

7-MINUTE BRIEFING – Learning from Domestic Abuse

Background:

This briefing summarises the key learning from a Review carried out by the BSAB. The review was in relation to case where there was domestic abuse identified between an older adult in their 90’s who was cared for by their Family member who was in their 60’s. They both lived in the same house and many professionals were involved including paid carers. The review identified that whilst the Older adult was experiencing domestic abuse the carer was also experiencing domestic abuse. There were several learning points identified which are shown on the rest of this briefing.

Understanding Familial Relationship:

It was evident that practitioners from different agencies had different perceptions about the relationship between the carer and cared for which was often referred to as difficult, strained or volatile and they were known to argue fiercely. Practitioners need to have a robust knowledge of safeguarding and domestic abuse and employ professional curiosity. Determining whether harm is intentional or non-intentional, needs to be understood from the perspective of its impact upon the individual who is cared-for and the potential for coercive control always needs to be considered. Practitioners need consider safeguarding referrals in all cases of harm, irrespective of whether they consider it to be intentional or unintentional harm. Intentional or non-intentional abuse needs to be understood by practitioners whilst considering coercive controlling behaviour.

Making Safeguarding Personal in the context of Domestic Abuse:

Practitioners need to consider how abuse and coercive control may be impacting upon a person’s ability to make decisions and judgements freely, unfettered by fear, coercion, manipulation and undue influence. A judgement that a victim is free to make ‘unwise decisions’ should not be made until coercive control has been considered. **Individuals** experiencing domestic abuse may be isolated from other friends or family and it is important to look beyond the abuser for import social networks. **Where** an individual is seen to be making unwise decisions, practitioners need to persevere to establish a relationship of trust and, in partnership with the individual, seek to minimise the impact of decisions that may be risky. **Practitioners need** to be thinking laterally and asking, ‘Could things be done in a different way, which might reduce the risks?’

Carer Stress:

The review identified that the carer was under stress. **A carer** has a right to their own support requirements being assessed and responded to under the Care Act 2014. The effectiveness of a **carer’s assessment** relies upon an assessment of the carer’s needs in their own right and not merely in relation to the care outcomes for the person cared for. **Enabling carers assessments** to take place and be updated should be routine practice for all agencies. **Practitioners need** to be alert to ‘the rule of optimism’ and ensure that there is evidence to support their confidence in a carer.

Older People Experience of Abuse:

Older people face particular barriers to understanding their experiences as domestic abuse and in help-seeking. Practitioners need to be aware of and mitigate the diverse ways in which older women’s abuse may be compounded including through dependency upon carers, isolation and the trauma where abuse comes from their own child.

The Cost of Care

Practitioners need to ensure that the people are aware of the cost of care in particular that the family home is potentially exempt from financial assessment if the carer is living in the same home.

Assessing Claims of Bi Directional Domestic Abuse:

Victims of abuse do not always fit the stereotypical idea of a victim. They may be aggressive themselves and mislead professionals. Practitioners should always be exploring the context, motivations and impact of behaviour in order to identify the primary perpetrator of abuse and respond effectively. **Where practitioners** have concerns about potential risks to a carer, a referral should be made to Adult Social Care. If the carer does not appear to have care and support needs themselves, then this should be through a referral for a carer’s assessment.

Indicators of Domestic Abuse:

Assault which come to the attention of agencies are rarely isolated incidents and practitioners need to be professionally curious about underlying abuse and coercive control. [NICE Quality Standard 116](#) provides a useful list of indicators of potential domestic abuse when these indicators are present practitioners should routinely and safely enquire about domestic abuse, irrespective of whether other plausible explanations

Minimisation of Abuse

Individuals experiencing domestic abuse will often minimise their experiences. Although false accusations are rare, judgements about minimisation and false accusation needs to be considered alongside the balance of other evidence that exists

