



Supporting Older Survivors Summary
Solace & Dewis Choice



The aim of the toolkit is to address gaps in practical knowledge. The toolkit was created in partnership with Dewis Choice (an initiative based at the Centre for Age, Gender and Social Justice - Aberystwyth University).

In 2019, Solace began with 'Visible Women' project, to provide specialist domestic violence and sexual abuse (DVSA) support for older survivors in London, defining 'older survivor' as 55+.

There is lack of both literature, research and guidance when it comes to older survivors. Older survivors experience 'service poverty'.

Dewis Choice has evidenced that older survivors of DVSA are turned away from specialist domestic abuse responses/resources e.g. IDVAs and MARACs.

Full report available here: <https://bit.ly/3xmQRsK>




1 in 5

domestic homicides
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aged 60+

Common issues with traditional term “elder abuse”

- Misunderstandings about the nature of power + control dynamics between intimate partners/family members
- Lack of awareness of the coexistence of dementia, older LGBTQ+ survivors, caregiver/ receiver dynamics.
- High no. of hospital services accessed by older survivors.
- Cases of domestic homicide amongst older demographic are rising at the fastest rate of any age group per head of the population.
- 1 in 5 domestic homicides now involve victims aged 60+
- It is important to recognise how age, gender and sexual orientation as well as age-related illness or disabilities intersect to create complex and unique experiences for older survivors
- Mental capacity should always be presumed unless a formal assessment deems otherwise (MCA, 2005). Practitioners should be wary of claims an older survivor lacks capacity and seek proof of claims made by others of the right to speak.
- Older survivors have the same right as their younger counterparts to make decisions others may deem to be unwise.



“Coercive control targets a victim’s autonomy, equality, liberty, social supports and dignity in ways that compromise the capacity for independent, self-interested decision-making vital to escape and effective resistance to abuse.”

Evan Stark (Sociologist)

Refuge spaces for those with limited mobility or care and support needs are scarce and research interviews with older people suggest that refuge is an option only a few older women would consider.

It is worth noting that the new DA Act 2021 introduces a more robust response to those fleeing DVSA - from 5 July 2021, you have an automatic priority need if you are homeless because of domestic abuse.

Analysis of domestic homicide reviews highlights how, in the majority of cases involving an older person, caring responsibilities emerged as a theme in both intimate partner homicides and adult family member homicides.

Interestingly, the findings show how, in cases of intimate partner homicide, the victim was more likely to be the cared for, and in adult family homicides the victim was more likely to be the carer. The findings suggest that caring situations should be carefully considered.

It is important not to assume that someone in their eighties may not wish to leave their home, obtain a divorce, or start a new intimate relationship in later life.



1. DV/SA happens less among older people

The findings from the longitudinal study at Dewis Choice showed that the intensity of domestic abuse increased in cases of long-term domestic abuse, when the abuser retired, or with sudden onset or chronic illness, or where there was a caring dynamic which increased the proximity and amount of contact between survivor and perpetrator

2. Bruises happen a lot as you get older, there's no need to ask further questions.

Dewis Choice highlighted how domestic abuse was not recognised by practitioners in people aged 60+. There was a lack of professional curiosity to explore the range of abuse and/ or the existence of coercive control. They also found that data management systems did not adequately record the level, pattern, and nature of the abusive behaviours

3. Older, frail people can't perpetrate abuse

Anyone can perpetrate domestic abuse, just as anyone can experience it, and this applies to people who have high levels of care and support needs

4. When someone has dementia, they can't be trusted to tell you about any abuse they're experiencing.

It is more helpful to think about what is usual for the individual in terms of their memory patterns, communication, and presentation rather than making blanket assumptions about people who have dementia. Victims with a dementia diagnosis will still benefit from the resources and support of a domestic abuse practitioner.

5. Family members are good carers and always have the older person's best interests at heart.

Whilst partners and family members can provide excellent care and support, when domestic abuse exists in a relationship, increased dependency on the abuser can be manipulated to exert control over the older person and further isolate them from sources of external support.

There is significant under-reporting and under-recording of domestic abuse by professionals which means the extent of problem is unknown.



The Impact of DV/SA on an older survivor

The 4 common reactions to domestic violence and sexual abuse are; **a fight response, a flight response, a freeze response and a flop response.**

A 'fight response' includes:

Fighting back; Arming self to defend against attack; Shouting or screaming at an attacker or to others for help.

A 'flight response' includes:

Running or backing away; Locking self in a safe place.

A 'freeze response' includes:

Inability to move or take action; Becoming quiet or silent; Dissociation;

A 'flop response' includes:

Becoming physically 'floppy'; Becoming compliant (not to be confused with consent); Dissociation; Feeling disconnected from self; possible loss of consciousness.

Having an understanding of trauma and the ways it can impact on an individual is crucial to providing empathic and effective support to survivors of current and/or historical domestic abuse. Even if you don't work in a mental health service, being curious about trauma can benefit you professionally by offering an insight into survivor's experiences, and putting you in the best possible position to support them.





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