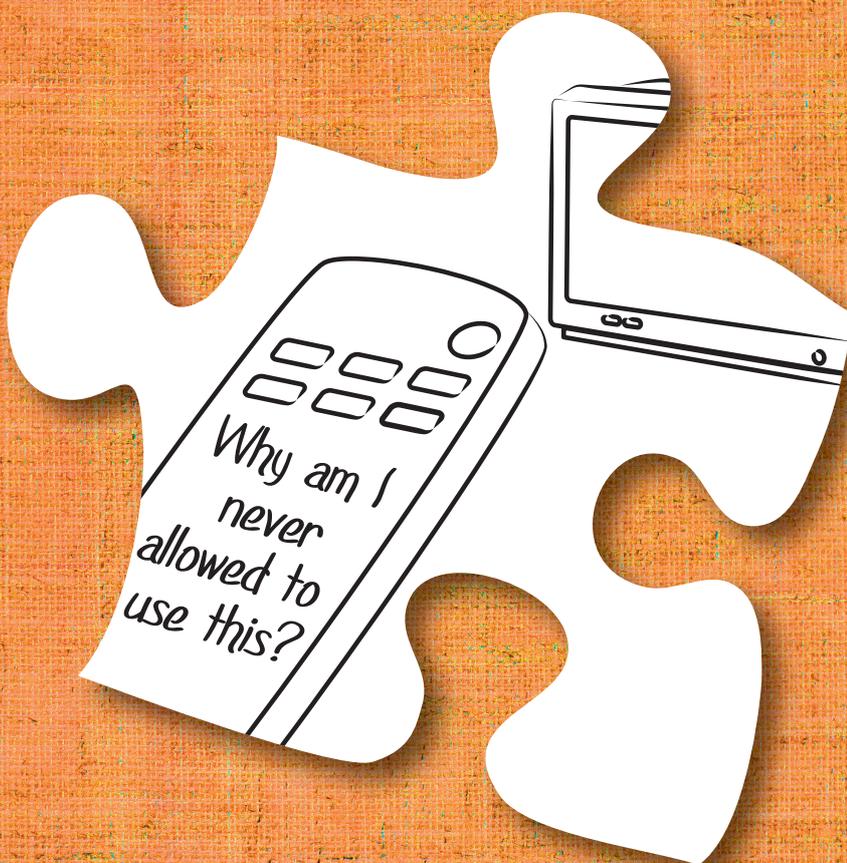


MIND THE GAP!

**IMPROVING
INTERVENTION IN
INTIMATE PARTNER VIOLENCE
AGAINST OLDER WOMEN**

UK National Report

Bridget Penhale and William Goreham



UK National Report

Summary of research and other activities carried out in the UK

Bridget Penhale

William Goreham

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February 2013

Mind the Gap!

Bridget Penhale and William Goreham

School of Nursing Sciences
Faculty of Medicine & Health Sciences
Edith Cavell Building
University of East Anglia
Norwich Research Park
Norwich NR4 7T
United Kingdom

Telephone: 01603 597016
Email: b.penhale@uea.ac.uk

www.uea.ac.uk/mindthegap
www.ipvow.org



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During the research and evidence-gathering phases, many organisations allowed us extensive access to case files, policy documents, training material and practitioners. The sensitive nature of the subject placed a significant burden on each organisation to ensure that the sharing of material was executed with due cognisance of legal and ethical issues. Without such cooperation, transparency and candour, the project could not have taken place.

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We would also like to thank our colleague Neil Perkins for his expertise and assistance with the case file analysis.

In order to avoid inadvertently omitting any names, we recognise the participation of all individuals who have contributed to the success of the project by listing the following organisations, teams and departments:

Action on Elder Abuse; Age UK: National Safeguarding Advisor and Norfolk Branch; Association of Chief Police Officers (ACPO): Domestic Abuse, Honour Based Violence, Stalking & Harassment Portfolio and Violence, Public Protection & Risk Portfolio; Beyond Existing: Support Groups For Adults Who Have Been Abused; Cambridgeshire County Council: Safer Communities Partnership; College of Policing (CoP); Crown Prosecution Service (CPS): Equality & Diversity Unit and Violence Against Women & Girls portfolio; Essex County Council: Safeguarding Adults Board; Essex Police: Public Protection Command; Greater Manchester Police: Public Protection Investigation Unit; Gwent Police: Domestic Abuse Unit; Home Office: Interpersonal Violence Policy and Delivery; Humberside Police: Crime Policy Unit; John Curry Associates Ltd; Metropolitan Police: Safeguarding Adults Portfolio; National Policing Improvement Agency (NPIA): Public Protection Training; New Dawn: Counselling & Training Services; Northamptonshire Police: Crime Investigation Department; Norfolk Constabulary: Vulnerable People Portfolio and Information Management; Norfolk County Council: Adult Safeguarding; Residents & Relatives Association; Sheffield City Council: Safeguarding Adults; Solace Women's Aid; Southend Borough Council: Safeguarding Vulnerable Adults; Sussex Police: Specialist Crime Directorate; Welsh Government: Access to Justice Pilot Project; Wiltshire Police; Women's Aid: National Office; Worcestershire County Council: Adult Protection.

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Preface

It is enshrined in law throughout Europe that all persons have the right to live their lives free from violence and abuse. This national report summarises how the *Mind the Gap!* project endeavoured to reinforce this right by researching interventions undertaken by English and Welsh law enforcement and social support organisations in tackling intimate partner violence (IPV) suffered by older women.

The need for such research was identified in 2010, by the *Intimate Partner Violence Against Older Women (IPVoW) Study*^{1&2} which found that the highly complex issue of IPV is often further compounded by the dynamics of ageing; a factor which is frequently not recognised or sufficiently understood by law enforcement and social support practitioners.

'*Mind the Gap!*' is a Europe-wide project involving institutions from Germany, Poland, Hungary, Portugal and Austria as well as the UK, which pursued the following aims:

- Gain further insight into possible efficient, effective and adequate interventions and support by law enforcement agencies in respect of intimate partner violence (IPV).
- Raise awareness within law enforcement and social support agencies about older women as victims of IPV.
- Encourage agencies to tackle the problem and to improve outreach to this subgroup of victims.
- Build the capacity of law enforcement and social support agencies so that they can respond to and intervene successfully in these cases.

For the purpose of this document, the term 'older women' refers to women aged 60 years and over; 'IPV' includes sexual abuse and harassment, emotional, verbal & psychological abuse, financial abuse and exploitation, coercive control, stalking and neglect, as well as physical violence (assault). These definitions were established to ensure a consistent approach to research and common understanding across all participating partner countries.

It is acknowledged that the terms 'victim' and 'perpetrator' used in this document, could be considered somewhat prejudicial and judgmental, but these have been maintained to provide continuity with the previous *IPVoW* project and for ease of explanation across the partner countries.

¹Nagele B, Bohn U et al. (2010) *Intimate Partner Violence Against Older Women: Summary Report*. Gottingen: EC

² Penhale P, Porritt J, (2010) *Intimate Partner Violence Against Older Women: National Report (UK)*. Sheffield University: EC

1. Methodology

In order to achieve the stated aims of the project the following objectives were pursued:

- Research law enforcement interventions into cases of IPV against older women
- Research social support organisations interventions into cases of IPV involving older women
- Develop guidance aimed at improving the capacity of social support agencies to intervene in situations of intimate partner violence against older women
- Develop guidance aimed at improving the capacity of police and CPS to intervene in situations of intimate partner violence against older women
- Develop training material aimed at improving the capacity of police and CPS to tackle intimate partner violence against older women
- Develop publicity and campaign materials aimed at increasing awareness of older women, professionals, practitioners and the general public about intimate partner violence against older women

The primary means of UK-based research comprised a study of 150 police files; all of them were quantitatively analysed and 30 were subject to in-depth (qualitative) analysis. This was complemented by two national workshops; one for social support practitioners/specialists and the other for their counterparts from law enforcement.

Quantitative research was undertaken by means of analysing data entered into a computerised (SPSS) programme in accordance with a questionnaire style 'data set'. The qualitative 'in-depth' research was achieved by selecting files which were consistent with a case selection criteria and analysing them in accordance with a pre-determined typology. For further information regarding the format or contents of the research instruments please contact the project team as detailed earlier in this report.

Seven police forces, geographically spread across England and Wales, participated in the research by allowing access to relevant case files all of which were contained in electronic databases. It was agreed that any data or documents produced by the project team would be presented in such a way as to prevent specific cases being attributed to the forces in question, reducing the likelihood of personal information regarding victims, perpetrators, witnesses or law enforcement practitioners being inadvertently disclosed.

The participating police forces represented a balance between urban and rural locations and included:

- An area of 600 square miles with a population of approximately 70,000, comprising 5 well-populated urban locations and also some rural areas
- A mainly rural area of 2,000 square miles with a population of approximately 875,000, of which 38% reside in 4 major built-up areas

- An area of 1,400 square miles with a population of approximately 1.1 million, comprising 1 densely-populated 'sub-region' and 2 rural 'sub-regions' which are more sparsely populated
- A predominantly rural area of 1,346 square miles with a population of approximately 613,000 - many of whom reside in a single large town
- A major metropolitan area of 493 square miles, comprising a number of urban boroughs with a total population of approximately 2.7 million
- A major metropolitan area, comprising urban boroughs as well as some small rural locations, with a total area of 620 square miles and a population of approximately 7.2 million
- An area of 913 square miles with a population of approximately 692,000, comprising 6 densely-populated towns and some rural areas

All of the cases made available for analysis were classified as domestic violence (DV) or domestic abuse (DA) in accordance with the 2005-2012 shared ACPO, CPS and UK Government definition:

*'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality.'*³

Relevant cases were pre-selected by participating police forces in accordance with the selection criteria provided by the research team; the sampling, however, was randomised in terms of type of IPV, outcome and performance of police practitioners. The files were then filtered further to identify cases involving intimate partners and female victims aged 60+. The time frame for case retrieval was 2006 – 2012.

The overall quality, detail and extent of the material researched was determined by a combination of the technology used by different police forces, the dynamics of their databases and the level of access permitted to the researcher. The integrated databases in 6 forces revealed comprehensive information concerning subjects from safeguarding to criminal investigation. Access to information in the remaining force was restricted to a stand-alone domestic-violence database.

As a result of the randomised nature of the sampling and the omission of any stratification criteria, 76% of the total 150 cases quantitatively analysed for the project involved victims aged 60-69 years. An attempt was made to redress the age balance during the qualitative analysis of 30 cases, particularly when a typology necessitated the over-representation of older age groups.

Given the nature of the selection criteria, none of the cases researched featured female perpetrators and all involved heterosexual relationships.

³ ACPO (2008). *Guidance on Investigating Domestic Abuse*. Wyboston: ACPO

Each file detailed a single investigation involving one couple. Some of the couples researched had been involved in previous incidents of IPV, the circumstances of which were duly considered within the scope of the analysis. All of the cases analysed provided adequate and often comprehensive details of the police response, from initial action to criminal investigation and safeguarding activities where available. Further insight was provided in some forces by investigation logs, free text notes and supervisors' comments.

The main shortfalls were lack of explanation of CPS decisions, very brief updates of court proceedings and understandably little detail regarding the outcome of safeguarding interventions by other agencies.

The evidence identified by the file analysis and expert workshops, together with the findings from the *IPVoW* project were used to develop the following products (all of which are available from the project team as detailed on the title page of this inside of the front cover of this report):

- Recommendations for Police and Crown Prosecution Service Guidance
- Training material for Police and Crown Prosecution Service
- Guidance for Social Support Organisations
- Information for Social Support practitioners
- Publicity and Campaign Materials

The remainder of this report details the findings from the quantitative and qualitative analysis of case files, together with recommendations developed from the case file analysis, national workshops and associated activities.

2. Quantitative Analysis

As previously stated quantitative research was undertaken by means of analysing data gathered from 150 police case files in accordance with a questionnaire style 'data set'. Relevant cases were pre-selected by the participating police forces, with random sampling in terms of type of IPV, outcome and performance of police practitioners. Data analysis was undertaken through use of SPSS software.

The 'data set' comprised the following sections:

- Victim-related characteristics
- Perpetrator-related characteristics
- Incident-related characteristics
- Criminal justice response

Table 1 provides a breakdown of the number of files analysed per force. For purposes of anonymity these are referred to as 'Force A', 'Force B' and so forth. The smallest number of files came from 'Force A' (17 cases - 11%) whilst the greatest number came from Forces D and F, each with 25 (17%) of the cases.

Table 1: Breakdown of number of files per police force

	Number	Percent	Valid Percent	Cumulative Percent
Force A	17	11.3	11.3	11.3
Force B	25	16.7	16.7	28.0
Force C	20	13.3	13.3	41.3
Force D	25	16.7	16.7	58.0
Force E	18	12.0	12.0	70.0
Force F	25	16.7	16.7	86.7
Force G	20	13.3	13.3	100.0
Total	150	100.0	100.0	

2.1 Victim-related characteristics

The victim related characteristics of the study identified a number of key themes based on the following clusters:

- Victims' and perpetrators' ages
- Health and social aspects of victims
- Relationship between victims and perpetrators

2.1.1 Victim and perpetrator ages

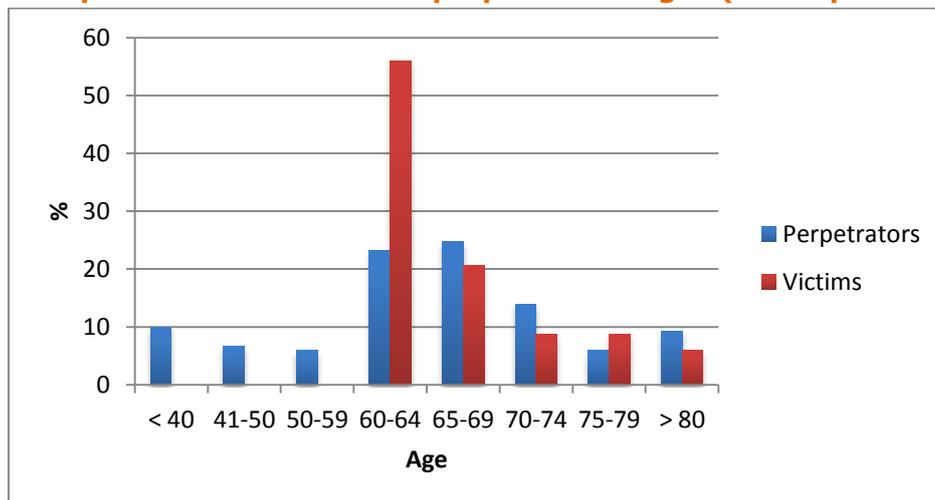
The ages of victims and perpetrators ages were determined in accordance with the incident which was the subject of the police file; this is referred to throughout this document as the 'last reported incident'.

It was established that just over three-quarters (76%) of the cases analysed concerned victims aged between 60-69 years old, and over half (56%) were in the 60-64 years age group. The 70-74 and 75-79 age groups each constituted 9% of reported victims, whilst victims aged over 80 years constituted 6% of the sample.

The age profile of the perpetrators was somewhat different: just under half of the sample (49%) were aged between 60 - 69 years. 14% of perpetrators were in the 70-74 years age range, and 10% in the 55-59 age range. Perpetrators aged over 80 years old accounted for 9% of the sample, 7% were in the 41 to 50 years age group, 6% were aged between 50-54 years and 6% were 75-79 years old.

Chart 1 details a comparison of the ages of victims and perpetrators at the time of the last reported incident.

Chart 1: Comparison of victims' and perpetrators' ages (last reported incident)



2.1.2 Health and social aspects of victims

Only 29 victims (19%) were reported within the police files as having a serious or chronic physical illness. However, 12% had some form of physical disability, 15% had a mental health problem and a further 5% allegedly had dementia. A drug or alcohol problem was recorded for 5% of the victims. It should be noted, however, that much of this data is based on information which was observed or deduced by police officers and was not always corroborated.

It was apparent that in the majority of cases police officers did not establish the precise medical condition of the victim, but instead made a 'diagnosis' based on their perception of the situation. Issues concerning decisional capacity, mental health and dementia were the most acute, and revealed a potential knowledge gap regarding the Mental Capacity Act 2005, which will be discussed further.

Table 2 illustrates the distribution of medical conditions amongst victims, as recorded by police.

Table 2: Distribution of medical conditions regarding victims

Recorded Medical Condition	%
Serious/chronic illness	19
Physical disability	12
Mental illness/disability	15
Dementia	5

In the majority of cases (79%), the victims were not in any employment at the time of the incident, and 96% were cited as being in receipt of a state or private pension. Only 10% of files evidenced victims who were financially dependent on perpetrators, which may not be surprising, given that almost all of the women were shown to be in receipt of pension payments.

When considering the location of victims, it was established that the majority (61%) resided in an urban area. 30% were described as living in a rural location. Only 6% of the 150 victims were identified as having an immigrant background.

2.1.3 Relationship between victims and perpetrators

The analysis showed that 11% of victims were regarded as care providers for perpetrator at the time of the last reported incident. Conversely, 20% of victims were regarded as recipients of care from perpetrators and only 5% of the victims studied were receiving care from another person or organisation. These findings are further illustrated in *chart 2* (albeit from the perpetrators' perspective)

Chart 2: Perpetrators as care-recipients and care-providers

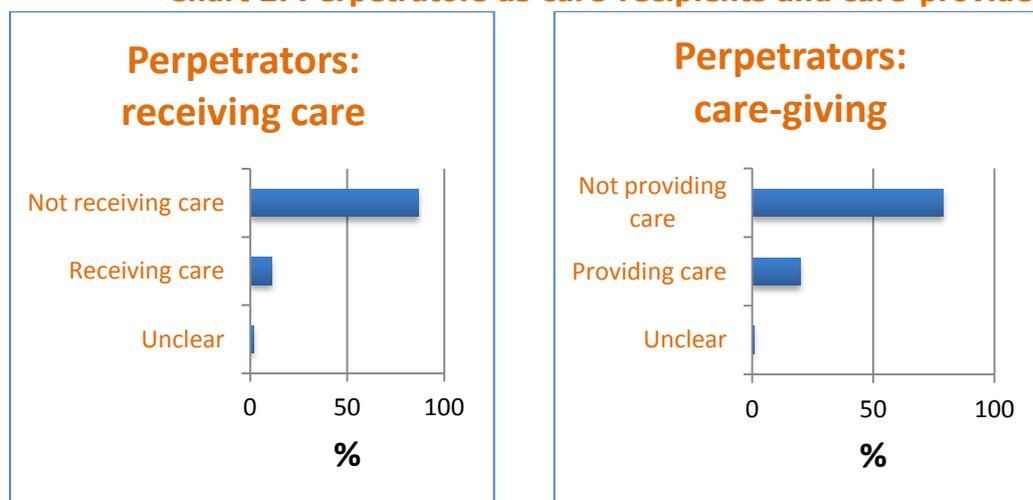


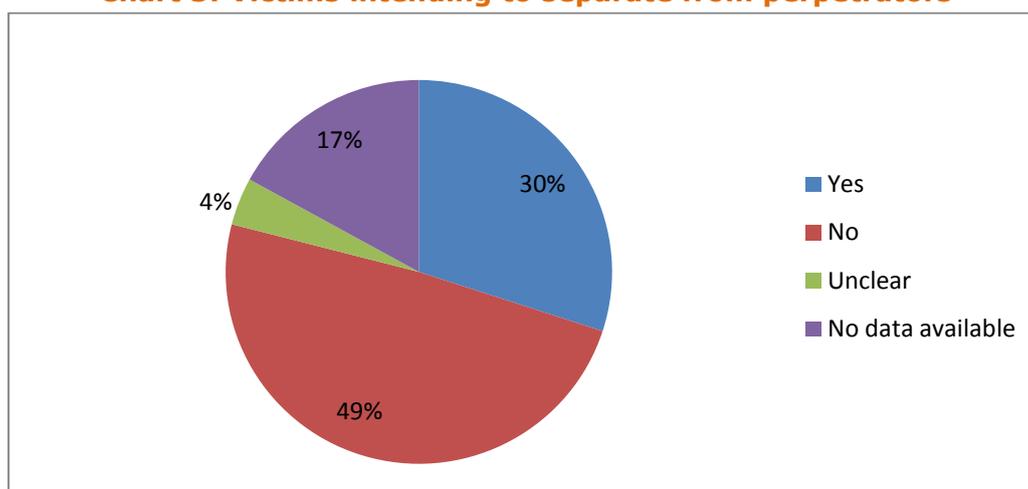
Table 3 illustrates that the two thirds of victims (66%) lived with perpetrators as a spouse, while a further 15% were cohabitating intimate partners at the time of the last reported incident. Nine percent of incidents related to former intimate relationships.

Table 3: Relationship between victims and perpetrators

	Number	Percent	Valid Percent	Cumulative Percent
Spouse, living together	99	66.0	66.0	66.0
Intimate partners, cohabiting	22	14.7	14.7	80.7
Intimate partnership, not living together	6	4.0	4.0	84.7
Spouse, divorced/separated, not living together	9	6.0	6.0	90.7
Former intimate partnership	13	8.7	8.7	99.3
Other	1	.7	.7	100.0
Total	150	100.0	100.0	

As highlighted in *chart 3*, below, 49% of victims did not intend to separate from the alleged perpetrator, whilst 30% stated (at the time of the incident/police involvement) that they did intend to separate. No information or unclear information accounted for the remaining 21% cases in relation to this issue.

Chart 3: Victims intending to separate from perpetrators

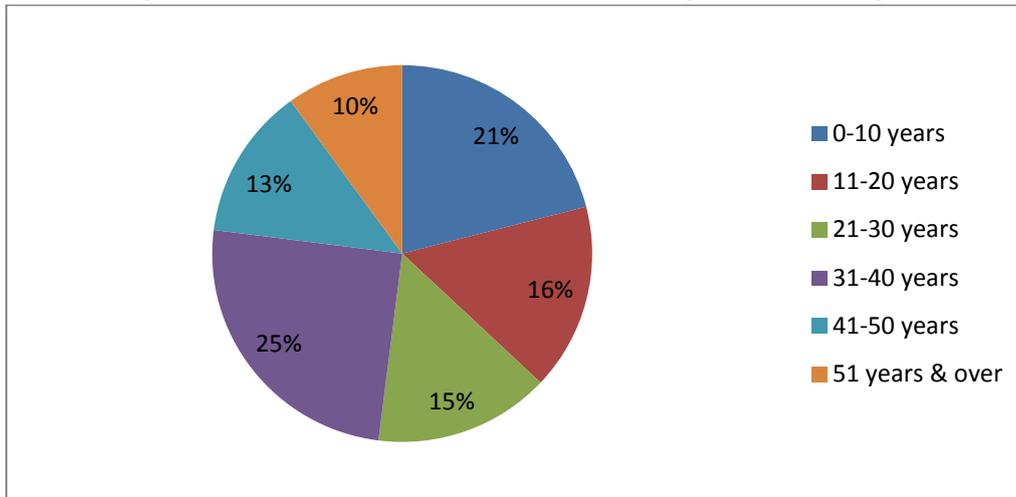


The analysis included gathering any data which revealed whether a couple had a history of break-ups or previous attempts to separate. It was discovered that the majority (66%) reported 'no' to a separation, or an intention to separate, in the

past. Only 26% of victims reported to the police that they had previously separated or attempted to part from the perpetrator.

Chart 4 shows the time span between the start of the victims’/perpetrators’ relationships and the last reported incident. It was established that 48% of couples had relationships which exceeded 30 years, and 21% of couples had been in a relationship for less than 10 years.

Chart 4: Time span between the start of relationship and last reported incident



Police officers recorded if there were any sons or daughters (including sons and daughters in-law) living with the victim or perpetrator at the time of the last reported incident. Table 5 illustrates that, within the dataset, only 4 ‘additional’ people were reported, 2 of whom were 31 years of age, a third was 38 years old and the remaining cohabiting son/daughter was 52 years of age.

Table 5: Cohabiting son/daughter (in law) of victim/perpetrator

	Number	Percent	Valid Percent	Cumulative Percent
yes	4	2.7	2.7	2.7
no	144	96.0	96.0	98.7
no information available	2	1.3	1.3	100.0
Total	150	100.0	100.0	

The analysis also recorded whether a victim was reported as being in receipt of any services provided by a social support organisation at the time of the last reported incident. This revealed that 13% of victims had been provided with general assistance of which 4% had received mental health support. It was surprising that none of the victims was recorded as accessing any domestic violence services. Table 6 provides a breakdown of types of support received (according to police records).

It is likely, however, that police files did not document all professional interventions, particularly any which were not perceived as being of relevance to the investigation or which were not directly reported to them.

Table 6: What kind of other service for victim?

	Number	Percent	Valid Percent	Cumulative Percent
None cited	130	86.7	86.7	86.7
Day-Care Centre	1	.7	.7	87.3
Home Care	2	1.3	1.3	88.7
Home Support	3	2.0	2.0	90.7
Mental Health Support	6	4.0	4.0	94.7
Older People support service	3	2.0	2.0	96.7
Respite Care	1	.7	.7	97.3
Sheltered Housing	2	1.3	1.3	98.7
Social Services	1	.7	.7	99.3
Urgent Support	1	.7	.7	100.0
Total	150	100.0	100.0	

The analysis also focused on whether the victim received any on-going medical support. As *table 7* shows, the majority of victims (70%) did not, but those who did were most likely to engage with their own doctor/GP (27%).

Table 7: What kind of ongoing medical support for victim?

	Number	Percent	Valid Percent	Cumulative Percent
None cited	105	70.0	70.0	70.0
community nurse	1	.7	.7	70.7
medication & assessment	1	.7	.7	71.3
mental health support	2	1.3	1.3	72.7
support/medication from GP	41	27.3	27.3	100.0
Total	150	100.0	100.0	

2.2 Perpetrator-related characteristics

The perpetrator-related characteristics sought to identify a number of key themes, including:

- Health and social aspects of perpetrators
- Criminal history
- Attitude towards victim

2.2.1 Health and social aspects of perpetrators

All of the perpetrators involved in the reported incidents were male; 20% of them were caregivers for their victims and 11% were receiving care from their victims. Only 1% of perpetrators received care from another person or an organisation.

Twelve of the perpetrators were recorded as having an immigration status, of whom all but one had permanent legal residence status in the UK.

According to police records in relation to the health of the perpetrators, 10% had some form of serious or chronic illness, 5% had a reported physical disability, 10% had a reported/recorded mental health problem and some 3% had dementia.

The case analysis also indicated that 13% of perpetrators were reported as having a substance misuse problem.

Table 8 illustrates the distribution of medical conditions regarding perpetrators, as reported by police within the case files.

Table 8: Distribution of medical conditions regarding perpetrators

Medical Condition of Perpetrator	%
Serious/chronic illness	10.0
Physical disability	5.3
Mental illness/disability	10.0
Dementia	3.3

It should be noted that the previous comments regarding 'officer diagnoses' of victims can also be applied to perpetrators, although the medical condition of a perpetrator appeared to have less influence on the initial police investigation than that of the victim, hence the large number of perpetrators who were arrested despite being reported as having mental health conditions. By contrast in cases where the victim had mental health issues, the arrest rate of perpetrators was comparatively low.

The analysis revealed that 54% of perpetrators were receiving a pension (state or private) and 17% were in employment at the time of the last reported

incident. A welfare allowance of some kind was received by 28% of perpetrators, and only 3% were reported as economically dependent on their victim.

2.2.2 Criminal history

It was established that 41% of perpetrators were recorded as having a history of prior violent offences and 13% had previous sanctions for IPV, including 3% whose offending occurred in former relationships.

The previous sanctions comprised formal cautions (30%) and harassment warnings (10%) in addition to court convictions or orders (60%) ranging from imprisonment to conditional discharge.

2.2.3 Attitude towards victim

The analysis established that 18% of perpetrators displayed a sense of 'ownership' towards the victims. *Table 9* summarises the range of behaviours which were collectively classified as evidence of 'ownership' of victims.

Table 9: Perpetrator behaviour classified as 'ownership' of victims

	Number	Percent	Valid Percent	Cumulative Percent
No Response	123	82.0	82.0	82.0
Controlling	12	8.0	8.0	90.0
Controlling, jealous	1	.7	.7	90.7
Controlling, Manipulative	2	1.3	1.3	92.0
Controlling, oppressive	1	.7	.7	92.7
Dominant, controlling	2	1.3	1.3	94.0
Jealous, possessive	1	.7	.7	94.7
Manipulative	4	2.7	2.7	97.3
Obsessive	1	.7	.7	98.0
Possessive	3	2.0	2.0	100.0
Total	150	100.0	100.0	

2.3 Incident-related characteristics

The incident-related characteristics sought to identify a number of key themes, such as:

- IPV history of couples
- Types of violence
- Initial reports to police

2.3.1 IPV history of couples

Table 10 illustrates that, in over half of the cases (59%), the last reported incident was the only occurrence of IPV recorded by police relating to a couple, but almost one fifth of cases (19%) evidenced 2 previous incidents and 7% featured 3 previous incidents. There were relatively few files which evidenced more than 3 previous incidents, although 3% of cases documented as many as 9 or 10 previous incidents.

Table 10: Number of documented incidents of IPV between perpetrator and victim

		Number of cases	Percent	Valid Percent	Cumulative Percent
No. of Incidents	1	88	58.7	58.7	58.7
	2	28	18.7	18.7	77.3
	3	10	6.7	6.7	84.0
	4	6	4.0	4.0	88.0
	5	2	1.3	1.3	89.3
	6	2	1.3	1.3	90.7
	7	1	.7	.7	91.3
	9	3	2.0	2.0	93.3
	10	2	1.3	1.3	94.7
	11	1	.7	.7	95.3
	13	1	.7	.7	96.0
	17	1	.7	.7	96.7
	25	1	.7	.7	97.3
	40	1	.7	.7	98.0
	60	2	1.3	1.3	99.3
84	1	.7	.7	100.0	
Total		150	100.0	100.0	

2.3.2 Types of violence

With regard to the types of violence reported in the 'last reported incident', 81% of cases featured physical violence, and a number of incidents involved multiple types of physical and/or emotional abuse. Sexual offences occurred in 5% of cases, whilst 23% of cases evidenced emotional, verbal or psychological

violence. Financial abuse or exploitation featured in 3% of cases, coercive control was apparent in 15% and stalking/harassment in 7%.

In addition to focusing on the last reported incident, the analysis also included all documented allegations of violence throughout each couple’s relationship. *Table 11* illustrates the dispersion rates of such violence, and reveals that physical violence occurred in 89% of incidents, sexual violence in 6%, emotional, verbal or psychological violence in 36% of incidents, financial abuse or exploitation in 5%, coercive control in 18% and stalking/harassment in 7% of cases.

Neglect featured in less than 1% of cases, which indicates the importance of fully identifying the more subtle or less obvious aspects of IPV, particularly those which do not involve physical assault.

Table 11: Types of Violence Recorded (all incidents)

Violence/Abuse	%
Physical	89
Sexual	6
Emotional	36
Financial	5
Stalking/Harassment	7
Coercive control	18
Neglect	0.7

An analysis of the types of physical violence recorded in connection with the last reported incident revealed that punching, pushing or ‘restraining’ were the most likely forms. Only 13% of cases involved the use of an item as a weapon, kitchen knives being the most common of these.

Just under half of the perpetrators (45%) were reported as having consumed alcohol at the time of the last reported incident, whilst only 23% of the victims had reportedly consumed alcohol.

Table 12 shows the extent of injuries suffered by victims as a result of the last reported incident. In one third (33%) of the cases, victims made no allegations of any injuries, while a further 20% evidenced no visible injury. Of those cases in which injury was a feature, 30% were recorded as minor, 9% as moderate and 1% as major; however, 6% of victims died as a result of their injuries.

Table 12: Injuries suffered during the last reported incident

	Number	Percent	Valid Percent	Cumulative Percent
No injury claimed by the victim	49	32.7	32.7	32.7
No injury visible	31	20.7	20.7	53.3
Minor physical injury	45	30.0	30.0	83.3
Moderate physical injury	14	9.3	9.3	92.7
Major physical injury	2	1.3	1.3	94.0
Death of the victim	9	6.0	6.0	100.0
Total	150	100.0	100.0	

In respect of all incidents, 13% of reported cases evidenced a high risk of strangulation by the perpetrator, 9% of cases featured threats by perpetrators to kill themselves or their victim and 3% evidenced threats to inflict serious bodily injury on the victim.

2.3.3 Initial reports to police

Of the 150 'last reported' incidents studied, 18% of situations were witnessed by third parties, 33% of whom were family members, 15% were friends and 41% were neighbours.

A clear majority of cases (75%) occurred in homes which were jointly shared by the victim and perpetrator, 15% took place in the victim's home, 3% in the perpetrator's home and 11% in a public place. Once again, figures exceed 100% because some incidents spread beyond a single location.

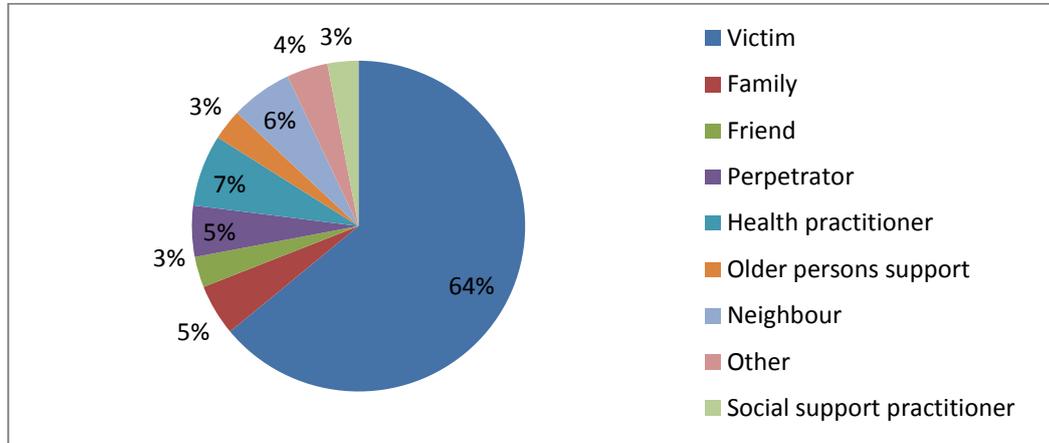
In relation to the individual whom made the initial contact with police, *chart 4* reveals that almost two-thirds of victims (64%) made the initial call themselves. Health service professionals accounted for the next highest percentage (7%), followed by neighbours (6%) and family members (5%). In 5% of cases, perpetrators reported the incident to police, while social support organisations (statutory, private, and voluntary) accounted for just 3% of cases.

The low number of cases reported by social support organisations is somewhat surprising, although the reasons for this are likely to be manifold, including:

- Users who disclose but do not consent to police involvement
- Practitioners who feel empowered to act without police intervention or do not identify a need for police involvement
- Practitioners who do not recognise IPV
- Practitioners who are unaware of local safeguarding protocols
- Practitioners who choose not to report incidents

As the research focused on analysing police files it is not possible to interrogate the data further as to the reason for the comparatively low number of reports from social support organisations.

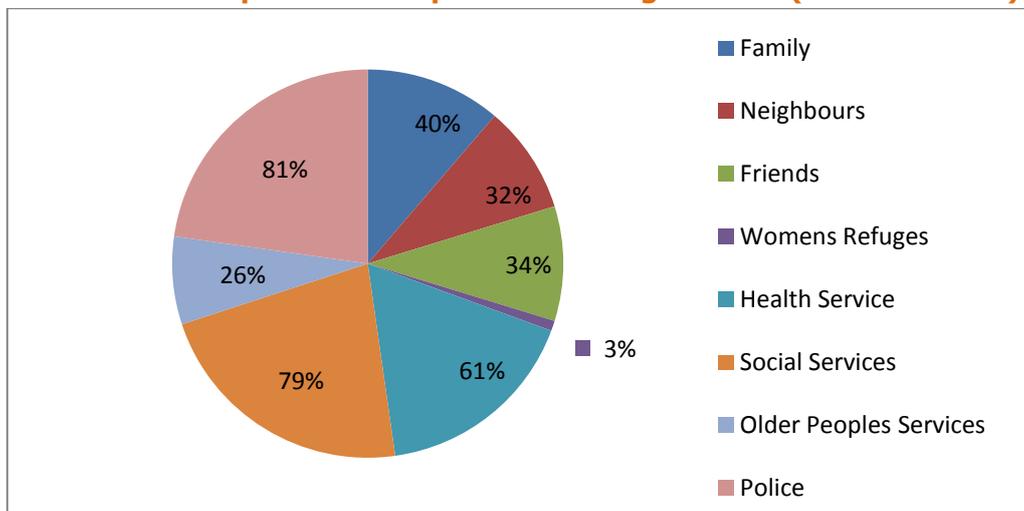
Chart 4: Source of initial contact with the police (last reported incident)



Just 28% of cases evidenced third parties who had prior knowledge of IPV involving the couples in question. These cases are illustrated in *Chart 5*, which shows that a family member was reported as being aware in 40% of such cases, neighbours in 32% of the cases, and friends/associates in 34%. It was also apparent that in some of these cases the prior knowledge lay with a statutory or voluntary organisation, such as women’s refuges (3%), health service (61%), social services (79%), older people’s services (26%) or the police (81%).

The large percentages of cases which evidenced prior knowledge by police were attributable to (police) computerised databases which highlighted previous involvement. It should be noted, however, that in many instances this information did not appear to be a priority for the police, particularly when it was not regarded as adding much value to investigations.

Chart 5: Third parties with prior knowledge of IPV (28% of cases)



2.4 Criminal Justice response

The focus on the criminal justice element of the analysis sought to identify a number of key themes. The principal issues were:

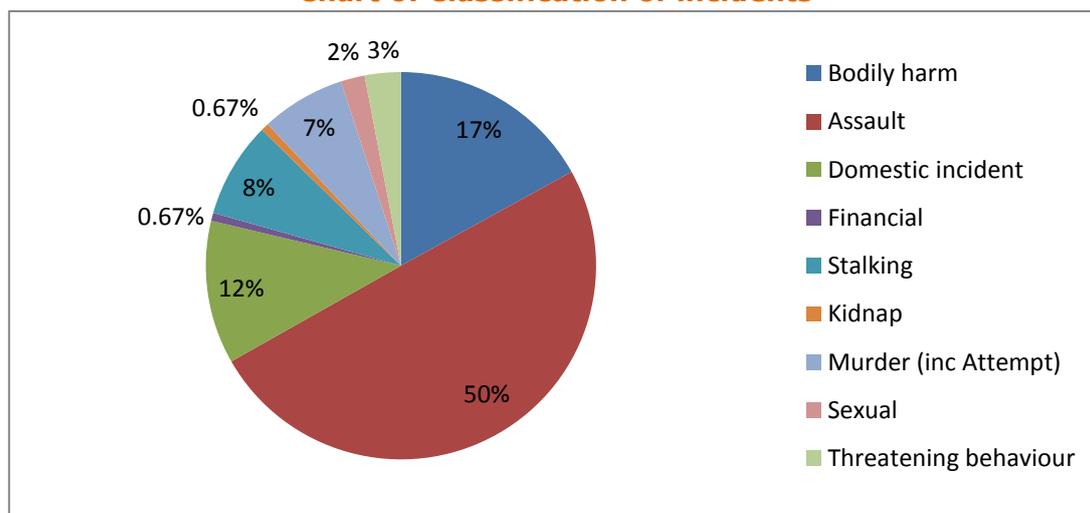
- Police investigation
- Role of Crown Prosecution Service (CPS)
- Court intervention

2.4.1 Police investigation

Every case was recorded as either a domestic violence incident (14%) or domestic violence-related crime (86%), mainly because the selection criteria were likely to highlight only these cases so labelled. There was, however, some speculation that not all incidents of IPV were being recorded as such, particularly those involving more subtle forms of abuse rather than physical assault. This concern is further supported by the fact that the majority of recorded IPV crimes were physical assaults (50%) and instances of bodily harm (17%) as illustrated in *chart 6*.

In 91% of the cases studied, police completed risk assessments in accordance with national guidelines for this type of incident/offence.

Chart 6: Classification of incidents



In 87% of the 150 cases, police accessed addresses with the permission of the victim and/or perpetrator.

In 69% of the cases studied, there was clear evidence that the victim and perpetrator each gave their first account of the incident to the police separately, rather than in the presence of the other. In 67% of the cases, measures were taken to remove the perpetrator from the premises in which the reported incident had occurred, the most common method being arrest (66%). Further analysis revealed that in 71% of cases the police commenced criminal investigations aimed at prosecution of the perpetrator.

It was apparent that the police provided 80% of the victims with information regarding options for support, including relevant leaflets in almost one third (31%) of cases. In 14% of cases, the police were also responsible for ensuring that the victim received medical treatment.

The analysis revealed that in 48% of the 150 cases, the police investigation involved taking photographs, of which 72% were of victims' injuries. It was also clear that the use of photographs was not always appropriate.

In 93% of cases, victims were interviewed by the police within 24 hours of the incident being reported; 87% of perpetrators were also interviewed within this time period.

With regard to information-sharing by the police, referrals were made to social support services in the majority of cases (72%); 57% were referred to health services, and 44% to older peoples' support services. Intervention services for victims of domestic violence accounted for 6% of referrals, and 4% of victims were referred to a refuge. Other recipients of information from the police included members of victims'/perpetrators' families (16%).

Multi-agency risk assessment conferences (MARAC) were implemented in almost a third (30%) of cases, whilst a further 12% were the subject of 'local' safeguarding information- sharing protocols.

Multi-agency serious case reviews were initiated in 6% of cases, all of those involving homicide.

As illustrated in *table 13*, 34% of victims were either fully or mainly supportive of the idea of prosecuting their partners. Conversely, 42% of victims were reluctant or non-supportive when prosecution was suggested.

Table 13: Victims' stance towards criminal prosecution of perpetrators

	Number	Percent	Valid Percent	Cumulative Percent
Fully supportive	37	24.7	24.7	24.7
Mainly supportive	14	9.3	9.3	34.0
Partially supportive	25	16.7	16.7	50.7
Mainly reluctant	11	7.3	7.3	58.0
Not at all supportive	52	34.7	34.7	92.7
Other	11	7.3	7.3	100.0
Total	150	100.0	100.0	

Table 14 demonstrates the reported stance of victims regarding prosecution, this time in relation to the nature of their connection to the perpetrators. The data reveals few discernible patterns or trends, which would suggest that IPV frequently transcends the extent or intensity of a relationship.

Table 14: Victims' stance regarding prosecution in terms of their relationships with the perpetrators.

		Victim's stance towards criminal prosecution of the perpetrator/suspect					Total	
		Fully support	Mainly support	Partially support	Mainly reluctant	Totally reluctant		Other
'Spouse, living together	Number	20	12	18	8	31	10	99
	% of Total	13.3%	8.0%	12.0%	5.3%	20.7%	6.7%	66.0%
Intimate partners, cohabiting	Number	5	1	3	1	11	1	22
	% of Total	3.3%	.7%	2.0%	.7%	7.3%	.7%	14.7%
Intimate partnership, not living together	Number	1	1	2	2	0	0	6
	% of Total	.7%	.7%	1.3%	1.3%	.0%	.0%	4.0%
Spouse, divorced/separated, not living together	Number	4	0	2	0	3	0	9
	% of Total	2.7%	.0%	1.3%	.0%	2.0%	.0%	6.0%
Former intimate partnership	Number	7	0	0	0	6	0	13
	% of Total	4.7%	.0%	.0%	.0%	4.0%	.0%	8.7%
Other	Number	0	0	0	0	1	0	1
	% of Total	.0%	.0%	.0%	.0%	.7%	.0%	.7%
Total	Number	37	14	25	11	52	11	150
	% of Total	24.7%	9.3%	16.7%	7.3%	34.7%	7.3%	100.0%

In addition to being interviewed by the police within 24 hours of incidents occurring, 92% of the victims had further contact with the police (including safeguarding enquiries and criminal investigations) and 75% of perpetrators also had further contact with the police.

The research revealed that 34% of the 150 police investigations included physical examinations of victims, and 16% included physical examination of the perpetrator. In addition, 5% of victims underwent a psychological examination.

A detailed search of the scene was undertaken in 8% of the investigations and weapons were seized in 10% of cases.

Police collected oral (eye-witness) accounts in 97% of the reported incidents, and these were converted into written statements. Forensic evidence was gathered in a quarter (25%) of the 150 cases, and reports from other organisations (including health) were acquired in over a third (35%) of the investigations.

The police deployed protection measures (conditional bail, remand in custody) in 16% of cases, and only 2 cases (1.3%) detailed any further violence against the victim following the initial incident.

2.4.2 Role of Crown Prosecution service

From the information contained in police files, it was recorded that The Crown Prosecution Service (CPS) classified 58% of the incidents as domestic violence, whilst 41% of the 150 cases did not appear to result in any CPS involvement whatsoever. There appears to be a lack of consistency amongst police supervisors and managers when deciding whether or not to refer cases to CPS.

Twenty three per cent of the perpetrators were prosecuted (34 in total), while a further 18% were sanctioned by way of formal caution. No further criminal justice action was taken in 59% of cases, and this was attributed to insufficient evidence. The criteria used by CPS lawyers to determine 'public interest' when dealing with cases appear to be somewhat subjective, resulting in little use of other possible outcomes such as restraining orders, conditional discharges and bind-overs.

2.4.3 Court intervention

The information recorded in police files intimated that the courts dealt with 34 of the reported 150 perpetrators and that 23 (68%) of these were convicted. Sentences included imprisonment (in 6 cases), a suspended prison sentence, 2 alcohol/drugs rehabilitation orders and 14 community service/probation orders.

Perpetrators who chose to plead guilty in court spared their victims the burden of giving evidence, and this happened in 15 (45%) of the 34 prosecuted cases. The courts acquitted 9 of the perpetrators, 5 of these as a direct result of the victims refusing to give evidence on the day of the trial.

At the time of the analysis, 2 perpetrators were still awaiting trial.

Having established a number of principle issues, trends and themes by undertaking quantitative analysis of 150 police cases, the research then focused on an in-depth study of a sub-sample of the case files.

3. Qualitative Analysis

This section considers the findings from the qualitative analysis of the sub-sample of 30 files. As previously stated, the methodology used to identify and analyse the files was in accordance with pre-determined selection criteria and subsequently-agreed typology across partner countries.

Table 15 illustrates the breakdown of files per typology for the 30 cases. It should be noted, however, that there is a single case which does not relate to any typology, but has nevertheless remained within the sample. The case in question is consistent with the original selection criteria and illustrates a non-typical aspect of IPV (ie a victim who took immediate action at the first instance of violence), the analysis of which provides valuable comparisons with the other cases. It is also apparent that most of the cases sampled include features of more than one typology; in fact only 7 of the cases relate to just a single typology.

Table 15: Breakdown of Files per Typology

Typology	Cases
1. Victims opposing prosecution	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 29
2. Violence in relationships characterised by one partner's dementia/mental illness	4, 6, 8, 11, 14, 17, 20, 21, 24, 26, 29, 30
3. History of (intense) unilateral violence	1, 2, 3, 5, 10, 15, 20, 27, 28
4. Reciprocal violence	3, 6, 16, 17, 21, 30
5. Violence by former partners	10, 15, 22, 26
6. Violence and physical illness	4, 19, 21, 26, 27, 29, 30
7. Violence and alcohol/drug abuse	2, 3, 6, 13, 16, 20, 27, 26, 27,
8. Young perpetrators – old victims	13, 26

Any notion that samples featuring apparently similar incidents would reveal common replicable outcomes or 'triggers' for such criminality proved unfounded. This was partly due to the nature of police files, where terms such as 'disagreement' or 'argument' are used to describe an incident, without explaining the reason for the dispute. Likewise, incidences of poor health, disability and substance abuse were referred to but seldom regarded as the reason for the IPV.

In some instances, a lack of explanation signifies the limited nature of the data made available for research. The majority of files reflected specific policing functions: 'safeguarding' files tended to focus on 'social' interventions to protect

vulnerable adults (perpetrators and victims), 'investigation' files were often solely aimed at proving a case against a perpetrator and 'incident' reports simply documented the action taken by officers.

The content and parameters of files were generally proportionate to the cases in the question; material associated with serious crimes and/or significant risks to individuals was much more comprehensive than that relating to allegations of a less serious nature. Murder cases, for example, typically included profiles of victims and perpetrators, but these were not routinely considered in cases of minor assault.

Each of the typologies will now be addressed in turn, with a brief outline of the relevant issues and the significant aspects of law enforcement intervention highlighted. Cross-referencing will be used to avoid duplication, where matters transcend typology boundaries.

3.1 Victims opposing prosecution

Victims were perceived as uncooperative in 21 of the files, opposing prosecution or reluctant to support such action, even though 12 of those cases were actually initiated by the victims. The extent of the IPV and risk to the victim appeared to have little relevance to whether or not they opposed the prosecution of the perpetrator, including incidents of extreme violence.

The sample also includes 3 murder cases, to explore the widest possible interpretation of investigations which proceeded without the specific consent and cooperation of victims.

Complaints were withdrawn by 10 of the victims after the police had taken significant action (such as arrest of the perpetrator). There were also 7 cases in which the victims did not articulate any expectations or desired outcomes regarding police intervention.

Only 12 of the 21 perpetrators were arrested, and just one of them was prosecuted (an allegation of murder), suggesting that, while it is possible for cases to proceed without the victim's cooperation, evidence obtained from other sources is unlikely to be sufficient to justify further action.

In 16 cases, the victims cooperated fully with 'safeguarding' interventions, clearly indicating that they wanted the IPV to stop, but conversely that they were not prepared to support prosecution of the perpetrator. Partners who were also carers were involved in 5 of these incidents, and 2 cases related to victims who believed that conviction of the perpetrator would compromise mutually-agreed divorce proceedings.

Analysis of the action taken by law enforcement practitioners in these 21 cases revealed a number of significant issues, namely:

- Understanding the law and decision-making
- Awareness of IPV
- Specialist Officers
- Positive action policies

Each of these will now be considered in slightly more detail.

3.1.1 Understanding the law and decision making

It is generally acknowledged amongst law enforcement practitioners that the adversarial nature of the criminal justice system, requiring cases to be proved 'beyond reasonable doubt', makes it difficult to prosecute a perpetrator without the support of the victim. This perception appears to have a marked effect on the manner in which police officers deal with IPV. In some cases, with prosecution of the perpetrator clearly foremost in the minds of the officers involved, the issue was broached at an early stage, requiring the victim to make an immediate decision. Conversely, there were also cases in which officers did not place any such obligation on the victim, but instead assessed the situation and used their statutory powers to arrest the perpetrator in accordance with the Serious Organised Crime and Police Act 2005 (s110).

A number of cases were not proceeded with, following referral to CPS lawyers; this reflects national guidance, requiring cases to be discontinued if there is insufficient evidence to realistically achieve a prosecution or if a prosecution is not regarded as being in the public interest. This appears to conflict, however, with legislation which allows a court to issue a 'restraining order' even when a perpetrator has been acquitted, namely; the Domestic Violence, Crime and Victims Act 2004 (s4) and the Protection from Harassment Act 1997 (s5).

3.1.2 Awareness of IPV

There was considerable variation in the manner of law enforcement practitioners' interactions with victims. Effective intervention was generally achieved by individual practitioners who clearly understood the nature of IPV, as well as the barriers which might prevent a victim from fully disclosing the extent of the abuse and/or their desired outcome. This was in contrast to practitioners in 2 cases where incidents were not correctly classified as IPV and 6 cases where the onus was placed on the victims to articulate exactly what had occurred and to identify their preferred intervention. In these circumstances, it is questionable whether the action taken was valid.

It is vital that law enforcement practitioners recognise the significance of their contact with victims as being sometimes the only opportunity a victim may have to receive information regarding support - whether for immediate intervention or leaving the door open for them to seek help in the future.

There is also a need to balance any decisions made regarding the extent of intervention with the apparent wishes of the victim. A number of files suggested

that some older women were relieved to be not solely responsible for action taken against their partners. This highlights the impact that coercion and intimidation by the perpetrator may have on the victim and how it is likely to impair her decision-making and any notion of having a free choice about her situation.

3.1.3 Specialist Officers

The number of victims who cooperated fully with safeguarding investigations, whilst opposing prosecution, can be regarded as a positive endorsement of the role played by specialist officers. The specific nature of their duties varied from force to force, but consistent features included scrutiny of risk assessment, making further contact with victims and networking with colleagues in partner agencies.

3.1.4. Positive action policies

All of the participating forces adopted a high-profile 'positive action' policy in accordance with national guidelines. This, however, was open to interpretation by practitioners, many of whom perceived it to be a 'positive arrest' policy, contributing to the majority of arrests in this typology. Nevertheless, the initiative raised awareness of classifying incidents as domestic abuse, and encouraged officers to be accountable for their decisions, with an audit trail of their actions.

3.2 Violence in relationship characterised by one partner's dementia/mental illness

Half of the 12 cases consistent with this typology involved victims aged 70+, which clearly suggests a propensity for age-related health issues to be a contributory factor of IPV as victims become older. There was also an even spread of victims and perpetrators having dementia/mental illness. The research revealed 2 cases involving victims who were carers for their partners and a further 4 cases where the perpetrators were caring for an intimate partner.

The 6 incidents which involved victims with reduced or insufficient decisional capacity were dealt with by police in a similar manner to those in which victims opposed prosecution, since officers were obliged to obtain evidence without relying on the victim's ability to articulate what had occurred. As a result, only 2 perpetrators were arrested. Conversely, arrests were made in all of the cases where the perpetrator's decisional capacity was compromised to some degree, but their victims were able to give a lucid account of events.

Analysis of intervention by law enforcement practitioners revealed a number of additional significant issues, which will now be discussed, namely:

- Understanding of the law and decision-making
- Specialist Officers

3.2.1 Understanding of the law and decision-making

Police action was inconsistent in cases involving victims perceived as having reduced or insufficient decisional capacity. Allegations of a serious nature and/or those regarded as a serious risk to the victim were investigated thoroughly, including a formal assessment and specialist interviewing of the victim.

Incidents perceived as minor or low risk, however, were investigated in a comparatively superficial manner. It was common for police officers to make their own diagnoses regarding the mental capacity of a victim, and for this to remain unchallenged by colleagues, supervisors or the CPS. Other shortfalls included a failure to interview neighbours, friends, family or other professionals who might have knowledge of a victim and/or a relationship. Furthermore, in some cases there appeared to be an over-reliance on explanations given by perpetrators, especially if these individuals seemed reasonable and measured in their dealings with police officers.

The significant value of a coherent victim was evident in the number of perpetrators who were arrested despite having limited or insufficient decisional capacity. In all such cases, medical assessments were sought in terms of suitability for detention and/or criminal proceedings.

Arresting perpetrators who are confused, frail and/or vulnerable is undoubtedly very emotive, and these arrests were generally executed with due care and compassion, rather than with force. Such cases in this sample demonstrated clarity of thought by the officers concerned, together with an understanding of the law, and frequently initiated a chain of events aimed at safeguarding both victim and perpetrator, even when prosecution was unlikely.

There were some files within this typology, however, which revealed law enforcement practitioners with little understanding of the Mental Capacity Act 2005 in terms of their dealings with the individuals involved. The most common oversights were not following the key principles of '*presumption of capacity*' and '*support to make decisions*' in addition to not recognising that the criminal offence regarding '*ill-treatment or wilful neglect by a carer*' (s44) can be applied to perpetrators of IPV.

3.2.2 Specialist Officers

Analysis revealed that officers undertaking the initial response to incidents involving victims with reduced decisional capacity often experienced difficulty in completing a valid risk assessment. In all of these cases, the assessments were reviewed by specialist personnel and amended accordingly. Specialist officers also played a vital role in networking and liaising with social support and other agencies to provide services to vulnerable adults, even if the circumstances were not regarded as a sufficiently high risk to warrant a formal multi-agency risk assessment conference (MARAC).

3.3 History of (intense) unilateral violence

Relationships in which IPV was a recurring factor featured in 9 of the cases, 6 of which detailed previous police interventions. Half of these featured couples who were still cohabitating, and known to police as having long-term 'repeat' problems. It was intimated that intervention by law enforcement and social support agencies in these cases had been ineffective, primarily as a result of the parties refusing to engage.

Police intervention in the 3 cases of continued IPV involving couples who had previously separated was generally more successful. The remaining 3 files involved victims who had been subjected to IPV for several years, but had not hitherto disclosed it. In each of these cases, third parties reported the matter to the police after the victims sought medical treatment and/or a place of safety. Despite reaching a stage where they required assistance, all 3 victims were initially reluctant for any action to be taken against the perpetrators or for the full extent of the violence to be shared with police. They did, however, initially cooperate with police investigations, although one victim subsequently refused to give evidence at a later stage.

It should be noted that of the 9 victims featured in this typology, 5 opposed prosecution of the perpetrator at some stage of the investigation.

Within this sub-sample a total of 5 perpetrators were prosecuted and another was formally cautioned.

Analysis of intervention by law enforcement practitioners in all of the cases relating to this typology revealed a number of additional significant issues, which will be discussed, namely:

- Third party reporting
- Repeat (non-serious) incidents
- Positive action policies
- Understanding of the law and decision-making

3.3.1 Third party reporting

It is significant that all 3 investigations involving victims who had not previously disclosed a history of IPV were initiated through the activity of third parties and against the wishes of the victims. This highlights the need for law enforcement, social support and health practitioners to be vigilant for signs of possible IPV when they are in contact with older women. It is quite possible that such an encounter might be a victim's only opportunity to be identified, and practitioners should understand the importance of their potential role in discharging their duty of care and safeguarding potentially vulnerable adults.

3.3.2 Repeat (non-serious) incidents

The analysis illustrates the limitations of law enforcement intervention which relies upon reasonable 'suspicion' or 'belief' that a crime has occurred, or is likely to occur. Without such grounds for action, perpetrators cannot be arrested or a criminal investigation pursued. Consequently, it appears that allegations of repeated 'minor' incidents are frequently not perceived as of sufficiently high risk to warrant comprehensive law enforcement intervention, although adult safeguarding measures may be initiated. In at least 2 of the files analysed, it appeared that even specialist officers experienced considerable difficulty in ascertaining the full extent of the risk involved.

3.3.3 Positive Action policies

A number of 'non-serious' repeat allegations of domestic violence, identified as meriting only minimal criminal investigation, were simply recorded complete with risk assessments and referred to specialist officers for further action. The fact that these cases were recognised and recorded as domestic abuse owes much to the positive action policies operating within the forces in question. It is widely acknowledged that prior to this approach it is likely that a number of such incidents would have been classified as routine occurrences without a domestic abuse label being applied.

3.3.4 Understanding of the law and decision-making

Evidence of previous occurrences between the individuals in a case is a significant consideration when specialist domestic violence officers are determining an appropriate 'safeguarding' strategy. Few of the police files detailed the rationale used by CPS lawyers when reaching their decisions, but it would appear that emphasis is accorded to the evidential value of the most recent incident, with little regard to previous events. It was not clear to what extent (if at all) CPS lawyers considered the provisions of the Criminal Justice Act 2003 (s103) which allows for a perpetrator's 'bad character' to be given in evidence, providing it demonstrates a propensity to commit a particular type of offence. Likewise, opportunities provided by the Protection from Harassment Act 1997 (s1) did not appear to be fully exploited within this sub-sample.

3.4 Reciprocal violence

Only 3 of the 6 investigations within this typology resulted in the arrest of an individual (all males), and none of the incidents resulted in prosecution or any formal action being taken against perpetrators. There was evidence of a history of reciprocal violence between 5 of these couples, and a MARAC was initiated in 4 of the cases, which were classified as high risk in terms of the likelihood of a vulnerable adult suffering significant harm.

Analysis of intervention by law enforcement practitioners in all of the cases relating to this typology revealed a number of additional significant issues, which will be discussed, namely:

- Understanding of the law and decision-making
- Repeat (non-serious) incidents
- Positive action policies
- Specialist Officers

3.4.1 Understanding of the law and decision-making

Despite allegations of mutual violence, the only individuals arrested were male partners, which might be interpreted as bias or stereotyping by police officers; closer analysis of the cases, however, reveals that officers believed the weight of evidence indicated that the males in question were the principal perpetrators. Incidents of reciprocal IPV are complex in terms of determining criminal liability and in this context are similar to those in which victims oppose prosecution or have reduced decisional capacity. Lack of a coherent or consistent complaint necessitates the gathering of evidence from other sources to support or refute the original allegation, and half of the reciprocal IPV incidents researched did not apparently reveal sufficient grounds to arrest either party. It is likely that investigative decision-making in these cases was influenced by the perception that there was little likelihood of securing a prosecution; none of the 6 cases resulted in any sanction (prosecution or formal caution) against alleged perpetrators.

3.4.2 Repeat (non-serious) incidents

Half of the cases in this category appeared to follow a pattern of repeated (non-serious) allegations. It was clear that in many such cases, a number of police officers were of the opinion that the couples in question were incapable of living their lives without external management and, as such, any dispute or conflict would routinely encompass police intervention.

3.4.3 Positive action policies

Analysis of the 6 cases illustrated that positive action policies were undoubtedly a major factor in 3 perpetrators being arrested and in significant safeguarding activities occurring in 4 cases. Nevertheless, it would seem that some police officers perceive their role as being to record events rather than to investigate the circumstances, as a file was found during research which had been 'finalised' by the officer in the case as '*logged for audit purposes*'.

3.4.4 Specialist Officers

The strength of the police response to IPV appears to be the deployment of specialist officers, particularly in terms of safeguarding vulnerable adults. Although none of the 6 cases resulted in legal action against the perpetrators, 4 incidents were identified as high risk by specialist officers, and resulted in implementation of the appropriate safeguarding protocols, including use MARACs.

3.5. Violence by former partners

Allegations against former partners were detailed in 4 of the files, 2 of them involving non-physical violence. In 3 of the cases, the perpetrators were arrested, resulting in 1 prosecution and 1 formal caution.

Risk assessments established that 2 cases were identified as low risk, while the remaining 2 cases revealed a medium and a high risk.

In just 1 of these cases, the victim appeared to be aware of the situation, had a clear understanding of the process and was able to articulate her wishes. A further 2 investigations involved victims who seemed unsure of the options available to them or the precise reasons for involving the police. The remaining case involved an alleged serious sexual offence which had been reported by a third party; the victim, however, appeared, from the information recorded in file, to lack sufficient decisional capacity to substantiate the allegation.

These 4 cases further demonstrate the diverse and complex nature of IPV, inasmuch as the incidents have little in common other than that they involve former partners.

Consequently, the police response in terms of investigation and safeguarding is varied and reflects the dynamics of each case, including numerous aspects which have already been discussed, such as:

- Specialist officers
- Positive action policies

Some further issues were identified which were specific to this typology and will be further discussed, namely:

- Awareness of IPV
- Understanding the law and decision-making

3.5.1 Awareness of IPV

In 2 cases the victims had concerns regarding former intimate partners, which they decided to share with the police. In both instances, the victims called into their local police stations and were dealt with by uniformed civilian support staff. It appears that neither victim was particularly robust in terms of expressing what they wanted or expected from their meeting with the police, and the support staff simply responded by recording the details. This meant that the victims were denied the opportunity of immediate advice and information regarding organisations able to provide support. It is likely that the staff concerned had little understanding of the barriers which prevent victims from disclosing the full extent of IPV. These shortfalls were rectified, however, as a result of monitoring and effective supervision.

3.5.2 Understanding the law and decision-making

An initial failure to identify 1 of the incidents as IPV was compounded by a delay of several days before the perpetrator was confronted. Notes contained in the investigation log suggested that, despite several challenges by a supervisor, the officer in the case did not regard the matter as a priority. This decision can probably be attributed to a number of factors, such as the officer's caseload, shift pattern, seriousness of the allegation, perceived risk and the original delay by the victim in contacting police.

Analysis of a further case illustrated the complexities of police officers taking 'preventative' action when there is insufficient evidence to justify enforcement. In this particular incident, officers decided to advise (warn) the perpetrator regarding any future contact with the victim. While such action is often regarded as being a necessary and pragmatic aspect of policing, it has no legal status and could actually aggravate a situation.

3.6 Violence and physical illness

The criteria for this typology were interpreted to include chronic physical illness and/or physical disability of either partner, and 7 of the cases analysed fell within this category. None of the corresponding police files attributed physical illness/disability as being the cause and/or the trigger for IPV; it was simply noted as being a significant aspect of a couple's relationship and in terms of its impact on the investigation and risk assessment procedures.

The 7 files further illustrated the diversity of IPV, and include:

a case of murder/suicide

an alleged serious sexual offence

a case in which the perpetrator had a physical illness/disability

2 cases in which the perpetrators lacked decisional capacity

6 victims with physical illnesses/disabilities, including 1 who also lacked decisional capacity.

Perpetrators were arrested in 6 of the cases, but 2 of these were later reported to lack sufficient decisional capacity for a court appearance, and only 1 of the 6 was prosecuted. The remaining cases were discontinued because they failed to reach the required evidence threshold (including 2 cases in which the victims opposed prosecution). 'Safeguarding' action was taken in 4 cases, which involved specialist officers referring matters to other agencies, organisations and/or service providers.

Many of the issues regarding law enforcement intervention which are relevant to this typology have already been explored, such as:

- Understanding of the law and decision-making
- Specialist officers
- Positive action policies

There is, however, one dynamic which warrants further discussion:

- Relationship between criminal investigation and safeguarding

3.6.1 Relationship between criminal investigation and safeguarding

Analysis of 6 cases revealed that while 1 case resulted in the prosecution of the perpetrator, 4 cases culminated in comprehensive safeguarding activities. This highlights the contrast between the limitations of pursuing a criminal investigation and the wider opportunities for initiating safeguarding protocols; these interventions should not be regarded as alternative options or even sequential, but should be pursued in tandem.

3.7 Violence and alcohol/drug abuse

The criteria for this typology was not well defined, but has been widely interpreted to include individuals regarded as being addicted to drugs/alcohol and also those who appeared to be intoxicated at the time of an incident. None of the corresponding police files attributed substance use, misuse or abuse as being the cause and/or the trigger for IPV, but it was nevertheless noted as a significant aspect of each couple's relationship in terms of its likely impact on the investigation and risk assessment.

This typology covers 9 of the cases which were studied, 3 of them incidents in which both victims and perpetrators were intoxicated. Perpetrators (only) were suspected of abusing drugs/alcohol in 4 of the investigations, and 2 more featured victims with similar issues.

Arrests were made in 6 cases, of which 3 resulted in prosecution; 1 perpetrator was given a formal caution and 2 were released without any further criminal action taken. The remaining 3 cases were subject to limited investigation based on the paucity of evidence to substantiate any allegations.

'Safeguarding' intervention was implemented for 4 couples, with specialist officers referring them to other agencies, organisations and service providers. The files, however, contained no details of the subsequent outcomes of any 'non-police' interaction.

Ongoing/repeated IPV featured in 6 of the files, where dysfunctional lifestyles and relationships routinely involved external management of day-to-day problems. The police files researched did not articulate whether the use and misuse of drugs and alcohol was the cause and effect of such problems, or whether it was a symptom of wider issues.

The cases in this typology involved a number of issues which have already been discussed, namely:

- Specialist officers
- Positive action policies

- Awareness of IPV
- Understanding the law and decision-making
- Repeat (non-serious) incidents
- Relationship between criminal investigation and safeguarding

3.8 Young perpetrators – old victims

Although the precise meaning of the terms 'young' and 'old' were not included in the typology, only cases featuring an age gap which exceeded 20 years were considered from the 30 files selected for qualitative analysis. The rationale for this decision was based on a common understanding of the aforementioned 'terms' and the 'self-identification' of sample cases. This resulted in 2 files being examined; the first involved a married couple with an age difference of 21 years who had been in a relationship for 15 years. The second case (by contrast) featured former intimate partners with an age difference of 23 years, whose relationship ended some 15 years prior to the incident. In both cases the perpetrators were arrested; the former for physical assaulting his wife and the latter following an allegation of a sexual offence. This led to the prosecution of the husband while no further action was taken regarding the alleged sexual assault of a former partner.

Major factors in determining such outcomes were that the wife fully supported the police investigation, and her husband was deemed to be fit and well. In the case involving former partners, however, the victim lacked decisional capacity and was unable to substantiate the complaint, giving inconsistent accounts of the alleged event. Furthermore, the perpetrator in this case was diagnosed with a mental health condition which raised questions as to his capacity to determine right from wrong.

Neither of the police files suggested that age difference contributed to the violence or was even a major feature of the relationships. The police investigations focused on evidence to prove or negate the allegations, and the 'safeguarding' element of the interventions was based on the severity of the assessed risk.

In common with previous sections of this report, a number of issues were identified regarding the role of the police in tackling such occurrences, all of which have already been discussed:

- Specialist officers
- Positive action policies
- Awareness of IPV
- Understanding the law and decision-making
- Relationship between criminal investigation and local safeguarding processes

The key outcomes of the qualitative and quantitative analysis, together with the issues identified at the national workshops will now be summarised.

4. Summary & Conclusion

The analysis of 150 (IPVOW) case files across England and Wales revealed much about the demographics of such behaviour including:

- Over 76% of victims, but only 48% of perpetrators, were aged between 60 and 69 years
- 81% of victims were cohabiting with perpetrators
- 54% of relationships exceeded 30 years duration
- All of the perpetrators were males
- 11% of victims were care-givers for perpetrators, while 20% of victims were recipients of care from perpetrators

It was also possible to identify common dynamics regarding the relationship between victims and perpetrators, for example:

- 41% of victims did not want to separate from perpetrators, but 30% indicated that they would do so
- 66% of victims purported no history of break-ups or attempted break-ups in their relationship with perpetrators
- 41% of perpetrators had a history of prior violent offences, and 13% had prior IPV convictions
- 35% of victims were either fully or mainly supportive of the criminal prosecution of the perpetrator

It would therefore appear that, while any incidents of IPV are likely to be challenging and difficult to resolve, those which involve older women may be further complicated by a number of accompanying age-related issues. For example, some relationships may have spanned many years, some victims may have experienced abuse over a long period of time, or the abuse might coincide with caring for - or being cared for by - their intimate partner, or relating to unfulfilled expectations of retirement and later life.

The analysis also facilitated insight into the circumstances of individual events which collectively revealed issues, such as:

- There were no discernible patterns regarding potential triggers and the extent of violence
- 23% of victims appeared to be intoxicated at the time of the most recent incident
- 45% of perpetrators appeared to be intoxicated at the time of the most recent incident
- 13% of perpetrators reportedly had a substance misuse problem
- The majority (81%) of reported incidents involved physical violence being inflicted on victims
- 30% of victims were assessed as being at high risk of significant harm
- 7% of cases involved the murder (or attempted murder) of victims

The high volume of cases involving assault amply illustrates the fact that some very frail and elderly men have the capacity to inflict physical violence, but also suggests a difficulty by victims, practitioners and the general public in identifying

and intervening in other types of IPV, particularly coercion, intimidation, financial abuse and neglect.

Much was revealed within the analysis about law enforcement intervention (police, CPS and courts) and to a lesser extent that of social support organisations, for example:

- 30% of victims were receiving support from medical practitioners
- 7% of incidents were reported by health service practitioners
- 13% of victims were receiving support from social support agencies
- 3% of incidents were reported by social support practitioners
- 66% of perpetrators were arrested following the incident
- 77% of cases did not result in prosecution
- 18% of cases resulted in formal cautions (or warnings)
- 71% of a sample of 21 victims opposing prosecution fully cooperated with safeguarding enquiries
- There was much significance placed on victims having the capacity, ability and desire to make a complaint
- Some legislation appeared to be either overlooked or not fully understood
- It was common for police officers to make their own diagnoses regarding the mental capacity of a victim, and for this to remain unchallenged by colleagues, supervisors and CPS
- There was much variation in the 'disposal' of apparently similar cases from force to force
- Intervention by specialist officers was highly effective
- High profile 'positive action' policies and initiatives were generally successful in raising officers' awareness and accountability in dealing with cases of IPV

In conclusion, it is apparent that although effective intervention depends largely upon individual practitioner's knowledge and understanding of IPV, law, procedures, protocols, policies and so forth, there is a considerable obligation and need for them to fully discharge their duty of care.

This is supported by Rowson and Lindley (2012, p8) who, having researched police practices in general, argued that

'it is possible police need more tools for self examination rather than more professional training. What is needful may not be instruction in how to do 'the job' as such, but more awareness of how to critically engage with that kind of instruction, and shape their approach to 'the job' accordingly. ⁴

There is much to suggest that this could be extended to police support staff, CPS lawyers and social support practitioners with resultant improvements in the way they intervene in cases of intimate partner violence against older women.

⁴ Rowson, J. & Lindley, E. (2012). Reflexive Coppers: Adaptive Challenges in Policing. RSA

5. Recommendations

The following recommendations were identified as a result of case analysis and activities undertaken in connection with the national workshops.

It is recommended that law enforcement and social support organisations ensure that all practitioners and staff:

1. understand the range of conduct which amounts to IPV, particularly coercion, financial abuse and neglect, which appear to be under-reported and/or under-recorded
2. recognise the significance of the initial intervention as the first, and sometimes the only opportunity for a victim to disclose the extent of abuse and to be provided with information about support - whether for immediate intervention or leaving the door open for the victim to seek help in the future
3. are not overly influenced by the perceived ill-health of victims and perpetrators. Apparently frail and confused individuals may nevertheless be capable of extremely violent conduct and manipulative coercive control
4. use wording which is appropriate for older women, particularly when questioning about matters concerning control, coercion, sexual abuse, financial abuse or neglect
5. are aware of the likely barriers to communication with older women and develop the appropriate skills and strategies to overcome such situations
6. ensure that all possible action is taken (including non-mandatory referral), even where incidents are not regarded as high or even medium risk
7. have a working knowledge and understanding of the Mental Capacity Act 2005, particularly the implications of the 'unwise decision', the rights of individuals who do not appear to have full decisional capacity and the existence of a criminal offence (s44) regarding wilful neglect or ill treatment
8. ascertain the full circumstances of an incident in order to identify any violence/abuse and associated risks, and do not rely on service users (or third parties) to articulate or disclose that they are victims of intimate partner violence
9. are aware of potential indicators of intimate partner violence, such as injuries which are not fully explained, lack of financial independence, little choice in everyday matters (diet, clothes, lifestyle), withdrawn and/or subservient demeanour or behaviour
10. are prepared to challenge explanations or assumptions regarding the mental capacity or physical incapacity of victims and perpetrators
11. base all action on a 'duty of care' to the victim, even though it may not coincide with her apparent wishes. Many victims derive some immediate relief from not being solely responsible for decisions regarding the continuation or outcome of an intervention
12. be fully conversant with local 'adult safeguarding' protocols, particularly any obligation to refer matters or share information

13. carefully consider issues of consent and any potential risks to service users' safety, prior to contacting other parties, organisations or individuals

It is recommended that law enforcement and social support organisations:

1. acknowledge the existence of some older women who are 'hard to reach' victims of intimate partner violence
2. develop a communication strategy and/or public awareness campaign to facilitate contact with all older women victims, but especially those who are 'hard to reach'
3. develop protocols to ensure the most appropriate responses from all staff likely to come into contact with older women victims of IPV. This should not be restricted to key workers, but should also include ancillary and administrative staff (eg receptionists, switchboard operators)
4. remove 'tick box' sections from risk assessments and other documents, thereby placing the onus on practitioners to explore all the issues as fully as possible during information gathering situations

It is recommended that law enforcement organisations ensure that all practitioners and staff:

1. recognise 'safeguarding' and criminal investigations as complementary actions, not alternative options
2. explore the potential value of conditional cautions as an appropriate means of case disposal
3. consider the value of restraining orders and 'bind-overs' when presenting cases to CPS
4. routinely submit DV risk assessments for review and scrutiny by specialist officers and/or supervisory officers

It is recommended that social support organisations ensure that all practitioners and staff:

1. correctly identify any potential offending behaviour and ensure that appropriate action is taken (such as initiation of local adult safeguarding processes, referral to police)
2. recognise that generic assessment tools are not always appropriate for older women who are victims of intimate partner violence. Practitioners may have to 'interpret' the process, to make it valid and reliable for the individual service user (for example - consider, as part of the assessment, the potential impact of any further incidents on the woman)
3. recognise the significance of the initial intervention as the first, and sometimes the only opportunity for a victim to disclose the extent of abuse and to be provided with information about support - whether for immediate intervention or leaving the door open for the victim to seek help in the future

Abbreviations and Acronyms

ACPO:	Association of Chief Police Officers
CPS:	Crown Prosecution Service
DA:	Domestic abuse
DV:	Domestic violence
IPV:	Intimate partner Violence
IPVOW:	Intimate partner violence against older women
IPVoW:	Intimate partner violence against older women project (2010)
MARAC:	Multi agency risk assessment conference
DASH:	Domestic abuse, stalking and honour based violence

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