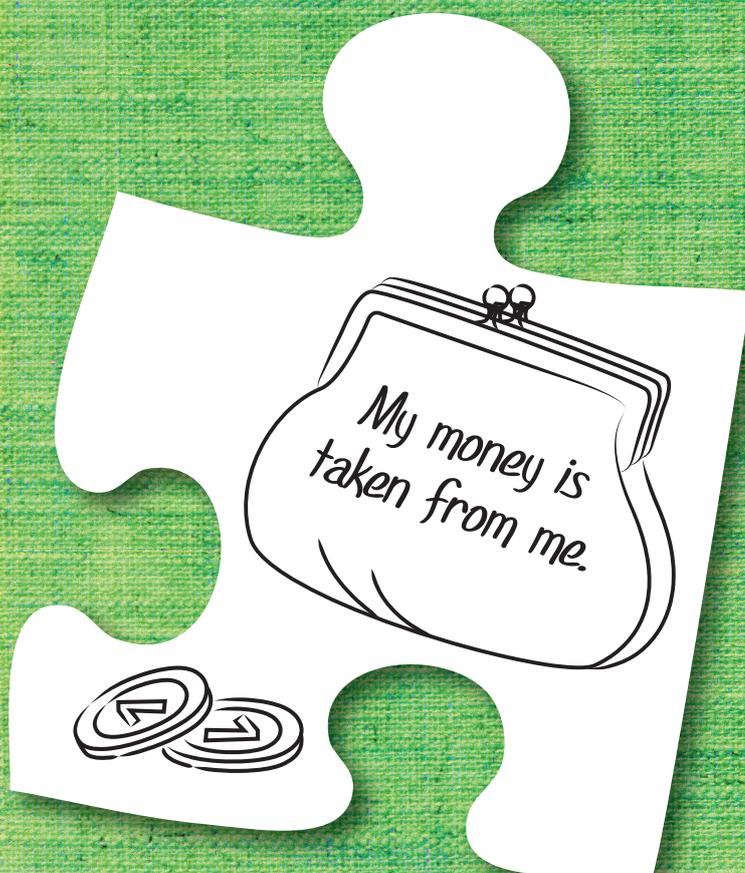


MIND THE GAP!

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

Training Material for Police and the Crown Prosecution Service



Training Material for Police and the Crown Prosecution Service

The training material featured in this document has been designed for the police and the Crown Prosecution Service (in England and Wales) and is specifically aimed at dealing with intimate partner violence against older women.

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Introduction

The training material contained within this document has been developed by the 'Mind the Gap!' project team in consultation with the Association of Chief Police Officers (ACPO) Domestic Abuse, Honour Based Violence, Stalking & Harassment Portfolio, ACPO Violence, Public Protection & Risk Portfolio, the College of Policing (CoP) Public Protection Learning Programme (formerly NPIA) and the Crown Prosecution Service (CPS) Policy Unit.

'Mind the Gap!' is a Europe-wide project involving institutions from Germany, Poland, Hungary, Portugal and Austria as well as the UK, which pursues 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 against older women (IPVOW)
- Raise awareness within law enforcement and social support agencies about older women as victims of intimate partner violence (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 to respond and intervene successfully in cases of IPVOW

It follows on from the 2010 *Intimate Partner Violence Against Older Women (IPVoW) Project*¹, which found that the highly complex issue of Intimate Partner Violence (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.

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 throughout the project.

UK-based research undertaken by the 'Mind the Gap!' project primarily 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 national workshops for social support practitioners/specialists and also for front-line law enforcement officers.

It is recommended that individuals tasked with the delivery of training are familiar with the following products (available at www.uea.ac.uk/mindthegap):

- UK National Report
- Recommendations for Police and Crown Prosecution Service Guidance

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

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Purpose

The training material is specifically intended to complement the following:

- ACPO/CoP '*Public Protection Programme: Learning Descriptors: Level 1*'
- ACPO/CoP '*Public Protection Programme: Learning Descriptors: Level 2*'

in addition to curricula produced by the Crown Prosecution Service Policy Unit.

Consequently, this document will not replicate existing training material, but will focus instead on those concerns which appear specific to older women victims of IPV.

Target Groups

The material is aimed at the numerous professionals and practitioners throughout the policing and criminal justice arenas, who are likely to encounter incidents of IPVOW, including:

- Call handlers
- Crime recording and control room operatives
- Public enquiry office staff
- Police Community Support Officers
- Police constables
- Detective officers
- Public protection specialists
- Police supervisors
- Police managers
- CPS clerks
- CPS lawyers

Summary

The learning outcomes are produced in four clusters, each of which comprises a case study aimed at facilitating their achievement. The case studies are based on actual incidents identified during the analysis of 150 police investigations and consultation with police, CPS and social support practitioners. The names of the individuals concerned, and a number of minor details, have been changed to maintain confidentiality.

The described actions of the police officers, police staff and CPS lawyers are wholly consistent with actual cases, and are intended to engender critical thinking and analysis and to identify areas of further individual development. They should not necessarily be perceived as examples of either good or bad practice.

Learning Outcomes and Case Study One

- 1.1. Explain what is 'mental capacity' as defined by the Mental Capacity Act 2005
- 1.2. Explain how 'mental capacity' is assessed
- 1.3. Recognise all of the behaviours which amount to IPVOW as per the shared ACPO, CPS and UK Government definition of Domestic Abuse
- 1.4. Recognise the barriers which may prevent a victim from disclosing abuse
- 1.5. Demonstrate strategies for communicating with older women who are victims of IPV
- 1.6. Explain the significance of the initial contact with a victim
- 1.7. Demonstrate strategies aimed at achieving a comprehensive and accurate risk assessment
- 1.8. Summarise local adult safeguarding protocols
- 1.9. Summarise relevant legislation, particularly:
 - Serious Organised Crime and Police Act 2005 (s110)
 - Police and Criminal Evidence Act 1984
 - Criminal Justice Act 2003 (s103)
- 1.10. Explore the efficiencies and effectiveness of restraining orders

Case Study One

Introduction

This case involves Mr and Mrs Johnson, a heterosexual married couple, whose relationship has exceeded 50 years. They are the owner/occupiers of a detached house in a desirable rural location and both enjoy good health. Mrs Johnson (aged 77 years) is a retired local government executive. Her husband is 80 years old and is a retired businessman. There are no previous convictions or cautions recorded against either of them. The couple have an adult daughter and son, both of whom live within twenty miles.

Circumstances of the Incident

At 18:15 Mrs Johnson's son telephoned police to report that he was with his mother at a local hospital, where she was being treated for severe scalding to her face, head and arms, the injuries having been caused by his father. A police response officer attended the hospital and spoke with the son, who explained that there had been an argument between his mother and father over the purchase of grocery items, which had culminated in the husband picking up a kettle of boiled water and throwing the contents over the wife, before 'storming off' out of the house. Mrs Johnson had then phoned their son, who took his mother to the hospital and subsequently called police. The officer had a brief conversation with Mrs Johnson, who corroborated her son's account.

Two response officers were deployed to the couple's home address, by which time Mr Johnson had returned. The officers established his identity and explained the reason for their visit; he stated that the injury had been an

accident as he had slipped while holding the kettle. He was arrested on suspicion of causing grievous bodily harm to his wife and cautioned, to which he replied "It's just an accident". The officers conveyed him to the local custody centre and arranged for the scene to be forensically examined.

During interview, Mr Johnson initially maintained the 'accident' explanation, but then refused to make any comment to further questions.

Mrs Johnson made a witness statement which was consistent with the original complaint and allegation. This was supported by medical evidence and photographs of her injuries.

Following consultation with the CPS, Mr Johnson was charged with GBH and placed before the court the following morning. He pleaded 'not guilty' and was released on conditional bail (not to contact the victim or any witnesses).

The 'DASH' risk assessment process established that Mr Johnson had complete control of the couple's expenditure and that, while he was prepared to spend considerable sums on things which interested him, he was very restrictive in terms of money spent by - or for - the victim. Mrs Johnson also disclosed a previous (unreported) incident of physical violence, some 14 months earlier, when her husband had slapped her during an argument.

Some three weeks later, Mrs Johnson contacted the officer in the case and made it clear that she no longer wished to co-operate with the investigation and wanted to withdraw her complaint. A statement was obtained, in which she did not contest her earlier explanation of events, but confirmed her refusal to give evidence against her husband. She also provided a letter of support to her husband's solicitor, which resulted in a variation to his bail conditions, despite police and CPS objections, allowing him to return home.

The level of concern at the prospect of Mr Johnson returning to the matrimonial home was sufficient to initiate a Multi-Agency Risk Assessment Conference (MARAC). Mrs Johnson remained uncooperative, however, when a member of social services attempted to carry out an assessment of her needs; she appeared to be fully aware of her rights and able to pre-empt any attempts by professionals to intervene.

Notwithstanding the wishes of Mrs Johnson, the police and CPS believed that there was still sufficient evidence to secure a conviction at court. Mrs Johnson declined to give evidence, however, and CPS withdrew the case on the day of the trial. The perpetrator was acquitted by the court.

Activities (level one)

- a. If either Mr or Mrs Johnson lacked mental capacity (in accordance with the Mental Capacity Act 2005), what difference would this have made to the way the allegation was dealt with?
- b. How significant is the disclosure regarding Mr Johnson's control of money and spending?
- c. How significant is the disclosure regarding the alleged previous assault?
- d. What other issues could be considered to assist the DASH risk assessment process?
- e. Are the ages of Mr and Mrs Johnson a significant factor in this case?
- f. Was it appropriate to arrest an 80-year-old man in these circumstances?
- g. Identify all the aspects of domestic abuse which might be relevant to this case.

Activities (level two)

- a. Was it appropriate to continue with the case, despite Mrs Johnson's request that it be withdrawn?
- b. What were the risks associated with either continuing or withdrawing the case?
- c. How significant, likely or appropriate would it have been to seek a restraining order from the court?
- d. How could the apparent wishes of Mrs Johnson (for the case to be discontinued) be balanced with a professional's duty of care?
- e. Is this predominantly a safeguarding issue, a case of domestic abuse or a case of elder abuse?
- f. What type of support is available to Mrs Johnson?
- g. Are any other aspects of the Mental Capacity Act 2005 appropriate in this case?
- h. What are the likely reasons for Mrs Johnson not wishing to support the prosecution of her husband?

Activities (CPS)

- a. Was it appropriate to continue with the case, despite the victim's request for it to be withdrawn?
- b. How would you determine the public interest in this case?
- c. Was it appropriate to prosecute an 80-year-old man in these circumstances?
- d. How significant, likely or appropriate would it have been to seek a restraining order from the court?
- e. Are any other aspects of the Mental Capacity Act 2005 appropriate in this case?

Learning Outcomes and Case Study Two

- 2.1. Recognise the barriers which may prevent a victim from disclosing abuse
- 2.2. Demonstrate strategies for communicating with older women who are victims of IPV
- 2.3. Explain the significance of the initial contact with a victim
- 2.4. Recognise all of the behaviours which amount to IPVOW as per the shared ACPO, CPS and UK Government definition of Domestic Abuse
- 2.5. Summarise relevant legislation, particularly:
 - Serious Organised Crime and Police Act 2005 (s110)
 - Police and Criminal Evidence Act 1984
 - Criminal Justice Act 2003 (s103)
- 2.6. Demonstrate strategies aimed at achieving a comprehensive and accurate risk assessment
- 2.7. Summarise local adult safeguarding protocols
- 2.8. Explore the efficiencies and effectiveness of conditional cautions

Case Study Two

Introduction

This case involves Mrs Webb (67 years) and her cohabitating intimate partner of six years, Mr Afriyie (60 years); both are in good health and have no previous cautions or convictions for violence. Mr Afriyie, however, has six convictions for dishonesty, including a short term of imprisonment eight years ago. Mrs Webb has three adult children (two sons and a daughter) from her marriage, which ended some fifteen years ago. None of the children reside with Mrs Webb and Mr Afriyie.

Circumstances of the Incident

At 22:30 Mrs Webb phoned her daughter, alleging that she had just been assaulted by her partner during an argument at their home. She asked if she could stay with her daughter overnight, to show Mr Afriyie that such behaviour was not acceptable. The daughter subsequently phoned police and reported the matter, despite requests from her mother not to do so. Response officers attended the scene, and found that both Mrs Webb and Mr Afriyie were present. Mrs Webb had bruising to the right eye and cheek which she alleged had been caused by her partner punching her in the face. Mr Afriyie admitted that he had done so and was very apologetic, explaining that he had been drinking and had lost his temper. He was arrested and conveyed to the local custody centre where he was detained until sufficiently sober to be interviewed.

Mrs Webb consented for her injuries to be photographed and made a statement of complaint, reiterating that she was only doing so to comply with her daughter's wishes. Officers also obtained a statement from her daughter, in which she confided that she found Mr Afriyie to be manipulative and controlling.

Mr Afriyie was interviewed the following morning and fully admitted being responsible for the injury to his partner, his only mitigation being that he was

drunk and lost his temper. He stated that this was an isolated incident and that their relationship was otherwise good.

A DASH risk assessment was completed, during which Mrs Webb was very supportive of her partner and did not disclose any other incidents of domestic abuse. She also did not corroborate her daughter's concerns.

The matter was referred to the CPS, who decided that a prosecution would not be in the public interest, and that the perpetrator should be cautioned by the police.

Activities (level one)

- a. What further information could the call-taker have obtained from the daughter regarding the allegation?
- b. How could such information assist the investigation?
- c. How significant are the daughter's suspicions regarding Mr Afriyie being manipulative and controlling?
- d. Did Mrs Webb fully understand what constitutes domestic abuse?
- e. Was it appropriate to arrest Mr Afriyie in these circumstances?

Activities (level two)

- a. What are the likely reasons for Mrs Webb to cooperate with the police investigation?
- b. What are the likely reasons for Mrs Webb to be so supportive of her partner?
- c. Should the daughter's suspicions regarding Mr Afriyie being manipulative and controlling have any impact on the risk assessment?
- d. Would a 'conditional caution' have been more appropriate for Mr Afriyie?
- e. Did Mrs Webb fully understand what constitutes domestic abuse?
- f. Is this predominantly a safeguarding issue, a case of domestic abuse or a case of elder abuse?

Activities (CPS)

- a. Why was it not in the public interest to prosecute Mr Afriyie?
- b. How significant is Mrs Webb's apparent support of Mr Afriyie?
- c. Would a 'conditional caution' have been more appropriate for Mr Afriyie?
- d. What would have been achieved by prosecuting Mr Afriyie?
- e. Is the age of the victim significant in this case?
- f. Is the age of the offender significant in this case?

Learning Outcomes and Case Study Three

- 3.1. Recognise the barriers which may prevent a victim from disclosing abuse
- 3.2. Demonstrate strategies for communicating with older women who are victims of IPV
- 3.3. Explain the significance of the initial contact with a victim
- 3.4. Explain what is 'mental capacity' as defined by the Mental Capacity Act 2005
- 3.5. Explain how 'mental capacity' is assessed
- 3.6. Differentiate between 'mental capacity' and 'decisional capacity'
- 3.7. Demonstrate strategies aimed at effective communication with people who have reduced 'decisional capacity'
- 3.8. Recognise all of the behaviours which amount to IPVOW as per the shared ACPO, CPS and UK Government definition of Domestic Abuse
- 3.9. Summarise relevant legislation, particularly:
 - Serious Organised Crime and Police Act 2005 (s110)
 - Police and Criminal Evidence Act 1984
 - Mental Capacity Act 2005 (s44)
- 3.10. Demonstrate strategies aimed at achieving a comprehensive and accurate risk assessment
- 3.11. Explore the significance of apparently 'over-protective' or 'victimised' perpetrators
- 3.12. Summarise local adult safeguarding protocols

Case Study Three

Introduction

This case involves Mr and Mrs North, a heterosexual married couple whose relationship has exceeded 40 years. Mrs North is 72 years old, and her husband is 70.

There is a recent history (over the last ten months) of mutual domestic abuse allegations between the couple, with little significant invention by police or social support services on the grounds that neither individual had been prepared to co-operate or substantiate any allegations.

Circumstances of the Incident

At 09:45 Mrs North phoned police, alleging that she had been assaulted by her husband at their home address.

A response officer attended the scene and was informed by Mr North that his wife had dementia, which made her aggressive on occasions. He explained that, as her sole carer, he was responsible for making sure that she took her medication, something which she was often reluctant to do. On this particular morning she had resisted so much that he had briefly tied her wrists to the arms of a dining chair while he administered the medication orally. The officer spoke with Mrs North, who appeared to have no injuries, and no recall of these events.

The husband told the officer that he had recently being diagnosed with depression, but was determined to care for his wife.
The couple and their home were generally clean and tidy.
The officer did not believe that there was sufficient evidence to suspect that an offence had occurred, but completed a DASH risk assessment based on a conversation with the couple and the contents of previous assessments which were accessible via the force's computerised systems.

Activities (level one)

- a. What further information could the call-taker have obtained regarding the allegation?
- b. How could such information assist the investigation?
- c. What is the significance of other officers having dealt with previous allegations and counter-allegations involving the couple?
- d. How sure was the officer that Mrs North had dementia?
- e. How sure was the officer that Mr North had been diagnosed with depression?
- f. How did the officer assess the mental capacity of the victim (in accordance with the Mental Capacity Act 2005)?
- g. Was the perceived medical condition of the couple a significant factor in deciding what action to take?
- h. Did the officer take positive action in this case?
- i. Were any safeguarding issues identified?
- j. What aspects of domestic abuse might have been considered relevant to this case?
- k. Was the risk assessment process in this incident valid and reliable?

Activities (level two)

- a. Is this case likely to be of such significant risk to reach the MARAC threshold?
- b. If not, what is the most likely course of action to be taken?
- c. Were any safeguarding issues identified?
- d. What other interventions from social support service organisations are likely?
- e. Is this predominantly a safeguarding issue, a case of domestic abuse or a case of elder abuse?
- f. How reliable is the risk assessment which the response officer completed?
- g. What is the significance of other officers having dealt with previous allegations and counter-allegations involving the couple?
- h. What other aspects of the Mental Capacity Act 2005 are appropriate in this case?
- i. Was the incident adequately investigated?
- j. What should this incident be recorded as?

Activities (CPS)

- a. Was it appropriate not to refer this matter to CPS?
- b. Are there any other issues of relevance to CPS?

Learning Outcomes and Case Study Four

- 4.1. Recognise the barriers which may prevent a victim from disclosing abuse
- 4.2. Demonstrate strategies for communicating with older women who are victims of IPV
- 4.3. Explain the significance of the initial contact with a victim
- 4.4. Explain what is 'mental capacity' as defined by the Mental Capacity Act 2005
- 4.5. Explain how 'mental capacity' is assessed
- 4.6. Differentiate between 'mental capacity' and 'decisional capacity'
- 4.7. Demonstrate strategies aimed at effective communication with people who have reduced 'decisional capacity'
- 4.8. Recognise all of the behaviours which amount to IPVOW as per the shared ACPO, CPS and UK Government definition of Domestic Abuse
- 4.9. Summarise relevant legislation, particularly:
 - Serious Organised Crime and Police Act 2005 (s110)
 - Police and Criminal Evidence Act 1984
- 4.10. Demonstrate strategies aimed at achieving a comprehensive and accurate risk assessment
- 4.11. Summarise local adult safeguarding protocols

Case Study Four

Introduction

This case involves the Wilsons, a heterosexual married couple whose relationship has exceeded 50 years. Mr Wilson (76 years) and his wife (74 years) reside in sheltered accommodation provided by a housing association, which is equipped with an emergency call system.

Circumstances of the Incident

At 01:20 Mrs Wilson activated the emergency call system and asked the operator to contact the police as she had just been assaulted by her husband. Two response officers attended the address, where Mrs Wilson explained that she was the sole carer for her husband, who had been diagnosed with dementia and Parkinson's disease. She stated that she had been assisting him to the toilet when he grabbed her wrists and refused to move any further. She attempted to pull away from him, which caused them both to fall to the floor. The husband, however, maintained his grip on her wrists and restrained her on the floor. After almost an hour, she managed to break free and activate the emergency call button, before locking herself in the bathroom until the police arrived. Mrs Wilson was very frail, distressed and had bruising to her wrists.

Mr Wilson appeared to be confused and frustrated, and unable to explain what had occurred. He frequently asked what was happening. Mrs Wilson disclosed that their relationship was becoming very difficult: the deterioration in her husband's health had led him to assault her almost daily, and she was now

frightened of being hurt to the extent that she might be unable to care for him. Mrs Wilson pointed out numerous bruises to her arms and legs, which she alleged had been inflicted by her husband.

Mrs Wilson made it clear that she did not want to get her husband into trouble, but wanted his violent behaviour to stop. The police officers explained that they were not prepared to leave the couple together that night, and that it was in everyone's best interests to remove Mr Wilson. Consequently they arrested him on suspicion of assault, on the grounds that it was necessary to do so 'to prevent physical injury to another' and also 'to protect a vulnerable person'. Mr Wilson's detention at a police station was not authorised (as a result of his poor health) and he was subsequently taken to the local hospital (as a place of safety).

No further criminal action was taken against Mr Wilson on the grounds of 'public interest'; specialist (domestic abuse) officers took over the case later that morning and initiated local safeguarding protocols. This resulted in Mr Wilson being placed in respite care whilst a support strategy for the couple was devised and implemented.

Activities (level one)

- a. Was it appropriate to arrest Mr Wilson in these circumstances?
- b. What level of risk (ie, low, medium, high) would you assign to this case?
- c. Was it appropriate for the officers to take such control and act contrary to the apparent wishes of Mrs Wilson?
- d. What alternative action could the officers have considered?
- e. What aspects of the Mental Capacity Act 2005 are appropriate in this case?

Activities (level two)

- a. Had the officers requested advice whilst at the scene, what options could have been suggested?
- b. Describe the process (including relevant legislation) which made it lawful to remove Mr Wilson from his home to a place of safety.
- c. What aspects of the Mental Capacity Act 2005 are appropriate in this case?
- d. Is this predominantly a safeguarding issue, a case of domestic abuse or a case of elder abuse?
- e. What should this incident be recorded as?

Activities (CPS)

- a. Was it appropriate not to refer this matter to CPS?
- b. Are there any other issues of relevance to CPS?

