



Carers and Domestic Abuse - the elephant in the room?

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Abstract

This practice paper highlights some of the shortfalls around identifying the needs of carer victims/survivors of domestic abuse and carer-perpetrators of domestic abuse and recommends ways in which identification and support could be improved.

There is a lack of identification of carers who are perpetrating domestic abuse and also of carers who are victims of an abuser, this is due to a paucity of research into these issues and inadequate national guidance and policy to identify perpetrators and victims in caring relationships.

Recommendations are made on how implications for practice could be addressed by increasing data collection and upskilling professionals, alongside changes to national guidance.

This paper identifies gaps in policy focusing on identifying and addressing the needs of carers who are abused by the people they provide care for through domestic violence and protecting those who are abused by family carers.

Keywords: word; domestic abuse, carers, adult safeguarding

Introduction

The issue of carers as victims and perpetrators of domestic abuse is being overlooked by statutory organisations, perhaps because they often don't fit the traditional patterns of abusive relationships and the complexities of the caring role can make standard safety interventions unsuitable. However, caring responsibilities feature in an increasing number of domestic homicide reviews. Current statutory safeguarding options exclude most carers from support and therefore risk not identifying carer victims or perpetrators.

The UK Government defines a carer as 'someone who helps another person, usually a

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3 relative or friend, in their day-to-day life.’ UK Government (2014). Carers UK state that
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5 1 in 8 people in the UK are carers (or 6.5 million people), which increased to 1 in 4 over
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7 the Covid-19 pandemic *State of Caring 2021 report*, Carers UK (2021).

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10 Refuge, a national charity supporting victims of domestic abuse, estimate that 1 in 4
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12 women and 1 in 6 men will experience domestic abuse in their lifetime, Refuge (2022).

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14 Given the prevalence of both populations, an overlap in individuals fitting these criteria
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16 mean that it is highly likely that some carers will experience domestic abuse.

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21 Domestic Abuse is defined under the *Domestic Abuse Act 2021*, UK Government
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23 (2021) as behaviour consisting of any of the following: physical or sexual abuse; violent
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25 or threatening behaviour; controlling or coercive behaviour; economic abuse or
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27 psychological, emotional, or other abuse, between persons that are ‘personally
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29 connected’. The definition of personally connected includes partners, ex-partners and
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31 relatives.
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37 Taking on a caring role for a family member is often not a planned choice. People can
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39 become unwell unexpectedly and sometimes over a longer gradual process, and societal
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41 norms suggest that we have a responsibility to care for immediate family. Long-held
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43 misconceptions about ‘going into a home’, alongside the costs of seeking formal
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45 support, can play a large part in people taking on a caring role whilst others may feel
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47 that it is their ‘duty’ to care for a parent as they were cared for as a child.

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49 Carers Trust say that many carers do not identify as such; rather they see themselves as
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51 wife, husband, child, parent or family member and wouldn’t use the term ‘carer’ to
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53 describe themselves. Additionally, some may be reluctant to identify as a carer fearing
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55 that this could have negative reactions, particularly from employers.
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3 In parallel, victims of domestic abuse do not always recognise their experiences as
4 abusive, Safe Lives (2022). Support organisations for both domestic abuse
5 victims/survivors and carers have led campaigns themed around recognition, with
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7 under-reporting of domestic abuse and under identification of unpaid carers raised as an
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9 issue by both sectors.
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17 **Carers as victims of domestic abuse**

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19 Carers are at risk of controlling behaviours from the person they care for, such as being
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21 restricted on having time away, being required to report their movements and becoming
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23 socially isolated.
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26 Domestic abuse survivors often report feeling worried that no one will believe them if
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28 they speak out about what is happening. If the person exhibiting abusive behaviour has
29
30 physical care needs, this could make a carer victim of abuse even less likely to hope for
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32 support. Fear of disclosure can extend to other anxieties such as disclosing to other
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34 family members as well as fears about reporting to professionals.
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37 In a study of female carers' experiences of abuse by older people for whom they care
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39 *Isham et al, Female family carers' experiences of violent, abusive or harmful behaviour by the*
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41 *older person for whom they care (2020)* carers were sensitive to anticipatory stigma and
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43 loss of moral autonomy, resulting in self-censure of what they shared. Moreover, carers
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45 had limited linguistic and conceptual resources to explain the emotional and social
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47 aspects of the harm they experienced, exacerbated by implicit social norms about the
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49 'private' and gendered nature of familial care.
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53 If the abusive behaviours are, or appear to be, a result of the cared-for person having an
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55 illness, then the carer can be even more reluctant to seek support and feel guilty about
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57 doing so as they think the person is not to blame for their behaviour.
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3 However, it should not be assumed that abusive behaviours are due to illness – recent
4 guidance around Domestic Abuse and Dementia Dewis Choice Project, *Domestic Abuse*
5 *and Dementia (2022)* examines the relationship between the two and emphasises the
6 importance of looking at the longer-term history and pattern of abuse rather than
7 assuming that illnesses such as dementia are the cause of abusive behaviours.
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17 **Carers as perpetrators of domestic abuse**

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19 Being a carer can give somebody complete control over another person's day to day
20 activities and resources. Caring can include taking over tasks such as managing
21 finances or medication if the cared for person is unable to do these themselves, as well
22 as carrying out personal care including practical support and management of
23 incontinence. A carer who supports somebody who relies on them for everyday tasks is
24 also in a position of power – and assuming power and control are the precursors for
25 domestic abuse.
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36 The nature of providing care will often bring the carer into close personal contact with
37 the person they are caring for and such physical proximity could provide opportunities
38 for physically abusive behaviours directed at the carer, or vice versa.
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45 Research by Ernst *Older adults neglected by their caregivers (2019)* on a small sample of
46 adult protection cases found that withholding or refusing medical care was the most
47 common type of neglect perpetrated by family carers. Ismail *et al (2017)* investigated
48 the potential of direct payments increasing the risk of abuse and found that, whilst the
49 majority of abuse was perpetrated by home care staff, the number of allegations where
50 the main carer (e.g., family member, friends) was reported to be the abuser was
51 relatively high across the nation, with a mean of 721 referrals per local council.
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3 Thus, it appears that the issue of abuse by family carers is known to be an issue amongst
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5 some both professionals and researchers but, given that there are less published papers
6
7 on abuse by carers, more work needs to be done to elevate the issue.
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10 11 12 **Known data**

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14 In terms of evidential data collation, carer surveys do not usually ask about domestic
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16 abuse. *The Survey of Adult Carers*, NHS Digital (2021/22) includes a question about
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18 safety but goes on to clarify that the question refers to ‘attacks or physical harm’ – thus
19
20 discounting the other types of domestic abuse. The Carers UK 2022 State of Caring
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22 Survey does not ask about abuse or safeguarding.
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29 The Home Office (March 2022) state that in 8% of the Domestic Homicide Reviews
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31 analysed, the victims were carers and in just over half of these, the perpetrator was the
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33 person being cared for. None of these carers had had a carer’s assessment. Key themes
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35 from the analysis include the need to improve carers’ assessments which may facilitate
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37 the professional conducting the assessment identifying abuse, or the risk of abuse.
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41 Bracewell et al, *Beyond intimate partner relationships: utilising domestic homicide*
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43 *reviews to prevent adult family domestic homicide* (2021), identified five interlinked
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45 precursors to adult family homicide; theme five of these is Dynamics of Care. Analysis
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47 of 66 Domestic Homicide Reviews found that caring relationships featured in a small
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49 number of the cases with roughly an even split between the victim being a carer and the
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51 perpetrator being a carer. Mental health problems featured prominently in abusers who
52
53 were being cared for by their victims, along with a lack of professional curiosity or
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55 enquiries into the possibilities of abuse in those caring relationships. The research
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57 questions the lack of oversight into suitability of a family member to take on a caring
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3 role and concludes that the role and status of carers of those with mental or physical
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5 illness is a key issue which needs to be reviewed.
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10 A perhaps oft forgotten source of information is from practitioner experience. Isham *et*
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12 *al* concluded in their research that carer harm is something that practitioners have
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14 knowledge through experiences of working with victims but there are practical and
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16 ethical challenges in knowing when to investigate and question abuse issues with
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18 families.
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23 **Policy and guidance**

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25 Guidance for professionals working with carers or domestic abuse victims or
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27 perpetrators also rarely covers the issue. The current NICE Guidelines on *Supporting*
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29 *Adult Carers*, NICE (2020) include a section on providing emotional support to carers
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31 but there is no mention of domestic abuse at all. The new *Domestic Abuse Statutory*
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33 *Guidance*, UK Home Office (July 2022) includes reference to carers as potential
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35 abusers of people with disabilities and potential victims in terms of Child to Parent
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37 Abuse. The only apparent reference to carers as victims is by mention of the statutory
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39 duties under the Care Act 2014 for local authorities to undertake (where applicable) a
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41 carer's needs assessment. Thus, those carers at risk as victims of domestic abuse seems
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43 to have been largely overlooked by the new guidance.
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51 Many professionals are of the view that Adult Safeguarding statutory duties would be
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53 the route to signpost carers for support. The Adult at Risk criteria under the *Care Act*
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55 *2014*, UK Government (2014) states that the person must have care and support needs to
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57 meet the threshold (whether they are being met by the state or not). The majority of
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3 carers will not have care and support needs in their own right, and those that do are
4 likely to have less needs than the person for whom they are they are caring. This then
5 means that most carers who are experiencing domestic abuse will not meet the
6 thresholds for Adult Safeguarding support.
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14 Specialist Domestic Abuse services may not be equipped to support carers who are
15 experiencing domestic abuse either. It should not be assumed that a carer will want to
16 follow the criminal justice route for domestic abuse for a number of reasons: they may
17 not actually want to stop their caring role but want the abuse to stop; they may fear that
18 speaking out about abuse will make it look like they can't cope with their caring role,
19 and they could fear the consequences for the abuser if they call the police. None fit the
20 common modus operandi for domestic violence services that the desired outcome is to
21 be an end to the relationship. The trajectory of abuse is not as easily recognised where
22 care needs are involved as it is in some cases of intimate partner violence and the
23 potential solutions to end the abuse are not so straightforward. Moreover, traditional
24 interventions such as refuge accommodation is rarely suitable for older people and
25 people with care and support needs.
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44 Adult Social Care tends to focus on the needs of the cared for person as the priority and
45 older people remaining in their own homes as long as possible has shown some benefits
46 including better physical safety and mental wellbeing, Live in Care Hub, Better At
47 Home (2021).
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56 Whilst local authorities have a statutory duty to offer carers' an assessment to assess
57 their own needs, wellbeing and desired outcomes, there are a number of reasons why
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3 these are not offered or taken up including professional failure to identify carers, carers
4 not self-identifying and fear that such an assessment might expose them as being
5 inadequate to provide care. The Care Act 2014 states that carers assessments must be
6 offered but does not mention abuse of carers. The Act says that a refused carers
7 assessment should be carried out regardless where there is suspicion of abuse of the
8 'adult' (cared for person) but not of the carer.
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19 The whole subject of carers abusing the person for whom they are caring has been
20 hitherto unpalatable. Whilst caring is seen as an altruistic act, it can put the carer in a
21 position of power and control over the person for whom they are caring, risking
22 potential exploitation or abuse in a range of acts or omissions from refusing toileting
23 support when needed to deliberate physical harm. Society readily accepts ideas of
24 'older people bruising easily' such that physical abuse can easily be disguised as
25 accidental, and professionals are often all too ready to believe such explanations without
26 question. Economic abuse by carers who have access to the person's money and ability
27 to pressure them into signing assets over to them, sometimes as a 'payment' for the care
28 they are providing, can also be easy to hide. Carers who are abusive can deliberately
29 make it hard for professionals, family or friends to talk to the cared for person alone,
30 using excuses like 'He needs me to help you understand him' or 'She gets anxious when
31 I'm not in the room'. People who are being abused by a carer are usually fearful of
32 disclosing the abuse for fear of the consequences, such as: will they have to leave their
33 own home and go into a residential home? Will they have to have agency carers who
34 will be strangers? Will it cause a rift in the family? Will anyone believe them or blame
35 them?
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Conclusion

It is clear that carers as either victims or perpetrators of domestic abuse is a neglected issue that requires more research attention and Adult Social Care, NHS, Carer Support Organisations and Domestic Abuse specialists need to work together to explore these issues and offer workable assessment and intervention options.

The following recommendations are made:

- National and local carer surveys should be asking about experiences of domestic abuse to build up statistical evidence, whilst appreciating the sensitivities of the issue and offering alternative ways to share such information
- Carer's assessments should cover issues of abuse and safeguarding in relation to the individual's caring role and practitioner training in asking these questions should be mandatory
- UK Government and Statutory authorities should work with domestic abuse specialists to develop robust national and local safety solutions to carer victim/survivors of domestic abuse that fully take into consideration the complexities of the caring role.
- Further UK research into carers as perpetrators of domestic abuse is needed to boost understanding of the issue and initiate national conversations on their identification and helpful interventions.

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