abusive and harmful behaviours was also key.

Oldham Case Study 2

Tom and Kath enjoyed a long and very happy marriage. However, things changed when Kath was diagnosed with dementia and over time this completely changed her personality and behaviour and she became increasingly aggressive towards Tom. Kath was often confused and would forget who Tom was, leading to aggression and verbal abuse by Kath. At other times she was able to remember and would become upset about her behaviour and apologetic. Tom would stay calm throughout the abusive incidents and try to 'bring back' Kath to current times. Over the following years the abusive behaviour became more threatening and aggressive until one of the worst incidents where Kath put a knife to Tom's throat.

“She put the knife to my throat and I was frightened she would rip it across as the knife was touching me”

Tom felt a sense of guilt and self-blame because of the abuse. He asked himself 'what he had done wrong?' Social care became involved and Kath had carers coming in daily to provide personal care services. Whilst this was helpful in giving Tom respite from caring responsibilities, Kath's ongoing confusion meant she could not identify the carers and believed they were women Tom was having an affair with. On one occasion Kath accused him of cheating on her and became verbally aggressive to the woman providing her care.

“The lady went to get everything ready next thing Kath's screaming, I asked what happened she said my wife got upset and lashed out at the young lady saying get off me I don't want you”

As the abuse escalated, Tom's daughter rang the Alzheimer Society to help get him support. Tom was reluctant to engage, but once he started attending their sessions, he found a lot of comfort and support from seeing he was not alone. He also found support in his adult children,

“The one thing I did have on my side was the lads as they were always asking her ‘what are you doing to dad?’ and she kind of come out of it you know”

Tom found solace in everyday tasks which got him out of the house, such as walking, grocery shopping and going out to get a newspaper in the morning. About 10 months after the abuse began and following another key incident, Tom felt he could no longer keep Kath safe in their home. Following an incident, the ambulance was called so she could be assessed and after that she went into care.

The care home was able to manage Kath's aggressive behaviour and Tom was able to go see her every day and spend quality time together. For the first time throughout his experience of abuse Tom spoke with professionals about how he was feeling. He spoke with the staff at the nursing home, which he found helpful as he felt they understood Kath. In contrast he didn't feel confident talking to other professionals.

“I didn't feel that anybody knew her like I did. And my impression around GP's was that they didn't know themselves”

As a way of coping with his experiences Tom set up his own Springboard Group, to help support carers and those who are being cared for. He enjoyed not only the support he received, but also found it helpful to use his experience to help other people. Tom continues to raise awareness of dementia and domestic abuse.

Section 4: Understanding Professionals Experiences of Older Adults and Domestic Abuse in Oldham

4.1 Summary of feedback from the Professionals Survey

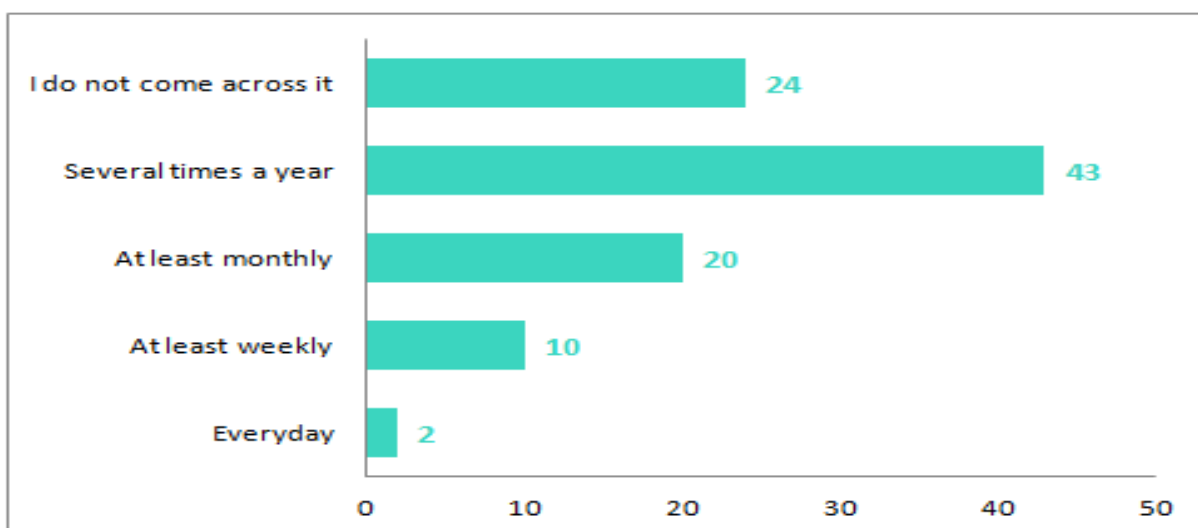
Between January and March 2022, we ran an online survey for any professional working in Oldham in both strategic and 'people facing' roles. The ambition of the survey was to understand the knowledge, awareness, and beliefs of practitioners in relation to older adults' experience of domestic abuse. The questions ranged from the identification of domestic abuse through to service responses. This section provides an overview of the findings.

4.1.1 Profile of respondents

Overall, we received **99 responses from professionals** from a wide range of organisations. The most common respondents were from health (acute setting) who made up 19% of respondents.

Percentage respondents	Service
19%	Acute Health Services
13%	Police
11%	Housing Services
11%	Social Workers
11%	Mental Health Services
11%	Primary Care
6%	Age UK Oldham
3%	Adult Social Care MASH/Front Door
3%	Oldham Domestic Abuse Service
2%	Substance Use Service
1%	Children's Social Care
9%	Other <ul style="list-style-type: none"> - Social prescribing team - Floating support - Victim Support

The majority of professionals (76%) who responded to the survey worked in a frontline role with the remainder working in managerial roles. Although respondents were primarily in frontline roles, the numbers that came across domestic abuse was variable with 41% coming across it on a daily or weekly basis and the remaining respondents coming across domestic abuse on a monthly basis (13%) or several times a year (43%). From the responses 24% felt they had not come into contact with an older adult experiencing domestic abuse.



Of those professionals who came into contact with older survivors, 78% worked with adults aged 50-75.

4.1.2 Professionals domestic abuse awareness and training

Overview of training needs

Over two thirds of professionals (67%) that responded to the survey stated that they had received training around domestic abuse and older people in Oldham in the last 2 years.

Learning from the feedback from older survivors highlights the need for professionals to be skilled in spotting the potential signs and situations and proactively starting the discussion. As such we asked professionals how confident they were in spotting the signs of domestic abuse in an older person aged 50 or over. Overall, many practitioners were more confident than not about spotting the signs with **46% scoring their confidence as 8 or above**.



Not at all confident	0	1	2	3	4	5	6	7	8	9	10	Extremely confident
	0	0	0	3%	9%	8%	22%	12%	23%	15%	8%	

When asked what the barriers or challenges professionals faced in spotting the signs of domestic abuse in older survivors they said:



- **Physical and mental impairment due to older age:** many professionals noted that cognitive issues, such as dementia, memory loss and other health issues, such as a speech impairment make it more difficult to communicate with older people.
- **Reduced ability to speak with patients:** this is both due to COVID 19 restrictions as well as older survivors being more likely to have a carer with them. This reduces opportunities to speak with them confidentially.
- **Abuse is likely to have gone on for a long period of time:** professionals felt that older survivors are more likely to have experienced domestic abuse for longer and thus normalise or minimise the abuse.
- **Shame/stigma:** professionals felt that older survivors take more care to hide signs of abuse due to the shame and stigma associated with it. Professionals felt that generational attitudes are that home life is a private matter and it is not socially acceptable to discuss

topics like domestic abuse. Professionals felt older survivors would be less willing to speak about domestic abuse, making it more difficult for professionals to explore.

Although professionals were somewhat mixed in terms of confidence to spot the signs, once we asked how confident they would be in knowing what to do, the result showed a more confident picture with 68% scoring their confidence as 8 or above. This finding highlights that professionals are less confident in being able to spot the signs, but reasonably confident in knowing what to do if they do spot them.

Confidence knowing how to support an older survivor												
Not at all confident	0	1	2	3	4	5	6	7	8	9	10	Extremely confident
	0	0	0	2%	3%	6%	9%	12%	25%	29%	14%	

This result was mirrored when we asked about professionals' confidence in knowing what to do if they received a direct disclosure of domestic abuse, with 72% scoring their confidence as 8 or above. This highlights that professionals are more confident in knowing how to respond to and support victims that proactively disclose domestic abuse than they are in starting the discussion.

Confidence in dealing with a direct disclosure from an older survivor												
Not at all confident	0	1	2	3	4	5	6	7	8	9	10	Extremely confident
	0	0	0	0%	3%	3%	6%	17%	22%	25%	25%	

When asked what would impact professionals' confidence in knowing how to respond, they comments ranged from a lack of confidence in other services responding appropriately and the appropriateness of the DASH risk assessment for older people experiencing long term abuse. Another common issue was the reluctance by survivors to access support and engage with specialist services. Positively, there were professionals who also noted that if they were unsure on what to do, they would seek help from appropriate colleagues.

4.1.3 Professionals perceptions of domestic abuse and older adults

Our next questions explored the attitudes and beliefs of professionals about older adults. This was completed by using a range of statements presenting myths and stereotypes about domestic abuse and asking practitioners to rate the extent to which they agreed or disagreed with each statement. There was a good level of understanding about the dynamics of domestic abuse:

- **76% agreed or strongly agreed that older people are more likely to want to remain in a relationship with the person abusing them;** local research shows that older victims can experience abuse for longer periods of time before getting help in comparison to younger counterparts. This may be due to the length of time they have been in the relationship, financial dependency or wider barriers to disclosing abuse.

"It's a subject that is still taboo, especially with the older generation whose mindset is 'I've made my bed so have to lie in it'"

- Professional, Oldham

- **87% disagreed or strongly disagreed that domestic abuse experienced by older adults is usually lower risk;** domestic abuse can put the victim at high risk of harm regardless of the age of the victim. An analysis of Domestic Homicide Reviews found that domestic homicide victims aged over 50 made up 29% of all intimate partner homicide victims and 62.5% of all adult family homicide victims.¹¹ It's crucial that professionals do not minimise risk experienced by older victims of abuse.
- **66% agreed or strongly agreed that older adults experience more barriers to leaving abusive relationships.** Whilst all victims face barriers to leaving abusive relationships, the feedback from our survivors survey highlights that older victims face a wide range of additional challenges to disclosing and/or leaving an abusive relationship.

"Long-term relations can falsely give the impression to an individual that abuse is a normal thing."

Professional, Oldham

- **52% disagreed or strongly disagreed that dementia is the cause of most domestic abuse amongst older adults.** Whilst dementia may affect someone to become more aggressive or unpredictable, there is no research linking dementia to perpetrating domestic abuse. It's also important to note that the majority of adults with dementia do not go on to be a perpetrator of domestic abuse.

"I have supported people whose loved one has dementia and their behaviour and personality has changed which can lead to frustrations and feelings of loss. This resulted in the carer experiencing carer stress and their loved one coming to harm."

Professional, Oldham

There were several other questions within our scale that caused a significant number of neutral responses, which suggest that professionals were unclear about whether the statement was true or false. These could be areas in future training programmes to focus on in terms of improved awareness. These included:

- **45% were neutral that domestic abuse is really common amongst older people.** Domestic abuse is experienced by adults in all age groups, and the fact that 3,414 older adults reported domestic abuse in Oldham in 2020/21 shows that domestic abuse is not uncommon in older age groups.
- **39% were neutral and 29% agreed that it is more difficult to spot domestic abuse when the victim is an older adult.** Older survivors of domestic abuse can vary somewhat from their younger counterparts due to social, cultural and physical factors. Not only are older adults less likely to disclose, but their perpetrator may also be a carer and be in a position to mask and/or hide the abuse. Older victims may also have health issues which make it more difficult to spot signs of abuse. Professionals in Oldham need to be aware of these issues and how to spot the signs.

One area in which professionals agreed with a statement which was a misconception was:

- **47% agreed or strongly agreed that older victims are more likely to be offended if professionals ask about domestic abuse.** It's important to note that local research shows older survivors want professionals to ask about their situation and issues of domestic abuse. This is especially important for survivors who are less likely to disclose the abuse themselves and may be less aware of the support available to them. This highlights the need for professionals to feel comfortable starting difficult conversations about abuse with older adults and to explore sensitive the issues.

“Professionals need more training around being comfortable asking the question. I wanted her to ask me but wasn't able to raise it myself”

Older survivor, Oldham

4.1.3 Exploring the support needs of victims and families

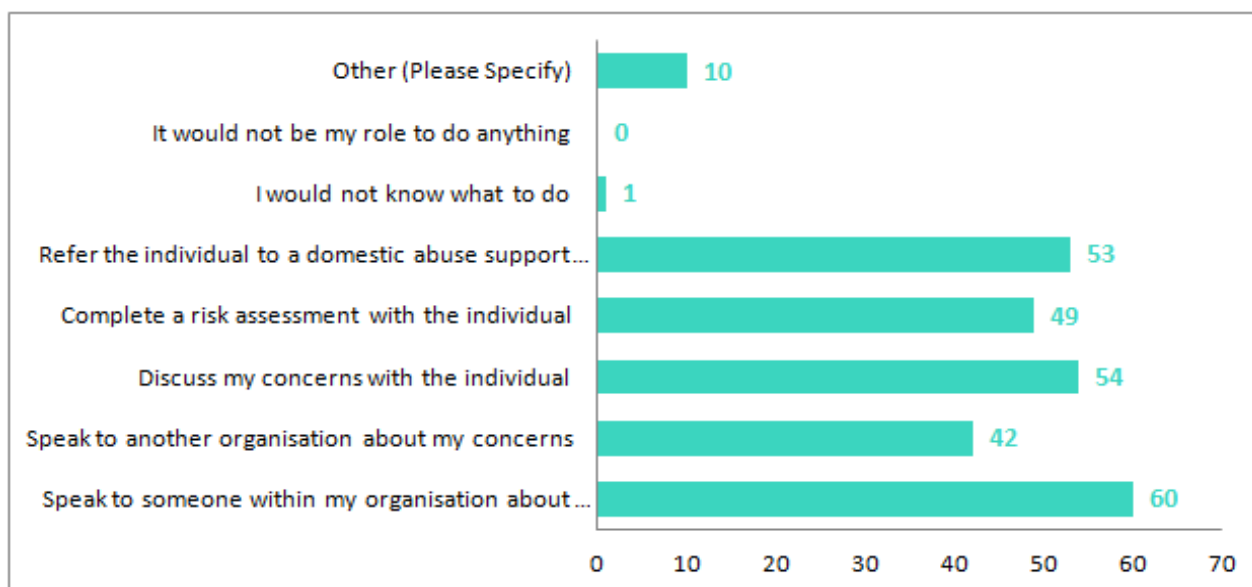
Understanding older survivors

We asked professionals about their experiences of working with older victims and survivors of domestic abuse, and what they thought their most common support needs were. Professionals felt that the most common needs for older survivors were mental health (89%) and being able to remain safely in their own home (83%). This reflects the feedback from the survivors' survey. When professionals were asked whether they found that the needs of older survivors differed from those under the age of 50, most respondents noted a range of different needs. The most common ones mentioned were additional health challenges, having a dependent relationship, not wanting to start over again at an older age, attitudinal differences in feeling more stigma and shame, and having fewer support networks making them more vulnerable to isolation and loneliness.

Professionals understanding of older survivors	
Additional challenges	<p><i>“They can be more 'set in their ways' and unwilling to see change”</i></p> <p><i>They often have no support networks and therefore see the only option is to remain with their perpetrator (if a partner). There can also be issues with mental health or dementia which can impact on their understanding of the situation and any risks.”</i></p> <p><i>“Yes, fear that people may not believe you and the response from professionals may not be helpful.”</i></p> <p><i>“More dependent relationships, more dependent needs.”</i></p> <p><i>“Older people will self-medicate with alcohol rather than drugs.”</i></p> <p><i>“Needs differ in regards deterioration of health and vulnerability”</i></p> <p><i>“Yes - may feel they have nowhere to go, that they will lose their home so feel there is no alternative.”</i></p> <p><i>“Do not always recognise it is abuse and that they don't have to live with it support/choices are available”</i></p> <p><i>“Less social support networks”</i></p> <p><i>“Difficult to move after many years and difficult to leave partner if married very young. Don't want to disclose to their children, unspoken. They accept this is how the person is. Poor physical health, difficult financial situation and partner manages all the money. Poor support system.”</i></p>

4.1.4 Overview of domestic abuse support and pathways

Our next questions explored the support pathways that exist for older survivors in Oldham. When professionals were asked what they would do if they identified an older adult experiencing domestic abuse, no one said, ‘it wouldn’t be my role to do anything’ and only one respondent stated they would not know what to do. The most common answer was that they ‘would speak to someone in my organisation’ (92%), followed by ‘discuss my concerns with the individual’ (83%) and ‘refer the individual to a domestic abuse support service’ (82%).



Whilst most professionals felt confident in supporting older survivors, **40% felt that there was not enough awareness raising about what professionals should do when they identify an older adult experiencing domestic abuse and 27% were not clear about the pathway to follow for professionals who need support.** This finding suggests that referral pathways into services supporting older victims of domestic abuse in Oldham should be clarified.

Professionals were also given free text to provide more detail. Most of the responses mentioned that professionals would follow safeguarding processes. Answers also included making a report to police and doing the DASH with the victim. However, the types of abuse identified by many older survivors may mean they are not eligible for support under a Section 42 Safeguarding process and do not meet the threshold for support following a DASH risk assessment. The verbatim quotes within this section are all from professionals in Oldham:

What would you do if you identified an older adult experiencing domestic abuse?	
Responses	<p>“Give information about charities and helplines and potentially seek arrest of perpetrator if reasonable at the least separate the two”</p> <p>“I would raise a safeguarding concern with Social Care”</p> <p>“Referral to MASH (if no allocated SW involved) to deal with safeguarding issue”</p> <p>“I would feel confident in completing the DASH risk assessment to start the conversation about DV&A with clients.”</p> <p>“Safeguarding where care and support needs are identified. Services, information and police for others”</p>
Challenges	<p>“Lots of info about domestic abuse but it's not tailored to 50 plus”</p>

*"I feel there are extremely limited services and support for any vulnerable adult, not just domestic abuse. This is not only from the LA but also from the police."
"Physical health and mobility issues limit temporary accommodation options."
"Referral could be simpler. One central hub rather than multiple agency referrals. We have internal safeguarding forms. Have to contact police, social workers, MASH and DASH. Need one contact to take ownership and fix it"*

4.1.5 What needs to improve?

Overall professionals felt further development was required around the use of DASH and MARAC processes to understand and risk assess cases involving long standing domestic abuse characterised by coercion and control, as well as improvements in the collection and use of data on older people and domestic abuse.

"As part of the quarterly stats, we don't break it down by age. But that's the other thing is that we don't routinely look at domestic abuse by ethnicity either and I bet it'll all be pretty much white reported"

Professional, Oldham

Professionals highlighted the need to routinely report on domestic abuse figures by combining insight from police, MASH and adult social care data and breaking the figures down by age, ethnicity, and relationship. Professionals also highlighted the need for consistency of recording where domestic abuse may be categorised as another form of safeguarding concern.

Section 5: Key Learning and Recommendations

5.1 Recommendations

Provision and Pathways

- The OSAB and DA Partnership to review current domestic abuse pathways in Oldham to ensure the early identification of abuse and appropriate support for older survivors experiencing high levels of coercion and control.
- The OSAB and DA Partnership to consider co-locating specialist domestic abuse services in spaces that older people routinely access such as community groups and health services.
- The OSAB and DA Partnership to review the support options for older survivors who depend on the person using harmful behaviours for their care and support needs.
- The OSAB and DA Partnership to consider how Oldham's emerging perpetrator programme applies to older survivors of domestic abuse.

Training and Awareness

- The OSAB and DA Partnership to work with survivors of domestic abuse to co-produce a public awareness campaign using visual images of older people and examples of non-physical types of abuse.
- The OSAB and DA Partnership to develop a bespoke training resource for front line professionals covering the different relationships and forms of abuse experienced by older adults, barriers to disclosure, how to initiate sensitive conversations, and how to safeguard survivors who choose to remain in a relationship with the person using harmful behaviour.
- Domestic Abuse services should nominate team champions to promote the identification of older survivors of domestic abuse across health, social care police and community services. This will help to increase professional's confidence in asking the right questions and knowledge of where to refer older adults for support.

Understand population-based barriers

- The OSAB and DA Partnership to commission/explore the impact of cultural factors experienced by domestic abuse survivors from minority ethnic communities and use the findings to improve local services.
- The OSAB and DA Partnership to develop additional training and accessible information resources designed to address the barriers experienced by older survivors of domestic abuse from minority ethnic communities.

Data and Intelligence

- The OSAB and DA Partnership to review the collection, reporting and categorisation of types of domestic abuse by relevant agencies to establish a single data reporting framework to better understand the needs and prevalence of domestic abuse experienced by older adults.
- The OSAB and DA Partnership to request relevant agencies to collect data on the relationship between the victim and perpetrator to ensure there is an understanding of the prevalence and nature of domestic abuse perpetrated by family members.

Identifying domestic abuse in routine processes

- The OSAB and DA Partnership to work jointly with frontline health and social care services to consider domestic abuse as part of the routine enquiry for older adults; addressing any barriers to communication and confidentiality due to health or translation needs.
- The OSAB and DA Partnership to including domestic abuse (by the cared for or by the care giver) as a standard consideration within carers assessments.
- The OSAB and DA Partnership to review the current DASH risk assessment for older survivors and learn from best practice in other areas.

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