

Dementia and Domestic Abuse

Briefing for Professionals

1. What is dementia?

There are various types of dementia and it is possible for someone to have a combination of these types, which can make accurate diagnosis difficult. The four most common types are – Alzheimer's, Lewy body, vascular dementia and frontotemporal dementia.

A person with dementia will have cognitive symptoms (to do with thinking or memory). They will often have problems with some of the following: day-to-day memory, concentrating, carrying out simple tasks such as fastening buttons, planning or organising, language – for example, difficulties following a conversation or finding the right word for something, confabulation - giving fictitious accounts of past events believing them to be true, visuospatial skills, problems judging distances (such as on stairs) and seeing objects in three dimensions, and orientation. There may be impairment of emotional control and social behaviour.

Dementia is progressive and irreversible, which means the symptoms gradually get worse over time. How quickly this happens varies greatly from person to person. Although dementia is primarily a condition associated with older people, dementia may also occur in younger adults (under the age of 65) however this is much less prevalent.

As dementia progresses, the person may develop behaviours that seem unusual or out of character.

2. Impact on behaviour

People with dementia have the same needs we all have. These include the need to be comfortable and free from pain, able to interact with other people, to feel engaged and stimulated and to feel well in ourselves. However, people with dementia may be unable to recognise their needs, to know how to achieve them, or to let other people know what it is that they need. This may cause them to act in ways that others might find challenging, including aggressively.

The aggressive behaviour might be the person's way of trying to achieve what they need. It may be a sign of a need that isn't being met or an attempt to communicate it. Understanding what is causing the person's behaviour can help you to find a solution. Aggression could be related to the person's physical needs (including health problems), social needs (how they're relating to other people) or psychological needs (their thoughts and feelings).¹

A person with dementia may also often have changes in their mood. For example, they may become frustrated or irritable, apathetic or withdrawn, anxious, easily upset or unusually sad. With some types of dementia, the person may see things that are not really there (visual hallucinations) or strongly believe things that are not true (delusions).

3. Dementia and abusive behaviour

If a person with dementia is abusive it's less likely to be about power and control which is a factor in many 'conventional' domestic abuse cases, unless they were already using abusive behaviour in their relationships.

- The person with dementia may develop abusive behaviour towards others including their partner or family members when there is no history of abusive behaviour.

¹ Alzheimer's Society Factsheet **Fact sheet 509LP August 2017 Aggressive Behaviour**

“The dementia has changed him — he’s not the same man I fell in love with and married so many years ago. He gets suspicious and angry a lot. He screams at me, he yells at our son, he shouts at the postman. He has even punched the caregiver who comes to help him bathe”.

- Or someone who was a perpetrator of domestic abuse in the past may start behaving like this again as their long term memory becomes more prominent.
- If a perpetrator of domestic abuse develops dementia then the abusive behaviour may continue or get worse
- A person living with dementia may become a victim of abuse due to their vulnerabilities and inability to protect themselves.

4. Carers and dementia

- The carer may previously have been a victim of domestic abuse and now the perpetrator is dependent on them, so the roles can reverse.
- Carer stress may lead to incidents of abuse towards someone as a result of frustration and this may be heightened due to isolation during COVID 19.

“Dad is a nice guy, always has been. But now, because of the Alzheimer’s, he’s confused most of the time — and Mum isn’t coping. She doesn’t know what to do and she is frustrated. It started with her twisting his arm to get him to do things, but now she even hits him sometimes.”

5. Role of Adult Social Care

Adult Social Care have a statutory duty under the Care Act to help safeguard adults with care and support needs, who are unable to protect themselves, and are at risk from domestic abuse. Our statutory duty also applies to adults who do not meet the definition of an ‘adult at risk’ but may have adults at risk living with them. This duty also means responding to immediate risks. If a carer is the victim and they do not meet the Care Act criteria, consider a holistic approach and seek support from domestic abuse services. If dementia is suspected encourage the person to see their GP for initial checks and a referral to the Memory Service if needed.

Professionals and carers also have responsibilities under the Mental Capacity Act, the Act must be followed where there are concerns about a person’s ability to understand their circumstances and make decisions about what action to take. <https://www.sheffield.gov.uk/home/social-care/dol-mca>.

6. 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.** For advice contact the Carer Advisor team, Sheffield Carer’s Centre. Tel: **0114 272 8362**.

7. Safety Planning

Don’t just look at services and support, **remember to undertake safety planning.** This needs to be tailored to the individual, think creatively if it is the victim who has dementia– what protective factors can be put in place? This will depend on their level of understanding and ability to protect themselves. Who else can be part of the safety plan? Complete the [DASH](#) if risk of domestic abuse is ongoing and get advice and support on safety planning and other options from Domestic Abuse Services. www.idas.org.uk 0808 8082241

More resources can be found at <https://coercivecontrol.ripfa.org.uk/>, <https://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse> and <https://www.ageuk.org.uk/our-impact/campaigning/no-age-limit/>