Vulnerable Adult Abuse; exploring the tensions between a welfare approach and criminal justice outcomes.

Jacqueline Farquharson

The thesis is submitted in partial fulfilment of the requirements for the award of the degree of Doctor of Criminal Justice of the University of Portsmouth.

Whilst registered as a candidate for the above degree, I have not been registered for any other research award. The results and conclusions embodied in this thesis are the work of the named candidate and have not been submitted for any other academic award.

Word count: 47,977

Date: March 2019
Abstract

This study focuses on a specific area where little research has been carried out in relation to safeguarding and the abuse of vulnerable adults. By exploring decision making by victims, social workers and police officers this study seeks to establish why perpetrators of vulnerable adult abuse are not being processed through the criminal justice system. It establishes detail by examining the recording and sharing of information, evidence gathering and the identification of coercive behavior, drawing parallels with domestic abuse.

A pragmatic approach underpins the study as it focuses on research using a mixed methods approach commencing with police data analysis. This is followed by the qualitative research methods of participant observation with social care practitioners and semi-structured interviews with safer neighbourhood police officers.

Key findings identified abuse by people known to the vulnerable adult, often by someone they depend on, increases the risk of harm. Much safeguarding work that occurs with vulnerable adults parallels the dynamics of domestic abuse and is a key factor why there are few criminal justice outcomes. A different definition of vulnerability used by each agency reflects competing/opposing agendas and creates a tension between welfare versus a criminal justice outcome.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>2</td>
</tr>
<tr>
<td>Contents</td>
<td>3</td>
</tr>
<tr>
<td>List of Abbreviations</td>
<td>6</td>
</tr>
<tr>
<td>List of Tables</td>
<td>8</td>
</tr>
<tr>
<td>List of Appendices</td>
<td>9</td>
</tr>
</tbody>
</table>
Part One: Introduction to the Research

Chapter 1: Background

1.1 Situating the Research 12
1.2 Vulnerable Adults 15
1.3 Welfare versus Criminal Justice 16

Chapter 2: Vulnerability, Risk and Victimology

2.1 Historical Context 18
2.2 Perceptions of Vulnerability and Risk 22
2.3 Domestic Abuse 24
2.4 Vulnerable Adult Abuse 28
2.5 Comparable Findings 33

Chapter 3: Literature Review

3.1 Introduction 36
3.2 Locating the Literature 36
3.3 The Abuse of Older Adults 38
3.4 Abuse reported to Local Authorities 43
3.5 Specific Aspects of Abuse against Vulnerable Adults 49
3.6 An Absence of Criminological Research 51

Part Two: Methodology, Methods and Findings

Chapter 4: Methodology

4.1 The Role of Theory in Research 54
4.2 Insider Research 56
4.3 Research Design 58
4.4 A Small Scale Pilot Study 60
4.5 Comparisons with National Data 61
4.6 Secondary Data Analysis 61
4.7 Participant Observation 64
4.8 Semi-structured Interviews 66
4.9 Ethical Considerations 70
Chapter 5: Findings

5.1 Small Scale Pilot Study 74
5.2 Comparisons with National Data 76
5.3 Secondary Data Analysis 76
5.4 Safeguarding Adult Observations 79
5.5 Safeguarding Neighbourhood Policing 84

Part Three: Discussion and Recommendations

Chapter 6: Themes

6.1 Crime Recording 90
6.2 Information Sharing 93
6.3 Identifying Coercive and Controlling Behaviour 94
6.4 The Victim's Unwillingness to Engage 97
6.5 Professional Decision Making 98
6.6 Political Context 99

Chapter 7: Recommendations

7.1 Implications for Policy 101
7.2 Implications for Practice 104
7.3 Contribution to Knowledge 106
7.4 Recommendations for Future Research 108
7.5 Conclusion 110
## List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACPO</td>
<td>Association of Chief Police Officers</td>
</tr>
<tr>
<td>ADASS</td>
<td>Association of Directors of Adult Social Services</td>
</tr>
<tr>
<td>AEA</td>
<td>Action on Elder Abuse</td>
</tr>
<tr>
<td>AIS</td>
<td>Adult Investigation System</td>
</tr>
<tr>
<td>AVA</td>
<td>Abuse of Vulnerable Adults</td>
</tr>
<tr>
<td>CASSRs</td>
<td>Councils with Adult Social Services Responsibilities</td>
</tr>
<tr>
<td>CJS</td>
<td>Criminal Justice System</td>
</tr>
<tr>
<td>CPS</td>
<td>Crown Prosecution Service</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>DBS</td>
<td>Disclosure and Barring Service</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>HMIC</td>
<td>Her Majesty’s Inspectorate of Constabularies</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Health and Social Care Information Centre</td>
</tr>
<tr>
<td>MASH</td>
<td>Multi Agency Safeguarding Hub</td>
</tr>
<tr>
<td>MOJ</td>
<td>Ministry of Justice</td>
</tr>
<tr>
<td>NCALT</td>
<td>National Centre for Applied Learning Technologies</td>
</tr>
<tr>
<td>NatCen</td>
<td>National Centre for Social Research</td>
</tr>
<tr>
<td>NFA</td>
<td>No Further Action</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NHSIC</td>
<td>National Health Service Information Centre</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Health and Social Care Information Centre</td>
</tr>
<tr>
<td>NPIA</td>
<td>National Policing Improvement Agency</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>NRES</td>
<td>National Research Ethics Service</td>
</tr>
<tr>
<td>ONS</td>
<td>Office of National Statistics</td>
</tr>
<tr>
<td>RGF</td>
<td>Research Governance Framework</td>
</tr>
<tr>
<td>SAR</td>
<td>Safeguarding Adult Reports</td>
</tr>
<tr>
<td>SCARF</td>
<td>Single Combined Assessment of Risk Form</td>
</tr>
<tr>
<td>SCIE</td>
<td>Social Care Institute for Excellence</td>
</tr>
</tbody>
</table>
# List of Tables

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Action on Elder Abuse outcomes</td>
<td>44</td>
</tr>
<tr>
<td>2.</td>
<td>Abuse of Vulnerable Adult case conclusion</td>
<td>46</td>
</tr>
<tr>
<td>3.</td>
<td>Abuse of Vulnerable Adults alleged perpetrator</td>
<td>46</td>
</tr>
<tr>
<td>4.</td>
<td>Abuse of Vulnerable Adults alleged perpetrator outcomes</td>
<td>46</td>
</tr>
<tr>
<td>5.</td>
<td>Safeguarding Adults Report case conclusion</td>
<td>48</td>
</tr>
<tr>
<td>6.</td>
<td>Safeguarding Adult Report abuse by type and relationship of perpetrator to victim</td>
<td>49</td>
</tr>
<tr>
<td>7.</td>
<td>Safeguarding Adult Report action taken</td>
<td>49</td>
</tr>
<tr>
<td>8.</td>
<td>Outcome of 858 referrals made to Dorset Police</td>
<td>60</td>
</tr>
<tr>
<td>9.</td>
<td>108 referrals where a crime had been established</td>
<td>60</td>
</tr>
<tr>
<td>10.</td>
<td>Conclusion of crimes from pilot study</td>
<td>61</td>
</tr>
<tr>
<td>11.</td>
<td>Conclusion of referrals where a crime could not be established</td>
<td>73</td>
</tr>
<tr>
<td>12.</td>
<td>Conclusion of referrals where a crime had been established</td>
<td>74</td>
</tr>
<tr>
<td>13.</td>
<td>Safeguarding outcomes</td>
<td>78</td>
</tr>
</tbody>
</table>
List of Appendices

Appendix A: Method for Literature Review

Appendix B: Initial Relevant Literature

Appendix C: Prevalence of abuse – local authorities

Appendix D: Conceptual Framework

Appendix E: Correspondence with the Chief Constable

Appendix F: Correspondence with the Chief Constable

Appendix G: Correspondence with the Chief Constable

Appendix H: Breakdown of Secondary Data

Appendix I: Briefing paper to Dorset Safeguarding Adults Team

Appendix J: Thematic Chart

Appendix K: Invitation to Safer Neighbourhood Police Officers

Appendix L: Further Invitation to Safer Neighbourhood Police Officers

Appendix M: E-mail reminder to Safer Neighbourhood Police Officers
Appendix N: Interview Schedule

Appendix O: Ethical Approval

Appendix P: Non recorded crimes

Appendix Q: Recorded crimes

Appendix R: Alerts to Dorset Safeguarding Adults Team

Appendix S: Alert process flow chart
Part One: Introduction to the Research

Chapter 1: Background

By 2020 the total population over the age of 65 in England is estimated to be 10,673,700, of which 3,915,711 will be living alone (Institute of Public Care, 2017). The number of adults aged between 18 and 64 and considered vulnerable due to learning difficulties or a physical disability is predicted to be 1,613,065, with an additional 14,561 forecast to have early onset dementia. Given that individuals are living longer, the increasing number of people with age-related illnesses is placing a greater responsibility on families and the State to care for them. Aligned with this responsibility is a requirement for local authorities to identify and safeguard adults who, as they grow older, become increasingly at risk of abuse and/or harm, to which, government policy objectives seek to prevent and reduce. The Association of Directors of Adult Social Services (2017) have acknowledged that ‘the last year has seen unprecedented media coverage of adult social care’, not least in relation to adult serious case reviews that highlight failures in safeguarding vulnerable adults from abusive behaviour. This is also reflected in the greater volume of literature focusing on keeping vulnerable adults safe (Jeary, 2004, Pritchard, 2008, 2009, Mandelstam, 2011, 2013, Norrie, Cartwright, Rayat, Gray and Manthorpe, 2015, Penhale, 2003, Penhale and Porritt, 2010), and evidenced in the language used. Academics in earlier studies (McCreadie, 2002, White and Lawry, 2009) referred to protecting older adults over the age of 65 from harm, whereas contemporary research refers to safeguarding adults aged 18 and over who are at risk of harm (Shearlock and Cambridge 2009, Fyson and Kitson, 2012, Norrie et al 2015). Adults considered to be at risk of harm under the Care Act (2014) are defined as:

- 18 years or over
- Who need care and support (whether or not the local authority is meeting those needs)
- Is experiencing or at risk of abuse or neglect
- Who as a result of those care and support needs is unable to protect themselves from either the risk of or experience of abuse or neglect
Despite this specific description of a vulnerable adult, her Majesty’s Inspector of Constabularies (HMIC, 2015, p. 8) found in a national overview of vulnerability and police effectiveness, a lack of consistency as to how vulnerability is defined. A victim identified as vulnerable in one Force may not be considered so in another Force, contributing to inconsistencies in crime recording, responses and policy. Nonetheless the term ‘vulnerability’ reflects the emphasis on supporting victims of crime and why the College of Policing’s (2018) definition of vulnerability is ‘A person [who] is vulnerable if, as a result of their situation or circumstances, are unable to take care or protect themselves from harm or exploitation’. The identification of vulnerable adults therefore, carries a different meaning with opposing priorities and objectives for Social Care Practitioners and Police Forces. This issue, as my research highlights, creates tensions between adopting a welfare approach and pursuing criminal justice outcomes.

1.1 Situating the research

The decision to study why suspected perpetrators of abuse against vulnerable adults are not being processed through the Criminal Justice System was influenced by my role as the Safeguarding Disclosure Manager for Dorset Police. The sharing or disclosure of information is a significant element to providing effective safeguarding measures to the vulnerable. In that role, concerns were initially identified through requests for an enhanced Disclosure and Barring Service (DBS) check. Here domiciliary carers, who had allegedly stolen from, or assaulted, vulnerable adults in their care, were not being prosecuted. In short, ‘on the balance of probabilities’ the applicant had engaged in abusive conduct but a Criminal Justice outcome was not pursued. As a consequence these domiciliary carers were applying for positions where they could gain further unsupervised access to, and the trust of, other vulnerable adults. Further examination of the information held established that many of these applicants had been dealt with by way of a ‘single agency’ outcome by the Local Authority Safeguarding Adults team. In general this resulted in the decision to dismiss the carer, thereby safeguarding the adult but leaving the suspected abuser free to find work within the same sector.

The aim of this research, therefore, was to critically examine the tensions that exist between adopting a safeguarding or welfare approach and pursuing a criminal justice outcome when a vulnerable adult has been harmed.
The objectives being to;

- To test the theory that perpetrators of vulnerable adult abuse are not being held criminally responsible for their actions
- To establish why perpetrators are not being processed through the Criminal Justice System based upon decisions made by victims, social care workers and police officers and
- To examine the tensions that influence professional decision making

The research methodology utilised to achieve the research aims and objectives adopted a mixed methods approach. This included the collection and analysis of both quantitative and qualitative data to provide a more thorough understanding of the phenomena. Access was granted to the Dorset Police Criminal Justice System (CJS) to extrapolate and generate statistics for analysis. Together with NHS Information Centre (2011/15) reports into the abuse of vulnerable adults this confirmed the hypothesis that perpetrators of abuse were not being prosecuted. The research then took a two part inductive approach with practitioners to develop a theory to explain the hypothesis. Twelve weeks participant observation with the Dorset Safeguarding Adults Team was followed by semi structured interviews with Safer Neighbourhood Police Officers. This established a deeper understanding of the criteria used when making a referral, the focus being on professional knowledge and experience in order to bring reality to our understanding. The benefits to this approach were to provide a broader perspective through deductive and inductive reasoning.

The structure of this thesis is as follows. Part One introduces the research problem and situates the study by placing it in the historical and political context of domestic and child abuse. Offences committed in the home often involve relationships of trust and this study has identified how the abuse of vulnerable adults has similarities to the underlying dynamics of domestic abuse. Both are hidden crimes, occurring in the private domain, by someone known to them, often someone they depend upon. Therefore the abuse is rooted in power imbalances, factors that influence the risk of an individual becoming a victim. Acknowledgement therefore, is paid to the typology of victims in Chapter Two by Von Hentig (1948), Mendelsohn (1947), and Wolfgang (1958) and more recently by Green (2007) which frames the thesis. Here I examine how victimization theories have moved from the belief that victims contributed to their
own abuse to a position where the opportunity for victimization is linked to social context and situational risk factors.

As with domestic abuse, vulnerable adult abuse does not in itself constitute an offence, therefore, English law sets the agenda in Chapter Three, the literature review. Despite increases in research into violence and abuse within the home the phenomenon of vulnerable adult abuse was not identified until the mid 1990s where much of the published literature relates to safeguarding. As a consequence, academic studies and the critical assessment of perpetrators of adult abuse and the barriers to processing them through the Criminal Justice System is significantly lacking. This gap in our knowledge increases the hidden nature of the phenomenon.

Part Two outlines the research methods and starts with Chapter Four detailing the methodological approach with a discussion on the influence of positivism/post positivism and interpretivist/constructivist paradigms. Consideration is also given to the development of quantitative and qualitative methods to best answer the research question - why are perpetrators of vulnerable adult abuse not being processed through the criminal justice system? This Chapter also details the research design, ethical considerations and discusses the insider researcher position within the police. Chapter Five analyses the data, drawing together the main themes and acknowledging the complexities of identifying, reporting and prosecuting perpetrators.

Part Three identifies the themes in Chapter six of crime recording, information sharing and the gaps in knowledge of what constitutes coercive and controlling behavior drawing comparisons with domestic abuse. The unwillingness of victims to engage, professional decision making and the current political climate highlight some of the reasons why alleged perpetrators of Vulnerable Adult Abuse are not prosecuted. Chapter seven, the final chapter, draws conclusions from the study and considers the implications for policy and practice. Contribution to knowledge is outlined and recommendations for future areas of research bring the study to a close.

1.2 Vulnerable Adults

Developing a definition of a vulnerable adult that is accepted universally is problematic. Different situations raise different issues regarding a range of ‘vulnerabilities’ which can
result in a lack of clarity and differing social, health and legal agendas. In the Department of Health document ‘No Secrets’ (2000), vulnerable adults are described as individuals who may be in need of community care services. Whereas the Law Commission (2011) proposed that the term ‘vulnerable adult’ should be replaced with the term ‘an adult at risk of harm’ as it is a less derogatory description, thus shifting the emphasis from vulnerability to risk. Nonetheless, the concept of vulnerability is powerful, it implies that people require support and yet it is loaded in so much that certain defined characteristics make a person vulnerable. Recently the Deputy Commissioner for the Metropolitan Police (2018) said ‘we triage and assess people’s vulnerability [as it] can manifest itself in a number of ways’ (August 30, The Telegraph). Dorset Police, on the other hand, have identified 13 categories of [vulnerable] adults at risk of harm in order to meet growing safeguarding challenges and demands. The lack of a single comprehensive description that can be used by all statutory agencies hinders a joined up approach to identifying, protecting and supporting vulnerable adults. These approaches are also influenced by a reduction in funding leading to inconsistencies in service provision and placing the debate within a wider political context. As a consequence, each agency uses its own definition of vulnerability to establish their own priorities within the legal framework in which they work.

However, similarities between vulnerable adult and domestic abuse can be made in so much that vulnerable adult abuse does not constitute an offence in itself, but can include a range of offences including coercion and controlling behavior.

‘Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact concerned with domestic abuse’ (West Midlands Adult Safeguarding Board, p. 16, 2015).

Sir Ken MacDonald QC (2008), the former Director of Public Prosecutions, suggests identifying a situation as vulnerable, rather than the person, as this will shift the emphasis onto the perpetrator. This argument is supported by Fitzgerald (2017), who claims that ‘the overwhelming majority of [vulnerable adult] abuse is criminal in nature and never gets prosecuted’.
1.3 Welfare versus Criminal Justice

Concerns in relation to alleged perpetrators not being processed through the Criminal Justice System were identified in cases where a domiciliary worker had allegedly stolen from an adult in their care and the employer had applied disciplinary procedures (ADASS, p. 9, 2013). The key principles which govern this process are set out in the Statement of Government Policy on Adult Safeguarding (DOH, 2013) and are applied when a person has behaved in a way that indicates that she or he is unsuitable to work with adults with care and support needs. In general, this resulted in the dismissal of the employee by placing emphasis on not adhering to company policy as opposed to the intention to permanently deprive the client of money or goods. The information would then be recorded and shared between the employer, the local authority and the police. Evidence that those dismissed individuals were applying for positions in adult care was found in their subsequent applications for an enhanced Disclosure and Barring Service (DBS) check, where information held by Dorset Police was considered for disclosure.

In situations where the carer is a partner, family member or friend, and there was evidence of financial abuse a welfare approach was used, whereby the police provide ‘words of advice’. The allegation or evidence would be discussed with the abuser and the officer would explain that further action may be taken if the behaviour continues. The aim of which, is to enable the abuser to make changes to stop the offending rather than using a criminal justice. However, a Restorative Justice process would provide the victim with a voice to explain the impact the crime has had upon them and enable those held accountable to accept responsibility for their conduct. In these situations the Care Act (2014) provides local authorities with a duty to link vulnerable adults with preventative services to enable [them] to identify their own needs and to have control and choice over key decisions that affect them’ (ADASS, 2017, p. 4). The aim of this approach is to determine how the individual ‘feels about any risks’ and whether support can be provided that removes or mitigates the risk of abuse by friends and family (West Midlands Adult Safeguarding Board, 2015, p. 27). In addition ADASS (2013, pp. 5-9) guidance recommends social care workers should ‘make sure victims get the same access to justice as everyone else’.

Decisions taken by vulnerable adult victims of crime focus primarily on being able to maintain family and community relationships and not wanting to ‘bother’ the police.
Similarities of which can be made with the complexities relating to other victim-offender relationships such as child against parent abuse. Offences committed in the private domain shield perpetrators from police intervention and criminal prosecution, and can be difficult to measure and quantify, not least because of under reporting. Nonetheless, abuse of vulnerable adults, by people known to them, often someone they depend on, in a domestic context, increases the risk of harm and is a key factor to why they are victimized. People with disabilities for example, are particularly vulnerable to interpersonal violence because they are least able to protect themselves. In addition to which characteristics such as gender, age, ethnicity and social status influence the individual's vulnerability to being abused. Victimisation, the process of becoming a victim of crime and the relationship between victim and offender will be explored in the next chapter. There, I will examine social policy, perceptions of vulnerability and abuse.
Chapter 2: Vulnerability, Risk and Victimology

Since the 1990s successive governments have sought to put victims at the ‘heart’ of the Criminal Justice System (Joseph, 2006, p. 47; Hall 2009, p. 4), with policies seeking to be more supportive of victims and ‘tough on crime’ (CPS, 2005, 2009). This was not always the case; in post-war Britain everything that went on in the home was a private matter and not the concern of the state. As Mawby and Walklate suggest (1994, p. 69) ‘there was no sense in which victims of crime had a voice in the political or the policy arena’. This was highlighted in the Curtis review (1946) into the death by neglect of Denis O’Neill, which records ‘in no case did we find that any inquiry….had been addressed to the police’ (Delap, 2015). It was a time when the State and institutions such as the police did not intervene in the private lives of citizens.

2.1 Historical Context

During the Second World War women had taken on the roles of men and had achieved significant independence. Post war, the State needed to get men back into work and women back into the home, to rebuild the country and return to the natural social order. Society was constructed around marriage together with a patriarchal, authoritarian head of the family. Family welfare workers prioritised marital and family harmony and downplayed physical, sexual or emotional abuse in the home. Added to which the police were reluctant to intervene in ‘domestic matters’. Ironically women in the 1920s and 1930s had sought the appointment of women to the police so that victims of child or domestic abuse ‘could turn to them for protection’ (Thane, 2010, p. 44). By the 1950s however, domestic and child abuse were part of a wider pattern of male violence, of which the Government had little or no concern and therefore there was no requirement to consider policy and legislation. State institutions ignored and condoned abuse that went on within the private domain believing that it was not the role of the state to intervene in private matters.

This situation started to be challenged by second wave feminists in the late 1960s and early 1970s by organisations such as Rape Crisis, Refuge and Women’s Aid. This was a response to the unmet needs of women and children and the failure of the law to respond to make institutional changes. Considered to be radical, feminists were seen to be challenging male privilege and the natural order. Feminists exposed explicit and
informal controls in the home and politicised the disadvantages and experiences of the vulnerable in the Criminal Justice System (Heidensohn and Gelsthorpe, 2007, pp. 381-420). Media coverage into the death of Maria Colwell (1973) was a catalyst for state intervention as the 1970s witnessed growing concerns about the levels of crime in the home. Domestic violence moved slowly from a position of neglect to a concern which demanded radical changes in the law and social work. Slowly the State started to accept it had a responsibility to intervene in the private lives of citizens where the politicisation of victims raised the profile of vulnerability. Acknowledging abuse within the home accepted that a number of statutory agencies needed to be involved thereby introducing multi-agency working. However, public dissatisfaction with a welfare approach towards offenders rose in the 1980s when it became politically expedient to support victims of crime.

The United Nations (1985) definition of a ‘victim of crime’ and its’ declaration of the principles of justice for victims’ significantly influenced domestic policy. A Child Care Law Review in 1985 put the interests of the child as paramount in child protection cases which culminated in the Children Act 1989. The legislation put the child’s interests at the center of safeguarding by organizing the Criminal Justice System to identify and convict abusers. This provided for State intervention making it compulsory when a child was at risk of serious harm, indicting an acceptance by the State to intervene into private matters within the home. As the victims’ movement gained greater recognition a number of reforms were introduced including the Victims’ Charter (1990) which was further revised in 1996 and replaced by the Code of Practice for Victims of Crime (2013). The Victims’ Code of Practice (VCOP) was further revised in 2015 in order to comply with the 2012/29 EU directive to establish minimum standards on the rights, support and protection of victims. Although Walklate (2007, p. 131) has criticised these initiatives for not providing sufficient rights and not significantly altering the place of the victim within the Criminal Justice process.

Nonetheless, changes to the legal framework included the Family Law Act (1996) of which part IV relates to domestic abuse and the protection for spouses against violence, with the Protection from Harassment Act (1997) a year later. This legislation was originally introduced to address stalking, but was used primarily to address domestic abuse situations (Harris, 2000 and Budd and Mattinson, 2000). At the same time it ‘strengthened the responsibilities of the police to investigate allegations of familial abuse’ (Police Foundation, 2014). This represented a shift in the Government’s
approach to stop family violence and hold perpetrators accountable by making it illegal to pursue a ‘course of conduct’ which caused harassment or distress to victims (Burton, 2008, p. 13). Police and local authority responsibilities were consolidated in the Crime and Disorder Act (1998) to establish a multi-agency approach to protect and support victims of crime. In addition to which, the Youth Justice and Criminal Evidence Act (1999) provided a range of measures to assist victims to provide their best evidence in court. By 2007 a Government campaign called ‘Break the Chain’ (HO, 2000) and a consultation document ‘Safety and Justice’ focused on domestic abuse which fed into the Domestic Violence Crime and Victims Act (2004). This legislation established what each Criminal Justice Agency must do for victims and in a given timeframe. The following year a Victims’ Surcharge was introduced on all convicted perpetrators of crime, the revenue of which was ring-fenced to provide support to the victims. This period of legislative change has been described as an ‘overhaul’ which implemented the most significant changes for victims of domestic abuse for decades (Hester 2005, pp. 79-80). Of significance, for this thesis, is Section 5 of the Amendment Act (2012) which recognised, for the first time in legislation, abuse against vulnerable adults, making it a crime to cause or allow their death. The implementation of this law was to address those situations where it was clear that one of a number of adults in a household were responsible for the death, but it could not be proved which one (MOJ, 2012, p.2).

Despite these legislative changes little recognition was given to the abuse of the elderly. The advent of the Welfare State established the National Old People’s Welfare Committee who spent the following three decades lobbying Government for legislative changes in the provision of domiciliary services and a more positive attitude towards older people. The abuse of the elderly and vulnerable adults has only recently, since the 1990s, been recognized as a problem, particularly in relation to care homes and hospitals. However, when considered in the context of criminal offences it has remained outside of the Criminal Justice debate. Awareness by Action on Elder Abuse (AEA) likened incidents to the nature of child abuse; hidden, which Brogden and Nijar (2000) suggest is because it was considered a welfare, rather than a, criminal issue. As people become older with increased disability, mobility and cognitive problems social care provision has morphed into the provision of domestic and personal care in the home. Isolation and dependency, therefore, are significant elements in relation to their vulnerability and the risk of being abused. In addition to which, as O’Keeffe et al (2007, p. 86) found in their study into the care of older people, the most common
perpetrator of abuse against older adults was a partner, family member, friend or care worker.

Barriers to older people reporting the abuse were not surprisingly ‘the fear of alienating family and friends and the consequences of taking action’ Mowlam et al (2007, p. iii). Although the Government Report ‘Speaking up for Justice’ (Home Office, 1998) introduced the categories of ‘vulnerable’ and ‘intimidated’, victims of domestic abuse were not initially considered vulnerable and/or intimidated, which attributed to the Criminal Justice System not taking their cases seriously (Newburn, 2013, p. 849, Hester 2005, p. 81). Changes introduced through the Youth Justice and Criminal Evidence Act 1999, Achieving Best Evidence, and the Code of Practice for Victims of Crime (2015) has since acknowledged and supported vulnerable and intimidated victims. However, it is worth noting here that whilst Local Authorities and the National Health Service could have contributed toward the abuse and neglect of vulnerable adults, the law affords them a degree of protection from liability. The reason for this is in recognition of the difficult job that such public bodies have, and that to hold them liable in all circumstances when things go wrong would be not only unfair but also counter-productive. For instance, agencies might become so defensive, anxious and engaged in legal cases, that already over-stretched public services might become even more so. The courts will sometimes protect such bodies if the action or decision in question is related either to duties and powers under legislation or to a lack of resources (Social Care Institute of Excellence 2011, p. 57).

When addressing crimes committed in institutions, Wolhuter, Olly and Denham (2009, p. 16) observe that legislation to prosecute the offender is ‘weakly enforced’. The case of Mid Staffordshire, where an estimated 1,000 patients died between 2005 and 2009, due in part to staff shortages (Healthcare Commission, 2009). The drive to meet targets and obtain foundation status found the Mid Staffordshire Hospital becoming obsessed with saving money and thereby cutting staff. Although a review in 2002 found the lack of nurses was a concern the Hospital Board in 2005 made a decision to cut back on qualified nurses and replace them with health care workers (Cox, 2009). Indeed, research into the experience of older people and staff in care homes and hospitals by Lupton and Croft-White (2013, p. 8) concluded ‘there needs to be better management of workload pressures and more opportunities for staff to develop skills and improve practice’. When defining abuse, neglect and dignity in care, Dixon et al
2010) found that in some residential care homes incidents had become acceptable due to a shortage of staff, poor training or team culture.

The social and political context of vulnerable adult abuse is being driven by government public enquiries such as the Francis Report (Kings Fund, 2013) and campaign groups such as Mencap, the Challenging Behaviour Foundation and ‘Cure the NHS’. Initiatives to respond to the interests of victims and their families has seen guidelines aimed at improving Criminal Justice outcomes and recommendations for a national policy for the protection of vulnerable adults (Newburn, 2013, p. 849; Hester 2005, p. 81; CPS, 2005, p. 6; Hall, 2009, p. 4). Nonetheless, MacDonald (2008) highlights that the label ‘vulnerable’ has become an ‘innate characteristic of disabled people’ which Stanko (2014) suggests is being used today protect a suspect from being perceived as a credible offender.

### 2.2 Perceptions of Vulnerability and Risk

Back in the 1940s victimology theories began to emerge in an attempt to understand the relationship between the victim and the perpetrator by creating victim typologies. Von Hentig (1948) and Mendelsohn (1947), whose backgrounds were in criminal law, are key figures in the development of victimology. In Von Hentig’s (1948) study *The Criminal and His Victim*, he claims that the victim’s characteristics contribute to their own victimisation by creating a situation conducive to a crime being committed. He suggested that four categories of people are vulnerable to victimisation; the young, the old, females and the disabled. His concept of ‘victim-proneness’ is relevant to victims of elder abuse, because due to their age, they have become more vulnerable and as a result, have become more at risk, or prone to, abuse. This argument has been described by Biggs *et al* (2009) as discrimination based on ageism, as age alone does not make someone vulnerable. The concept of victim proneness was developed by Mendelshon into concepts of victim culpability and precipitation, whereby degrees of blame are attributed to victims for their victimisation, ranging from ‘completely innocent to ‘most guilty’. It is worth noting here that both Von Hentig and Mendelsohn studied the victim-offender relationship from a patriarchal perspective which Goodey (2005, p. 97) suggests is why these two theories have become associated with ‘victim blaming’. A study by Wolfgang (1958) based on police records of rape, developed a theory in relation to victim precipitated murders. Here the victim ‘had a direct role to play in the instigation of violence’ based on three common factors; the victim and offender had
been in some form of a relationship, there was a series of escalating disagreements and the victim had consumed alcohol. In relation to this study it must be acknowledged that 1958 society was patriarchal, most police officers were male, and whilst alcohol does not cause domestic abuse, the Institute of Alcohol Studies (2016) suggests there is a correlation between alcohol and domestic violence. A common thread running through these theories is that they are based upon positivist principles that focus on the role of the individual victim. The wider social and political context which impacts on an individual’s risk and vulnerability is ignored.

Wolhuter, Olly and Denham (2009, p. 16) argue that in early positivist criminology ‘there is an assumption that the home is a safe place and that crime largely occurs in public spaces’. Second generation positivists, in response to criticisms by feminists and critical victimology theories, moved the focus of attention from the victim towards an emphasis on a situational approach - lifestyle exposure theory. Hindelang, Gottfredson, and Garofalo (1978) for example, suggest that the individual’s demographics will influence their lifestyle which in turn creates opportunities for victimisation. Although much of their research was focused on young people, their theory can also be applied to the elderly. For example, in Jeary’s (2004, p. 27) study into sexual abuse of older people, the largest proportion of victims ‘were in accommodation which offenders acknowledged was easily identifiable as sheltered or elderly peoples’ housing’. Routine activity theories on the other hand, highlighted by Cohen and Felson (1979), focuses on how opportunities for crime are related to social interaction which increases the likelihood of coming into contact with a motivated offender. Here, those vulnerable adults residing in a care home may be looked after by potentially dishonest carers particularly when you consider carers, on the whole, are paid the minimum wage (Craig and Clay, 2017, p. 30). Or as Aitken and Griffen (1996, p. 85) suggest, are employed for economic reasons rather than for client care. In this scenario the offender may have sought the role of carer in order to have access to victims. For example, Jimmy Saville, specifically targeted care institutions because he could gain access to vulnerable people, or sheltered housing where there is less regulatory oversight.

Christie (1986) on the other hand suggests that victims are socially constructed. Under Christie’s definition, elderly victims would be considered as totally innocent and blameless, not culpable for their victimisation as age is an accepted form of vulnerability. For example, residents in care and nursing homes are considered an
‘ideal victim’, as they have very little autonomy or control over their lives, making them vulnerable to abuse. Brown (2011, p. 4) highlights ‘vulnerability is as much a product of the setting as the circumstances of the individuals involved’. Pain (2003, p. 73) develops this argument by suggesting that the key factors of class, gender, race and socio-economic status will determine where the elderly live and therefore, their risk of victimisation. This theory is supported by the Mowlam et al (2007) study in which they established mistreatment did not occur in isolation but against a backdrop of relationships, capacities and resources, ‘there was no such thing as a typical case’. Nonetheless, it has been observed (McCreadie, 2002, House of Commons Health Select Committee, 2004, Biggs et al, 2009) that risk factors in relation to vulnerability are greater if there is a history of family violence, a person lives on their own or experiences social isolation.

Conversely Green (2007, p. 93 - 112) claims victim conceptual frameworks ignore the wider social and political context because policies around victims and vulnerability are influenced by wider economic interests. This is particularly relevant when considering victimisation determined by ‘social categories and power inequalities’. Here victims of domestic abuse are not considered the same as victims of public violence. Walklate (2001, p. 29) suggests ‘they are a product of power relations in general or gendered power relationships in particular’. Influences of control in family relationships which impact on family dynamics and have over recent decades become a widely recognised problem. Yet despite feminist challenges, the influence of patriarchy remains prominent in relation to responses to domestic abuse and intervention by Social Care and Criminal Justice professionals.

2.3 Domestic Abuse

What distinguishes domestic abuse from other crimes is the nature of the victim/offender relationship (Coliandris and Rogers, 2013, pp. 24-26). Radical feminists since the 1960’s have challenged patriarchal structures for tolerating and condoning abuse within the home, campaigning for the recognition of domestic abuse as a criminal offence. Yet it was not until 1986 that official guidance was issued by the Home Office to the police outlining their responsibility in protecting women and children from violence in the home. Nonetheless, the police continued to fail to take domestic abuse seriously, victims remained disbelieved. The Domestic Violence Crime and Victims Act (2004) pledged to transform the local and national response to domestic
abuse and ensure victims have the courage to speak out. The legislation also allowed for the offence of familial homicide; causing or allowing the death of, or significant harm to, a vulnerable adult. Of significance is that the legislation imposes upon family members a duty to take reasonable steps to protect a person from the risk of harm, thus imposing a duty of care. The legislation stipulates the perpetrator must be a member of the same household as the victim or is a frequent visitor to be regarded as a family member, including a relative, friend or neighbour caring for the victim. Therefore the more commonly used definition of domestic violence has shifted towards the use of domestic abuse. Understood to be any incident or pattern of incidents of threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse. This non-statutory cross-government definition is intended to raise awareness and allows for clarity in relation to prevention and intervention measures. Revisions to the definition of domestic abuse also reflect an increased understanding of the nature of abuse within the family home. They include violence involving members of the same family over 16 years of age and for the inclusion of coercive and controlling behaviour.

Controlling behaviour is defined as a range of acts designed to make a person subordinate and/or dependent on the perpetrator by isolating them from sources and support. This form of behaviour also exploits the victim’s resources for personal gain, depriving them of the means needed for independence, resistance and escape. Where an act or pattern of acts such as assaults, threats, humiliation and intimidation is used to harm, punish or frighten this will defined as coercive behaviour. Coercive and controlling behaviour underpins gender inequality and constitutes a pattern of behaviour which contributes to the ability of the perpetrator to retain power and the inability of the victim to report it. Stark (2007, cited by Myhill, 2013, p. 18) defines controlling behaviour as ‘a strategic course of oppressive conduct that is typically characterised by frequent, but low-level physical abuse and sexual coercion in combination with tactics to intimidate, degrade, isolate and control victims’.

A lack of understanding by the police in relation to coercive controlling behaviour places the behaviour, as observed by Robinson, Pinchevsky and Guthrie (2015), as ‘under the radar’. Indeed Fyson and Kitson acknowledged in their prevalence study that police involvement in cases of psychological abuse was absent. In Stockholm Syndrome (BBC, 2013) the victim can be so afraid of the perpetrator that they overly
identify with him or her in an attempt to stop the abuse. If the abuse is reported, victims are likely to minimise it and perpetrators to manipulate their account of the circumstances. Lodrick (2017) has likened Stockholm Syndrome to trauma bonds linking the perpetrator and victim together, where the victim experiences abuse interspaced with small acts of kindness, isolation and the inability to escape. In these relationships the victim will have positive feelings for the perpetrator and negative feelings towards anyone who wants to ‘rescue’ those, complexities that prevent positive action being taken.

Intimate partner violence by men against their current or former partner is the most common manifestation of domestic abuse and features limiting access to money, isolation from family and friends and control over activities in order to secure dependence on the perpetrator. Statistics from SafeLives (2016) between 2009 and 2016 confirm on average victims live with domestic abuse for 2.3 years before getting help. Women in low income households are 3.5 times more at risk, with the majority of high risk victims in their 20s or 30s. However, in a qualitative study by Jeary (2004) into fifty Public Protection cases, those ‘older’ participants who had experienced domestic abuse chose to remain in the abusive relationship rather than leave. Indeed they may have suffered abuse for years yet did not consider it criminal. For older women, Blood (2004) suggests, they would rather ‘suffer in silence’ than risk a negative impact on family relationships. Older people’s experience of domestic abuse, on the other hand, varies from a younger person’s experience insomuch that the abuse may be perpetrated by an adult child, other family members, or a carer who is in a family-like relationship.

Green (2007) and Walklate (2008) observe that fears of not being believed, who will care for them and financial reliance on the perpetrator are barriers to reporting abusive behaviour and obtaining support, which is evidenced in the qualitative findings by Mowlam et al (2007). The situation is exacerbated further when health and social care practitioners fail to recognise the significance of power and control relationships which Manthorpe et al (2004, p. 2) suggest is due to gaps in the knowledge of staff as to what constitutes coercive and controlling behaviour. This is despite guidance on Safeguarding and Domestic Abuse from the Local Government Association (LGA), ADASS and the web site Coercive control: resources for health and care practitioners. Parallels may be drawn here with a lack of understanding by social workers recognising domestic abuse in child protection cases. As Keeling and Van Wormer
(2012) observe 'social workers appear to struggle to find a balance between ensuring child safety and empowering women, while meeting legal and local procedures for child protection'. However since 2012 the IRIS (Identification and Referral to Improve Safety) programme has been implemented to assist general practitioners and other health professionals to identify cases of domestic violence and to respond appropriately. The programme has also been included in the National Institute for Health and Care Excellence guidelines and the recommendations of Home Office Domestic Homicide Reviews.

Research conducted by McGarry, Simpson and Hinsliff-Smith (2014, pp. 202-212) found there exists a lack of clarity amongst practitioners into responding to domestic abuse among older people, which Brogden and Nijar (2000) would argue is ‘routinely ignored or redefined as a welfare issue’. McGarry et al (2014) examined service responses to abuse among older people and identified three themes: a lack of clarity between domestic violence and elder abuse, complexity in family dynamics and abusive relationships compounded by a lack of services to support the older abused person. In their study one agency suggested using the term ‘elder abuse’ instead of domestic abuse as a method of dumbing down the situation and therefore having to deal with it. Another agency suggested that the abuse was only addressed as part of a supported needs package within a safeguarding framework, indicating abuse was tolerated and went unchallenged. Discourse in relation to a lack of clarity and contested terminology acts as a smokescreen for the failure of health and social care practitioners to recognise and respond to domestic abuse against vulnerable adults. Moreover abuse within institutions, meant to safeguard the welfare of the vulnerable, demonstrates systematic failures at both the local and national level. In short, society is failing to recognise the abuse of vulnerable adults much as it did with domestic abuse 30 years ago. As Starmer (2011) observes, ‘It is only in the last 10 years that domestic violence has been taken seriously as a Criminal Justice issue’.

Previously the vast majority of domestic abuse cases were brushed under the carpet with the refrain ‘it’s just a domestic’. Today’s refrain is ‘a vulnerable adult's chosen outcomes is at the heart of safeguarding’ with ‘safeguarding being more focused on the adult than on processes’ (West Midlands Adult Safeguarding Board, 2015, p. 6). This position is supported by the Association of Directors of Adult Social Services who suggests ‘individuals should be in charge of their own care and support and have control and choice over the key decisions that affect them’. Indeed one of the main
principles of the Mental Capacity Act (2005) is that a person has the right to make an unwise decision (Social Care Institute for Excellence, 2018). For health and social care practitioners the dilemma is ‘choice versus control, risk versus safety (Community Care, 2017). Thus some social care practitioners will support the decisions of unsupported vulnerable adults to remain in abusive situations.

2.4 Vulnerable Adult Abuse

Identifying a vulnerable adult is hampered by problematic definitions. The term elder abuse was imported from the USA and is used to describe a range of harms affecting older adults. Acknowledged by Dixon et al (2010, p. 404) to be contentious, as it represents its own challenges when comparing research into adult crimes, as the blanket use of the label elderly or old constitutes a generic group of victims. The term elderly has been applied by some researchers to those aged over 50 (Help the Aged, 2008), whilst others have used 65 years of age as a benchmark because it is the current age for a state retirement pension (McCreadie, 2002, Jeary, 2004, O’Keeffe et al 2007 & Biggs et al, 2009). Age, vulnerability and level of dependency may be related, but some studies (AEA, 2006, O’Keefe et al, 2007 and Mowlam et al, 2007) suggest that individuals by virtue of their age are likely to be vulnerable, suggesting ageist stereotypes. Furthermore, Homer and Gilleard (1990) warn against the ‘inappropriateness’ of stereotyping as it establishes preconceptions about what a victim ought to be. Labelling adults as ‘vulnerable can be stigmatising and lead to assumptions they are unable to protect themselves. Care, therefore, needs to be taken when we consider an individual as being vulnerable to abuse or harm. Just because an adult is older, or has a mental health condition or a disability they are not by definition vulnerable. In addition an adult may not necessarily be in a permanent position of vulnerability. Some professionals, police officers and health and social care workers for example, focus on the short-term identification of vulnerability, so that actions can be implemented for those individuals living “at risk” of being harmed or abused. The situation is made complex because these practitioners employ different methods of defining, and assessing vulnerability. Vulnerability, therefore, is complex and could involve many characteristics that expose an individual to harm and limits their ability to safeguard themselves.
Nonetheless people with health needs make up a large proportion of the referrals of adult abuse (HSCIC, 2015) including people with physical disabilities, mental health difficulties or learning difficulties. The more vulnerable and weak the victim is, the easier it is to see them as Christie’s ‘ideal’ innocent victim. As McCreadie (2002, p. 6) suggests, the frail older person would be less able to protect him or herself and therefore would be at greater risk of harm. Walklate and Mythan (2011, p. 180) observes that vulnerability can be associated with a number of personal circumstances, and ‘being exposed to adversity does not necessarily imply an inability to cope with that adversity’. Filinso et al (2008, p. 18) suggest that the debate can be further divided into whether or not the individual has the ability to make decisions under the Mental Capacity Act, although particular attention needs to be given to those adults whose capacity is problematic due to learning disabilities, mental health problems including dementia and addiction to drink and/or drugs. Wahidin and Powell (2007, p. 236) on the other hand, suggest the elderly are not a homogeneous social group and therefore two principal approaches to the ‘age debate’ should be considered; the social dimensions of gender such as class and ethnicity; and the scientific dimensions of physical and psychological conditions. ‘Vulnerability’ therefore is a socially constructed concept, although the circumstances and the personal characteristics of the victim influence their legitimacy as a victim of abuse.

The verb ‘abuse’, is used to describe something that has a ‘bad effect or purpose’ or to ‘treat with cruelty or violence’ and includes misuse, mistreat, assault and to speak in an offensive manner to someone (Oxford Dictionary, 2016). Therefore, the range of behaviours and contexts presents its own challenges when trying to define the problem. From Section 3 of the Safeguarding Vulnerable Group Act (2006) the Disclosure and Barring Service have taken the term ‘relevant conduct’ to describe an action or inaction that has harmed or placed a vulnerable adult at risk of harm. They clarify abusive behaviour as being a course of conduct which ‘endangers a vulnerable adult or is likely to endanger a vulnerable adult, causing harm or putting a vulnerable adult at risk of harm’ (DBS, 2012, p. 5). Abuse is being described as occurring when one person purposefully hurts another. In addition there is an element of control when one person seeks to control a vulnerable adult through abusive behaviour or conduct. Described by Bedford Borough Council (2017) abuse is mistreatment ‘that violates a person’s human and civil rights’ and could include treating someone with ‘disrespect in a way which significantly affects the person’s quality of life’.
Conversely ‘mistreatment’ has been used by McCreadie, Bennett and Gilthorpe (2000) to describe harm, via commission (abuse) or omission (neglect), whereas neglect and poor care practices within a care home or hospital is described as organisational or institutional abuse (SCIE, 2015). Academic discussion and research into vulnerable adult abuse therefore ‘seeks to encompass a large number of different people with varying levels of disability, dependence and support needs in an umbrella concept’ (Gilbert, Stanley, Penhale and Gilhooly 2003, p. 154). Certainly the UK Prevalence Study of Abuse and Neglect of Older People (Mowlam et al, 2007, p. 19) was unable to ‘generate a comprehensive set of categories’ to enable a meaningful understanding of abuse and/or mistreatment’. Furthermore Dixon et al (2010, p. 418) claim that without clarification, research will be undermined by unclear ideas of what is being discussed.

It can be argued therefore, that a lack of a clear definition has hindered the development of effective research to date into perpetrators and thereby efforts in responding to allegations of abuse. However, in the main most researchers use the categories; neglect, physical, sexual, psychological and financial (Mansell et al, 2009, Action on Elder Abuse, 2006, Dixon et al, 2010, Fyson and Kitson, 2012, NHSIC, 2012/13, HSCIC 2014/15).

In addition there is considerable debate, not least between social care workers and the police as to who would be classed as a vulnerable adult, based on either a welfare or criminal justice approach. Initially the broad definition used referred to the 1997 consultation document ‘Who Decides?’ as a person ‘Who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care of, or unable to, protect him or herself against significant harm or exploitation’. The Department of Health (2000) ‘No Secrets’, document adopted the definition and it became a key policy instrument with health and social care practitioners. Although concern was raised by ADASS who argued that the definition of a vulnerable adult in the document was contentious, placing the cause of abuse with the victim. The Better Regulation Task Force 2000 (cited by McCreadie, 2002) argues that people who are considered vulnerable because they require social care may not be at risk of harm, whilst those who may be at risk of harm may have no requirement for social care. On the other hand Gilbert et al (2003) argues that some individuals are not considered to be at risk until they have been a victim to some form of incident or exploitation, which would explain why the document did not have the support of legislation.
By 2011, the Law Commission adopted the term ‘adults at risk’ to deflect from any inherent disability and it was subsequently written into the Care Act 2014 which replaced the ‘No Secrets’ document. Regardless of this clarity in relation to a definitive description of a vulnerable adult, Her Majesty’s Inspectorate of Constabularies (2015, p. 5) considers victims to be vulnerable due to age, disability, repeat victimisation or are at ‘high risk of abuse’. Yet in a national overview of vulnerability they found some police forces were using the definition as stated in the Code of Practice for Victims (MOJ, 2015) and other forces were defining vulnerable victims using the ACPO Guidance on Safeguarding and Investigating Abuse of Vulnerable Adults (HMIC, 2015, p. 5). The College of Policing (2016) on the other hand suggests everyone can be vulnerable and rarely does the individual have one vulnerability factor, preferring instead to suggest they have many vulnerabilities related to situational factors, such as the perpetrator.

Section 42 of the Care Act 2014 defines ‘an adult at risk’ as someone who has needs for care and support, who is experiencing, or is at risk of, abuse or neglect and as a result of their care needs is unable to protect themselves. As the world ‘vulnerable’ does not appear in sections 9, 42 or 43 of the legislation, social care practitioners rarely use the word in the context of adult safeguarding. Yet despite the clarification of a definition within the legislation there are a number of different agencies who use different definitions because these are referenced within other pieces of legislation that are relevant to their working context. The Safeguarding Vulnerable Groups Act 2006 was passed to reduce harm, or risk of harm to the vulnerable by preventing people thought to be unsuitable to work with children and vulnerable adults from gaining access to them through employment using the Disclosure and Barring Service (DBS) check. The DBS (2012, p. 1) class an adult as vulnerable ‘when they are receiving one of the following services;

- Health care
- Relevant personal care
- Social care work
- Assistance in relation to general household matters by reason of age, illness or disability
- Relevant assistance in the conduct of their own affairs
- Conveying (due to age, illness or disability in prescribed circumstances
The DBS here are not focusing on the characteristics or circumstances that make an individual vulnerable but where the care or assistance is being provided; within the individuals' home. Within the Housing Act 1996 two ‘vulnerable’ definitions are used. In Section 218a the term ‘vulnerable victim’ is used to describe a person who is repeatedly targeted in relation to anti-social behaviour and who does not meet the section 42 threshold within the Care Act. Whilst Section 189 (1)(c) states a priority need includes a person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason, or with whom such a person resides or might reasonably be expected to reside. The homeless are also considered vulnerable by the Royal College of Nursing (2018) who suggest people who have experienced a recent bereavement, divorce, loss of a job or are in abusive relationships should also be recognised as being vulnerable.

Vulnerability resulting from an individual’s circumstances or environment is considered by the Metropolitan Police when completing a Vulnerability Assessment Framework in order to identify those most at risk of harm (HMIC, 2015, p. 7). Characteristics would also include mental health, disability, age or illness. Conversely the South London and Maudsley NHS Foundation Trust (SLAM, 2015) Safeguarding Policy states ‘the vulnerability of an adult at risk is related to how able they are to make and exercise their own informed choices and to protect themselves from abuse. This approach, they suggest, reflects the shifting nature of vulnerability and encourages practitioners to identify the potential of acquired vulnerability due to wider circumstances.

This lack of a consistent definition could explain why the police have difficulty in identifying vulnerable adults, although old age and disability are dominant characteristics they use as a determinant. Existing definitions of abuse are broad and unspecific where a lack of clarity causes confusion between agencies in relation to the nature and prevalence of the ‘mistreatment’ of vulnerable adults and thereby problems in establishing policy and practice. Nonetheless whilst a definitive meaning is debated by academics, interest groups, partner agencies and stakeholders, there is a general understanding of what safeguarding, abuse, harm and vulnerable mean. Support is made in The Advocate’s Gateway (2014, p. 2) which recommends that there cannot be an agreed definition of who is vulnerable as ‘age, incapacity, impairment or medical condition may not reflect the nature of vulnerability that a particular individual may face at different times and in different environments’.
2.5 Comparable Findings

Vulnerability, therefore, is used to express the level of risk posed to groups and/or individuals, the more vulnerable a person is the more likely they are to being harmed (Green, 2007, p. 97 – 112). Like domestic abuse, abuse against a vulnerable adult can be applied to a number of offences. Debate in relation to a Domestic Abuse Law is considering a definition which can be a single or repeated act that occurs in a relationship where there is an expectation of trust (World Health Organisation, 2002, cited by Dixon et al 2010). Relationships of trust have been captured by researchers in order to distinguish familial abuse from the harm inflicted by strangers (Action on Elder Abuse, 2006, Mowlam et al, 2007, Biggs et al, 2009, Dixon et al, 2010, NHSIC, 2012/13). Trust is also considered to be an aggravating factor when examining patterns of coercion, control and domination, particularly where the victim is dependent on the perpetrator for their quality of life. Lodrick (2017) argues victims become emotionally bound to the perpetrator ‘to ensure physical and psychological integrity’ and are therefore least likely to ask for help. Additionally abuse in relationships of trust has long lasting effects in relation to mental health and wellbeing. SafeLives (2016, p. 14) contends the ‘less visible forms of abuse may be harder to detect by professionals, particularly as they can present under the guise of additional medical conditions as opposed to abuse’. Whilst experience in Mowlam et al’s (2007) qualitative study indicated that some older people’s experience of abuse within the family was not considered abusive behaviour. Here, Walklate and Mythen (2011) found that victimisation was so normalised by some victims that the concept of being a victim was not considered. Both vulnerable adult and domestic abuse victims may not recognise they are being victimised, and if they are aware they may feel embarrassed or ashamed, blaming themselves. Victims may also minimise abusive behaviour fearing that accepting help will make the situation worse.

For vulnerable adults maintaining a relationship, particularly when the perpetrator is an adult child, is essential in order to have contact with family members. Reckless (1961) suggests victims may also be unwilling to report incidents of abuse because of fear of reprisals or homelessness. Preferring instead to internalise the perpetrator’s behaviour which Stanley (2011) highlights as creating a gap between the prevalence of abuse and the number of incidents reported to the police. Indeed the underreporting and under recording by social care practitioners and the police continues to disguise the true extent of abuse within the home. Evidenced by Wydall and Zerk (2017, p. 252)
who found in their study into domestic abuse and older people ‘in the majority of cases, safeguarding practitioners did not recognise the complexity of victim-perpetrator dynamics.

Since the implementation of the Care Act (2014), a safeguarding practitioner has a duty to consider domestic abuse; however SafeLives (2016, p. 14) suggests ‘professional judgements might be skewed by assumptions in relation to the perpetrator ‘caring’ for the victim. Brogden and Nijhar (2000) contend this is because abuse in the private domain takes a welfare approach, whereas abuse in the public domain is considered criminal behaviour where legislation would be enforced. Abusive behaviour is not readily equated to criminal offences by social care practitioners; therefore they would not recognise the need for the abuser to be dealt with through the Criminal Justice System. Conversely they may believe welfare and safeguarding to be their responsibilities and not to ensure perpetrators are processed through the Criminal Justice System. Supporting vulnerable adult victims of abuse requires shared responsibilities, not just in relation to safeguarding needs, but also in relation to holding the perpetrator to account. A lack of clarity prevents a coordinated response, with a disconnect between research by health and social care practitioners and the police, highlighting the need for a common understanding on which adults are considered vulnerable. Without a common understanding not only will the definition and terminology be a barrier to multi-agency co-operation, but also a barrier to the prosecution of offenders.

Clearly there is a significant overlap between domestic abuse and vulnerable adult abuse with both victims experiencing the same abusive behaviour where the perpetrator seeks to exert power in the home. Yet despite the increase in studies into violence in the home, the extended definition of domestic abuse and most safeguarding work in relation to vulnerable adults occurs in the home, it is not being recognised as domestic abuse. Early research (McCreadie, 2002, McCreadie et al, 2000, O’Keeffe et al, 2007, Mowlam et al 2007, Biggs et al 2009 Dixon et al 2010) into vulnerable adult abuse has been concerned with the prevalence and types of abuse of elder/older abuse, with some research into domestic abuse and older women (Penhale, 2003, Penhale and Porritt, 2010, McGarry and Simpson, 2011, SafeLives, 2016). Only the study carried out by McGarry et al (2014) examined the responses of older victims of domestic abuse in relation to the services provided. They found a lack of clarity between domestic abuse and elder abuse, with a deficit in services for the older
survivors of domestic abuse. This limited amount of research on domestic abuse and older people is mirrored in a lack of research on the perpetrators of vulnerable adult abuse, thus placing a significant limitation in the development of knowledge and responses to offending behaviour, which will be examined in the literature review.
Chapter 3: Literature Review

3.1 Introduction

A lack of clarity between domestic abuse and elder abuse presents challenges when analysing the existing literature relevant to the aims of the research; why are perpetrators of vulnerable adult abuse not being processed through the Criminal Justice System? Domestic abuse has in the last decade received increasing attention, not only within the academic literature but also within the Criminal Justice System (Penhale, 2003, Hall, 2009, MOJ, 2012, Myhill, 2013, Police Foundation, 2014). Yet, despite the increase in research into violence and abuse within the home, vulnerable adult abuse has avoided extensive academic research. This is due in part to the disparity amongst academics, practitioners and policy makers regarding the terminology used to define vulnerable adult abuse.

In addition, the existing legislative framework is complex and fragmented. The Human Rights Act 1998 underpins legislation in the United Kingdom providing citizens with rights to be free from inhuman and degrading treatment (Article 3) and the right to respect for private and family life (Article 8). However, with the devolution of Northern Ireland, Scotland and Wales in 1998, this has resulted in significant legislative and policy differences, therefore to control the differences and set the agenda, only laws in England have been considered for this study. In addition, self-neglect has not been included, as it does not involve coercion or the commission of a criminal offence by another. Murder and assisted suicide have also been excluded as this form of conduct is carried out with the intention to cause death rather than to harm or abuse. The critical analysis of the literature, therefore, has been informed by the study into the abuse and neglect of older people in the United Kingdom (National Centre for Social Research and the King’s College London, 2007); the rationale being that acknowledging abuse acknowledges an abuser.

3.2 Locating the Literature

Whilst a review of the literature has been an ongoing process to ensure completeness, a strategy was established for the approach taken (see Appendix A). A key factor that contributes to a lack of criminal research into the abuse of vulnerable adults is that
there is no legal definition of what it constitutes. Therefore, based on the research question, ‘why are perpetrators of abuse against vulnerable adults no being prosecuted?’ a search criteria was created. Key words used to identify documents included: perpetrator, abuse, vulnerable adults, elder abuse, older victims of crime and police. Studies that analysed associations between the search variables were also included.

All documents were identified using electronic databases including the University of Portsmouth’s Discovery search engine, Google Scholar and the National Police Library catalogue. I also set up an alert through the publication tool Zetok to review recently published articles. An inclusion and exclusion criterion was based on empirical studies relating to abuse/harm, older/vulnerable adults and police involvement. Articles based on safeguarding alone were deselected because they focused on safeguarding measures rather than on what they were safeguarding against. The search also highlighted that access to the Journal of Adult Protection was not available through either the College of Policing or the University of Portsmouth. The University library was approached to obtain access by requesting an electronic or hard copy print of the publication required. Titles and abstracts were studied to determine selection for full reading.

Instead of using referencing software I kept a separate Word document to record the initial relevant literature identified and following guidance from Trafford and Lesham (2008, p. 73) documents were filed under the criteria: government and charity publications, journal articles and books (see Appendix B). Then after critically reflecting on an article or chapter, a word document was created to summarise the position of the author(s), the purpose of the article or chapter, the methodology of the study and the usefulness to my research. This allowed for quick reference and sub groups to be formed based on the themes of abuse, perpetrators and police involvement. Notes critiquing the article and how it relates, or not, to the research subject were also kept for reference purposes.

With the exception of a study into the experience of staff who were alleged to be perpetrators of abuse (Walford, Kaye and Collins, 2014), the initial search provided no primary literature in relation to the why perpetrators of vulnerable adult abuse are not being processed through the criminal justice system. Consequently it became essential to draw on a secondary source of literature: the prevalence of abuse. These secondary
searches provided academic research as well as grey and relevant media articles. Exploitation of the bibliographies in books and journals validated the collection and introduced further sources and key researchers. Using this secondary data to draw out knowledge I focused on the perpetrator and outcome element of the abuse. On the whole most authors recognised that abuse was taking place and placed their argument within the sphere of safeguarding. There was however, a significant lack of criminological discourse which validated the originality of the research.

The literature review validated the research by identifying two seminal pieces of work. The first being a systematic literature review of elder abuse carried out by Manthorpe, Penhale, Pinkney, Perkins and Kingston (2004) and the second being the content of over 10,000 calls made to Action on Elder Abuse between 1997 and 2003 which highlighted the need for a prevalence study. Two key themes were identified; the gaps in the knowledge of health and social care practitioners as to what constituted abuse and the link between elder abuse and domestic violence. The review also confirmed that very little research on the views of older people in relation to abuse existed and there were ‘few links to criminological evidence and theory’ (Manthorpe et al, 2004, p. 18). Overall there was a clear distinction in the literature between studies into the abuse of older adults, abuse reported to local authorities and specific aspects of abuse against vulnerable adults.

3.3 The Abuse of Older Adults

The abuse of older people has been a neglected area. Since the late 1960s, due to the activism and campaigning of second wave feminists, the focus has been on violence against women and child protection. Nonetheless concerns in the 1970s in relation to older people’s wellbeing was described in the British Medical Journal (1975, p. 592) as ‘granny battering’. Growing recognition and concern about the abuse and neglect of older people led to the commissioning of research by Comic Relief in 2005 to estimate the prevalence of elder abuse in the UK. By examining prevalence, a better understanding of the outcomes and the identification of perpetrators could be established.

Known as the UK Study of Abuse and Neglect of Older People Prevalence Survey (O’Keeffe et al, 2007), 2,100 people in the United Kingdom aged 66 years and older
were interviewed and the findings weighted to represent the UK as a whole. The term ‘mistreatment’ was used to describe neglect and psychological, physical, sexual and financial abuse. Whilst the term abuse referred to all forms of mistreatment but excluded neglect as this, the researchers suggested, denoted a lack of action, thereby, prescribing and limiting their research area. In addition, the sample group did not include older people with poor health and those living in a residential care setting, which established a limit when estimating the overall prevalence of abuse throughout the UK. Reports in relation to sexual abuse included being talked to or touched in a sexual way. However, O’Keeffe et al (2007, p. 42) considered these actions to be ‘at the less serious end of abuse and more properly classed as harassment’, inferring harassment to be a lesser crime than sexual abuse. For neglect and psychological abuse to be recorded there was a requirement that there had been a minimum of 10 incidents. It was believed that these forms of mistreatment would also occur in non-abusive relationships where physical, sexual or financial abuse did not exist. Had the study been carried out in 2016, neglect and psychological abuse would have been considered in relation to coercive and controlling behaviour.

With the exception of ethnicity and long term illness, vulnerability was not a characteristic of the sample group, which ignores that age, can increase a person’s vulnerability and therefore risk of abuse. The questionnaire allowed for more than one perpetrator to be recorded precluding the establishment of a correlation in relation to the abuse, the abuser and the outcome. Having said that, the study found 35% of mistreatment was perpetrated by a partner, 33% by a family member, and 9% by a domiciliary care worker with 3% by a close friend. Most perpetrators were male (80%), and over half (53%) of the perpetrators resided in the same home as the respondent. Whilst this research provides the first quantitative study of abusive behaviour experienced by individuals aged 66 and over, the concept of mistreatment is not unique to older adults, indeed Chappell, Gee, McDonald and Stones (2003) have argued ‘the mistreatment of different groups of adults on the basis of age is arbitrary’. Nonetheless the study provides a platform for the consideration of abusive behaviour against vulnerable adults for ‘an increasingly older population’ (O’Keefe et al, 2004, p. 12).

Follow up research, in the form of qualitative interviews, was conducted by Mowlam et al (2007) to place mistreatment into a wider context. Their study consisted of in-depth interviews with 42 participants, 36 of whom had taken part in the prevalence survey.
The aim of the UK Study of Abuse and Neglect of Older People; Qualitative Findings, was to understand the impact abuse had on the abused, the barriers to reporting abuse and to distinguish between ‘elder abuse’ and other forms of conflict in relationships of trust. The original intention of the study had been to focus on the perpetrator being a family member, close friend and/or a paid carer. But as this limited the ‘perpetrator type’ the sample group was extended to include neighbours and acquaintances to better place the perpetrator in the context of relationships of trust. The study found the characteristic of living together, frequent contact and the provision of help were related to an ‘expectation of trust’ but they were not present in all family relationships which had the effect of generalising the findings.

The study acknowledges two limitations in relation to the concept of a relationship of trust; classifying who is a perpetrator and that ‘particular perpetrator groups are inevitably in a relationship of trust’ (Mowlam et al, 2007, p. 19). Mowlam et al (2007, p. 24) describe mistreatment and conflict perpetrated by partners or spouses as ‘classic domestic abuse’ where the abuse had been long term and an ongoing feature of the relationship. Of particular note in relation to physical attacks, some participants did not equate this as being abusive behaviour due to the ill health of the perpetrator. Therefore, the victim concluded there was a lack of intent, disregarding, where applicable, any previous history of domestic abuse. Nonetheless, similarities can be made with victims of domestic abuse who do not consider the behaviour of their abuser to be abusive as it occurs regularly and therefore has become habitual (Penhale & Porritt, 2010, British Medical Association Board of Science, 2014 and SafeLives, 2016). Participants who believed that mistreatment was not important were those with low self-esteem or physical frailty. Whilst other participants feared the consequences of taking action some expressed embarrassment and shame. Concerns were also raised in relation to not knowing where to go for help, which highlighted their vulnerability and dependency on the abuser. This again mirrored the experience by victims of domestic abuse (Penhale & Porritt, 2010, British Medical Association, 2014 and SafeLives, 2016).

It is worth noting here that most of the interviews with the respondents took place in their own home which may have made eliciting frank responses difficult, particularly if the perpetrator was present or likely to be nearby. However, the methodology states that should an interview be interrupted the researcher would change the discussion topic. Where criminal offences of fraud, theft and violence had taken place and
reported to the police the outcome of these incidents and any subsequent investigation has not been provided within the study. The aim of the research was to establish the impact, resilience and coping strategies of the victims, thereby indicating a bias towards a welfare approach. Interestingly, Mowlam et al (2007) provided evidence that respondents felt there was a social stigma attached to reporting incidents to the police and/or whether or not an incident was serious enough to warrant a police investigation. This consolidates the findings in studies of domestic abuse where there is reluctance on the part of the abused to accept or seek help (Refuge, 2008, SafeLives, 2016 and Women’s Aid, 2017).

Secondary analysis of the UK Prevalence Survey by Biggs et al (2009) included single and repeated incidents of emotional abuse, which had been omitted in the original prevalence study. They also used multivariate analysis to allow for the consideration of more than one risk factor at a time. Additional variables from the Health Survey for England (2005) included psychological wellbeing and medication, to contextualise risk factors and to establish that risks could ‘cluster’ around a victim. They examined two categories of perpetrator, the inner circle of partners and family members and an outer circle of neighbours and acquaintances. However, when taken as a whole the mistreatment by neighbours or acquaintances was more prevalent (43%) than that by partners (22%) or other family members (33%). If the abuse by partners and other family members had been categorised as domestic abuse it would form the largest group of perpetrators at 55%. Of significance is that age ceased to be a risk factor when other variables, such as contact with family and friends were taken into consideration. Therefore age itself does not create an ‘at risk’ group; it is the other elements, such as ill health, that made them vulnerable. Having said that, age became a factor in relation to emotional abuse where ‘being aged 85 and over reduced the odds of abuse to a tenth of that for the 66-74 age group’ (Biggs et al, 2009, p. 67).

The study found that the most significant risk factors associated with mistreatment are gender, marital status and socio-economic position, with key vulnerability factors being physical or mental health. They contend that behaviours ‘unequivocally’ regarded as abusive were theft and fraud perpetrated by care workers or family members who were considered to be in a relationship of trust.

Similar to domestic abuse, where the definitions and terminology has changed due to increased knowledge and understanding, the definition of elder abuse and neglect (mistreatment) evolved to reflect the challenges faced in analysing and interpreting the
O’Keeffe et al (2007) recognised that the term ‘abuse’ was ambiguous and established the expression ‘mistreatment’. Mowlam et al (2007) on the other hand, expressed concerns in relation to the limiting and restrictive aspects of the definition and called for the development of a clearer rationale for elder abuse. They also suggested that clarity in relation to other forms of mistreatment, such as coercive and controlling behaviour was required. Biggs et al (2009) used the ‘baseline’ definition of mistreatment established by O’Keeffe et al (2007) for their secondary data analysis, but expanded upon it to include repeated incidents of psychological abuse. On the other hand, abuse, neglect and expectations of trust was found by Dixon et al (2010, pp. 403-419) to be contested concepts. In their study into defining elder mistreatment they discuss the concepts of ‘expectations of trust’, as opposed to relationships or positions of trust. Trust, they contend was defined on context rather than categories of relationships where perpetrators are not automatically assigned to a relationship.

Family members and neighbours were also contentious concepts as some of the respondents in the study were unsure whether or not to include extended family members and neighbours living in the neighbourhood as opposed to next door neighbours. Whilst Dixon et al (2010, pp. 403-419) conclude that ‘pre-designing the perpetrator is misguided, when considering perpetrators’ they suggest an open ended inquiry should be employed. Nonetheless they provide a definition of a perpetrator as a person who is in a position of trust with caring responsibilities for the victim, who has access to the victim’s finances and possessions. In relation to defining the perpetrator of abuse in care homes, they highlight that ‘perpetrators are likely to be multiple and it will not generally be clear who is responsible’.

Whereas the UK Study of Abuse and Neglect of Older People focused on mistreatment by persons where there was an ‘expectation of trust’ in the context of relationships. The West Midlands Safeguarding Board (2015, p. 29) on the other hand, describes Positions of Trust (PoT) to be held by ‘someone who works with, or cares for, adults with care and support needs, in a paid or voluntary capacity about whom allegations of abuse are made’. This moves the emphasis from a welfare relationship of trust to a contractual position of trust where legal procedures are applied when there is a concern or a suspicion of abuse. Both the West Midland Safeguarding Board and Dixon et al view the caring relationship as a professional one based on professional codes of conduct, regulations and legislation. This is in contrast to the Sentencing Guidelines Council (2004) who apply the legal definition of a ‘position of trust’ to
anyone who has a duty of care towards another person, including not only contractual carers but also family members, neighbours, friends and others who provide care and support.

3.4 Abuse reported to Local Authorities

The UK Study of Abuse and Neglect of Older People (O'Keeffe et al, 2007) was in part commissioned by the Department of Health, who also funded the Action on Elder Abuse (AEA, 2006) in recognition of the need to establish an adult protection monitoring and reporting system. Data was collected over two years from nine local authorities, one of which was Dorset. Not surprisingly the carer was the main abuser in residential and nursing homes and the partner in the family home. Analysis of the data identified women over 65 as the most abused group, with the majority of abuse taking place in the victims’ own home of which physical assaults were the most common. As women were the most abused group and most abuse took place in the home, this study mirrors findings from domestic abuse research (Women’s Aid, 2007, SafeLives, 2016), although data in relation to perpetrator and outcomes was not recorded. However, acknowledgement was made in the study to vulnerable adults experiencing domestic abuse. These victims found that many domestic violence services excluded them as they were unable to respond to the ‘unique needs and characteristics of vulnerable adults’ suffering domestic abuse (AEA, 2006, p. 44). In addition at the time of the study domestic abuse at the hands of a son or daughter, rather than an intimate partner would not have been considered as domestic violence. Protection for these victims could only be obtained under the ‘No Secrets’ criteria of being at risk from harm and/or abuse.

From a total of 751 referrals, in 460 cases it could not be determined whether or not abuse had taken place, and in 106 cases the abuse was unsubstantiated. The report also confirmed that only 5 cases were processed through the Criminal Justice System and, whilst 48 cases had some police involvement, the extent or detail of involvement was not made available. Ten alleged offenders were disciplined by the employer and 9 individuals were referred to the Protection of Vulnerable Adults (POVA) list. The list is a register of individuals who have abused harmed or risked harm to a vulnerable adult in their care and are deemed unfit to work with them.
Mansell, Beadle, Brown, Cambridge, Milne and Whelton (2009) studied adult protection referrals from two local authorities from 1998 to 2005. Whilst the research identified variations in the recording of data, they were able to establish that the recording of abuse increased over time. Although caution was expressed in generalising the findings to the rest of England, the following observations were made in relation to the perpetrator;

- 90% of referrals relating to sexual abuse was perpetrated by men
- 57% of referrals relating to physical abuse was perpetrated by men
- 55% of referrals relating to psychological abuse was perpetrated by men
- 60% of referrals relating to discriminatory abuse was perpetrated by women
- 54% of referrals relating to financial abuse was perpetrated by women of which
  - 27% was perpetrated by a female family member
- 50% of referrals relating to neglect was perpetrated by women
- 47% of perpetrators were care staff (ratios relating to gender are not provided)

Like Mansell et al (2009), Fyson and Kitson (2012) found the majority of referred alleged abuse took place in residential care homes and therefore the majority of alleged perpetrators were care staff. The second most common location for abuse they found was in the victim’s home and perpetrated by family members. Their study of adult safeguarding alerts to one English Local Authority, acknowledges information in relation to outcomes is service user based as opposed to the perpetrator. This is due to Local Authorities, implementing guidance under ‘No Secrets’ where only information on the service user is retained to assist in the improvement of social care services. Nonetheless their findings, from 42 cases, acknowledged there was police involvement in 8 cases from which financial, physical or sexual abuse had been confirmed.
Following recommendations made by Action on Elder Abuse (2006) in their report on adult protection referrals, all Councils with Adult Social Services Responsibilities (CASSRs) in England were mandated in 2010 to collect and submit safeguarding referral data. The Abuse of Vulnerable Adults (AVA) Reports (NHSIC, 2011/12/13) provide information about who is being harmed, the form of abuse and where the abuse is alleged to have taken place. As with the Action on Elder Abuse (2006) findings, the most common location where abuse took place was in the alleged victims’ own homes followed by abuse in residential care. In the studies by Mansell et al (2009) and Fyson and Kitson (2012) the majority of perpetrators correlated to the location, for example, in care homes staff were the main alleged perpetrator and in the family home it was family members. If Local Authorities, at the time of the studies, were not taking/accepting referrals from members of the public this would account for the differences in the findings by Mansell et al and Fyson and Kitson being different from Action on Elder Abuse (2006) and the AVA (NHSIC, 2011/12/13) reports. The originality of the AVA report suggest alleged victims living at home are likely to be abused not only by family members, but also by care staff and those residing in care homes by staff and/or visitors.

In addition, the AVA (NHSIC, 2011/12/13) reports examined the conclusion of cases where the decision taken was based on the civil law of ‘balance of probabilities’ rather than ‘beyond reasonable doubt’ in criminal law. Cases closed as ‘substantiated’ are marginally greater than ‘not substantiated’ followed closely by cases where an outcome was ‘inconclusive’ that harm had taken place. Commonalties between ‘not substantiated’ and ‘inconclusive’ infer that confirmation that abusive behaviour had taken place could not be proved. Therefore over 50% of referrals suggest that whilst a referral is made due to concern, grounds for concern could not be qualified (see table 5). Perpetrator information is provided in relation to the relationship of the perpetrator to the subject of a referral. For example, a healthcare worker may relate to the victim living in their own home or where abuse has been inflicted by another vulnerable adult this is more likely to take place in a residential care setting (see table 6). An average of 60% of perpetrator outcomes result in a negative ‘no further action’, ‘action not known’. For the non-descriptive ‘other outcomes’, a reason for this are not provided but a conclusion may be drawn insomuch that local authorities are not concerned with a criminal justice outcome and therefore do not record the information (see table 7).
Table 2 Abuse of Vulnerable Adult Case Conclusion

<table>
<thead>
<tr>
<th>Case Conclusion</th>
<th>2010/2011</th>
<th>2011/2012</th>
<th>2012/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconclusive</td>
<td>28%</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>Substantiated</td>
<td>32%</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Partially substantiated</td>
<td>9%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Not substantiated</td>
<td>31%</td>
<td>31%</td>
<td>30%</td>
</tr>
<tr>
<td>Stopped at victim’s request</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 3 Abuse of Vulnerable Adult Alleged Perpetrator

<table>
<thead>
<tr>
<th>Suspected Perpetrator</th>
<th>2010/11</th>
<th>2011/2012</th>
<th>2012/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td>7%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Other family member</td>
<td>18%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Healthcare worker</td>
<td>3%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Social Care workers *</td>
<td>25%</td>
<td>28%</td>
<td>32%</td>
</tr>
<tr>
<td>Other professional</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Other vulnerable adult</td>
<td>13%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Friend / Neighbour</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Stranger</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Not Known</td>
<td>14%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

*The category Social Care workers includes domiciliary, residential care and day care staff, social workers and care managers

Table 4 Abuse of Vulnerable Adult Alleged Perpetrator Outcomes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Disciplinary action</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>No further action</td>
<td>34%</td>
<td>36%</td>
<td>35%</td>
</tr>
<tr>
<td>Continued monitoring</td>
<td>17%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Other outcomes</td>
<td>15%</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>Not known</td>
<td>13%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Police Involvement</td>
<td>5%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Counselling / training</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Management of access</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

It is worth acknowledging that councils were instructed that no other additional outcome should be recorded when more than one action had been taken (NHSIC, 2012, p. 46). Therefore, if the perpetrator was also a vulnerable person and action was taken under the Mental Health Act this may be recorded as ‘No Further Action’ due to competing
rationales for defining Mens Rea. Research by McKeough and Knell-Taylor (2002) suggest that allegations of abuse by one vulnerable adult on another are under reported, indicating that the organisation and/or the local authority do not want the level of abuse to be recorded and known. Their research in a psychiatric hospital in Kent found that initially all incidents of abuse were managed internally until an allegation of rape was made and a partnership approach with Social Services was adopted. It could be argued that whilst privacy and confidentiality policies are being used to protect the individuals involved it also allows for the abuse to remain hidden and protects the reputation of the institution. High profile cases such as the abuse of residents in the Orchid View Care Home have raised the public’s awareness of the vulnerable being abused by carers and therefore are victims of criminal acts. Although in that case whilst three members of staff were arrested, the Crown Prosecution Service determined there was insufficient evidence to demonstrate a realistic prospect of a conviction.

Insufficient evidence has increased the use of hidden cameras in care institutions where there are suspicions that offences are taking place. More recently, Forde (2017) investigated aggression amongst residents in care homes where some patients had died from their injuries and the findings suggested that local authorities should be doing more to support victims. Guidance for practitioners in Adult Safeguarding (West Midlands Safeguarding Board, 2015, p. 27) recommends that the person ‘who is the potential source of the risk’, the suspected perpetrator, be reassessed in relation to the extent to which they understand their actions, the extent to which their own needs are being met and the likelihood that the abuse will be repeated. Whilst the responsibilities of care home staff to report a crime are highlighted it is worth noting the language used defers to welfare terminology insomuch that the perpetrator is referred to as the ‘source of the risk’. By referring to the perpetrator as a ‘source of risk’ dumbs down their behaviour.

A review of Social Care Data Collection, referred to as the Zero Based Review by the NHS Information Centre, was to establish data collection around safeguarding, including preventative measures, care and support aspects. As a consequence perpetrator outcomes were considered an unnecessary data item for local authorities to collect and record and subsequently the AVA (NHSIC, 2011/12/13) reports were replaced with Safeguarding Adult Reports (SAR). This new set of data collection is to provide local authorities with information to better ‘understand where abuse may occur.
and improve services for individuals affected by abuse’ (HSCIC, 2014, p. 1). The SAR data relates to safeguarding referrals ‘where a concern has been raised about a risk of abuse and this instigates an investigation under the safeguarding process’ (HSCIC, 2014, p. 11). A referral is now considered in relation to risk, for example, the type of abuse is referred to as ‘the type of risk’ with an alleged perpetrator being referred to as the source of ‘the risk’. Types of action taken have been replaced with the results of action taken in relation to risk - remains, reduced or removed and the type of abuse (or risk of harm) is measured against the alleged perpetrator (or source of the risk). Although the collection variables has changed, women are more likely to be abused than men with neglect or perceived neglect remaining the most referred type of abuse. The victim’s home remains the location where most abuse takes place. In relation to the perpetrator, from the data supplied in the Safeguarding Adult Reports we can draw the conclusion that in 31% of referrals the allegation is substantiated. With no action taken in 30% of referrals and in 8% of cases the risk of abuse remaining, indicating insufficient action was taken to eliminate the risk (see tables 8, 9 and 10).

Explanations provided for acknowledging and recording why the risk remains is that the circumstances causing the risk are unchanged as the individual has chosen not to support the management of risk offered by social care practitioners. In relation to reducing the risk, the explanation provided is that the circumstances which made the adult vulnerable have been mitigated. Therefore, of concern in light of these explanations is how the characteristics that make an adult vulnerable, such as frailty or disability, have been mitigated. In addition if service users do not have a mental disorder or lack capacity then there is an assumption that they can protect themselves. Therefore by supporting the individual’s choice to remain in an abusive situation facilitates abuse and/or criminal offending.

Table 5 Safeguarding Adults Report Case Conclusion

<table>
<thead>
<tr>
<th>Case Conclusion</th>
<th>2013/14</th>
<th>2014/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconclusive</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Substantiated</td>
<td>32%</td>
<td>31%</td>
</tr>
<tr>
<td>Partially substantiated</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Not substantiated</td>
<td>31%</td>
<td>30%</td>
</tr>
<tr>
<td>Stopped at victim’s request</td>
<td>3%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Table 6 Safeguarding Adults Report Abuse by Type and Relationship of Perpetrator to Victim

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Social care worker</th>
<th>Known to vulnerable adult</th>
<th>Unknown to vulnerable adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>27%</td>
<td>59%</td>
<td>14%</td>
</tr>
<tr>
<td>Sexual</td>
<td>17%</td>
<td>62%</td>
<td>20%</td>
</tr>
<tr>
<td>Psychological</td>
<td>26%</td>
<td>63%</td>
<td>11%</td>
</tr>
<tr>
<td>Financial</td>
<td>21%</td>
<td>60%</td>
<td>19%</td>
</tr>
<tr>
<td>Neglect</td>
<td>57%</td>
<td>30%</td>
<td>13%</td>
</tr>
<tr>
<td>Discriminatory</td>
<td>24%</td>
<td>52%</td>
<td>23%</td>
</tr>
<tr>
<td>Institutional</td>
<td>35%</td>
<td>50%</td>
<td>15%</td>
</tr>
<tr>
<td>2014/2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>27%</td>
<td>60%</td>
<td>14%</td>
</tr>
<tr>
<td>Sexual</td>
<td>16%</td>
<td>34%</td>
<td>21%</td>
</tr>
<tr>
<td>Psychological</td>
<td>24%</td>
<td>64%</td>
<td>11%</td>
</tr>
<tr>
<td>Financial</td>
<td>19%</td>
<td>63%</td>
<td>19%</td>
</tr>
<tr>
<td>Neglect</td>
<td>58%</td>
<td>28%</td>
<td>14%</td>
</tr>
<tr>
<td>Discriminatory</td>
<td>30%</td>
<td>43%</td>
<td>28%</td>
</tr>
<tr>
<td>Institutional</td>
<td>35%</td>
<td>50%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Table 7 Safeguarding Adults Report Action Taken

<table>
<thead>
<tr>
<th>Action Taken</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>No action taken</td>
<td>36%</td>
<td>30%</td>
</tr>
<tr>
<td>Action taken but the risk remains</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Action taken and the risk is reduced</td>
<td>35%</td>
<td>40%</td>
</tr>
</tbody>
</table>

3.5 Specific Aspects of Abuse against Vulnerable Adults

Having examined the prevalence of abuse against older adults and abuse reported to local authorities, this section considers studies into specific abusive behaviour. Research between 1998 and 2015 into the referrals of abuse against vulnerable adults by Mansell et al (2009), Action on Elder Abuse (2006), Fyson and Kitson (2012), NHSIC (2011/13) and HSCIC (2014/15), records that after neglect and physical abuse,
financial abuse is the most common form of abuse experienced. The risk of being abused increases for those living alone, in poor health or are in receipt of care services. Perpetrators in the main were identified as friends, relatives or care workers. Furthermore, the Centre for Policy on Aging Information (2017) suggests that prevalence estimates of financial abuse are likely to be underestimates due to underreporting. Gilhooly, Cairns, Davies, Harries, Gilhooly and Notley (2013), academics at the Brunel Institute for Ageing Studies, acknowledge that determining the prevalence of financial abuse is problematic. Nonetheless when studying the barriers to taking positive action against financial abuse they found the main obstacle to be issues surrounding organisational policy. In their study with banking and healthcare professionals, several participants reported they did not know what to do when financial abuse was suspected due to a lack of training and guidance as, until relatively recently, fraud was considered an ‘invisible’ crime. Letts (2009, pp. 122 – 143), a policy consultant and trainer specialising in legal issues, suggests the diverse range of behaviours that constitute abuse makes it difficult to determine and although the possibility of being charged with a criminal offence is intended to deter people from abusing Letts considers it debatable how effective it is. Like most offences, it only acts as a deterrent if there is a possibility of being caught.

The prevalence of sexual abuse has been recorded at an average of 8% in studies carried out by Mansell et al (2005), Action on Elder Abuse, (2006) and Fyson and Kitson (2012), with a fall to an average of 5% when recorded by local authorities with Adult Social Services Responsibilities (NHSIC, 2011/13, HSCIC, 2014/15) (see Appendix C). In her review of the empirical literature into sexual violence against older people Bows (2017, p. 15) found that inconsistencies in the definitions used in relation to sexual offending made analysing the phenomena with certainty difficult. Nonetheless Jeary (2004) studied the sexual abuse of people over 60 years of age, through access to data from Her Majesty’s Prison Service, the Probation Service and three Social Services Departments. The research did not investigate the prevalence of offending, but was specifically designed to explore, through 52 case studies, where a criminal investigation had taken place in relation to sexual abuse in residential care and independent living. From those cases examined where the offence took place in a residential setting the offenders included residents, relatives, visitors or member of staff, all of which were male, whereas, most of the domiciliary carers who sexually abused their clients were female.
When considering care staff who have been alleged perpetrators of abuse against vulnerable adults, a study by Walford, Kaye and Collins (2014, pp. 120-128) found many investigations were unable to conclude abuse or neglect had taken place. They found 47% of allegations made to Powys County Council between 2003/4 and 2010/11 to be inconclusive, disproved or found to be unlikely on the balance of probability. Anonymous, (2009, pp. 53-70) a serving Police Officer who worked for three years in Public Protection, acknowledges that when a crime cannot be established it is often a consequence of unnecessary delays preventing the preservation of evidence and the inability of carers to keep accurate records. Shearlock and Cambridge (2009, p. 6-19) on the other hand, highlight the concerns care staff have of obtaining the information needed to ensure the person’s safety and obtaining the evidence needed to bring a prosecution. Kirkpatrick (2009, pp. 192-208), a former Police Officer cites frustrations in relation to taking statements, corroboration and recollection by the victim, which make a successful prosecution difficult. With White and Lawry (2009, pp. 21-27) claiming that few adult abuse investigations ever have full disclosure by the adult themselves.

Nonetheless it is the responsibility of all practitioners to work within the principles of Achieving Best Evidence in Criminal Proceedings detailed within the Youth Justice and Criminal Evidence Act 1999 when there is a requirement to interview vulnerable victims. Here we see similarities with victims of domestic abuse who are reticent to disclose the abusive behaviour perpetrated by an intimate partner or family member. Nonetheless Pritchard (2009) advocates that Health and Social Care practitioners need to give equal attention to using both a criminal justice and a welfare model and that they [the models] need to complement each other rather than being used exclusively. As Brammer (2009, p. 52) suggests ‘there needs to be a willingness [by Social Care Practitioners] to engage with the law’.

### 3.6 An Absence of Criminological Research

Much of the published literature fails to acknowledge the criminal aspect of vulnerable adult abuse which is made problematical due to the lack of a standard definition of a vulnerable adult. Safeguarding has dominated the literature and is written, in the main, from a practitioner perspective. (Pritchard 2008, Pinkney, Penhale, Manthorpe, Perkins, Reid and Hussein 2008, Hussein Manthorpe, Reid, Penhale, Perkins and Pinkney 2010, SCIE, 2015, Norrie et al, 2015). In the practitioner setting different ideas
of what constitutes abuse involves competing priorities, not least the interests of the adult as opposed to Criminal Justice outcomes. Of significance is that a lack of research in relation to offences and offenders has adversely contributed to an absence of a ‘joined up’ approach to the problem. Gaps in knowledge pertaining to the perpetrator include a lack of national measurements that focus on police and criminal justice outcomes. With the exception of Farquharson (2016), the majority of researchers and studies have overlooked criminal justice outcomes for both the suspected perpetrator and the victims of vulnerable adult abuse. In those studies where police action is acknowledged (AEA, 2006, Fyson & Kitson, 2012, and NHSIC, 2011/13/14/15) the investigation and outcome in relation to the alleged perpetrator is either not known or not provided as not considered relevant to the issue being studied.

Here acknowledgement must be paid to the challenges faced by researchers when studying vulnerable adult abuse. Accessing victims have resulted in few qualitative studies, as research in England with vulnerable adults is governed by the Research Governance Framework (RGF) of the Department of Health. In addition, all Councils with Social Services Responsibilities (CSSR) are required to review all research activities using the RGF where the study involves a service user, their relatives, carer or a member of staff. If a study involves NHS patients’ additional approval must be obtained from the Department of Health National Research Ethics Service (NRES) beforehand. In spite of these barriers the outcomes of in-depth interviews by Mowlam et al (2007) enabled researchers to move beyond figures to provide a contextualised understanding of experiences. And despite concerns over methodology, secondary analysis of the UK Prevalence Survey by Biggs et al (2009) established two categories of perpetrator; the inner circle of partners and family members and an outer circle of neighbours and acquaintances. Acknowledging the prevalence of abuse acknowledges there is a perpetrator of abuse and based on the existing empirical evidence, perpetrators are not being processed in the Criminal Justice System.

The National Health Service Information Centre (2012/13/14/15/16/17) provides quantitative data that establishes the prevalence of abuse. Qualitative research has provided additional knowledge and contextual experience (Mowlam et al, 2007, Mansell et al, 2009, Dixon et al, 2010, Hussein et al, 2010, Fyson and Kitson, 2012). Therefore, consideration has been given to the potential impact that methodological differences have upon research findings. In order to establish if there is a real world
independent of our knowledge in relation to perpetrators and to find out about that world I needed to establish a conceptual framework. The framework outlines how I plan to conduct the research which includes a mixed methods approach to combine both inductive and deductive reasoning (see Appendix D).
Part Two: Methodology, Methods and Findings

Chapter 4: Methodology

This methodology chapter explores research models and examines some of the philosophical principles of social research which underpin the approach that was best suited to achieve the aims and objectives of this study;

- To test the theory that perpetrators of vulnerable adult abuse are not being held criminally responsible for their actions.
- To establish why perpetrators are not being processed through the Criminal Justice System based upon decisions made by victims, social care workers and police officers.
- To examine the tensions between a welfare approach and criminal justice outcomes and how these influence professional decision making.

4.1 The Role of Theory in Research

When exploring the development of knowledge, consideration has been given to the epistemological and ontological assumptions of how it is possible to find out about phenomena and belief systems in relation to reality and the social world. Exploration of epistemology and ontology developed my understanding of the philosophical arguments and how to relate them critically to the methodology adopted for this research. The two main positions considered are the diametrical positions of positivist and interpretivist paradigms which underpin the quantitative versus qualitative debate. The positivist approach to reality is that the truth can be discovered by objective, value free quantitative research such as surveys, structured questionnaires and statistics (Creswell, 2009). Although, Drake and Heath (2011, p.39) would argue that the degree of objectivity promoted by positivist research is 'unrealistic’. Positivist researchers stress the importance of doing quantitative research in order to get an overview of society and to identify patterns and trends. The interpretivist approach views individuals as complex with different people experiencing and understanding the same ‘objective reality’ in different ways. In order to understand human action interpretivists need to see the world through the eyes of the ‘actors doing the acting’ (Chowdhury, 2014, pp 432-438). The interpretivist approach to research is more qualitative, using methods such as participant observation or unstructured interviews. In simple terms, as Von
Wright (1971) suggests, positivists try to explain human behaviour whilst interpretivist want to understand human behaviour.

Mixed methods research, on the other hand, involves the collection and analysis of both quantitative and qualitative data to provide a more complete picture of the research subject. Less influence is given to ontological and epistemological perspectives; rather the emphasis is on the appropriate methods to answer the research questions (Teddli and Tashakkori, 2009, Creswell and Plano Clark, 2011). In this context ‘pragmatism is generally regarded as the philosophical partner for a mixed methods approach’ (Denscombe, 2010, p 273), with pragmatists conducting research in a way that is consistent with their own value system. I have therefore taken a pragmatic approach to this study as neither quantitative nor qualitative studies alone would provide good social research into the phenomena. Indeed Drake and Heath (2011, p.2) suggest that knowledge can not be obtained from a ‘single research domain’. A multilevel sequential mixed methods design (Teddli and Tashakkori, 2009) informed and supplemented each study to provide an enriched understanding and the advancement of knowledge. The sequential design provided the flexibility to adapt the second stage to the findings of the first study and the third stage to the findings from the second study. Taken in isolation each study would not have been able to offer an adequate explanation and would have limited the value of the research (Feilzer, 2010, p. 10).

As positivism adopts a deductive position to establish objective knowledge, the first stage of the research started with a hypothesis that perpetrators of abuse against vulnerable adults are not being prosecuted. To test this hypothesis a small scale pilot study used a quantitative method to examine referrals to the police of vulnerable adult abuse. This established the how many but not the why. Understanding and exploring why perpetrators are not being prosecuted requires an interpretivist approach in order to develop a theory. Therefore the second and third research stages were inductive using qualitative methods to gain an understanding through participant observation and semi-structured interviews. The rationale for these approaches was to provide insight into the processes and decisions made by social care workers and police officers in relation to how they identify abusive behaviour, how they responded to allegations of abuse and how they referred cases to be investigated. Therefore, as an employee of Dorset Police whilst undertaking this research I became an insider researcher.
4.2 Insider Research

Police insider researchers often undertake a study that is required for management purposes; indeed in some cases police officers are seconded to undertake studies as part of a degree course. As a member of police support staff, funding my own studies, I was not constrained in my choice of research because of 'management agendas where research is conducted for internal purposes only' (Brown, 1996, pp. 181-3). Therefore I did not have the same struggles some insider researchers experience in having to align their study with the aims of the organisation (Drake and Heath, 2011). However, practical implications in relation to undertaking my own choice of research were made clear when in return for access to data, the Chief Constable suggested 'in essence the organisation could usefully get something out of this but it would mean a slight change of emphases' (see Appendix E). In return for support provided by Dorset Police, it was suggested that the study looks at defining an aspect of vulnerable adult investigations with a focus on fraud, neglect or sexual offences. This would assist in some of the work being undertaken in the Safeguarding Referral Unit by Superintendent Glenn. The approach Dorset Police takes to research and knowledge is reliant on police officer experience, evidence based policing and 'what works' rather than on an academic approach. Evidence based policy and practice has come to be more pragmatically engaged within the College of Policing where there is an expectation that 'evidence will be explicitly utilised within the policy making process' (Pearson, 2010, p. 77). For Drake and Heath (2011) this scenario creates tensions for the insider researcher when their study is being used to solve a practical problem rather than create knowledge.

Superintendent Glenn left Dorset Police prior to analysing the data as suggested by the Chief Constable. Nonetheless, a report on the findings of all recorded vulnerable adult abuse to the force between April 2010 and March 2011 was provided to Chief Officers. Concerns in relation to the value judgements they may have had on the research were alleviated when they did not respond. No interest was perhaps preferable than having to manage organisational control and influence over the direction of the research and therefore the suggested focus was not undertaken. Although the Chief Constable did not respond to my report, further authorisation was given to approach police officers for the purposes of conducting semi-structured interviews (see Appendices F & G).

The shift towards evidenced based policing in academic research by the College of Policing suggests the findings from an 'independent' insider researcher are more likely
to be received and implemented (Davies, 2016). Police insider researchers can develop knowledge grounded in empirical data that can be tested in practice. In addition insider researching provides an opportunity to identify as a member of the social group being studied, particularly when occupying a participatory role (Greene, 2014). Here group norms, values and knowledge of the social and political context offers many advantages, not least unspoken understandings. As an employee of Dorset Police I have an advantage not only in relation to accessing data but also an understanding of organisational processes and culture. Coghlan and Brannick (2007, p. 66) noted that this position provides ‘an opportunity to acquire understanding in use’ because I am immersed in the role within the organisation. Other benefits include the use of common acronyms, language and experience, which increases trust in so much that ‘participants are more likely to perceive common knowledge with the researcher’ (Creswell and Plano Clark, 2011, p. 11). Indeed acceptance within the Safeguarding Adults team was assisted by my knowledge and experience as a Safeguarding Disclosure Manager. As a consequence, I became a ‘partially participating observer’ (Bryman, 2012) due to a shared interest in safeguarding vulnerable adults, which increased trust and rapport. Nonetheless, as a partial insider although I was assimilated into the team I had only a partial understanding and appreciation of the values and norms of the participants being observed. Therefore, knowledge would be less specific and more generalised.

Value free research is not possible and raises questions about objectivity and the blurring of boundaries. Researchers ‘often choose their project as a result of several years experience working with the issue’ (Drake and Heath (2011, p.20), whilst the selection of colleagues as participants raises ‘the spectre of ‘bias’ (Van Heugten, 2004, p. 207). Insider disadvantages include presumptions on the part of the researcher or participant that there are shared understandings which could prevent deeper discussion. Indeed it is argued that familiarity limits the analysis and leads to an increased risk of making assumptions based on ‘prior knowledge and/or experience’ (Green, 2014, p.4). The role of the researcher can also act as a barrier during the interview process where there could be an assumption of expecting a certain response or not probing enough and assuming responses, leading to erroneous conclusions. Chavez (2008) for example, as an insider researcher, would begin an interview with a disclaimer, indicating that although she may have already discussed this with the participant before, it was best if they could pretend as if they were talking about it for the first time.
Conversely if the researcher becomes too closely affiliated with the participant there is a potential to lose perspective and/or the integrity of the findings. Issues may also arise when the researcher holds more than one role in relation to the participants and I was mindful of any undue influence that may be made because of my role as a manager. Here Denscombe (2010) refers to the interviewer effect having an influence on how interviewees perceive the interviewer and respond accordingly. Drake and Heath (2011, p. 26) on the other hand, suggest that whilst the researcher may be conscious of position it is not necessarily communicated to colleagues participating in the study. Further, by ‘placing oneself in the ‘frame of the research’ a degree of integrity can be achieved (2011, p. 36). In particular, I was aware that I did not want to give the impression that I was going to be judgemental in relation to their responses relating to safeguarding.

Prior to the qualitative aspect of this study I acknowledged to Safeguarding Adult Team members and Police Officers that experiences as the Safeguarding Disclosure Manager had influenced my decision to undertake the research. Indeed I acknowledged that experiences both as a practitioner and as a student influenced the methodology of the study in order to contextualise understanding. As suggested by Drake and Heath (2011, p.2 - 29) the creation of new knowledge comes from ‘combining professional practice, higher education and the researcher’s project’. Drake and Heath also acknowledge that insider researchers have ‘privileged access to participants’ that raises concerns in relation to the recruitment of Police Officers for study purposes. This includes coercion to participate by acknowledging the Chief Constable's support for the study. In order to avoid undue influence, the recruitment process allowed adequate time, 10 days, to consider the request before making a decision on participation. Once consent had been given to participate, a further ‘10 day cooling off’ period was introduced to ensure participation was voluntary before the interview took place. However whilst every effort was made to promote and manage perceptions of being a student, participants were still aware of my professional role throughout the research process, which may have had a subliminal effect on their responses.

**4.3 Research Design**

In March 2012 the National Health Service Information Centre (NHSIC) published the responses to referrals of vulnerable adult abuse across local authorities in England for
the previous 12 months. This report was the catalyst for the study as it established half of all referrals related to a criminal offence with 5% having some non-specific police action and only 1% resulting in either a caution or conviction. Therefore, the first stage in the design of the research process was that of a small scale pilot study of referrals of vulnerable adult abuse made to Dorset Police in the same 12 month period, from April 2010 to March 2011. The analysis of this data was essential to establish the hypothesis that perpetrators of abuse are not being prosecuted. As the pilot study confirmed the hypothesis, quantitative deductive research in the form of secondary data analysis over a further three years was undertaken to establish the extent of vulnerable adult abuse and the number of cautions or convictions. A structured data collection of incidents would provide an overview of the prevalence of referrals, the number of crimes committed and the outcome of those crimes. This deductive approach provides objectivity through the use of numerical data which can be replicated and used as a standard form of measurement.

The analysis of police data confirmed that perpetrators were not being processed through the Criminal Justice System but the reasons why could not be obtained using this method of research. An inductive, qualitative, approach was used to develop a theory to explain the hypothesis. The majority of referrals to Dorset Police came from Dorset County Council Safeguarding Adults Team. To gain an understanding of the decisions made by Social Care Practitioners the research undertaken was in the form of participant observation. Being a participant observer facilitated familiarisation with the culture and enabled me to be present when decisions were made, adding validity and reliability. The aim of this aspect of the study was to specifically examine real world social care judgment and decision making to establish a deeper understanding of the processes used in referring an alert to the police.

As Social Care Practitioners work within communities, identifying vulnerable adults who are, or may be at risk of abuse and/or harm, it was thought that Safer Neighbourhood Police Constables would add further context to the phenomena. Semi structured interviews were designed to establish from officers what they thought made an adult vulnerable, what was the most common form of abuse they came across and what support they have access to. In order to minimise influence and introduce rigor into the research process participating police officers were offered a copy of the recording and invited to provide comments and clarifications later if necessary. During participant observation a diary of field notes was kept to document the issues of the day, which
were discussed and checked with Social Care Practitioners to ensure accuracy. In relation to the pilot study and secondary data analysis the Force Crime and Incident Registrar was engaged to ensure that a consistent interpretation was adopted in relation to crime data.

4.4 A Small Scale Pilot Study

Dorset Police is required by law to obtain a registration certificate from the Information Commissioners’ Office (ICO) with details of how personal data is processed and for what purposes. As ‘survey and research’ has been included in the certificate for Dorset Police, personal data can be processed for the purposes of the pilot study and secondary data analysis. The personal details of individuals recorded in a crime however, were not required for the purposes of the study. Therefore only crime numbers and status codes were extrapolated from the Police database using the structured language tool in Microsoft Excel.

By analysing referrals made to Dorset Police from April 2010 to March 2011, the same period as the NHSIC (2012) Report of Abuse against Vulnerable Adults, three specific variables could be established; the number of referrals received, how many crimes had been established and the outcome of those referrals and crimes. The pilot study determined the feasibility of the project by analysing Police data for reports of vulnerable adult abuse. Polit, Beck and Hungler (2001, p.467) suggest pilot studies should be a ‘small scale version or trial run in preparation for the major study’. This type of research will also identify any practical problems and determine the research design. From here it can be established that the data sought is obtainable and the structured query language tool in Excel is appropriate for ‘determining how well the research instrument works’ (Bryman, 2012, p.92). It should be recognised however, that pilot studies have limitations, including the possibility of making inaccurate assumptions. Nonetheless where an established and validated tool, Excel, is being used and the study is determining the number of reported incidents it could be argued that the data will be of value (van Teijlingen and Hundley, 2001).

It is important to acknowledge that the scope of this study, to ensure viability, does not include those alleged crimes perpetrated by strangers, particularly cybercrime, financial scams or doorstep crime in the form of distraction burglaries and/or rogue traders. This
is due to perpetrators moving ‘regularly to avoid detection’ and the suggestion the offending is organised (Button, Lewis and Tapley, 2009, p. 3).

4.5 Comparisons with National Data

Although the NHSIC (2012) report states that the data is presented as experimental statistics ‘undergoing evaluation’, it is the most comprehensive information from which to establish the detail of alleged abuse against vulnerable adults in England. The data has been collected from Councils with Adult Social Services Responsibilities whereas Dorset Police referrals were made by members of the public, officers in the normal course of their duties and those referrals which local authorities considered appropriate for a police investigation. Nonetheless, within both pieces of research the number of incidents when police action was taken can be established.

4.6 Secondary Data Analysis

To date, large amounts of data is being collected by the public sector and used for research purposes (Cresswell 2009, Bryman, 2012, Johnston, 2014). Usually employed by positivists, quantitative research in the form of secondary data analysis uses large-scale data sets to narrow down into smaller more definable issues (Cresswell, 2009). Described by Johnson and Turner (2003, p.314) as ‘data collected earlier by someone else’, the approach to evaluating secondary data is an ‘empirical exercise’ using quantitative research methods (Johnston, 2014). Advantages include efficiency, the ability to extend the time period and to compare data over time which can lead to identifying patterns and trends and thereby a new understanding (Bryman, 2012). The main problem with using secondary data is validity and reliability because the data has not been collected to answer my particular research question (Boslaugh, 2007).

Disadvantages also include a lack of control over data quality by not knowing what problems occurred in the original recording. Numbers cannot be interpreted without understanding the assumptions, based on qualitative judgements, which underlie them (Johnson and Turner, 2003, Cresswell 2009, Bryman, 2012, Johnston, 2014). In this research study however, the data collection process was informed by the Force Crime and Incident Registrar and the Home Offence Crime Recording rules. Nonetheless,
secondary data analysis is unobtrusive and utilises primary information for research purposes. As the pilot study established large numbers of referrals and low numbers of criminal justice outcomes, further authorisation was provided by the Chief Constable to expand the study to between April 2011 and March 2014 to establish a trend and/or pattern.

A referral is made to the police either by local authority Social Services, a police officer during the course of routine enquiries or by a member of the public who believes a vulnerable adult may be at risk of harm or abuse. All referrals are then recorded onto the Criminal Justice System data base. When a referral is made by the local authority and/or a third party agency it is given an investigation code of VA01. The form VA 112 is used when a referral is made by a police officer submitting a Single Combined Assessment of Risk Form (SCARF) which indicates whether the adult is possibly being abused or in need of further care or support. The VA 112 could be reclassified as a VA01 following either an assessment in the Safeguarding Referral Unit. In all cases therefore an incident is given an investigation number, a code indicating the crime and a ‘VA’ flag. A Safeguarding Adult Coordinator from the local authority will, in liaison with the police, determine if a single or joint agency approach should be taken and the police alone will determine whether a crime has been committed. A status code, in compliance with the Home Office counting rules, is added following the outcome of enquiries and/or an investigation.

Using the structured language tool in a Microsoft Excel spreadsheet, data for an expanded study period was imported using the investigation code VA. This facilitated the creation of a database which captured all vulnerable adult referrals, the crime reference numbers and the outcome status codes. From here the data was broken down into categories of outcome and volumes to form initial conclusions. The outcomes however, did not include those referrals resulted with ‘no further police action (NFA). That is, the police have not been able to find sufficient evidence to charge, caution or issue a penalty notice, therefore, the case is closed. The information pertaining to the conversion of VA01’s into a crime is not available on the Criminal Justice System but kept by the Force Crime and Incident Registrar. Adding the crimes to the VA01 data captured the total number of reports. The Force Crime and Incident Registrar was also asked to reclassify those erroneous crimes in accordance with the national recording process. This distanced the researcher from any allegations of
manipulating the recorded data and ensured that crimes were accurately recorded prior to analysis.

Having concluded that the primary data was reliable I was confident that the research question could be answered. The data provided the date, the crime number, the crime code, the status code and the area code where the alleged victim lived. No personal data was downloaded and for the purposes of the study the area code was deleted as it was not relevant to the research. Re-analysing and interpreting the crime and status codes ‘would influence the interpretation of the findings’ (O’Leary, 2017). Therefore, a data aggregation process was used to extract and examine the data. Data aggregation is the process where raw data is gathered and expressed in summary form for statistical analysis (Brown, 2014). Therefore, the first step was to establish the variables/crimes and identify any missing data in the form of non recorded crimes. The data set was then broken down into:

- All referrals of vulnerable abuse (2238)
- All referrals where a crime had been established (77)
- All referrals where a crime could not be established (2161) and
- Referrals where a crime could not be established but the outcome indicated a criminal offence had taken place (31)

(See Appendix H)

Excel spread sheets were created to reflect each subset of data. Then using the crime number as a reference each crime record was examined. Document analysis as suggested by Bowen (2009) provided data in the context of the criminal offence and the investigation. A summary was then made in order to identify trends and outcomes (see Appendix Q). However, whilst crime recording is standardised by Home Office Crime Recording Guidelines to ensure conformity, Her Majesty’s Inspectorate of Constabularies (2014, p. 19) concluded that ‘in too many respects police-recording of crime is at a level which is inexcusably poor’ Nonetheless secondary data analysis could only be carried out of the data available.
4.7 Participant Observation

Following the collection and quantitative analysis of data from Dorset Police, a presentation to the Head of Specialist Adult Services and the Dorset Adult Safeguarding Team Manager was made to gain access to qualitative data in the form of overt participant observation. This method of research was chosen as it would assist in answering why so many referrals made by the Dorset Adult Safeguarding Team to Dorset Police were returned. Being a participant observer based with the team, facilitated familiarisation with the culture and enabled me to be present when decisions were made adding validity to the study and to establish a deeper understanding of the decision making processes.

Prior to the beginning of the participant observation research period, the Team Manager introduced me to the Team with the aim of building rapport, gaining an insight into team dynamics and acceptance. A one day introduction period provided an opportunity to discuss how the process would work and to identify any areas of difficulty. The Team were also given a briefing paper confirming the study (see Appendix I). Time was spent becoming familiar with the Team and the environment, including obtaining access to the premises. During this period participants asked questions in relation to the research topic and facilitated freely given informed consent. The consent form, signed by participants, had two identical parts explaining the nature of the study, and providing assurances in relation to anonymity and confidentiality. Both parts were signed by the participant with one part retained by myself. Assurances that participation was voluntary were verbally expressed throughout the study period.

In addition to watching and attending meetings, the expectation from the Safeguarding Adults Team was that of a partial insider due to a shared interest in safeguarding vulnerable adults, making participant observation ‘highly participatory’ (Guest, MacQueen and Namey 2012, p. 89). Here the ‘insider researcher’ issue of objectivity was reduced as experiences and meanings were shaped by our respective knowledge and culture, theirs of social care and mine of the police (Denzin, 1989, Le Gallais 2003). Over familiarity and ‘taken for granted’ assumptions were therefore avoided (Robson, 2002). This had the effect of making the research more of an exchange of knowledge albeit less specific and more generalised.
A diary of field notes was kept to document observational verbal and non-verbal data. These field notes provided information for examining the meaning of language used and actions taken for discussion with Social Care Practitioners. Indeed Bryman (2012, p.432) suggests ‘participant observers frequently conduct interviews in the course of their research’. These ‘interviews’ explored decisions made and provided clarity and understanding. Additionally, the diary became a tool for deconstructing events and a source for critical reflection. In his text on field notes Bryman (2012, p.447) states that ‘notes may be of different types’, therefore actions for further reading and ‘points of learning’ were also made. Issues for probing and clarification included:

- Why is the name of the care home or alleged perpetrators not recorded?
- Why victims of domestic abuse were not classified as a vulnerable adult?
- Can it be self-neglect when the individual has a carer?
- Significant harm or something unpleasant
- Best interest decisions

Information on all the alerts of alleged abuse and/or harm were recorded by the participants and entered onto the Adult Investigation System (AIS) data base. Whilst access to the AIS data base was not permitted, the paper administrative records were made available to corroborate decisions and field notes taken. As Bryman (2012) suggests being a partial participating observer is concerned not only with observation but also with access to documents as a source of data. The paper records were kept in a locked cabinet in a locked officer. Therefore access could only be obtained when a member of staff was present. The information was accessed on a daily basis and organised to mirror the recording criteria used by the Health and Social Care Information Centre (HSCIC). Only details pertaining to the alleged abuse were noted, no personal data was collected. Categories represented the type of abuse, the location, and the perpetrator. Added to this information were the referral groups’ fire service and ambulance/paramedics. The descriptions used in the study also differed slightly from the descriptions used by the HSCIC inasmuch as the term victim group was used instead of ‘primary client type’ and the category of ‘repeat victim’ was added. Where the term ‘care staff’ was used this category included domiciliary, residential care, and day care staff. The term ‘care home’ included supported accommodation as well as residential care homes and institutional abuse included incidents of poor or inadequate standards of care and practice. The use of NHS recording criteria greatly facilitated the data collection and analysis as the Team submitted the same data to the Health and
Social Care Information Centre and was critical to identifying norms and making comparisons with the national data.

A Microsoft Excel spreadsheet, thematic chart, was established with the following headings:

- Vulnerable Adult at risk of harm identified
- Location where harm taking place i.e. care home
- Source of the alert, person reporting
- Victim group i.e. frailty, physical disability
- Had the vulnerable adult been referred before?
- Relationship between the vulnerable adult and the alleged perpetrator
- Nature of the alleged abuse
- Pathway used/action taken/outcome

(See Appendix J)

The participant observation aspect of this study recognised that some alerts were referred to the Local Authority Locality Teams throughout Dorset. There, safeguarding advisors worked with the vulnerable adult to review any allegations of harm and to take any necessary action to protect them. As the Locality Teams liaised closely with Police Officers in Safer Neighbourhood Teams the qualitative aspect of the research was expanded to include interviews with those officers to provide further contextualisation.

4.8 Semi-structured Interviews

Where a structured interview follows a predetermined list of questions, semi-structured interviews are conducted in a more conversational manner. Semi structured interviews offer participants a chance to explore issues they feel are important and opportunities for researchers to ‘listen to what people have to say’ (Krueger and Casey, 2000). They rely on the interviewer following up answers with probing questions to uncover descriptive data on the personal experiences of participants. As a pragmatist I am concerned with the ‘what works’ (Cresswell 2009, p.9). Therefore, the experiences that a Safer Neighbourhood Police Officer would bring to the study would create a deeper understanding of the phenomena.
Yet an important component in relation to the participant group was that an over representation of officers from one policing division may affect the results, as experience in rural communities would differ from those in an urban environment. Bryman (2012) therefore suggests that a sampling strategy could be used to generalise findings to a wider population. For the purposes of this study stratified sampling (Parson, 2017) was used to divide participants into groups based on location and role in order to make the sample as representative of the county as possible. This was achieved by the Dorset Police Duties Team identifying and providing the names of all the Safer Neighbourhood Team Sergeants across the three territorial divisions. The frame was then divided into smaller groups based on police stations and from there the Safer Neighbourhood Constables could be identified on the personnel SharePoint site. Stratified sampling then provided for random sampling in so much that an officer was picked randomly from the list.

Ten invitations were sent on University of Portsmouth headed paper to the officers’ place of work through the internal postal system. The invitation (see Appendix K) outlined the research and invited them to take part in a semi-structured interview that would focus on their professional knowledge and experience of working with vulnerable adults. Anonymity and confidentiality were explained with the option not to take part or to withdraw from the process at any time. Clarification that the interview would last about one hour at a place and time convenient to the participant and that further contact could be made using the student e-mail account at the university. Each batch of invitations consisted of one officer from each of the 10 police stations. Participants may have felt uncomfortable being in a position whereby they were being asked to discuss issues which could be viewed as negative by their line manager, which could have been the reason why no one responded to the original invitation. In follow up calls officers who declined to take part gave abstraction and time constraints as barriers for participation. Consequently the invitation was amended to clarify that the research was being undertaken with the support of the Chief Constable (see Appendix L) and a further 10 officers were identified and invited to take part. Two officers accepted, and a third batch of invitations was sent out from which three officers accepted. The third batch was followed up with an e-mail endorsed by a Superintendent (see Appendix M) and a further five officers accepted. All further correspondence was via e-mail.

Although there is an argument to suggest that by adding the Chief Constable and Superintendents’ endorsement this may amount to coercion, the aim was to reduce any
feelings that participation would be a waste of the officers’ time. By highlighting that senior officers were supportive of the study it was hoped that an officer would believe they could add something of value. In addition it took away any negative feeling that taking part was not authorised and justified taking time out to participate in the interview process. To alleviate any feeling of disloyalty to the force by negative responses to questions, assurances in relation to anonymity and confidentiality were highlighted in the invitation, verbally prior to the interview taking place and again in the consent form. I was also conscious of any undue influence that may be made because of my role within the Force as a Safeguarding Manager. Therefore first and foremost before the interviews began officers were advised that participation was voluntary and I was engaging with them as a student of criminal justice. However, common understanding of safeguarding vulnerable adults in the course of our professional roles increased trust, rapport and understanding throughout the interview process.

The aim of semi-structured interviews with 10 police officers was to draw out decision making processes and experiences, with particular attention given to how the officer understands ‘vulnerability’. Did they consider a person vulnerable as a result of their situation or circumstances, and therefore, unable to take care or protect themselves? Or did they defer to the 13 ‘Protecting Vulnerable People’ strands identified by Dorset Police? The 13 strands of Protecting Vulnerable People (PVP) are Force Priorities and encompass situations or circumstances a person may find themselves vulnerable in with each officer having a duty to protect the most vulnerable. The interview was comprised of three broad lines of questioning:

- What makes an adult vulnerable?
- What is understood by mistreatment and/or abuse?
- What training and support have you had?

(See Appendix N)

Arranging a time to interview proved time consuming as shift patterns needed to be considered in relation to convenience; nonetheless none of the scheduled appointments were cancelled. Attention was paid to when and where the interview took place in order to minimise inconvenience, empower confidence in the participant and to reduce the influence of others. All the interviews were conducted on a one to one basis in person at the participant’s place of work with a time limit of one and a half hours. Prior to the start of the interview process by way of introduction, background
professional experience and how it has informed the study was discussed to empower
the interviewee to share their experiences. Informed consent was based on the
understanding that participation was voluntary and participants were free to stop the
process at any time.

Before any of the interviews commenced participants were advised about the
procedure, how the information was to be used and stored and given assurances that
their identity would not be known to anyone except the researcher. All comments
made would remain confidential with comments in relation to third parties being
anonymised. At this point each officer was asked for and provided informed consent.
The interview followed a checklist of areas to be discussed to ensure consistency, but
did not limit the flexibility of the process in order to probe issues in more depth to
gather richer data (Bryman, 2012). Nonetheless there remained a degree of structure
to ensure the research question and objectives were addressed. Throughout the
interview process checks were made to ensure the interviewee wanted to continue or
required a break. The interview was drawn to a close by broadening the focus to more
abstract experiences and ensuring that the interviewee had no outstanding issues.
Only 1 interview needed to be temporarily stopped due to an interruption by another
member of staff. Interviews were originally recorded on a portable CD recorder, used
for recording interviews with witnesses. However the equipment was temperamental
and proved unreliable. After the initial two interviews the following eight were recorded
on a portable cassette tape recorder and were transcribed by myself to maintain control
and to identify any cues missed during the interview process.

During the course of the interview some participants took the opportunity to reflect on
various policing aspects and provide detailed responses to questions which caused the
interview time to run over. Transcribing the interviews manually also proved to be
more time consuming than anticipated prior to undertaking the analysis. The analysis
followed a grounded theoretical approach which is commonly used for interview based
research (Bryman, 2012, p. 567). An Excel spreadsheet was used to capture and
categorise the responses and key words were then colour coded for ease of
identification and to establish themes;
The sequential design of this research provided the flexibility to not only enable data collected using multiple research methods, in a triangulation approach (Denscombe, 2010), but also to inform the next study. As 847 referrals in the secondary data study were referred by Dorset Police to the Local Authority to investigate, a logical development in the study therefore was to gain access to the Dorset Safeguarding Adult Team. Participant observation established that some alerts were referred to Locality Teams where Safeguarding Advisors liaised closely with police officers in Safer Neighbourhood teams. Semi–structured interviews with Safer Neighbourhood Officers provided knowledge in relation to how Dorset Police manages abuse against vulnerable adults in the community. Taken in isolation each study would not have been able to offer an adequate explanation and would have limited the value of the research (Feilzer, 2010, p. 10).

4.9 Ethical Considerations

This research has been undertaken to explore why suspected perpetrators of abuse against vulnerable adults are not being prosecuted and to examine the tensions between adopting a welfare approach and pursuing criminal justice outcomes. Crimes committed in the home can be difficult to measure and quantify which is evidenced in the small number qualitative studies into vulnerable adult abuse. Consequently it was identified at an early stage of the study not to include vulnerable adults and carers due to the ethical complexity of access and obtaining informed consent. Nonetheless, ethical issues’ relating to observations and interviews was considered throughout the preparation period which conformed to the University of Portsmouth Guidelines. Approval from the Research Ethics Committee of the University Faculty of Humanities and Social Sciences (see Appendix O) was provided prior to the start of the research process.

Data stored on the Criminal Justice System data base has been collected for policing purposes and whilst this research was unobtrusive it did utilise the information, for research purposes. Consideration therefore was given to the Data Protection Act 1998 which applies to ‘personal data and data about identifiable
individuals’. The first data protection principle is that the individual must be made aware of the uses to which their information will be put unless an exemption applies (Data Protection Act 1998). This research therefore raised ethical concerns as the alleged victim and offender’s personal data were being used for research purposes without their knowledge or consent. However, Section 33 of the Act provides for an exemption as the data was not being processed to support measures or decisions relating to particular individual and was not processed in such a way that substantial damage or distress would be caused to the individual.

Dorset Police is required by law to provide the Information Commissioners’ Office (ICO) with details of the data being processed and the purposes for which it is being kept. Under the heading ‘Who information may be shared with,’ ‘survey and research organisations’ is included’. This allows for the study to be compliant with the registration certificate (ICO Register of Data Controllers). The data controller for Dorset Police is the Chief Constable who required confirmation of the personal data being used, the reasons why and how it was to be collected and stored. Having obtained consent, I used the structured query language tool in Excel to import the data using the VA01 flag. Whilst the results provided crime numbers and status codes, no personal data was extrapolated and thereby the identification of victims could not be established.

As a researcher who collects and retains personal information I became a ‘data controller’. Responsibilities included that the data was processed for limited purposes, was adequate, relevant, and not excessive and not kept longer than was necessary. Nonetheless the main ethical concern in qualitative research is the participants right to privacy. At the beginning of the participant observation study a verbal briefing to all members of the team was given to clarify that it was the processes that I was observing, how the information was going to be used, and that the information was be anonymised and confidential. Confidentiality would only have been broken when an individual was in a situation of immediate harm. Information was given about informed consent, their rights as a participant, questions were answered and a post card sized information document, confirming those details, and consent was provided. Taking part was entirely voluntary with a caveat that they could change their minds at any time.

The Data Protection Act 1998 allows Dorset County Council (DCC) to collect and process personal data in order to fulfil their functions in relation to the provision of Adult Social Care. Legal reasons to collect and use personal data include Public Task, where the processing is necessary to perform a task in the public interest. The DCC Adult Social Care Privacy Notice states;
They [DCC] will only share information where there is a lawful basis to do so, including for statistical or research purposes.

Data is only accessed by members of staff with specific legitimate purposes.

(DCC, 2018)

Information on all the alerts of alleged abuse and/or harm were recorded and entered onto the Adult Investigation System (AIS) data base by the participants. Access by outside researchers to the (AIS) data base is not permitted however; paper administrative records are made available. The paper records were kept in a locked cabinet in a locked office, where access could only be obtained when a member of staff was present. Details, excluding names and addresses, of alerts were summarised and entered into a Microsoft Excel spreadsheet (sees Appendix J). Both the diary and the Excel document were stored on an encrypted lap top, backed up on an encrypted memory stick.

Letters of invitation to Safer Neighbourhood Police Officers explained that the interview would focus on professional knowledge and experience, everything discussed would remain anonymous and details of my research supervisor were provided for verification. In order to avoid undue influence, the recruitment process allowed adequate time, 10 days, to consider the request before making a decision on participation in a follow up call. Once consent had been given to participate a further ‘10 day cooling off’ period was introduced to ensure their participation was voluntary before the interview took place. Prior to the interview it was important to explain confidentiality, and re-iterate that participation was voluntary, how their information would be processed and their right to prevent further processing.

Permission was sought to record the interview in order that I could concentrate on what was said and an accurate record could be made. It was explained and that a copy of the tape/CD would be destroyed a year after the research is published. The estimated time of the interview and breaks were discussed and how interruptions would be managed. It was made clear to the participant that they were free to stop the interview at any time or choose not to answer any questions. Consideration was also given to participants finding the process tiring or distressing and a check was built into the interview to allow for this. A copy of the recording was offered to each officer at the end of the interview. After the interview the tape/CD was disguised by the use of randomly allocated numbers to ensure the identity of the participant would not be known.
Interview recordings were stored securely in a locked cabinet in a locked office at Dorset Police Headquarters.
Chapter 5: Findings

This chapter is structured around the analysis of each research method used in this study, starting with examining the referrals made to Dorset Police of vulnerable adult abuse. The analysis established how many crimes had been committed and the outcome of the investigations into those crimes. This was followed by observations made in the Dorset Safeguarding Adults team to understand how referrals are managed and passed to the police. The study then explores the experiences of Safer Neighbourhood Police Officers to contextualise the data.

5.1 Small Scale Pilot Study

Between 1 April 2010 and 31 March 2011, 858 referrals of vulnerable adult abuse were made to Dorset Police. In 750 of those referrals a crime could not be established. Although the person making the referral believed something had occurred which made them think a referral was necessary. The data was quality assured by the Force Crime and Incident Registrar who confirmed that of the 750 referrals where a crime was not established, there were 6 cases where a suspect was released without charge and 4 cases where the suspect had a non-custodial interview. It is likely that these 10 cases were criminal investigations, but the referral was not converted into a crime classification due to an oversight by the investigating officer. From the remaining 740, 368 incidents were dealt with by way of a single agency investigation carried out by the local authority. The term single agency is used by Dorset Police where it has been agreed that there is no immediate role for the police; that is a crime cannot be established, but where there is a real risk to the health or emotional well-being of the adult who appears to have been affected by an incident.

Table 8 Outcome of 858 referrals made to Dorset Police

<table>
<thead>
<tr>
<th>Referral Outcome</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime could not be established</td>
<td>740</td>
</tr>
<tr>
<td>Suspect released without being charged</td>
<td>6</td>
</tr>
<tr>
<td>Non – custodial interview with the suspect, no further action taken</td>
<td>4</td>
</tr>
<tr>
<td>Crime established</td>
<td>108</td>
</tr>
</tbody>
</table>
A further search was carried out on the 108 referrals where a crime had been established to identify the category of offences (see table 9) and then the data was broken down to identify the conclusion of the crimes (see table 10).

Table 9 108 referrals where a crime had been established

<table>
<thead>
<tr>
<th>Crime</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common assault – no injury</td>
<td>43</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>11</td>
</tr>
<tr>
<td>Theft from the victim’s home</td>
<td>10</td>
</tr>
<tr>
<td>Actual bodily harm or other injury</td>
<td>10</td>
</tr>
<tr>
<td>Theft – not classified</td>
<td>9</td>
</tr>
<tr>
<td>Rape</td>
<td>8</td>
</tr>
<tr>
<td>Fraud by false representation</td>
<td>6</td>
</tr>
<tr>
<td>Abuse of position</td>
<td>3</td>
</tr>
<tr>
<td>Harassment</td>
<td>2</td>
</tr>
<tr>
<td>Grievous bodily harm without intent</td>
<td>1</td>
</tr>
<tr>
<td>Blackmail</td>
<td>1</td>
</tr>
<tr>
<td>Burglary – from the victim’s home</td>
<td>1</td>
</tr>
<tr>
<td>Threats to kill</td>
<td>1</td>
</tr>
<tr>
<td>Exposure and voyeurism</td>
<td>1</td>
</tr>
<tr>
<td>Other notifiable offences</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 10 Conclusion of the crimes from the pilot study

<table>
<thead>
<tr>
<th>Conclusion of Crimes</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient evidence to bring a prosecution</td>
<td>43</td>
</tr>
<tr>
<td>Vulnerable adult assault on a vulnerable adult</td>
<td>23</td>
</tr>
<tr>
<td>Victim did not want to pursue a prosecution</td>
<td>20</td>
</tr>
<tr>
<td>Crime was cancelled as created in error</td>
<td>11</td>
</tr>
<tr>
<td>Found guilty</td>
<td>4</td>
</tr>
<tr>
<td>Found not guilty</td>
<td>3</td>
</tr>
<tr>
<td>Caution given</td>
<td>3</td>
</tr>
<tr>
<td>Harassment letter issued</td>
<td>1</td>
</tr>
</tbody>
</table>

Successful prosecutions were brought in two cases relating to abuse of position, one case of fraud by false representation where a cheque had been forged and one case of theft of money. Unsuccessful prosecutions, where the suspects were found not guilty, related to rape, sexual assault and theft. In 3 unsuccessful prosecutions the defendant was acquitted by the jury after a trial. Reasons for the remaining unsuccessful prosecutions included victim retraction as they no longer wanted to be involved in any police action.
Out of the 20 referrals concluding ‘victim did not wish to pursue a prosecution’, in 13 cases the suspect was related to, and the carer for, the victim where there was an expectation of dependency and reliance; a position of trust. A non-custodial interview took place in relation to 4 incidents as part of the information gathering process but no additional, verifiable, information was found to conclude that a crime had taken place. Six individuals were arrested on suspicion of committing a crime against a vulnerable person and were released from police bail as there was insufficient evidence to charge them with an offence. In the 11 crimes that were cancelled as they had been created in error, seven cases referred to adult females considered vulnerable due to ‘mental health concerns’. The females had made complaints to the police that they had been raped; however, investigations into the complaints found evidence to confirm that sex had been consensual and subsequently the complaints were retracted. In short, out of 858 referrals of vulnerable adult abuse made in one year, a crime could not be established in 740 cases. Nonetheless a crime had been established in 97 cases of which only 11 were processed through the Criminal Justice System.

5.2 Comparisons with National Data

Of the 83,410 referrals made in England, physical abuse accounted for 30% and financial abuse was recorded at 20%. Therefore, half of all referrals related to criminal offences. Only 24 cases resulted in some form of police proceedings with 5 cases resulting in a prosecution or caution. Indeed both the NHSIC and the pilot study concluded that over 87% of all referrals did not meet the threshold to bring a criminal prosecution. Insufficient evidence to bring a prosecution and reasonable grounds for believing that further evidence will not become available was cited in the majority of cases.

5.3 Secondary Data Analysis

Following confirmation in the pilot study that perpetrators of vulnerable adult abuse are not being processed through the Criminal Justice System, the study period was expanded. Using Excel spread sheets, subsets of recorded crime by outcomes were created to identify patterns and trends (see Appendix Q). Between April 2011 and March 2014, 2,238 reports of crime against a vulnerable adult were made to Dorset Police and in 2,161 cases a crime could not be established (see table 11).
Table 11 Conclusion of referrals where a crime could not be established

<table>
<thead>
<tr>
<th>Outcome where a crime was not established</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undetected</td>
<td>1234</td>
</tr>
<tr>
<td>Referral back to the local authority</td>
<td>847</td>
</tr>
<tr>
<td>Duplicate crime</td>
<td>14</td>
</tr>
<tr>
<td>Released without being charged</td>
<td>19</td>
</tr>
<tr>
<td>Non-custodial interview</td>
<td>10</td>
</tr>
<tr>
<td>Cautioned</td>
<td>2</td>
</tr>
<tr>
<td>Victim declined to support</td>
<td>4</td>
</tr>
<tr>
<td>Police decide not to prosecute</td>
<td>8</td>
</tr>
<tr>
<td>Police bail</td>
<td>2</td>
</tr>
<tr>
<td>Under investigation</td>
<td>13</td>
</tr>
<tr>
<td>Crime recorded in error</td>
<td>3</td>
</tr>
<tr>
<td>Evidential difficulties</td>
<td>1</td>
</tr>
<tr>
<td>Community resolution</td>
<td>1</td>
</tr>
</tbody>
</table>

Of the 2,161 referrals where a crime could not be established, analysis has identified that 14 of the outcome codes used indicated a crime may have been committed (see Appendix P). In 2 out of the 14 cases a caution was given following an investigation into alleged sex offences against young females with learning difficulties. In the first case a caution was given to the complainant for wasteful employment of police time as she admitted to being intoxicated and to have lied about being raped. The second caution was given to the perpetrator for sending text messages asking for sex. During interview the perpetrator admitted to being a paedophile with an interest in 14 year old girls, but of greater concern was that he was employed in a care home for the elderly. Subsequently the care home were advised to put safeguarding measures in place and a referral made to the barring arm of the Disclosure and Barring Service, the outcome of which is not known. Both sexual and physical assaults were also reported by 4 further female victims who, whilst happy to disclose to their social worker the abuse, declined to support any police action being taken. In the remaining 8 cases where the outcome code indicated a crime had been committed, 4 cases related to financial abuse by the victim’s carer, 3 cases referred to physical abuse in residential care homes and the remaining case an allegation was made of historical sexual abuse by the husband who was also the carer. In these last 8 cases, following an investigation there was insufficient evidence to provide a realistic prospect of a conviction against each suspected perpetrator and a police decision was made to discontinue with any further enquiries.
Table 12 Conclusion of referrals where a crime had been established

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspects were referred to the local authority to investigate</td>
<td>7</td>
</tr>
<tr>
<td>Suspects were charged</td>
<td>6</td>
</tr>
<tr>
<td>Suspect on police bail</td>
<td>1</td>
</tr>
<tr>
<td>Caution given</td>
<td>5</td>
</tr>
<tr>
<td>CPS declined to prosecute</td>
<td>1</td>
</tr>
<tr>
<td>Recorded in error</td>
<td>1</td>
</tr>
<tr>
<td>Undetected crimes</td>
<td>31</td>
</tr>
<tr>
<td>Suspect released not charged</td>
<td>13</td>
</tr>
<tr>
<td>Suspects were non – custodial interviewed</td>
<td>3</td>
</tr>
<tr>
<td>Victims declined to support police action</td>
<td>9</td>
</tr>
</tbody>
</table>

In the remaining 77 (see Appendix Q) cases where it had been established a crime had been committed, the majority (31) were concluded as undetected. These undetected cases can be broken down into 3 main categories; financial abuse (13), sexual abuse (8) and physical abuse (8). In relation to the 8 reports of sexual abuse 4 cases where historical complaints, 2 cases related to a vulnerable adult sexually assaulting another vulnerable adult and in the remaining two cases the victims were vulnerable due to their addiction to alcohol. It is worth noting that in the 8 cases of physical abuse 3 cases referred to family members and in a further 3 cases the perpetrator was an intimate partner.

In 16 out of the 44 remaining cases a suspect was identified and interviewed but there was no further information or evidence to investigate further or proceed to a prosecution. In 11 of these 16 cases the complaint was in relation to sexual abuse of which 2 cases related to patients within a mental health hospital and the alleged abuser was another patient. In 8 cases the victim declined to support a prosecution, 6 of which related to sexual abuse and the remaining 2 in relation to physical assaults. Concern was raised with the local authority to ensure safeguarding measures were implemented in relation to 7 cases, 4 of which related to incidents within a care home or day centre. In all 4 of these cases the police had concerns in relation to the inappropriate conduct of the staff towards the service users and the management of those vulnerable adults who displayed challenging behaviour. Comments on the crime records included:

*Staff should consider whether or not they have the capacity to manage the aggressor as there are numerous reported incidents of assaults.*
The incident brings into question the ability of the care home to manage the perpetrators behaviour

The behaviour and language is inappropriate and has been brought to the attention of the care home manager, indeed one carer has had four written warnings.

In conclusion between April 2011 and March 2014, 2,238 referrals were made to Dorset Police of abuse against vulnerable adults. In 2,161 cases a crime could not be established and from the 77 cases where a crime was established 25 cases related to sexual assaults, 13 to financial abuse and 10 to physical attacks. A total of 16 individuals suspected of perpetrating abuse were not charged due to insufficient evidence to support a prosecution. Only 11 perpetrators were processed through the Criminal Justice System, 6 perpetrators were charged with a criminal offence and 5 were given a caution. In addition a further perpetrator was charged but the CPS declined to prosecute as they believed it was not in the public interest to do so.

5.4 Safeguarding Adult Observations

Following on from the analysis of secondary data to establish the number and outcome of referrals made to Dorset Police, this aspect of the research looks at the alerts made to Dorset Safeguarding Adults Team for 12 weeks during the spring of 2014.

The Dorset Adult Access Team is the first point of contact when there are concerns that a vulnerable adult is being harmed. Contact can be made by e-mail or telephone and the following details were requested from the person initiating an alert;

- The name and address of the person making the alert and the person believed to be harmed
- The nature of the vulnerability/disability
- Funding status of the person being harmed i.e. self-funded
- Does the person being harmed have capacity?
- Details of the incident
- Where the incident occurred
- Are there any injuries, has medical attention been sought?
The alert is then passed onto the Safeguarding Adults Team where it will be triaged. The triage service is staffed by qualified and unqualified social workers and care managers. They undertake the preliminary assessment of the risks relating to the alert, ensure an immediate protection plan is in place, gather relevant information and where applicable contact partner agencies such as domiciliary care providers.

Once a referral had been established and recorded, a target of 21 days was set for the investigation to be completed, which included holding a strategy meeting or case conference. Where the subject of an alert has a need for care and support, whether or not the local authority is meeting any of those needs, enquiries are made to establish reasonable cause to suspect the adult is at risk of harm. The adults subject to an alert in this study were presumed to have the mental capacity to understand any abuse that was taking place. An assessment was only sought when the behaviour of the adult gave rise to concern in their ability to make a specific decision. Triage enabled the team to prioritise alerts according to the level of risk and to respond appropriately.

Additional questioning included:

- Describing the mental capacity of the person alleged to have caused harm, are they able to understand what has occurred and the potential consequences?
- Details of any witnesses
- What immediate action has been taken to safeguard the vulnerable adult?
- What outcome does the alleged adult at risk want?
- Consideration given to the need for an advocate and the rationale recorded for using or not using one.

Observational data was primarily gathered when team members were triaging an alert over the telephone. During these conversations, of which only one side could be heard, a note of ‘variables’ was made in my diary. Theses ‘variables’ related to the lines of enquiry made by the team member. Extracts include for example, the role of the alerter, the role of the suspected perpetrator, does the abuser/abused have capacity to understand the behaviour taking place? From here I could ask the participants questions in relation to the assumptions that were being made about the circumstances surrounding the alert. Reflecting on the answers given, in addition to diary entries a list of actions and topics for discussion was created. The list of actions included ‘awareness of the Mental Capacity Act and ‘look at the powers of the CQC’.

Whilst an area for discussion was ‘when should there be an overlap in the investigation by social services and the police?’
Once the facts have been established, a risk and recommendation report is completed and entered onto the Adult Investigation System (service user record system). Records are kept by the Safeguarding Adults’ Team to identify the risk(s) to the vulnerable person presented in the alert, rationale for the actions taken to ensure they are safeguarded and whether to investigate further. The alert is then passed to a senior practitioner for a strategy discussion. If it is suspected that a criminal offence has taken place a referral is made to Dorset Police. However if a criminal offence cannot be established a Safeguarding Plan with time scales and responsibilities is created.

The Safeguarding Plan is commonly referred to as a Pathway and is a framework used to determine the most appropriate response. Pathway One, or Provider Services Action, is followed when the individual is in the care of a registered care provider, the incident was isolated and had minimal impact. Pathway Two, Community Services action, is implemented when the individual is cared for in the community by family, a friend or a neighbour and the adult is not in receipt of social services care. Pathway Three is for a full investigation to take place when the physical, psychological, financial or emotional well-being of the individual has been affected. This pathway requires a multi-agency strategy discussion to begin the investigation, the purpose of which is to discuss immediate risks, evaluate the information and decide on how the investigation should proceed. Pathway Four is applied to large scale or complex alerts of institutional abuse where a number of criminal offences are alleged or multiple breaches of the Health and Social Care Act 2008 may have been committed. The pathways used during the period of the study are recorded in the table below.

**Table 13 Safeguarding Outcomes**

<table>
<thead>
<tr>
<th>Pathway 1</th>
<th>Provider services action</th>
<th>44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathway 2</td>
<td>Community team action</td>
<td>49</td>
</tr>
<tr>
<td>Pathway 3</td>
<td>Investigation</td>
<td>31</td>
</tr>
<tr>
<td>No further action</td>
<td></td>
<td>61</td>
</tr>
<tr>
<td>Vulnerable adult would not engage with agencies</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

For the Participant Observant Study a matrix was established based on the ‘collection proforma’ used in the Health and Social Care Information Centre (HSCIC) ‘Abuse of Vulnerable Adults in England’ report and the Pathway outcomes used by the Safeguarding Adults Team. The total number of alerts referred to the adult triage team during the study period was 194, of which just over half, 98, met the Safeguarding
threshold. That is the local authority had reasonable cause to suspect an adult at risk of harm causing an enquiry to be carried out under Section 42 of the Care Act 2014. There were 44 Pathway 1 cases of isolated incidents, where the level of concern in relation to the adult, the perpetrator and poor practice was considered minimal. A criminal investigation was not sought as there was no clear intention to harm or abuse. However, consideration was given to disciplinary procedures in relation to the care provider where appropriate. If a resolution, at this stage, cannot be found within the triage or the locality team the alert is progressed to Pathway 2. Here 49 Pathway 2 cases involved the adult being cared for by a friend or family member where concerns had been raised about difficulties and tensions and on the information provided, did not amount to significant harm or abuse. There were 31 incidents that were placed on Pathway 3 as the well-being of the adult appeared to have been adversely affected and a criminal offence was initially suspected as there appeared to be a deliberate attempt to exploit or harm the adult. Key workers or care co-ordinators were identified and a Protection Plan implemented before being progressed to the local authority investigation team. In the remaining 70 cases, a decision was made to take no further action in 61 cases due to the alleged victim having the early onset of dementia and consent for an investigation could not be obtained. The remaining 9 cases were closed as the alleged victim would not engage with the local authority.

The majority of alerts (112) were raised by residential and health care staff in relation to individuals who were either frail or diagnosed with dementia. Where the vulnerable adult resided in a care home, those alerts related in the main to alleged offences of physical abuse. Here lack of training and bad handling techniques were considered to be the reason for unexplained bruising. Neglect was the main concern in those alerts where the adult resided in their own home and here the alleged offender was a family member or partner (see Appendix R). Information on those individuals thought to pose a risk of harm to the adult subject of an alert was not retained. The exception being if the person alleged to have caused the harm was also a vulnerable person then the information will be included on his/her records. During the study period, there were 36 alerts of vulnerable adult assaults on vulnerable adults living in assisted accommodation.

Also during the study period, 29 cases were referred to Dorset Police as it was suspected a crime may have been committed. None of those referrals resulted in criminal justice processes, the outcomes were concluded as follows:
18 closed as single agency investigation by local authority in relation to concerns regarding the conduct of the carer
6 closed undetected as there was no supporting evidence
3 still under investigation at the time of recording
2 cases where the Crown Prosecution Service decided not to prosecute as it was considered not in the public interest to do so based on the frailty of the victim

During the observant participation study 31 alleged perpetrators, known to the police for various offences, were identified by the Safeguarding Adults’ Team. Identification, however, relied on team members recalling the individual from previous alerts. Where the team has a regular turnover of staff this knowledge was lost. Family members were the largest group of suspects named in the alerts and it was family members, in the main, who made complaints of financial abuse against other family members. When investigated both the suspect and the victim referred to the monies as being ‘borrowed’; although there was no evidence that any had been returned.

Throughout the participant observation period a diary was kept which included ‘points of interest’ for critical reflection. Here I could consider what had been observed during the day and record any areas where further clarification was required. Notes made in the first week allude to an ‘overlay of domestic violence with adults at risk’ and ‘are family dynamics a barrier to prosecuting abusers of vulnerable adults?’ As the study progressed entries in relation to parallels with domestic abuse were frequently made, one entry states ‘familial abuse needs to be recognised and put into the public domain to heighten awareness’. An entry made towards the end of diary reads; ‘The adult safeguarding process and the threshold of significant harm relies on the presence of a single large trigger. Individuals at risk from numerous low level triggers are not identified and the situation is significant when low level triggers are distributed across a range of agencies’. These diary entries subsequently influenced the content of this thesis, with chapter two focusing on vulnerability, risk domestic and vulnerable adult abuse. Indeed much safeguarding work that occurs with vulnerable adults parallels the dynamics of domestic abuse.
5.5 Safer Neighbourhood Policing

An alert is referred to the locality team when triage alone cannot establish the facts as members of these teams have been trained to undertake investigations. A learning and development programme includes a 7 day joint investigator’s course with Dorset Police officers, 3 one day annual workshops with Dorset Police and a 1 day mandatory update course. The skills acquired on these courses enabled effective partnership working with Safer Neighbourhood Police Officers. As a consequence those officers interviewed provided positive examples of co-ordinated responses to concerns of vulnerable adult abuse in their communities. Indeed whilst I was undertaking the participant observation study I attended a 1 day course on identifying vulnerable adult abuse.

What makes an adult vulnerable?

With a focus on front line officers being able to identify signs of vulnerability participants were asked ‘What makes an adult vulnerable?’ The majority of responses, nine out of the ten, cited mental health, followed by eight officers believing that just being elderly made an adult vulnerable, one officer qualified their response by stating ‘If they are elderly then straight away they are vulnerable’ (PO one).

I think it is a person who is susceptible to becoming a victim of crime because of certain characteristics such as mental health or family structure (PO one).

It is very subjective; you have to make a decision at the time based on the information you have to hand (PO two).

Most people are vulnerable in some way (PO four).

Officers also recognised that individuals faced additional risks associated with their circumstances which made them vulnerable; examples provided included sex workers, the homeless and ethnic minorities who were vulnerable because of their situation in society. Confirmation of a wider understanding of the definition of what makes an adult vulnerable to abusive behaviour included alcohol or drug misuse, loneliness, physical disability, being cared for and domestic abuse.
What is abuse?

Having established an understanding of vulnerability, officers were asked to consider abuse, for which a criminal prosecution should be brought? In the main officers believed abuse was ‘a deliberate act to set out to harm someone’ (PO seven), although one officer said ‘it is a judgement call’ (PO two), indicating that abuse was subjective based on circumstances rather than on abusive behaviour or an offence. The majority of officers interviewed believed abuse to be specifically financial, anti-social behaviour and domestic violence. Other areas of abuse included mate hate, bullying by family members and ‘in some care homes, carers have allegedly assaulted patients and patients have assaulted patients’ (PO two). In particular, neglect and cybercrime were linked to victims being over 70 years of age and unlikely to solicit police involvement.

It is highly likely that more people are being called by fraudsters than are reporting it (PO six).

In October last year a 68 year old woman received a call from someone pretending to be a police officer and she recorded the telephone conversation (PO ten).

These victims are elderly and vulnerable. In some cases the victims have transferred their life savings (PO four).

Operation Luna was launched by Dorset Police as a response to fraud, targeting elderly victims. In interview, all the Safer Neighbourhood Officers referred to this operation and their involvement in speaking at community group and parish council meetings. Officers displayed an understanding that victims of abuse may have been chosen because they had a mental health illness whilst acknowledging that victim accounts of an incident were reliant on their ‘powers’ of recollection.

What is the most common form of abuse you have come across?

From the ten participants, eight cited financial abuse as the most common form of abuse they came across with seven officers stating they regularly dealt with abusive behaviour between intimate partners. The consensus was that domestic abuse was
very common and officers were encouraged to actively seek out and protect vulnerable adults.

*It is drummed into us that domestic abuse and vulnerable people are big things for a police officer to deal with (PO one).*

*When I attend an incident of domestic abuse, Safeguarding is considered the priority (PO five).*

*The first consideration is whether or not a crime has been committed, if a crime has occurred then the victims’ refusal to support an investigation has no bearing on the crime being recorded (PO three).*

Half of the officers also claimed that anti-social behaviour was time consuming and often did not amount to a criminal offence but nuisance behaviour.

*There are longstanding complaints about young people and the use of their vehicles (PO four).*

*The onus is on young people to behave responsibly (PO ten).*

*Young people should be respectful of local residents (PO three).*

*It can destroy the quality of life for a resident which is utterly unacceptable (PO seven).*

**What is mistreatment?**

Given the responses to abuse, the participants were asked ‘given your experience how would you describe mistreatment as opposed to abuse?’ Without a clear understanding of the difference between mistreatment and abuse how will an officer know when a crime has been committed for which there is a perpetrator? Here four participants confirmed they believed mistreatment to be when there was no intent to
harm, including cases of neglect. Mistreatment is a ‘one off’ incident where there is no intention to harm and the abuse is not continuous’ (PO four).

*Abuse and mistreatment can be one of the same (PO two).*

*Is it the same as abuse? (PO three)*

*Abuse and mistreatment is the same (PO six)*

*Mistreatment is physically forcing someone (PO eight)*

Here responses were an indication of some confusion between abuse and mistreatment. Nonetheless the majority of officers linked mistreatment to adults who had a carer or who resided in a residential care home where there were poor standards of practice;

*Mistreatment is as a result of not knowing the correct procedures [carried out by a carer] (PO seven).*

*Mistreatment is when an elderly person is not being looked after properly (PO ten).*

*I see a lack of trust between the carer and the individual when that person is not fully informed and therefore, is unable to express for themselves in relation to treatment or care services. Mistreatment is also a disregard for, or a lack of, dignity (PO five).*

**What actions/support is available to you?**

Without exception all interviewees cited Social Services Locality Teams, as a source of knowledge and support particularly in relation to recognising a mental health condition. There were occasions when a joint visit was appropriate to risk assess a safeguarding situation where the officer knew the vulnerable adult. Sharing information on an adult’s safety in terms of additional risk ensured a holistic approach to Safeguarding. In
addition Safer Neighbourhood Teams who knew their communities well were confident that members of the public would report signs of abuse and those who were targeting adults who were vulnerable.

The next most common group to provide officers with support were other professionals; general practitioners, the mental health team and housing associations, where assistance was provided in the relation to safeguarding the vulnerable adult and not in relation to assisting an investigation and/or obtaining evidence. Officers who were located in more rural stations also relied on local charity shops to offer assistance, interestingly these charities related to the elderly; SCOPE, Age UK, Help the Aged and the British Legion. It must be noted that these forms of assistance were provided in relation to Safeguarding. No officer linked working with other professionals in relation to the investigation and gaining evidence.

Half of all the officers interviewed stated they have full discretion as to whether to refer an incident to specially trained officers and the Safeguarding Referral Unit for assistance. The Safeguarding Referral Unit, also known as a Multi-Agency Safeguarding Hub (MASH) was established to provide a central point of contact for child protection, adults at risk and domestic abuse referrals. Referrals by officers are made by completing a Single Combined Assessment of Risk Form (SCARF) which must indicate whether the adult is possibly being abused or in need of further care or support.

Officers also believed where physical abuse or theft had taken place these victims were given less consideration, and were ‘screened out’ at the review stage in the Safeguarding Referral Unit. Those officers expressed a degree of frustration, particularly when an incident was perceived not to be serious but formed part of a pattern of behaviour. There was also disappointment in a ‘mismatch’ of understanding between what the officer believed to be the ongoing threat of harm and those incidents on which further action would be taken. One officer exclaimed ‘they did not even record my concerns but sent it [the SCARF form] back stating it did not meet the required threshold (PO five)’.
What training have you received?

Overwhelmingly those officers interviewed believed there was no provision for training, few officers could recall receiving any training related specifically to Vulnerable Adult Abuse although they acknowledged they received initial training on ‘adults at risk’ when they joined the force and ‘learning on the job’ was common place. The quality of ‘on the job’ learning would be determined by colleagues, supervision or experience, nonetheless officers displayed a positive attitude towards this form of learning. In one case the officer had received joint training with Social Services colleagues, however; this was not a regular event and was not available to all officers.
Part Three: Discussion and Recommendations

Chapter 6: Key Themes

The aim of this research is to establish why suspected perpetrators of abuse against vulnerable adults are not being prosecuted and to critically examine the tensions that exist between adopting a welfare approach versus pursuing a criminal justice outcome. This chapter draws out detail to broaden the debate of Vulnerable Adult Abuse by examining crime recording and sharing of information, identifying coercive and controlling behaviour and the victims’ unwillingness to engage with both the Police and Social Care Practitioners. In addition, there will be a brief discussion on professional decision-making and the current political context.

6.1 Crime Recording

Crime is recorded by the police to capture all the information in one place and assist investigations, which in turn provide the police and partner agencies with data that informs decisions around risk of harm. As evidenced in Chapter 3, the literature review, crimes committed within the private domain can be difficult to measure and quantify because of under reporting. In addition, a number of complex factors contribute to whether a referral of vulnerable adult abuse to the police is recorded as a crime; not least, that it is a notifiable offence. That is, offences which the Home Office require to be recorded under Section 44 of the Police Act 1996. For the purposes of this study, the offences of physical, sexual and financial abuse are all notifiable offences. In addition, National Crime Recording Standards requires that all allegations of crime are recorded unless there is credible evidence to the contrary. Therefore, all reports of Vulnerable Adult abuse will be recorded by the police in an incident record. An incident record is used to describe an incident which, on the balance of probabilities amounts to a crime, has yet to be investigated for evidence, and where ‘the incident has been reported on behalf of, or by the alleged victim’ (Home Office, 2017, p. 2). The incident will then be recorded as a crime, or a notifiable offence, following confirmation by a police officer that a criminal act has been committed. Crime reporting from professionals such as doctors, teachers, social workers, parents or carers in relation to a vulnerable adult is acknowledged as ‘third party’ reports. Here it is
assumed that they are reporting a crime on behalf of the victim regardless of any decision to resolve the issue themselves.

Incidents were sometimes allocated the code NN01, Non-notifiable investigation, as it allows officers to conduct a variety of investigations, including vulnerable adult abuse under one classification. However, following additional enquiries, if it can be established a notifiable offence has been committed the code should be reclassified to reflect this. When recording a crime an “opening code” will indicate the nature of the crime, for example, theft, then a ‘closing code’ will provide a brief summary of the investigation, for example, undetected as a perpetrator was not identified. Crime records should be closed only when a crime has been detected, or there is confirmation that a crime never actually happened, for example, an item initially recorded as stolen was then found to have been mislaid and the crime was ‘cancelled’. This research found crime-recording errors by the police were due to crimes being classified incorrectly or there was insufficient information about the circumstances i.e. the level of a sustained injury, to determine the classification of the crime. Recording errors also included incidents not being closed correctly or when they should have been closed as detected or cancelled. Whilst the National Standards for Crime Reporting are complex and can be open to interpretation recording errors could be a contributing factor why some referrals are not investigated and suspects prosecuted.

A HM Inspector of Constabulary (2014) report into crime recording data integrity examined how each Police Force in England and Wales applied the rules for crime recording. The aim of the inspection was to establish the reliability of the police to record crime accurately and thereby believe and support the victim. Overall they found the Police were ‘failing to record a large proportion of crime’ (2014, p.48). In addition many recorded crimes were later removed or cancelled, particularly in relation to violent or sexual offences. The report also makes comparisons with high levels of crime reporting in 2002, following the introduction of the National Crime Reporting Standards, and lower levels of reporting by 2012/13. By 2017 HM Inspectorate of Constabulary Fire and Rescue introduced a programme of inspections to measure each Police Force against the recommendations made in the HMIC 2014 report. To date Dorset Police has not been subject to a follow up inspection.

During the study period, the number of referrals of Vulnerable Adult Abuse recorded by Dorset Police between 2011/12 and 2013/14 declined from 888 to 570. This is unusual
given referrals nationally were increasing year on year as evidenced in the NHSIC Abuse of Vulnerable Adults in England reports of 2012/13. Reasons provided for the decline, by the Police Safeguarding Vulnerable Adults’ Coordinator, were that a more ‘robust’ approach was being taken in relation to referrals from the Local Authorities. These referrals were being triaged to establish whether there was evidence that a criminal offence had taken place. Often there was no indication of abuse, but rather poor nursing care and/or bad handling techniques, which had resulted in bruising.

Accurate crime and incident recording and classification are essential not only to facilitate effective investigations and decision-making but to increase victim satisfaction and confidence. Significant evidence of poor crime recording by the police was found in those referrals where the closing code used ‘confirmed a crime could not be established’ yet the outcome of the incident indicated a crime had been committed, as evidenced by a caution being given (see table 12). Furthermore, cases closed ‘released without charge’ indicate a suspect had been identified and interviewed but not the reasons why they were not processed through the Criminal Justice System (see table 12). An accurate reflection of closing codes used appropriately, however, is evidenced in Table 13 where a crime has been recorded but there was no supporting evidence therefore the closing code used was ‘undetected’. The difficulty using a code to close an investigation as undetected is that it facilitates claiming an investigation has been carried out, when it has not, inviting allegations of fiddling crime figures. Damian Green (2013) the Policing and Criminal Justice Minister described undetected criminal offences as ‘leaving the victim feeling neglected’. Since these crimes were reported and recorded, the ‘undetected’ category has been replaced with definitions that provide a more descriptive outcome. The new closing codes include ‘the offender has died’ and ‘community resolution’ where a police officer and victim agree that an apology is appropriate.

If a victim exists then a crime is recorded, however, not all crimes will be investigated, for example, when a vulnerable adult commits a crime against another vulnerable adult. In these circumstances, there is a requirement to establish whether the perpetrator was aware of their misconduct and thereby had the capacity to form criminal intent. Mens rea, a guilty mind, would need to be established before a vulnerable adult could be considered for processing through the Criminal Justice System. Conversely, the perpetrator may not have the mental capacity to undertake the Criminal Justice System process. A study by McKeough and Knell-Taylor (2002) into allegations of abuse by vulnerable adults upon vulnerable adults made to Kent Social Services found support was given to the victim and the perpetrator. The support
included legal advice, Criminal Injuries Compensation claims, and preparation for court as well as training in relation to behaviour.

Dorset County Council Adult Access receives an alert when concern has been expressed that an adult is at risk of, or has been abused. This is then passed to the Adult Safe Guarding Team within one working day. Alerts from the Care Quality Commission (CQC) call centre of suspected abuse took over a week to reach the Adult Safeguarding Team. Delays not only prohibit early action being taken but also difficulties in obtaining evidence and determining whether a crime has been committed and a suspect arrested. Considering carers, overall, are paid the minimum wage (Craig and Clay, 2017, p. 30) and are employed for economic reasons rather than for client care (Aitken and Griffen, 1996, p. 85) delays in raising an alert may be due to staff shortages or competing demands. On the other hand raising an alert by care home staff may be process rather than incident driven and a precautionary step in risk aversion. This was evidenced in some referrals to the police as part of a care home or day centres’ responsibility to report a crime, regardless that a prosecution would not be brought due to the nature of the perpetrators vulnerability.

6.2 Information Sharing

During the participant observation study 31 alleged perpetrators, known to the police for various offences, were identified by the Safeguarding Adults Team. Yet information in relation to these alleged perpetrators was not sought from the police in order to assess the level of risk these individuals posed to vulnerable adults. If the provision of information relating to the alleged perpetrator was requested at the time of the alert this would allow for more robust risk analysis and informed decision-making. The failure of the Safeguarding Adults’ Team and the police to share information increased the risk of abuse and was highlighted in the following incident that occurred during the study period. Mrs. M came to the notice of Dorset Police for shoplifting for which she was given a fixed penalty notice. However, Mrs. M was also known to the Safeguarding Adults’ Team for verbally abusing a young person with mental health issues. Mrs. M subsequently applied to be a domiciliary carer in a local residential care home and the information in relation to her shoplifting was disclosed to the prospective employer by the police on a DBS certificate. Had the police known about her abusive behaviour then this information would also have been disclosed and would have made the disclosure more relevant for employment considerations. ‘A key factor identified in
many Serious Case Reviews (SCRs) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action (HM Government, 2015, p. 3).

Dorset County Council Safeguarding Adults’ Team places importance on confidentiality about service users. Records were classified according to risk, sensitivity and who should receive or have access to it. Yet at the same time, the council recognises the need to share client information with other agencies. The sharing of information by the Adult Safeguarding Team with the police appeared to present practitioners with concern in relation to a duty to protect the information and the vulnerable adult. Legislation allows for the sharing of confidential information when it is in both the public and the individuals’ interest to do so particularly when there is an allegation of physical, sexual, emotional abuse or neglect. Adult Social Care Team members were cautious and deferred to the supervisor particularly when there was no additional information other than the initial alert. They appeared to require a ‘flow chart’ or guidelines to assist in making a decision to share the information and with whom, particularly as there were no processes that account for every type of alert and all levels of risk (see Appendix S).

The police on the other hand have statutory obligations to share information to third parties as part of business as usual, and can share information in situations, which are not covered by a formal agreement. In some cases where domestic abuse had been reported to the police and the victim was elderly or frail the sharing of this information with the Safeguarding Adults’ Team was not encouraged by them. Reasons for rejecting these referrals included the victim was not in receipt of a care package and/or the team did not have the resources to take on the additional work. Conversely information was freely shared at perpetrator focused Multi Agency Risk Assessment Conferences (MARAC) where the risk was considered high and significant.

6.3 Identifying coercive and controlling behaviour

The Dorset County Council Safeguarding Overview and Scrutiny Committee (2018) which oversees MARAC has identified that the process excludes older people and that coercion and control laws are not fully embedded or understood. This was evidenced in an alert raised in relation to controlling behaviour and the closure of Purbeck Care
Home for adults with learning disabilities during the study period. A member of staff who witnessed verbal abuse and neglect, including residents being left on their own all day with limited access to food, drink and activities, raised concerns. Residents were frequently told to ‘shut up’, ‘be quiet’ and sit down. Yet a Care Quality Commission (CQC) Inspection in October 2013 revealed that ‘staff told us that, overall, there were enough staff to meet people’s needs and they felt that they had the right knowledge and skill to support people’. In addition, the CQC found that Purbeck Care was meeting the criteria ‘enough members of staff to keep people safe and meet their health and welfare needs’. What is interesting is that Purbeck Care did not go through a Serious Case Review; instead, an audit took place as none of the service users had died, which is normally the trigger for a review. Although the investigation found a member of staff making unauthorised withdrawals from a resident’s bank account, it was the offence of physically abusing a female resident that resulted in a successful prosecution. In addition, 13 members of staff were found to have criminal convictions, which were disclosed on their DBS certificates. Whilst people working with vulnerable adults are required by law to have a DBS check the employer can choose to disregard any information provided by the police on the certificate, which appears to have been the case in this particular care home.

Responding to an alert or referral in isolation overlooks the wider context of incidents forming part of a pattern of controlling or coercive behaviour with implications for risk assessment and management. Consideration of carer controlling behaviour was given secondary consideration after respecting the victim’s wishes. In addition, perpetrators often made false or vexatious allegations to obtain collusion against the victim, which was not acknowledged by Social Care Practitioners, whose immediate concern was to safeguard the service user. This was particularly evident where family members were the carer.

Family members were also the largest group of suspects named in alerts. Their abusive behaviour, however, was not responded to as domestic abuse because it did not always involve an intimate partner or there were added complications such as ‘carer frustration’. In one alert, a woman in her 80s, suffering with Alzheimer’s disease and violent, had unexplained bruising on her arms. It was suspected that her husband also in his 80s was being verbally and physically aggressive because of caring for his wife, on his own. In this case when asked why the husband was not also considered vulnerable and given support the reply was he was not the client/service user. Some
alerts raised were by friends of vulnerable adults who were distressed following the
behaviour of a close relative or partner. Here the use of the ‘power and control’ wheel,
also known at the ‘Duluth Model’ (Pence and Paymar, 1993), would have assisted in
identifying perpetrators, and the variety of behaviours used to manipulate and control.
Behaviours such as access to money, transport and a phone are indicators of
controlling behaviour, which were not identified by police officers when completing the
Single Combined Assessment of Risk Form (SCARF). The consequences of which
were risk assessments that were not fit for purpose. Yet guidance to officers (NPIA,
2012) clarifies that when an allegation of vulnerable adult abuse falls within the
domestic abuse definition procedures in relation to domestic abuse should, in the first
instance, be followed, including risk assessment.

A lack of understanding by the police in relation to coercive controlling behaviour
places the behaviour, as observed by Robinson, Pinchevsky and Guthrie (2015), as
‘under the radar’. Indeed Fyson and Kitson acknowledged in their prevalence study
that police involvement in cases of psychological abuse was absent. The situation is
exacerbated further when Health and Social Care Practitioners fail to recognise the
significance of power and control relationships which Manthorpe et al (2004, p. 2)
suggest is due to gaps in the knowledge of staff as to what constitutes coercive and
controlling behaviour. This is despite guidance on safeguarding and domestic abuse
from the Local Government Association (LGA) and the association of Directors of
Social Services (ADASS).

In March 2014, HMIC (2015, p. 5) continued to find ‘significant weaknesses’ in the
provision of services to victims of domestic abuse and highlighted the need for forces
to take effective action to improve their services. In 2015 Dorset Police adopted the
THRIVE (Threat, Harm, Risk, Investigation, Vulnerability and Engagement) a decision
making model to prioritise the appropriate police response. The model is used to
determine who should respond to the victim, how quickly and the extent of any
investigation. However, Her Majesty’s Inspectorate of Constabulary and Fire & Rescue
Services (HMICFRS, 2017) has concerns that the model was being used to manage
demand by not sending an officer to all domestic abuse calls, particularly if the
perpetrator was no longer at the scene. This lack of response is short sighted,
because not only ‘safeguarding and investigative opportunities are being missed’ but
also it ignores the concerns of the victim and the possibility that the perpetrator will
return, increasing the victims’ vulnerability.
6.4 The victims’ unwillingness to engage

In the majority of cases, procedures allowed the individual to stay as much in control of the decision making process as possible, allowing them to be engaged with their own risk management. Nonetheless, the consequences of professionals not challenging the refusal of support has in the past lead to death. A serious case review into the death of JT in Dorset in 2013 found ‘professionals went along with her decisions not to engage or to accept support, irrespective of the implications in terms of level of risk’ (Dorset Safeguarding Adults Board, 2013, p. 8). There was an acceptance that the result should reflect the person’s wishes regardless of the risk of abuse remaining. This is also evidenced in the Safeguarding Adult Reports of 2015/16/17 where the outcome of an alert is classified as ‘no action taken, action taken but risk remains and action taken and risk reduced’. During the study period, 38 victims of abuse declined to engage with either the Police or the Adult Safeguarding Team. Unless the individual recognised the behaviour of the perpetrator as abusive and accepted help it was very difficult for the police to take positive action. The majority of decisions taken by the police and social care practitioners were concerned with safeguarding and stopping the abuse without due consideration given to taking action against the perpetrator unless an offence was clearly identified and evidenced.

The Making Safeguarding Personal Temperature Check (Cooper, Briggs, Lawson, Hodson and Wilson, 2016), commissioned by the Association of Directors of Adult Social Services, found there had been a significant move towards focussing on service user outcomes. As Cooper and Bruin (2017, p. 212) suggest the approach ‘aims to enable safeguarding to be done with, not to people’. The Temperature Check found that victims who did engage wanted restorative solutions such as an apology and reassurance. Conversely, a Police Officer interviewed for the study disclosed the case of Miss C who did not want the theft of her jewellery investigated. Reasons not to pursue this incident of theft [from her carer] were that she did not want the hassle, it was a one-off incident and the bracelet was not of any value to her. ‘I have tried to persuade Miss C that by pursuing this matter I would cause as little bother to her as possible but she continued to state she did not want to make any formal complaint’ (PO seven). Green (2007) and Walklate (2008) observe that fears of not being believed, who will care for them and financial reliance on the perpetrator are barriers to reporting abusive behaviour and obtaining support, which is evidenced in the qualitative findings.

6.5 Professional decision-making

Research conducted by McGarry, Simpson and Hinsliff-Smith (2014) found there exists a lack of clarity amongst practitioners into responding to domestic abuse among older people, which Brogden and Nijar (2000) suggest is ‘routinely ignored or redefined as a welfare issue’. Differences in professional understanding and cultures between the Dorset Safeguarding Adult Team and Dorset Police accounted for 69% of all referrals being referred [back] to the local authority for a non-crime investigation (see table 11). Previously domestic abuse cases were brushed under the carpet with the refrain ‘it’s just a domestic’. Today’s refrain is ‘a vulnerable adult's chosen outcome is at the heart of safeguarding’ (West Midlands Adult Safeguarding Board, 2015, p. 6). As the Association of Directors of Adult Social Services suggests ‘Individuals should be in charge of their own care and support and have control and choice over the key decisions that affect them’. Indeed one of the main principles of the Mental Capacity Act (2005) is that a person has the right to make an unwise decision (Social Care Institute for Excellence, 2018). Two aims of the Care Act are to safeguard against abuse and to take account of personal choices. For Health and Social Care Practitioners the dilemma is ‘choice versus control, risk versus safety’ (Community Care, 2017). Thus, some Social Care Practitioners will support the decisions of unsupported vulnerable adults to remain in abusive situations, taking responsibility away from the state and placing it upon the individual. Welfare interventions are considered a less damaging and a more effective alternative to criminal justice processes. A strong safeguarding policy may achieve a greater degree of a person centred approach but it does not alter the behaviour of those who perpetrate the abuse. Failure to make an arrest when there are grounds to do so left victims at risk of further offences.

The examination of incident records and alerts for this research found Ms H, who worked as a domiciliary carer with the elderly, was reported to Dorset Police for slapping a vulnerable male around the face. The incident was witnessed by a colleague, but denied by Ms H. No police action was taken as it was believed the witness was unreliable in relation to telling the truth. Ms H was dismissed by her employer and went on to apply for a domiciliary position in a care home. In her new
position, Ms H came to the notice of the Safeguarding Adults' Triage Team when an alert was raised in relation to her verbally abusing the vulnerable adults she was caring for. The Safeguarding Adults' team decided to suspend Ms H pending an internal investigation. Whilst it was believed she posed a significant threat of abusing those in her care a welfare approach was taken to safeguard those vulnerable adults she was caring for. However, by placing those vulnerable adults in fear of violence she could have been prosecuted under the Public Order Act 1986. For Health and Social Care Practitioners the dilemma is ‘choice versus control, risk versus safety (Community Care, 2017). Thus, some Social Care Practitioners will support the decisions of unsupported vulnerable adults to remain in abusive situations, taking responsibility away from the state and placing it upon the individual.

Recent research conducted by Action on Elder Abuse (2017, p. 6) into the abuse of older people concluded ‘we have no way of knowing how much of the abuse recorded and dealt with by social care departments ‘behind closed doors’ was criminal in nature’. The research also found that in the 3,210 alerts reported to the Dorset Safeguarding Adults' Team in 2016/17 only 345 were investigated. In response Dorset County Council said ‘we have a dedicated Adult Safeguarding Service which responds to all concerns, but takes the approach which best suits the individual case. This does not always mean that the individual will opt for a full investigation (Lea, 2017). Nonetheless given the current climate of austerity, underfunding has probably overtly influenced the decline in police and social services investigations.

6.6 Political context

The Coalition Government in 2010 reduced public spending by 20%, and financial austerity continued after the 2015 General Election with further sustained and challenging cuts to public sector spending. Austerity measures, budget cuts and a lack of resources have significant implications for vulnerable adults and the capacity for police and partner agencies to respond.

The budget survey carried out by the Association of Directors of Adult Social Services (2015) reported a 12% reduction in funding and a 14% increase in demand equating to a reduction of 26%. Consequently, Directors of Social Services are concerned that their funding will not be enough to enable them to meet their legal obligations to safeguard
for the elderly and the disabled. As with the police, efficiencies and back office saving options have been exhausted. Martin Underhill (2018), Police and Crime Commissioner for Dorset confirmed that police officers and staff are at the lowest numbers it has been since the early 1980s. Increases in recorded crime and the need to safeguard the vulnerable have seen the Force being called upon to respond more than ever before. In addition, the dynamic of crime has changed as the Force has seen an increase in crimes such as domestic abuse, which requires more specialised investigations. In 2000/2001 Dorset Police received 2,332 reported incidents of domestic abuse, by 2016/17 this figure rose to 11,672. However the HMIC (2014) report ‘Responding to Austerity [in Dorset] acknowledges that the Force works well with local partner agencies. The Safeguarding Referral Unit responds to adult vulnerability issues including both investigating crime and delivering a support function in relation to other agencies. There is a strong focus within the Unit of multi-agency working to ensure threats are identified and managed. As a result, this is reducing unnecessary demand placed on Dorset Police and the Adult Safeguarding Team and assisting in managing the future expectations with partner agencies under ever-increasing pressures.
Chapter 7: Conclusion

This unique study was undertaken to explore why suspected perpetrators of abuse against vulnerable adults are not being processed through the Criminal Justice System. The study is especially timely as individuals are living longer and placing a greater responsibility on families and the state for care and support. Aligned with this responsibility is a requirement for local authorities to identify and safeguard adults who, as they grow older, become increasingly at risk of abuse and/or harm, to which, government policy objectives seek to prevent and reduce. Key themes were identified in the previous chapter which informed the tensions between taking a welfare approach and pursuing a Criminal Justice outcome. This chapter will explore the contribution the study makes for policy and practice, to knowledge and recommendations for future research.

7.1 Implications for Policy

At present vulnerable adults and abuse are contested concepts which lead to problematic operational definitions. Definitions need to be specific, unambiguous and shared by all agencies which are reflected in policy and practice. At present definitions, as expressed by Biggs et al (2009, p. 8) are both ‘wide-ranging and multidimensional’ with behaviours, incidents and experiences being ‘varied and numerous’. By defining abuse as a physical, psychological or sexual offence has implications for specialised responses by Social Care Practitioners and Police Officers. Vulnerable adult abuse, like domestic abuse, remains largely hidden and includes victim dependency, powerlessness and fear. Similarities can also be made with perpetrator characteristics of emotional and controlling abuse. Here levels of attachment and affection prevent victims from leaving or changing the abusive behaviour. Therefore responses to abuse against vulnerable adults could incorporate domestic abuse strategies of intervention. Legal provisions in the form of Domestic Violence Protection Notices (DVPN) and Domestic Violence Protection Orders (DVPO) could be implemented following an incident in the home to provide short term protection. DVPNs remove the perpetrator from the family home for 48 hours. During this time a DVPO can be made for a further 28 days absence in which Social Care Practitioners could work with the vulnerable adult to develop an outcome to support, improve and resolve the situation.
Unlike protection notices and orders a perpetrator has to admit they are guilty of an offence to be issued with an out-of-court disposal (OOCD) or a caution for less serious offending. Although an OOCD can only be used in limited circumstances the principle for an OOCD is to reduce re-offending by enabling restorative justice through reconciliation or reparative justice to repair the harm caused to the victim. The aim of out of court disposals is to encourage perpetrators to acknowledge their behaviour and take responsibility for the outcome. During the study, in compliance with the Victims’ Code of Practice, restorative justice or mediation was offered as a means of providing support with the aim of preventing reoffending. However it was not an appropriate option for some of the vulnerable adults because of added complexities such as poor mental health or the physical health of either the perpetrator or victim.

In relation to abuse committed by a vulnerable adult upon another vulnerable adult, guidance in relation to Crime Recording in Schools (Home Office 2016) could be adapted by the management of residential care homes. In essence the school is encouraged to deal with issues on the school premises and the only time a crime should be recorded is if the parent asks the police to specifically deal with the matter. It should be the responsibility of the care home manager and staff, not the police, to deal with and record behavioural incidents, to carry out risk assessments and put safeguarding measures in place.

A simple caution can be given for low level, first time offending. A conditional caution on the other hand imposes a condition on the perpetrator with compliance within a specified period of time. Whilst the victims’ wishes should be sought the police will have the final say on how to deal with the perpetrator given the seriousness and circumstances of the offence and the impact on the vulnerable adult. Although guidance from the Director of Public Prosecutions (CPS, 2018) suggests conditional cautions should not be considered for domestic abuse, research began in 2012 with Hampshire Police to assess the impact of issuing conditional cautions for domestic abuse offences. Known as Project CARA (Cautioning and Relationship Abuse) male offenders with no previous convictions who have committed an assault, and/or caused harassment and/or used threatening behaviour are considered for attendance at a Domestic Abuse Workshop (College of Policing, 2017). Here Dorset Police are considering the use of perpetrator programmes to divert vulnerable adult abusers from reoffending and improve victim safety. The Force has also started delivery of a College of Policing Vulnerability Training using a domestic abuse case study. However in both
these courses action it is only appropriate where the police have considered that the severity of abuse is low to medium risk.

The main concern in relation to taking positive action is that the abuse stops. Yet despite guidance in Authorised Professional Practice (College of Policing, 2013), there appears to be confusion about what positive action involves. Victims are often reluctant to support a prosecution, given the financial, housing and family connections they might have with the perpetrator, or the level of control they may be under. Despite this there are opportunities for investigators to build a case against the perpetrator whether the victim supports a prosecution or not. For example, consideration of repeat victimisation and/or whether there is an opportunity to use previous incidents as evidence of bad character. In addition the approach taken towards investigating domestic abuse needs to be considered in relation to vulnerable adults where aggravating factors such as frailty increase the impact upon them. The public interest test is easier to apply when the victim is vulnerable, there is a position of trust and it is in the wider public interest to do so and would have a positive impact on public confidence.

Nonetheless ‘from our discussions with response officers we concluded that the Force’s interactions are characterised by immediate care for a victim’s needs and providing choices for the victim on how matters can be resolved’ (HMIC, 2015, p. 11). This situation highlights the tension between taking a welfare approach or when a criminal justice approach would be more appropriate. Policy making requires difficult judgements to be made, both in evaluating evidence in order to establish facts and in assessing future risk. In addition it is clear, from the literature review and participant observation, that a significant proportion of vulnerable adults need safeguarding as a consequence of domestic abuse. Yet the Association of Directors of Social Services (2013, p. 9) has highlighted a ‘widespread worry that services will be swamped’ following an increase in alerts being made to Local Authorities with Adult Social Care responsibilities. Clear strategic links need to be made as short term safeguarding management ignores the bigger picture. There needs to be a better understanding of perpetrator behaviour and the risks to vulnerable adults to inform policies. Although there have been recommendations for the establishment of thresholds and pathways (ADASS, 2005, Collins, 2010, Ingram 2011, p. 76) to date a local framework has not been established.
7.2 Implications for Professional Practice

As safeguarding work with vulnerable adults is often in relation to domestic abuse there should be no contradiction between protecting the welfare of a vulnerable adult and managing the offending/perpetrator, they should be complimentary. Police Officers and Social Care Practitioners empowered to recognise and respond appropriately to both vulnerable adult and domestic abuse will provide a more robust approach in relation to the management of risk. Having omni-competent social care practitioners will accurately assess the risk presented in a safeguarding adult alert and determine appropriate pathways. The quality of decision making and information sharing documents would be improved which will determine investigations and actions to maximise safeguarding opportunities. The timely sharing of good, quality and accurate information would provide for the identification of patterns of abuse, the likelihood of an escalation in potential harm, repeat victims identified and improve the effectiveness of responses. Social Care Practitioners need to look beyond single incidents to identify patterns of harm or controlling behaviour to inform safeguarding measures.

Given the high number of referrals in the study that were closed due to ‘evidential difficulties’ and ‘victim does not support police action’ clear standards and expectations are needed for building the best possible case which increases the likelihood of the victim working with the police. The approach should be evidenced based with consideration given to the use of body worn video to enable the early capture of evidence. This will provide the best chance of securing a conviction and has particular significance in cases where a victimless prosecution may be sought. Safer Neighbourhood Police Officers require training specifically around the management of the victim, the early stages of an investigation and DVPN awareness, with clear direction to ensure opportunities for an early arrest are taken. This approach would form an effective process towards protecting victims and ensuring safety. Where practicable self-empowerment of the individual should be promoted and Police Officers should also refer the victim to partner agencies and access to specialised support services. If action is a taken by the attending Police Officer that addresses the risks posed then there is no requirement to complete a Single Combined Assessment of Risk Form.

Safeguarding Adults Boards should actively seek to establish the outcome of alerts and referrals to identify trends in residential care homes and domiciliary care providers.
Through the Board a joined up approach can be established with a clear and visible response to offending behaviour. Local Authority managers need to be empowered to be able to identify whether or not an allegation of abuse is criminal. Conversely, police officers would be assisted by an understanding of the Local Authorities’ legal responsibilities within the Care Act 2014 to safeguard those individuals being harmed. Consideration needs to be given to establishing a role that is a fusion of social worker and police officer, someone with the relevant legislative knowledge and experience to identify offences, provide support in relation to evidence gathering and identify prevention measures. In addition the creation of a Safeguarding Local Area Designated Officer (LADO) could co-ordinate ‘low level triggers’ distributed across a range of agencies and pass information onto the police. This would provide for an exchange of information in compliance with the relevant legislation to share information linked to the policing purpose of public protection and the pressing social need responsibilities of Adult Social Services.

As more vulnerable adults are in receipt of personal budgets, purchasing care has safeguarding implications, particularly when non-qualified individuals have moved into the provision of domiciliary care. Personalisation has been promoted as giving the service user more of a voice, being able to speak out when not happy about their care provision. But as prevalence studies have evidenced, vulnerable adults are more likely to be passive, fearing harm, the loss of care and isolation. Guidance to social care practitioners is written to ensure it is the person, not the processes that determine how safeguarding measures are provided. The legislation provides service users with control and choice over the key decisions that affect them, and thereby allows Social Care Practitioners to take a less intrusive approach. The Care Act has introduced a change in safeguarding culture, practice and language. This is reflected in the language used by the Health and Social Care Information Centre where abuse is correlated to risk and described as identified, removed, reduced or remains. Emphasis is being placed on wellbeing rather than on the behaviour the vulnerable adult is experiencing. The shift from investigating to making enquiries changes the focus of safeguarding from looking to prove if abuse has happened to conversations about what the abused vulnerable adult would want to happen. Analysis, carried out by Action on Elder Abuse on Dorset Safeguarding Adults’ data found only 345 out of 3,210 concerns reported in 2016/17 were investigated. The Local Authority stated ‘we have a dedicated Adult Safeguarding Service which responds to all concerns.......this does not always mean individuals will opt for a full investigation’ (Lea, 2017).
7.3 Contribution to Knowledge

Developing a definition of a vulnerable adult that is accepted universally is problematic because different situations raise different issues regarding a range of ‘vulnerabilities’ across different groups of people. The consequences of which is a lack of clarity when discussing supporting victims or preventing occurrences of abuse. Social Care Practitioners refer to the definition as set out in the Care Act 2014, whereas police forces define a vulnerable victim in different ways. Some police forces use the definition as stated in the Code of Practice for Victims of Crime (MOJ, 2015) whilst other forces define vulnerable victims using the ACPO Guidance on Safeguarding and Investigating Abuse of Vulnerable Adults (HMIC, 2015, p. 5). The College of Policing (2016) on the other hand suggests everyone can be vulnerable and rarely does the individual have one vulnerability factor, preferring instead to suggest they have many vulnerabilities related to situational factors. Dorset Police defines a person as being vulnerable if, as a result of their situation or circumstances, they are unable to take care or protect themselves from harm or exploitation. The Force has 13 strands of Vulnerable People which encompasses all situations or circumstances in which a person may feel vulnerable. In addition the Force uses the Care Act to define adults at risk of harm. Little wonder police officers provided a plethora of definitions of vulnerability in interview.

Differing expectations from Social Care Practitioners and the Police was due, in part, to the absence a consistent definition and a lack of a cohesive matrix for the Safeguarding Adults’ Team indicating which alerts necessitate a referral to the Police. Often alerts were made because the adult was upset about the perpetrator’s behaviour, about which they had confided in their support worker or carer, but they did not want any police action taken. Expectations within the Safeguarding Adults’ Team were that officers would be able to take some form of positive action. This was evidenced in an alert that was referred to the police of a service user being given an out of date sandwich. Unless intent to harm could be proven there was no requirement for police involvement. A more robust enquiry with the person raising the alert and an assessment of the service user’s situation and any associated risks would have been a more appropriate course of action. Whilst ‘risk’ carries a different meaning for each agency and is used to prioritise and allocate resources, a lack of a shared language prevented clarity and the identification of those adults whose situation required police
It must also be recognised that changes in relation to safeguarding vulnerable adults from abusive behaviour is happening in a period of austerity which has placed pressures on resources to respond. Cuts to Adult Social Services has seen care provision move away from the Local Authority towards the private sector. In addition implementation of Part 2 of the Care Act has been delayed which would have introduced a cap on the cost of care provision. Access to care therefore increasingly depends on what people can afford. Indeed one of the questions asked during the alert process is ‘Funding status of both parties (e.g. self-funded, continuing healthcare (CHC), funded by another authority’? Therefore the inference is that Dorset Safeguarding Adult Team is distinguishing between those vulnerable adults who they support with funding and those they do not. As a consequence support and care provision has become individually focused with an emphasis being placed on friends, family and the wider community. Indeed the Care Act requires Local Authorities to consider what support is available from the family or within the community.

Nonetheless vulnerable adults who have been abused are victims of crime. Yet vulnerable adults are not being defined as victims of crime or described as victims. Vulnerable adults who are victims of criminal offences are being described as abused vulnerable adults. Dumbing down the language used in relation to criminal offences and the adult’s vulnerability is being used to raise safeguarding as the priority. As Christie has suggested the characteristics that make an adult vulnerable also make them an ‘ideal victim’. The police have a duty under the Victims’ Code of Practice to assess the immediate needs of a victim and consider their requirements to enable them [the victim] to be supported through the Criminal Justice System. Whilst guidance from the Association of Directors of Adult Social Services recommends that directors are ‘engaged with local criminal and justice services to make sure victims get the same access to justice as everyone else’ (ADASS, 2013, p. 5).

Making abusers criminally responsible for their actions provides a new dynamic to the Safeguarding debate. Victims and offenders are considered to be at the opposite ends of the crime spectrum, one is the recipient of a criminal offence and the other the perpetrator of that offence. In the 31 alerts made to the Safeguarding Adults’ Team where the alleged perpetrator was known to the police, recognition relied on team
member's recollection of the individual from previous alerts. Repeat offences and perpetrators were not recorded and the information was not used as 'intelligence' in relation to the risks posed to the vulnerable. Abuse is often a pattern not a 'one off' incident. If the provision of information relating to an alleged perpetrator was requested of the police by the Safeguarding Adults’ Team this would have provided for a more a robust risk analysis of the situation and a more informed decision making process. In addition 'intelligence' can be used for profiling the offender where, as Canter (1995) suggests, crime is seen as a form of non-criminal activity reflected in day to day activities.

7.4 Recommendations for Future Research

To date only a limited number of research studies in England have investigated the prevalence of elder and vulnerable adult abuse. In addition these studies have overlooked outcomes in relation to the perpetrator and contextualising outcomes in relation to the action taken. This study raises a number of opportunities for future research both in terms of theory development and concept validation. In relation to perpetrators being prosecuted, secondary data analysis could be extended and carried out by other forces particularly as the police are now recording outcomes as opposed to detections. Having said that, the police data used in this study was extrapolated from a localised crime recording system based on individuals. Dorset Police have since introduced a database, known as NICHE, which is an incident recording system from which extrapolation is difficult. Nonetheless, 23 Forces in England and Wales use NICHE which would facilitate expanding the research to these Forces. The scale of the police data obtained for this research covers a five year period which could be extended to bring the data up to the present. By expanding the time frame contemporary patterns and trends could be identified in relation to offences, the perpetrators and police action. Or conversely, to confirm that perpetrators of abuse are not being processed through the Criminal Justice System. Any new research should seek to establish those perpetrators who have been identified and in relation to the outcome establish what worked and the reason why some outcomes did not. Parallels could be drawn with domestic abuse resolutions.

Further research, as a participant observer, could examine the sharing and exchange of information at the locality level, between Social Care Practitioners and Safer Neighbourhood Police Officers when supporting one another in the community. Police
officers and social care practitioners engage with same individuals and families and become joint problem solvers in a much broader way than described in their respective job descriptions. In Dorset an ‘Early Intervention’ programme, delivered by Locality Teams, provides integrated support and services to children and families with problems. Responsibilities include safeguarding and establishing a Multi-agency Team where social workers and the police are able to fulfil their statutory obligations towards children in need of help or support. Using this model a pilot study could be considered in relation to vulnerable adults at risk of harm.

Stronger data could have been obtained by interviewing those directly affected by the abuse, or indeed the perpetrator of the abuse, providing an opportunity for them to explore how they make sense of their perceptions and experiences. Primarily inductive, concepts can be derived from the information provided and the examination of relationships. Consideration could be given to a qualitative study based on semi-structured interviews with care home managers and/or managers from domiciliary care providers to provide a detailed understanding of decision making processes and responses to suspected abuse. The key aims of any future research would be to confirm the prevalence of criminal offences committed against vulnerable adults, what action is taken by the criminal justice agencies and the most effective outcomes for both the victim and the perpetrator.

A thematic review of safeguarding adult reviews could examine the content to identify commonalities in relation to the perpetrator and family and friends. The rationale for the research would be to gain an understanding of the dynamics of carer/abuser relationships and how they contributed to the outcome. The type of abuse could also be broken down into organisational, family involvement and the individuals’ involvement. Further analysis could be undertaken in relation to known history, risk assessments and patterns of behaviour. This research would also highlight the tensions between taking a welfare approach, making safeguarding personal, versus a criminal justice outcome for the perpetrator. The lessons learned would be evidence based and inform the detection of abuse.
7.5 Conclusion

During the period of this study my views on why perpetrators of abuse are not being prosecuted has shifted. Naively I thought it was simply the case of there being a lack of evidence to bring a prosecution, in part due to the timeliness and quality of referrals. The pilot study confirmed the hypothesis. Insufficient evidence to bring a prosecution and reasonable grounds for believing that further evidence will not become available was cited in the majority of cases. However it was not until document/incident analysis took place that I realised the reasons why abusers were not being prosecuted was more complex.

Despite an emphasis on protecting 'vulnerable adults' the lack of a single comprehensive description that can be used by all statutory agencies hinders a joined up approach to identifying, protecting and supporting vulnerable adults. Each agency uses its own definition of vulnerability to establish their own priorities within the legal framework in which they work. The situation is exacerbated by the social and political context which is being driven by government and public enquiries and reflects competing/opposing agendas. As a consequence, tensions between taking a welfare approach and/or pursuing a criminal justice outcome has failed to support vulnerable adults who are abused.

A more robust enquiry with the person raising the alert and an assessment of the service user’s situation and any associated risks would have elicited a more appropriate course of action. Inappropriate referrals and poor decision making was due to a lack of understanding by both the police and social care practitioners of what constitutes abusive and controlling behaviour. This lack of understanding of controlling behaviour has implications for what is classified as abuse and any subsequent risk assessments. Whilst using the term abuse instead of the criminal offence description such as assault, theft, rape or harassment dumb downed the phenomenon. Indeed institutional abuse masked a number of concerns between intentional and unintentional harm, caused by poor care practices. Most abuse was hidden within the home perpetrated by people known to the vulnerable adult, often someone they depend which leads to delays in evidence gathering and why the victim is reluctant to bring a prosecution.
During, and since the study my professional relationship with the Head of Public Protection in Dorset Police and the Police Sergeant responsible for vulnerable adult referrals grew and became symbiotic. As they answered questions about policy and practice I provided them with anonymised information from safeguarding adult alerts and feedback on the interviews with safer neighbourhood police officers. Following meetings in 2016 to discuss the research a training programme on coercive and controlling behaviour was delivered by Women’s Aid to all frontline supervisory officers. Further sessions were delivered in January 2017 to ensure the whole force develops an understanding of the dynamics of domestic abuse. The process of DVPO breaches has also been discussed with the Crown Prosecution Service who are offering assistance with prosecution. In my role as Victims’ Champion I have created a Victims’ Code of Practice template for NICHE which will prompt officers to make sure the requirements of the victim are recorded and supported.

As a result of the rising level of demand in the area of Vulnerable Adult Safeguarding, the Force was relying on one post to fulfil its need. Today a team of 8 officers ensures all SCARFs are being identified and correctly referred for strategy/case discussions. The driver for these changes is to increase the efficiency of, and build in, resilience into the Safeguarding Referral Unit, allowing it to meet the demands of the public, partners and communities. By designing the referral team to become more omni-competent and streamlining the SCARF process, it is anticipated the functions and processes will reduce and manage more effectively the demand placed on the Force with regard to the safeguarding of vulnerable adults. By making team members’ omni competent in domestic and vulnerable adult abuse it will address issues around silo working teams. It will also provide a central Safeguarding Unit that offers the organisation a single department to process all of the referrals from/to partners and share intelligence as early as possible to maximise safeguarding opportunities.

The unique aspect of this study is that it explores why perpetrators of abuse against vulnerable adults are not being processed through the Criminal Justice System when criminal offences are being committed. Although the police have a significant role to play in the safeguarding of vulnerable adults popular discourse (Filinson et al, 2008, p. 18, Fyson and Kitson, 2012, p. 98) is that the police are only looking to prosecute. This is not the whole picture, putting the victim first and safeguarding are paramount policing objectives with emphasis on the development of best practice between the police and partner agencies to safeguard adults at risk of harm. However, if the Crown
Prosecution Service cannot prosecute an individual suspected of abuse and/or harm on a vulnerable adult it leaves the perpetrator with the belief that they are unaccountable for their actions and their offending behaviour will continue. Behaviour is maintained by its consequences, if the abuse goes undetected then it will increase. Given that individuals are living longer and as they grow older, become increasingly at risk of abuse and/or harm vulnerable adult abuse is an area of crime that is likely to grow.
Appendix A

Literature Review Strategy

**Step 1 Establish the literature review.** Based on the research question, search criteria on the following key words: perpetrators, abuse, vulnerable adults, elder abuse, and older victims of crime, prevalence, police and UK.

**Step 2 Conduct the initial database search.** Search conducted using the university’s Discovery search engine, the National Police library catalogue, Copac, Google Scholar and Zetok.

**Step 3 Review relevant literatures by title and abstract.** Titles and abstracts determined selection for full text reading. Inclusion/exclusion criteria based on abuse/harm, older/vulnerable adults and police involvement.

**Step 4 Deselected after reading.** Articles based on safeguarding that are primarily focused on safeguarding measures rather than on the abuse.

**Step 5 Record and categorise initial relevant literature.** Summarise each article/chapter for usefulness

**Step 6 Additional database searches.** Reference lists and bibliographies from articles identified in the initial search used to search for secondary sources: the prevalence of abuse.

**Step 7 Organisation of Literature** All items of literature grouped according to reports, studies and aspects of abuse.
Appendix B

Initial Relevant Literature

**Government Publications**

House of Commons Health Committee Elder Abuse, 2004

National Health Service Information Centre Abuse of Vulnerable Adults in England 2010-2011: Experimental Statistics Final Report, March 2012

National Health Service Information Centre Abuse of Vulnerable Adults in England 2010-2011: Experimental Statistics Final Report, March 2013

Health & Social Care Information Centre Abuse of Vulnerable Adults in England 2012-2013: Final Report, Experimental Statistics, February 2014

Health & Social Care Information Centre Abuse of Vulnerable Adults in England 2012-2013: Final Report, Experimental Statistics, October 2014

**Charity Publications**

Action on Elder Abuse, Data Monitoring Report, 2006

Help the Aged, the Financial Abuse of Older People, 2008

**Journal Articles**

A review of research outcomes in elder abuse, C. McCreadie, 2002

First Steps: the UK national prevalence study of mistreatment and abuse of older people, McCreadie, Tinker, Biggs, Manthorpe, O'Keefe, Doyle, Hills and Erens, 2006

UK Study of abuse and neglect in older people, Mowlam et al, 2007Adult protection incidence of referrals, nature and risk factors in two English local authorities, Mansell and Beadle-Brown, 2009

The four situations; a framework for responding to concerns of adult abuse or neglect, Ingram, 2011
Framing the detection of financial elder abuse as bystander intervention: decision cues, pathways to detection and barriers to action, Gilhooly et al 2013

Protecting vulnerable adults where they may be both victim and perpetrator, McKeough and Knell-Taylor, 2002

Responding to the abuse of people with learning difficulties: the role of the police, Davies et al, 2006

Defining the 'perpetrator': abuse, neglect and dignity in care, Dixon et al, 2013

Abuse and neglect of older people: secondary analysis of UK prevalence study, Biggs et al, 2013

Defining elder mistreatment: reflections on the United Kingdom study of abuse and neglect in older people, Dixon et al, 2010

Specialisation in adult protection in Kent Police and the role of the police in investigations, White and Lawry, 2009

Working effectively with the police in safeguarding vulnerable adults: sharing experience from Somerset, Sherlock, 2009

Sexual Abuse of elderly people: would we rather not know the details? Jeary, 2004

Study of staff who have been alleged perpetrators in adult protection cases, Walford, Kaye and Collins, 2014

Books

Safeguarding Adults working effectively in Adult Protection, Jacki Prichard, 2008

The Law and Safeguarding Adults Criminal Justice and Adult Protection, Jacki Prichard, 2008

Safeguarding Adults and the law, Michael Mandelstam, 2008
### Appendix C

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mansell et al</td>
<td>Physical</td>
<td>24%</td>
<td>35%</td>
<td>36%</td>
<td>30%</td>
<td>29%</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>Action on Elder Abuse</td>
<td>Sexual</td>
<td>8%</td>
<td>9%</td>
<td>7%</td>
<td>6%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Fyson &amp; Kitson</td>
<td>Psychological</td>
<td>6%</td>
<td>14%</td>
<td>2%</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>NHS</td>
<td>Financial</td>
<td>15%</td>
<td>16%</td>
<td>19%</td>
<td>20%</td>
<td>19%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Neglect</td>
<td>13%</td>
<td>16%</td>
<td>21%</td>
<td>23%</td>
<td>26%</td>
<td>27%</td>
<td>30%</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Discrimination</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Institutional</td>
<td>0%</td>
<td>10%</td>
<td>0%</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Medical</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Multiple</td>
<td>31%</td>
<td>0%</td>
<td>12%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Other</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Farquharson, Jacqueline

From: Simpson, Debbie
Sent: 20 June 2013 11:45
To: Farquharson, Jacqueline
Subject: RE: Abuse of Vulnerable Adults RESTRICTED

Jacqueline,

Sounds an interesting topic to deconstruct – and of course you have the permission to expand the data from 12-month period to three years together with the associated qualitative approach in line with professional advice given to you from D/Supt Clowser and in line with our legal obligations.

All the very best.

Debbie

---

From: Farquharson, Jacqueline
Sent: 20 June 2013 08:47
To: Simpson, Debbie
Cc: Clowser, Andrew
Subject: RE: Abuse of Vulnerable Adults RESTRICTED

Good morning Ma’am,

Apologies for the delay in responding to your enquiry.

As my research was based on secondary data provided by the force I have not submitted the results of the small scale research project for publication without your permission; however it does form the basis for my thesis which I hope to commence in August.2013.

For my thesis, as agreed with D/Supt Sara Glen, I intend to examine the out come of referrals made to Dorset Police in relation to risks identified regarding vulnerable adults between January 2010 and December 2012 (the research topic) and where relevant the reasons why suspects are not being prosecuted (the research problem), or subject of positive outcomes. I will place particular focus on understanding the barriers to prosecuting offenders and the exploitation of vulnerable adults by family members.

Last year you asked D/Supt Sara Glen to work with me so that both the organization and my studies would benefit from this research, as D/Supt Sara Glen has moved to Hampshire I have discussed my proposal with D/Supt Andy Clowser who has agreed to, and will seek to negotiate with Glen Gocoul, Head of Adult Services at Dorset County Council an attachment in order that I may gain a better understanding of the nature and quality of referrals between Dorset Police and DCC.

Therefore may authority be given to expand the quantitative data used from 12 months to 3 years and develop a qualitative approach by speaking to vulnerable adult victims in order to establish their perceptions and experiences as barriers to engaging with criminal justice agencies. I will ensure that I will liaise with D/Supt Clowser to determine the appropriate approach to these individuals.

Jacqueline Farquharson MSc
Force Disclosure Manager
Dorset Police
T: 01202 223859

From: Simpson, Debbie

21/06/2013
Sent: 24 May 2013 14:04
To: Farquharson, Jacqueline
Subject: RE: Abuse of Vulnerable Adults RESTRICTED

Jacqueline,

I realize you sent this a long time ago – but for some reason it is still in my "for attention" box – did I ever give you a reply? Apologies if I didn’t I can only think I opened it on my blackberry and couldn’t read the attachment and then did not revisit an open email when I next logged on.

So what did you do as I guess the time has passed? But if you are still waiting for a reply please let me know!

Debbie

---

From: Chief Constable
Sent: 08 March 2013 11:23
To: Simpson, Debbie
Subject: FW: Abuse of Vulnerable Adults RESTRICTED

---

From: Farquharson, Jacqueline
Sent: 08 March 2013 10:43
To: Chief Constable
Subject: RE: Abuse of Vulnerable Adults RESTRICTED

Ma’am,

In May last year myself and Sara Glen looked at vulnerable adult referrals made to Dorset Police in relation to research for my Professional Doctorate: Outcomes of referrals made to police of suspected vulnerable adult abuse/harm and the exploitation of vulnerable adults by family members.

I have attached a paper which details a small research project as part of my studies for your consideration. The Forces Crime & Incident Registrar, Emma Houston has reviewed the document and has made the following comments:

1. The data has not been quality assured or subjected to any independent scrutiny.
2. Of the 750 referrals where a crime was not established, there were 6 cases where a suspect was released without charge and 4 cases where the suspect had a non-custodial interview. It is likely that these 10 cases were criminal investigations but the referrals were not converted to a crime classification.

Portsmouth University would like me to submit this paper for publication in the Journal of Adult Protection and therefore, if you agree to its' publication would you like the paper to be made anonymous in relation to the force?

Kind regards
Jacqueline Farquharson
Force Disclosure Manager
Dorset Police
T: 01202 228566

21/06/2013
From: Simpson, Debbie
Sent: 09 May 2012 13:06
To: Farquharson, Jacqueline
Cc: Glen, Sara
Subject: RE: Abuse of Vulnerable Adults

Jackie

Thanks for your email and I wish you success with your further studies.
I asked Sara Glen's view in relation to this as it the area of work she leads and she replies below - in essence the organization could usefully get something out of this but it would mean a slight change of emphasis, so if you could reach some agreement perhaps with Sara then I would be happy to support the use of our data.

Debbie

My views are this could be an interesting piece of work, which could assist Dorset Police as well as Jackie's own personal study. If Jackie was to be supported by Dorset Police I would like the opportunity to shape the Terms of reference for the research to assist us in some of the work we are doing within the SRU and to ensure that any research would not be published without prior consent of Dorset Police. I would advise Jackie to focus on cases relating to VA that fail to reach the criminal evidence threshold rather than Safeguarding. When we have examined the number of referrals made and how many are reaching the need for criminal investigation it is a much smaller proportion of referred cases. Due to the timescale I would advice that Jackie looks at defining an aspect of VA investigations either focus on Fraud, Neglect or Sexual offences etc. I think the area of all VA safeguarding and investigation would be too extensive for the scope outlined below by Jackie.

- The issues to explore are the difference between core quality standards and criminal neglect investigation and multi agency understanding of the difference.
- Exploitation of VA by family members where it is identified by LA end the VA is aware they are being exploited but because it is a family member they do not want a criminal investigation.
- Impact of mental health capacity in obtaining evidence which will adhere to witness evidence thresholds and use or not of Intermediaries.

I would be happy to assist Jackie with this if it's approved.

---

From: Farquharson, Jacqueline
Sent: 07 May 2012 15:08
To: Simpson, Debbie
Subject: Abuse of Vulnerable Adults

Ma'am,

I am currently studying for a Professional Doctorate in Criminal Justice at Portsmouth University. The professional doctorate combines a practitioner-researcher focus with a strong emphasis on evidence based practice. My current assignment is to design a quantitative research method to undertake a small scale study relating to my professional context — disclosure for public protection purposes.

On 8th March this year the NHS Information Centre Social Care Team published a report on the abuse of vulnerable adults in England 2010 — 2011. Based on 83,410 outcomes of completed referrals for a perpetrator, only 5% resulted in Police Action.

This research explores a specific area where little research has been undertaken and is particularly important when considering the emphasis now being placed on protecting the vulnerable. Indeed most

21/06/2013
research in this area of victimisation has been carried out by health organisations and/or interest groups.

My research proposal is to establish if perpetrators are avoiding the criminal justice system and the reasons for this. Therefore I would like to examine the referrals made to Dorset Police by the local safeguarding teams for the period 2010 – 2011.

By focusing on ‘data mining’ this piece of research will be unobtrusive in the sense that it will not have an immediate impact on the data I collect and interpret. However I am mindful of research ethics and data protection issues especially as the information is not in the public domain. Every effort will be taken to ensure compliance with the Data Protection Act, for which I am a qualified practitioner.

Therefore may authority be given to access and use the information held on the Dorset Police Criminal Justice System for this research.

Regards

Jackie

Jacqueline Farquharson BSc (Hons) MSc
Force Disclosure Manager
Dorset Police

T: 01202 223659

21/06/2013
Ms'am

As well as being the Force Disclosure Manager I am in the final year of a Professional Doctorate in Criminal Justice; researching the barriers to prosecuting individuals suspected of abuse against vulnerable adults. Last year Supt Clowser negotiated my attachment to Dorset County Council Safeguarding Adults team and a copy of my report is attached for your consideration.

In addition you authorised my access to referrals of vulnerable adult abuse made to Dorset Police between January 2010 and December 2012 to establish where a crime has/have not been committed and how many of those referrals resulted in a caution, conviction reprimand or warning. I would like to expand the dates for consideration to March 2014.

I would also like authorisation to invite some safer neighbourhood officers, selected at random, to take part in a semi structured interview which will focus on knowledge and experience of dealing with vulnerable adults and the types of abuse they may have come across in their professional capacity. I have attached a copy of the invitation, interview schedule and informed consent form.

Authorisation is required from you, as the Data Controller for Dorset Police, in order that I may access the information for research purposes. If you would like to discuss the research and findings to date please do not hesitate to contact me.

Jacqueline Farquharson BSc (Hons) MSc

I authorise Jacqueline Farquharson access to referrals made to Dorset Police up to and including March 2014 and Safer Neighbourhood officers, selected at random, to establish the barriers to preventing the prosecution of perpetrators of abuse against vulnerable adults.

Debbie Simpson
Chief Constable, Dorset Police

Date 19.1.2015
obtained using the SQL tool in Excel from which the data can be broken down into categories and volumes using the Home Office Counting Rules for Recorded Crime.

Supt Clowser has assisted and supports my research programme and negotiated my attachment with Dorset County Council however authorisation is required from you, as the Data Controller for Dorset Police, in order that I may access to the information for research purposes.

Jacqueline Farquharson BSc (Hons) MSc

I authorise Jacqueline Farquharson access to referrals of abuse made to Dorset Police between January 2010 and December 2012 for research purposes, to establish where a crime has/has not been committed and establish how many of those referrals resulted in a caution, conviction, reprimand or warning.

Debbie Simpson .................................................. Date 8.3.2014
Chief Constable
Dorset Police
Ma'am

I am employed by Dorset Police as the Force Disclosure Manager and I am also undertaking a Professional Doctorate in Criminal Justice at Portsmouth. The focus of my research is to understand the outcomes of referrals made to the force of individuals suspected of abuse against vulnerable adults and to identify the barriers preventing them from being held criminally responsible for their actions.

The research programme will consist of two stages: the first will be participant observation with Dorset County Council Safeguarding Adults Triage Team to examine the processes involved in making a decision about whether an alert is progressed to the force, and the second stage will be quantitative research using referral data stored on the criminal justice system (CJS) data base.

As data stored on CJS has been collected for policing purposes I will utilise the information as secondary data for research purposes, therefore Section 33 of the Data Protection Act 1998 will be observed in so much that the processing will not identify particular individuals nor is used in such a way that substantial damage or distress will be caused. There is no requirement to refer to an individual because it is the overall process that is the subject of the research.

Information held, for which I require authorised access, is the number of referrals of abuse made to Dorset Police between January 2010 and December 2012, the number of referrals where a crime has/have not been established and how many of those referrals resulted in a caution, conviction, reprimand or warning. This will be
<table>
<thead>
<tr>
<th>Category</th>
<th>April 2011 – March 2012</th>
<th>April 2012 – March 2013</th>
<th>April 2013 – March 2014</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All crimes / referrals of vulnerable adult abuse</td>
<td>888</td>
<td>780</td>
<td>570</td>
<td>2238</td>
</tr>
<tr>
<td>All crimes / referrals where a crime was established</td>
<td>48</td>
<td>24</td>
<td>5</td>
<td>77</td>
</tr>
<tr>
<td>Referrals where a crime could not be established</td>
<td>840</td>
<td>756</td>
<td>565</td>
<td>2161</td>
</tr>
<tr>
<td>531 undetected</td>
<td></td>
<td>431</td>
<td>272</td>
<td>1234</td>
</tr>
<tr>
<td>286 single agency</td>
<td></td>
<td>303</td>
<td>258</td>
<td>847</td>
</tr>
<tr>
<td>7 duplicate crime</td>
<td></td>
<td>6 duplicate crime</td>
<td>1 duplicate crime</td>
<td>14</td>
</tr>
<tr>
<td>10 released without charge</td>
<td></td>
<td>6 released without charge</td>
<td>3 released without charge</td>
<td>19</td>
</tr>
<tr>
<td>4 non-custodial interviews</td>
<td></td>
<td>3 non-custodial interviews</td>
<td>3 non-custodial interviews</td>
<td>10</td>
</tr>
<tr>
<td>2 cautions</td>
<td></td>
<td>0 cautions</td>
<td>0 cautions</td>
<td>2</td>
</tr>
<tr>
<td>2 declined to support</td>
<td></td>
<td>2 declined to support</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>2 police decide not to prosecute</td>
<td></td>
<td>6 police decide not to prosecute</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>1 police bail</td>
<td></td>
<td>1 police bail</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>1 under investigation</td>
<td></td>
<td>12 under investigation</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>1 recorded in error</td>
<td></td>
<td>2 recorded in error</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>3 out of force</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>1 evidential difficulties</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>1 community resolution</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
Briefing Document for the Dorset Safeguarding Adults Team

I am currently employed by Dorset Police to work with the Disclosure and Barring Service (DBS) in relation to the disclosure of information for public protection purposes and I am also undertaking a Professional Doctorate in Criminal Justice at Portsmouth University. The focus of my research is to identify any barriers preventing perpetrators of abuse against vulnerable adults being prosecuted.

As you are probably aware media coverage into the mistreatment of people with learning difficulties at Winterbourne View and the neglect of residents at the Orchid View Care Home all highlighted the poor care provided to vulnerable adults in England. However with the exception of 11 care workers who were convicted of neglect or abuse at the Winterbourne View the number of prosecutions following an alert/referral to police remains low (NHS 2010).

Of particular interest is an understanding of complex investigations, risks relating to alerts and the social pressures practitioners experience with a view to recognising best practice.

My research will take the form of a participant observer to gain a deeper understanding of the role and decision making processes in making an alert to the local authority and a referral to the police. The structure of this aspect of the research is to record observations of decision making processes and risk analysis between those who make an alert, local team members and triage team members.

Everything that is discussed will remain anonymous and confidential and confidentiality will only be broken when an individual is in a situation of immediate harm or is being harmed and unable to protect themselves. There will be no requirement to refer to an individual because it is the overall process that is the subject of the research.

As a researcher collecting personal information I am therefore, in line with the Data Protection Act, responsible for ensuring that I adhere to the eight Data Protection principles therefore all information will be recorded in an excel document and stored on an encrypted laptop which will be stored securely in a locked cabinet, in a locked office.

Taking part is entirely voluntary so you do not have to agree to take part and if you do decide to take part you can change your mind at any time.
I do hope you will consider taking part in the research as your comments and practices as a practitioner will enable a comprehensive insight into alerts of harm/abuse/mistreatment and the apprehension of suspects.

If you do not want to take part in the research then please let Sarah know so that I am not allocated to spend time with you.

Thank- you.
## Appendix J

<table>
<thead>
<tr>
<th>Location</th>
<th>Source</th>
<th>Victim Group</th>
<th>Repeat Victim</th>
<th>Relationship of abuser</th>
<th>Alleged Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>care home</td>
<td>residential care staff</td>
<td>Dementia</td>
<td>Y</td>
<td>other VA</td>
<td>Physical</td>
</tr>
<tr>
<td>care home</td>
<td>residential care staff</td>
<td>Dementia</td>
<td>N</td>
<td>other VA</td>
<td>Physical</td>
</tr>
<tr>
<td>care home</td>
<td>residential care staff</td>
<td>Frailty</td>
<td>Y</td>
<td>other VA</td>
<td>Physical</td>
</tr>
<tr>
<td>care home</td>
<td>residential care staff</td>
<td>Frailty</td>
<td>N</td>
<td>other VA</td>
<td>Physical</td>
</tr>
<tr>
<td>day centre</td>
<td>social worker</td>
<td>Dementia</td>
<td>Y</td>
<td>other VA</td>
<td>Physical</td>
</tr>
<tr>
<td>care home</td>
<td>residential care staff</td>
<td>Dementia</td>
<td>Y</td>
<td>other VA</td>
<td>Physical</td>
</tr>
<tr>
<td>care home</td>
<td>residential care staff</td>
<td>Dementia</td>
<td>Y</td>
<td>other VA</td>
<td>Physical</td>
</tr>
<tr>
<td>supported</td>
<td>social worker</td>
<td>Learning</td>
<td>N</td>
<td>friend / neighbour</td>
<td>Psychological / emotional</td>
</tr>
<tr>
<td>accommodation</td>
<td>social worker</td>
<td>disability</td>
<td>N</td>
<td>partner</td>
<td>Neglect</td>
</tr>
<tr>
<td>mental health</td>
<td>nursing/healthcare staff</td>
<td>Mental Health</td>
<td>Y</td>
<td>healthcare worker</td>
<td>Neglect</td>
</tr>
<tr>
<td>inpatient</td>
<td>nursing/healthcare staff</td>
<td>Mental Health</td>
<td>Y</td>
<td>partner</td>
<td>Physical</td>
</tr>
<tr>
<td>own home</td>
<td>nursing/healthcare staff</td>
<td>Frailty</td>
<td>N</td>
<td>partner</td>
<td>Physical</td>
</tr>
<tr>
<td>care home</td>
<td>fire service</td>
<td>Frailty</td>
<td>N</td>
<td>family member</td>
<td>Neglect</td>
</tr>
<tr>
<td>own home</td>
<td>domiciliary staff</td>
<td>Dementia</td>
<td>Y</td>
<td>partner</td>
<td>Sexual</td>
</tr>
<tr>
<td>care home</td>
<td>family member</td>
<td>Frailty</td>
<td>Y</td>
<td>residential care staff</td>
<td>Neglect</td>
</tr>
<tr>
<td>own home</td>
<td>nursing/healthcare staff</td>
<td>Dementia</td>
<td>N</td>
<td>domiciliary carer</td>
<td>Neglect</td>
</tr>
<tr>
<td>own home</td>
<td>family member</td>
<td>Dementia</td>
<td>N</td>
<td>domiciliary carer</td>
<td>Neglect</td>
</tr>
<tr>
<td>supported</td>
<td>social worker</td>
<td>Physical</td>
<td>Y</td>
<td>other VA</td>
<td>Physical</td>
</tr>
<tr>
<td>accommodation</td>
<td>social worker</td>
<td>disability</td>
<td>Y</td>
<td>residential care staff</td>
<td>Neglect</td>
</tr>
<tr>
<td>care home</td>
<td>social worker</td>
<td>Physical</td>
<td>Y</td>
<td>staff</td>
<td>Neglect</td>
</tr>
<tr>
<td>own home</td>
<td>police</td>
<td>Physical</td>
<td>N</td>
<td>partner</td>
<td>Physical</td>
</tr>
</tbody>
</table>
Study Title:

The Barriers to Bringing Perpetrators of Abuse against Vulnerable Adults to Justice

Ref No:

Name of Researcher: Jacqueline Farquharson

Dear

I am undertaking a Professional Doctorate in Criminal Justice at Portsmouth University and the focus of my research is to identify the barriers preventing perpetrators of abuse against vulnerable adults being prosecuted. I am particularly interested in the professional pressures practitioners experience with a view to recognising best practice.

I am writing to invite you to take part in a semi structured interview which will focus on your professional knowledge and experience of working with vulnerable adults and the types of barriers you may have come across in your professional capacity.

Everything that is discussed in the interview will remain anonymous and confidential and confidentiality will only be broken where people are in situations of immediate harm or are being harmed and are unable to protect themselves. My research supervisor is Dr Jacki Tapley (jacki.tapley@port.ac.uk) and she will have access to the data collected.
Taking part in the interview is entirely voluntary so you do not have to agree to take part and if you do decide to take part, you can change your mind at any time. The interview will last about an hour to an hour and a half and I can come at a time convenient for you.

I do hope that you will consider taking part in the research as your comments and observations as a practitioner will enable a comprehensive insight into recognising abuse and/or harm.

If you would like any further information about the study, would like to talk to me about your participation or you decide you wish to take part please contact me at; icj70385@myport.ac.uk and leave a telephone number and time when you would like me to call.

Yours sincerely
Study Title:

The Barriers to Bringing Perpetrators of Abuse against Vulnerable Adults to Justice

Ref No:

Name of Researcher: Jacqueline Farquharson

Dear

I am undertaking a Professional Doctorate in Criminal Justice at Portsmouth University and the focus of my research is to identify the barriers preventing perpetrators of abuse against vulnerable adults being prosecuted. I am particularly interested in the professional pressures practitioners experience with a view to recognising best practice.

With the Chief Constable’s authority I am writing to invite you to take part in a semi-structured interview which will focus on your professional knowledge and experience of working with vulnerable adults and the types of barriers you may have come across in your professional capacity.

Everything that is discussed in the interview will remain anonymous and confidential and confidentiality will only be broken where people are in situations of immediate harm or are being harmed and are unable to protect themselves. My research supervisor is Dr Jacki Tapley (jacki.tapley@port.ac.uk) and she will have access to the data collected.
Taking part in the interview is entirely voluntary so you do not have to agree to take part and if you do decide to take part, you can change your mind at any time. The interview will last about an hour to an hour and a half and I can come at a time convenient for you.

I do hope that you will consider taking part in the research as your comments and observations as a practitioner will enable a comprehensive insight into recognising abuse and/or harm.

If you would like any further information about the study, would like to talk to me about your participation or you decide you wish to take part please contact me at; icj70385myport.ac.uk and leave a telephone number and time when you would like me to call.

Yours sincerely
Good morning,

You may recall I wrote to you last month and asked if you would be willing to take part in a piece of research into the barriers preventing Dorset police from prosecuting those individuals who abuse vulnerable adults.

Since I wrote to you Supt. Clowser has written to me confirming ‘this is a valuable piece of work that you are undertaking - it will add to our understanding of issues relating to vulnerable adults at risk’ and the PCC, Martyn Underhill, believes this ‘highlights some really useful stuff’. Therefore your contribution will be a significant part of my study.

To date I have not received a reply from you accepting or declining my invitation. Please be assured I am happy to attend your preferred place of work at a time convenient to you should you want to be involved in this project. Therefore could I ask that you let me know, either way, in order that I can proceed with the interviews.

Thank you for taking the time to read my correspondence.

Jackie Farquharson
Portsmouth University
INTERVIEW SCHEDULE

Introduction and consent
Introduce Self

Introduce the research: barriers to prosecuting suspects of abuse against vulnerable adults with a view to recognising best practice.

Clarify the content of the interview: what will be discussed

Explain confidentiality: everything discussed will remain anonymous and confidential in accordance with the Data protection Act. Confidentiality will only be broken when an individual is in a situation of immediate harm and is unable to protect themselves.

Participation is voluntary: participant can withdraw at any time either before during or after the interview

Explain recording and CD destroyed a year after the research report is published

Estimated length of time and breaks

Nature of the conversation

Interruptions: how they will be managed

Data Storage

Answer any questions

Provide post card confirming the above and obtain consent – confirm and capture on tape

Role
How long have you worked for Dorset Police?

What are your responsibilities?

How do you determine when an adult is vulnerable? What makes an adult vulnerable? What do you understand vulnerability to mean?

What training is currently available?

Given your experience how would you describe mistreatment as opposed to abuse?

Check if happy to continue or would like a break
Experience of Abuse

In your professional capacity what is the most common form of abuse/mistreatment you have come across?

Describe to me when an incident has been reported to the police and the subsequent action(s) taken.

What types of action are available to you, including taking no action?

What, if any, are your concerns when dealing with a report of abuse/mistreatment?

What, if any, are the barriers to taking action?

*Check if happy to continue or would like a break*

Advice and Support

Following an incident of adult abuse what encouragement and support do you receive from others or is available to you.

End Interview

Thank participant and close the interview,

Discuss something neutral

Advise that the researcher can be contacted to answer any questions they may have

Seek permission to re contact if necessary
Appendix O

Professional Doctorate in Criminal Justice (Dorim)

Ethics self-assessment form – Advanced Research Techniques Unit

Record of ethical considerations in planning your small scale research.
The information below should be supplied prior to commencement of the small scale research:

Student Name / Number: Jacqueline Farquharson / 407447

Date: 30.10.2013

Proposed research topic(s) (please print clearly):

The Barriers to Bringing Perpetrators of Abuse Against Vulnerable Adults to Justice

Background/preparation (student to complete as self-assessment)

1. Student has read the relevant section in the unit handbook (Part 3, Section 5)
   Yes [✓] No [ ]

2. Student has read the British Society of Criminology ethical guidelines (see www.bsso.org/ethics.htm)
   Yes [✓] No [ ]

3. Student has attended the taught research ethics session (campus only)
   Yes [✓] No [ ] Not applicable [ ]

4. Will the research involve the collection and analysis of primary or secondary data?
   Primary data Yes [✓] No [ ]
   Secondary data Yes [✓] No [ ]

If ‘no’ to both parts of Q4, outline any ethical issues that may arise in your research at the end of the questions below (e.g., potential considerations in taking a critical stand on a sensitive issue).

If ‘yes’ to either primary or secondary data collection, go on to answer ALL the following questions.

5. Does proposed research involve face-to-face contact with members of the community?
   Yes [✓] No [ ]

6. Is access to personal or confidential data sought?
   Yes [✓] No [ ]
7. Are you aware of the need to ensure anonymity and confidentiality of research participants?  
   Yes [✓]  No [ ]

8. Are there potential risks to you and/or research subjects in the research? (Specify which in the space provided)
   Physical: Yes [ ]  No [✓] ..............................................
   Psychological: Yes [✓]  No [ ] ..............................................
   Compromising situations: Yes [ ]  No [✓] ..............................................

9. Are there data protection issues?  
   Yes [✓]  No [ ]

10. Do you believe you need to deceive research subjects? (e.g. by not being clear about the purpose of your research)  
    Yes [ ]  No [✓]  

11. Is there any likely harm to participants involved in the research?  
    Yes [✓]  No [ ]

12. Is there any potential role conflict for you in the research?  
    Yes [✓]  No [ ]

13. Is participation in the research voluntary?  
    Yes [✓]  No [ ]

14. Have you considered how you are going to obtain informed consent from research participants?  
    Yes [✓]  No [ ]

15. Are there any other potential sources of ethical issues or conflict in the proposed research?  
    Yes [ ]  No [✓]  

16. If you are using secondary data, is the data available in the public domain?  
    Yes [✓]  No [ ]  Not using secondary data [ ]
If "no", please explain how you have access to the data and address in an ethical narrative

Any other ethical issues? (e.g. political considerations, sensitivity of the topic) Yes [ ] No [✓ ]

YOU MUST SUBMIT THIS FORM TO THE DcimJ ADMINISTRATOR (aem.treasu@port.ac.uk) WITH AN ETHICAL NARRATIVE WHICH EXPLAINS IN DETAIL HOW YOU INTEND TO ADDRESS THE ETHICAL ISSUES THAT YOU HAVE IDENTIFIED. YOU SHOULD ALSO SUBMIT, WHERE APPROPRIATE, ACCOMPANYING DOCUMENTATION SUCH AS DRAFT LETTERS OF INVITATION TO PARTICIPATE, ETC.

Signature of Student:................................................. Date:.................................................

Date sent for Ethical Review:..........................................................................................

Outcome of Ethical Review

Favourable outcome: fit to proceed to data collection

Yes [✓] No [ ]

Provisional favourable outcome: proceed to data collection if recommendations of ethical review are met. The implementation of recommendations must be overseen by supervisor.

Yes [ ] No [✓]

Unfavourable ethical review: Do NOT proceed to data collection, contact your supervisor and respond to the issues identified by the ethical review.

Yes [ ] No [✓]

Date of Ethical Review:..........................................................................................

Signature of ICJS Ethics Officer:..............................................................................
Jacqueline Farquharson  
Professional Doctorate Student  
Institute of Criminal Justice Studies  
University of Portsmouth

REC reference number: 13/14:04  
Please quote this number on all correspondence.

13th March 2014

Dear Jacqueline,

Full Title of Study: The Barriers to Bringing Perpetrators of Abuse Against Vulnerable Adults to Justice

Documents reviewed:  
Consent Form  
Interview Schedule  
Invitation Letter  
Participant Information Sheet  
Protocol

Further to our recent correspondence, this proposal was reviewed by The Research Ethics Committee of The Faculty of Humanities and Social Sciences. I am pleased to tell you that the proposal was awarded a favourable ethical opinion by the committee.

Kind regards,

FHSS PREC Chair  
David Carpenter

Members participating in the review:

- David Carpenter  
- Richard Hitchcock  
- Jane Winstone
Non-recorded crimes

<p>| Caution | Victim admitted making a false allegation and was issued with a caution for wasting police time |
| Caution | Male sending malicious communications to a vulnerable adult was given a caution |
| Decline to support | Vulnerable adult reports domestic abuse to her social worker but declines to support any action. |
| Decline to support | Vulnerable adult made a complaint of sexual touching to her social worker but refused to speak to the police. |
| Decline to support | Vulnerable adult made an allegation of sexual assault by her social worker but refused to engage with the police. |
| Decline to support | Vulnerable adult disclosed physical assaults by the partner, dealt with by single agency as vulnerable adult only disclosed to the social worker, although there was a history of domestic abuse. |
| Police decide not to prosecute | On the balance of probabilities a crime was not been committed by the mother financially abusing her alcoholic son. |
| Police decide not to prosecute | Vulnerable adult gave her carer a cheque, which was not cashed. The carer was dismissed by the care provision company for breach of code of conduct. |
| Police decide not to prosecute | Maladministration of power of attorney, unable to prove the attorney acted dishonestly. |
| Police decide not to prosecute | 4th alert in relation to bruising on a vulnerable adult in a care home, concerns were raised in relation to the conduct of the care home manager but there was insufficient evidence to prosecute. |</p>
<table>
<thead>
<tr>
<th><strong>Police decide not to prosecute</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical allegations of rape and torture by husband, there was no evidence and therefore no further police action could be taken.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Police decide not to prosecute</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A friend took a vulnerable adult to a solicitor to get the will changed; the solicitor did not oblige but referred the matter to the police, who referred the matter to the Dorset Safeguarding Adults team.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Police decide not to prosecute</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegation of physical abuse by staff in a care home, nothing to corroborate the allegation, denied by staff, no further police action taken.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Police decide not to prosecute</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegation of neglect in a care home, where some training issues were identified, no realistic chance of a successful prosecution, no further police action taken.</td>
</tr>
</tbody>
</table>
### Recorded Crimes where a suspected perpetrator was charged with an offence

<table>
<thead>
<tr>
<th><strong>Charged, theft from person</strong></th>
<th>Financial abuse of nephew with Power of Attorney</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charged, fraud by abuse of position</strong></td>
<td>Care worker made unauthorised transactions from the victim’s bank account in excess of £2,500.</td>
</tr>
<tr>
<td><strong>Charged, fraud by abuse of position</strong></td>
<td>Financial abuse by the carer</td>
</tr>
<tr>
<td><strong>Charged, theft from person</strong></td>
<td>Next door neighbour financially abused vulnerable adult of £25,000</td>
</tr>
<tr>
<td><strong>Charged, make false representation to make gain for self or another or cause loss to other.</strong></td>
<td>Son has spent £16,000 of his mother’s money.</td>
</tr>
<tr>
<td><strong>Charged – no evidence offered at court, dismissed</strong></td>
<td>Allegation of son physically and financially abusing his mother</td>
</tr>
</tbody>
</table>

### Recorded Crimes where a suspected perpetrator had admitted an offence and was given a caution

| **Caution, theft from dwelling** | Theft from Dwelling, partner of vulnerable adult removing cash from her purse |
| **Caution, sexual assault on female** | 20 year old female with mental health issues sexually assaulted |
| **Caution, Battery** | Vulnerable adult reported physical abuse by her boyfriend who is also a vulnerable adult due to learning difficulties |
| **Caution, Theft** | Financial abuse by daughter in law |
| **Caution, Sexual assault, intentionally touch female** | Vulnerable adult states her friend is sexually abusing her. Offender admitted touching her over clothing, knew it was wrong. |

### Recorded Crimes where the victim declined to support a police investigation

| **Decline to Support** | Allegation of historical sexual abuse when the vulnerable adult was 4/6 years of age. Complainant withdrew complaint; CPS advised no further action could be taken. |
| **Decline to Support** | Vulnerable adult working as a prostitute reported being raped |
| **Decline to Support** | Report of historical sexual abuse by brother and father. The vulnerable adult gave conflicting accounts and admitted to lying and did not want any further action taken. |
| **Decline to Support** | Vulnerable adult reported she had been assaulted by another vulnerable adult but did not wish to pursue the matter. The victim had some minor bruising to her left shoulder and it was felt by the investigating officer that the matter did not warrant a police investigation; rather the social worker could have dealt with the matter in terms of |
ongoing safeguarding issues. Police records confirmed a number of previous incidents in the same accommodation involving physical confrontations with others. 

<table>
<thead>
<tr>
<th><strong>Decline to Support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual assault by a vulnerable adult on a vulnerable adult. Perpetrator said it was consensual.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Decline to Support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult reported physical intimidation and bullying by another vulnerable adult but the complainant would not provide the police with details of the suspect</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Decline to Support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical allegation of sexual assault,</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Decline to support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate touching by a taxi driver. Victim decided they could not go through the investigation process.</td>
</tr>
</tbody>
</table>

**Recorded Crimes where a suspect had been identified but the case could not proceed to a prosecution**

<table>
<thead>
<tr>
<th><strong>Released without charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother has 6 children, reported rape and domestic abuse by her partner who also smokes drugs in the family home. Although there were some significant comments in a letter written by the perpetrator to the victim stating he will never attack her again there was no admission of rape. No witnesses, medical or forensic evidence therefore no realistic prospect of a conviction.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Released Without Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegation of sexual assault by a patient on a patient at St Ann’s’ hospital. Victim not willing to report to the police although some incriminating comments were evidenced in correspondence between the two. Insufficient evidence to pass the threshold test.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Released Without Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected physical abuse by a carer in a residential care home. The vulnerable adult is 93 years old and bruises easily. The first time bruising was mentioned by staff was 2 days after the suspect last worked there. The suspect had worked for the care home for 7 years and there were no previous complaints or allegations made against her. The care home manager thought the victim was a bit confused due to a urinary infection, no witnesses and no certainty when the bruises occurred.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Released without Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Whilst at St Ann’s’ hospital a vulnerable adult reported she was inappropriately touched by a member of staff. Evidence from hospital staff undermined the allegation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Released without Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer at supported accommodation for adults with severe learning difficulties suspected of assault. Vulnerable adult unable to express himself with coherence and provides different recollections in relation to the bruises. No witnesses, no evidence.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Released Without Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-consensual anal sex with partner on 2 occasions. Anal sex took place but was not stopped when asked for it to stop.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Released Without Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult with a neck injury found on the floor in her home. Victim too ill to be able to be interviewed but later stated she did not want to provide a statement. In addition she stated she could not remember being assaulted by her friend/neighbour who is an alcoholic. The victim is also a chronic alcoholic and has made similar allegations in the past. No corroborative evidence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Released Without Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult has Alzheimer’s and lacks capacity, £110,000 transferred by nephew</td>
</tr>
</tbody>
</table>
to his own account stating it was a gift. Unable to prove lack of capacity at the time, evidence gathered does not meet the threshold.

<table>
<thead>
<tr>
<th>Released Without Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegation that a taxi driver sexually assaulted a vulnerable adult, no supporting evidence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Released Without Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult reported being sexually assaulted on a bus, admitted to consenting to kissing and cuddling but not to sexual touching. Insufficient evidence for a realistic chance of conviction.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Released without Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult made a complaint of sexual abuse by the brother in law who denied it was sexual touching, it was accidental. Whilst on bail he had a heart attack and stroke with loss of speech.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Released without Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult alleges her partner has had non-consensual sex with her partner. Partner alleges consensual. Victims’ deterioration in mental health undermines her credibility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Released without Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual assault, no evidence no realistic prospect of a prosecution</td>
</tr>
</tbody>
</table>

Recorded Crimes where a suspect was interviewed but there was no further information or evidence to place the individual on bail and investigate further

<table>
<thead>
<tr>
<th>Subject of a Non-Custodial Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse by husband, a plan was put in place for him to work with social services to ensure the vulnerable adult is cared for.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject of a Non-Custodial Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult alleges another vulnerable adult in supported accommodation raped her. In interview the suspect stated that sex was consensual.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject of a non-custodial interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult reported she helped someone who sexually abused her as a child to murder and bury a neighbour. No evidence of sexual offences or body being buried</td>
</tr>
</tbody>
</table>

Recorded Crimes where concerns were raised but there was no evidence that abuse had taken place

<table>
<thead>
<tr>
<th>Undetected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult informed her GP that her father had punched and spat at her, she previously made a disclosure of historical abuse by her cousin and uncle, she was not prepared to speak to the police as her father, uncle and cousin were all connected to her mother business.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Undetected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report of a daughter banging her mother’s head whilst washing her hair in the care home. Vulnerable adult did not wish to make a complaint, witness confirmed incident had taken place. Daughter to have supervised contact with her mother, however mother no longer wanted contact with her daughter.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Undetected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult in a nursing home received a swollen lip as a result of trying to force feed another resident against his will. Both suffer from dementia, no criminal intent.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Undetected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult...</td>
</tr>
<tr>
<td>Date: 145</td>
</tr>
<tr>
<td>---</td>
</tr>
</tbody>
</table>

- **Vulnerable adult disclosing historical abuse when at school, male responsible has died.**

<table>
<thead>
<tr>
<th>Undetected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable adult reported her son physically and emotionally abuses her, admitted to being ‘pushed about’ and would not confirm the bruise on her face was caused by her son. Alleged that her son also takes money out of her purse but would not support any formal police prosecution against him as she does not want to get him into trouble. MARAC meeting requested.</td>
</tr>
</tbody>
</table>

- **Undetected**

  | Daughter claims money has gone missing from her 94 year old mother’s purse. The victim lives in a care home where 2 other incidents of money going missing were reported to the manager but not the police. Thefts stopped once police became involved. |

- **Undetected**

  | Assault on a vulnerable adult who does not want any police action as the offender has paid for some new glasses following the old glasses being broken during the assault. |

- **Undetected**

  | Allegation of theft from three residents of a nursing home over a number of months. There are no witnesses or CCTV. No further incidents following police involvement |

- **Undetected**

  | Theft of money from a handbag in a care home. Manager of the care home stated that theft in these circumstances is not something they would become involved in investigating. His team offer assistance in circumstances of physical or emotional abuse towards vulnerable persons and as such they will not be investigating this or linked crimes! |

- **Undetected**

  | Vulnerable adult reported to the social worker that she had experienced 30 years of domestic violence and emotional abuse, his mood had improved recently so she did not want to speak to the police |

- **Undetected**

  | Report of financial abuse, theft of £25,000, by the son, mother did not want police involvement |

- **Undetected**

  | Vulnerable adult reported money missing from his home. Reclassified to dwelling burglary as there is no evidence to suggest it was taken by someone with legitimate access and as the door may have been left open on the balance of probabilities it is more likely it was taken by a trespasser, |

- **Undetected**

  | Carer suspected of taking cash from the vulnerable adults purse. There is no evidence and the complainant states she is too frail and distressed to support a prosecution, |

- **Undetected**

  | Social worker believes the vulnerable adults’ cleaners are grooming him and that money is being taken on a regular basis. No evidence |

- **Undetected**

  | Case conference for safeguarding plan to protect a vulnerable adult from her daughter following allegations of domestic violence. MARAC arranged. |

- **Undetected**

  | Case conference as vulnerable adult being financially abused by the carer. The victim was keen to tell officers how she recently bought a new Hoover for £50 but only the box and a nozzle were located. Day centre staff had been asked if a carer can be left a property and if her carer had power of attorney. Social worker stated that as the victim has capacity it is up her if she wishes to pay the carer generously and as she attends a day centre there is a statutory body keeping an eye on her! |

- **Undetected**

<p>| Vulnerable adult sexually assaulted another vulnerable adult. As the complainant did |</p>
<table>
<thead>
<tr>
<th>Undetected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault on a vulnerable adult by the carer who was charged but discontinued due to issues around witness intimidation, case withdrawn by the CPS</td>
</tr>
<tr>
<td>Vulnerable adult is an alcoholic and reported being raped by a male she was drinking with. Allegation denied no forensic evidence to support the allegation.</td>
</tr>
<tr>
<td>Vulnerable adult of domestic and sexual abuse reported theft of bike</td>
</tr>
<tr>
<td>Undetected</td>
</tr>
<tr>
<td>Vulnerable adult approached by a builder who stated she needed some work carried out. No work carried out but gave the builder £10. This crime relates to fraud whereby a 92 year old lone female has been targeted for the 3rd time by offenders. On this occasion she was told he needed to do her roof and it would cost £200, but she got confused and gave him only £10. When adult safeguarding were advised of the incident they asked why the police were involving them?</td>
</tr>
<tr>
<td>Undetected</td>
</tr>
<tr>
<td>Vulnerable adult is an alcoholic and called the paramedics to report being raped, would not provide details of the suspect</td>
</tr>
<tr>
<td>Undetected</td>
</tr>
<tr>
<td>Vulnerable adult admitted to care home for respite care had a black eye. This referral is very similar to previous referrals regarding the same couple and allegations of domestic abuse. Believed by the investigating officer to be 'carers stress' resulting in domestic abuse rather than any premeditated domestic violence. The victim's mental health is causing her to be violent and her husband, whilst not managing her violent behaviour, reacts to her outbursts. Although evidence exists the decision was taken not to take any further action as it would not be in either the victims' or the public interest.</td>
</tr>
<tr>
<td>Undetected</td>
</tr>
<tr>
<td>Report of theft of money from a purse in a safe at a care home. Unable to prove who had taken the money.</td>
</tr>
<tr>
<td>Undetected</td>
</tr>
<tr>
<td>Victim of domestic violence in a refuge, suspect was cautioned</td>
</tr>
<tr>
<td>Undetected</td>
</tr>
<tr>
<td>Case conference as a vulnerable adult is assaulting members of the public. The perpetrator, who has Down's Syndrome, is known for numerous assault offences in Poole.</td>
</tr>
<tr>
<td>Undetected</td>
</tr>
<tr>
<td>Historical allegation of sexual abuse, both suspects were interviewed and gave compelling accounts that the incident did not happen and examples of the victim lying. Insufficient evidence that an offence took place</td>
</tr>
<tr>
<td>Undetected</td>
</tr>
<tr>
<td>Allegation of financial abuse by a couple who attend the same social club as the victim, who did not wish for the police to be involved as due to her religious beliefs the offenders would be judged by a higher judge. Concern raised the offenders were targeting others.</td>
</tr>
<tr>
<td>Undetected</td>
</tr>
<tr>
<td>Historical sexual abuse case, complainant presented as a confused witness with conflicting accounts</td>
</tr>
<tr>
<td>Undetected</td>
</tr>
<tr>
<td>Vulnerable adult sexually assaulted another vulnerable adult. As the complainant did not want to pursue the matter it was difficult to prove intent due to mental health</td>
</tr>
</tbody>
</table>
Therefore unable to meet the threshold test for a prosecution

Undetected
Theft of money from a handbag in a care home

Recorded Crimes where there was no evidence that a crime had been committed but a safeguarding concern was raised with the local authority safeguarding team.

Single Agency Referral
Daughter suspected of physical abuse on mother who had a black eye in April. As threats were made that she would not get to see her grandchildren the vulnerable adult would not make a complaint.

Single Agency Referral
2 vulnerable adults assaulting one another in supported accommodation. Staff in the home, in the opinion of the police officer, need to consider whether or not they have the capacity to manage the aggressor as there are numerous reported incidents of assaults.

Single Agency Referral
Sexual assault by one vulnerable adult on another vulnerable adult in a care home. The victim cannot remember the event due to her dementia. The perpetrator was clearly making inappropriate remarks to residents and staff which brings into question the ability of the care home to manage the perpetrator's behaviour. The event took place when there was a shortage of staff.

Single Agency Referral
A domiciliary carer reported the husband slap his wife in the face and on the arm and call her a bitch when refusing her medication. The victim has dementia and it was believed the perpetrator was suffering from carer's frustration.

Single Agency Referral
Vulnerable adult reported physical abuse by staff members in a day centre. This is a training issue for the member of staff whose 'hands on' behaviour and language towards service users is inappropriate which had previously been brought to the attention of the care home manager. Indeed one carer has had four written warnings since 1994; all were dealt with by different managers. Dealt with as an internal discipline issue as allegation downgraded to rough handling.

Single Agency Referral
Vulnerable adult living in a tent which was set alight with a knife held to her throat by the perpetrator looking for money. There are 7 previous safeguarding referrals for the victim who has a history of alcohol abuse. She did not wish to make a formal complaint.

Single Agency Referral
Allegation of physical assault/shaking by the carer in a day centre. The incident was witnessed and on the balance of probabilities an assault had taken place. 'I have decided that this is not a matter that the police need to become involved with. Although technically an assault has occurred in the physical shaking of the victim and raised words used, I feel that this can be dealt with as an internal disciplinary matter. The suspect is not known to the police' (Safeguarding Adult Sergeant).
Crime recording anomalies

<table>
<thead>
<tr>
<th><strong>No further police action taken</strong> following a report of financial abuse by a rogue trader, to carry out jobs at an over inflated price. The victim said she had no concerns and therefore there was unrealistic chance of a successful prosecution.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Police bail</strong> for the victim’s partner for domestic abuse, the victim is vulnerable due to drugs and alcohol and would not support an investigation</td>
</tr>
<tr>
<td><strong>Recorded in Error</strong> when a carer admitted to police he had historically sexually assaulted vulnerable adults in his care. All the victims are now deceased and the Crown prosecution Service confirmed without corroborative evidence they would not pursue a prosecution</td>
</tr>
<tr>
<td><strong>Home Office clear up</strong> code used in relation to the assisted suicide of two vulnerable adults by leaving the gas turned on.</td>
</tr>
</tbody>
</table>
### Appendix R

#### Victim Group

<table>
<thead>
<tr>
<th>Victim Group</th>
<th>Source of Alert</th>
<th>Alert Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>Residential care staff</td>
<td>62</td>
</tr>
<tr>
<td>Frailty</td>
<td>Nursing/healthcare staff</td>
<td>50</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>Social workers</td>
<td>37</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>Family member or partner</td>
<td>27</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Domiciliary staff</td>
<td>23</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>Care Quality Commission</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Police</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Friend/neighbor</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Day care staff</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Ambulance/paramedics</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Fire and Rescue services</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Perpetrator

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Source of Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>44</td>
</tr>
<tr>
<td>VA on VA</td>
<td>36</td>
</tr>
<tr>
<td>Family member or partner</td>
<td>24</td>
</tr>
<tr>
<td>Friend or neighbour</td>
<td>11</td>
</tr>
</tbody>
</table>

#### Location – Care Home, Offence

<table>
<thead>
<tr>
<th>Location – Care Home, Offence</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>40</td>
</tr>
<tr>
<td>Institutional</td>
<td>22</td>
</tr>
<tr>
<td>Neglect</td>
<td>18</td>
</tr>
<tr>
<td>Financial</td>
<td>14</td>
</tr>
<tr>
<td>Psychological/emotional</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Source of Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>44</td>
</tr>
<tr>
<td>VA on VA</td>
<td>36</td>
</tr>
<tr>
<td>Family member or partner</td>
<td>24</td>
</tr>
<tr>
<td>Friend or neighbour</td>
<td>11</td>
</tr>
</tbody>
</table>

#### Location – Own Home, Offence

<table>
<thead>
<tr>
<th>Location – Own Home, Offence</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>20</td>
</tr>
<tr>
<td>Physical</td>
<td>17</td>
</tr>
<tr>
<td>Financial</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Source of Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member or partner</td>
<td>29</td>
</tr>
<tr>
<td>Care staff</td>
<td>27</td>
</tr>
<tr>
<td>Friend or Neighbour</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix S

Adults at Risk of Harm or Abuse

Referred to the police

- Determine which is the most appropriate department to undertake the investigation
- Victim is interviewed in the presence of an appropriately trained social work investigator
- Investigation is undertaken until the crime is finalised

Local Authority Safeguarding Adults Team

- Section 42 Applies
- Safeguarding does not meet threshold

Reasonable cause to suspect that an adult is at risk of harm/abuse

- Establish the facts
- Ascertain the adult’s views and wishes AND
- Assess the need of the adult for safeguarding purposes

Consider what advice or action is required and who will do what

- Timescales agreed

- Outcomes achieved
- Review care plan
- Feedback to relevant people

- Pass to advanced practitioner for a strategy discussion

- Undertake the investigation
- Create safeguarding adult plan

- Consider what action is required, by whom and timescales established
- Review safeguarding plan

- Report criminal activity to the police
- Arrange case conference

Triage Process
REFERENCES


Association of Directors of Social Services (2013). Safeguarding Adults; Advice and Guidance to Directors of Adult Social Services. London: Association of Directors of Social Services


British Medical Association Board of Science (2014) *Domestic abuse* London: BMA Professional Policy Division and the Board of Science


Community Care (2017). Obstacles to choice and control in residential services for people with learning disabilities Retrieved from http://www.communitycare.co.uk


London: Department of Health

London: Home Office


Dorset Safeguarding Adults Board (2013). Serious *case review in respect of female adult JT. Died May 2012.* Dorchester: Dorset County Council


Lupton, C. & Croft-White, C (2013). Respect and protect the experience of older people and staff in care homes and hospitals. London: Comic Relief


McKeough, C. and Knell-Taylor, E. (2002). Protecting vulnerable adults where they may be both victim and perpetrator. *Journal of Adult Protection* 4(4), 10-17


working in adult protection in England and Wales. *Journal of Adult Protection* 10(4), 12-24


Walford, M., Kaye, A. & Collins, M. (2014) Study of staff who have been alleged perpetrators in adult protection cases. *Journal of Adult Protection 16*(2), 120-128


West Midlands Adult Safeguarding (2015, April, 1). *Multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands.* Unpublished internal document West Midlands Safeguarding Editorial Group

West Sussex Adults Safeguarding Board (2014). *Orchid View Serious Case Review.* Sussex: West Sussex Adults Safeguarding Board


<table>
<thead>
<tr>
<th>Postgraduate Research Student (PGRS) Information</th>
<th>Student ID: 407447</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGRS Name: Jacqueline Farquharson</td>
<td></td>
</tr>
<tr>
<td>Department: ICJS</td>
<td></td>
</tr>
<tr>
<td>First Supervisor: Dr Jacki Tippley</td>
<td></td>
</tr>
<tr>
<td>Start Date: November 2013</td>
<td></td>
</tr>
<tr>
<td>Study Mode and Route:</td>
<td></td>
</tr>
<tr>
<td>Part-time ✗</td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td></td>
</tr>
<tr>
<td>MPhil</td>
<td></td>
</tr>
<tr>
<td>PhD</td>
<td></td>
</tr>
<tr>
<td>MD</td>
<td></td>
</tr>
<tr>
<td>Professional Doctorate ✗</td>
<td></td>
</tr>
</tbody>
</table>

**Title of Thesis:** Vulnerable Adult Abuse: Exploring the tensions between a welfare approach and criminal justice outcomes

**Thesis Word Count:** 47,997 (excluding ancillary data)

---

**UKRIO Finished Research Checklist:**

- a) Have all of your research and findings been reported accurately, honesty and within a reasonable time frame? [ ] YES [ ] NO
- b) Have all contributions to knowledge been acknowledged? [ ] YES [ ] NO
- c) Have you complied with all agreements relating to intellectual property, publication and authorship? [ ] YES [ ] NO
- d) Has your research data been retained in a secure and accessible form and will it remain so for the required duration? [ ] YES [ ] NO
- e) Does your research comply with all legal, ethical, and contractual requirements? [ ] YES [ ] NO

**Candidate Statement:**

I have considered the ethical dimensions of the above named research project, and have successfully obtained the necessary ethical approval(s)

Ethical review number(s) from Faculty Ethics Committee (or from NRES/SCREC): 13/14/4

If you have not submitted your work for ethical review, and/or you have answered ‘No’ to one or more of questions a) to e), please explain below why this is so:

---

UPR16 – August 2015

JA Farquharson 15.04.2019