



Unpaid Carers and Domestic Abuse - Briefing sheet for professionals

Introduction

A carer is defined under the [Care and Support Statutory Guidance \(2023\)](#) as 'someone who helps another person, usually a relative or friend, in their day-to-day life.'

It is estimated that 1 in 5 people in the UK are unpaid carers (Carers UK 2022). It is also estimated that 1 in 5 people in the UK have experienced domestic abuse since the age of 16 (Crime Survey for England and Wales, 2022) so there must be some overlap.

Thematic analysis of Domestic Homicide Reviews by the Home Office shows that for the twelve months from October 2021 to the end of September 2022, 11% of victims in the 108 Domestic Homicide Reviews submitted to the Home Office were identified as carers. In the previous report covering the twelve months from October 2020 to September 2021, carers accounted for ten perpetrators in the Domestic Homicide Reviews submitted to the Home Office.

Local Domestic Homicide Reviews involving a caring relationship include:

- Man in his 80s, suicide – carer for wife
- Woman killed by son who was her carer
- Man in his 80s, suicide – carer for wife
- Man killed by son who he was carer for
- Woman killed by her husband, she was his carer following a brain injury
- Woman with disabilities killed by her partner who was her carer

This guidance is aimed at professionals working with unpaid carers who are subject to domestic abuse. It does not cover Child/Adolescent to Parent/carer abuse or Young Carers).

Identifying Carers

Carers Trust say that many carers do not identify as such; they see themselves as wife, husband, child, parent or family member and wouldn't use the term 'carer' to describe themselves.

Caring is often not a planned choice – it frequently happens following a crisis such as hospital admittance and carers can feel pressured to take on the role in order for their loved one to continue living at home. Caring is sometimes done by more than one family member and some carers provide care for more than one person.

Unpaid carers could be caring for someone who is frail or unwell due to age, someone who has mental ill health (including dementia), someone with physical or learning disabilities.

Carers Allowance is only accessible to people providing at least 35 hours care per week; people who earn over £139 pw or who claim state pension are not entitled to Carers Allowance. Carers Allowance can only be claimed by one carer (even though other family members may also provide



care for the same person) and can only be claimed for caring for one person – many carers care for more than one person.

Under the Care Act (2014) ([The Care and Support \(Eligibility Criteria\) Regulations 2014](#)) and [s 6.16-6.19 Care and Support Statutory Guidance \(2023\)](#) carers are entitled to a Carer's Assessment – however only around 25% of carers receive one (Carers UK, 2022). Even so, the Carer's Assessment does not specifically ask about domestic abuse (either current or historical) and is often done alongside assessment for the cared for person so opportunities to disclose are limited.

GP surgeries are able to 'register' people as carers and link the carer and cared for persons' records if they live at the same address, but this is done inconsistently. GPs can also signpost to Carers Assessments and other support.

Unpaid carers as victims of domestic abuse

For carers subjected to domestic abuse, the situation can be complex. Care planning for the cared-for person will usually be done jointly and is focussed on the needs and requirements of the cared-for person.

The Adult at Risk threshold for Adult Safeguarding states that the person must have care and support needs and, due to those needs, be unable to protect themselves from the abuse or neglect. This means that most carers will not meet the threshold for a safeguarding enquiry. However, if you believe they are an Adult at Risk please give full information when making a referral (link to referral below).

Carers who are experiencing abuse from the person they care for may feel:

- Guilt about seeking support for the abuse, especially where it appears to be caused by an illness (such as dementia) or medication side effects.
- Worried that professionals and other family members or friends will think they can't cope with the caring role.
- Concerned about consequences of seeking support – this could be worries that their loved one will be moved into a care home, having carers from an agency, as well as the costs of these options.

The abuse may take the form of:

- Physical abuse may be things like biting, pinching, striking with objects such as walking sticks or frames.
- Controlling behaviour may include threatening to cut the carer from their will if they report abuse, refusing to let them have any time away from the home or speak to friends or other family members, refusing support from anyone else.
- Economic abuse may take the form of denying opportunities to work or access to finances.
- Sexual abuse may be unwanted sexual touching done whilst the carer is providing care.

Time away from the cared for person (abuser) to attend support appointments or take telephone calls may not be possible.

Unpaid Carers as deliberate abusers

A minority of unpaid carers choose to use the power that caring provides to commit abuse on the person they are caring for. This is not the same as carer stress leading to accidental injury or neglect. However, any injury or neglect towards the adult, accidental or not, does need to be explored further.

Signs of control could be the carer insisting on being at all appointments with the cared for person, not letting them speak for themselves, preventing other professionals being involved or withholding – or overdosing – medication.

Economic Abuse could include abuse of a Financial Lasting Power of Attorney, taking benefits, refusing to allow (pay for) external carers.

Physical or sexual abuse could be disguised as accidental, sometimes blamed on the cared-for person for not co-operating.

A person with care and support needs who is experiencing abuse may meet the criteria for an Adult at Risk under the Care Act – for more information see [Cambridgeshire & Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)

What can professionals do?

Remember your professional curiosity! Is the carer willing and able to choose to carry out the caring responsibilities and does the cared for person want this person to be their carer?

If you suspect domestic abuse, and if safe to do so, ask relevant questions pitched at a level that is understandable eg do you ever feel nervous or frightened of your carer or the person you care for? Remember to be professionally curious and don't have this conversation in the presence of the abusive person.

Consider risks that may not be demonstrated by the DASH Risk Indicator Checklist – the standard DASH doesn't cover risks around health and caring and isn't as applicable to familial abuse as intimate partner abuse. If the person is over 60, use the Older People's DASH (link below).

Consider the history of the abuse – did it start recently perhaps indicating a link to an illness or medication, or has it been ongoing for a long time? Can you discuss this with other professionals such as GP or mental health?

Think about who has the power in the caring relationship – are decisions discussed and made jointly or is one person controlling the other. How does this control manifest?



Be aware that the carer may want to continue in their caring role, they just want the abuse to stop. How can this be achieved safely? – think about safety planning and who will be in the circle of support going forward.

Involve other services – social care, domestic abuse specialist services, Health – to discuss what ongoing support options each agency can offer to help keep the carer safe. Health professionals can refer directly to the Health IDVAs at any level of risk.

Inform the carer about their right to a Carers Assessment – A Carers Assessment helps understand what's important to the carer, and their needs. It focuses on the outcomes the carer wants to achieve to help maintain their wellbeing. Carers' assessments are available even if the cared for person does not get any help from the council.

Safety Planning Tips

- Does the person have access to a telephone they can use without the abusive person over-hearing or seeing evidence of the call?
- Do they have access to money?
- Does the person go to any 'carer break' services alone, perhaps where you could meet with them or any other appointments that they attend alone?
- Are there any other professionals involved that you could link with to arrange to meet jointly with the person you are concerned about?
- Is there somewhere in the house they can go that is safe, where the abusive person cannot get to them?

Resources

Carers Assessments [Carers assessments - Cambridgeshire County Council](#) and [Peterborough Information Network | Caring for someone in Peterborough \(Adults\)](#)

Carer Support - Caring Together on: 0345 241 0954 or Email: hello@caringtogether.org
Support for people caring for someone with mental ill health [Making Space](#)

Adult Safeguarding - [Professionals – Making a Referral | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

DASH Risk Assessment and Older People's DASH [Cambridgeshire County Council DASV Partnership - Make a Referral \(cambsdasv.org.uk\)](#)

Online learning (SWAY) on Domestic Abuse and Dementia [Domestic Abuse and Dementia Sway | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

WWW.CambsDASV.org.uk contains a wealth of information for both professionals and the public