

Supporting adults with care and support needs experiencing domestic abuse

Domestic abuse is 'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been intimate partners or family members, regardless of gender or sexuality'

Office of National Statistics [2018-19] confirmed:

- Over 20% of adults (16-74) experienced domestic abuse since the age of 16 (est. 8.9m) and 5.7% of adults (16-74) experienced domestic abuse in the last year (est. 2.4m).
- 4% of women aged 60-74 reported they had experience domestic abuse in the last year compared to 2.1% of men.
- 13.8% of female victims had a disability (7.1 % male victims)

Safeguarding duties [under s42 Care Act] apply to 'adults at risk', namely those **18** or over, at risk of abuse, exploitation or neglect, **in need of care and support** and as a result of those needs are **unable to protect themselves** from abuse.

'In need of care and support' should be interpreted more widely than eligibility for social care services. Research has found increased frailty and dependence on others for support puts adults at increased risk; they may be less able to defend themselves from physical/sexual violence and verbal assaults, have basic needs neglected (e.g. denied food and water if they are immobile, continence care) as a vehicle for abuse.

Their illness may impair their ability to recognise and respond to the risks associated with DA; it also impacts their view of themselves, their needs within relationships and their responses to mistreatment from others.

The study identified impact of DA is acute where the abusive partner is also the main carer; as they have considerable power and control.

Learning from case reviews: Practitioners working with adults at risk miss signs of abuse due to their own assumptions and perceptions of domestic abuse and ageism or mistake abuse for carer stress or medical symptoms associated with old age.

Professional curiosity needed to explore circumstances where adult has disengaged from necessary services, is elderly or socially isolated or misusing substances. **More info at:**

[Guide to support practitioners](#)

What works well- Access to Justice

Do not ignore perpetrators responsibility for harm, stopping the abuser may assist the victim/ other family members to play a protective role. Protect against unintended collusion with perpetrator- findings from DHR/SAR provide examples where victims are seen as lacking credibility, due to extreme nature of the abuse they report, inability to give logical/ ordered account or present as angry with professionals rather than as a 'passive' victim.

Utilise advocacy support and '[special measures](#)' to support witnesses in criminal trials give best evidence and to help reduce some of the anxiety adults with care and support needs may feel when attending Court.

What works well- Principles of safe enquiry

Consider the impact on the adult:

- Evaluate the nature, frequency, severity of harm and the potential of increasing risk to the adult
 - Consider their wishes and possible impact on important relationships
 - Apply your experience and relevant knowledge (incl. research findings) to justify plan
- Consider the adult's (or their network's) ability to protect themselves:
- Provide opportunities to disclose, but ask direct questions in a safe environment
 - Prepare for resistance, explain evidential basis of concerns
 - Ensure safety and confidentiality, explain who and when you would tell another agency/ PACH
 - Evaluate risk of PACH, research indicates increased risk of harm if control challenged

Consider the need for an interim safeguarding plan:

- 'Think family'- ascertain any risk of repeated or increasingly serious risks involving children or another adult at risk
- Keep good records of any discussions and interventions
- Follow local policies and procedures.

'Unable to protect themselves' also applies widely. Physical, mental ill health, sensory or cognitive impairments or substance misuse may impair victims capacity to make a decision. Do not assume a victim is making a capacitated but 'unwise decision' not to seek protection. The Mental Capacity Act requires us to evaluate their ability to realise and weigh up the risks posed only after they have been given information and time to understand their options. Practitioners should be familiar with [controlling and coercive behaviour](#) in intimate or family relationships to recognise behavioural patterns and respond in line with statutory duties. Be aware that duress, undue influence or intimidation may prevent an adult protecting themselves. It is also important that practitioners understand the numerous criminal and civil remedies which may be available to protect victims of domestic abuse.

What works well- sharing information

Safeguarding is a statutory function, so it is rarely necessary to gain consent before raising concerns, indeed professionals regulated by the [GMC](#), [NMC](#), [Social Work England](#) or [HCPC](#) are required to recognise and report safeguarding issues as part of their professional standards. In addition, s6-7 Care Act requires [Police](#), [DWP](#), [health](#) and [housing providers](#) to co-operate with the local authority generally and on specific cases when exercising their functions. Refusals are only permitted if it is incompatible with their own duties. Any refusal to co-operate must be set out in writing. [Local safeguarding policies](#) and [specialist advice](#) provides guidance On what we can all do to support adults with care and support needs at risk of domestic abuse.

What works well- Making Safeguarding Personal

Work collaboratively on understanding risk and underwriting safety- build trust with the adult, their social network and partner agencies already working with them (e.g. housing officers), develop techniques to detect and obstruct abuse, but guard against placing undue confidence on capacity of families to care effectively.

Build contingency into safety plans - ensuring this is a shared responsibility between practitioners and the adult! Especially at times of increased risk.



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