

# CARE PROVIDER RESPONSE

**to Domestic Abuse  
and supporting people  
living with dementia  
and their carers**



# AIM OF THIS TOOLKIT

This toolkit will help you to contribute to tackling domestic abuse whilst supporting people living with dementia and their informal carers.

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 Cheshire East and tells you how to **refer** for support and what steps to take in **recording** what you have seen and done.



# INTRODUCTION

**Currently, there are around 850,000 people living with dementia in the UK,** the majority of whom are aged over 65 years. The majority of social care provided is informally 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. The person living with dementia can also experience changes in their mood and behaviour, sometimes leading to verbal or physical aggression. Displays of aggression may have been part of a person's behaviour before they developed dementia or may be a completely new behaviour. Domestic Abuse is not always easy to recognise. In the UK, almost two million people experience domestic abuse every year.

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. 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 different cultures and traditions. It can happen to anyone, this includes individuals such as carers and those living with dementia.

Every year thousands of victims of domestic abuse find it hard to access appropriate support. A study conducted by SafeLives revealed that 85% of victims of abuse sought help five times on average from professionals, in the year before they got effective help to stop the abuse.

By 2035, it is estimated that 5.5 million older people will have care needs. Therefore, care providers are essential in providing support and play a pivotal role in identifying and responding to domestic abuse.

# THE ROLE OF THE CARE PROVIDER IS ESSENTIAL TO THE RESPONSE TO DOMESTIC ABUSE.

If domestic abuse is happening in your life or if you see something, are told something or something doesn't feel right you need to report it.

If you are a carer for a partner or family member and are feeling afraid or being hurt this may be domestic abuse.

If you are being cared for by a partner or family member who makes you feel afraid or hurts you there is help.



Please ring Cheshire East Domestic Abuse HUB anytime 0300 123 5101

Always ring 999 if in immediate danger or call 101 if there is no immediate risk

**The role of a care provider is essential to the response to domestic abuse.**

**Domestic abuse is often described as being a hidden crime and one that happens behind closed doors.**

**Care providers can often be one of the only agencies ever to see behind those doors.**

**Early intervention by care providers can help to safeguard adults and children from harm, as well as help to prevent escalation and the recurrence of domestic abuse.**

**A person who experiences domestic abuse who then develops dementia may find it much harder to come forward through fear of not being believed because of their condition.**

**Dementia may also cause a victim to re-live trauma experienced by previous abuse.**

**A person who has been abusive to their partner previously who then develops dementia may cause significant risk to their victim and potentially become unpredictable.**

**The person living with dementia may be showing changes in behaviour and becoming abusive to their informal carer especially when supporting with personal care.**

**We are not asking you to take on the work of safeguarding leads or specialist domestic abuse workers. What we want to do is help you to identify concerns around domestic abuse and know what practical steps you can take if someone discloses, or you suspect domestic abuse.**

**By 2035, it is estimated that 5.5 million older people will have care needs.**

Most support may be provided informally by family or partners, but there are many family situations where care providers are essential in providing support both in the community and within a care home. Therefore, they play a pivotal role in identifying and responding to domestic abuse.

Domestic abuse is not always easy to recognise. Care and support needs can place a person living with dementia in a position of dependency if they are reliant on their family to support them. A family member may move into their home or the person may move in with family, causing a great loss of independence and control. For an older person living with dementia, physical signs such as bruising, poor personal hygiene, weight loss and urinary tract infections may be mistakenly attributed to illness or their care and support needs rather than exploring if there are concerns of abuse.



Often 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. Even when a move to a care home takes place, the family member still may exert control over their loved one speaking over them or telling care staff what the person can eat or wear.

The family member themselves may also be placed in a difficult situation where they start caring for a loved one with dementia. The person living with dementia may be showing changes in behaviour and becoming abusive to their informal carer especially when supporting with personal care. The carer may feel very isolated as their caring responsibilities stop them from leaving the family home.

For an individual experiencing abuse from a partner or family member, there may be little opportunity to disclose what is happening to them. **As a care provider, you may be the only professional who may be able to create a safe space to enable the person time to talk on their own.**



# DEMENTIA DOMESTIC ABUSE CHECKLIST

Please use for guidance when supporting an individual in the community and at home (also within a care home) to help identify concerns regarding domestic abuse. Please mark an “x” next to the relevant column and provide detail of your specific concerns.

## Comments

### 1 Is an individual reluctant to speak when partner/carer/relative are present?

(I.E are they always looking for reassurance that they’re saying the correct things? not sure or visibly worried to answer questions? is the person withdrawn?)

### 2 Does their partner/carer/relative try to answer on their behalf, with little or no opportunity for the individual to express their views?

(I.E the partner/carer/relative may talk over the person or limit opportunities for them to speak or be alone with the visitor? do their choices appear to be made for them? are they speaking like the individual isn’t in the room?)

### 3 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?)

**4 Are you concerned that someone is withholding medication, over medicating or under medicating to control them?** (Think family and friends are asking for money? individual in poor standard 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? Services refused on their behalf because of cost? no access to personal allowance or money in their purse?)

**5 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)

**6 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?)

- 7 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?)
- 8 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 paid carer is doing? are they having appropriate medication? can they access the toilet when they need?)
- 9 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?)
- 10 Does the individual have access to relevant assistive technology?** (Think lifeline pendants/telephones. Can they seek help when they need? Can they access their mobility

aids and are able to leave the house if needed, this could be physically or mentally free to leave?)

11

**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?)

12

**Are there any signs of physical abuse?** (Think bruises? mis-handling medication? skin discolouration? unexplained weight loss? bed sores?)

13

**Are there any signs of sexual abuse?** (Think if individual has dementia and significant memory loss yet partner still feels a sexual relationship can carry on?)

14

**Has the home situation changed?** (Has a family member moved in and appears to be taking control of the home? has number of friends or callers visiting?)

# REMEMBER TO BE:

A

Aware that abuse is all around us

W

Watch for the potential signs of abuse

A

Advocate for a future without abuse

R

Respond to seeing signs of abuse

E

Encourage people to speak up and talk about Dementia and abuse.

If the person is in immediate risk of harm as a result of abuse always call the police on 999 or call 101 if there is no immediate risk

If the person is at risk of harm in relation to their care and support needs, always contact Cheshire East's Adult Help Desk - 0300 123 5010

These checklists identify warning signs and indicators of when domestic abuse can be happening. The care provider may use these checklists to cross match their concerns to help them recognise if domestic abuse is happening and/or use as a reflective tool in supervision and training sessions.

It's also important to find out about the person living with dementia, their personality and their history. Has a 'This is me' been completed? It can help to better understand who the person really is, which can help to understand the person's needs. It can therefore help to reduce distress for people with dementia and their carers. It can also help to overcome problems with communication.

It may be that a person is getting frustrated or upset as they are experiencing difficulties getting around their home.

Read more information about how a person's home can be more dementia friendly

Making your home dementia friendly - Alzheimer's Society ([alzheimers.org.uk](https://www.alzheimers.org.uk))

To download a 'This is me' document from:

**This is me Alzheimer's Society** ([alzheimers.org.uk](https://www.alzheimers.org.uk))



# RESPONDING - to a disclosure and opening a conversation when abuse is suspected.

**The aim of starting a conversation is to be supportive.**

It is not about leading an enquiry but more to gather information to identify if concerns are present to refer on. Many people dealing with domestic abuse will never feel comfortable sharing their experience as they may not even be ready to admit it to themselves. Many victims, especially older people, may not use the label 'domestic abuse' for their experiences or they may not be familiar with the term (especially if they are speakers of other languages), or they may think that it only applies to physical violence.

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



**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?**



# BE AWARE

that 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 and opening conversations could lead to the individual being further endangered. 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?

**Please note only open a conversation up with the person if it is safe to do so.**

## **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.

**Refer for support:** Taking a proactive and supportive approach can help prevent domestic abuse. The four r's approach is a framework commonly used to secure a clear response to domestic abuse.

**Recognise:** Use this toolkit to recognise the problem. Domestic abuse is an issue that everyone can play a part in tackling.

**Respond:** Use this toolkit to respond appropriately to disclosure. Care providers may be the only form of support going into the person's home. Onward referrals and safety planning not only benefit the family, but also the care provider in the long term.

**Refer:** Refer a safeguarding concern to Cheshire East Adult Contact Team 0300 123 5010 or via the electronic safeguarding form <http://www.stopadultabuse.org.uk/home.aspx>

**Record:** If someone discloses abuse, it's important to follow your workplace procedures - recording the details of what is said as accurately as possible. Should the abuse become subject to criminal proceedings, this is an exhibit and should be given to the police.

Where you are aware that the person causing harm may also work in employment (or as a volunteer) working with adults at risk, then please advise Adult Social Care when making the referral.

The Alzheimer Society's website has some useful fact sheets which can be found at:

**Publications and factsheets - Alzheimer's Society**  
([alzheimers.org.uk](http://alzheimers.org.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**

### **Tips for recording - remember FACTS:**

**F**

#### **FACTUAL**

Recording details of what is said as accurately as possible, based on factual information.

**A**

#### **ASSESSMENT**

What has happened?

**C**

#### **CLARITY**

Use plain and clear language so that everybody will understand

**T**

#### **TIMELY**

Record as soon as you can, whilst it is still fresh in your mind.

**S**

#### **SPECIFIC**

Think about the purpose of the recording - make sure it is relevant and concise

# LINKS FOR SUPPORT

**Domestic Abuse** - If you or your children need support with your experience of domestic abuse, as a victim, or if you are worried about some of your own behaviours or have concerns about someone else, please contact the **Cheshire East Domestic Abuse Hub on 0300 1235101**

**Safeguarding (Adults)** - If you are worried about yourself or someone else, please do not ignore it. Listen carefully and make a note. Then phone **Cheshire East Adult Safeguarding** on:

 0300 123 5010


(8:30am to 5pm Monday to Thursday and 8:30 am to 4:30pm Friday)

 0300 123 5022 (at all other times including bank holidays)

[www.stopadultabuse.org.uk](http://www.stopadultabuse.org.uk)

**Safeguarding (Children)** - If you have concerns for the safety of a child or young person please contact:

**The Cheshire East Consultation Service (ChECS)**

 0300 123 5012 (Mon - Thurs 8:30am - 5pm or Fri 8:30am - 4:30pm)

**Out of hours service**  0300 123 5022

**Homelessness** - If you know someone who is at risk of being homeless please contact the **Cheshire East Housing Options Team** for help.

**Housing Options Team**

 0300 123 5017 (Option 2)  Weekends 0300 123 5025

Remember if you or they are at immediate risk of harm contact the emergency services by ringing 999, or if it is not an emergency, call 101.



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