

# St Helens' Dementia and Domestic Abuse Toolkit

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## 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 St Helens, as well as wider support services available.
- This toolkit provides guidance on how to follow the local domestic abuse referral pathways to help a victim access specialist support.
- This toolkit aims to support making a **referral** for support
- It also explains what steps to take in **recording** what you have seen and done.
- Further briefings on Dementia and Domestic Abuse, studies and practise can be found [here](#).

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

Practitioners should explore the full history of the relationship to ensure appropriate safety planning & trauma informed care.

It is important to be professionally curious, as domestic abuse could be occurring as a direct result of dementia, but it may also have pre-dated dementia. In both incidences, discussions and assessments of safety and caregiving should be dynamic, person centred, and risk focused, for example the MeRIT risk assessment [Safe2Speak | Information for Professionals](#) or see

[Making Safeguarding Personal - 7 Minute Briefing](#)

Whether the abuse began before or after the onset of dementia, safety and caregiving plans should be responsive to the identified risks and evolving behaviours of the person causing harm.

The perpetrator of the abuse could be the person with dementia, or it could be the caregiver, and there is also the possibility of multiple perpetrators being identified.

Practitioners may also encounter occasions where the victim and perpetrator both have a dementia diagnosis.

What is important is that professionals recognise and respond to the presenting risks, and a MERIT risk assessment is completed to determine the level of risk posed (see Appendix 1), and to identify the referral route into specialist domestic abuse advice & support.

### **What is it you're concerned about?**

Potential risk Indicators - Domestic Abuse & Dementia

When supporting a person with dementia and/or their caregiver, signs or concerns of the co-existence of domestic abuse and dementia may be clearly identifiable. However, in some instances, abuse and risks may be more subtle or covert. Whether the risks are clear or you have initial concerns, dealing with these situations should always be done sensitively.

It is important to not alert the suspected perpetrator of your concerns as this could compromise the victim's safety.

Firstly, you should refer to the MERIT risk assessment tool to note down your concerns and any identified risk factors. You should also use this checklist below to consider risk indicators that can specifically relate to the co-existence of dementia and domestic abuse.

Name:

DOB:

Address:

Practitioner Name:

Date Completed:

Risk Indicators	Yes	No	Comments
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?			
Does the partner / carer / relative not want the person to be left alone with professionals or others?			
Would it be appropriate for the person with dementia to have an advocate? <i>For more information on advocacy please visit: <a href="https://advocacyfocus.org.uk/">https://advocacyfocus.org.uk/</a></i>			
Does the partner / carer / relative influence the direction of assessments and support being carried out by professionals?			
Is there consistent cancelling of appointments on behalf of the person with dementia and/or is the person been restricted from accessing health appointments?			
Is there a reluctance of accepting outside care?  <i>Refusal or reluctance around care can be a sign of abuse and coercive control. You should also consider if services are being refused on the persons behalf due to costs.</i>			
Does the partner / carer / relative speak to the individual in a way that is concerning?			

<p><i>This could be tone of voice, words used, attitude expressed. Is this happening when care tasks are being carried out?</i></p>			
<p>Are you concerned that someone is withholding, over medicating or under medicating the person?</p> <p><i>You should also consider if changes are being made to medication without medical advice.</i></p>			
<p>Are there signs of financial restrictions or economic abuse?</p> <ul style="list-style-type: none"> <li>• No access to personal allowance or money</li> <li>• Inappropriate or poor clothing</li> <li>• No food and/or toiletries</li> <li>• Disguising theft by claiming the person is confused about missing money or valuables</li> <li>• Removing access to belongings/property</li> <li>• Restricting access or withdrawal of care due to costs</li> <li>• Denying access to financial information</li> <li>• Exaggeration of care needs to increase benefits claims</li> <li>• Identified theft/fraud/coerced debts</li> <li>• Abuse of financial power of attorney</li> <li>• Threats to remove finances or property</li> <li>• Limiting access to technology</li> <li>• Preventing access to letters, bank statements and/or reading un-opened letters and not consulting the individual</li> </ul>			
<p>Does the person with dementia have constant changes in routine due to the carer / relative / person? This could be one or combination of:</p> <ul style="list-style-type: none"> <li>• Sleeping patterns</li> <li>• Mealtimes</li> <li>• Medication</li> <li>• Social networks &amp; leisure activities</li> <li>• Appointments</li> </ul> <p><i>This can have an adverse effect on the person with dementia, making them distressed and unsettled, and increasing their isolation.</i></p>			
<p>Are partners / relatives aware they could potentially fall under the bracket of being a Carer?</p> <p><i>Identifying an individual as being a carer could drastically reduce the likelihood of abuse, identify support options and may reduce the risk of carer breakdown.</i></p>			
<p>Have you noticed any changes in the carer?</p>			

<ul style="list-style-type: none"> <li>• physical signs such as bruising</li> <li>• appear worn out</li> <li>• appear frightened</li> <li>• expressed concerns about the individual's behaviour</li> <li>• losing patience</li> <li>• refusing adaptations or assistive devices</li> <li>• focusing on what the person with dementia can't do rather than what they can do</li> </ul> <p><i>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.</i></p>			
<p><b>Are the individuals personal care needs being met?</b></p> <ul style="list-style-type: none"> <li>• regular access to appropriate food / fluids</li> <li>• access to toilet</li> <li>• carer / relative going against the support plan and/or cancelled care</li> <li>• Do they try to 'take over' what the carer is doing?</li> </ul>			
<p><b>Is the individual isolated?</b></p> <ul style="list-style-type: none"> <li>• access to the community</li> <li>• receive visits from friends / relatives</li> <li>• a particular person restricting visits</li> <li>• restricted to certain rooms in the house</li> <li>• access to relevant assistive technology i.e. lifeline pendants / telephones</li> <li>• accompanied to all interactions by the same person &amp; spoken for</li> <li>• autonomy undermined</li> <li>• able to seek help when they need</li> <li>• access to mobility aids</li> <li>• able to leave the house if needed</li> <li>• access to key safes</li> </ul>			
<p><b>Do you feel the individual has autonomy to make their own decisions?</b></p> <ul style="list-style-type: none"> <li>• May feels pressured to accept support</li> <li>• relative / friend forcing an individual to sign documents</li> <li>• Guilt placed on an individual for not accepting support</li> <li>• Restricted access to services or information about support available</li> <li>• Limited access to aids that would promote independence – mobility &amp; communication aids</li> </ul>			
<p><b>Is the person's dementia diagnosis being used to control a person's life, or to instigate a pattern of emotional abuse?</b></p> <ul style="list-style-type: none"> <li>• Changes in home situation</li> </ul>			

<ul style="list-style-type: none"> <li>• family members moving in too soon or appears to be taking control of the home</li> <li>• number of friends or callers visiting changed</li> <li>• reinforcing sense of being a burden</li> <li>• limiting of personal space in their own home</li> <li>• falsely claiming loss of capacity or questioning capacity</li> <li>• abuse of health &amp; welfare power of attorney</li> <li>• Verbal abuse taking place and using derogatory manner</li> <li>• degrading people's medical conditions / needs</li> </ul>			
<p>Are there any signs of physical abuse?</p> <ul style="list-style-type: none"> <li>• Consider position of bruises</li> <li>• Mis-handling medication</li> <li>• Skin discolouration</li> <li>• Unexplained weight loss</li> <li>• Pressure ulcers</li> <li>• Flinching</li> <li>• Use of force or restraining</li> </ul>			
<p>Are there any signs and/or disclosures of sexual abuse?</p> <ul style="list-style-type: none"> <li>• Bruising around genital or anal areas</li> <li>• Pain or discomfort during personal care or toileting</li> <li>• Unexplained bleeding</li> <li>• Recurrent UTI infections</li> <li>• Symptoms associated with sexually transmitted infections</li> <li>• Torn, stained, or missing underwear</li> </ul> <p><i>It is important to consider risks where an individual has dementia yet partner still feels a sexual relationship can continue. It is also important to consider sexual abuse can be perpetrated by anyone regardless of the relationship dynamic.</i></p>			
<p>Are there alcohol or substance related issues for any parties?</p> <p><i>These could be possible sign of carer breakdown and/or a coping mechanism by the victim of abuse. Dependency support needs may have not been previously disclosed and/or there may be feelings of shame for the person.</i></p>			

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

If the person lacks capacity at that time, is there a better time of day and/or place for the discussion to take place/ revisit the discussion? Is there a time when the person is more likely to have capacity? Also, when 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?

They may not disclose anything, if somebody else has raised a concern the victim may defend the harmer or deny the concerns being raised.

### **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 is Safeguarding?**

## **Safeguarding is everybody's responsibility.**

The Care Act 2014 states Safeguarding adults 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://anncrafttrust.org)

## **Safeguarding and people with dementia**

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

Caring for people with dementia can impact on the carer, which may result in carer breakdown. 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 learn how to report a safeguarding concern in St Helens please visit:**  
[Protecting vulnerable adults - St Helens Borough Council](#)

## **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 carers assessment [1500202 carers leaflet-1.pdf](#)

Additionally, carers may feel exhausted and overwhelmed due to the care and support they provide, which may result in carer breakdown. Consider using additional resources and services, including signposting and referrals to the GP or specialist services such as Later Life and Memory Service or Social Care for an

Adult Social Care assessment. Also consider if a multiagency risk meeting is required

[Multi-Agency Risk Assessment and Management Process \(2022-2025\)](#) (Word doc, 229 KB)

If there are children involved, complete a referral: [Concerned about a child's safety or welfare? - St Helens Borough Council](#)

Identification of Dementia with possible Domestic Abuse

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

IF YES or UNSURE

IF NO

Contact **St Helens Contact Cares** Monday to Friday: 9.00am to 10.00pm. Telephone: 01744 676767  
Email: [contactcares@sthelens.gov.uk](mailto:contactcares@sthelens.gov.uk). If you have concerns that a child or adult is at immediate risk of harm outside of those hours, please contact the Emergency Duty Team (EDT) on Telephone: 0345 0500 148

Discuss further with **St Helens Safe2Speak - Domestic Abuse Team**: 01925 220541 (24 hour helpline) or Safe2Speak IDVA & Outreach services are contactable on 01744 743200 - Monday to Friday between 9am-5pm. Website [Safe2Speak | Support from the St Helens Domestic Abuse Team](#)

Potential carer breakdown – consider support services e.g. 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 the risk assessment and safety planning e.g. Safeguarding adults at the Local Authority, a domestic abuse service or other
- If you are responsible for the risk assessment this must be an 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 St Helens**

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

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### **Further information**

[Guidance for multi-agency forums: Older people - SafeLives](#)

[Safe Later Lives | Older people & domestic abuse - SafeLives](#)

[Domestic abuse: how to get help - GOV.UK](#)

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

[Alzheimer's Society \(alzheimers.org.uk\)](#)

**Making your home dementia friendly - Alzheimer's Society:**

[10 ways to make your home dementia friendly | Alzheimer's Society \(alzheimers.org.uk\)](#)

**Contact dementia support line: 0333 150 3456**

**For further information, visit: [Supporting people with dementia – SCIE](#)**

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

This document has been adapted with permission from Knowsley Safeguarding Adult Board



## Appendix 1

### St Helens Local Domestic Abuse Referral Pathways

Referral Route to follow is determined by completing a MERIT risk assessment tool to identify level of risk. For advice on the local pathways contact Safe2Speak Domestic Abuse Service – via email [safe2speak@torus.co.uk](mailto:safe2speak@torus.co.uk) or 01744743200

MARAC Route		Safe2Speak Outreach Route
<b>Referral Criteria</b>		
<ul style="list-style-type: none"> <li>• High risk MERIT Score - (GOLD 72+)</li> <li>• Professional Judgement</li> <li>• Repeat MARAC</li> <li>• Escalation</li> </ul>		<ul style="list-style-type: none"> <li>• Medium Risk MERIT Score (Silver)</li> <li>• Standard Risk MERIT score (Bronze)</li> </ul>
<b>Consent</b>		
<p>Referrals can be made with or without consent. Rationale for referring without consent should be clearly documented in the MARAC referral form.</p> <ul style="list-style-type: none"> <li>• It is the responsibility of the referrer to take all reasonable safe steps to attempt to ensure the victim is informed. If unsafe to do so, relevant information to barriers encountered should be recorded in referral form</li> </ul>		<p>Referrals can only be made with consent.</p> <p>Any referrals received without recorded consent will be returned to the referrer.</p>
<b>Referral Process</b>		
<p>St Helens MARAC referral form should be completed in full &amp; submitted along with copy of completed MERIT form</p> <p>Referral email <a href="mailto:maracreferrals@sthelens.gov.uk">maracreferrals@sthelens.gov.uk</a></p>		<p>Referrer should complete the Safe2Speak Domestic Abuse Outreach referral form in full and submit this along with a copy of completed MERIT form. Referral email – <a href="mailto:dvreferral@torus.co.uk">dvreferral@torus.co.uk</a></p>
<b>Next Steps</b>		
<p>MARAC Officer triages referral &amp; if all relevant information provided, it will be forwarded to Safe2Speak service for an Independent Domestic Violence Adviser (IDVA) to be allocated.</p> <p>Safe2Speak IDVA should make first contact attempt within 24hrs of referral being forwarded from St Helens MARAC officer.</p>		<p>First contact attempt by Safe2Speak practitioner will take place within 48-72hr window of referral being received.</p>