



KNOWSLEY
SAFEGUARDING
ADULTS BOARD

PREVENTION THROUGH PARTNERSHIP

Knowsley's Dementia and Domestic Abuse Toolkit

November 2023

This document will be
made available in different
formats upon request

Document Control	
Title	Knowsley's Dementia and Domestic Abuse Toolkit
Date	November 2023
Author	KSAB partners Safeguarding Adults Board (KSAB)
Ratification	Policy and Procedure Subgroup
Circulation	Knowsley Safeguarding Adults Board Adult Social Care
Review date	Annual
Reviewer	KSAB Business Manager
Updates Amendments	

Aim of this toolkit

- This toolkit will help you to contribute to tackling domestic abuse whilst supporting people living with dementia.
- It helps you **recognise** some potential warning signs that indicate domestic abuse might be taking place behind closed doors and offers guidance on steps to take in **responding** appropriately when someone discloses abuse.
- It also signposts to the local domestic abuse service in Knowsley, as well as wider support services available.
- This toolkit is aimed to support making a **referral** and for support and what steps to take in **recording** what you have seen and done.

What is Dementia?

Currently, there are around 850,000 people living with dementia in the UK, the majority of whom are aged over 65 years.

It's not uncommon for people living with dementia to experience changes in their presentation and personality. People with dementia will have cognitive symptoms, these may make a person more at risk of abuse or neglect. The person with dementia may experience:

- Memory loss
- Problems with concentrating, planning and organising – including making decisions and problem solving
- Communication difficulties
- Difficulties with orientation

Dementia is progressive, which means symptoms may be relatively mild at first, but they get worse over time. There are many types of dementia but [Alzheimer's disease](#) is the most common. The next most common is [vascular dementia](#).

Most social care provided to people with dementia is informal, by unpaid family members and partners. Whilst most provide excellent care and support, power dynamics in the relationship can shift and the boundaries can blur between care and control.

What is Domestic Abuse?

Domestic abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, by a partner, ex-partner, or family member (the DA Act 2021 uses the term 'personally connected' to describe these people). Domestic abuse can include, but is not limited to the following: psychological, physical, sexual, financial and emotional abuse.

Domestic abuse can affect women and men of all ages and economic backgrounds. It can happen in any type of relationship – whether gay, straight, married or not, with or without children, and it can affect people from diverse cultures and traditions.

It can happen to anyone; this includes individuals such as people living with dementia and their carers.

Domestic abuse is not always easy to recognise when care and support needs are present.

Dementia and abusive behaviour

A person living with dementia who has care and support needs can be put in a position of dependency and leave them open to control. E.g., a family member may move into their home or the person may move in with their family.

A person living with dementia, could have physical signs such as bruising, poor personal hygiene, weight loss or a urinary tract infection which could be signs of abuse but may be mistakenly attributed to illness or their care and support needs.

Sometimes, concerns can be attributed to carer stress, invoking a response that offers help and support to the person who is harming and not the person who is being harmed.

In cases where a move to a care home takes place, a harmer may still exert control over the person who has dementia, e.g. speaking over them or telling care staff what the person can eat or wear.

A carer for a person living with dementia may also be at risk of abuse. The person living with dementia may be showing changes in behaviour and becoming abusive to their informal carer especially when being supported with personal care. The carer may feel

very isolated as their caring responsibilities stop them from leaving the family home, they may feel guilty that they can't cope or may be ashamed that they are being abused.

Differences between Domestic Abuse and Formal Carer Abuse:

The statutory definition of [Domestic Abuse](#) includes lots of types of abuse including physical where the victim and person alleged to have caused harm are “personally connected” (are a partner/ex-partner or family **member**).

People with care and support needs who are abused by a partner, ex-partner or family member, who is also providing their care, are protected by the Domestic Abuse Act 2021 as they are covered by the “personally connected” definition within the Domestic Abuse Act 2021.

However, **victims of abuse by a person providing their care who is not “personally connected” to them, are not protected by the Domestic Abuse Act 2021.**

Additionally, an adult with care and support needs would be protected through Care Act 2014.

If a person with dementia becomes abusive, to the caregiver or others it may not be indicative of domestic abuse unless there was a history of abusive behaviour in their relationships before the onset of dementia.

Similarly, if a carer becomes abusive, it may not be indicative of domestic abuse unless there was a history of abuse from the carer to the person with dementia before the onset of dementia.

In both incidences

1) where the domestic abuse predates dementia

and

2) where abuse is a direct result of dementia

Discussions and assessments of safety and caregiving should be dynamic, and person centred (see making safeguarding personal, add link).

What is important is that we recognise and respond to presenting risks, utilising this toolkit as a guide.

What is it you're concerned about?

Please use for guidance when supporting an individual with dementia or caregiver in the community, at home or within a care home, to help identify concerns regarding domestic abuse. Remember to always deal with situations sensitively.

- It's important to be aware of how to carry out a safe inquiry, make sure the potential perpetrator is not and will not easily become aware of the enquiry. Have levels of harm increased because a perpetrator's control is being challenged?
- Is the individual showing behaviour changes of increased agitation? Have you noticed that the person is becoming more resistant to others helping? Or showing signs that they do not recognise their family members helping them? Does their partner / carer / relative try to talk over the person, with little or no opportunity for the individual to express their views?
- Is the partner / carer / relative not respectful of choices and wishes of the person with dementia and they don't want the person to be left alone with professionals or others? Would it be appropriate for the person with dementia to have an advocate? *For more information on advocacy please visit: [Social Care Wales](#)*
- Does the partner / carer / relative influence the direction of an assessment being carried out by professionals?

Is there consistent cancelling of appointments on behalf of the person with dementia? Is the person been limited to health appointments? Is there a reluctance of accepting outside care.

- Does the partner / carer / relative speak to the individual in a way that is concerning? This could be tone of voice, words used, attitude expressed. Is this happening when care tasks are being carried out?
- Are you concerned that someone is withholding, over medicating or under medicating to control them? The carer / partner / relative are making changes to medication without medical advice?
- Services refused on their behalf because of cost. No access to personal allowance or money in their purse? Does the individual have poor standards of clothes? No food in the cupboards yet there should be a good weekly income. Are they

actively reading through all their un-opened letters and not consulting the individual? Does the person with dementia have constant changes in routine e.g., sleeping patterns / mealtimes and this is due to carer / relative / person? This can have an adverse effect on the person with dementia, making them distressed and unsettled.

- Are partners / relatives aware they could potentially fall under the bracket of being a Carer? Identifying an individual as being a carer could drastically reduce the likelihood of abuse and reduce the risk of carer breakdown. Have you noticed any changes in the carer? Is the carer showing any physical signs such as bruising? Do they appear worn out? Do they appear frightened or have expressed concerns about the individual's behaviour? Are they losing patience? Some cultures can be sensitive to the word 'carer', be mindful of when referring to a person as a 'carer' this may not be culturally acceptable to them.
- Are the individuals personal care needs being met? Do they have regular access to appropriate food / fluids? Is the carer / relative going against the support plan? Do they try to 'take over' what the carer is doing? Are they having appropriate medication? Can they access the toilet when they need? Have packages of care been cancelled? Is there a reluctance to accept care due to financial implications?
- Is the individual isolated? Does the individual have access to the community? Does the individual receive visits from friends / relatives? Is there a particular person who restricts people visiting? Is the person restricted to certain rooms in the house? Does the individual have access to relevant assistive technology? Think lifeline pendants / telephones.
- Can the person seek help when they need? Can they access their mobility aids, can they leave the house and are able to leave the house if needed, this could be physically or mentally free to leave? Does the person have access to key safes? Do you feel the individual feels pressurised to accept support? Is a relative / friend forcing an individual to sign documents? Placing guilt on an individual for not accepting support?
- When dementia diagnosis is used to control a person's life, or to instigate a pattern of emotional abuse. Has the home situation changed? Have family members moved in too soon? e.g., son or daughter moves in with mother and father to look after them long before it may be required. The carer making themselves the victim. Verbal abuse taking place and using derogatory manner, degrading people's medical conditions / needs.

- Are there any signs of physical abuse? Consider position of bruises? Mis-handling medication? Skin discolouration? Unexplained weight loss? Bed sores? Are there any signs of sexual abuse? Think if individual has dementia and significant memory loss yet partner still feels a sexual relationship can continue? Has a family member moved in and appears to be taking control of the home? Has number of friends or callers visiting?
- Financial abuse, family members apply for Lasting Power of Attorney (LPA), which means they take over, potentially leading to poor standards of living and other severe consequences.
- Are there alcohol related issues, aggression due to alcohol? These could be potential signs of carer breakdown.

Key points to consider when speaking to a person with dementia:

If you are speaking to the person with dementia, your exploration of the situation may need to vary dependant on how advanced their condition is - opening conversations could lead to the individual being further endangered or distressed. **Please note only open a conversation up with the person if it is safe to do so, always try to speak to the person on their own where possible.**

If their condition is more advanced, you may need to spend some more time exploring who the person is, who are their family / friends / professional contacts and pick up on any visual clues that may highlight their experience.

There may also have been a change in circumstances such as a new medication and therefore, the person may require a medication review. Has a new behaviour come on suddenly that might indicate an infection and therefore, a GP health check is needed.

Listen and empathise, make notes as the person is talking, they may provide you with all the information you need straight away.

Find out all background information, the carer may previously have been a victim of domestic abuse and now their perpetrator may be dependent on them, so roles can reverse.

Begin by asking indirect questions, to establish an empathetic relationship with the person. For example:

- How are you doing at the moment?
- Your wellbeing is important to me, and I've noticed that you seem distracted/ upset at the moment – are you ok?
- If there's anything you'd like to talk to me about at any time I'm always here to support, you
- Is there any extra support you need at the moment?
- Do you feel safe in your home?
- When feeling unsafe, tell me more about what is happening?
- Does it happen at particular times of day or during certain activities, for example, when going to bed or personal care?
- What would happen if you didn't follow an instruction – what would be the consequences?

Validate their experience

It is important to believe and respond to all disclosures of domestic abuse. After someone discloses, take a moment to recognise how difficult it may have been for them to trust you and let you in on what they have been experiencing. It may be the first time they have told anyone about the abuse. For this reason, it is important to validate their experience and reassure them that you believe them.

What if they don't disclose, if somebody else has raised a concern and the person is defending the perpetrator?

What is Safeguarding?

Safeguarding is everybody's responsibility.

The Care Act 2014 states Safeguarding is 'protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding any action.'

For further information, please visit: [Six Principles of Adult Safeguarding - ACT \(anncrafttrust.org\)](https://www.anncrafttrust.org/)

Safeguarding and people with dementia

Safeguarding can be applicable to a wide range of adults at risk who have care and support need including people with dementia, people with learning disabilities, people with sensory or physical disabilities.

Caring for people with dementia can impact on the carer. Carers may also be at risk of neglect and abuse especially if they are overburdened, isolated, lonely, or experiencing severe stress. For example, a carer finding a situation difficult which may result in them not looking after themselves or impact on the care they are providing to the person they care for.

Raising a Safeguarding concern can have a positive impact on the well-being of the carer and the person with dementia as it could result appropriate support, for both.

To report a safeguarding concern in Knowsley please visit: [Knowsley Safeguarding Adults](#)

The importance of collaborative working

It's important that services share information on a case-by-case basis. Partnership working would enable best possible outcomes for the person. This should include a closer working relationship between agencies such as Health, Adult Social Care, Domestic abuse agencies etc.

Working with families

Be sensitive about how the abuse is referred to as it may not be intentional or motivated by power and control like other forms of domestic abuse. Look at the care needs of the person with dementia as well as the carer, one of the most effective ways of protecting the carer if they are experiencing abuse is to put in services for the person with dementia. And remember to refer them for a **Carer's Assessment**.

If there are children involved, complete a MARF form: [Multi Agency Referral Form \(knowsley.gov.uk\)](#)

Identification of Dementia with possible Domestic Abuse

Don't forget not all Domestic Abuse is intimate partner violence!

IF YES or UNSURE

IF NO

Discuss further with **Knowsley's Multi Agency Safeguarding Hub (MASH)** via email knowsleymash@knowsley.gov.uk or by dialling 0151 443 2600.

Discuss further with **Knowsley's Safer Communities Service - Domestic Abuse Team**: 0151 443 2610 (Monday to Friday from 9am to 5pm) or email safercommunities@knowsley.gov.uk

Potential carer breakdown – consider support services e.g. admiral nurses / carers centre / carers assessment / GPs

Crisis and Safety Planning

Don't just look at services and support, remember to undertake any initial crisis safety planning that may be required. The response must be tailored to the individual, think creatively if it is the victim who has dementia– what protective factors can be put in place immediately? This will depend on their level of understanding and ability to protect themselves. Who else can support crisis safety planning?

The safety of domestic abuse victims - points to consider:

- Is there immediate risk? If so, what can you do to reduce this risk, log any crisis intervention and report when referring on
- clarity who is responsible for risk assessment and safety planning e.g. Multi-Agency Safeguarding Hub (MASH) at the Local Authority, a domestic abuse service or other
- If you are responsible for risk assessment this must be accurate risk assessment and reviewed regularly
- If you are responsible for safety planning this must be tailored to meet the needs of the victim and reviewed regularly
- clear communication – there should be clarity as to who is responsible for keeping the individual informed.
- what is the level of understanding and ability for the individual to protect themselves? Has this been considered?

Support in Knowsley

If a person is at immediate risk or danger, call the police on 999

Knowsley Council: Safer Communities Service - Domestic Abuse Team: 0151 443 2610 (Monday to Friday from 9am to 5pm) or email safercommunities@knowsley.gov.uk

The First Step (Independent Domestic Abuse Service) 0151 548 3333

Knowsley's MASH (Multi Agency Safeguarding Hub): Operates between 9.00 am to 5.00 pm Monday to Friday and can be contacted via email knowsleymash@knowsley.gov.uk or by dialling 0151 443 2600.

Knowsley's MASH (Multi Agency Safeguarding Hub): Operates between 9.00 am to 5.00 pm Monday to Friday and can be contacted via email knowsleymash@knowsley.gov.uk or by dialling 0151 443 2600.

Raise a concern: [Knowsley Safeguarding Adults](#)

Contact Knowsley's Admiral Nurses: 0151 351 844

Further information

The Alzheimer Society's website has some useful fact sheets which can be found at: **Publications and factsheets - Alzheimer's Society:**

- [Alzheimer's Society \(alzheimers.org.uk\)](https://www.alzheimers.org.uk)

Making your home dementia friendly - Alzheimer's Society:

- [10 ways to make your home dementia friendly | Alzheimer's Society \(alzheimers.org.uk\)](https://www.alzheimers.org.uk)

Contact dementia support line: 0333 150 3456

For further information, visit: [Supporting people with dementia - SCIE](https://www.scie.gov.uk)

Remember if someone is at immediate risk of harm, please call the police on 999 or call 101 if there is no immediate risk.